

# Commissioning a Forensic Nurse Advisor for Sexual Assault (Military)

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# Background: NHS England SARC Services

- Sexual Assault Referral Centres are commissioned by NHS England, Health & Justice specialised commissioning, (48 SARC's across England & Wales)
- Services are co-commissioned with local police and crime commissioners
- Nationally over 26,000 referrals (Jan-Dec 2024) up from 22,407 in 2022 -18% increase
- 61% of all service users – under 25 years
- 27% were children under 15 years
- 78% referrals are from the police



# SARC Services

- SARCs provide a safe space and dedicated care anyone who has been raped, sexually assaulted or abused
- Attendance as a police referral or self-referral
- Offer crisis care, medical and forensic examinations for forensic evidence
- Emergency medications such as emergency contraception & post-exposure prophylaxis (28 days) BBV assessment.
- Arrange access to an independent sexual violence advisor (ISVA)
- Onward referrals to other supportive agencies including sexual health services.
- Provide telephone follow-up



# SARC Military Project

- Original project commenced in 2020
- Aim to reach out to the military at Catterick Garrison, North Yorkshire to raise awareness of SARC services
- Acknowledgement that referrals from the military, either police or self referrals were extremely low – routine question on SARC Indicators of Performance
- Project concluded with a recommendation to commission a Forensic Nurse Advisor for Sexual Assault (Military)
- Recurrent funding for role as part of regional contract-commenced September 2023



# Current Service Justice System Statistics

**2024** – 357 investigations by Service Police - increase of 69 in 2023 (Contrary to the Sexual Offences Act 2003)

**2024** – 205 cases received by Service Prosecuting Authority  
47% (69) of cases resulted in charges

*Gov.uk (2025) Official statistics: Murder, manslaughter, sexual offences and domestic abuse in the Service Justice System: 2024.*

**These figures are based on investigated not reported and due to a change in policy can opt for a civilian investigation.**

**The majority of reported sexual offences took place in the UK. This means they could have been dealt with by the civilian police**

# National awareness within the military

## **Wigston Review into inappropriate behaviors (2019):**

- “We have to do better when instances of inappropriate behavior have occurred or are alleged to have occurred.”
- “an unacceptable level of inappropriate behavior persists” within the military but also that “a significant number of our people have experienced bullying, discrimination and harassment, including sexual and [that they] have not felt or been able to come forward to report it”.



## **House of Commons Defence Committee : Protecting Those Who Protect Us: Women in the Armed Forces from Recruitment to Civilian Life (2021):**

- “It is difficult not to be moved by the stories of trauma, both emotional and physical, suffered by women at the hands of their colleagues. A woman raped in the military often then has to live and work with the accused perpetrator, with fears that speaking out would damage her career prospects.”

## **Tackling Sexual Offending in Defence (2022)**

- “We will build trust and awareness of our policies and processes to encourage more survivors of sexual offending to come forward in order to increase reporting levels and to ensure that they get the appropriate support”

# Personal Accounts

There was no confidentiality across my unit, with others making it quite clear to me they knew exactly why they were being questioned by the RMP. When the case finally reached court, I was ordered to attend in person, against my wishes, and had to retell the traumatic experience in public before I was accused of lying and fabricating the whole thing. The way in which my superiors behaved was a significant factor in my decision to end my military career early.

Although the (Suspect) has been removed from the Unit, he is continuously called out on a roll call and every time I fear that he has returned

I was called in by my chain of command and told to report what had happened. Neither of them had the skillset or knowledge to deal with the situation in a supportive way. They did not follow a process, which made me feel I was being interrogated rather than encouraged to share an ordeal in confidence.

The initial disclosure was handled reasonably well by the Padre & Medical Officer that I initially spoke to; but my Commanding Officer, the welfare services and follow-up medical support were particularly poor.

My Sgt has said I should have locked my door

# Impact of Sexual Assault on Military Personnel

- Mental health implications:
  - ✓ High risk of PTSD
  - ✓ Anxiety Disorders
  - ✓ High risk of self-harm / suicide
  - ✓ Substance / alcohol misuse
- Military Sexual Trauma (Early Day Motion 785: Tabled on 11/2/25)
- Early discharge from the military
- Loss of trust (Service Justice System, MOD, Chain of Command)
- Reduce team cohesion
- Reduction in operational effectiveness





# Barriers to reporting

- Continuing to work or live with the Perpetrator
- Wanting to maintain unit cohesion
- Fear of not being taken seriously or believed
- Being unaware of support that is available
- Being unaware that victim can self-refer
- Male victims – stigma, embarrassment
- Perpetrator may be a more senior rank
- Fear of repercussions
- Fear it may impact on their career
- Concerns around confidentiality
- If victim is of a senior rank – may feel ashamed, shouldn't happen to me.
- Can't just pack their bags and leave



# What is a Forensic Nurse Advisor?



**NHS**

**Turn to us**

**We are here**

**“Sexual assault referral centres are available to anyone in the Armed Forces, whenever you need us.”**

Emma  
Forensic Nurse Advisor

- ✓ Single point of contact for NY & Humber within the Military community
- ✓ Offer support and advice to military & medical professionals and patients
- ✓ Raise awareness of role and SARC services
- ✓ Provide responding to sexual assault disclosure training to the military and other partner agencies
- ✓ Upskill Commanding Officers, medical professionals and welfare teams in supporting victims
- ✓ Support with embedding pathways into SARC/support services
- ✓ Provide forensic examinations within the SARC
- ✓ Follow up support and drop-in sessions for military victims
- ✓ Ensure they receive compassionate leave/support and have been signposted to the relevant support agencies



# Rape and sexual assault military pathway

Sept 22 V 1.4



MOUNTAIN  
HEALTHCARE



Ministry of Defence



## Rape and Sexual Assault Military Pathway: Assessment and Action following Sexual Assault and Onward Referral to SARC

Person discloses sexual assault (recent or historic) - Refer to initial disclosure checklist & complete alongside this pathway

Assessment of immediate safety issues e.g. domestic abuse, child protection, life-threatening injury:  
refer to Multi Agency Safeguarding Hub as necessary (Welfare Team can support this)

The next two areas must both be discussed in any order; the priority is to ensure the individual's opinions are respected and that they are given choices e.g. they may want the CoC to take them to the SARC or they may wish to wait for the police or to go with a friend.

### Police

Under s123AFA 06, Commanders are obliged to report all incidents of rape and sexual offences to Service Police as soon as it is reasonably practical, in practical terms this means immediately. This is to protect individuals from delayed or inadequate investigations and to protect commanders from accusations of inadequately managing allegations.

Irrespective of this report being made the individual still has the choice about whether they wish to engage with the Service police or civilian police (irrespective of whether both the alleged perpetrator and the victim are in Service) or to have no immediate police investigation. If the incident takes place overseas Service police may investigate, or local police.

### Sexual Assault Referral Centre (SARC)

The SARC offers confidential medical and practical support to those who have been raped or sexually assaulted, accessed by self-referral, via the police or via CoC. Attendance is open to all and does not require police involvement or any form of physical examination. Even if an individual does not want a police investigation evidence can still be collected, with consent, and stored for up to 7 years to be used in an investigation at a later date if the individual chooses, this is called anonymous intelligence. The SARC can also offer treatment for injuries, contraception, STI testing as well as signposting to local pathways for emotional support.

Report the allegations to the local Service Police unit or Service Police Crime Bureau (02392 285 170 / 180).

Does the individual want civilian police involvement? If yes also report to the police on 101.

If the individual declines all police involvement at this time advise them that the Service Police have to be informed, for the reasons listed above, and that they will attempt to make contact with them.

The police will not investigate the case without the consent of the individual (victim) but with their consent would seek to take an initial statement so this can be used in the future. The individual always has the choice to seek an investigation at a later date; this can be more challenging if a long time has elapsed and statements or physical evidence were not collected at the time.

No

Give SARC leaflet, remind them they can self-refer at any time.

Do they wish to be referred or self-refer to the SARC?

Yes

Commander, Police or individual to refer to SARC via national number 365 days/24hrs on:  
**0330 223 0099**

If incident occurred less than 10 days ago advise individual not to wash self or clothes to protect any potential DNA evidence, until seen at the SARC. This window is a guideline only, as collection of samples will depend on the nature of the assault.

Therapeutic need always comes before forensic samples. If in doubt or for further advice a forensic nurse can offer support via the national number 24 hours a day, 365 days a year.

**Physical Health** - Offer to arrange a medical centre appointment for all cases, if agreed ask permission to inform the doctor of the reason for the appointment in advance. Where possible the medical review should be booked within 3 days of the assault to allow for consideration of emergency contraception and Blood Borne Virus Post Exposure Prophylaxis. Sexual health assessments should be arranged at the Sexual Health Clinic 2 weeks or more after the assault. The SARC can also support with advice and signposting for this.

**Wellbeing** - Offer all SP immediate compassionate leave, with a planned review and meeting a maximum of 7 days later. Further time off after this may be advised by a doctor to ensure appropriate mental health support is in place. Some people may decline any time off. Ensure they have the means to attend all appointments or follow up and re-offer within 48 hours of disclosure if interventions or time off were initially declined. Offer to attend appointments with them, or to release another member of the Unit (their choice) to attend. The police or SARC should refer to an independent Sexual Violence Adviser (SVA) to offer emotional support to the individual through any criminal investigation process. The SARC will follow up at 6 weeks, and the police will arrange regular follow up with consent. Commanders must provide regular supportive follow up throughout any legal or investigative process, and afterwards as required by the SP and they must offer this support even if the individual does not choose to pursue a legal investigation.

Sept 22 V 1.4



# Rape and Sexual Assault Initial Disclosure Checklist



Defence Serious  
Crime Unit

## Rape and Sexual Assault Initial Disclosure Checklist

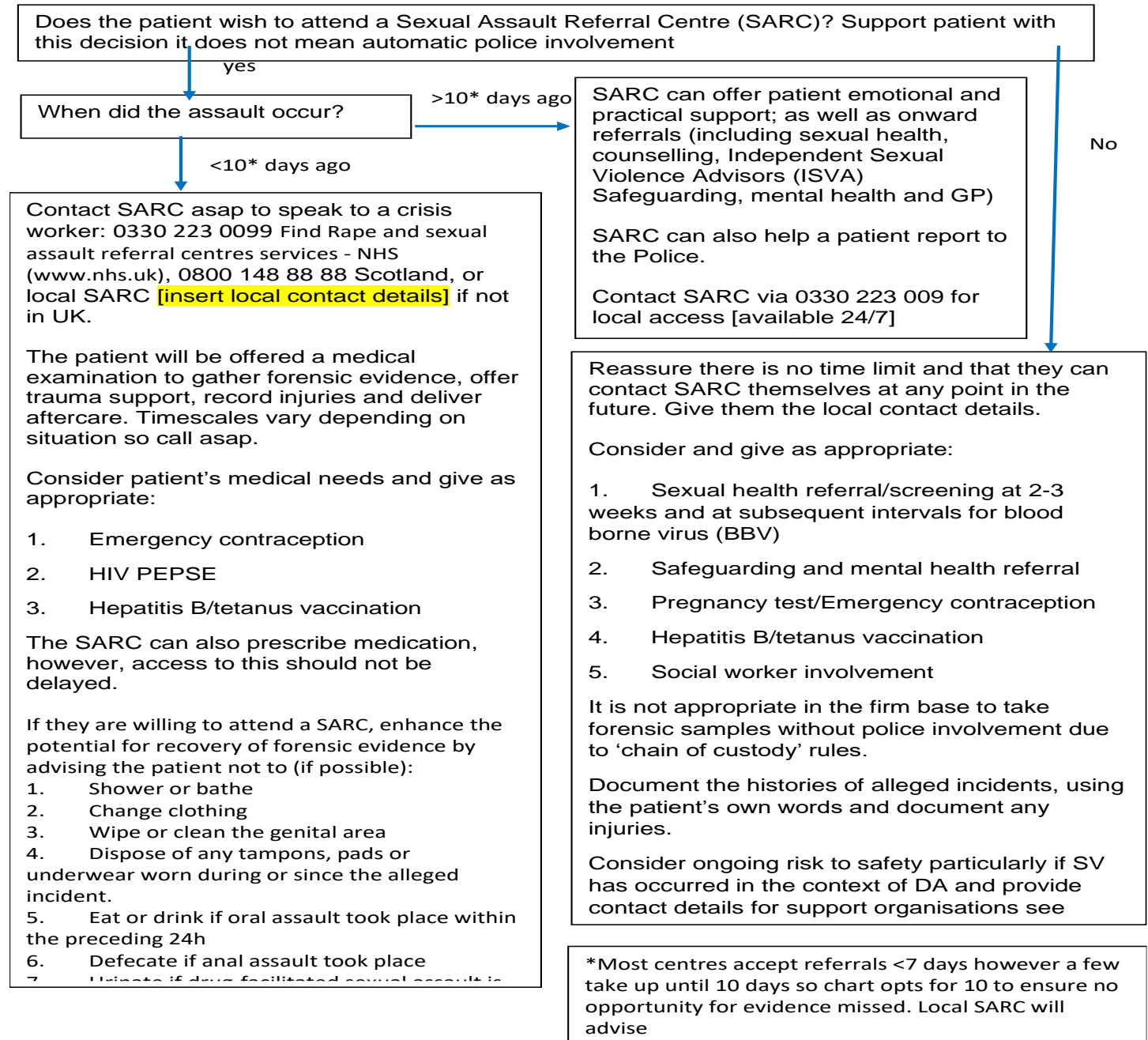
As the first official person to whom an assault is being disclosed it is vitally important that you treat the individual with respect and offer support whilst also ensuring the correct actions are taken to report the matter within the MOD. This form should be used in conjunction with the Initial Management Pathway.

You must not question the individual on the event for two main reasons; these events can be very distressing for individuals and there are medically qualified professionals who are better placed to ask appropriate questions and then provide the correct support and secondly; discrepancies in statements given by the individual to the police, and by witnesses (such as yourself receiving the first disclosure) can be used against the individual in court; even if these discrepancies are only due to the way the information was recorded.

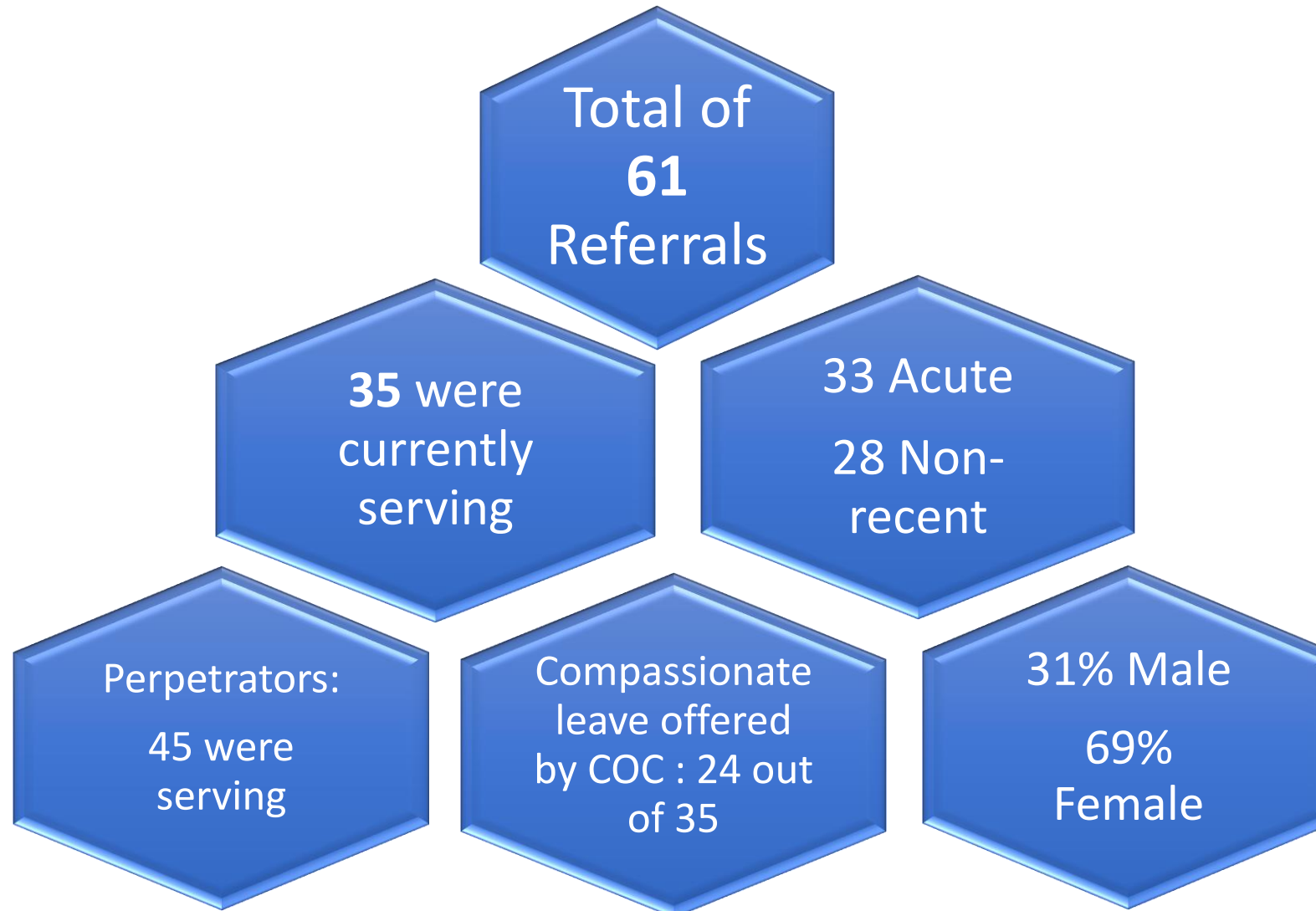
On first hearing the disclosure let the individual know that you do not need to hear any more detail, but that you take the report seriously. Complete the form below, and use the Initial Management Pathway to help explain what their options are and what might happen next. After this focus your questions on their welfare and safety; confirm where they intend to spend the rest of today/tonight and whether they have a safe place to go to; offer an appropriate person to accompany them to their police and SARC appointments if they wish, offer to arrange immediate compassionate leave and MO appointment.

<b>Date:</b>		<b>Time:</b>		<b>Location:</b>	
<b>Service No, Name and Rank of person completing form:</b>					
<b>Usual job role of person completing form:</b>			<b>Current Unit:</b>		
<b>Service No, Name and Rank (if relevant) of individual making disclosure:</b>					
<b>Service Nos, Name and Rank of any other persons present during the</b>					

# Sexual Violence / Domestic Abuse SOP & Pathway Defence Primary Health Care



# Activity to date ....



# What we have achieved....





# YOU ARE NOT ALONE

If YOU have or SOMEONE YOU KNOW has experienced a sexual assault, either recently or in the past - YOU ARE NOT ALONE. There is a unique NHS sexual assault service for the military community (serving, ex-serving, families). We can and will help 24/7/365.

**0330 223 0099**



**Forensic Nurse Advisor for Sexual Assault**  
Supporting the military community

[www.bridgehousesarc.org](http://www.bridgehousesarc.org) [help@bridgehousesarc.org](mailto:help@bridgehousesarc.org)

If you are in danger or need urgent medical attention, call 999.

## After care

When the exam is over, the Nurse and Crisis Support Worker will talk to you about how you are feeling. You may be referred to other agencies for further support and care.

Before you leave SARC we want to know that you are going back to a safe place and understand that you may have questions after you leave. You can call us anytime if you feel there is something you need to ask us about. With your permission, we will call you three weeks after your appointment to see how you are doing and find out if you need any additional support.

## Helpful Organisation

**North Yorkshire**

- Sexual Health Service - (North Yorkshire)  
[sexualhealth@nhs.uk](mailto:sexualhealth@nhs.uk) 01904 721111
- JDS - Support victims of childhood sexual abuse as well as people who've been assaulted or raped as adults. [jds@nhs.uk](mailto:jds@nhs.uk) Tel: 0300 110 110

**Humber**

- Sexual Health Service (North Humber) [confirsexhealth.co.uk](mailto:confirsexhealth.co.uk) Tel: 01482 247111
- South Humber: [www.thesexualhealthhub.co.uk](http://www.thesexualhealthhub.co.uk) Tel: 0300 330 1122

**Blue Door**

- Support those who have experienced rape and serious sexual offences - [www.yorkshiresurvivors.co.uk](http://www.yorkshiresurvivors.co.uk) Tel: 01724841947
- Heartbeat: To help navigate into healthcare - [info@beatmilitaryfamilies@nhs.net](mailto:info@beatmilitaryfamilies@nhs.net) Tel: 01609 765315
- Drugs and Alcohol Support: [www.nydoorline.co.uk](http://www.nydoorline.co.uk) Tel: 07584172640
- Confidential and safe help and advice about service-related mental health issues for the whole military community. Tel: 08001 381 619 (Available 24 hours).
- Military Mental Health Helpline: 0800 3234444
- Veteran Enforcements Forward Assist (forward-assist.com) [info@forward-assist.com](mailto:info@forward-assist.com)
- Salute Her: Salute Her UK provides trauma-informed therapy to support women veterans with lived experience of sexual assault and associated trauma. Tel: 0191 250 4877
- WRAC (Women's Royal Army Corps) [info@wrac.nhs.uk](mailto:info@wrac.nhs.uk)

**Forensic Nurse Advisor for Sexual Assault**  
Supporting the military community

Confidential healthcare support for those within the military community across North Yorkshire and the Humber region.

Call us 24/7/365 for help.

**0330 223 0099**  
[www.bridgehousesarc.org](http://www.bridgehousesarc.org)

Service provided by:

**bridgehouse.sarc@nhs.net**  
[www.bridgehousesarc.org](http://www.bridgehousesarc.org)

Address:  
48 Bridge Road North Yorkshire YO23 2RR

**NHS England** **MOUNTAIN HEALTHCARE** **Ministry of Defence** **Defence Serious Crime Unit**

**Forensic Nurse Advisor for Sexual Assault**  
Supporting the military community

**NHS England**

**Free confidential drop in support and advice for those that have experienced rape or sexual assault.**

**Every Tuesday 10-2pm at the Garrison Community Hub, Loos Rd, DL9 4SP**

**Just ask for Emma**

**0330 223 0099**

**for confidential and compassionate medical care, support and referrals to other support services in the North Yorkshire and Humber region.**

**bridgehouse.sarc@nhs.net**  
[www.bridgehousesarc.org](http://www.bridgehousesarc.org)

Please dial 999 in an emergency

**OUR WEBSITE**



# Challenges

- Gaining trust in the military community
- Concerns for damaging military reputation
- Limited access onto bases (invitation only)
- Not employed by Ministry of Defence (NHS commissioned service)
- Difficult to access polices unable to access MOD SharePoint systems.
- Different culture –military culture more adversarial
- Some welfare teams more receptive than others
- Maintaining continuity with key military individuals is difficult due to compulsory re-deployment (2-3 years)
- Understanding how the Service Justice System operates, differences/complexities
- Barriers to reporting will remain despite improvements – need to remain optimistic that change will happen



# Where we want to be....

- A Forensic Nurse Advisor (Military), commissioned as part of every regional SARC contract in England.
- Priority areas in Southeast and Southwest- Bulford & Tidworth, Aldershot, Colchester, RAF Cranwell, RAF Brize Norton, HMB Portsmouth, HMB Plymouth
- All serving and ex-serving personnel, who have been sexually assaulted, should have access to this specialist role (understands how to navigate the military system)
- Defence Medical Services to have access to expert advice on forensic care and treatment in the UK and on overseas postings
- All Commanding Officers, within Defence (Army, Navy and RAF), should have access to sexual assault training (Pathway and Checklist)
- All military personnel, from initial training and through their education and promotional courses, to have access to training video on sexual harassment and assault, as part of mandatory training.
- Introduce multiagency scrutiny panels for lessons learnt.



# Any Questions?



Thank you !!

