



10 September 2024

## Position statement 'Self-Swabbing Kits' for survivors of sexual assault or rape

This position statement has been produced in response to the possibility that organisations in the United Kingdom, (UK) may offer survivors of sexual assault or rape 'self-swabbing' kits.

Sexual abuse, sexual assault and rape arise where a person or persons override the autonomy of another, through the exertion of power and control. Thus, for the individual their ability to consent and exert choice is removed. The consequences for the individual, the survivor, may be devastating.

Therefore, it is important individuals feel safe and supported to make informed choices on the available options, avoiding misleading or inaccurate information and any suggestion of unrealistic expectations. Accurate information, along with the possible consequences of a particular choice, encourages a sense of safety and trust between the individual and service providers.

In the USA, services are available where survivors may take 'self-swabs' and send these to a laboratory. A recent opinion piece identified concerns with such services: ***'While possibly well intentioned, these at-home SAKs (sexual assault kits) are unregulated by the US Food and Drug Administration (FDA) and currently lack clinical and legal legitimacy.'*** The authors highlight concerns that such kits ***'do not meet standards for clinical utility and, worse, risk disadvantaging survivors of their ability to seek judicial recourse'***.<sup>1</sup>

It is imperative that any UK service makes it clear exactly what is being offered and its implications. If such services become available in the UK, this position statement, with a **'Frequently Asked Questions' (FAQ)** section as an appendix, provides information to assist survivors and organisations.

The starting point for any service must be the physical and psychological care and the well-being of the survivor, ensuring they know how and where to access care and support. Such services are provided throughout the UK and can be found through the NHS website:

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<sup>1</sup> Kadakia KT., Ross JS., Ramachandran R. At-Home Testing for Survivors of Sexual Assault—Empowerment or Exploitation? *JAMA Intern Med.* Published online August 12, 2024. doi:10.1001/jamainternmed.2024.2883

# FACULTY OF FORENSIC & LEGAL MEDICINE

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- In England,<sup>2,3</sup> Wales,<sup>4</sup> and Northern Ireland:<sup>5</sup> A network of sexual assault referral centres, (SARCs).
- In Scotland: The Sexual Assault Response Coordination Service, (SARCS).<sup>6</sup>

These services also provide the opportunity to have a forensic medical examination (FME), should the individual so choose, **with or without police involvement**. Either route, provides the individual with the opportunity to access healthcare, including psychological support, emergency contraception, preventative treatment against HIV and care for any physical trauma and injuries, including non-fatal strangulation. In addition, the FME secures independent forensic evidence in a timely way. This evidence may assist in a subsequent police investigation and, if appropriate, criminal prosecution, should the individual decide to report the incident to police.

Legislation and FFLM Quality Standards<sup>7,8</sup> support SARCs and SARCS to ensure potential evidence is retrieved by regulated forensic clinicians, in the appropriate way, labelled and stored to meet requirements of legislation and chain of custody.<sup>9,10,11</sup> In England and Wales, SARCs are required to meet the Forensic Science Regulator's (FSR's) Statutory Code of Practice<sup>12</sup> by October 2025.

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<sup>2</sup> NHS England Sexual assault and abuse <https://www.england.nhs.uk/commissioning/sexual-assault-and-abuse/>; [www.nhs.uk/sarcs](http://www.nhs.uk/sarcs)

<sup>3</sup> National service specification for sexual assault referral centres, October 2023 <https://www.england.nhs.uk/publication/public-health-functions-to-be-exercised-by-nhs-england-service-specification-sexual-assault-referral-centres/>

<sup>4</sup> Access a SARC - NHS Wales Execute <https://executive.nhs.wales/functions/networks-and-planning/wsas/access-a-sarc/>

<sup>5</sup> NI direct Sexual violence and abuse <https://www.nidirect.gov.uk/campaigns/sexual-violence-and-abuse>

<sup>6</sup> NHS inform Turn to SACRS <https://www.nhsinform.scot/turn-to-sarcs/>

<sup>7</sup> FFLM (2022) Quality Standards in Forensic Medicine General Forensic Medicine (GFM) and Sexual Offence Medicine (SOM) <https://fflm.ac.uk/resources/publications/fflm-quality-standards-in-forensic-medicine/>

<sup>8</sup> FFLM (2024) Quality Standards for Clinicians undertaking Paediatric Sexual Offence Medicine (PSOM) <https://fflm.ac.uk/resources/publications/quality-standards-for-clinicians-undertaking-paediatric-sexual-offence-medicine-psom/>

<sup>9</sup> Police and Criminal Evidence Act, 1984. [Police and Criminal Evidence Act 1984 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1984/60/section-64)

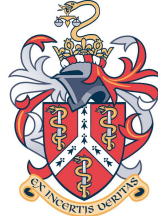
<sup>10</sup> FFLM (2024) SARC Storage of Forensic Samples & the Human Tissue Act: FREQUENTLY ASKED QUESTIONS <https://fflm.ac.uk/resources/publications/sarc-storage-of-forensic-samples-the-human-tissue-act/>

<sup>11</sup> Forensic Capability Network <https://fcn.police.uk/news/2021-08/new-forensic-retention-guidance-published-forces-and-private-providers>

<sup>12</sup> Forensic Science Regulator Statutory Code of Practice. (2023) <https://www.gov.uk/government/publications/statutory-code-of-practice-for-forensic-science-activities>

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In addition, the FSR has issued further guidance<sup>13,14</sup> to support the quality of evidence retrieved in an FME. Such standards and quality assurance are essential, so that, should evidence be submitted for forensic analysis, to an accredited laboratory, its interpretation can be undertaken by an experienced forensic scientist.

Thereafter, that interpretation can be presented as evidence as the Court requires, in whichever country of the UK the incident occurred, meeting the requirements of the relevant local legislation and criminal procedures.

The integration of the therapeutic and forensic medical service has significant benefits. These include the ability to offer and arrange appropriate aftercare and support from various services; for example: those offering sexual health care, safeguarding, counselling, support around domestic abuse and provision of Independent Sexual Violence Advocates, whether these are from statutory services or third sector, (charitable/non-statutory) organisations, for example, Rape Crisis.

Those who have co-signed this statement are wholly committed to the importance of choice to all survivors, whatever they may decide to do and whichever services they choose to contact, if any.

## Conclusions

We applaud any organisation that is interested in reducing sexual violence and addressing its aftermath. However, companies marketing 'self-testing' kits must inform individuals whether:

- The contents of a forensic kit meet the requirements to be labelled as Forensic DNA Grade (FDG);
- The process of collecting and sending any sample meets the requirements of chain of evidence/custody to satisfy legal procedures;
- The forensic laboratory conducting the testing will manage, test and store the sample, over a period of time specified;

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<sup>13</sup> DNA contamination controls: forensic medical examinations (FSR-GUI-0017) (2024)  
<https://www.gov.uk/government/publications/dna-contamination-controls-forensic-medical-examinations>

<sup>14</sup> Forensic medical examination of sexual offence complainants (FSR-GUI-0020) (2024)  
<https://www.gov.uk/government/publications/forensic-medical-examination-of-sexual-offence-complainants>

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- Any forensic science activities undertaken by an organisation conducting testing in England and Wales and that could be used in a criminal investigation or proceedings must comply with the Forensic Science Regulator's Code of Practice;<sup>15</sup>
- The forensic laboratory will be able to compare results to those held on the UK National DNA Database and what the implications of that are;
- The results will be provided and explained in context to the individual and by whom;
- The results from a 'self-taken' swab:
  - Will have an impact on results from a subsequent FME;
  - Will affect interpretation by a forensic scientist, for example, if there are differences between 'self-taken' swab results and those from a FME;
  - May not be admissible as evidence as part of an investigation for Criminal Justice purposes or may be excluded under the provisions of the Police And Criminal Evidence Act, 1984.

**We consider that without providing this information, 'self-testing' puts survivors at risk. 'Self-testing' does not necessarily provide reliable independent evidence, may not enable survivors to choose whether to report to the police later and therefore does not prevent perpetrators from acting against others.**

In addition, we do not advocate the use of 'self-swabbing' kits because:

- They do not provide the opportunity for holistic psychosocial, medical and forensic assessment of the individual;
- There is no evidence base that they are of benefit from a mental health perspective;
- The samples taken may not be admissible in any court process;
- They do not promote safeguarding of the vulnerable;
- There is no evidence base that the availability of such kits will act as a deterrent to sexual violence.

We acknowledge that many survivors of rape or sexual assault do not present to SARCs or SARCS or the police and we wish to work collaboratively to reduce this gap.

We support work, campaigns and research looking to reduce sexual violence, to raise awareness of the services available to survivors and to make them accessible to all survivors.

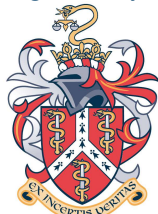
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<sup>15</sup> Forensic Science Regulator Statutory Code of Practice. (2023)

<https://www.gov.uk/government/publications/statutory-code-of-practice-for-forensic-science-activities>

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The Forensic Science Regulator has provided the following comment:

**“The Forensic Science Regulator is sighted on this position statement and will take a keen interest in the response and any future developments in DNA self-swabbing services that relate to the investigation of crime or criminal proceedings.”**

Dr Bernadette Butler  
President, FFLM

Professor Catherine White  
Lead for Sexual Offence Medicine, FFLM

Dr Margaret Stark  
Chair of the Forensic Science Subcommittee,  
FFLM

Tana Adkin, KC,  
FSSC Legal Representative, FFLM

Professor Matt Phillips  
President, British Association for Sexual  
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Mike Hopson  
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A handwritten signature in black ink, appearing to read 'Michelle Gaskell'.

Michelle Gaskell  
Quality Specialist  
NPCC Forensic Capability Network





## APPENDIX

### Frequently Asked Questions on 'Self-Swabbing Kits' for survivors of sexual assault or rape

1. ***What sort of care and support might I need if I have been sexually assaulted?***
  - We believe it is important you have access to the best advice, to support you in making the right choice for you. This is the purpose of NHS services.
  - This advice can be provided by: sexual assault referral centres, (SARCs) and in Scotland, the sexual assault response co-ordination service, (SARCS), sexual health clinics, GPs and emergency departments, Rape Crisis and other support organisations and, if you wish, the police.
  - The immediate and follow up advice and care may include:
    - Psychological support from professionals trained in dealing with the aftermath of sexual assault, including self-harm and suicide risk assessment.
    - Emergency contraception, ('the morning-after pill'), vaccinations, and sometimes preventative treatment for infection, e.g. HIV; then later, tests at the appropriate time, for pregnancy and infection.
    - Dealing with any injuries. Although serious injury is uncommon, you may have been subjected to other forms of violence, such as non-fatal strangulation. The forensic clinician will assess and organise further medical care as required.
    - Advice about reporting to the police and if you do, you will have the support of an Independent Sexual Violence Advocate/Advisor, (ISVA)
    - Support from domestic abuse/violence services
    - Advice about counselling, taking into account any advice about this in relation to a possible prosecution
    - A forensic medical examination, (FME)
    - Safeguarding - ensuring the provision of a place of safety.
2. ***Do you have to pay for the services of a SARCs or SARCS?***
  - No, these are NHS services, provided free of charge at the point of use.
3. ***Can anyone have a forensic medical examination (FME), without reporting to the police?***
  - Yes; however, there are some differences across the UK, depending on the age of the person requesting the FME; for example, in Scotland, a non-police FME is available to someone who is aged 16 years, or older.



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- 'Self-swabbing' kits are not suitable for children and young people, and so must not be made available or used by those under the age of 18 years.
  - In addition, services have safeguarding obligations and may need to share information, for example, with children's social care. This is mandatory for children aged under 13 years.
- 4. Can I use any swab or a cotton bud to self-swab?**
- No; swabs used for forensic analysis have to be specially prepared to meet 'forensic DNA grade' (FDG) standards.
- 5. How long may 'self-swabbing' samples be stored?**
- There are legal considerations in taking and storing human tissue and forensic swabs containing human tissue.
    - In England, Wales and Northern Ireland, the recommendation is that samples are stored for a minimum period of 2 years, (24 months).
    - In Scotland, the maximum storage period, by law, is 26 months.
- 6. Are there any consequences arising from 'self-swabbing' samples?**
- Forensic clinicians are specially trained to take forensic samples in the recommended way; not only swabs for 'DNA' for example, but also urine or blood samples may be taken for analysis. This may be indicated if you believe you may have been 'spiked'. The clinicians know what is required to ensure the samples, their storage, handover and transport meet the essential criteria for use to support an investigation and possibly a prosecution.
  - 'Self-swabbing' samples will not meet these requirements, so they may not be suitable for use in a criminal investigation or prosecution.
- 7. What do forensic scientists look for when undertaking forensic analysis?**
- The forensic scientists are trained and work in an accredited forensic laboratory of a Forensic Service Provider (FSP). The scientist looks for different types of evidence, not just DNA, depending on the circumstances of what has or may have happened and based on information provided to them.
- 8. Why do forensic scientists have to interpret what they find?**
- The scientist's role is to explain what is found where, in context and how the evidence, for example, DNA might be explained at that site; it is not simply reporting whether or not DNA is present. They also have to consider alternative explanations, for example, contamination and whether DNA may have been introduced by the way the swab sample was taken, in which case the evidence may not be helpful or admissible in Court.



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- This would be an important consideration if, for example, you took a ‘self-swab’ and subsequently had an FME and the results were different.
9. *What may be found on a “self-swab” submitted for forensic analysis?*
- In terms of DNA, this may include:
    - Your DNA
    - DNA from another person or people with whom you have had contact; this could include consensual contact as well as non-consensual contact
  - Forensic scientists can sometimes identify other types of evidence, for example, enzymes, other body fluids, foreign material and lubricants relevant to the incident.
10. *Will the forensic tests tell me who assaulted me?*
- No; you may be told what was found, but access to the National DNA Database, (NDNAD) is highly restricted to accredited, approved DNA profile providers for submission of DNA profiles for searching and vetted Home Office staff.
11. *If nothing is found on a ‘self-swab’ submitted for forensic analysis, does that mean nothing happened?*
- No; there are many reasons why a sample may not show any ‘foreign’ DNA, or only that of the person from whom it was taken (‘donor DNA’). This may be the case whether the swab is ‘self-taken’, or taken by a trained forensic clinician. For example, the passage of time, the loss of or natural ‘degradation’ of DNA, or a type of incident when DNA would not be expected to remain, for example, if a condom was used. The absence of foreign DNA cannot be assumed to be evidence that ‘nothing happened’.
12. *What other evidence might be helpful or appropriate?*
- This is where the expertise of police in investigating crime: collecting evidence and seeking advice from lawyers is helpful. Other evidence might be obtained, such as that from CCTV footage and mobile phones. The whereabouts of the suspect might be found through digital forensic investigation and the evidence of others, for example, witnesses may assist. DNA whilst helpful, may not be the only relevant evidence.