

Paediatric Assessments in relation to possible Child Sexual Abuse (CSA) including Child Victim under the age of 16

In practice, most paediatric referrals for a medical assessment arise following an initial strategy discussion between Social Care & Health and Police Child Abuse Investigation Team (CAIT).

An assessment should be considered if:

- A disclosure has been made
- CSA suspected e.g. vaginal bleeding in a prepubertal child
- There is evidence of other types of abuse

If you have any concerns regarding whether to request an assessment please discuss with consultant paediatrician



Multiagency discussion involving: (Police OIC co-ordinates)

- Children's Social Care Team Manager / Assistant Team Manager
- CAIT DS / On call CAIT DS or Duty Inspector (*on-call*) or *via delegation, the Duty DS, CID or if Pan Dorset the CAIT officer on-call*)
- Consultant Paediatrician (ideally one with training in assessment of child sexual abuse)

The purpose of this discussion includes to:

- Share information
- Agree timing of the assessment in relation to the needs of the child, availability of appropriate professionals & the likelihood of obtaining forensic evidence
- Discuss need for a forensic medical examiner (FME) and / or other professional e.g. social worker / police photographer to be present for relevant parts of the assessment.

Paediatric contact details for multiagency discussion:

In hours (Mon-Fri 9am – 5pm)

West Dorset: Child Protection Office
01305 254748

East Dorset,
Poole &

Bournemouth: child protection coordinator
01202 448312

Out of hours

Poole Hospital switchboard **01202 665511**

Ask for the consultant paediatrician on-call for child protection.

SARC contact details: 0845 519 8638



ACUTE

i.e. forensic evidence likely (**within 7 days of reported incident**)



HISTORIC

i.e forensic evidence unlikely
(**Usually > 7 days**
since last reported incident)

Age >=16yrs
Age 13 – 15yrs
+ sexually active

Assessment by:
FME

Age <13yrs
Age 13 – 15yrs + not previously sexually active
Age 13 – 15 + other concerns e.g safeguarding
vulnerable or immature child

Assessment by:
Consultant paediatrician
(with **CSA training**) + FME
+ photodocumentation

Routine referral to SARC
clinic. (Hospital child
protection coordinator
books into next clinic
via SARC manager)

Assessment by:
2xConsultant paediatricians
with **CSA training** +
photodocumentation

ALL assessments will take place at the SARC

A) A full Paediatric (medical) assessment will include:

- **An assessment of the child / young person's general health**
- **A genital and anal examination to look for signs of sexual abuse / assault**
- **Consideration of the need to take forensic samples or swabs** (with the aid of the FME and using a chain of evidence)
- **Consideration of the need for post coital contraception**
- **Consideration of the need for testing for sexually transmitted infections (STI's)**
- **Consideration of the need for prophylaxis for STI's i.e. whether medication should be given to try to prevent the child / young person acquiring a STI**

A leaflet is available for further information on what happens during the medical assessment.

In most instances an examination can wait until daytime working hours. The holistic needs of the child must be taken into consideration.

As a guide the following table gives an indication of the opportune time to collect forensic evidence:

Sexual act	Persistence of semen or other cellular material
Ejaculation on skin / hair	Up to 2 days
Penis in mouth	Up to 2 days
Vaginal intercourse prepubertal	Up to 3days
Vaginal intercourse postpubertal	Up to 7 days
Anal intercourse	Up to 3 days
Digital vaginal or anal penetration	Up to 12 hours

+ see Appendix 17 Child Protection Companion RCPC www.rcpch.ac.uk

For Post Exposure Prophylaxis it is best if the child/ young person is seen within 72 hours (see other useful links below).

Medical reports: If a child residing within the West Dorset area is seen for an assessment at the SARC by a Paediatrician from Poole Hospital the report will be copied to the relevant paediatrician at Dorset County Hospital and vice versa.

B) Management of Children / Young People if a Paediatric and / or FME Assessment at the SARC is declined:

Police will consider whether it is appropriate, with consent, to take mouth swabs / saliva and/ or obtain a urine specimen for evaluation. In acute cases, the FME should be consulted (by Police and where necessary) regarding provision of post exposure prophylaxis – some will be willing to prescribe (depending upon training and experience).

It is recommended that consideration be given to liaison with a paediatrician with CSA training to discuss the case and determine whether an assessment would be in the child / young person's best interest. Many people are worried about what an assessment will involve and whether it will cause further distress to the child and family. The leaflet explaining what the assessment involves can help to inform and reassure staff and the child / family.

Prepubertal

Inform the child's GP at an appropriate time (i.e. during normal working hours if making a telephone call).

This is for the GP's information & the child's health record should the child require medical (including psychological) support in the future. The information may also be used for future safeguarding purposes / risk assessment.

For children where screening or prophylaxis for a STI is considered appropriate (-consider the type of abuse reported and whether the perpetrator is known to have an STI or is in a high risk group for Hepatitis/ HIV), it is strongly recommended that a referral to a paediatrician with csa training is made within an appropriate time frame.

Pubertal

Consider (dependent upon risk factors for STI / pregnancy):

- **Normal working hours** (& Out of Hours East Dorset, Poole & Bournemouth):
Referral to GUM clinic for STI screening, prophylaxis as necessary and post coital contraception (PCC)
- **Out of Hours** (West Dorset):
 - Age 16-17 yrs
Referral to the local Emergency Department for PCC+/- STI prophylaxis (particularly if at risk of HIV infection and presents within 72hrs of the reported incident)

GUM will then follow up patients within 3 days if they have been given HIV PEPSE, and in 2 weeks for STI screening.

- Age <16yrs
For children where screening or prophylaxis for a STI is considered necessary and cannot wait until normal working hours, it is strongly recommended that a referral to a paediatrician with csa training is made. (A discussion should be held with the consultant paediatrician on call for child protection at Poole Hospital as Dorset County Hospital is not funded for out of hours CSA assessments). The child / young person should be reassured that they do not have to have a full 'forensic medical' if they do not want to – they can choose which parts of the assessment they would like.

Inform the young person's GP.

C) Guidance for General (non – CSA trained) Paediatricians at Dorset County Hospital

If you receive a call during normal working hours please redirect the call to the Child Protection Office (CPO) ext 4748.

If a call is received from Police (or Children's Social Care) out of hours / at a time when the CPO is not staffed:

1. Ascertain a brief history.
2. If you are confident that the assessment can wait until the next normal working day & the referrer is happy with your advice then take their contact details and advise that the appropriate paediatrician will call them back during working hours. Pass the details to the CPO in working hours.
3. If you are uncertain as to the appropriateness of the assessment or the timing refer the caller to Poole Hospital (see contact details above) to talk to the paediatrician on call for child protection. If an assessment is required out of hours this will be performed at the SARC in Bournemouth.
4. Document your discussions

D) Other useful links:

<http://sharepoint/clinguide/CG%20docs1/0919-management-of-child-sexual-abuse.pdf>

Contains advice on STI screening and Post Coital Contraception

<http://sharepoint/clinguide/CG%20docs1/0923-post-exposure-prophylaxis.pdf>

Contains advice on risk assessment for and management of post exposure prophylaxis (including HIV/ Hepatitis B)