

Referral to the East Midlands Children and Young People Sexual Assault Service (EMCYPSAS) (24 Hour Sexual Assault Service)

Referral Leicestershire Police refer to the 24 hour EMCYPSAS **Single Point of Access (SPA) 0800 183 0023**

Initial Discussion: A SARC clinician engages in a **threshold discussion** with Police and Children's Social Care to consider whether thresholds are met to proceed to a medical. A date and time for examination will be agreed. **In Acute cases:** The clinician will advise the Police of immediate actions to be taken to preserve evidence and initial samples that the Police need to collect. Key agencies may also be contacted to support the threshold discussion.

Multi-agency strategy discussion: Where cases meet the threshold a multiagency strategy discussion takes place to include EMCYPSAS. **A EMCYPSAS clinician to always be invited to the strategy discussion.**

At the strategy discussion the EMCYPSAS clinician can advise on correct CSA pathway for all sexual violence (including non -contact), support frontline practitioners working with CYP and ensure the correct medical advice is shared regarding what an examination involves, the significance of physical findings, managing the expectations of professionals and CYPs (Clinicians are happy to discuss the examination with CYP and families prior to attending) and ensures confirmation of who holds parental responsibility for consent

The clinician can also ensure the examination complies with forensic and safeguarding legislation, is offered clinically as well as evidentially and that the CYP are only examined when they have the capacity to be able to consent e.g. delaying an examination if tired (falling asleep or intoxicated due to alcohol or drug use). Prevents further trauma to CYP by clarifying chronology and events of the abuse at Strategy meeting rather than asking the CYP more questions. The strategy meeting gives background to case and informs examiner of home or contextual concerns/circumstances to inform examination and presentation of CYP Holistic care and robust follow up is offered to all CYP being mindful that some are very vulnerable and a Safe discharge plan is initiated, especially if child from out of area.

Examination: CYP attends with carers and Police at a pre- arranged time. Written consent obtained by Doctor from adult with parental responsibility and young person

Clinician takes history of offence from professionals attending examination, medical history etc from CYP and family Examination explained to CYP and family. CYP given choice of who they wish to support them during the examination Full general and genital examination with the use of video colposcope to document examination findings if CYP/parents consent, if no consent for the use of colposcope, injuries documented in records

NON-RECENT CASES (more than 3 weeks old) Urine pregnancy testing and STI screening (swab and blood test) for CYP

ACUTE CASES: Forensic samples taken by Doctor and handed to police officer attending. Base line bloods taken if (post-exposure prophylaxis for HIV) PEPSE prescribed

CYP showers and changes clothes. A SARC Doctor prescribes and dispenses emergency contraception/PEPSE/Hep B immunisation if required. A STI/sexual health screen referral will be made for follow up.

- **Results and follow up:** CYP and carers meet with Clinician to feedback re the examination findings and follow up arrangements including psychosocial therapy, Child Independent Sexual Violence Advisor (CHISVA) contact, follow-up and discharge details regarding next steps and the next contact from EMCYPSAS. Onward referrals and STI/sexual health screen referral will be made for follow up

Written Reports

- Handwritten summary given to Police/CSC regarding examination
- Doctor dictates the paediatric SARC report to be typed up by Admin team within 72 hours
- Full safeguarding report goes to Social Care, Police, patients GP, named paediatrician of the locality where the child lives