NHS Health Scotland

Rape and sexual assault

What health workers need to know about gender-based violence

This leaflet is one of a series designed to support health workers to work effectively with the victims of gender-based violence (GBV) in line with NHS Scotland policy,[1] and 'Equally Safe: Scotland's Strategy for preventing and eradicating violence against women and girls'.[2]

It covers how to identify and respond to adults who have experienced rape and/or sexual assault.

The series of practice guides covers the following:

- What health workers need to know about gender-based violence: an overview
- Domestic abuse
- Rape and sexual assault
- Childhood sexual abuse (adult survivors)
- Commercial sexual exploitation
- Stalking and harassment

All practice guides are available at
www.healthscotland.scot/health-topics/gender-based-violence

This guide will help you to:

those who have experienced rape and/or sexual assault.

As a health worker you are in a unique position to respond to such abuse. You are not expected to be an expert or to provide everything a patient needs, but you can play a crucial part in improving the immediate and long-term health impact on all those affected.

In all encounters with patients, you bring your own beliefs, value systems and cultural experiences. Being aware of these, and how they affect your views of sexual violence, is crucial when responding sensitively to survivors.

Contents

Understanding rape and sexual assault

Rape and sexual assault are sexual acts which take place without someone's consent.

Sexual violence can have a devastating effect on health and wellbeing. The Sexual Offences (Scotland) Act 2009 defines rape as 'penetration of the vagina, anus or mouth of another person by the penis without consent'. The offence covers surgically constructed genitalia, for example as a result of gender reassignment surgery. The Act also covers a range of sexual assault and abuse, such as:

- penetration of the vagina or anus by parts of the body (e.g. a finger) or objects (e.g. a bottle or a vibrator)
- being forcibly touched in a sexual manner
- ejaculating semen onto a person
- forcing or coercing someone to have sex with someone else
- being forced to look at pornography
- sexual harassment.

Rape or sexual assault can be a one-off event or can happen repeatedly. Some women are violated over years, for example by an abusive partner. Others may be raped or sexually assaulted by different people at different times in their lives. Humiliation and degradation are often part of ongoing sexual violence, for example being forced to watch or act out pornography, or having private intimate images shared without consent. Asylum seekers and refugees may have been sexually violated as victims of war or torture.

Many people believe that rape and sexual assault are commonly carried out by strangers and involve force. Yet in most cases assaults are carried out by someone known to the victim. This includes spouses, sexual partners, casual acquaintances, family members, colleagues and others.[3] Most rapes are committed indoors, usually in the home.

Unlike other crimes, victims are often held responsible for sexual violence. Recent surveys have shown high levels of blame relating to alcohol intake, style of dress, flirting and sexual history.[4,5] The Scottish Social Attitudes Survey found that only 58% of respondents thought a woman was 'not at all to blame' for being raped if she was wearing revealing clothing, while 23% agreed that 'women often lie about being raped'.[4]

The many myths about sexual violence, combined with the low prosecution rate, mean that women often minimise what has happened or think they may be blamed or that they are to blame for the assault. They may try to conceal it and be reluctant to disclose through shame or fear.

Men and LGBT+ people similarly face stereotypical reactions which can minimise the devastating impact of sexual violence, encountering disbelief or ridicule.

Who is at risk?

Rape and sexual assault can happen to anyone regardless of sex, sexual orientation or gender identity. The key risk factor for experiencing sexual violence, however, is being female.

How common is it?

One in 10 women (10%) and one in 50 men (2%) in Scotland have been raped since the age of 13.[6]

Almost one in 5 women (19%) and one in 25 men have experienced attempted rape.[6]

In Scotland 4.6% of women and 0.6% of men have experienced serious sexual assault since age 16.[7]

Only 12% of rapes reported in 2015–16 were prosecuted and only 6% resulted in a conviction.[8]

In 87% of cases of serious sexual assault, the victim knew the offender; in 55% of cases the perpetrator was their partner. In 77% of cases where there was more than one form of sexual assault the offender was the partner.[7]

Women

While there is a higher prevalence of sexual violence among young women it can happen at any age. Since gender-based violence is so common, many women experience more than one form of abuse during their lifetime.

Sexual victimisation in childhood or adolescence increases the risk of both physical and sexual abuse in adulthood.

Within the context of commercial sexual exploitation, women report repeat victimisation and a UK survey found that 11% had been raped and 22% had experienced an attempted rape.[9] Sexual violence is more prevalent in women who have been trafficked, especially those trafficked for sexual exploitation.[10]

Disabled women and girls are at greater risk of physical, sexual and psychological violence[11] with learning disabled women more likely to experience sexual abuse than other disabled people.[12]

Among black and minority ethnic communities sexual violence is underreported and stigmatised. The maintenance of virginity may be an issue and the opportunity to marry after a rape may be affected. This is complicated by language barriers, cultural issues, social isolation and family pressures.[13]

Statistics vary depending on what is being measured, definitions and terminology used, and methodology. For example, in the National Survey of Sexual Attitudes and Lifestyles in Britain respondents were asked if, since the age of 13, 'anyone tried to make you have sex against your will' and 'has anyone actually made you have sex against your will'.[6] This definition of what they called 'non-volitional sex' identified a greater prevalence of abuse than captured in crime surveys.

Men

Although fewer men than women are sexually assaulted, the health and emotional effects are just as severe. It may be very difficult for men to talk about what has happened because of a commonly held view that men should be 'strong' and able to protect themselves or, in the case of men who are heterosexual, because they think the assault has 'made them gay'.

> '**One of the biggest challenges faced by male survivors is society's projection** that men should be able to withstand and endure terrible circumstances.'
>
> (Michael May, SurvivorsUK)

A review of the literature on adult men who have experienced sexual assault reports that the sex of the perpetrator has a significant impact on the psychological consequences. Where the assailant was male this was associated with more harm and was perceived as more distressing. Attitudes such as perceptions that men should be able to 'resist' male sexual assault, or negative views of gay men, resulted in victim blaming and higher levels of stigma.

In contrast, the researchers reported some evidence that because of gender expectations on men to seek sexual opportunities, heterosexual men may view coercive contact by a woman as a 'sexual experience' rather than 'a violation of will'. They found that although for some men there may be resentment or hostility about such coercion, fewer men were likely to be severely traumatised by such an encounter.[14]

Note: This research relates to adult men, not to the experiences of boys and adolescent males which should be understood as childhood sexual abuse.

Acknowledging the trauma of the assault can be difficult for some men who react physically during it by having an erection or ejaculating. They may feel confused afterwards that it meant they enjoyed the experience, or that people won't believe they were really assaulted. They may need reassured that this is a physiological reaction which in no way indicates the experience was pleasurable or that they wanted it.

Since sexual assault of men is less common, they may not come forward because they think they will not be believed or will face ridicule. But sexual violence undoubtedly affects men's physical and mental health, their sexual health risk behaviours and sexual functioning, and it is vital that they get help.

By denying that males can be sexually assaulted, male survivors are made to feel that they are alone or abnormal. They need to feel that they will be supported if they talk to you.

LGBT+

The invisibility of lesbian, gay, bisexual, transgender and intersex people in many public messages on abuse and violence means they may not recognise their experiences as abusive or may feel silenced and marginalised.

While LGBT+ people experience the same adverse consequences of sexual violence, they may face additional barriers in both disclosing abuse and accessing services. For example, if the survivor identifies as lesbian, gay, or bisexual, and is in the process of coming out, they may question how others perceive their sexual orientation. If they have not 'come out' they may fear that the abuser will 'out' them to friends, family or employers. Similarly, they may feel under pressure to disclose their sexual orientation if reporting the assault, and have concerns that defence solicitors or juries may view this negatively in any subsequent proceedings.

The persistence of stereotypes, e.g. that gay men are promiscuous or that LGBT+ sexual practices are 'abnormal', as well as homophobic or transphobic attitudes, can influence any decision about disclosure or reporting. Lesbians are particularly invisible in relation to sexual violence. Stereotypes can minimise or invalidate their experience, e.g. that women are incapable of rape, that it is much less serious than male assault, or that it is not criminal. Intersex people may have had medical procedures carried out in childhood which they found traumatic, and may be fearful of submitting to further examinations.

The Hate Crime Report: Homophobia, biphobia and transphobia in the UK survey[15] found members of LGBT+ communities face significant levels of abuse, harassment and violence:

One in 10 LGBT+ people said the hate crime they experienced involved some form of sexual violence (9%).

Trans people were most likely to have experienced sexual violence as part of a hate crime (16%), followed by bisexual people (10%), lesbians (8%) and gay men (7%).

How rape and sexual assault affect health

Rape and sexual assault can have a serious effect on short and long-term physical, mental and sexual health.

This may vary according to the nature of the assault, when it took place, previous history of abuse (sexual or otherwise) and the other circumstances of an individual's life.

Experiencing sexual violence as an adult can trigger intense reactions for those who experienced sexual abuse as a child and is linked to significantly elevated levels of post-traumatic stress disorder (PTSD) and depression.

Research on the health impact of sexual violence within intimate relationships identifies higher levels of depression and anxiety, PTSD and gynaecological disorders than those associated with physical violence alone.[16] Cumulative experiences of repeat victimisation can lead to what is described as complex post-traumatic stress disorder.[17]

For healthcare staff, there are implications beyond immediate crisis intervention. A quarter of adults who have been raped experience severe and long-term impacts.[18] Repeated abuse exacerbates these impacts. Survivors might present with the following health problems:

Physical/sexual

- Shock, injury and trauma
- Possible pregnancy
- Sexually transmitted infections (STIs)
- Urinary tract infections
- Lower abdominal pain and lower back pain
- Headaches
- Difficulty in defecating and bowel disorders
- Sexual dysfunction
- Gynaecological problems

Mental/emotional

- Self-harming
- Depression, anxiety
- Addiction issues
- Sleep and eating disturbances
- Panic attacks
- Flashbacks
- Suicidal feelings
- Post-traumatic stress disorder

Your role as a health worker

Sexual violence is a serious health issue and you have a duty of care to those affected. If you intervene sensitively and appropriately, you could improve long-term health and wellbeing.

No matter how much time has passed since an assault, it is never too late to offer treatment and support.

Health staff are in a unique position to identify sexual violence since many people who have been abused will use health services at some point.

I
identify

Identify – Be aware that rape and sexual assault is a possibility. Recognise signs, create an environment to support disclosure and ask sensitively.

R
respond

Respond – Listen to what they say, show empathy, be non-judgemental, validate their experience and ask what they need.

S
support

Support – Assess risk and enhance safety, provide information and help them connect to support services.

Identifying rape and sexual assault

Unresolved sexual trauma is more likely to occur when the person:

- has had little support
- has not disclosed to anyone or had a poor reaction to disclosure
- is unable to settle their reactions to the experience.

If you suspect that someone may be affected by rape and sexual assault, it is your responsibility to introduce the subject sensitively and ask. For people sexually abused as children, sexual assault in adulthood can reawaken memories of previous assault and their reaction may be all the more intense. People who have experienced rape or sexual assault may present in any primary or acute care setting. It may be in the immediate aftermath of an assault, or after weeks, months or even years. They may have been assaulted once or repeatedly. Be aware of how they might present in your setting.

It may not be immediately apparent that someone has been raped or sexually assaulted, especially if the abuse is historical. If they have been subjected to repeated physical abuse in an intimate relationship, be alert to the possibility of sexual violence.

There are some signs, clinical and behavioural, which may make you suspect abuse. The effects of sexual violence can be varied and significant. Immediately following rape or sexual assault some people will be visibly distressed while others may appear very calm.

Reactions to rape and sexual assault

Acute

- **Shock and disbelief which can be controlled or expressed**
- **Physical pain, which can be generalised or in a specific area traumatised by the assault**
- **Sleep and eating disturbances, and emotional reactions**

Long-term

- **Physical problems such as gynaecological and menstrual disorders**
- **Musculo-skeletal pain, general malaise, disruption to sleep and eating**
- **Psychological problems, including dreams and phobias, e.g. fear of going out**
- **Sexual problems such as fear of, or loss of interest in, sex**

Barriers to disclosure

Disclosure of any form of sexual violence is difficult, and often distressing, whether it is a recent or historical experience. Sexual violation can leave survivors feeling dirty, ashamed and often vulnerable. They may fear being disbelieved and judged.

Given the myths and stereotypes around sexual violence, they may find it difficult to see their experience as violence. For example, they may feel responsible for the assault because of their behaviour or because they did not physically fight back. Some people believe that it is not possible to be raped in marriage, and that sex is part of the marriage contract. In other circumstances, such as rape in prostitution, they may fear this will be seen as 'theft' rather than violation.

Men may not see their experience as abusive if they have not been forcibly assaulted or if they respond physically to the abuse. If they were assaulted by a woman, they may have difficulty accepting that this was a violation.

Communication barriers, e.g. where the first language is not English, or for people with learning disabilities, may make it difficult to understand unfamiliar terminology or concepts. Survivors may need additional support to access services, such as advocates or interpreters.

Although the health impact of sexual violence can endure beyond the initial assault, they may not be aware of the connections between their current health problems and this experience of trauma. They may think that it will be dismissed as unimportant, and told to forget about it.

I identify

Fear of being intrusive makes many healthcare professionals reluctant to ask about sexual violence, yet research indicates that people want to be asked about abuse. It gives them the chance to speak about their experience and to receive help.

Responding to disclosure of rape and sexual assault

If rape or sexual assault is disclosed, your intervention will depend on the setting you work in, whether this is a one-off or ongoing contact, and the circumstances of the assault: if it is recent or historical sexual violence, and if it has occurred in an intimate relationship.

In cases of drug-assisted rape, a victim may have little memory left. They may have other evidence to suggest something has happened, such as bruises or bleeding, or may find themselves somewhere or with someone they do not know. For attacks which happened some time ago, they may have started recalling fragments of memory. This can be very distressing.

Whatever the situation, it is essential to create an atmosphere which makes it easier for the victim to speak to you, and which will provide appropriate care.

Provide a safe, quiet and confidential space – Reassure about confidentiality but be clear about the limits to this. Let them go at their own pace – it may take some time.

Ask non-threatening and open questions – Enquire gently if you think there might be problems, for example, 'Has anyone ever touched you sexually when you did not want them to, or forced you to do something sexual?' The effect of shock and trauma may mean that their recollection of what has happened is hazy.

Treat the patient with respect and dignity – It is not easy to disclose sexual violence and they may feel embarrassed, humiliated and distressed. Listen and be sensitive, for example 'I'm sorry that this has happened to you. It takes a lot of courage to talk about something like this.'

Be non-judgemental, supportive and sympathetic – Do not make assumptions about them or the circumstances of the assault. Be aware of your own bias, and be attentive to the barriers that victims experience, including those referred to earlier for men and LGBT+ people.

Validate their experience by telling them that you believe them and reassure them that they are not to blame.

Survivors who are able to talk about sexual violence and who receive responses which are supportive, empathic and non-judgemental experience fewer trauma-related symptoms and are more likely to recover.

Validate their feelings and acknowledge the impact of the abuse – Reassure them that their response to the assault is a normal reaction to an abnormal experience.

Check whether they want to speak to a male or female health worker.

Ensure access – If necessary, provide an interpreter for hearing-impaired patients or those whose first language is not English, or an advocate for someone with a learning disability. The interpreter must be professional. Do not use family or friends.

Be aware of barriers such as age, poverty, language and disability which can increase vulnerability and limit access to help and services. You may need to provide specific support, for example interpreters or assistance with transport.

It is important to always be aware that sexual violence may also have been in the context of domestic abuse.

Support following rape or sexual assault

Whether the abuse is recent or happened long ago will be important in determining your intervention.

Recent rape or sexual assault

Recent rape or sexual assault can refer to a recent one-off rape, or a recent rape within ongoing abuse.

Assessment and treatment

Providing an accessible, non-stigmatising response will potentially have a stabilising influence on the subsequent, longer-term impact of rape and sexual assault. If someone presents to your service after a recent rape or sexual assault, you should:

- Treat any immediate physical or medical conditions requiring attention or make necessary arrangements for this.
- Never 'interrogate' the patient about the incident. If they seem distressed, ask if they would prefer you to ask questions to which they only need to give a 'yes' or 'no' answer. Only ask questions about symptoms, injuries or relevant past medical history but allow the patient to talk as little or as much as they wish, noting down carefully what they say, keeping what you note down as exact as possible.
- Check whether they want to report the assault to the police.
- Offer the option of self-referral for a forensic examination without police involvement if this is available in your area.

Note: Self-referral for a forensic medical examination without having to report to the police allows victims to have forensic evidence stored in case they wish to report at a later date. Currently, this is only available at Archway, which covers the West of Scotland, but there is ongoing work to extend this service. Check with your Health Board to find out local arrangements.

If they want to report the rape or sexual assault to the police

- Contact the police.
- Do not examine the patient. If the police are involved, an examination by a forensic specialist will be arranged. Be aware of and follow your local NHS Board protocols.
- Ensure that no items of clothing are discarded. Explain that it is important that they do not wash. Try to make them as comfortable as possible while waiting for the police and forensic examination.
- If the assault may have been 'drug assisted' it is important to do this as soon as possible as traces of the drugs can leave the system very quickly, along with other forensic evidence. This varies depending on the drug. The police may want to take blood, urine and hair samples and carry out a forensic examination specific to rape or sexual assault.

If they do not want the police to be involved:

- Address any immediate concerns.
- Do not attempt any form of pelvic examination. The patient may later wish to report the matter to the police after the shock of the crisis, so it is important that evidence is available if required later since this may be retrievable for up to seven days.
- Evaluate the risk of pregnancy either to prescribe emergency contraception or to ensure appropriate management.
- Assess the wish or need for referral for further assessment and screening, particularly for sexually transmitted infections, and counselling.
- Depending on the setting, consider admission as a 'haven' to help recovery.

Adult support and protection

Consider vulnerability and whether the patient is an adult who is 'unable to safeguard their own interests though disability, mental disorder, illness or physical or mental infirmity, and who [is] at risk of harm or self-harm, including neglect' as defined by the Adult Support and Protection (Scotland) Act 2007, and is therefore in need of more directive intervention.

Safety and referral

- Discuss safety concerns for the victim and any children. If the perpetrator is known to them, check how this affects both their feelings about the assault and the options available.
- If the sexual violence is in the context of domestic abuse, check whether they feel safe about returning home and if not, help them find a safe alternative. **See guidance on domestic abuse – www.healthscotland.scot/publications/domestic-abuse-what-health-workers-need-to-know**
- For victims abused in prostitution, give details of any specialist local support services (Rape Crisis can provide details of these).
- Tell them how to get information about legal rights and criminal prosecution.
- Give correct information about local support agencies including the **Rape Crisis Scotland Helpline 08088 01 03 02 (6 pm – midnight every day)** and the **Domestic Abuse and Forced Marriage Helpline 0800 027 1234 (24 hours)**.
- Give supporting literature in a format they can use.
- If appropriate, provide aftercare and follow up. Always consider their safety and how any approach you make might affect this.
- Stress that they can ask the NHS for help at any time.
- If the victim is in need of protection as defined by the Adult Support and Protection Act, follow local procedures to provide appropriate support.

Whatever they decide to do next, you should support them and help them plan for their safety.

Child protection

If sexual violence has occurred within the context of an intimate relationship, it may be part of a systematic pattern of domestic abuse and this should significantly increase your suspicion that any children in the family may be at risk.

While the existence of domestic abuse does not require you to automatically instigate child protection procedures, your risk assessment should include risks to any children in the family.

Documenting and recording

Keep detailed records as this may build up a picture over time if there is a pattern of sexual violence within an intimate relationship. This is important health information which will enable continuity of care. It may also help in any future legal proceedings.

Survivors may be anxious about the confidentiality of medical records. Reassure them about this but explain that if someone, especially a child, is at risk of significant harm, this overrides confidentiality requirements. Explain the benefits of keeping a record. The following should be included:

- Exact time of any examination
- General state and demeanour of the patient
- State of clothing and make-up
- Any bruises, scratches or other injuries
- Note of what the victim has said about the assault and assailant, as far as possible in her own words
- Outcome of risk assessment
- Action taken

Sharing information

You may need to share information about a particular case. It may be required by law, for example, as required in the Adult Support and Protection Act, or it may be necessary to share information with support agencies to make sure that the victim and any children are safe and properly supported. Discuss notifying their GP with the victim to allow for continuity of care.

Key elements of a health response in the aftermath of a recent sexual assault or rape:

- **Treatment and documentation of injuries**
- **Collection of medico-legal evidence and maintaining chain of evidence**
- **Treatment and evaluation of STIs**
- **Pregnancy risk evaluation and prevention**
- **Crisis intervention and arrangement of follow-up counselling**

Historical rape and sexual assault

A disclosure of sexual victimisation may come months or years after the abuse has occurred.

There may not be issues about immediate danger, but about unresolved physical or emotional trauma such as pelvic pain.

Sometimes the significance of past events may be appreciated by the patient, but not always.

The setting within which sexual violence is disclosed and the timing of the disclosure may be very significant. Do not assume that any unresolved issues about sexual violence always require counselling or mental health interventions. For example, a woman may disclose sexual violence to a midwife because she is anxious about childbirth and the invasiveness of clinical procedures. She may need to be able to talk through the options and consider how best she can control the situation. Similarly, someone seeking dental treatment who has previous experience of oral sexual assault may need to be able to discuss strategies for coping with their fear about dental treatment with the staff providing their care.

Assessment and treatment

- Check the meaning of the experience(s) for the individual and the reason for the disclosure.
- If relevant, ask how they think this has affected their life.
- Discuss the impact on their health, and whether it is still affecting them physically, sexually and/or emotionally.
- Discuss what they think they need from your service.
- Offer to refer on to further specialist services if it would be helpful.

Support and information

- Give correct information about local support agencies including the **Rape Crisis Scotland Helpline 08088 01 03 02** (6 pm – midnight), **Rape Crisis LGBTI helpline 08088 01 03 02** (Monday and Thursday 7 pm–12 midnight) and the **Domestic Abuse and Forced Marriage Helpline 0800 027 1234** (24 hours).
- Give supporting literature in a format they can use.

Documenting and recording

Any disclosure of sexual violence should be recorded since it is important health information which will enable continuity of care. It may also help in any future legal proceedings, for example if they decide to report at a future date. This includes:

- what the survivor says occurred
- the nature of the consultation and significance of the experience of sexual assault with regard to this
- any action taken and note of any referral.

Support for staff

Supporting someone who is experiencing, or has experienced, sexual violence can be stressful. It can be distressing to hear accounts of trauma and abuse, and you may be worried about being overwhelmed by it. It is also common to feel frustrated or helpless if you cannot 'solve' the problem.

Sometimes, however, dealing with abuse may lead to 'compassion fatigue', also known as 'secondary traumatic stress'. This has been defined as a state of 'exhaustion and dysfunction, biologically, physiologically, and emotionally, as a result of prolonged exposure to compassion stress'.[19] It may manifest itself in similar symptoms to those experiencing PTSD, for example, in hypervigilance, inability to listen, avoidance of clients, anger and cynicism, sleeplessness, fear, chronic exhaustion, physical ailments and guilt.

In these situations it is important to be able to acknowledge how you feel and seek support or guidance from a supervisor or colleague.

Given the prevalence of gender-based violence (GBV) and the number of people employed in the NHS, you may be directly affected by such abuse. If you are experiencing abuse, it is important to recognise how this may be affecting you. An NHS Scotland Partnership Information Network (PIN) policy on gender-based violence was published in 2011. This employee policy applies to all health-service staff and aims to set a minimum standard of practice to support staff who have current or former experience of any form of gender-based violence. An example of the support available would be accessing occupational health or employee counselling, being allowed time to attend solicitors' appointments, or having identified members of staff who can be approached for advice. There should be a local employee policy on gender-based violence within your workplace which provides guidance on how you can be supported at work. You may also want to contact some of the specialist support services available for advice.

The employee policy also covers perpetrators of abuse. If you are concerned about your own behaviour or that of a colleague, check the local employee policy for guidance about who to approach, or how to address this issue.

Further information

Police Scotland National Rape Task Force

Police Scotland has a dedicated National Rape Task Force which includes Rape Investigation Units in each of the 14 local divisions across Scotland. These units are led by detective inspectors and staffed by specially trained officers. The task force aims to:

- improve the quality of rape investigations
- provide better targeted local services supported by key partners
- improve resilience and flexibility across Scotland
- improve the quality of specialist support across Scotland
- provide a more sustainable and cost-effective service in respect of rape investigations.

Rape crisis centres

There are local rape crisis centres across Scotland which provide emotional and practical support, information and advocacy to anyone affected by sexual violence. All centres provide an initial service to men and boys. For some centres, this involves initial signposting to other support services. Others provide ongoing support to both women and men. Support can include:

- information on the law, health and other issues
- accompaniment to clinics, police and court
- referral to other agencies which can help
- assistance with reporting to the police
- therapies such as relaxation and aromatherapy.

Find out more about Rape Crisis Scotland's public awareness campaign, 'I Just Froze' at: **www.rapecrisisscotland.org.uk/i-just-froze/**

Watch NHS Lanarkshire's Trauma and the Brain animation at: **www.nhslanarkshire.org.uk/Services/EVA%20Services/Pages/trauma-and-the-brain.aspx**

Support to report

Reporting to the police, the investigation and the court process can be a difficult, confusing and stressful time for survivors of sexual violence, their family and friends.

- The National Advocacy Project, coordinated by Rape Crisis Scotland, offers a free and confidential service to provide support and advocacy to survivors of sexual violence and their family and friends before, during and after:
  - reporting to the police
  - the police investigation
  - the court process.

There is a dedicated advocacy worker based in Rape Crisis Centres in Scotland who can help survivors whether they are considering reporting abuse to the police or have already reported and are looking for some further information and support as they go through this process.

The advocacy worker can be contacted at the local Rape Crisis Centre.

Other help and support

Rape Crisis Scotland

Information about rape and sexual assault and main contact for network of local centres **www.rapecrisisscotland.org.uk**

Helpline: **08088 01 03 02** (daily, 6 pm to midnight)

Email: **support@rapecrisisscotland.org.uk**

General enquiries: **0141 331 4180** (Monday to Friday, 9 am to 4 pm)

LGBT helpline: **08088 01 03 02** (Monday and Thursday 7 pm to midnight)

LGBT+ survivors can call the Rape Crisis Scotland helpline at any time, but this specific time is intended to offer an additional opportunity for survivors to seek support in the confident knowledge that Rape Crisis Scotland is able to respond to their needs, and understands that gender identity and sexual orientation can be a major factor in the way survivors experience the impact of abuse.

Deaf access: As well as emailing at any time, people with hearing impairments can contact Rape Crisis by:
Phone: **0141 331 2715** (Tuesday 1:30 pm to 5 pm)
SMS text: **07537 400702**

Free calls via online BSL interpreter through Contact Scotland BSL:
http://contactscotland-bsl.org/

Survivors UK National Helpline:

Information, support and counselling for men who have been raped or sexually abused.

Phone: **020 3598 3898** during office hours.

WhatsApp: **07491 816064**
SMS: **020 3322 1860**
Online chat available on website at: **www.survivorsuk.org**

Archway (Sexual Assault Referral Centre)

Offers forensic examinations, testing for infections and emotional support. This service is for anyone 13 and over who has been raped or sexually assaulted in the west of Scotland in the last seven days.

Phone: **0141 211 8175**

archway.sandyford.org

Scotland's Domestic Abuse and Forced Marriage Helpline

Help and support for all victims of domestic abuse.

Helpline: **0800 027 1234** (24 hours)

Email: **helpline@sdafmh.org.uk**

http://sdafmh.org.uk/

Scottish Women's Rights Centre

Free legal advice and information service available for women aged 16+ who have been affected by violence.

Helpline: **08088 010 789**

(Tuesdays 6 to 9 pm; Wednesdays 1:30 to 4:30 pm; Fridays 10 am to 1 pm)

Local appointments are available in Edinburgh, Glasgow, Lanarkshire and Stirling. Visit **www.scottishwomensrightscentre.org.uk/surgeries** for more information.

Eighteen and Under

Confidential support and information for anyone under the age of 18 who has experienced sexual, physical or emotional abuse. Please note the helpline is only available once first contact has been made via text, WhatsApp, etc.

Helpline: **0800 731 40 80** (weekdays 9 am to 5 pm)
SMS/WhatsApp: **07707 531976**
www.18u.org.uk

Future Pathways

Scotland's In Care Survivor Support Fund. Offers support to adults who were abused or neglected as children while they were living in care in Scotland. The website provides information for professionals and survivors.

Phone: **0808 164 2005** (Monday to Friday, 10 am to 6 pm)

https://future-pathways.co.uk

Women's Support Project

Information, training and support on violence against women.

Phone: **0141 418 0748**

www.womenssupportproject.co.uk

Local information and notes

This section is for you to record any local information or services for your area.

References

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