

# MANAGEMENT OF SEXUAL ASSAULT IN A NURSE-DELIVERED INTEGRATED SEXUAL HEALTH SERVICE

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## INTRODUCTION

Comparing April 2014 to March 2015 with the same period in 2013-14, there was a 32% increase in the number of serious sexual offences reported to Police in Essex. Our aim was to evaluate current clinical practice against the British Association for Sexual Health and HIV (BASHH) auditable outcomes of the 2011 guidelines. We also looked at additional factors where changes in use of skill mix could improve service delivery where lacking.

During our audit period men and women who had been sexually assaulted could receive aftercare at one of two sites at Barking Havering and Redbridge (BHR) Sexual Health Service- Team 5 Queen's Hospital, Romford and Out Patients East, Barking. The service is mainly nurse-delivered with staff at that time split between these two Level 3 sites.

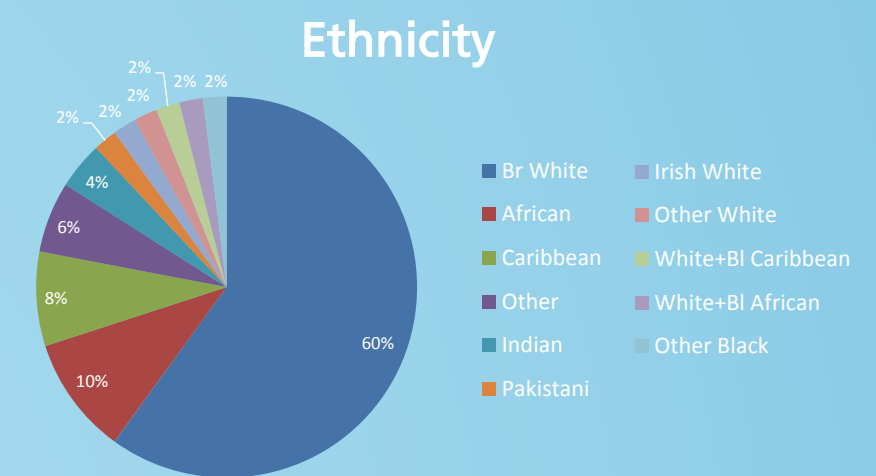
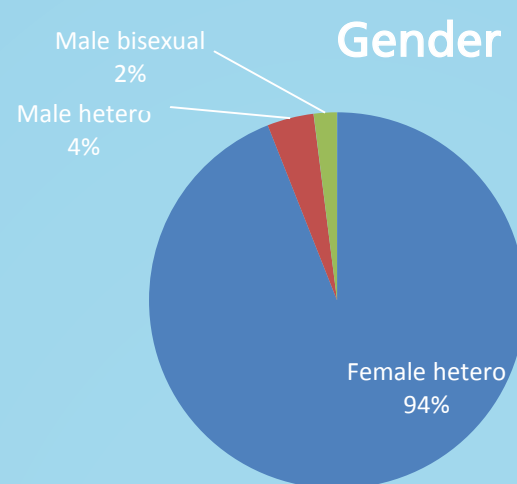
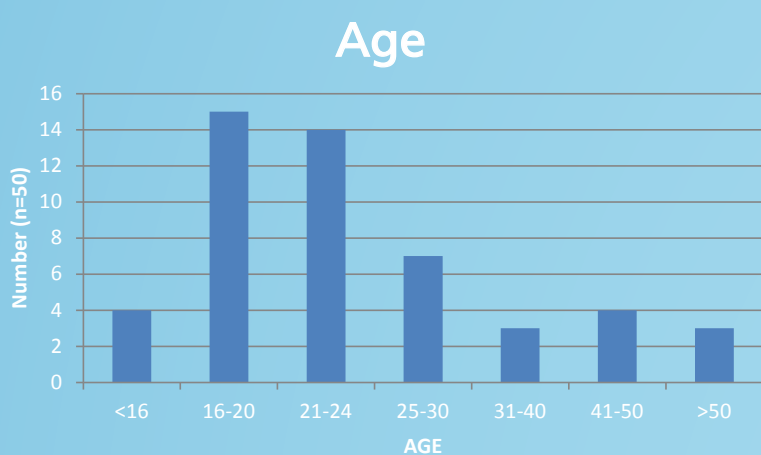
## METHODS

A retrospective study of 50 consecutive case notes between November 2014 and November 2015- 23 from Queen's and 27 from Barking. In addition to the BASHH auditable outcome measures we looked at:

- Rates of completion of department Proforma
- Time from assault to clinic attendance
- History of previous assault
- Alcohol involved/DFSA
- Disclosure at time of attendance and Police Reporting

## DEMOGRAPHICS

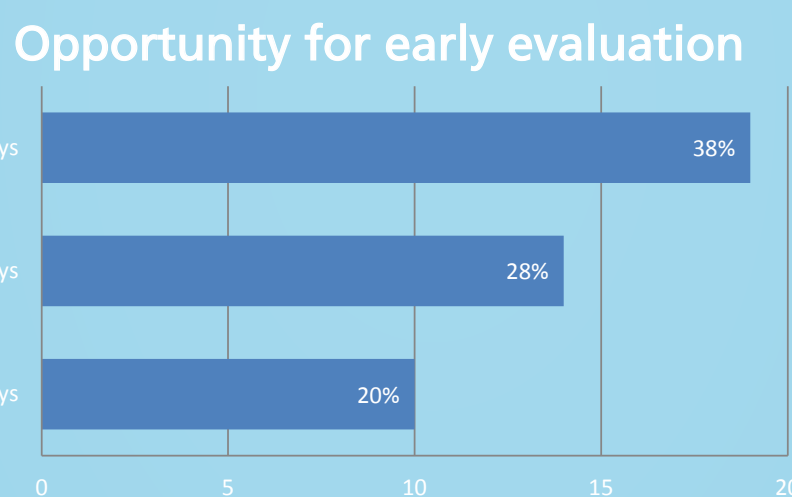
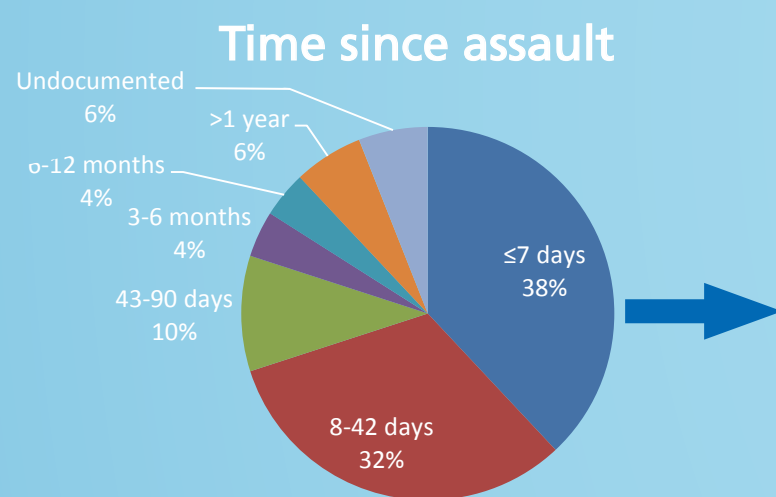
n = 50 33/50 (66%) were under 25 yrs old, 15/33 aged 16-20 yrs old 10/50 (20%) between 25 and 40 yrs old



## RESULTS

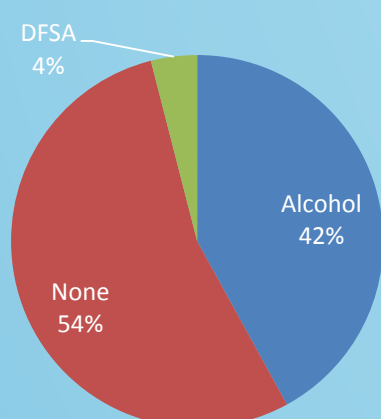
There was an overall Proforma completion rate of 36/50 (72%)

17/27 (63%) at Queen's 19/23 (82%) at Barking Reflects staffing preconsolidation to one L3site

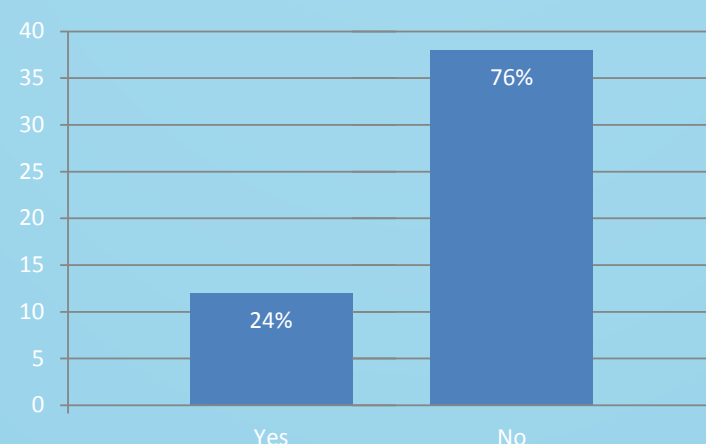


- High proportion of patients present to us early, 38% within the first 7 days, half of them within 3 days
- Window for intervention re Emergency Contraception, assessment for HIV risk/ PEP, FME signposting
- 35/50 (70%) are within 6 weeks of assault/ Hep B vaccine offer

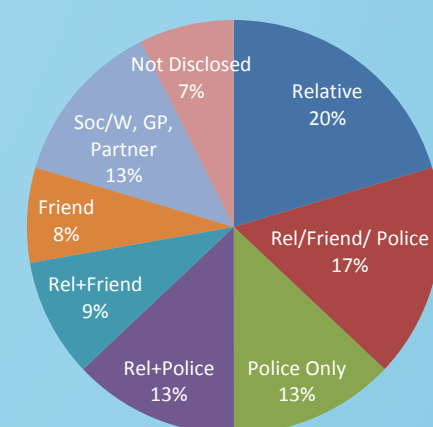
## Alcohol/Drug Facilitated



## Previous sexual assault



## Disclosure/Police Involvement



## BASHH AUDITABLE OUTCOME MEASURES: 100% documentation standard

Up to standard 100%	84-96%	50-79%	Poor documentation ≤20%
Baseline STI screen and serology 100%	Essential history when 88% where 84% who 92% what 92%	Documentation of HIV risk assessment 50%	Physical injury 20%
Child Protection needs 100%	Hep B vaccine offer 90%	PEP offer 70% documented where eligible	A&E needed 2%
	Plan documented for repeat tests 96%	Self harm risk 76%	Prophylactic antibiotics *(antibiotic stewardship) 2%
		FME offer if applicable 74%	
		Emergency Contraception 79%	

## CONCLUSIONS & RECOMMENDATIONS

In our department, 66% of complainants of sexual assault were aged 24 and under and nearly 40% presented at the clinic within 7 day forensic timeframe; a high proportion eligible for PEP assessment and emergency contraception.

- We redesigned our proforma to better capture information in columns 3 and 4 where significant improvement was needed in view of a high rate of early presentation.
- Training updates regarding forensic time scales/pathways for early intervention were undertaken and an additional page with forensic time scales (persistence of DNA) and algorithms re timing are now included in updated proforma.
- We offer \*antibiotic prophylaxis to selected patients: symptomatic, pre-IUCD, commercial sex workers, assault by multiple perpetrators, where there is concern regarding follow-up, patient anxiety. We would aim for 100% offer in this group which we consider eligible.
- Since this audit our department has consolidated to one Level 3 site so that health advisors and doctors are always available for support to the nursing team. A re-audit at one year is scheduled.