



Royal Devon
University Healthcare
NHS Foundation Trust

Devon & Cornwall SARC

Paediatric Centre of Excellence (Exeter)
Adult Service (Exeter, Plymouth and
Truro)



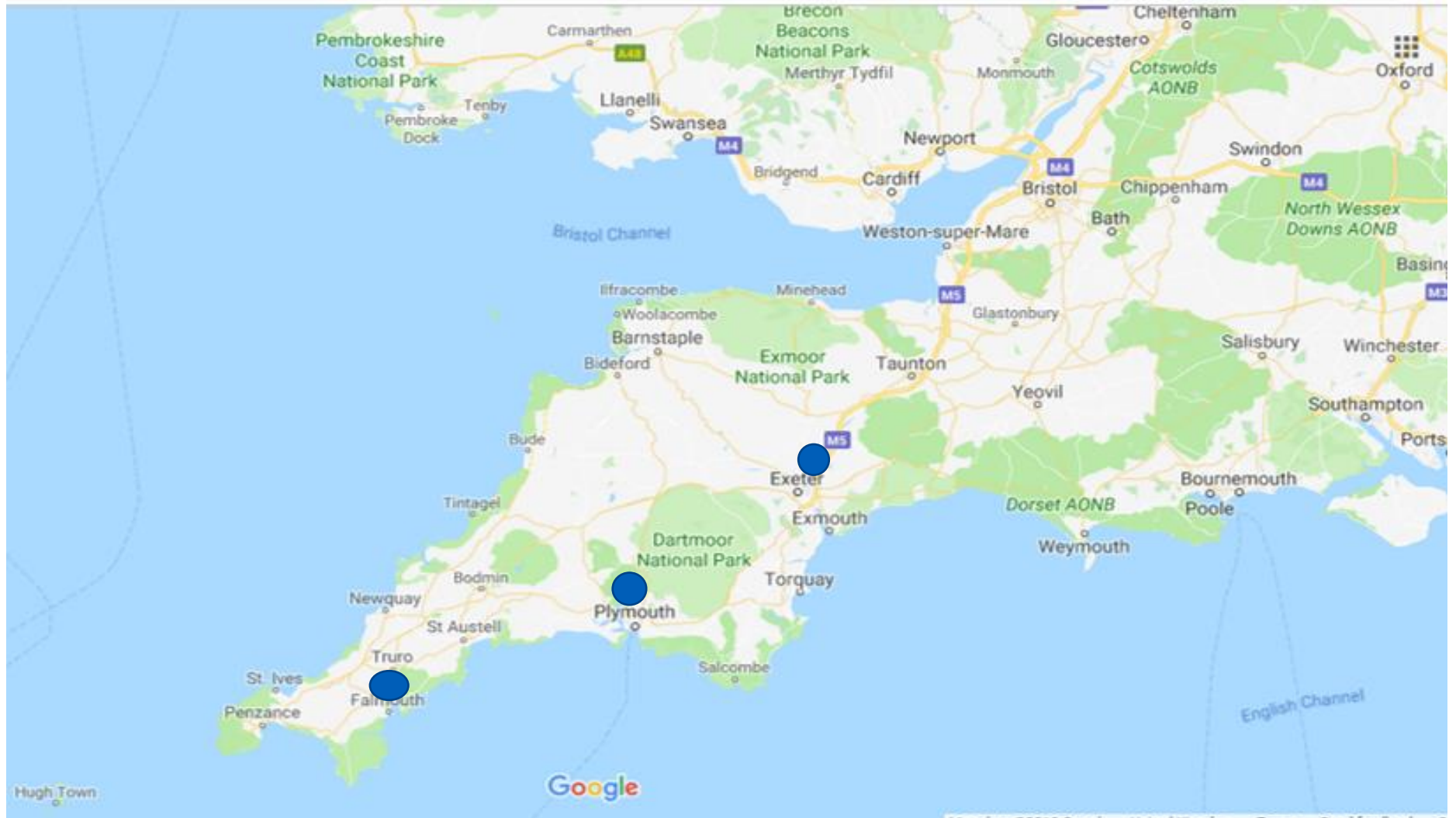
Evolution of the SARC

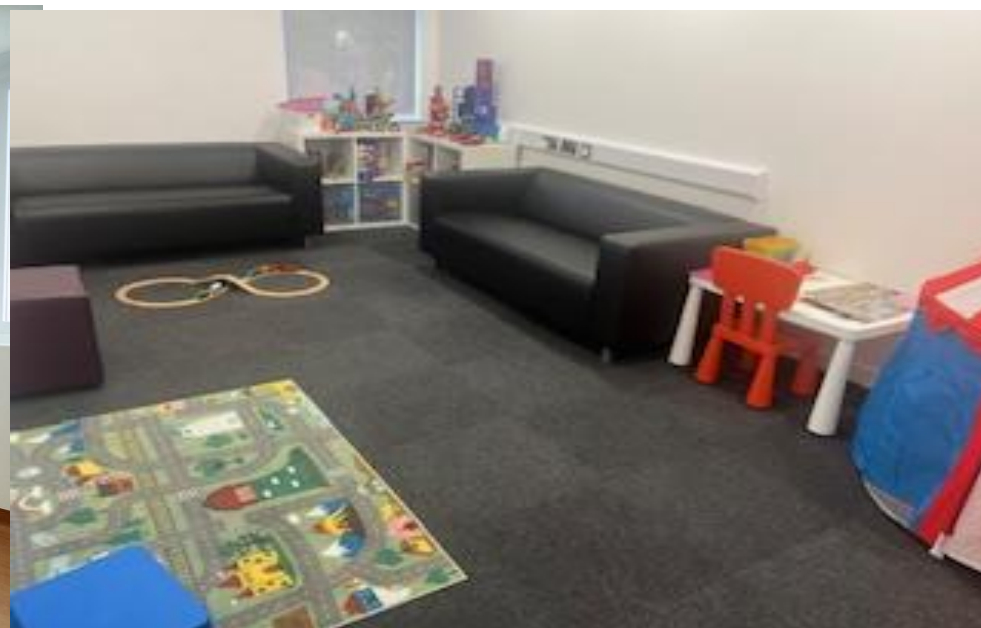
- 55 in England and Wales
- Piecemeal funding
- 2013 NHSE Commissioning responsibility under 'Health and Justice'
- 2018 separation of ISVA and SARC services (ISVA sitting with OPCC)
- 2022 one contract for whole service.

'Sexual assault referral centres, or SARCs, provide a safe space and dedicated care for anyone who has been raped, sexually assaulted or abused. They offer a range of services, including crisis care, medical and forensic examinations, emergency contraception and testing for sexually transmitted infections. They can also arrange access to an independent sexual violence advisor (ISVA), as well as referrals to mental health support and voluntary sector sexual violence support services' **NHSE**

A SARC is a Health Service with Forensic Options

Our locations in Devon & Cornwall





Paediatric Service

Children and YP focused



Before CYP visit our Centre of Excellence

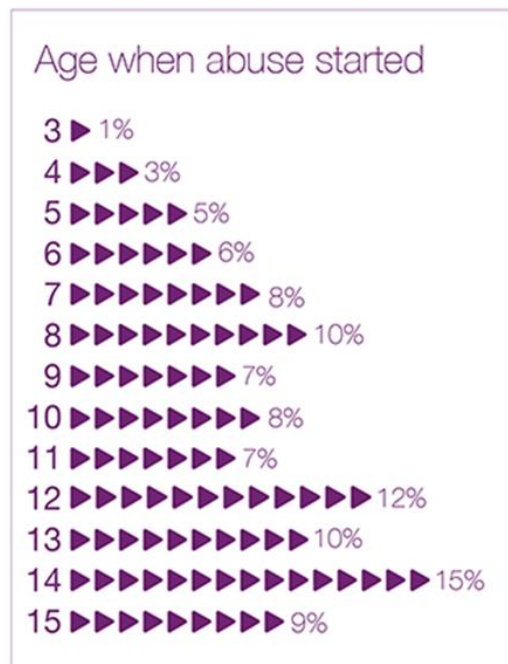
Our website has a wealth of information for CYP, parents/ carers and professionals.

Many people worry about children having a forensic medical assessment; however it can be a very positive experience that aids the recovery process. It allows children and their families to discuss any concerns and access any medical care they may need. We allow time for them to go at their own pace, providing a safe and supportive environment. The assessment can be stopped at any point and restarted later.

<https://sarchelp.co.uk/childrens-service/>

A snapshot of child sexual abuse

Centre of expertise on child sexual abuse



Disabled adults are **2x** as likely as non-disabled adults to say they had been abused in their childhood

1 in 4 of those who had lived in a care home reported experiences of child sexual abuse - almost **4x as many** as those living with family / carers

92% of child sexual abuse **images depicted girls** only in 2019

92% of **perpetrators** of child sexual abuse are **male**

References: Department for Education: Characteristics of children in need: 2019 to 2020. Home Office Police Recorded Crime and Outcomes, year ending March 2020, updated 28 October 2020. Calculated using single-year prevalence estimates by age group (Radford et al, 2011, Childhood abuse and neglect in the UK today) and the Office for National Statistics 2019 population estimates. To read the full report - The scale and nature of child sexual abuse: Review of evidence 2021 - visit www.csacentre.org.uk

What is a SARC?

- Support, advice and options (**24/7 Advice Line 0300 303 4626**)
- Acute Forensic medical examinations (documentation of injury, NFS, not only genital) – health and well-being and collection of forensic evidence
- Self-referrals for 16 and 17 year olds
- Non-Acute medical assessments for children
- Provision of emergency contraception, HIV PEP, hepatitis B vaccine
- Complex Safeguarding (4 LA in D&C)
- Initial Strategy Discussions with CSC and Police (important for forensic timescales)
- Onward referrals to long-term support services (e.g. ISVA/ IDVA), specialist CSE services and therapy/ counselling
- MASH/ MARU/ MARAC/ MACE/ ASF
- Liaison with and onward referrals to SH services
- Medical reports for Criminal Justice Process, Family Court child care proceedings

Examining children at SARC

- A holistic medical assessment
- Child-led process
- It's not “invasive” or “traumatic”
- Obtain evidence of CSA (such as DNA or physical findings of CSA) or of other categories of abuse.
- Benefit health and wellbeing more broadly, such as by identifying sexually transmitted infections, blood-borne infections, the need for emergency contraception and other unmet physical and mental health needs.
- Reassurance and an important start to the therapeutic journey.



Referral Criteria to Paediatric Service

1. **Disclosure (Rare)**
2. **Sexually Transmitted Infection** (incl. Genital herpes & warts) in a pre-pubertal child or non-sexually active young person
3. **Harmful Sexual Behaviour and/or Unusual Sexualised Behaviour**
4. **Alerting features in the absence of a clear disclosure:**
 - Anogenital symptoms (bleeding, discharge or soreness)
 - Repeated urinary tract infections
 - Mental health problems
 - Behavioural changes
 - Problematic alcohol and drug use
 - Pregnancy
5. **Sibling/friend of an index child**
6. **Worrying history of contact with a known sex offender (also CSAM – proactive cases)**

Animation video to show children <https://sarchelp.co.uk/childrens-service/>



Forensic Timescales

Variations / exceptions:

Paediatric cases - may extend timeframe for seeing children if possible injuries

Adults & children - may extend timeframe if complainant has not washed / bed bound

Type of Contact	Timeframe
Penile-vaginal penetration	Up to 7 days (adults / post-pubertal young people) Up to 3 days (pre-pubertal children)
Penile-oral penetration	Up to 48 hours (2 Day)
Penile-anal penetration	Up to 72 hours (3 Day)
Digital – penetration of any orifice	Up to 48 hours (2 Day)
Sexual touching skin to skin	Up to 48 hours (2 Day)

Feedback

- ▶ It's good for people to have choices in what they want to do.
- ▶ Fantastic with my child. Made us feel at ease.
- ▶ Team here was great and made (child) welcome and played and made him feel safe.
- ▶ This is something you would never want for your child however the team were kind, patient, compassionate and respectful
- ▶ The staff were very kind, considerate, helpful. They let me take my time when I needed to and I felt at ease throughout the process.
- ▶ Thank you all for making such a difficult thing very easy for us. You have been very kind.
- ▶ Every step was explained so that I easily understood each step of the examination. I was given the time I needed and nothing was rushed. My mum was able to stay with me which made me more comfortable.

