Multi-agency pathway for suspected child sexual abuse

Sexual harm indicators:

- Behaviour of the child
- Physical signs
- Environmental signs

Signs and indicators: A template for identifying and recording concerns of child sexual abuse

Child Sexual Abuse Response Pathway- Response pathway home | CSA Centre

Specialist clinical advice for GP's/ medical staff can be sought from Anlaby Suite staff if required on 01482 311084 or 01482 311086

Report/ indicators of sexual abuse, sexual assault or rape (acute or non-recent) involving a child (under the age of 18 years).

Fully document their account using the child and/or care givers own words.

Preserve all evidence i.e. nappies, underwear and / or clothing for the police. For acute sexual abuse medicals, the child should not be washed or bathed before the medical.

Professional/referrer is required to Contact Children's Social Care and Police to notify and consider immediate safety.

North East Lincolnshire Children's Services Integrated Front Door **01472 326292** (option 2, option 2)

Humberside Police **101**

If a child is in immediate danger call 999

In the event of acute significant injuries that require **immediate** medical attention, the child should be taken to the Emergency Department for assessment. Please note this is NOT the process for arranging a child protection medical.

Hospital staff only: If the child cannot be transferred directly to the Sexual Assault Referral Centre (SARC), discussions must take place between the relevant medical professional and Children's Social Care (CSC) to agree an appropriate place of safety for the child. Only where clinically necessary and appropriate should the child be admitted to a paediatric or gynaecology unit pending transfer to SARC.

***For Childrens Services only*- Initial Strategy Meeting Request**

Acute case

1) Sheffield Children's SARC should be invited to meetings for Acute cases (SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST) cau.sch@nhs.net

AND

2) The Anlaby Suite Safeguarding Children Inbox hyp-tr.safeguardingchildren@nhs.net
Anlaby Suite staff will review the paperwork and will attempt to attend strategy meetings for acute cases and non-recent cases as required. This is to ensure appropriate follow up care in child's locality.

Non-Recent case

1) The Anlaby Suite Safeguarding Children Inbox hyp-tr.safeguardingchildren@nhs.net

Police or **Children's Social Care** to contact the appropriate Child Sexual Assault Assessment Service:	
ACUTE CASES- within forensic window *(see below)* **Sheffield Children's SARC** - no strategy meeting required prior to medical assessment Police to contact Sheffield Children's SARC **Monday - Friday** 9am - 5pm- Call the SARC, Safeguarding Support Unit **0114 226 7803** 5pm - 9pm – Call SCH Switchboard **0114 271 7000**. Ask for the Consultant on Call for Sexual Abuse (SARC) (*Referrals need to be received before 6pm for a child/young person to be seen that day. Later referrals will be seen the following day.)* **Saturday, Sunday and Bank Holidays** Call SCH Switchboard on **0114 271 7000**. Ask for the Consultant on call for sexual abuse, SARC *(Referrals need to be received before 5pm I order for a child/young person to be seen that day. Later referrals seen the following day.)*	**Non-Recent Cases- out of forensic window** **Anlaby Suite (Humberside SARC)** -strategy meeting required prior to medical assessment Police or Children's Care should contact the Anlaby Suite (Humberside SARC) by telephone **Monday - Friday** 8:30am to 4.30pm -Call **01482 311084** or **01482 311086**.

Forensic Considerations

Purpose of forensic considerations

Forensic evidence can play an important role in CSA investigations. Practitioners should be aware of relevant timeframes, so they can promptly liaise with police and specialist paediatric forensic services when needed. It is not intended for clinical examination use. Only trained paediatric forensic examiners (Forensic Medical Examiners FME) undertake examinations.

Timeframes for potential forensic evidence recovery

The following non-clinical time windows help practitioners understand when a referral for forensic assessment may still be appropriate. These are drawn from Humberside Police organisation's professional guidance.

Oral contact (possible DNA evidence) Evidence may be recoverable for up to **48** hours following the incident.	**Toxicology and additional evidence types** *(For forensic decision making only – not collected by practitioners)* **Blood samples (alcohol/drugs)** Potentially useful for up to **3** days (72 hours) **Urine samples** For bodily fluids or DNA: may be useful for up to **7** days (168
Anal contact Forensic sampling may be viable for up to **3** days (72 hours)	

<table>
<tr><td>May still be indicated even if protective barriers were reportedly used</td><td rowspan="3">hours), or 3 days (72 hours) in pre pubertal children
For alcohol/drugs: usable within 5 days (120 hours)
Hair toxicology
May detect certain substances for weeks to months,
depending on growth rates.
Typically collected 4–6 weeks after possible exposure
Skin and other trace evidence
Skin swabs may be appropriate for up to 48 hours post incident. Specialist teams assess the relevance of other trace evidence (e.g., fibres)</td></tr>
<tr><td>Digital contact or contact with an object

Forensic sampling may be appropriate within 48 hours</td></tr>
<tr><td>Hands and fingernails

Possible evidence may remain on a suspect’s hands for up to 48 hours, and longer (up to 7 days) if hands have not
been washed
Fingernail sampling may be considered within 48 hours</td></tr>
<tr><td>Vaginal contact

Forensic sampling may be considered for up to 7 days (168
hours) post incident
For pre pubertal children, evidence may be recoverable for up to 3 days (72 hours)
Sampling may still be warranted even if protective barriers were reportedly used</td><td>Suspect focused evidence (Police Led)

Practitioners do not collect or advise on suspect evidence, but awareness helps inform timely police contact.</td></tr>
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Multi-agency pathway for suspected child sexual abuse: additional guidance

For GP/ Community staff:

If sexual abuse is suspected by a GP/ Community Practitioner and the child requires medical intervention, the responsibility of referring the case to Children’s Social Care remains with the GP/ Community Practitioner.

For hospital staff:

If sexual abuse is suspected whilst in A&E the responsibility of referring the case to Children’s Social Care remains with the A&E Consultant.

If sexual abuse is suspected whilst in Paediatric Assessment Unit or discloses on the Ward, the responsibility of referring the case to Children’s Social Care remains with the Paediatric Consultant.

If a decision is taken that sexual abuse is suspected and a sexual abuse examination is required, **the child’s GP or paediatrician should NOT be asked or agree to**

undertake this task. It is the responsibility of CSC or the Police to contact Sheffield Children's SARC to arrange a multi-agency discussion of the potential referral.

The strategy discussion must involve the referring clinician, Social Worker, representative from the SARC/ Anlaby Suite and Police, and should consider the following information:

a. How the child presented
b. What the child has said
c. Details of all household members / people who had recent contact with the child
d. Description of events e. Description of injury/ presenting factors
e. Dates of potential abuse occurring (acute abuse is considered to be within the last 7 days)
f. Relevant background history of the family, including previous/ current Children's Social Care involvement to provide context to the referral.

NB: The specialist team at the Sheffield SARC / Anlaby Suite should be involved in strategy discussions, in all cases, where there has been a reported sexual offence against a child.

If an examination is required, it is the responsibility of the Police to organise and transport the child/ young person to the Sheffield SARC. Any relevant hospital or GP documentation, or information regarding medical care already provided, should be sent to the SARC with the police. This can take the format of a letter.

Consideration should be given to addressing medical needs if the examination is delayed beyond 12 hours from referral to Sheffield SARC (e.g contraception or post exposure prophylaxis for HIV exposure), using the appropriate hospital or medical guidelines.
If a decision is made by the Anlaby Suite/ Sheffield SARC that an examination is NOT required, further local strategy discussions should be held with Children's Social Care, Police and Health, to decide the next actions.

If a decision is made by the Anlaby Suite/ Sheffield SARC that an examination is NOT required, the referring Doctor should seek support if required from the Named/ Designated Doctor to discuss next actions.

Anogenital Warts

Anogenital warts are small fleshy growth, bumps or skin changes that appear on or around the genital or anal area. Anogenital warts are caused by the human papilloma virus (HPV). There are four ways that anogenital warts can be transmitted.

1. An infected mother can pass anogenital warts to her baby during birth, if it was a vaginal delivery
2. Someone with HPV warts on their hands could pass on an infection by touching the genital area
3. Contact from objects or surfaces where the virus is present, although this is very unusual
4. Sexual contact

When a child is diagnosed with an infection that can be sexually transmitted, the possibility of sexual abuse must be considered. A full assessment should be carried out. This assessment should be carried out by a specially trained paediatrician. This assessment can be undertaken as a Section 47 investigation or be undertaken as a direct referral to the Anlaby Suite by the GP or paediatric consultant. Please see pathway on the following page:

