Sexual Assault Guidance

WOKINGHAM BOROUGH COUNCIL

Dementia, mental health, other challenges, and disabilities DO NOT mean that disclosures should not be believed and reported.

On receiving information or a disclosure, time is of the essence.

Remember the 'golden hour' - respond *quickly and effectively*:

- **RAISE THE ALARM** – Inform the most senior person on duty immediately.
- **REPORT –** Police 999 (ongoing risk) | 101 / online for historic incidents with no ongoing risk.
- **RECORD** – Verbatim disclosure. Use TED: Tell, Explain, Describe
- **SAFEGUARD** – Find a safe place for the victim.
- **ACT** – Preserve the scene. Do NOT wash, change clothing, or remove bedding.
- **ESCALATE** – Follow internal reporting procedures.
- **MITIGATE** – Make a safety plan – e.g., change access codes, implement double handed care.
- **SHARE -** Safeguarding referral **adultsafeguardinghub@wokingham.gov.uk**
  CQC notification **enquiries@cqc.org.uk**
  Refer to SARC **0330 223 0099**

Information to gather to support the progression of an investigation and or safeguarding

- Details of NOKs
- Access to recent reviews, care records, medical records.
- Access codes, who has knowledge of these, and ability to change them.
- Staff rotas, whereabouts of staff.
- CCTV – knowledge and access for downloading.
- Access if needed to staff personal details, disciplinary concerns.
- Any previous concerns raised shared with the Police.

DO NOT

- Ignore early signs of abuse – follow safe care practices.
- Wait until a senior manager is on duty – use the on-call system.
- Investigate the situation yourself.
- Destroy evidence- this includes supporting the person to bathe.
- Assume you know what happened.
- Assume who the perpetrator is.

SARC - Sexual Assault Referral Centre

''We are an acute forensic service. Offering free, confidential healthcare & compassionate support to people all ages, who have experienced sexual assault including rape."

As a forensic service SARC examines patients who have been sexually assaulted, including rape. They take forensic samples and check for injuries. And can give medication if necessary and can arrange appropriate aftercare

The Patient's journey

1. We help them feel safe and supported. We explain consent and check they feel able to make choices about their care.
2. We ask them about their health and any changes since the assault.
3. If they might be pregnant, we can offer a pregnancy test, if they want one.
4. They are in control. We explain their options to them and that they can pause or stop at any time.
5. If they agree, we can check for injuries and help to get any treatment they need.
6. If they consent, we can take colposcope images for specialist review at the SARC.
7. If they consent, we may offer an internal exam (speculum and/or proctoscope). We explain it, and they can say no at any time.
8. If they choose to, we can take forensic samples. We explain what we take, why, and how they are handled.

Forensic windows

The Faculty of Forensic & Legal Medicine

- 48 hours (2 days) Washed Skin, Unwashed Skin
- 48 hours (2 days) Oral & Digital and Objects
- 72 hours (3 days) Anal & Penile, Pre-Pubertal Paediatrics
- 168 hours (7 days) Vaginal

Contact Details

Website: Solace SARC – Sexual Assault Referral Centre

Phone Number: 0330 223 0099 (available 24/7/365)

Email: info@mountainhealthcare.co.uk

Thames Valley Police

What is evidence? In short - anything!

- CCTV
- Scenes and placing the suspect at the scene
- DNA and Fingerprint evidence
- Clothing, Bedding, items used by the suspect
- Mobile phone
- Financial documents
- Witness and victim accounts
- Suspect account

Tips – What we expect to see

- Regular safeguarding training – including agency staff.
- Reporting training – ensure confidence in this process.
- DBS checks – correctly completed for the right person.
- Culture of raising concerns immediately
- Intimate care – policies reviewed regularly.
- Access reviewed – locks on doors – where are the codes held?

Care Quality Commission

Regulation 18 – [Regulation 18: Notification of other incidents - Care Quality Commission]

e. any abuse or allegation of abuse in relation to a service user;
f. any incident which is reported to, or investigated by, the police

Notifications: What CQC consider

- What have you reported and to whom
- What immediate actions did you take to preserve evidence and safeguard the person (alleged victim) and others
- What actions did you take regarding the alleged abuser
- What actions did you take to support the alleged victim
- What actions did you take to safeguard other people
- What actions did you take to address the concerns with staff, people, relatives – whilst respecting the integrity of the investigation and confidentiality

CQC Report - Promoting sexual safety through empowerment

Key findings from a review of 681 notifications, documenting 945 incidents or incidents of alleged sexual abuse. ASC Sexual Safety +Sexuality Draft.docx

Learning from the review

- People are better protected when they are empowered to speak out about unwanted sexual behaviour
- Can speak openly about their sexuality
- Leaders develop a culture, an environment, care planning and processes that keep people and staff safe, and support people's sexuality and relationship needs
- People want to be able to form and maintain safe sexual relationships if they wish
- The impact of people's health conditions on sexual behaviour is not well understood
- Women, particularly older women, were disproportionately affected by sexual incidents
- There are some actions that providers in all care settings can carry out to help keep people in their service safe from sexual harm
- There are emerging concerns about the use of social media, mobile phones and the internet in sexual abuse
- Joint working with other agencies, such as local authorities and the police, is vital to keep people safe

Recommendations from CQC

- Have a practical guide to make sure staff know how to protect people using adult social care from sexual abuse and how to support them to develop and maintain relationships and express their sexuality.
- As providers and leaders across the adult social care sector develop a culture, environment and processes that support people's sexuality, keep them and staff safe from sexual harm, and promote people's human rights.

The Care Quality Commission will continue to strengthen our processes to ensure that people's human rights are protected and that they are kept safe from abuse in adult social care services, including sexual abuse, and empowered to make positive relationships, through improved monitoring, risk assessment and inspection.

Links to Training

Issue 11: Promoting sexual safety - Care Quality Commission

Skills for care supporting personal relationships – training and guides for managers, staff and health and wider sector

Supported loving toolkit – including short videos and guides

Skills for care learning materials for social care staff – sexual safety and relationships

CQC'S Stefan Kallee and Debbie Ivanova short podcast sexual safety through empowerment
CQC guidance for providers safety through learning: sexual safety. prosecutions examples Nov 2022

Open university/ RCN et al 2019 Talking about sex, sexuality and relationships: Guidance and Standards- For those working with young people with life-limiting or life-threatening conditions

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Wokingham Borough Council

Sexualised Behaviour is:

- Inappropriate masturbation
- Fondling own genitals
- Sexualised language/inappropriate comments or jokes
- Undressing in public
- Viewing sexually explicit material that does not automatically meet the threshold for illegal or criminal behaviour
- Hugging and or kissing other residents or staff members

Declaimer This list is not exhaustive. Sexualised behaviour may present differently depending on the individual and the situation and may in some circumstances be unwanted and/or unintentional.

Managing Sexualised behaviours:

Don't:

- Ignore concerning behaviours. Many adults who sexually abuse others have histories of inappropriate sexual behaviours
- Minimise the behaviours
- Treat healthy or developing sexual behaviours as abnormal or wrong i.e. masturbation

Do:

- Consider why or how the behaviour has developed
- Communicate with the person. Ask why…
- Consider whether anyone has been abused or is at risk of abuse due to the behaviours. If so, report to the Police and as a safeguarding concern
- Keep a note to determine patterns and report any incidents following internal processes

Predictable/preventable risk assessment:

The purpose of the risk assessment is to gather sufficient information to determine the presence of risk and protective factors that can manage this risk.

- Prior to admission behaviours of a sexual nature should be recorded and considered as part of a risk assessment
- Identify and record any sexualised behaviour observed
- Considering the physical capabilities and mental limitations of the individual to determine likelihood and impact
- Record measures in place to prevent and manage the risk from occurring
- Review risk assessments after incidents
- Training for staff on risk assessments and steps to take if the protective factors did not prevent a risk from occurring
- Learning from previous incidents
- Risk assessments are visible and easily accessible for all staff

Consent = understand the **nature** (what) + **Purpose** (why) + **Consequences** (risks and it is **freely given** (not coerced)

Capacity is decision and time specific:

- Be clear: what decision needs to be made? get the question right.
- Once you've got a precise question it's important to ask the person concerned
- You must identify the relevant information and give it to the person in a way that enables them to use it
- Record, verbatim valuable, contemporaneous documentation, do not assert opinion unless supported by facts

Safe Care Practices:

- Use safer recruitment checks, including looking at original documents (not just copies).
- Build a culture with clear boundaries and rules (for example: keep doors open, don't use personal phones, and don't take photos of service users).
- People who want to harm someone rarely start with obvious abuse. They often test the rules first to see what they can get away with and whether staff will challenge it. **Stay alert, ask questions, and don't accept excuses if something doesn't feel right.**

Framework for the management of allegations against people in positions of trust (PiPoT)

www.berkshiresafeguardingadults.co.uk/p/appendices/appendix-seven-allegation-management-frameworkperson-in-a-position-of-trust-pip