APPENDIX 3

PREVENTION OF SEXUAL ASSAULT AND MANAGEMENT OF ALLEGATIONS OF SEXUAL ASSAULT

1. Risk Assessment And Management Of Sexual Incidents Or Assault

1.1. Single sex accommodation is essential to minimize the risk of sexual safety incidents. A patient's bed area should be treated as a safe and private space where they are not allowed to have guests or visitors. If a person is Trans gender (their gender identity differs from their biological sex), they should be nursed as their identified gender.

1.2. Patients and visitors should not be allowed in sleeping areas without the patient's consent and without prior agreement from the nurse in charge on entering the ward. Visiting areas, where appropriate, should be used for this purpose

1.3. Staff should be aware that sexual assault may occur between people of all genders and all sexual orientations.

1.4. Risk of sexual assault should be assessed as part of the initial risk assessment that is carried out when a patient is admitted to the unit.

1.5. The following factors are associated with an increased risk of inappropriate sexual behaviour:

- Sexual disinhibition associated with certain disorders e.g. manic phase of bipolar disease.
- History of sexual assault or being a victim of sexual assault on previous admissions.
- Previous history of violence

1.6. If a patient is felt to present a risk of sexual assault or to be vulnerable to unwanted sexual approaches steps should be taken to reduce these risks and be clearly documented in any care plan This may include the following:

- Close observation/one to one monitoring of the patient.
- Observe the interaction of the patient with other service users/members of staff.
- Consider transferring the patient to another ward where more appropriate monitoring of the patient may be implemented.

1.7. If at any point in time a patient appears to constitute an acute sexual threat there should be an immediate meeting of members of the multi-disciplinary team to determine an appropriate course of action.

2. Responding To Allegations Of Sexual Incidents

2.1 Establish the facts surrounding the allegation

2.1.1 All staff have a clear duty to report any concerns they may have about actual or suspected sexual abuse or exploitation of a vulnerable adult to their line manager at the earliest opportunity.

2.1.2 The Ward Manager or Nurse in Charge who is first aware of the incident will inform the duty doctor on-call and the senior ward manager on-call for further assessment of the situation.

2.1.3 The Ward Manager / Nurse in charge will attend to immediate needs of the patient who has been allegedly assaulted. This will include making the patient safe, and providing reassurance.

2.1.4 The patient must be separated from the alleged perpetrator of the assault. Staff must assess if any other patients are or have been at risk.

2.1.5 In an alleged incident of sexual assault, sexual abuse or rape, the Serious Untoward Policy and Protection of Vulnerable Adults against Abuse Policy will be activated. A DATIX must be raised and a Safeguarding adult alert completed in accordance to the Safeguarding Adult policy CLP39. If the case involved a child then the safeguarding team must be contacted in accordance with the Safeguarding children policy CLP37

2.1.6 The duty doctor should make accurate detailed records of the nature of the allegation, including the facts of what happened, time and date, location, persons involved, witnesses etc. The doctor should also record the actions they have taken within 24 hours of the incident.

2.1.7 Appropriate action taken with respect to the alleged perpetrator might include restraint, securing the patient in another ward, and informing the police.

2.2 Medical Examination And Prevention Of Further Injury

2.2.1 The duty doctor will assess the patient for their capacity to consent to sex, conduct an external examination (only) and participate in the subsequent management according to these procedures.

2.2.2 A detailed forensic examination to assess for signs of sexual activity (including internal examinations) will be coordinated by the Sexual Assault Referral Centre (SARC) and undertaken by the forensic medical examiner instructed by the police.

2.2.3 Further management of the patient victim by the forensic medical examiner will include the following:

- Identification of any trauma inflicted to any part of the body will be documented and swabs taken.
- If the victim is a cisgender woman, arranging a pregnancy test and prescribing post-coital contraception. However consideration has to be given as to whether they may have been pregnant before the incident.
- Risk of sexually transmitted diseases and the availability of antibiotic prophylaxis for Chlamydia and syphilis infections must be considered.

- The need for Hepatitis B prophylaxis and Post Exposure Prophylaxis for HIV must be considered.
- Psychosexual (rape crisis) counselling will be offered.

2.3 Informing the Police and Gathering Evidence

2.3.1 Sexual assault is a crime and early consideration should be given to informing the Police.

2.3.2 The patient may wish to report the incident to the police and should be given whatever support may be required.

2.3.3 Staff should report any incident to the police if the patient is unwilling or unable to do so, providing such a disclosure can be justified as being in public interest.

2.3.4 The incident can be reported without the patient's consent if the risks concerned are serious and imminent or when serious crime can be prevented or detected.

2.3.5 If staff informs the police without the consent of the patient they must decide whether or not it is appropriate to inform the patient that this has happened. In certain circumstances as listed below it may not be appropriate to inform the patient:

- Instances where there might be a violent response from the patient.
- Instances where a criminal investigation would be jeopardized by the patient destroying evidence (e.g. washing clothes, bathing or showering).

2.3.6 All decisions to disclose information to the police must be clearly documented in the patient's notes stating the reasons behind the decision.

2.3.7 To facilitate the gathering of evidence the assaulted patient will be requested not wash prior to being examined by the forensic medical examiner.

2.3.8 Staff must ensure that items of clothing worn by the alleged victim and bed linen or any other soiled materials are retained for evidence and given to the police.

2.4 Managing the Alleged Perpetrator

2.4.1 Support will be offered to the alleged perpetrator; staff must be non-judgmental.

2.4.2 Staff must ensure that items of clothing worn by the alleged perpetrator, and bed linen if relevant, are retained for evidence and given to the police.

2.4.3 Staff must ensure that other patients are not at risk.

2.4.4 Where a criminal offence appears to have been committed, an 'Appropriate Adult' under the terms of the Police and Criminal Evidence procedures and a legal representative must be provided when the vulnerable alleged perpetrator is interviewed by the police.

2.5 Informing family and friends

2.5.1 Both alleged perpetrator and victim have rights to confidentiality and may decide that they do not want their family or friends to know about the incident. If this is the case their wish must be respected.

2.5.2 Family/friends can only be informed with the explicit consent of the patient.

2.5.3 If a patient expresses that they do not want their family or friends to know this must be clearly documented in their notes.

2.6 Follow-up after Sexual Assault/Incident/Rape

A multi-disciplinary team involved in the post incident management should look at the following issues:

- Future care issues for the alleged perpetrator and victim
- Preventing or reducing the risk of a similar incident occurring again.

2.7 Allegation against a member of staff

2.7.1 The following policies apply:

- Disciplinary Policy, HR27A (for all health professionals except doctors and dentists)
- Disciplinary Policy for hospital and community medical and dental staff, HR32.
- Policy on the Deployment of Temporary Staff (for non-permanent staff), HR40.

2.7.2 Inform the Human Resources Department

2.7.3 Further investigations and determining the facts surrounding the allegation will be required to determine the next lien of action which may include:

- Suspension of the member of staff from duty.
- Instituting disciplinary measures in accordance with the policies listed above.
- Informing the police.