KRSCP Child Sexual Abuse Pathway

Allegation/suspicion of child sexual abuse (CSA)
This pathway applies to all cases of suspected child sexual abuse for Kingston and Richmond resident children
See further information and definition in Box 1.

Refer to social care (Achieving for Children Single Point of Access)
To discuss before referral Tel: 020 8547 5008
https://www.richmond.gov.uk/services/children_and_family_care/single_point_of_access

Is there an acute injury that needs immediate medical attention?

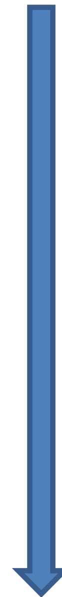
YES

SAME DAY

Refer to local hospital emergency department through on-call paediatric team for immediate assessment and care according to local pathways/protocols - **this assessment is NOT a forensic child sexual abuse medical.**

Refer on same day to The Havens for time critical forensic samples (referral is made by police) - See local acute health protocols on maintaining evidence.

NO



<3 DAYS*

STRATEGY MEETING See Box 2.
***Must be held on the same day for cases likely needing an 'acute' medical and where evidence may be lost, or if child is considered at immediate risk.**
All strategy meetings for possible CSA must be held within 3 working days or 5 days if very complex.
See Box 2 for process for details for CSA medical referral and emotional wellbeing service referral.

This pathway applies to all cases of suspected child sexual abuse

(Acute and non-acute CSA in under 18s and disclosures of historic child sexual abuse made by an adult) See further information and definition in Box 1.

Box 1: Defining Child Sexual Abuse*

***NSPCC.org.uk and Appendix A, Working Together to Safeguard Children 2023**

- Child sexual abuse (CSA) is when a child is forced or persuaded to take part in sexual activities.
- It may involve physical contact or non-contact activities and can happen online or offline.
- **Contact abuse** involves activities where an abuser makes physical contact with a child. It includes:
  - sexual touching of any part of the body, whether the child is wearing clothes or not.
  - forcing or encouraging a child to take part in sexual activity.
  - making a child take their clothes off, touch someone else's genitals or masturbate.
  - rape or penetration by putting an object or body part inside a child's mouth, vagina or anus.
- **Non-contact abuse** involves activities where there is no physical contact. It includes:
  - flashing at a child.
  - encouraging or forcing a child to watch or hear sexual acts.
  - not taking proper measures to prevent a child being exposed to sexual activities by others.
  - persuading a child to make, view or distribute child abuse images (such as performing sexual acts over the internet, sexting or showing pornography to a child).
  - making, viewing or distributing child abuse images.
  - allowing someone else to make, view or distribute child abuse images.
  - meeting a child following grooming with the intent of abusing them (even if abuse did not take place).
  - sexually exploiting a child for money, power or status (child sexual exploitation).

Box 2: Child Sexual Abuse – Strategy meetings (London Safeguarding Children Procedures, Chapter 3)

Who to invite:

- LA children's social care, the police and relevant health professionals. The referring agency should be included, as may other agencies including the child's nursery / school.
- **If the child is Looked After,** the CLA Health team should be invited hrch.clakingston@nhs.net or hrch.clarichmond@nhs.net
- Where issues have significant medical implications, or a paediatric examination has taken place or may be necessary, a paediatrician must always be included. If the child is receiving services from a hospital or child development team, the meeting should involve the responsible medical consultant and, in the case of in-patient treatment, a senior ward nurse. In all other cases the case should be discussed with:-
  - **Kingston** – paediatrician on call via -
    T: 0208 934 x3400 E: khn-tr.KingstonHospitalCPAdmin@nhs.net
  - **Richmond** – the on-call child protection paediatrician for HRCH
    T: 0208 891 8188 E: HRCH.richmondcompaed@nhs.net
- Professionals participating in strategy meetings must have all their agency's information relating to the child to be able to contribute it to the meeting and must be sufficiently senior to make decisions on behalf of their agencies.

Timing of first meeting:

- **Same day**
  - If there are allegations of penetrative sexual abuse, or the child has been referred for acute medical care, as an urgent medical is required to ensure forensic evidence.
  - allegations/concerns indicating a serious risk of harm to the child.
  - Where immediate action was required by either agency.
- **Within 3 working days** of concerns being identified in all other cases.
- **Within a maximum of 5 working days** where the concerns are particularly complex (e.g. organised abuse / allegations against staff), but sooner if there is a need to provide immediate protection to a child.

Purpose and expected outcomes:

- Share available information;
- Agree the conduct and timing of any criminal investigation;
- Decide need for s47 enquiry and how this will be undertaken (if one is initiated), review assessment and action points if this is already in progress;
- Consider the need for medical assessment and timelines (see below);
- Agree who will carry out what actions, by when and for what purpose;
- If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child;
- Determine what information from the strategy meeting will be shared with the family, **unless such information sharing may place a child at increased risk of significant harm** or jeopardise police investigations into any alleged offence/s; and,
- Determine if legal action is required.

Box 2 continued: Child Sexual Abuse – Strategy meeting (London Safeguarding Children Procedures, Chapter 3)

Child sexual abuse medicals:

•A paediatric forensic examination will be required whenever a child has made an allegation of sexual abuse, or sexual abuse has been witnessed, or when a referring agency strongly suspects abuse has occurred (3.9.22 LSCP). A paediatric/A&E/GP medical examination is **not** an adequate medical examination where the question of sexual abuse has been raised.

•Assessment consists of the clinical history and examination, detailed documentation (including the use of line drawings) and photo-documentation, as well as obtaining any relevant forensic samples, writing a report and arranging any necessary aftercare.

•Acute forensic medicals (discuss with The Havens up to 21 days from last sexual contact) should be arranged through The Havens **T: 020 3299 1599 Out of Hours: 020 3299 6900**

•All CSA medicals require consent from either a person with parental responsibility or the young person if they are Fraser competent.

- **Following sexual harm, all children should be referred to The Wellbeing in Southwest London Service** Wellbeing in SWL service (swlondon-healthiertogether.nhs.uk) who can also help with referrals and preparing a child and family for a CSA medical assessment. **To discuss a referral, email: kch-tr.WellbeingSWL@nhs.net To refer, complete: https://forms.office.com/r/sPv7u3jgCv**

For cases where "Non-recent Sexual Abuse/Assault" is suspected, and examination is being considered, the social worker should make a referral for CSA examination to the Havens (following a strategy meeting, involving a paediatrician). For Southwest London, The Havens will examine children within any timeframe following assault if indicated.

Minutes/written outcomes

•All agencies attending should take notes of the actions agreed at the time of the meeting.

•A copy of the record should be made available for all those who had been invited, as soon as practicable by LA children's social care.

• For telephone strategy discussions, all agencies should make a record of the outcome of the telephone discussion and actions agreed at the time.

•The record of the notes and decisions authorised by the LA children's social care manager, should be circulated as soon as practicable to all parties to the discussion.

•Decision should be made during the course of the meeting with regards to sharing information that such a meeting has taken place with other interested agencies that have not been invited (e.g. GP).

Disputed decisions/disagreement between professionals

•If any agency/professional has any concern regarding the outcomes of a strategy meeting or the actions that take place following a referral for suspected CSA, these should be raised in accordance with the KRSCP policy https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/guidance-policies-and-procedures/resolving-professional-differences/

King's College Hospital NHS Foundation Trust

Wellbeing in South West London

Croydon | Kingston | Merton | Richmond | Sutton | Wandsworth

Emotional and practical support for children and young people aged 4 - 18 following any form of sexual harm

Wellbeing support

1:1 early emotional support for children and young people from a CYP Wellbeing Advocate

Support for caregivers and teachers to aid understanding around trauma and supportive responses

criminal justice support

Emotional and practical support from a CYP ISVA (Independent Sexual Violence Advocate) throughout the criminal justice process, from report to court, to ensure that children and young people's voices are heard

medical care

Holistic medical assessment with a specially-trained doctor or nurse at The Havens

Or support to access local sexual health clinics for follow-up care

therapy

1:1 therapy for children and young people and parents/carers

Group sessions for parents/carers

Provided by RASASC and The Havens

RASASC
Rape & Sexual Abuse Support Centre
RAPE CRISIS SOUTH LONDON

To discuss a referral please contact kch-tr.WellbeingSWL@nhs.net

To refer please complete the following form: https://forms.office.com/r/sPv7u3jgCv

Recognition of Child Sexual Abuse

- **Paediatricians are advised to refer to Child Protection Companion RCPCH and others can access the NICE guideline [CG89] child abuse and neglect before contributing to strategy meeting.**

- Concerns held by any professional that can trigger a strategy discussion include:
    - Disclosures of abuse.
    - Sexualised behaviours and sexually harmful behaviours.
    - Certain anogenital symptoms and signs.
    - Certain cases of unusual wetting and soiling.
    - Pregnancy where there are concerns about consent or exploitation (and in ALL young people age < 13 years).
    - Sexually transmitted infections (see below).

- **Note on STIs**

  The presence of certain STIs in children and young people raise concerns regarding possible CSA (unless there is clear evidence of mother-to-child transmission during birth, non-sexual transmission from a member of the household, or blood contamination). (see NICE guideline [CG89] child abuse and neglect):-
    - Suspect sexual abuse (including children's social care discussion) if a child younger than 13 years old has gonorrhea, chlamydia, syphilis, genital herpes hepatitis C, HIV, or trichomonas infection.
    - Consider sexual abuse if a child has Hepatitis B or Anogenital warts.
    - Consider sexual abuse if a child (older than 13 years) has gonorrhoea, chlamydia, syphilis, genital herpes, hepatitis C, HIV, or trichomonas infection.
    - Pubic lice found on children (sometimes on eyelashes) may be a sign of sexual exposure or abuse and require further investigation/strategy discussion (https://cks.nice.org.uk/pubic-lice#!scenario).
    - Under 18s with the above STIs or pregnancy should be evaluated for risk of sexual exploitation, considering the context of sexual activity (including the age of the sexual partner, whether they are in a position of trust or other safeguarding concerns).