

SEXUAL ASSAULT DISCLOSURES POLICY

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Applies to:	All Trust Staff receiving disclosures of sexual assault from children, young people and adults

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DOCUMENT CONTROL

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<p>Amendments</p> <p>Reviewed in line with updated policy process.</p> <p>General review and update by SWISH and addition of 2003 Sexual Offences Act descriptions and definitions.</p> <p>Reference to Child Sexual Exploitation Policy.</p> <p>Inclusion of adults throughout policy and SWISH flow chart</p>			
<p>Document objectives: All Somerset Partnership Staff will be able to respond to disclosures of sexual assault, using evidence of best practice. Both the Trust School Nursing, SWISH and CAMHS Services are likely to be the main staff groups to respond to such disclosures but other staff could also receive this information, (for example Minor Injury Unit staff). This guidance is intended to assist staff to respond to and manage disclosures of sexual assault appropriately.</p>			
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1. INTRODUCTION

- 1.1 Staff of Somerset Partnership NHS Foundation Trust, School Nursing and Somerset Wide Integrated Health Service, (SWISH) staff in particular, may receive disclosures of sexual assault from children, young people and adults , in the normal course of their work. Child and Adolescent Mental Health Service, (CAMHS), staff may receive disclosures during therapeutic work with children and young people, as will talking therapies, psychological therapy and CMHT staff working with adults .
- 1.2 Somerset Partnership aims to provide the best possible service response to the children, young people and adults making such disclosures. Trust staff must be competent and confident in order to manage and support the child, young person or adult disclosing the sexual assault. They must also be able to provide appropriate signposting to other relevant professionals and agencies. Any response to a disclosure of sexual assault by a child, young person or adult will involve a consistent approach using standard documentation, multi-agency involvement, and staff support processes.
- 1.3 The welfare of the child or young person is paramount. Child Protection and criminal justice proceedings may be potential next steps following a disclosure. The quality of care delivered by the Trust must also be considered. Safeguarding adults' process may also need to be considered for adults for those who meet the safeguarding eligibility criteria..

2. PURPOSE & SCOPE

- 2.1 This document provides information to all staff of Somerset Partnership on how to respond to disclosures of sexual assault by a child, young person or adult.
- 2.2 This guidance applies to all staff employed by Somerset Partnership
- 2.3 All employees of Somerset Partnership will support the processes involved in this guidance so that any person disclosing sexual assault is managed appropriately following a disclosure.

3. DUTIES AND RESPONSIBILITIES

- 3.1 **All Trust staff** must comply with this policy and the pathway at Section 5 and Appendix A and are required to respond to sexual assault disclosure from children, young people or adult with consideration for their needs, as well as consideration for the Trusts statutory duty to safeguard all children, young people and adults.
- 3.2 **All Trust staff** must access the appropriate service to respond to the needs of the child, young person or adult , and act with competence and confidence within their own professional field.

- 3.3 **All Trust staff** will be mindful of the need to balance their duty of care to the child, young person or adult with their duty to cooperate with other agencies and to safeguard all vulnerable people.
- 3.4 **All Trust staff** are responsible for ensuring the relevant documentation is completed in accordance with Trust and professional standards and codes of conduct so that a record of all care is maintained.
- 3.5 **All Trust staff** are responsible for reporting serious child/adult abuse including sexual assault using the DATIX incident reporting system in accordance with the guidance detailed in Appendix C of the Trust *Safeguarding and Protection of Children Policy* and as set out within the *Safeguarding Adults Policy*.
- 3.6 **All Trust staff** are able to seek managerial and emotional support following such a disclosure, once the relevant actions have been taken to safeguard the child, young person or adult , and to ensure all the right steps have been taken in responding to the disclosure.
- 3.7 **All Trust staff** have an individual responsibility for the protection and safeguarding of children and adults . All levels of management must understand and implement the Trust *Safeguarding and Protection of Children Policy and Procedure and Safeguarding Adults Policy*.
- 3.7 **Line Managers** are responsible for ensuring all staff are conversant with this policy and other related policies and that all staff have undertaken the appropriate level of training for their role and are provided with appropriate clinical supervision in line with current Trust policy.
- 3.8 **All Trust staff** must always act in the best interests of the child whose welfare is paramount. If staff have concerns about the safety or welfare of a child, they must always do something, even if that is sharing their concerns with a colleague/supervisor/manager who has greater knowledge and experience in relation to child protection. **Doing nothing is NOT an option and may lead to disciplinary action being taken.**

4. EXPLANATION OF TERMS USED

4.1 Overview

Sections 5-24 of the Sexual Offences Act (2003) deal with sexual offences against children and young people aged up to 18 years. Sections 25, 26 and 27 of the Act deal with familial child sex offenses. Sections 45 and 46 deal with offences involving indecent photographs of children and sections 47 and 49 deal with child prostitution and child pornography offences.

4.2 Definition of Rape

4.2.1 The Sexual Offences Act (2003) defines rape as follows:

.A person (A) commits an offence if—

(a)

he intentionally penetrates the vagina, anus or mouth of another person
(B) with his penis,

(b)

B does not consent to the penetration, and

(c)

A does not reasonably believe that B consents.

4.2.3 Rape is still a crime of basic intent, and drunkenness is no defence.

4.2.4 The offence applies to the rape of a child, young person, or adult by a perpetrator of the opposite sex or the same sex.

4.3 Definition of Sexual Assault

4.3.1 Sexual assault is defined under the Sexual Offences Act 2003. A person commits the offence of sexual assault if they intentionally touch another person, if the touching is sexual, when the other person does not consent to the touching, and the person touching another, does not reasonably believe that the person being touched consents.

4.3.2 If a person is to claim sexual assault, they have to consider the circumstances in which the touching took place, and any action taken by the person doing the touching, to ascertain whether the other person consents to that touching.

4.4 Definition of a child

4.4.1 There is no single law that defines the age of a child across the UK. The UN Convention on the Rights of the Child, ratified by the UK Government in 1991, states that a child “means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier.” (*Article 1, Convention on the Rights of the Child, 1989*).

4.4.2 England, Wales, Northern Ireland and Scotland each have their own guidance setting out the duties and responsibilities of organisations to keep children safe, but they agree that a child is anyone who has not yet reached their 18th birthday, (*Working Together to Safeguard Children, HMGov, 2015*).

4.4.3 Within Somerset Partnership older children between the ages of 16-18 years may be known as “young people”; please see definition below. However from a legal perspective every child under the age of 18 years is considered to be a child.

4.5 Definition of a young person

There is no legal definition of a young person in the UK; this is open to interpretation by any individual or agency. Therefore for the purposes of this pathway a young person is defined as anyone aged 16 to 18 years of age.

4.6 Definition of adult eligible for safeguarding

- has needs for care and support (whether or not the authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

4.7 Definition of a School Nurse

4.7.1 A School Nurse, for the purposes of this protocol, is an employee of Somerset Partnership NHS Foundation Trust, who works for the Public Health Nursing School Nursing Service. They are by definition a Nurse and have duties and responsibilities to provide nationally and locally determined health services to the school-age population of Somerset.

4.8 Definition of Capacity

4.8.1 Capacity is defined as the ability of a child or young person to make a conscious decision based on all available evidence of benefits and detriments inherent in the choices available.

4.9 Definition of Consent

4.9.1 Consent refers to the ability in the eyes of the law to make an independent decision which would be upheld in a Court of law.

4.9.2 The competency of a child to consent or not is now dependent on the following judgement, from an original case relating to contraception choice for girls under 16 years known as Gillick Competence:

"...it is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved."

"Parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision."

4.9.3 Professionals are left to consider the following guidance:

"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent." (Law Lords 1985 after Mr Justice Woolf).

4.9.4 Young people aged between 16 and 18 years are generally considered to be capable of consent unless they have a significant learning disability. In their case, consent may be sought from parents/carers if suitable parental

responsibility is held, from Children's Social Care if a suitable Court Order is held, otherwise from the Court.

- 4.9.5 Consent under the age of thirteen (as in, up to 12 years 364 days old) is not possible under UK law. Therefore any disclosure of sexual assault under that age requires staff to respond as to any other child abuse disclosure. The Trust *Safeguarding and Protection of Children Policy* requires immediate multi-agency referral for involvement, (to Children's Social Care via Somerset Direct in the first instance or to the Police via 999 if immediate harm is known or suspected), assessment, support and medical examination of the child.
- 4.9.6 For further information, see the Trust *Consent and Capacity to Consent to Examination and Treatment Policy*, particularly Sections 8 and 9 which deal with children, young people and adults consent and capacity issues.

4.10 Definition of Child and Adolescent Mental Health Services (CAMHS)

- 4.10.1 CAMHS is a specialist service provided by Somerset Partnership NHS Foundation Trust to manage referrals for Tier 3 and 4 emotional and psychiatric conditions in children and young people.
- 4.10.2 CAMHS uses psychological approaches and sometimes pharmaceutical management of emotional distress in children and young people, based largely on family therapy approaches. A variety of professionals contributes to the service.
- 4.10.3 For a fuller explanation please refer to the Somerset Partnership website.

4.11 Definition of Somerset-Wide Integrated Sexual Health Services (SWISH)

- 4.11.1 SWISH provides accessible services around the county to improve the sexual health of the population. The SWISH service welcomes everyone regardless of age, gender and sexual orientation including under 16's. The service is able to provide services directly to children and young people and signposts service-users to other services.
- 4.11.2 For further information please see the SWISH website provided by Somerset County Council in conjunction with Somerset Partnership NHS Foundation Trust <http://swishservices.co.uk/>

4.12 Sexual Assault Referral Centre (SARC)

- 4.12.1 The Bridge, based in Bristol, is the nearest Sexual Assault Referral Centre to Somerset and offers medical care, emotional and psychological support, and practical help to anyone who has been raped or sexually assaulted. They can be contacted on 0117 342 6999. See also Appendix B

4.13 Definition of Forensic Evidence

- 4.13.1 Forensic Evidence is evidence usable in a court. It usually refers to evidence gathered by scientific means and includes evidence such as ballistics, blood and DNA tests.

4.14 Definition of Drug-Facilitated Sexual Assault (DFSA)

4.14.1 DFSA occurs when drugs or alcohol are used to compromise an individual's ability to consent to sexual activity. In addition, drugs and alcohol are often used in order to minimise the resistance and memory of the victim of a sexual assault.

4.15 Human Papilloma Virus (HPV) Vaccination Programme

4.15.1 The School Nursing Service is responsible for the on-going programme of vaccination of young girls 13 years of age against strains of the HPV virus implicated in the majority of cases of cervical cancer. As part of the programme, sexual health advice and screening are undertaken. Disclosures of sexual activity are made, and risk of pregnancy may be assessed.

4.15.2 School Nurses may identify concerns in the children they are immunising and will offer further contact and support dependant on the child's needs.

4.15.3 Disclosure of sexual assault is possible at any contact.

5. SEXUAL ASSAULT CARE PATHWAY

5.1 Disclosure

NB Children, young people and adults should be informed about confidentiality and its limitations at the start of any consultation.

5.1.1 A child, young person or adult may disclose at any time. If the child, young person or adult is ready and able to tell any other person of the alleged sexual assault, they should be allowed to complete the disclosure.

5.1.2 To avoid problems for any future prosecution, leading questions must be avoided. An example of a leading question would be "So you didn't really want them to do that, then?"

5.1.3 Open questions may be used to clarify the information being shared. These questions are based on "Who?", "What?", "Where?", "When?", and "How?" approaches. "Why?" is avoided owing to the potential value-laden loading to the question.

5.2 Contraception and Screening for Infection

5.2.1 Contraception and sexual health screening for infection in children, young people and adults is important following sexual assault. For younger children, (usually those under 13 years of age), this process will be managed through consultation with a Paediatrician or the child's GP. The School Nurse can contact the GP of the child to arrange this screening. If a Paediatrician is involved in the forensic pathway, they may arrange the follow-up screening with the family of the child or young person directly. The GP may refer to a Paediatrician if they believe that process to be in the best interests of the child

or young person. The Sexual Assault Referral Centre, (SARC), The Bridge, Bristol will perform forensic testing for older young people.

- 5.2.2 All staff need to be aware that Emergency Contraception is most effective the sooner it is taken, but can be offered up to 120 hours after the assault.
- 5.2.3 Infection screening should be repeated two weeks after the assault. This screening should be undertaken by the GP or by a member of the SWISH service. The School Nurse will ensure the child or young person and their parents are able to access the most appropriate services.
- 5.2.4 Discussion about the risk of pregnancy and prospective views may be sought if other services are not involved in this area of work.

5.3 Information sharing and Referrals

- 5.3.1 Once the relevant information has been shared by the child, young person or adult, the member of staff must let them know what will be done with the information and who it will be shared with. The child, young person or adult must be kept informed of the progress of any referrals to other services or agencies.
- 5.3.1 Where a child, young person or adult has the capacity to consent they may decline a referral to another professional or agency. However such situations must always be considered in terms of child protection / safeguarding adults and advice **must** be sought from a member of the Trust Safeguarding Service before a final decision is made. Similarly prior to any onward referral, the relevant health professional will discuss their concerns with a member of the Trust Safeguarding Service.
- 5.3.2 For children below 13 years of age, **all** referrals must be made to Children's Social Care via Somerset Direct in the first instance. The Police may be contacted directly, (particularly if immediate harm is known or suspected), but Children's Social Care would anyway involve the Police in any subsequent Strategy discussions.
- 5.3.3 Information sharing is required using a balanced and proportionate response, depending on other services involved with the child, young person or adult, and the appropriateness of the knowledge in other service provision. For instance a Classroom Assistant may not need to know a child with learning difficulties has been assaulted, but the Safeguarding Lead and Pastoral Lead of the school may enquire about any changes in behaviour following the assault.
- 5.3.4 The child's GPs must be informed and may be involved in ongoing care and support to the child and the family.

5.4 Child protection issues

- 5.4.1 Should a disclosure of sexual assault indicate risk of significant harm or actual significant harm to any children or young people a referral to Children's Social Care via Somerset Direct must be instigated and a member of the Trust

Safeguarding Children Team informed. The current referral process is documented on the safeguarding pages of the Trust intranet.

- 5.4.2 Consideration of the Trust *Risk Management Policy, Safeguarding Adults Policy* and *Safeguarding and Protection of Children Policy* is required following a disclosure of sexual assault by a child, young person or adult . The assault may require reporting using the Trust DATIX system. However, this will be dependent on a number of factors including the persons's age, age of the alleged perpetrator, where the incident took place, if the alleged perpetrator was a member of staff or a professional working with children or vulnerable adults, the severity of the assault and professional judgement of the member of staff who received the disclosure. Staff must seek advice from a member of the Trust Safeguarding Service to clarify their response in terms of incident reporting. A decision must be agreed about the use of DATIX reporting as a risk management process.
- 5.4.3 Disclosures of historic abuse are responded to as above. Availability of forensic evidence will be unlikely, but on occasion, a physical examination of a child or young person may be requested. The child or young person will be seen by a GP or specialist Paediatrician. Please see the Trust *Managing Historic Allegations of Child Abuse and Neglect Policy*.

5.5 School Nursing Support

- 5.5.1 School Nurses will ensure that all children and young people disclosing sexual assault receive ongoing services, including emotional support from the most relevant service and professional based on the individual child or young person's need. It is expected that the assault will cause the child and young person considerable emotional distress, additional to any physical harm. All children will have access to ongoing emotional support from the School Nursing Service, or relevant school-based service, but may also have need of a specialist support such as CAMHS.
- 5.5.2 Young children will be supported first through their parents unless they are identified as assailants. School Nurses may be required to signpost and liaise with other Health Care Professionals to advise parents on what steps to take to best support their child. Older children and young people must be involved in the decision-making process when considering other sources of emotional support.
- 5.5.3 Listening contacts may be instigated by the School Nurse in agreement with the child or young person. A series of contacts with the child or young person may be sufficient support, to listen to their concerns and enable them to plan some activities to manage their distress. School Nurses providing this service must ensure they access robust clinical supervision.
- 5.5.4 These contacts should be arranged to take place in a safe and suitable setting, preferably without drawing attention to the child or young person. They are most likely to take place during a school day and in a school setting. An agreement will be made with the child or young person, or with the parent, or in the case of a child in receipt of a Child Protection Plan or a Child in Care, with the Named Social Worker.

- 5.5.5 The listening contacts will be based within the Trust *Confidentiality and Data Protection Policy*, allowing for breaches under the usual circumstances of disclosures of abuse or criminal activity. Records kept will be subject to the same conditions.
- 5.5.6 At each contact, the School Nurse must assess the safety of the child or young person and agree the next steps. No limit need be set to the number of contacts provided progress is perceived to be made by the child or young person, albeit prolonged contacts may indicate a higher need for more structured emotional support.
- 5.5.7 Following an agreed end to planned listening contacts, ongoing ad hoc support may be continued via the School Nurse on a universal access basis. A child or young person could contact the School Nurse through a telephone contact or be seen in the school clinic or on a one to one basis.

5.6 Documentation

- 5.6.1 Staff must be aware that any sexual assault disclosure information must be documented on RIO/SWISH electronic records and/or any other relevant clinical record belonging to Somerset Partnership, and this may be required for legal purposes. Any ongoing contacts and activities also need to be documented clearly and fully, given that they may be required at any time, for legal purposes.
- 5.6.2 All new disclosures must be reported through the Trust incident reporting system (DATIX).

5.7 Parental involvement in response to allegations of sexual assault

- 5.7.1 Parents must be involved in supporting their child and in providing ongoing protection in the majority of cases and situations.
- 5.7.2 Young people may wish not to involve their parents for various reasons and those young people with capacity must be involved fully in discussions in relation to informing their parents. All staff are expected to encourage children and young people to share the information with parents.
- 5.7.3 On those occasions when the health professional considers the safeguarding role of parents to override the child's wish to **not** inform them; up to the age of 16 years the child or young person must be made aware of the intention of the health professional to share the information with those parents. In these situations the health professional who determines that the parents should be informed of the allegations of sexual assault against the wishes of the child or young person must document this information thoroughly and include a clear rationale and justification for sharing the information. It is also suggested that further advice is sought from a member of the Trust Safeguarding Children Team, from a more experienced colleague or a manager.
- 5.7.4 For young people aged between 16 and 18 years, the capacity of the young person may be paramount to professional judgement in terms of sharing

information with parents. Assessing their Fraser competence would serve as an adjunct towards their decision making around their sexual lives. Should they disclose an assault and are deemed Fraser competent, the professional should encourage the young person to tell their parents as above. However, if the young person continues to decline to share the information with their parents themselves, the health professional should seek advice from the Trust Safeguarding Children Team. Discussion between the health professionals will consider the risks and gains for the young person in sharing the information with parents against a young person's wishes, where the young person has capacity. Further advice may be sought from the Trust Information Governance Manager and Caldicott Guardian if the situation cannot be resolved at this stage. Thorough and clear documentation is essential throughout this process.

- 5.7.5 When disclosure occurs in a school setting and the School is aware of it, the School will be involved in the process of sharing information with parents. It is expected that the child's view will be considered by the child's School but each School will have their own practices and procedures to follow.
- 5.7.6 In cases where the parents are potentially or clearly identified as abusers, the situation is changed. The child or young person's safety is paramount and arrangements must be made in collaboration with Children's Social Care and the Police to keep them safe until the matter can be formally investigated.
- 5.7.7 A similar situation will arise if the alleged abuser is a sibling of the child or young person reporting the assault. The sibling may be a full, half- or step-sibling, but the process of safeguarding the child remains the same.
- 5.7.8 The needs of any other children and young people in the family or within close proximity of the alleged perpetrator must also be considered including when the disclosure is of a historic nature.

5.8 Wider considerations for the School Nursing Service

- 5.8.1 Disclosures by a third party may be made. The victim is placed in a vulnerable position if approached by a practitioner to confirm the information. The person disclosing the sexual assault is also vulnerable. In this situation sharing the information of possible sexual assault with parents is to be considered within the context of risk around the reliability of the shared information, as is the risk to the alleged victim in terms of protection and support.
- 5.8.2 No process is currently in place for the forensic consideration of the alleged perpetrator through the School Nursing Service. However, the School Nurse would offer advice on sexual health to the perpetrator, but would also be required to inform relevant agencies, such as the Police or Children's Social Care of the safeguarding concerns. The School Nurse would inform the young person alleged to be the perpetrator of the referral unless to do so would place the alleged victim or perpetrator at greater risk.
- 5.8.3 As in section 5.7.3 above, the involvement of the parents of the alleged perpetrator is recommended. For alleged perpetrators aged 16 to 18 it is more probable that any wish they have not to have their parents involved would be

over-ridden. This is because of the investigation processes which are distressing, and because of the potential for prosecution.

- 5.8.4 Health promotion to all young people on sexual health, capacity and consent remains paramount. The HPV programme is part of this system and is supporting an individual as well as a population service.
- 5.8.5 School Nurses are likely to be affected emotionally by disclosures of sexual assault. They may also be involved in ongoing support and activities such as legal activities. Emotional support for these staff is available from the Trust Safeguarding Children Team, line management and the Well at Work Service. Attendance at child protection clinical supervision remains a mandatory requirement for School Nurses.

5.9 Referral for additional screening or support

- 5.9.1 Referral to CAMHS may be appropriate when significant emotional distress has been recognised which reaches the required threshold for referral. Other agencies such as The Bridge SARC, Somerset and Avon Rape and Sexual Abuse Support (SARSAS) (Appendix C), and Lighthouse Victim and Witness Care www.lighthousevictimcare.org/ can be consulted.
- 5.9.2 Should CAMHS be seen as an appropriate service for referral, discussion with the Team prior to written referral is required. The CAMHS threshold would normally be reached when the distress of the child, young person or adult caused by the assault has not been alleviated by other approaches used to support them. This threshold is likely to involve significant disturbance to normal life, including such behaviour as significant and repeated self-harm, emotional distress preventing normal functioning, or evidence of severe clinical depression. Other significant behaviours may be substance misuse, eating disorders, obsessional and compulsive behaviour or hearing voices.
- 5.9.3 Specialist services such as CAMHS mental health in-patient units may on occasion be required, depending on the nature, longevity and impact of the assault(s) on the young person or adult .

5.10 Gathering Forensic Evidence

- 5.10.1 The Police and specialist services such as The Bridge, (Appendix 2), offer forensic examination and ongoing support for children, young people and adults . Paediatricians may also participate in forensic examinations. In the absence of a parent or other carer, a School Nurse or Social Worker may be involved in supporting the child, young person or adult in accessing forensic services. Which particular process is undertaken will depend on various factors, such as choice, availability and access.
- 5.10.2 In general, examination takes place as soon as possible following the assault, (see Table 1). Forensic evidence becomes weaker or disappears as time passes, particularly after more than 36 hours. However depending on the individual circumstances evidence may be collected up to seven days after rape, (Merck Manual for Health Professionals online version updated 2011).

5.10.3 The process will be distressing in spite of the expertise involved.

Table 1

Forensic timescales (persistence of DNA)

Type of assault	Female	Male
Kissing, licking, biting	48 hours or longer	48 hours or longer
Oral penetration	48 hours (2 days)	48 hours (2 days)
Vaginal penetration	7 days	Not applicable
Digital penetration	12 hours	12 hours
Anal penetration	72 hours (3 days)	72 hours (3 days)

5.10.4 All staff must also be aware of the short detection times of substances which may be used in Drug-Facilitated Sexual Assaults (DFSA). Blood and urine samples should be collected within three and four days respectively.

5.10.5 In cases of DFSA with delayed presentation it is possible to carry out hair analysis to identify a single dosage of drugs after one month of ingestion; however this is not done routinely and is considered on an individual case-by-case basis.

5.10.6 Children, young people or adult and where relevant their parents/carers, should be advised about preserving forensic evidence if possible by avoiding bathing, washing clothes, brushing teeth or drinking liquids prior to a Forensic Medical Examination. Information must also be given regarding the preservation of sanitary pads, tampons and clothes, (particularly underwear), worn at the time of the assault and immediately after the assault. If DFSA is suspected victims should also be advised not to dye their hair as this interferes with hair strand toxicology results, (British Association for Sexual Health and HIV 2012).

6. TRAINING REQUIREMENTS

6.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

6.2 The training required to manage disclosures of sexual assault will largely be contained within the School Nursing Service given the availability of these services to children and young people. This training will be a half day study day, led by the Public Health Nursing Best Practice Group. The pathway will be disseminated to ensure staff are aware of what procedures are required if an incident is reported to them. New staff would access the guidance during induction, and students would be guided by Practice Teachers. SWISH staff use a Sexual Assault Referral Pathway and managers of this service must ensure staff are aware of the pathway and competent to deliver it.

- 6.3 Trust staff who are not experienced in providing appropriate responses to disclosures of sexual assault will seek advice and ongoing support from a suitable individual, team or service. This advice and support can be accessed from the Safeguarding Team of the Police, Children's Social Care via Somerset Direct, or members of the Trust Safeguarding Children Team. Referral to any agency or service must consider the age and circumstance revealed by the individual disclosing sexual assault.
- 6.4 To manage this level of response all Trust staff are required to access the relevant level of safeguarding children training as per the Trust *Safeguarding Training Strategy*. School Nurses, SWISH and CAMHS staff require annual Level 3 safeguarding children training.

7. MONITORING COMPLIANCE AND EFFECTIVENESS

- 7.1 This Policy and associated Care Pathway provides staff with clear guidance to manage disclosures of sexual assault. It clarifies the requirement to ensure relevant care is provided to the child or young person victim of sexual assault. The pathway also defines the responsibility of staff to report the disclosure on DATIX where criteria are met to do so.
- 7.2 Failure to follow this Policy and Care Pathway or any other appropriate processes in response to a disclosure may become apparent during an investigation, child protection clinical supervision session or other circumstance. The Trust Safeguarding Children Team must always be contacted in these circumstances to discuss the next steps. Once a breach of the policy has been identified the expectation is that a change in practice will follow. Any further breaches in practice would require disciplinary intervention.
- 7.3 The guidance will be reviewed three yearly or in response to further learning, and will be signed off by the Safeguarding Children and Public Health Nursing Best Practice Groups and approved by the Safeguarding Steering Group.

7.6. PROCESS FOR MONITORING COMPLIANCE

- 7.6.1 Compliance with this guidance will be monitored as part of the investigation into each case of alleged sexual assault reported via the DATIX incident reporting process. The relevant Named Nurse or Locality Safeguarding Children Nurse will be given the name of the young person and will review the RIO record once completed to ensure the policy and care pathway has been followed. Lessons to be learned will be disseminated to staff as appropriate and findings from DATIX reviews will be tabled at the Safeguarding Children Best Practice Group for further review and to plan actions to facilitate any recommendations.
- 7.6.2 Involvement of other relevant services and agencies will be documented and therefore eligible for review of suitable engagement as part of any DATIX review.

- 7.6.3 Involvement of relevant safeguarding professionals and managers as required will support compliance throughout the process of activity and support for children and young people alleging sexual assault.
- 7.6.4 The policy will be available on the Trust Intranet and highlighted during mandatory child protection training.
- 7.6.5 Updating the guidance will take place every three years with interim changes to best practice added at any time.
- 7.6.6 Non-compliance with the policy and pathway will lead to individual or group training and supervision.
- 7.6.7 Serious breaches of professional practice will be managed in accordance with the Trust *Disciplinary Policy*.
- 7.6.8 Disclosures of sexual assault by children to other Trust services will also be monitored via the DATIX process, through the safeguarding route. All other aspects of compliance will be monitored on a case-by-case basis, and non-compliance will be managed as described above.

8. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

8.1 References

CPS Sexual Offences Act 2003

Lead author: Dr Beata Cybulska

Co authors: Dr Greta Forster, Dr Jan Welch, Dr Helen Lacey, Dr Karen Rogstad,

Dr Neil Lazaro

CEG Guideline Editor: Dr Neil Lazaro

UK National Guidelines on the Management of Adult and Adolescent Complainants of Sexual Assault 2012

Clinical Effectiveness Group

British Association for Sexual Health and HIV

Law Lords 1985 after Mr Justice Woolf Judgement of Gillick Competence, applied via the Fraser Guidelines

8.2 Cross reference to other procedural documents

Safeguarding and Protection of Children Policy

Child Sexual Exploitation Policy

Safeguarding Training Strategy

Confidentiality and Data Protection Policy

Learning Development and Mandatory Training Policy

Managing Historic Allegations of Child Abuse and Neglect Policy

Risk Management Policy

Learning Development and Mandatory Training Policy

Untoward Event Reporting Policy

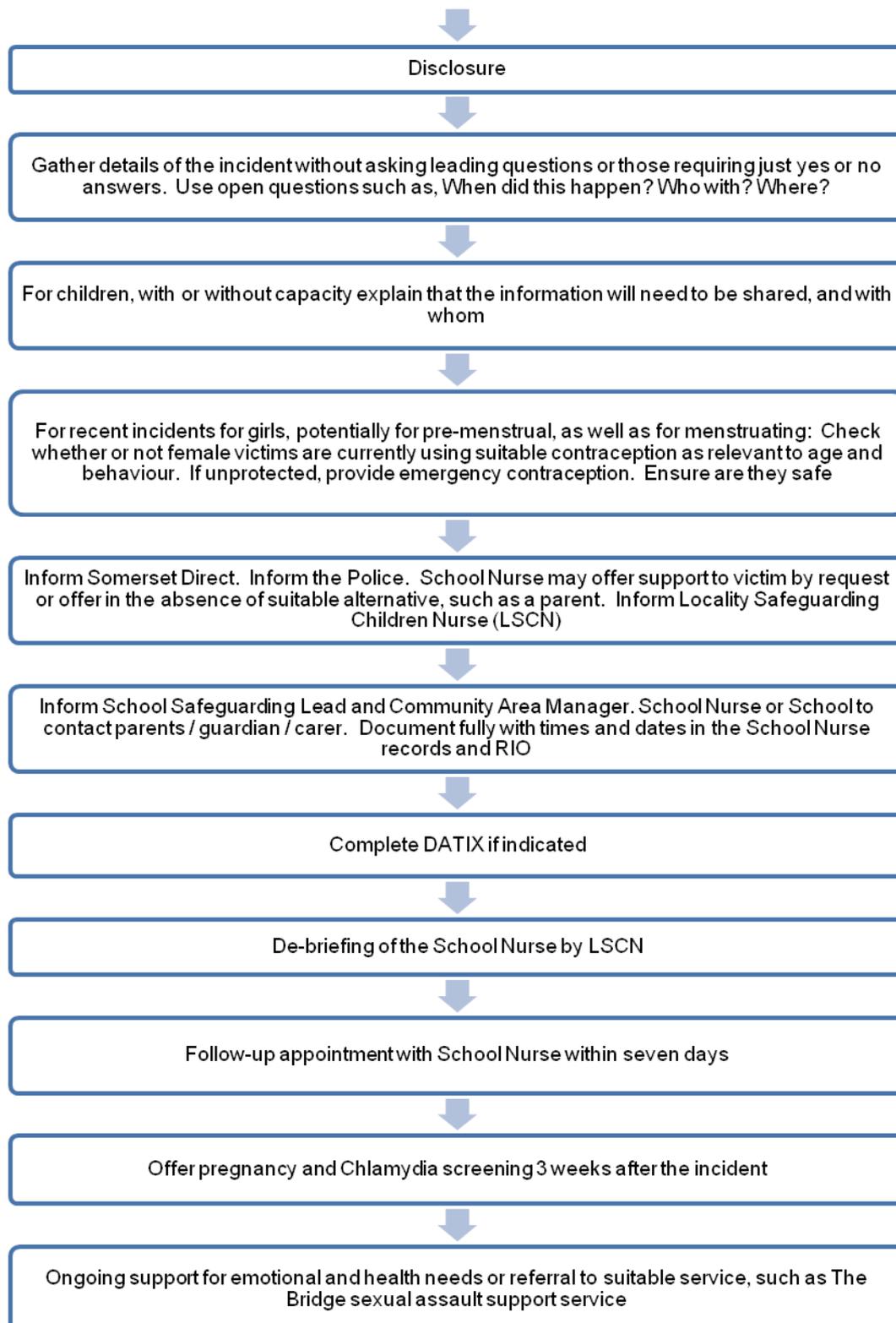
All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

9 APPENDICES

For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A	Care Pathway for Sexual Assault
Appendix B	Safeguarding Referrals SWISH flowchart
Appendix C	Specialist Services for Sexual Assault Victims
Appendix D	Sexual Assault Referral Service

Care Pathway for Sexual Assault



SOMERSET PARTNERSHIP SAFEGUARDING ADULTS SWISH REFERRAL PROCESS

Cause for concern identified by SWISH staff - discuss with team manager / team lead and / or Sompar Safeguarding Adults Team (out of hours discussion can be had with EDT)

SPOC Tel: **0300 323 0035** or safeguardingadultsteam@sompar.nhs.uk

On identification of harm / abuse or risk of harm / abuse SWISH staff must:

Take appropriate risk management action and consider the individuals capacity in relation to the risks identified, liaison with family, possible risk to others - record risk mitigation on records

Contact police if relevant on 999 if risk imminent / 101 to report a crime e.g. assault

Consider referral to Children Social Care - Sompar Safeguarding Children's Team can advise (further details on Trust Safeguarding intranet pages)

Phone Somerset Direct on **0300 123 2224** to report safeguarding to SCC

Complete the SCC Safeguarding referral form electronically (found on Trust Safeguarding intranet page) and email to

safeguardingadultsteam@sompar.nhs.uk **within 24 hours**

Record on Blithe and Rio brief details of client contact, action taken, who information relating to concern has been shared with

Domestic Abuse Concern:

- **Complete SAFELIVES DASH Risk Assessment** electronically (found on intranet Safeguarding pages) with client
- Document actions taken on Blithe and Rio
- Consider any additional safeguarding or child protection issues and refer accordingly
- If needed discuss outcome of risk assessment and agree level of risk, requirement for SIDAS / MARAC referral or other intervention/resources with Sompar Safeguarding Adults Team

National DA 24hr Helpline:

Tel: 0800 6949 999

PLEASE NOTE:

DATIX incident reports for Safeguarding are only required by exception and when escalation is needed due to a breakdown in interagency safeguarding process. If in doubt/need advice contact 0300 323 0035.

Sompar safeguarding service will ensure throughout any safeguarding process that the wishes and needs of the individual are always considered from a 'Making Safeguarding Personal' and 'Think Family Perspective'.

Unsure whether you should complete an adult safeguarding referral?

⇒ Contact Sompar Safeguarding Team via SPOC and provide client details, summary of concern, your contact details or who to contact in your absence. Record your contact on RiO.

Tel: 03003230035

email: safeguardingadultsteam@sompar.nhs.uk

⇒ Sompar Safeguarding Team will endeavour to return your contact within 24 - 48 hours.

⇒ If still in doubt, after discussion with a senior staff member, please complete a Safeguarding referral form and document your decision making and actions taken on Blithe and RiO.

Domestic Abuse

Additional Resources / Guidance for Clients/ Patients:

- Somerset Survivors website: www.somersetsurvivors.org.uk
- Encourage reporting to police via 101
- Womensaid.org.uk (Client accessible check list/ questionnaire on Abuse)

Be timely - You should complete the domestic abuse related risk assessment (SAFELIVES DASH) and referral forms (SIDAS or MARAC—all available on the Trust Intranet Domestic Abuse page) and send to the appropriate agency within 2 working days of identifying the risk.

Safeguarding referral: what happens next??

- Sompar Safeguarding will review the referral and quality assure it prior to it being forwarded to SCC Safeguarding for a threshold decision.
- SCC Safeguarding Adults team make a pathway decision and will inform the referrer and Sompar Safeguarding Adults team of the outcome. If Sompar staff are requested to undertake a S42 enquiry (this will not be tasked to MIU staff), Sompar Safeguarding team will liaise with and support the appropriate Sompar staff and agree how and when this work will be undertaken and in what format this will be collated.

Criminal Offences:

Disclosure of criminal offences of a serious or violent nature need to be shared with the police by emailing the Police Safeguarding Coordination Unit (SCU) via

safeguardingcoordinationsouthern@avonandsomerset.pnn.police.uk

If the client does not consent to inform the Police but you feel there is a greater public interest to inform the Police then you must discuss this with your supervisor and/or the safeguarding team before the disclosure is made and the discussion should be documented in the client's notes. In your communication with the Police you must be clear regarding the victims wishes re police involvement and **state this in bold** in the email to the police SCU.

A Datix should be completed for all incidents reported to the police and the safeguarding adults box checked to ensure Sompar Safeguarding are aware of the action you have taken to safeguard the victim and other potential victims for the potential perpetrator. A Safeguarding referral **IS NOT REQUIRED**.

SPECIALIST SERVICES FOR SEXUAL ASSAULT VICTIMS

The Bridge Sexual Assault Referral Centre (SARC)

The Bridge opened as a result of a multi-agency initiative between the Avon and Somerset Constabulary, NHS and Forensic Police Examiners. The aim is to provide a comprehensive range of services focussing on the needs and wishes of victims of sexual assault in one location. The Bridge is currently available to Police 24 hours a day.

The Bridge provides three primary services to residents of the Avon and Somerset area:

Crisis Workers offer a free 24/7 telephone support and information service to all survivors of sexual violence, their family and friends. They can inform callers about the reporting process and facilitate referrals to police, forensic examinations and other support services as appropriate.

Crisis Workers also support clients who have been recently sexually assaulted, through forensic medical examinations whether or not the client has made a firm commitment to make a formal complaint to the police at the initial stage. Complainants receive access to necessary medications relating to the sexual assault during the forensic exam. Arrangements for medical follow up care such as screening for sexually transmitted infections and counselling can be made at the first visit. Independent Sexual Violence Advisors provide follow up care, referrals to other services, as well as practical support.

The Bridge offers short-term counselling services to people over 17 years of age who were sexually assaulted within 24 months of contacting the service and also provides a support service to Children and Young People from the age of 7-17 who have been a victim of rape or serious sexual assault. This can provide help and support through the Criminal Justice process and signposting to other specialist services if required. Information and consultation services are also provided to other professionals in the community during business hours.

The aim of the service provided at The Bridge is to empower and support clients following a sexual assault, inform them of their options and assist them to make their own decisions about their care. The Bridge has been established through a partnership between Police, the National Health Service and relevant charities. Other information can be found on their website: <http://www.turntothebridge.org/index.aspx>

SPECIALIST SERVICES FOR SEXUAL ASSAULT VICTIMS

Somerset and Avon Rape and Sexual Abuse Support (SARSAS)

Somerset and Avon Rape and Sexual Abuse Support a specialist support service for people in Bath and North East Somerset, Bristol, North Somerset, Somerset, or South Gloucestershire, who have experienced any form of sexual violence, at any point in their lives. They have offices in Bristol and in Taunton and also offer support in Bath, Weston super Mare, Yeovil, Glastonbury, Minehead, and Yate. They support women from Bath, Bristol, North East Somerset, North Somerset, Somerset, and South Gloucestershire.

SARSAS is currently funded by Bristol City Council, Ministry of Justice, charitable and statutory grant makers and donations from individuals.

Victims of sexual assault can self-refer to the service using the following telephone numbers:

- Women and Girls **0808 801 0456**
- Men and Boys **0808 801 0464**

Professionals can make referrals with the consent of victims via the SARSAS website www.sarsas.org.uk/referrals