Trust ref: B38/2019

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:
 - <u>Underage Sexual Activity</u>
 - 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)

Child or Young Person arrives at UHL Emergency Department and Sexual Abuse concerns are raised



Immediately inform the Nurse in Charge (NIC) and the Paediatric ED Consultant & Paediatric Registrar



Paediatric Registrar / Consultant review on arrival to ED.

Document clearly any history / clinical findings. Do not ask leading questions. Do not dispose of any clothing. **Ensure child knows that not their fault.**

Only examine to provide emergency treatment



Paediatric ED Consultant/Senior Paediatric Registrar:

- makes an initial assessment of the child/young person to check for acute medical needs,
- documents into clinical paperwork
- makes an immediate referral to Children's Social Care requesting a strategy discussion with the police for Child Sexual Abuse concerns/allegations
- Inform the Nurse in Charge
- Notify the UHL Safeguarding Children Team on x15770
- Complete an Safeguarding Children referral via ICE
- Take part in the strategy discussion (by telephone) to agree the plan of care for the child (in office hours, the UHL Safeguarding Children Team will do this on your behalf)





If the child needs to be admitted for clinical reasons:

- Nurse in Charge of ED hands over in person to NIC of the receiving ward
- All documentation and plans with social care are transferred with the child/ young person
- Receiving ward follows Quick reference guide B

If the child does not have a clinical reason to be admitted:

- Details of the discharge arrangements and follow up arrangements agreed with social care and clearly documented in the notes
- Notification to UHL Safeguarding Children Team of arrangements

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

Child is on UHL Wards or transferred from ED when sexual abuse is suspected



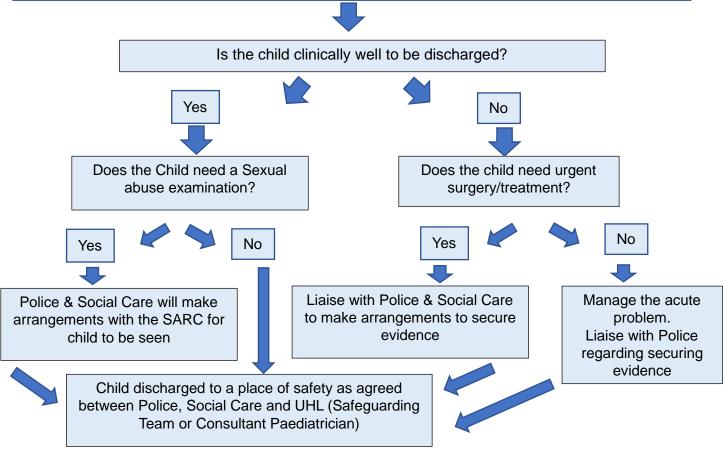
Paediatric Registrar or Consultant informs Social Care: (if not already done so by the Emergency Department)

- City Children: 0116 454 1004 (24 hours)
- County Children: 0116 3050005 (24 hours)
- Rutland: 01572 758407 (out of hours 0116 3050005)
- Notify the Safeguarding Children Team via x.15770



Social Care will make an immediate referral to the Police Child Abuse Investigation Unit (CAIU) and there will be a resulting strategy discussion.

The Paediatric Registrar/Consultant will be required take part in the strategy discussion (by telephone) to agree the plan of care for the child (in office hours, the UHL Safeguarding Children Team will do this on your behalf)



Management of Suspected Sexual Abuse in Children and Young People - Safeguarding Children Guideline 7 V2 approved by Policy and Guideline Committee on 3 August 2023 Trust ref: B38/2019

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Next Review: September 2026

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

5. GP / Social care referrals

On call Paediatric Registrar contacted by GP / social care that have concerns that a child may have been sexually abused and wishes to refer / attend with child for



Does child have genital (or other) injuries requiring emergency medical treatment? or do they need emergency care that can only be provided in hospital?

YES

If it is felt that the child needs emergency treatment then ambulance should be called and child should be brought to ED for medical assessment and treatment.

Sexual abuse examination should only be performed to provide emergency treatment.





No

Advise that all sexual abuse referrals now go through SARC.

Referrals to SARC are made by social care.

GP should refer child to social care immediately raising their concerns.



Paediatric Registrar / Consultant review on arrival to ED.

Document clearly any history / clinical findings. Do not ask leading questions. Do not dispose of any clothing. **Ensure child knows that not their fault.**

Only examine to provide emergency treatment



Is child clinically well enough for SARC review?



Yes

Contact social care

Provide history and inform of need for SARC review.

Arrange SARC review through social care.

Child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality



No

Contact social care

Speak to SARC / Police about securing evidence.

Provide medical / surgical treatment. Child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality. 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

Actions to take

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.
- 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.

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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 (EMCYPSAS)
- 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)

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 <u>HIV guideline</u> 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

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
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

<u>Leicester, Leicestershire and Rutland Local Safeguarding Children Board Procedures for Sexual Abuse</u> (accessed May 2023)

11. Key Words

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

CONTACT AND REVIEW DETAILS				
Guideline Lead (Name and Title)	Executive Lead: Chief Nurse			
Dr D Bronnert Named Doctor for safeguarding				

Details of Changes made during review:

June 2023:

- Update of telephone numbers

Addition of:

- 2. Key Points
- 3. & 4. Moving of quick reference guides to main body
- 5. GP/Social Care referrals Flowchart
- 6. Signs of Sexual abuse & Actions to take added to a table
- 7. Sexual Assault Referral Centre

March 2019:

- Update to new Trust guideline format
- Update to new SARC arrangements
- Hyperlinks to LSCB Sexual Abuse procedures
- Update to Quick Guide flow chart