

## 1. Introduction and Who Guideline applies to

- 1.1 The aim of this document is to guide members of nursing and medical staff working in the UHL, through the process of managing an allegation of sexual abuse of a child. It is intended for use mainly by the Emergency Department and Children's Hospital staff within UHL. Other clinical areas, in particular Midwifery and Paediatric Wards, may also find this document useful in guiding their practice. This document will also guide staff members who do not work in those areas, regarding whom to contact if an allegation of sexual abuse of a child is made in their clinical area, thus ensuring the child receives efficient, effective and sensitive care and management from all staff involved.
- 1.2 This guideline should be read in conjunction with the joint Leicester and the Leicestershire and Rutland Safeguarding Children Partnerships Procedures Manual:
- [Underage Sexual Activity](#)
  - [Sexual Abuse](#)

## 2. Key points

- **Sexual abuse examinations should not be undertaken by staff at UHL as they are not trained to undertake this work.**
- Sexual abuse examinations in Leicestershire and Rutland are carried out by the East Midlands Children and Young People's Sexual Assault Service (EMCYPSAS) delivered by Nottingham University Hospital Trust: Queens Medical Centre Nottingham. Sexual assault referral centre (SARC) delivered in partnership by Nottingham University Hospital Trust, with Northamptonshire Healthcare NHS Foundation Trust.
- **Referrals due to concern about the possible sexual abuse of a child should not be accepted from the community unless urgent medical / surgical treatment is needed.** Referrers should be directed to contact social care with their concerns.

### **Sexual abuse is defined as:**

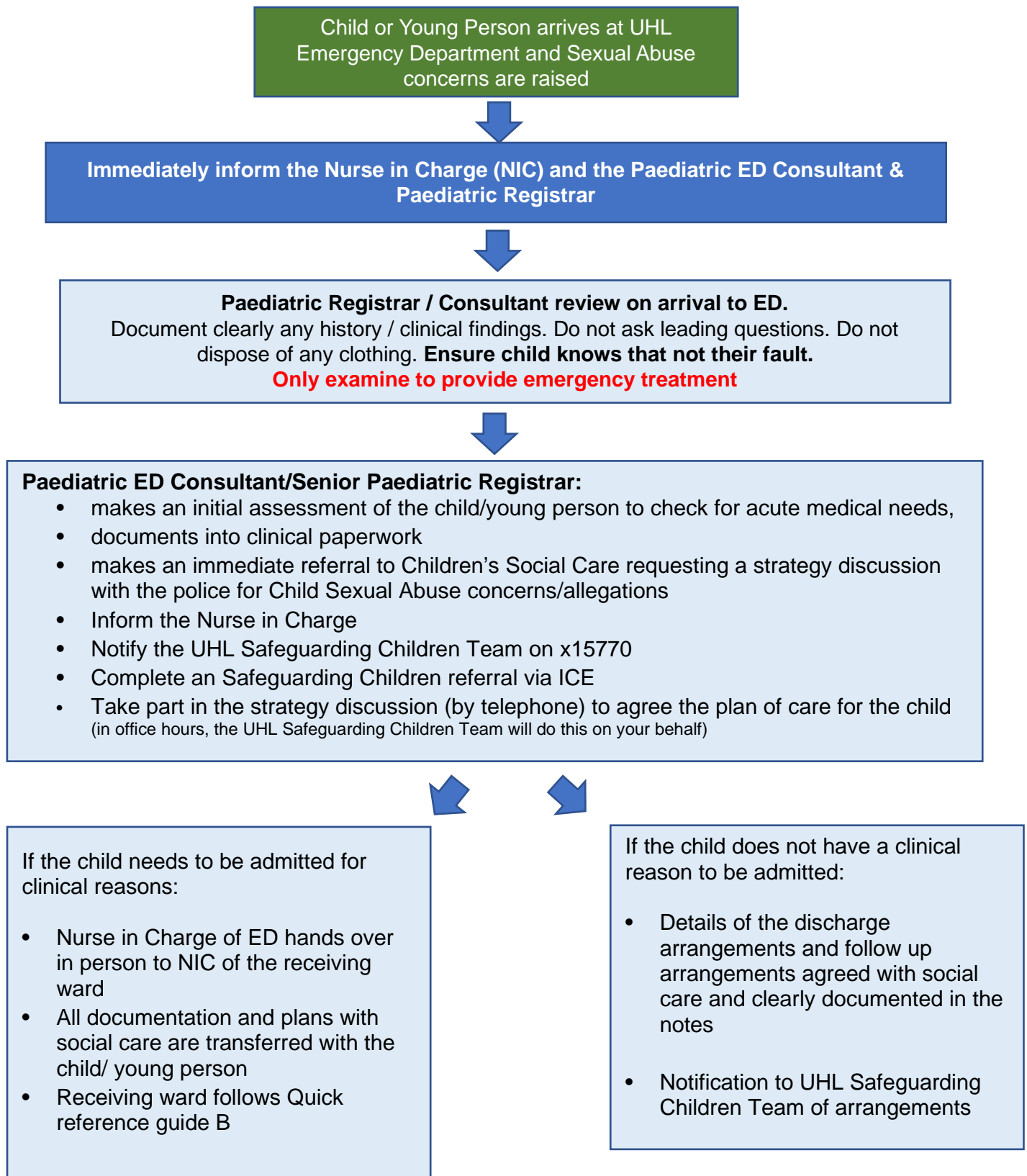
'Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.'

Working Together to Safeguard Children' (2018)

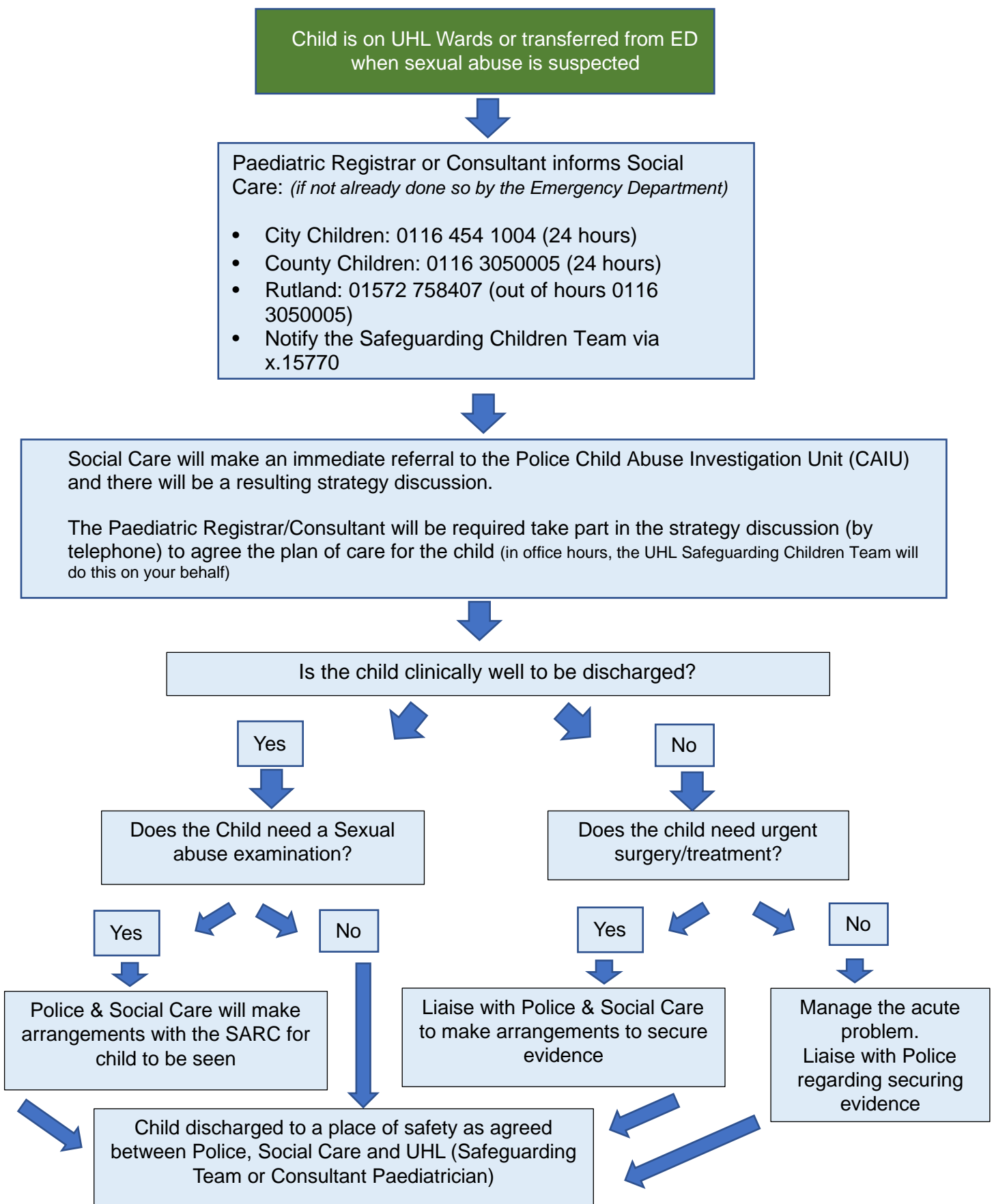
**Remember:** Child sex abusers can come from any professional, racial or religious background, and can be male or female. They are not always adults; children and young people can also behave in a sexually abusive way. Often the abuser is a family member or someone known to the child, such as a family friend.

Abusers may act alone or as part of an organised group. They sometimes prefer children of a particular age, sex, physical type or ethnic background. During and following the abuse, they may put the child under great pressure not to tell anyone about it. They will go to great lengths to get close to children and win their trust, for example by choosing employment that brings them into contact with children, or by pretending to be children in internet chat rooms run for children and young people.

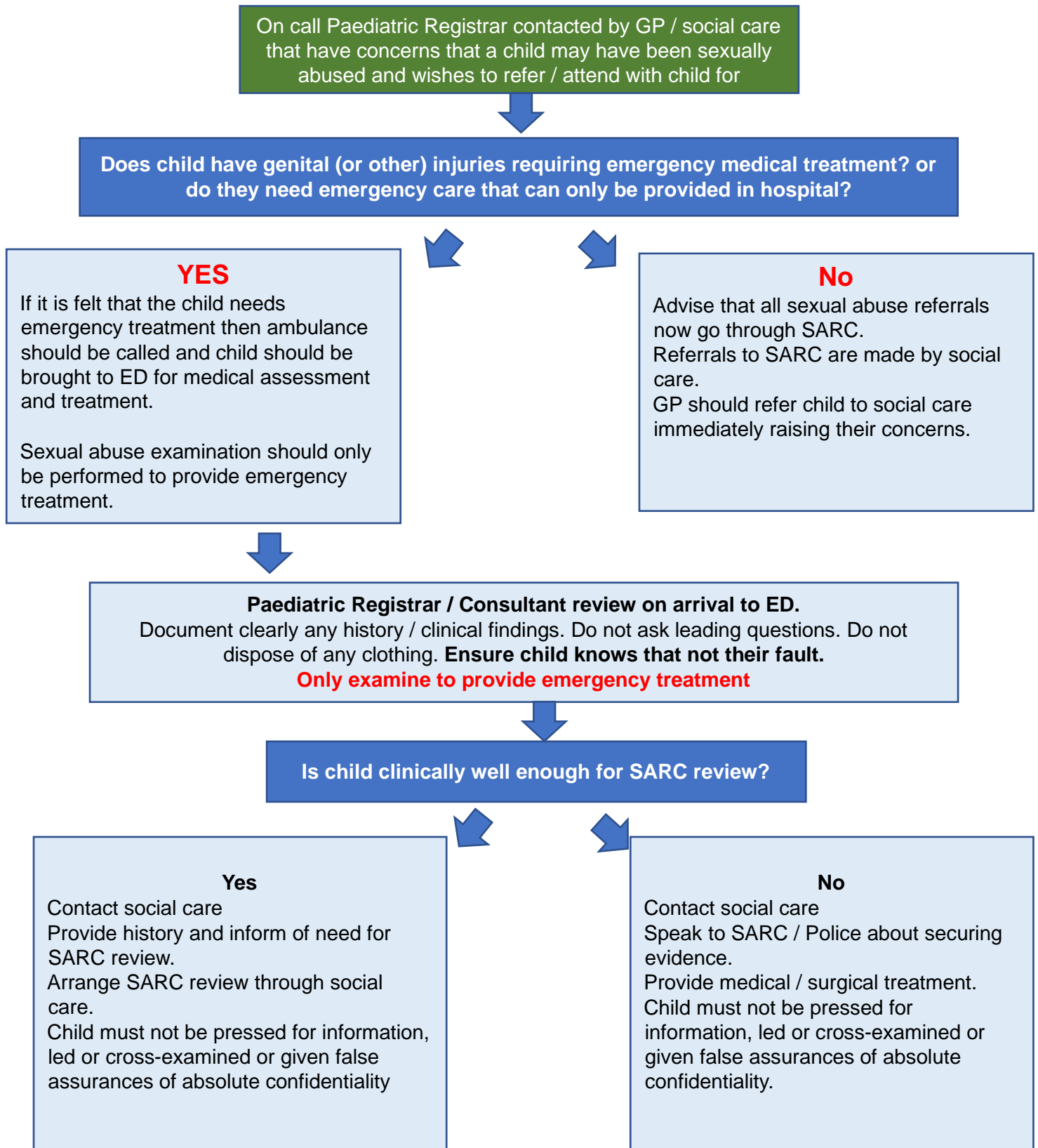
### 3. Emergency Department Disclosures (Quick reference guide A)



## 4. Disclosures on the wards / transfer to the ward (Quick reference guide B)



## 5. GP / Social care referrals



## 6. Signs of Sexual Abuse.

The signs of sexual abuse are not always apparent, are varied, and can often be linked with other forms of abuse. The following list is only a guide and cannot be relied upon to be exhaustive:

### Possible physical indicators:

- Difficulty in walking, sitting down
- Stained clothing or blood on clothing
- Pain or itching in the genital area
- Bruising, bleeding, injury to the external genitalia, vaginal and/or anal areas
- Vaginal discharge
- Bed wetting
- Pregnancy

### Possible behavioural indicators:

- Bizarre, sophisticated or inappropriate behaviour and knowledge
- Promiscuity
- Sudden changes in behaviour
- Running away from home
- Wary of adults
- Feeling different from other children
- Unusual avoidance of touch
- Reporting of assault
- Substance abuse
- Emotional withdrawal through lack of trust in adults
- Over-compliance with requests from others
- Frequent complaints of unexplained abdominal pain
- Eating disturbances
- Poor peer relationships
- Possessing money or 'gifts' that cannot be adequately accounted for.

### Actions to take

- If sexual abuse is suspected following disclosure or due to physical signs / behaviour:
- A history is required to establish information, **DO NOT ask leading or probing questions**
- A general physical examination should take place to rule out any emergency health care requirements and the findings documented on body maps within the UHL Child Protection Examination Pack.
- **DO NOT carry out a sexual abuse examination on the child unless to provide emergency treatment.**
- If it is safe to do so, fully explain to the child and parent/carer the process of investigation and management.
- Clear, concise and contemporaneous documentation is vital.
- If a referral to the SARC is required, this has to be discussed with Children's Social Care. If appropriate a referral and arrangements for attending the SARC will be made by them

**If you require advice on dealing with a case then contact the Safeguarding Children Team office on 15770.**

## **7. Sexual Assault Referral Centre (SARC)**

### **SARC- sexual assault referral centre**

- All child sexual abuse assessments for Leicester and Leicestershire are conducted at: East Midlands Children and Young People Sexual Assault service (EMCYPAS)
- Referral pathway is through social care to the dedicated SARC.
- Social care should be informed about all children whom there are concerns regarding possible sexual abuse.
- Unless child needs urgent medical treatment, all children in whom there are concerns regarding acute sexual abuse need to be referred as soon as possible as there are finite windows for collection of forensic evidence.
- Remember not to throw away clothing as it may provide important evidence.

If the child needs urgent surgery, the Police CAIU Detective Inspector should be contacted straight away through the police switchboard on 0116 222 2222 to try and arrange for a forensic medical examiner to assess the child jointly with the surgeons in theatre, in order to secure as much evidence in a timely manner; but urgent treatment should not be delayed. LINK- to LLR Safeguarding Procedures: [Procedures \(proceduresonline.com\)](https://proceduresonline.com)

### **Clinical follow up**

- Clinical follow up will be arranged by the SARC staff.
- Children from Leicestershire and Rutland will be followed-up for the purposes of post exposure prophylaxis (PEP) for HIV and infective hepatitis, by Dr Bandi the Consultant Paediatric HIV Lead at UHL.
- See [HIV guideline](#) regarding post exposure prophylaxis and discuss patients with Dr Bandi Consultant Paediatrician and Paediatric HIV lead. In the absence of Dr Bandi, the Paediatric Infectious Diseases Consultant at St George's Hospital London, may be contacted via their switchboard (0208 672 1255) for advice in an emergency.

## **8. Education and Training**

Training on this guidance is provided on the Safeguarding Children training for medical staff.

## **9. Monitoring Compliance**

<b>What will be measured to monitor compliance</b>	<b>How will compliance be monitored</b>	<b>Monitoring Lead</b>	<b>Frequency</b>	<b>Reporting arrangements</b>
Correct use of the guideline	Case review	M Kelly	Case by case basis	

## **10. Supporting References**

University Hospitals of Leicester NHS Trust [Safeguarding Children Policy](#)

[Leicester, Leicestershire and Rutland Local Safeguarding Children Board Procedures for Sexual Abuse](#) (accessed May 2023)

## **11. Key Words**

Child protection, sexual abuse, safeguarding children, medical examination, SARC

### **CONTACT AND REVIEW DETAILS**

<b>Guideline Lead (Name and Title)</b> Dr D Bronnert Named Doctor for safeguarding	<b>Executive Lead: Chief Nurse</b>
<b>Details of Changes made during review:</b> <b>June 2023:</b> <ul style="list-style-type: none"><li>- Update of telephone numbers</li><li>  Addition of:</li><li>- 2. Key Points</li><li>- 3. &amp; 4. Moving of quick reference guides to main body</li><li>- 5. GP/Social Care referrals Flowchart</li><li>- 6. Signs of Sexual abuse &amp; Actions to take added to a table</li><li>- 7. Sexual Assault Referral Centre</li></ul> <b>March 2019:</b> <ul style="list-style-type: none"><li>- Update to new Trust guideline format</li><li>- Update to new SARC arrangements</li><li>- Hyperlinks to LSCB Sexual Abuse procedures</li><li>- Update to Quick Guide flow chart</li></ul>	

