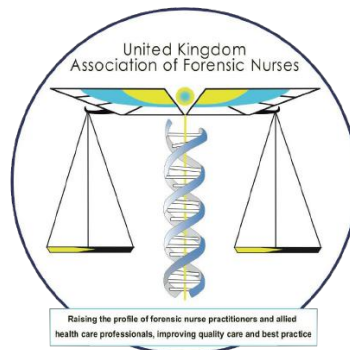

UKAFNP



The Official
Newsletter
of UKAFNP

THE HELIX



Issue 10 | Spring 2022

Office for National Statistics

HOMICIDES IN ENGLAND AND WALES

2nd April 2022

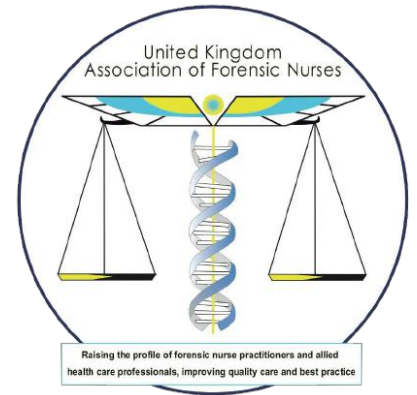
AUTISM AWARENESS

UK Health Security Agency

SHOOTING UP REPORT UPDATE 2021

CONTENTS

<i>President's update</i>	/	03
<i>Office for national statistics Homicide in England and Wales year ending march 2021</i>	/	06
<i>Autism awareness</i>	/	10
<i>UK Heath Security Agency Shooting up report update 2021</i>	/	14
<i>Courses & Events</i>	/	18
<i>News & Updates</i>	/	19
<i>Book Review Vulnerability in police custody</i>	/	21
<i>Research Touch DNA in groping and sexual assault cases</i>	/	22
<i>Focus Sexual Offences</i>	/	23
<i>Focus Police Custody</i>	/	25
<i>Competitions</i>	/	27



President

Jennie Smith

Vice President

Sue Fewkes

Treasurer

Thomas Bird

Education Officer

Marg Bannerman

The Helix Editor

Matt Peel

Steering Group

David Tremlett

Rachel Fell

Joanna Hollinghurst

Emelia Spencer

Research Lead

Dr Vanessa Webb

Advisors

Jo Delaforce

Ruth Henry

Andrea Edwards

Kirsty Potter

Webpage & Social media



www.ukafn.org



www.facebook.com/ukafn



[@ukafn](https://www.twitter.com/ukafn)



www.youtube.com/zcmx6ah



www.instagram.com/ukafn



contact@ukafn.org


Advertisements

UKAFNP accepts no liability for work done or goods supplied by an advertiser.

Links

Links are correct at time of press but may change with time.

PRESIDENT'S UPDATE



Jennie Smith the President of UKAFNP gives an update on forensic healthcare and the work of the steering group



(Photo: Jennie Smith - President)

De ar UKAFNP Members,

Welcome to the first edition of the Helix for 2022. Having read through this edition, you are in for another fascinating read and an opportunity, as always, to win 2 brilliant books. The updates are essential reading for both GFM and

SOE clinicians, but the articles are also excellent reads.

So here are some updates from me.

Conference

So given the amazingly positive feedback we received following the completion of 2021's conference, I hope many of you already have the date in the diary. We are confirmed for **Friday, September 9th, Crewe Hall, Cheshire.**

One of the important things to our delegates is that we move around the country, allowing different people to attend, but we also have the hardcore attendees that we love to see every year. So it is great to get a mixture of new and regular

delegates.

Our title this year is **'Scratching beneath the Surface'** and we will endeavour to explore the world of injuries. Both in the custody setting and in the sexual offences arena and the impact and importance injuries can hold throughout a case. We have an excellent lineup of speakers and hopefully a very important Chair, who we are waiting for confirmation from.

We will have tickets available and on sale very soon, so watch this space. So, keep an eye on your inboxes for UKAFNP Bulletins with ticket details.

The Julie Tekin Award for Outstanding Contribution in Forensic Practice

Do you know a healthcare professional or a specific team who has made a difference in their SARC or police custody setting? Have they introduced a new way of working, an innovation, initiative, or implemented a project that has positively impacted the patient experience?

Then keep those individuals or teams in mind as we will be looking for nominations soon and we would love to showcase as much of the excellent work that is going on as we can. Details for applications will be available soon.

Newsletter

Can you believe we are at Issue 10 already? Once again, our Editor Matt has excelled himself and so I just thought I'd pick up on a couple of key points (but it is all a great read).

1. **Autism Awareness** - I know I see much more neuro-diversity in my patients. For me, it is key to understand as much as possible about what that means and how I can adapt and accommodate the differences in my patients to ensure their journey through the criminal justice system is as smooth as possible.
2. **UK Health Security Agency | Shooting up report update 2021** - looks at the impact of people who inject drugs and their significantly worse health outcomes than the general population. It discussed the BBVs and how the pandemic has had a terrible impact on this population. Considering the populations we care for daily, I think this is a really important topic to understand and maybe look at how we can impact this in our teams.

We also have tons of pieces of news and

updates, a couple of which I'd like to highlight.

Paramedic Steering group member

When our paramedic colleague Carl stepped away from forensics, we only had Tom representing Paramedics on our board. We need to expand that representation, so we are looking for a passionate, enthusiastic forensic paramedic who wants to join our Steering Group.

Adverts have been sent out in bulletins and thankfully, we do have some applicants. Still, I don't want anyone who would be interested to miss the opportunity to apply. You have till May 12th to get your CV and cover letter to us! So go on, you know you want to.

We have a very exciting adjunct to the conference this year. The day before, there is the opportunity to learn forensic photography with Dr Will Anderson, an experienced FME and forensic photographer.

This is being run separately to the conference, but you will find further details on our further on. So definitely give this one some thought.

NHS England Clinical Fellow Post

As we are all aware, up to now, the FFLM has been the standard and guideline setter for the forensic arena. I suppose when the providers of the forensic care were predominantly Dr's, that was appropriate. But the passage of time has changed the care providers to mostly Nurses and Paramedics. To my mind, the work of setting standards and guidelines should reflect those changes.

So a couple of years ago, I started looking into how we could be doing this more collaboratively. Clearly, I needed buy-in from the powers that be in healthcare, and I'm pleased to say we have moved significantly forward in this journey.

NHS England has recently appointed a Nurse Clinical Fellow post for one year to work towards making our standards-setting a more collaborative process. Pleasingly the successful candidate was someone working in forensics and also closely aligned with UKAKNP and understands the nuances of this world. So we shall keep you posted as this post and the work planned unfolds. Hopefully, we will continue to have a much greater voice nationally on your behalf.

Plus, Easter is just around the corner and the possibilities are endless. So for now, take care, stay safe and I'll catch you next time.

Jennie

Women in Science

In February, there was a Women and Girls in Science day. I was honoured and quite humbled to be asked to take part in a podcast, something our company does internally for our clinicians.

I received some lovely feedback afterwards, and it was a real treat to talk about UKAFNP and what we are doing and our plans for the future to a potentially larger audience, from which we might get some more members. We are a big family, and the more of us that stick together, the more we can get done.

On that note, as I often ask, please encourage your colleagues and friends to join UKAFNP. Tell them how great our newsletters are and how you love coming to the conference. Definitely, worth the £30 per year, I reckon.

Final thoughts

Firstly I can't believe its April already!! Where did those three months go... But in the words of my friend's Dad, spring is sprung and the grass is riz, I wonder where the birdies is.

The clocks are forward, the nights are getting lighter and we are all getting hysterical about potentially leaving the country for a holiday. Things are looking good after two years of slog.

OFFICE FOR NATIONAL STATISTICS | HOMICIDE IN ENGLAND AND WALES YEAR ENDING MARCH 2021



Analyses of information held within the Home Office Homicide Index, which contains detailed record-level information about each homicide recorded by police in England and Wales.

Taken from the Office for National Statistics and available at: www.tinyurl.com/bf7fxvbr

There were 594 homicide victims in the year ending March 2021, 79 fewer (a 12% decrease) than the previous year and the lowest number since the year ending March 2016 (540 victims).

The preceding year (ending March 2020) included the 39 victims found in a lorry in Essex and if this incident is excluded from that year, there would have been a smaller (6%) year-on-year decrease.

The year ending March 2021 covered certain time periods where coronavirus (COVID-19) restrictions were in place to limit social contact; these restrictions may have led to a reduction in homicide in this year.

The homicide rate was 9.9 per million population, with the rate for males (14 per million population) more than twice that for females (6 per million population).

The headline reduction of 12% from the previous year masked different trends between males and females; the number of male victims decreased by 16% (495 to 416) whereas the number of female victims was the same as last year (177 victims).

Although there was a substantial fall in the number of victims who were killed in public places compared with last year (a 27% decrease), there was a 5% increase in victims who were killed in a residential setting, which may explain the different trends

between males and females.

There were 114 domestic homicides in the year ending March 2021, a similar number to the average over the last five years.

For those homicide victims where a suspect had been charged, 92% (380) of victims had suspects who were male.

Long term homicide trends

The number of homicides increased from around 300 per year in the early 1960s to consistently over 700 in the early years of this century. This was at a faster rate than population growth over the same period, with the rate of homicide increasing from around 6 per million population in the early 1960s to 15.1 by the year ending March 2002. However, from the peak in the year ending March 2002, the volume of homicides generally decreased while the population of England and Wales continued to grow (excluding the year ending March 2003, when 173 victims of Harold Shipman were recorded). This led to a fall in

the homicide rate to a low point of 8.8 per million population in the year ending March 2015. The rate then increased until the year ending March 2018 (11.8) before falling to around 11 in the following two years. The latest year shows a decrease to 9.9 per million population (Figure 1).

The relationship between victim and suspect

There are important differences between adult and child victims in their relationship with suspects. For that reason, the analysis examines patterns separately.

Adult victims

There were large differences in the profile of victim-suspect relationships between male and female victims. In the year ending March 2021, female victims were more commonly killed by a partner or ex-partner or a family member. For males the suspected killer was more commonly a friend or acquaintance, stranger or other known person.

Figure 1 | Homicide rate 1970 - 2021



There were 114 domestic homicides in the year ending March 2021, a decrease of 7 (6%) compared with the previous year, however, this is likely to increase as police investigations continue. For example, the number of domestic homicides as published last year was 114 and this has now increased to 121 as police investigations have continued. This is a similar number to the average over the last five years (121). These numbers reflect the low level of domestic homicides seen since year ending March 2017 and the general downward trend in the number of domestic homicides over the last 10 years. While the COVID-19 pandemic restrictions did not lead to an increase in domestic homicides in the latest year, as may have been expected, non-domestic homicides decreased by 17% (from 508 to 420).

Of the 114 domestic homicides, 67 victims were killed by a partner or ex-partner (down from 74), 27 were killed by a parent, son or daughter (down from 32) and 20 were killed by another family member (up from 15).

Almost half (49%) of adult female homicide victims were killed in a domestic homicide (75). During COVID-19 lockdown periods covering 23 March to 3 July 2020, 5 November to 2 December 2020 and 5 January to 31 March 2021, this was 56%, highlighting the change in composition of homicides during the restrictions. Of the 75 female victims, 72 were killed by a male suspect.

Males were much less likely to be the victim of a domestic homicide, with only 10% (39) of male homicides being domestic related in the latest year, a similar proportion to the previous year.

In over a third of female adult victims, the suspect was their partner or ex-partner (37%, 57 homicides). This was a decrease of 7 homicides compared with the previous year, however, this is again likely to increase as

police investigations continue. Over the last 10 years, there was an average of 77 female victims a year killed by a partner or ex-partner.

A stranger was the suspect for around a fifth of male victims (18%, 68 victims). This was a decrease of 25% (excluding the Essex lorry deaths) and a return to the levels seen in year ending March 2018. The suspect was less likely to be a stranger when the victim was female (6%, 9 victims).

In 31% of female homicides recorded in the year ending March 2021, no suspect had been charged for the offence at the time of analysis (47 victims). The percentage of male victims (28%) with no suspect charged was similar (105 victims). These numbers will decrease as police continue their investigations.

Child victims

There were 59 victims of homicide aged under 16 years in the year ending March 2021. As in previous years, the most common suspect was a parent or step-parent (42%, 25 offences). However, as at 10 December 2021, there were 27 victims aged under 16 years (46%) for whom no suspect had been charged (this includes homicide offences where all suspects have been acquitted). This number will fall as police investigations continue. For example, for the year ending March 2020, 44% of victims aged under 16 years had no suspect charged as at 15 December 2020; this has now fallen to 35% and the proportion where the suspect was a parent or step-parent has increased from 27% to 35% (as at 10 December 2021).

It is very rare for those aged under 16 years to be killed by a stranger, with one such offence in the last year, similar to previous years.

Methods of murder

As in previous years, the most common

method of killing, for both male and female victims, was by a sharp instrument (including knives; 40%). Since the year ending March 2011, the proportion of homicide offences committed by a sharp instrument has fluctuated between 36% and 41%, (the proportion was 37% in the year ending March 2017 if the Hillsborough manslaughter are excluded).

The second most common method of killing was by "*kicking or hitting*", accounting for 107 homicides (18% of the total). As in previous years, the majority (81%) of victims killed in this way were male.

One in ten (10%) female victims were killed by "*strangulation, asphyxiation*" (17 victims). In contrast, a much smaller proportion (2%; 10) of male victims were killed in this way.

There were 35 homicide victims killed by shooting in the year ending March 2021 (6% of all homicides), five more than the previous year. The proportion of homicide offences committed by shooting has fluctuated between 4% and 8% over the last ten years. The number of these offences is 43% lower than a decade ago (61 in the year ending March 2011).

Location of murder

Homicides were mostly likely to take place in or around a house, dwelling or residential home. The number of victims killed in this setting has been largely consistent over the past ten years. Conversely the number of victims killed in a street, path or alleyway has been increasing since year ending March 2015, but has decreased in the latest year by 39% (from 210 to 129), which may be expected because of the coronavirus (COVID-19) restrictions in place during most of the latest year.

Drug and alcohol related homicides

According to the Homicide Index, in the last three years almost a third (32%) of homicide victims were thought to be under the influence of alcohol and/or illicit drugs at the time of the homicide:

- 18% had been drinking alcohol
- 6% had been taking an illicit drug (which include all controlled drugs under Schedule 2 of the Misuse of Drugs Act 1971)
- 8% were under the influence of both

The proportion under the influence of alcohol and/or illicit drugs was higher among male (37%) than female victims (22%), similar to the analysis in previous years.

Investigative and court outcomes

In total, there were 660 suspects charged as at 10 December 2021 relating to the 599 homicides initially recorded in the year ending March 202.

Court proceedings were pending for 367 suspects (56% of all suspects). Last year this proportion was 64%. During the five years prior to that this proportion has been around 50%.

Court proceedings had concluded for 273 suspects (41% of all suspects) and 19 had committed suicide or died (3% of all suspects).

In the three years from the year ending March 2019 to the year ending March 2021, 81% of suspects indicted for homicide, where we have information on a court outcome, were found guilty of homicide, 13% were acquitted, and 4% were convicted of a lesser offence.

The case outcomes for suspects of homicides recorded in the year ending March 2021 will change as cases progress through the criminal justice system and more information becomes available.

AUTISM AWARENESS



Every year, on the 2nd of April the United Nations celebrates World Autism Awareness Day. Within the UK, The National Autistic Society has moved away from 'awareness' to 'acceptance and celebrates Autism Acceptance Week between the 28th March and 3rd April.

What is autism?

It has been more than 50 years since Leo Kanner first described his classic autistic syndrome. Since then, the results of research and clinical work have helped learn more about autism. Autism is a lifelong developmental disability which affects how people communicate and interact with the world. One in 100 people are on the autism spectrum and there are around 700,000 autistic adults and children in the UK.

There are other names for autism used by some people, such as:

- Autism spectrum disorder (ASD) - the medical name for autism
- Autism spectrum condition (ASC) - used instead of ASD by some people
- Asperger's (or Asperger syndrome) - used by some people to

describe autistic people with average or above average intelligence

Autistic people often have other conditions, like:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Dyslexia
- Anxiety or depression
- Epilepsy

Being autistic is not an illness or disease. Instead, the brain works in a different way from other people. It's something individuals are born with or first appears when they are very young. If have autism, you have autism your whole life. Autism is not a medical condition with treatments or a 'cure'. But some people need support to help them with certain things.

Autism is a spectrum condition and affects people in different ways. Like all people, autistic people have their own strengths and weaknesses. Below is a list of difficulties autistic people may share

Social communication

Autistic people have difficulties with interpreting both verbal and non-verbal

language like gestures or tone of voice. Some autistic people are unable to speak or have limited speech while other autistic people have very good language skills but struggle to understand sarcasm or tone of voice. Other challenges include:

- Taking things literally and not understanding abstract concepts
- Needing extra time to process information or answer questions
- Repeating what others say to them (echolalia)

Social interaction

Autistic people often have difficulty 'reading' other people - recognising or understanding others' feelings and intentions - and expressing their own emotions. This can make it very hard to navigate the social world. Autistic people may:

- Appear insensitive
- Seek time alone when overwhelmed by others
- Not seek comfort from others
- Appear to behave 'strangely' or in a way thought to be socially inappropriate
- Struggles to form friendships

Repetitive and restrictive behaviour

Autistic people may make repetitive movements such as hand flapping, rocking or the repetitive use of an object such as twirling a pen or opening and closing a door. Autistic people often engage in these behaviours to help calm themselves when they are stressed or anxious, but many autistic people do it because they find it enjoyable.

Over- or under-sensitivity to light, touch, sound or taste

Autistic people may experience over- or under-sensitivity to sounds, touch, tastes, smells, light, colours, temperatures or pain. This can cause anxiety or even physical pain. Many autistic people prefer not to hug due to discomfort, which can be misinterpreted as being cold and aloof. There are many simple adjustments that can be made to make environments more autism-friendly.

Extreme anxiety

Anxiety is a real difficulty for many autistic adults, particularly in social situations or when facing change. It can affect a person psychologically and physically and impact quality of life for autistic people and their families. It is very important that autistic people learn to recognise their triggers and find coping mechanisms to help reduce their anxiety. However, many autistic people have difficulty recognising and regulating their emotions. Over one third of autistic people have serious mental health issues.

Meltdowns and shutdowns

When everything becomes too much for an autistic person, they can go into meltdown or shutdown. These are very intense and exhausting experiences. A meltdown happens when someone becomes completely overwhelmed by their current situation and temporarily loses behavioural control. This loss of control can be verbal (e.g. shouting, screaming, crying) or physical (e.g. kicking, lashing out, biting) or both. Meltdowns in children are often mistaken for temper tantrums and parents and their autistic children often experience hurtful comments and judgmental stares from less understanding members of the public.

A shutdown appears less intense to the outside world but can be equally debilitating. Shutdowns are also a response to being overwhelmed, but may appear more passive - e.g, an autistic person going quiet or 'switching off'.

Autistic people may act in a different way to other people. Autistic people may:

- Find it hard to communicate and interact with other people
- Find it hard to understand how other people think or feel
- Find things like bright lights or loud noises overwhelming, stressful or uncomfortable
- Get anxious or upset about unfamiliar situations and social events
- Take longer to understand information
- Do or think the same things over and over

What causes autism?

Evidence suggests that autism may be genetic. Scientists have been attempting to identify which genes might be implicated in autism for some years. Autism is likely to have multiple genes responsible rather than a single gene. However, autism is not caused by:

- Bad parenting
- Vaccines, such as the MMR vaccine
- Diet
- An infection you can spread to other people

Indicators of autism

- Unusual or no eye contact
- Behaves inappropriately, unpredictably or unusually
- Struggles to understand you?
- Finds it difficult to talk to you?

- Repeats what you or another person says?
- Speaks honestly, appearing blunt or rude?
- Appears unusually anxious, agitated or even scared of you?
- Displays repetitive, obsessional-type behaviour?
- Show sensitivity to sound, light or touch?
- Seems not to realise the consequences of what they may have done?

Autism and the Criminal Justice System

Autistic people are more likely to be victims and witnesses of crime than offenders. When autistic people commit offences, it may be for the following reasons:

- Social naivety
- Difficult with change or unexpected events
- Misunderstanding social cues
- Rigid adherence to rules
- Not understanding the implication of their behaviour

Police custody

Initial police contact can exacerbate a difficult situation. The use of handcuffs and restraint may be extremely frightening for an autistic person who does not understand what is happening and may not be able to communicate their fears in an appropriate way.

This, coupled with the use of loud sirens, may result in sensory overload, causing the person to try to run away or hit out at people, including the police. The very presence of the police may cause great anxiety to a law-abiding autistic person who has no comprehension of the crime they may have committed.

Helping those with autism

- You can help manage the situation by:
- Switching off sirens and bright flashing lights
- Keep calm. Autistic people can sense anxiety in others, making them more anxious
- Giving the person some space. Autistic people may not understand personal space. They may need more personal space than other people or they may invade your personal space
- Approaching in a non-threatening way and keep facial expressions and gestures to a minimum
- Use the person's name (if you know it) at the start of each sentence so that they know you are addressing them
- Give clear, slow and direct instructions. For example, "Jack, get out of the car"
- Allow the person time to process information and don't expect an immediate response to instructions
- Avoid sarcasm, metaphors or irony.
- Do not shout
- Make sure you explain clearly what is happening and where you are taking them
- Use visual information. Autistic people will often understand better if you use visual information.
- If possible, avoid touching the person
- Do not stop the person from flapping or from other repetitive movements as this can sometimes be a self-calming strategy and may subside once things have clearly been explained to them
- Check for any injuries in a non-invasive way. They may not be able to communicate if they are in pain.
- Recommend an Appropriate adult for all

police interviews.

Sexual offences

Planning and preparation are key to taking an account from an autistic victim. Liaising with someone who knows the autistic person well about their communication style and needs, the best location, frequency of breaks etc can be really beneficial. The use of sketches during the account should be considered as a technique to assist with the providing details. Planning around how this could be used and introduced prior to the interview is also key.

Autistic victims are believed to be more susceptible to suggestive and leading questioning styles. Ask specific questions that avoid ambiguity. Focus on questions that start with 'who', 'what', 'where' 'when' and 'how' as opposed to 'did', 'was', 'could' or 'would'.

Further information

National Autistic Society | www.autism.org.uk

NHS Autism | www.tinyurl.com/2p88c9wn

Child Autism UK | www.childautism.org.uk

UK Parliament | *Treatment of adults with autism by the criminal justice system* | www.tinyurl.com/2p8pbvx8

Further training

National Autistic Society | Autism and the police service online module.

www.tinyurl.com/3dxdp7j8w

National Autistic Society | Understanding autism: an introduction for criminal justice professionals training.

www.tinyurl.com/2hx2j7mv

UK HEALTH SECURITY AGENCY | SHOOTING UP REPORT UPDATE 2021



Foreword

People who inject drugs (PWID) experience substantially worse health outcomes than the general population. The coronavirus (COVID-19) pandemic has had a significant impact, limiting access to blood-borne virus (BBV) testing and safe injecting equipment, which has likely widened health inequalities. Drug-related deaths are at an all-time high.

UK Health Security Agency, Public Health Scotland, Public Health Wales and Public Health Agency Northern Ireland. Shooting Up: infections and other injecting-related harm among people who inject drugs in the UK, 2020. London: UK Health Security Agency, December 2021.

However, there is increased awareness of these issues. The independent review by Dame Carol Black sets out concrete

proposals on prevention, treatment and recovery and the government in the UK has responded with a new 10-year drugs strategy, that will likely have implications for harm reduction going forward.

Prevention, detection and treatment of infections related to injecting drug use remain issues of public health concern in the UK. This report explores these infections and associated risks and behaviours among PWID in the UK to the end of 2020, presenting data on the impact of COVID-19 on access to services for PWID.

Hepatitis C virus (HCV) continues to be the most common BBV among PWID in the UK. There is encouraging evidence of a reduction in chronic HCV prevalence, most likely due to the scale-up of direct-acting antiviral treatment in this population, but we are yet to see a reduction in new HCV infections. There has been significant investment by the National Health Service into the HCV Elimination Programme that has funded

innovative approaches to testing and treatment. As treatment continues to be scaled up, it will be important to understand the characteristics of those who remain unaware of their HCV infection and to ensure that case finding initiatives are tailored to their needs. Hepatitis B virus (HBV) and HIV among PWID remain comparatively low. However, one third of PWID are unvaccinated for HBV and PWID are disproportionately diagnosed late with HIV infection. Concerted effort is required to improve HBV vaccination uptake and HIV testing and linkage to care.

Worryingly, levels of reported sharing and re-use of injecting equipment have increased and one third of PWID report an inadequate supply of needle and syringes, with significant disruption to service provision over the pandemic. This is a concern, as availability of, and access to, sufficient supplies of sterile injecting equipment are critical in preventing further transmission of infections.

In response to the COVID-19 pandemic, holistic approaches to the broader health and wellbeing needs of PWID are being developed; evaluation of the impact of these interventions will help inform service planning as we recover from the impact of the pandemic. This person-centred approach, combined with a collaborative, whole-system approach to the prevention, detection and treatment of infections is crucial in reducing health inequalities among this marginalised group and to meet international elimination goals for HIV, HBV and HCV.

Dr Kate Folkard and Dr Katy Sinka

Deputy Directors for Blood Safety, Hepatitis, Sexually Transmitted Infections and HIV Service National Infection Service



main messages and recommendations

COVID-19 has had a significant impact on PWID and service provision

Preliminary bio-behavioural and other surveillance and research data indicates people who inject drugs (PWID) in the UK have been adversely affected by the COVID-19 pandemic in 2020, with access to services severely limited, including access to blood borne virus (BBV) testing and equipment for the safe use and/or injecting of drugs. PWID are particularly vulnerable to infectious diseases due to the extent of poverty, poor physical and mental health and reliance on access to clinical and public health services. It will be crucial to continue to monitor trends in access to services affected by the pandemic, as well as COVID-19 among PWID, to estimate the impact on national HIV and viral hepatitis elimination efforts.

Despite a disruption in services for PWID as a result of COVID-19, novel approaches to service delivery have been implemented to ensure continuity of access to interventions. It is important that these innovations are evaluated to assess the impact on outcomes and health inequalities.

Chronic HCV prevalence has declined significantly, however rates of new infection are unchanged

Hepatitis C virus (HCV) continues to be the most common infection among PWID in the UK, with bio-behavioural data showing no evidence of a reduction in new HCV infections over recent years. However, there is evidence for a reduction in chronic HCV prevalence, concomitant with the scale-up of direct acting antiviral (DAA) treatment, in this population. Self-reported HCV testing among PWID was

high in 2020, in line with HCV elimination activities, yet the significant proportion of individuals not tested recently indicates there is scope for improvement. As an increasing proportion of PWID are successfully treated with DAAs, it is important to continue to test those with ongoing risk regularly to identify re-infection and reduce the risk of transmission early. It is essential that diagnostic services and care and treatment pathways for those with HCV continue and are optimised to meet the needs of PWID, ensuring no-one is left behind.

HBV remains rare, but vaccine uptake needs to be improved

Although hepatitis B virus (HBV) vaccination is recommended as high priority for all people who currently inject drugs, around a third of PWID have never been vaccinated. Even though HBV infection among this group is currently rare, it is essential that guidelines on vaccination are followed; vaccination should be particularly promoted among PWID of younger age and recent initiates to injecting, for whom uptake is known to be low. Further work is needed to explore the barriers to uptake of HBV vaccination and strategies for increasing vaccine coverage should be developed and evaluated.

HIV levels continue to be low, but missed opportunities remain

HIV infections and outbreaks continue to occur among PWID, although prevalence in this group remains comparatively low. Most of those with HIV are aware of their infection and uptake of treatment and care for HIV among those diagnosed is high. However, missed opportunities remain, with many PWID not tested recently reporting contact with a range of clinical services. It is important that PWID at ongoing risk are offered a diagnostic test

regularly. Care pathways for those with HIV need to be optimised and maintained to ensure outcomes for PWID are equitable.

Preventable bacterial infections remain a problem

Cases of bacterial infections among PWID dropped in 2020, although this is thought to be due to limited hospital activity as a result of the pandemic. To prevent rates of bacterial infections increasing, drug and alcohol services should facilitate easy access to needle and syringe programmes (NSP), embed regular opportunities to discuss safe and hygienic injection practices with clients and provide low threshold and outreach wound care services. It is also important to provide prompt treatment for injection site infections and tetanus vaccination.

Risk behaviours have increased

The recent increase in the sharing and re-use of injecting equipment is of concern. A third of PWID in 2020 report inadequate provision of needles and syringes. A range of easily accessible harm reduction services for all PWID, including NSP and opioid substitution therapy (OST), needs to be provided. A better understanding of the range and scope of NSP provision in non- drug service settings is needed. Clients should be supported to use low dead space equipment, including detachable needles and syringes that have lower dead space, to further reduce the risk of BBV transmission. Socially excluded communities, such as PWID experiencing homelessness and those not currently in contact with drug and alcohol services, should be specifically supported to access harm reduction services, regular BBV testing and care.

Patterns of psychoactive drug use are changing

The changing patterns of psychoactive drug injection in the UK also remain a concern, as changes in psychoactive drug preferences can lead to riskier injecting practices. Injection of crack cocaine has increased in England and Wales, and injection of powder cocaine has increased in Scotland. There is a need for local treatment and harm reduction systems that can respond to both the increasing numbers and the specific needs of people who use crack and powder cocaine.

Rates of overdose are at an all-time high

Reports of both fatal and non-fatal overdose have increased in the UK, with overdose most common among people using and/or injecting opiates. This is in the context of improved availability of naloxone, an emergency antidote for opioid overdose and increased self-reported carriage of take-home naloxone among PWID. Services working with PWID should provide materials to increase awareness of, and information about, overdose risks and provide training for peers and family members in overdose prevention, recognition and response, in addition to providing and encouraging consistent carriage of take-home naloxone and providing OST.



Shooting Up: infections and other injecting-related harms among people who inject drugs in the UK, 2020

An update
December 2021



Access the full report here

www.tinyurl.com/4sr6bup8



UK Health
Security
Agency



lechyd Cyhoeddus
Cymru
Public Health
Wales



Public Health
Agency

COURSES & EVENTS



This year the UKAFNP conference will explore the forensic examination, documentation and forensic significance of injuries.

UKAFNP | *Scratching the surface* 🤔

The conference theme will explore the forensic examination and significance of injuries. Relevant for those working in police custody and sexual assault examination settings who are frequently called upon to document injuries. The conference will provide delegates with a greater awareness and understanding of the process of documenting injuries from a range of excellent speakers.

Confirmed Speakers

Dr Richard Shepherd - will outline the stages of wound healing and the relevance to forensic examinations.

Dr Will Anderson - will give an overview of the role of forensic photography in the forensic examination of injuries.

Roger Summers - will cover the classification and interpretation of injuries seen on forensic examination.

Date(s): 9 Sept 2022

Location: Crew Hall, Cheshire

Cost: £60-80

www.ukafn.org

Patient Focused! | *Forensic Photography practical course* 📷

Patient Focused! are offering UKAFNP members a discounted Forensic Photography practical course the day before this year's UKAFNP conference, at Crewe Hall.

The course is accredited by the FFLM and the British Institute of Professional Photography.

Candidates must complete the 10 free online modules and MCQ assessment before attending the one-day practical courses. All equipment is provided, including one Nikon D3400 SLR and one external flashlight per student.

Each course is conducted by experienced photographers, doctors and make-up artists.

Places are limited, with a maximum of 12 students per course.

Anyone interested can book a place online or liaise directly with Will Anderson (info@patientfocused.co.uk).

Deadline for booking is 1st June 2022

Date(s): 8 Sept 2022

Location: Crewe Hall, Cheshire

Cost: £220 with code: **UKAFN22**

www.tinyurl.com/yckhyv8w

NEWS & UPDATES

Gov | Forensic Science Regulator Newsletter: No 37

The latest Forensic Science Regulator newsletter provides an update on the production of statutory Codes required by the Forensic Science Regulator Act 2021. As well as an update of Sexual Assault Referral Centre Accreditation.

The full newsletter can be accessed using the link below.

www.tinyurl.com/2p97a7ds

FFLM | Recently updated FFLM publications

The following publications have been reviewed and republished by the FFLM:

- Recommendations for the Collection of Forensic Specimens from Complainants and Suspects;
- Recommendations for the Collection of Forensic Specimens from Complainants and Suspects – the evidence;
- Recommendations – Labelling Forensic Samples;
- Information for complainants undergoing a forensic medical examination;
- Pro forma – examination of adult complainant of domestic violence;
- The Code of Practice on Expert Evidence.
- The latest edition of the Forensic Science Subcommittee Newsletter.

www.tinyurl.com/2p82pjcw

NICE | Integrated health and social care for people homelessness

This guideline covers providing integrated health and social care services for people experiencing homelessness. It aims to improve access to and engagement with health and social care, and ensure care is coordinated across different services.

Recommendations include:

- Improving access and engagement
- Assessing individual needs
- Safeguarding
- Staff support and development

www.tinyurl.com/2p8es7rc

Gov | Home Affairs Committee Drugs Inquiry

In England and Wales, drug crime peaked in 2008/09 but has been rising again in recent years. In 2020/21 there were around 210,000 drug offences recorded by the police. Drug related deaths in England and Wales have also increased year on year from 2,652 in 2011 to 4,561 in 2020 – a 72% increase. Of the 4,561 deaths, two-thirds were deaths due to drug misuse.

In Scotland, 35,410 drug offences were recorded by the police in 2020/21. There has been an upward trend in drug-related deaths in Scotland since records began in 1996. In 2020 there were 1,339 drug-related deaths – the highest number ever recorded in Scotland.

In Northern Ireland, the police recorded 8,465 drug offences in 2020/21. The latest statistics

show that in 2019 there were 191 drug-related deaths in Northern Ireland. This, too, is the highest number recorded since records began in 1997.

The focus of this inquiry will be on illegal drug use and its effects on society and the economy. The Committee invites evidence on the topics below. Submissions do not need to address every topic.

- The UK drug framework
- The UK drug policy
- The impact of drug use in the UK
- International comparisons

www.tinyurl.com/2p97patb

UKAFNP | Paramedic Steering Group Vacancy

We are inviting applications from Paramedic members to join the Steering Group. We are particularly looking for a Paramedic working within forensic healthcare, who is passionate about their work, and would like to contribute to the UK Association of Forensic Nurses and Paramedics aims. The successful candidate will have some experience of leadership, strategic thinking, innovation and development and be knowledgeable about forensic practice and clinical care within a SARC and/or custody setting. However the main attribute needed is a passionate, forward thinking attitude to help drive the association forward.

If you would like to apply, please email your CV with a cover letter. Include all your relevant experience and what you would contribute to the team.

contact@ukafn.org

Forensic Friday Fact

Since the first week of January this year we

have released a **#ForensicFact** every Friday at 12:00 via our Twitter and Facebook social media sites. If you have not already, make sure you are following us to get your weekly fact. As always we encourage you to share, retweet or comment.

www.twitter.com/ukafn

www.facebook.com/ukafn

Gov | Young people's substance misuse treatment statistics

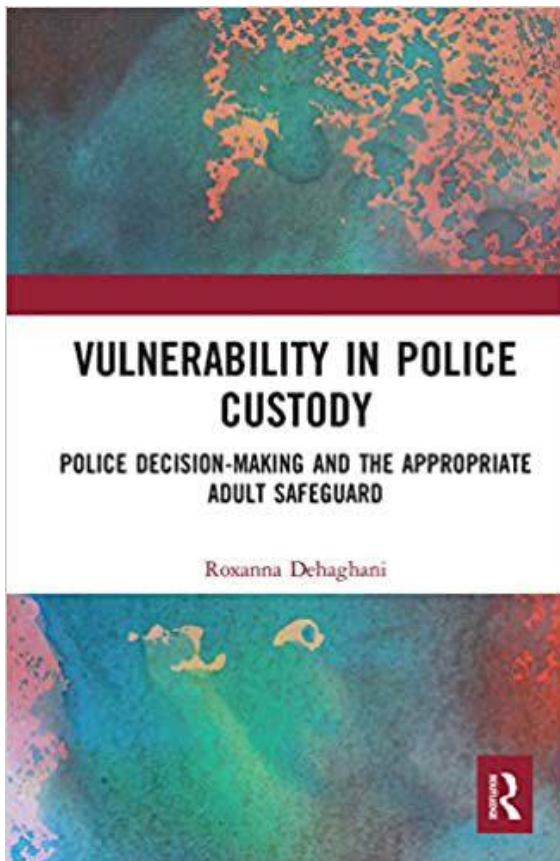
There were 11,013 young people in contact with alcohol and drug services between April 2020 and March 2021. This is a 23% reduction from the previous year and a 55% reduction in the number in treatment since 2008 to 2009.

Cannabis remains the most common substance (89%) that young people come to treatment for. Around 4 in 10 young people in treatment (41%) said they had problems with alcohol, 12% had problems with ecstasy and 9% reported powder cocaine problems. The proportion of young people seeking help for heroin was the same as last year, at 0.4%. However, the proportion of those with codeine problems has doubled from 2018 to 2019 (0.6% compared to 1.2% this year). Following a 19% decrease between 2018 and 2020, this year saw a small increase in young people reporting a problem with benzodiazepines. This proportion (3.7%) was over 5 times the proportion in 2013 to 2014 (0.7%).

Of the young people who left treatment, 79% left because they successfully completed their treatment programme, which is slightly lower than the previous year's proportion (82%). The next most common reason for leaving treatment (15%) was leaving early or dropping out, slightly higher than the previous year (12%).

www.tinyurl.com/ycku42cc

BOOK REVIEW | *VULNERABILITY IN POLICE CUSTODY*



This book provides a nuanced and timely contribution to the question of vulnerability in police custody. It addresses the implementation of the appropriate adult safeguard in respect of adult suspects and explores police decision-making in this context. Drawing on empirical research carried out in England, the work takes a socio-legal approach to examine how and why police custody officers implement or not the appropriate adult safeguard. The book's core arguments are addressed within three parts. Part 1 examines how vulnerability is constructed philosophically and practically,

firstly within the broader literature, thereafter at common law and in statute, and finally by police custody officers. Part 2 discusses how vulnerability is identified and how decisions are made in response to vulnerability. Part 3 critically assesses the theoretical understandings of police decision-making and criminal justice. Here it is argued that current theories on police decision-making hold explanatory power yet have significant shortcomings in relation to vulnerability and the appropriate adult safeguard. The book thus presents new theoretical insights and, on the basis of these insights, asserts that the current regime of regulation must be reconsidered, while police compliance may only be ensured if vulnerability is radically reconceptualised.

Author: Dr Roxanna Dehaghani

Year: 2020

Publisher: Routledge

Pages: 178

Cost: £ 37

RESEARCH | TOUCH DNA IN GROPING AND SEXUAL ASSAULT CASES



Historically, evidence collection in sexual assault cases focused on obtaining foreign contributor bodily fluids through swab collection. With improvements in deoxyribonucleic acid (DNA)

is presented to support the expansion of touch DNA evidence collection in sexual assault cases. The groping case led to the development of a statewide sexual assault touch DNA form to guide

summarised to promote evidence collection and analysis in groping sexual assault cases. As forensic nurses are educated to accurately collect DNA evidence and provide trauma-informed, patient-centered care, they are best suited to provide nursing care for patients who have experienced groping sexual assaults. Optimal DNA findings in groping and sexual assault cases are best achieved through development of strong multidisciplinary, collaborative relationships between forensic nurses and forensic scientists.

Valentine, J., Presler-Jur, P., Mills, H and Miles, S. (2021) Evidence collect and analysis for touch deoxyribonucleic acid in groping and sexual assault cases. *Journal of Forensic Nursing*. 17(2) 67-75.

analysis methods, DNA profiles can be developed from touch DNA and applied to sexual assault cases. Following a literature review on factors affecting touch DNA transfer, a groping case study with innovative evidence collection

evidence collection. DNA findings from additional groping sexual assault cases are reported to further show and justify the importance of evidence collection in groping cases. Implications on multidisciplinary practices are

FOCUS | *SEXUAL OFFENCES*



News | *Most London rape victims drop complaints* 🚓

Two-thirds of rape victims drop their complaint within a month of going to police. Of those alleging rape or sexual assault, 65% dropped out in 30 days, up from 18% two years ago, and 64% withdrew their support quickly.

The report says police should consider how they handle victim/survivor interactions. Some victims were put off by officers talking about what it took to get a rape conviction. One victim said their phone was taken, and they are still waiting to be downloaded. Another victim said reporting to the police was her biggest mistake.

Just 3% of rape cases reached trial in London, and it would fall even further in 2021.

Police and prosecutors see any small inconsistency in a victim's account as reason to stop an investigation, despite academic research showing trauma can lead to inconsistencies.

www.tinyurl.com/2p8bey87

FFLM | *Information for those having examination* 🧑

This leaflet by the FFLM provides written information to support the explanation given to complainants prior to undergoing a forensic medical examination.

www.tinyurl.com/2hefybe9

BASHH | *Post-exposure HIV prophylaxis* 🦠

There are a number of changes following the introduction of this new guideline, including:

- Occupational exposures, specifically sharps injuries, splash injuries and bites.
- Indications following injecting drugs, including sexualized drug use.
- Rare scenarios in which PEP could be considered following a human bite.
- A new category of 'PEP generally not recommended', for exposures where the risk is negligible and PEP should not be routinely given.
- Receptive vaginal sex with a partner of unknown HIV

status from high risk group - PEP is now 'generally not recommended'.

- Insertive vaginal sex with a partner of unknown HIV status from high risk group - PEP is now 'generally not recommended'.
- Sharing of injecting equipment with a partner of unknown HIV status from high risk group - PEP is now 'generally not recommended'.
- Human bite - PEP is now 'generally not recommended'.
- The recommended first-line PEP regimen is tenofovir disoproxil 245 mg / emtricitabine 200mg with raltegravir 1200mg once daily for a minimum of 28 days.
- Starter packs can negatively impact completion of PEP, therefore the guidelines recommend providing a full course of PEP on the first attendance. However, we are currently waiting for further guidance and clarification for SARCs regarding this.
- A revised PEP proforma is included which is aimed to facilitate assessment by non-HIV specialists.
- For ease of reference key recommendations are available through the British HIV Association guidelines mobile phone application.

Access full guideline here:

www.tinyurl.com/pbnw73c6

ONS | Crime in England and Wales

There were 63,136 rapes recorded in the year to September, according to the Office for National Statistics (ONS), up 13 per cent from the previous period (56,119).

This was the highest recorded annual figure to date and included 17,419 offences between July and September - the highest quarterly figure.

The highest number of sexual offences was also recorded in the 12 months to September (170,973), a 12 per cent increase compared to 152,620 in the same period the previous year.

Rape accounted for 37 per cent of all sexual offences recorded by police.

Home Office figures show that even among the 63,000 who reported their rape, more than 40 per cent withdrew from the prosecution before it was complete.

www.tinyurl.com/4h2c7cpn

CPS | A guide for victims of rape and sexual assault

The Crown Prosecution Service have produced a guide titled 'A guide for victims of rape and serious sexual assault - what happens when a case comes to

the CPS'. The guide covers the entirety of the prosecution journey, from how they build a case to after the trial.

www.tinyurl.com/2p8nb3ff

NHS | Awareness campaign

Victims and survivors of sexual and domestic abuse are being encouraged to come forward for NHS help and care, as part of a major campaign backed by a £20 million boost to specialist services.

- 56% of people who've been sexually assaulted or abused have not sought help
- 44% of people don't know where to get help after being sexually assaulted
- 72% of people are unaware of NHS specialist sexual assault services
- 46% of people don't seek help for sexual assault due to fear of not being believed

Press Release

www.tinyurl.com/ypmm5xr

Campaign Film

www.tinyurl.com/yyfu7cca

SARC Animation

www.tinyurl.com/2use25xv

FOCUS | POLICE CUSTODY



Deaths in Custody | *1:5 deaths in 'self-inflicted'*

The report by the Independent Advisory Panel on Deaths in Custody collected data on deaths in custody between 2016 and 2019, in settings such as prisons, detention under the Mental Health Act, police custody as well as in Immigration Removal Centres. Of all deaths, 57% took place in prisons. One in five were self-inflicted, particularly among younger age groups and 2% of all deaths were as a result of restraint.

www.tinyurl.com/2d732dez

Criminal Justice Alliance Report | *Just visiting?*

This report explored the effectiveness of independent custody visitors at monitoring race and gender equality in police custody. Finding some examples of positive work by independent custody visitors to improve the treatment and welfare of Black, Asian and minority ethnic people and women in police custody. However, a number of custody visitors lack understanding of institutional racism and discrimination, and custody visiting schemes need to be more racially diverse to better reflect the people detained in police custody.

www.tinyurl.com/ypkwcnfz

HMICFRS | Criminal Justice and mental health thematic analysis

Between April and May 2021, Her Majesty's Inspectorate of Probation - supported by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services, Her Majesty's Crown Prosecution Service Inspectorate, Care Quality Commission, Healthcare Inspectorate Wales and Her Majesty's Inspectorate of Prisons - carried out a joint thematic inspection.

This inspection followed the progress of individuals with mental health needs and disorders through the criminal justice system, from first contact with the police to

release from prison. You read the full report here:

www.tinyurl.com/3rkwhy3n

FFLM | Recording OPL procedures

The FFLM's position on recording blood procedures is that officers may record the taking of the blood sample. However, any assessment (history and examination) completed prior to taking blood should not be recorded.

The assessment under 7(3)(c) RTA 1988 (*determining a condition which might be due to some drug*) should not be recorded.

www.tinyurl.com/md8nnw9f

Scot | Death in custody review

A new process to investigate prison deaths has been welcomed in principle by Justice Secretary Keith Brown. In November 2019, then Justice Secretary Humza Yousaf asked Wendy Sinclair-Gieben, Her Majesty's Chief Inspector of Prisons for Scotland (HMCIPS) to review the response to deaths in prisons. The review has made a number of recommendations, including that an independent body should carry out an investigation into every death in prison custody. This is

intended to complement the current inquiry processes, including Fatal Accident Inquires. Adopting this recommendation would bring Scotland in line with England, Wales and Northern Ireland.

www.tinyurl.com/2p87u3ra

Scot | Naloxone police roll out

Police officers across Scotland will be able to carry and use naloxone and so contribute to The National Mission to Reduce Drug Deaths.

Police officers in Glasgow, Dundee, Falkirk, Stirling and Caithness had took part in a pilot in 2021. That pilot has now been evaluated after naloxone was administered on 51 occasions. It has now been agreed that there should be a national rollout of the initiative.

www.tinyurl.com/34brdpfs

RCNi | Post-Taser assessment

This article, published in Emergency Nurse and written by UKAFNP steering group members Matt Peel and Dave Tremlett is available now. The article will enhance your awareness of the physiological effects and potential complications of exposure to Taser. Acknowledge the recent

changes to the assessment and management of people who have been 'tasered' following the introduction of the CED Joint Working Group guideline. Finally, outline the the role of nurses and paramedics in post-Taser assessment and management in custodial and emergency settings.

www.tinyurl.com/yenf948r

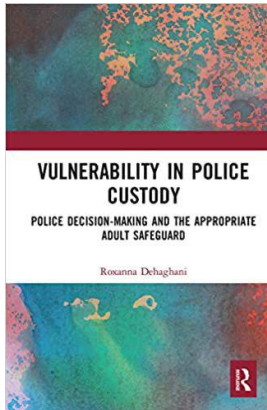
RCNi | Acute behavioural disturbance

Acute behavioural disturbance (ABD) is a clinical emergency typically affecting overweight men in their mid-thirties who chronically misuse stimulants. Those with ABD are most likely to be seen in police custody or emergency departments, therefore those working in these areas must be able to recognise and respond appropriately. Presentation varies, but commonly include extreme agitation, hyperthermia, hostility and exceptional strength without fatigue. ABD is complicated by metabolic acidosis, rhabdomyolysis, hyperkalaemia and disseminated intravascular coagulation. This article gives an overview of ABD and describes the main elements of management and treatment.

www.tinyurl.com/2p8uszu5

COMPETITIONS

We have **one** free copy of
'**Vulnerability in police custody**' to
give away



R. Dehaghani • 2020 • Paperback • Routledge
• First edition • 178 pages • £37

To enter the prize draw email
your name, and role to:

helix@ukafn.org

With the subject heading
'**Vulnerability**'

The draw will take place on

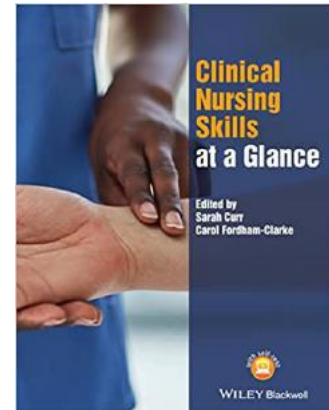
18 JULY 2022

(see terms and conditions)

Terms and conditions

- UKAFNP members ONLY
- One entry per member per competition
- Winners will be notified by email
- Prize as stated, no alternative
- Winners may be announced in the UKAFNP newsletter, Facebook and Twitter pages

We have **one** free copy of '**Clinical
Nursing skills at a Glance**' to give
away



S. Cure & C. Fordham-Clarke • 2022 •
Paperback • Wiley-Blackwell • First edition •
188 pages • £30

To enter the prize draw email
your name, and role to:

helix@ukafn.org

With the subject heading
'**Clinical Skills AG**'

The draw will take place on

18 JULY 2022

(see terms and conditions)



Stacey Shelly (HCP Clinical Lead) -
Oxford Handbook of Forensic Medicine

Angie Wells (HCP) - The Seven Ages of
Death

UK ASSOCIATION OF FORENSIC NURSES & PARAMEDICS



EDUCATION FORUM

The **UK Association of Forensic Nurses and Paramedics** is committed to developing and promoting appropriate education and training. However, clinical forensic medicine in the UK currently has limited opportunities for education and training and as a result, there is a lack of career development pathways. We believe that the **UK Association of Forensic Nurses and Paramedics** has a role to play in identifying standards for education, potentially accreditation and/or delivering training, while also providing innovation in relation to career development.

We are really excited to announce the formation of the **UK Association of Forensic Nurses and Paramedics Education Forum**, which will include a quarterly meeting for anyone who is

interested in developing education and training in our forensic medical world. We will endeavour to work with our wider stakeholders to develop a space for people to come together to explore if this is something they would like to participate in.

We are therefore asking for anyone who is interested in being part of this exciting new initiative to sign up using the link below. The meetings will be held remotely via MS Teams on the second Tuesday every four months starting on the 14th of June 15.30 – 17.00 pm. An MS Teams invitation will follow for those who sign up.

We encourage members to forward this email to their colleagues, managers, education leads, clinical leads, etc.

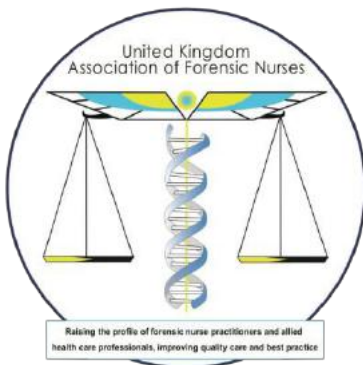
<http://eepurl.com/hZk9SH>

Conducted Energy Device Joint Working Group

Healthcare assessment in police custody after conducted energy device (CED) discharge

Access all documents here:

www.ukafn.org/ced



Royal College of Physicians





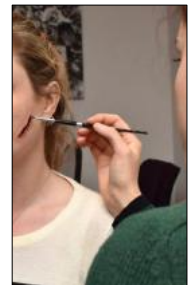
SceneSafe is the only UK forensic equipment provider with the ability to certify our kits and consumables to ISO 18385:16 - Forensic DNA Grade. For more information please visit our website: www.scenesafe.co.uk or contact us directly at: sales@scenesafe.co.uk

scenesafe
evidence recovery systems

Patient Focused!

Medical photography courses for clinicians.

- Free online modules covering theory.
- One-day practical course: 10.00-16.00, 8th Sept 2022, Crewe Hall. (*The day before UKAFN 2022.*)
- Approved by the British Institute of Professional Photography (BIPP.)
- Eligibility to apply for Licentiate of BIPP.
- CPD via the Faculty of Forensic and Legal Medicine (FFLM.)
- Tutors: Dr Will Anderson and Dr Roger Summers.
- Make-up artist to create injuries. All equipment provided.
- £275 per person (Additional 20% discount with code UKAFN22= £220.00)
- **NB: Last date for booking: 1st June 2022. Only 12 places available.**



Course Director:

Dr Will Anderson FRCS, LLM.

Fellow of BIPP.

Lead Forensic Medical Examiner, Hampshire.

Further details at <https://www.patientfocused.co.uk/courses/>

Interested in
advertising in The
Helix?

Please get in touch
helix@ukafn.org



JOIN LAK FORENSIC STAFFING TODAY
WE ARE RECRUITING EXPERIENCED
DOCTORS, NURSES & PARAMEDICS

WE HAVE AN INCREASED DEMAND IN SHIFTS
ACROSS ALL OF OUR CONTRACTS

Accommodation & Travel paid at agreed rates

NORTH WEST • YORKSHIRE • MIDLANDS • EAST OF ENGLAND
LONDON • SOUTH OF ENGLAND • WALES

We have an increasing number of shifts across other contracts
based in the North West and Midlands;

PRISONS / ED AND URGENT CARE SHIFTS / AMBULANCE



LAK FORENSIC

Please call the team
on: **0113 531 2885**
or contact on
admin@lakforensics.co.uk

CONTRIBUTING TO 'THE HELIX' - AUTHOR GUIDE



How do you get started?

You have decided that you want to publish an article because you have something to say that you want to share with others. If you are uncertain about what you want to say it is worth spending a short time thinking about it – but only a short time. The sooner you start writing, the better! Once you start writing then your ideas should begin to flow and, rather than a blank screen, you will have something to edit.

Don't try to write the article from start to finish: start wherever you have an idea and move about between sections until you have completed. Don't edit as you go along; wait until a complete first draft is done and then start to edit and revise.

You may find it valuable to seek out a critical friend. This is someone whose opinion you respect and whom you can trust to provide honest feedback and guidance during the various stages of writing your article.

Author guidelines

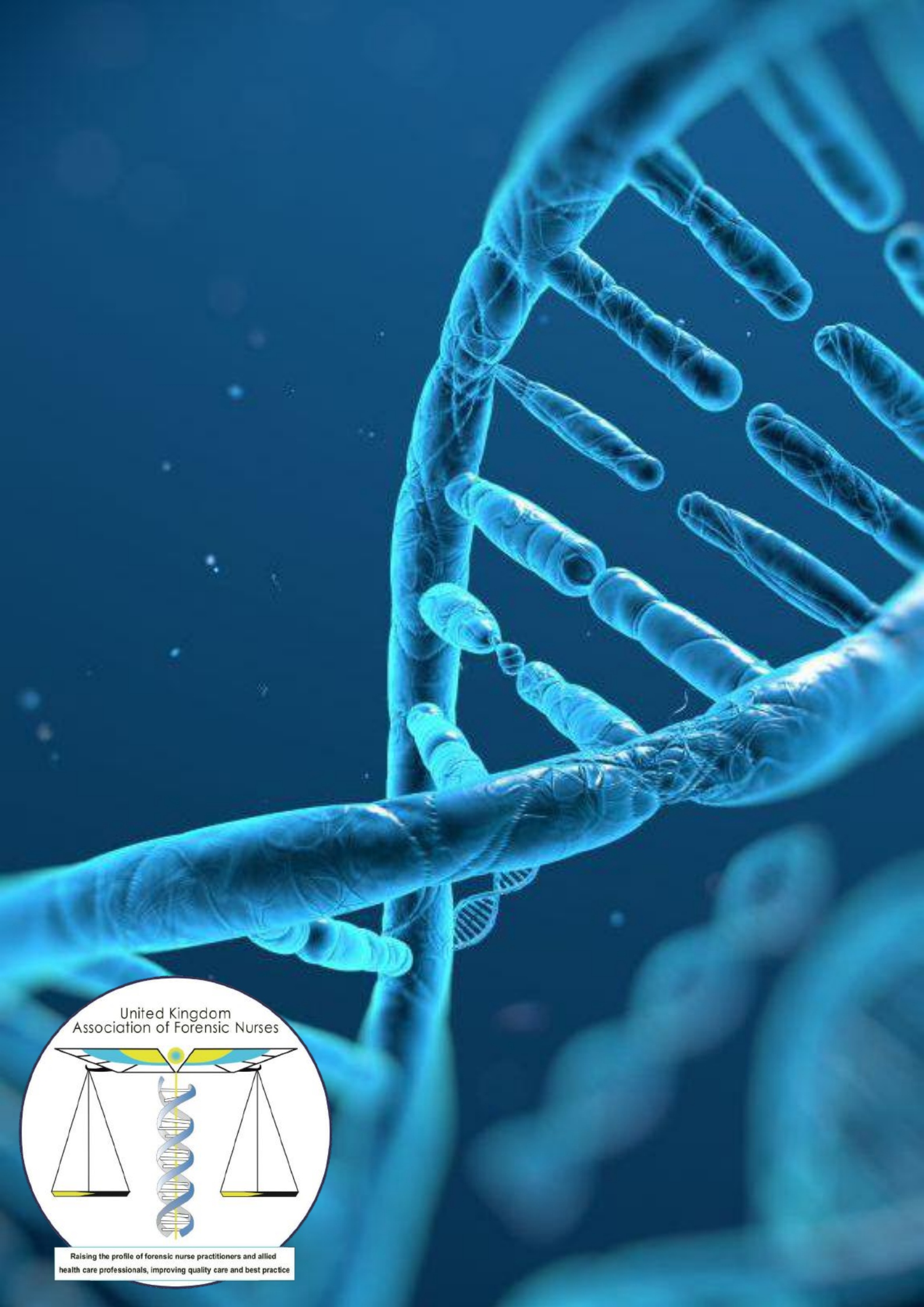
- Minimum 500 words.
- Maximum 5,000 words.
- Appropriate headings permitted.
- If references used a Harvard style (support available)

Types of articles

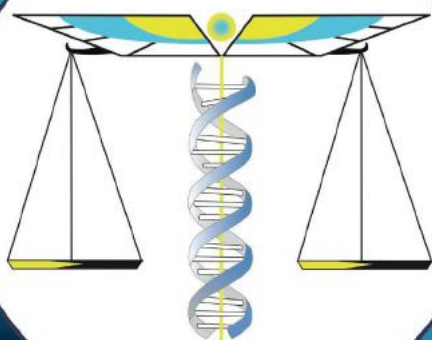
Any article will be considered that directly related to forensic healthcare, both sexual offences and general forensic. Articles not directly relating to the above, but still relevant to forensic healthcare practitioners will also be considered.

How to submit

Please send any articles to Matt Peel the editor of 'The Helix' via email. You are welcome to discuss any article before or during submission; helix@ukafn.org.



United Kingdom
Association of Forensic Nurses



Raising the profile of forensic nurse practitioners and allied
health care professionals, improving quality care and best practice