

Management of Suspected Child Sexual Abuse (CSA)

This pathway must be used for all children where there are concerns regarding possible sexual assault or for when there are genital signs or symptoms with no clear diagnosis. It should be used by staff working across North East London NHS Trusts (community and hospital settings)

All CSA medicals are undertaken at the North East London (NEL) CSA Hub or The Havens, depending on when the alleged assault occurred. If there is an allegation or you suspect CSA in a child (disclosure from the child¹ or from a trusted person), please follow the guidance below. Please note that a safeguarding children referral must **always be made to the Local Authority Multi-Agency Safeguarding Hub (MASH) where the child lives.**

Definitions

Forensic Medical

This is initiated by the police as part of their investigation. The forensic medical assessment will include a CSA medical, and also the retrieval of possible DNA evidence. Immediate medical aftercare and support is also provided to the child. The child will be referred as needed for ongoing care.

This assessment is time critical and will be done within hours of the referral. Forensic Medicals are completed by the Havens.

CSA Medical

A Child Sexual Abuse (CSA) medical assessment to look for possible genital injuries, pregnancy or sexually transmitted infections. It provides the opportunity for the child to be linked into appropriate support services.

This assessment is not time critical and will be done as soon as possible but most likely within 2-6 weeks of referral.

CSA Medicals are completed by the NEL CSA Hub at the Royal London Hospital

Child: Includes all children and young people up until their 18th Birthday.

Pathway

Acute: Alleged abuse/assault within the last 7 days

Contact the Havens for advice if there is any uncertainty. The Havens team are available to provide advice 24/7. Consider referral for assessment if the YP is unsure if there was an assault or not for example intoxicated with associated loss of consciousness and circumstances that might suggest a possible assault.

For children up to their 13th birthday

Police must be notified of all alleged assaults in children up to their 13th birthday. The Havens will only accept referrals from Police for forensic medical assessments in this age group.

Do not assume the police have already done a Haven's referral – please gently prompt them to do this

For children over 13 years

Encourage the young person to consent to a referral to the Police. If the young person does not want Police involvement but consents to a medical assessment a referral can be made to the Havens by either the doctor, social worker or patient themselves. Referral must be made to MASH as well.

If the young person declines either police input or referral for a CSA medical, then treat as needed.

For all children: consider the need for the following, particularly if not being seen immediately at the Havens or if declines medical assessment: emergency oral contraception, post exposure prophylaxis for HIV and Hep B vaccination, treatment for any symptomatic STI – This care can be provided in ED or by the GP

Recent: Alleged abuse/assault >7 days but <3 weeks

Most children will need to be referred to the NEL CSA Hub for a non urgent assessment. There are occasionally circumstances where the Havens will assess these children such as if there are long wait times at the NEL CSA Hub.

If there is any uncertainty, contact the Havens for advice as needed.

Non-recent: Alleged abuse/assault >3 weeks

Referrals for CSA Medicals for non-recent abuse/assault are only accepted from the relevant Local Authority Children's Social Care departments. If the allegation is made to a doctor or someone in a health setting, they must refer to MASH to ensure safeguarding procedures are initiated. The doctor or health practitioner can send information to the NEL CSA Hub, but children can only be referred for a CSA medical by Children's Social Care. The NEL CSA Hub will always liaise with the relevant Local Authority to ensure Safeguarding procedures have been followed.

If there is any uncertainty regarding the referral and advice is needed, please contact the NEL CSA Hub on bartshealth.nelcsahub@nhs.net.

Management of 'grey' cases

For **children presenting with genital symptoms but no clear disclosure of abuse** for example genital rash, vaginal discharge, genital bleeding, rectal bleeding:

1. If presenting to ED - take a history from the carer including a full social history.
2. If a referral is sent to community paediatrics regarding 'grey case' on call consultant to speak with social worker to gain more information, then arrange for the child to be seen in the most appropriate environment by liaising with the hospital paediatric team. If possible urgent review in a scheduled day care or outpatient setting is usually preferable to coming to ED.

Assessment of grey cases

1. If the child is verbal and has the capacity to do so, speak to them alone to give them the opportunity to tell you if they have any worries about sexual abuse.
2. Do not ask any leading questions, only use open questions, such as: *what happened?*
Tell me more about this?
3. Ask the carers if they have any concerns regarding possible sexual abuse. Talk to the family about sexual abuse being a possibility unless you think it would put the child at risk.
4. Complete a full physical examination of the child looking for signs of neglect, concerning injuries etc.
5. Complete a genital examination looking for rashes, obvious sites of bleeding etc. The examination should be external only and only as tolerated by the child/ young person.
6. If there is a rash or discharge take appropriate swabs (vulval or low vaginal in post-pubertal children). Consider getting a second opinion, from another paediatrician or advice from dermatology or GUM. You may need to contact the lab for advice on which swabs to take.
7. In post pubertal girls a pregnancy test should be done.

8. If you have any safeguarding concerns, contact Children's Social Care to see if the family are known to them and to discuss a safety plan prior to discharge.
9. Do not treat the child with antibiotics etc. but await results of swabs first. **If results are positive, please contact the NEL CSA Hub urgently for advice as children may need repeat swabs with chain of evidence prior to starting treatment.**
10. Discharge the child into the care of their carers with a plan as to how to contact them with the results of the swabs. Inform them of the expected time frame for results.
11. Clearly identify who will be responsible for chasing the results of the swab.

Test Results

1. If positive for a non-sexually transmitted infection i.e., candida, haemophilus etc. treat accordingly. If in any doubt seek advice before treating.
2. If the swab is positive for chlamydia, gonorrhoea, herpes or if there are genital warts you should make a referral immediately to Children's Social Care MASH. A strategy meeting will then be held, and further medical assessment arranged.

If Advice is Needed for 'grey' cases

Monday to Friday 9am-5pm

Contact The duty consultant paediatrician via your local hospital switchboard.

Out of Hours/Weekends

Contact The on-call Consultant Paediatrician
Contact The Havens: 0203-299-6900– available 24/7

Things to note

Children with suspected CSA should always be discussed with a consultant paediatrician to agree the next steps. Decisions should be clearly documented in the child's record.

If there is a direct disclosure from a child or active bleeding/injury to the genital area only examine if medically indicated otherwise the examination will be undertaken at the Havens.

If there is a direct disclosure document this verbatim in the child's notes. You do not have to question the child in detail about what happened as this will be done by Police or Children's Social Care. Allow the child the opportunity to talk by asking open questions.

Female Genital Mutilation is a form of abuse. If there is a clear disclosure of FGM or significant concerns a referral should be sent directly to UCLH. Please remember there is mandatory reporting for known cases of FGM so all children should also be referred to MASH. Pending a review for FGM the child may need a child protection medical assessment. A referral for this should be sent to Hackney Ark

There is a Children's Female Genital Mutilation (FGM) service: University College London Hospitals NHS Foundation Trust (uclh.nhs.uk) which takes pan London referrals

UCLH.paediatricsafeguarding@nhs.net

Understanding medical examinations for child sexual abuse concerns: This is a link <https://youtu.be/gOWX1xxnTWg> to an informative, evidence-based video for frontline practitioners in social care, health, and police to explain the paediatric medical examination that takes place when there is a disclosure or suspicion of child sexual abuse.

Useful Contacts

The Havens	Urgent: 020 3299 6900 Non-Urgent: 020 3299 1599
MASH Barking and Dagenham	020 8227 3811 (Out of hours: 0208 215 3000)
MASH City of London	020 7332 3621 (Out of Hours: 020 8356 2710)
MASH Hackney	0208 356 5500 (Out of hours: 0208 3562710)
MASH Havering	01708 433222 (Out of hours: 01708 433999)
MASH Newham	020 3373 4600 (Out of hours: 020 8430 2000)
MASH Redbridge	020 8708 3885 (Out of hours: 020 8708 5897)
MASH Tower Hamlets	020 7364 5006 option 3 (Out of hours: 020 7364 4079)
MASH Waltham Forest	020 8496 2310 (Out of hours: 020 8496 3000)
North East London (NEL) CSA Hub	bartshealth.nelcsahub@nhs.net
NEL CSA Hub Social Care Liaison Officer (SCLO)	0208 227 3373 (Mon-Fri, 9am-5pm)