Guide to medical examinations in suspected child sexual abuse (CSA) Hampshire, Isle of Wight, Portsmouth and Southampton

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Abbreviations used

CRS- Children's Resource Centre Southampton (similar functions to MASH in other areas)
CSA – Child Sexual Abuse
CYP – Children and Young People, or Child or Young Person
ED – Emergency Department
IOW – Isle of Wight
DNA – genetic material
SOE – Sexual Offences Examiner
HIOW- the region of Hampshire, Isle of Wight, Portsmouth and Southampton
HIPS – the region of Hampshire, Isle of Wight, Portsmouth and Southampton
HIV – Human Immunodeficiency Virus
MASH – Multi Agency Safeguarding Hub
SARC – Sexual Assault Referral Centre
STI – Sexually Transmitted Infection
SPoC – Single point of contact

1. Processes for arranging paediatric input to strategy discussions and for arranging CSA medicals

Strategy discussions

Paediatric or SARC teams will attend online initial strategy discussions for any children or young people (CYP), aged 0-17 years, where contact CSA is suspected. Their attendance is to help with discussions about whether CSA medicals are indicated or whether health needs will be better met under alternative arrangements such as attendance at Young People's Sexual Health Clinics. Usual health representatives should also attend these discussions as the paediatric and SARC teams will not be in a position to bring an overview of the CYP's health history or health needs. After the medical assessment has taken place, paediatricians or sexual offence examiners will take part in a second strategy discussion or multiprofessional meeting. This may be in-person with attending social workers and police officers.

Hub and spoke

The CSA service across the HIOW region is arranged in a 'hub and spoke model', with the Sexual Assault Referral Centre (SARC) as the hub and the three CSA clinics as the spokes There is a single point of contact (SPoC) to request attendance at strategy discussions and to arrange CSA medicals. The SPoC is via the Sexual Assault Referral Centre who will arrange strategy discussions and assessments needed at the SARC or signpost to spoke clinics if DNA samples are not needed. **Under a 'no wrong door' policy, requests to attend strategy discussions and for CSA medicals will also be received directly into the usual child protection 'spoke' clinics** (Magnolia clinic in Southampton, Kennet clinic in Basingstoke and the Coral Clinic in Portsmouth.

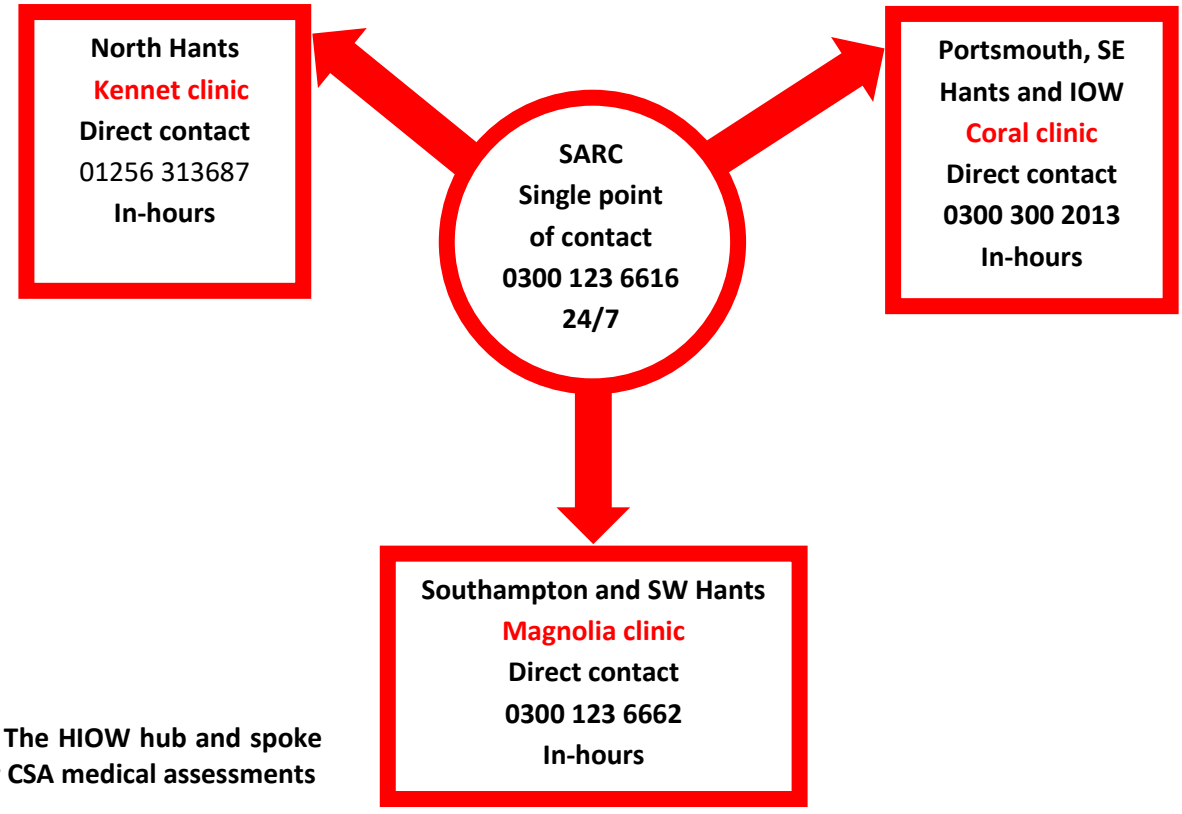

Figure 1: The HIOW hub and spoke model for CSA medical assessments

To arrange a CSA medical assessment

Referrer must **refer to appropriate MASH/CRS** or children's social care if not already done. For MASH/CRS phone numbers and interagency forms see https://hipsprocedures.org.uk/

If **urgent** medical attention is needed CYP should also be advised to attend hospital, and the referrer should advise MASH/CRS which hospital they are going to.

If there is **high risk of HIV transmission** (e.g., alleged perpetrator known to be HIV positive), and the last possible episode of penetrative abuse was within 72 hours, this is an emergency. Post-Exposure Prophylaxis (PEP) medication cannot wait. **Contact SARC single point of contact (or spoke clinic in-hours) immediately for advice.**

Children's social care (CSC) or police complete the usual child protection medical request form and telephone EITHER SARC single point of contact OR (in-hours) the relevant spoke clinic.

The last page of the child protection medical request form includes the phone numbers and email addresses for the different clinics.

Out of hours, the SARC single point of contact is the only contact available.
In -hours, in general, if the last episode of abuse was within 7 days it may be quicker for police/CSC to phone SARC directly, if it was more than 7 days ago, it may be quicker to phone the spoke clinic directly, but either route will get the referral to the right place. See the diagram above for phone numbers.

Referrals that result in forensic DNA samples being required will need approval from a named police officer and the police RMS number will be required.

Referrers/police/CSC should give leaflet or links to the leaflet that explains what happens at a CSA medical. Leaflets can be found on HIPS Procedures

Referrers/police/CSC should reassure CYP and their families that assessments are child-focussed and child friendly. Examinations are mainly carried out just by looking. Nothing is put inside young children. They are done mainly to check on the CYP's health and wellbeing as well as to look for injuries and DNA. The paediatric teams are happy to speak to children, young people or their carers to explain what they can offer and discuss alternatives if a CSA medical isn't wanted at that time.

2. Paediatric and SARC processes

Suspected contact CSA, children and young people (CYP) aged 0 to 17 years 364 days

If urgent medical attention is needed, the CYP should be taken to hospital (off-site forensic medicals can be arranged if appropriate).

If the CYP is intoxicated, the medical may be postponed in discussion with the clinicians

If the last possible sexual contact was within the last 7 days, the paediatrician and the SARC Sexual Offences Examiner (SOE) will discuss whether or not forensic DNA samples are indicated.

CYP requiring DNA samples	**CYP who don't require DNA samples**
Seen in SARC 7 days/week, All aged <14 yrs seen by paediatrician + SOE daytime CYP ≥14 may be seen by SOE, but joint exam considered for 14-17 yr olds with vulnerabilities **Aim to see within 90 minutes of referral**	All ages seen by paediatricians in office hours (Mon-Fri), in spoke clinic. If last possible episode of CSA in last 3 weeks aim to see same or next working day. If >3 weeks ago can discuss when best to see
If referral is made to single point of contact at SARC, the SARC co-ordinator contacts appropriate paediatric team (if paediatrician attending) and sends a copy of the referrers request form.	If referral made to SARC single point of contact, SARC co-ordinator sends a copy of the referrers request form to the paediatric team to arrive before next working day
If referral is made to spoke clinic, the paediatric team contact SARC and send a copy of the referral. If referral comes to North Hants service, SARC contact the HIOW East paediatric team to attend the medical	SARC Co-ordinator gives the referrer the contact telephone number for the appropriate spoke paediatric team.
Paediatric or SARC team to attend initial strategy discussion	The referrer telephones the spoke paediatric team as soon as possible to arrange assessment
SARC co-ordinator liaises with referrer, SOE and paediatrician to set a time for the medical	Paediatric team attend initial strategy discussion, and they arrange date and time for assessment

Paediatric team to call CYP/ family ahead of assessment, explaining process to them.

3. **Geographical area covered by spoke clinics (paediatricians from Coral and Magnolia clinics attend the SARC as needed for CYP across HIOW region who need DNA samples).**

Treetops Sexual Assault Referral Centre SARC

Covers all areas across HIOW
Single point of contact: 0300 123 6616
Email: hiowh.admin.treetops@nhs.net

Coral clinic

Covers the local authority areas of Portsmouth, Havant, East Hampshire, Fareham, Gosport and Isle of Wight.
Contact number: 0300 300 2013
E-mail: hiowh.childprotectioneast@nhs.net

Magnolia Clinic

Covers the local authority area of Southampton city and areas of West Hampshire as below

Ampfield	Bransgore	Fawley	Marchwood	Ringwood*
Ashley	Brockenhurst	Fordingbridge*	Milford on Sea	Romsey
Awbridge	Burley	Hamble	Netley Abbey	Rownhams
Barton on Sea	Bursledon	Hardley	Netley Marsh	Sherfield English
Bartley	Cadnam	Hedge End	New Milton	Southampton City
Bashley	Calmore	Holbury	North Baddesley	Sway
Blackfield	Calshot	Hordle	Nursling	Totton
Boldre	Chilworth	Hythe	Ower	West End
Botley	Copythorne	Lowford	Pennington	West Wellow
Braishfield	Dibden	Lymington	Plaitford	Woodlands
Bramshaw	East Wellow	Lyndhurst		

*Fordingbridge and Ringwood on a case-by-case basis. Some of these CYP are seen by North Hants services

Contact number: 0300 123 6662
E-mail - hiowh.childprotectionwest@nhs.net

Kennet clinic

Covers Winchester, Basingstoke, Eastleigh & North Hampshire **- i.e.,** all areas NOT covered by Coral Clinic and Magnolia Clinic
NOTE THE KENNET TEAM DO NOT ATTEND SARC. CYP FROM THE NORTH HANTS AREA WHO NEED TO BE SEEN IN THE SARC WILL BE SEEN BY CORAL CLINIC TEAM
Contact number: 01256 313687
E-mail: childprotectionmedicals@hhft.nhs.uk

The exception to this list is if a CYP is an inpatient at University Hospital Southampton, Queen Alexandra Hospital in Portsmouth or in Hampshire Hospitals and needs a medical in office hours. The CYP will be seen by paediatricians from the nearest spoke clinic, regardless of where they live.

4. **Why should a child or young person (CYP) be referred for a medical assessment?**

Health reasons

- CYP reassurance – this is possibly the most important indication for a medical. As stated in the Good Practice chapter of the RCPCH 'Physical signs of sexual abuse' ('the purple book'):

  'Children who have been sexually abused often perceive themselves to be anatomically altered and may hold concerns such as future partners being able to tell, or beliefs, such as the abuse affecting future fertility. Regardless of the findings, they are rarely as physically damaged as they believe. One of the most important aspects of the examination is to explain the anatomy and reassure the child, restoring a sense of bodily wholeness and autonomy. A child with physical findings can be reassured regarding healing, and/ or that only a specialist can detect such findings. A child with normal anatomy can be reassured that this is often the case after abuse, and they are physically 'just as they were before'. In this way, the examination itself can be therapeutic.'

  Medicals should be offered directly to the CYP and not just via carers. CYP can have concerns about their health before they are ready to make a disclosure, and findings from the Independent Inquiry into CSA suggest that CYP would benefit from early reassurance about their physical health.
- To answer any health questions the CYP/their carers may have
- To assess mental health and risk of self-harm/suicide
- To assess some physical health consequences that can co-exist or be a direct or indirect result of CSA e.g. sexually transmitted infections (STIs), pregnancy, obesity.
- It might not be CSA. Paediatricians can assess whether there might be a medical reason for symptoms, such as vaginal bleeding and soreness

Health + safeguarding

- Assess health aspects of other safeguarding concerns e.g. medical neglect

Health + safeguarding + forensic

- Investigate STIs
- Investigate pregnancy
- Find physical signs /injuries
- Find forensic DNA information on samples

Only police or social workers can refer for a CSA medical. If they don't refer, no one else will. Health professionals can advocate for a medical assessment

5. **When is a paediatric medical indicated?**

A medical should be offered if contact CSA is suspected and there is a possibility that physical signs, pregnancy or STI might be detected, or if forensic samples are indicated. Medicals are also offered for reassurance.

See the HIPS CSA strategy and toolkit: identification and the Centre for Expertise on CSA Signs and Indicators about when to suspect CSA.

Children and young people with harmful sexual behaviours, including reported CSA against another child, are at high risk of having been abused themselves, including sexual abuse. They should be considered as a potential victim in their own right; paediatric teams will attend strategy discussions

for children accused of contact HSB to help consider whether a child protection CSA medical should be offered. This includes CYP who have already had DNA samples taken whilst in custody.

If a CYP or their carers are concerned about the CYP having a medical the paediatric team can speak to them to find out what the concerns are and, if the medical is declined, can talk though alternative ways they could get different health needs met, and samples taken if they want to, including emergency contraception and testing for STIs.

When forensic samples are needed, young people aged 14 years and over may sometimes be seen for assessment by a SARC Forensic Medical Examiner without a paediatrician present. A paediatrician will usually attend the assessment if there are particular vulnerabilities such as learning disabilities, complex medical problems, or high risk of additional safeguarding concern.

6. When are DNA/forensic swabs indicated?

Forensic sampling evidence should be obtained as quickly as possible, preferably within 24 hours, though evidence may still be present up to 72 hours, and even up to one week after the alleged assault. This FFLM guidance Recommendations for the Collection of Forensic Specimens from Complainants and Suspects is updated every six months, and should be referred to alongside FFLM flowcharts: for pre-pubertal and post-pubertal CYP. The SOEs at the SARC will be able to give up-to-date advice. The table below is taken from the July 2025 version of the FFLM guidance and gives the timescales for the maximum persistence of DNA seen in published data. Decisions about whether and which forensic samples should be taken are considered on a case-by-case basis by the examining clinicians. Various circumstances such as whether the patient has washed, is bed-bound or other information, including that held by police officers, will direct the forensic strategy.

Sexual act	**Maximum persistence of semen or other cellular material**
Ejaculation on skin	Up to 2 days or 7 days if not washed
Ejaculation on hair	Up to 3 days
Ejaculation onto perineum/ perianal /vulva	Up to 7 days
Digital penetration of vagina or anus	Up to 2 days
Penis in the mouth	Up to 2 days
Vaginal intercourse (vulval swabs)	Up to 7 days
Anal intercourse	Up to 3 days
NB all samples should be taken as soon as practically possible. Persistence data are very short, especially for pre-pubertal children. The longer this is left, the more DNA evidence will degrade.	

In rare circumstances where a CYP needs urgent medical treatment and cannot travel to the SARC, it may be that it is appropriate for forensic samples to be collected in a hospital. The SOE and paediatrician will liaise with the police about this.

7. When might physical signs be seen?

Physical trauma to the genital or anal areas heals rapidly. Physical signs of abuse are more likely to be seen where there has been recent anal or vaginal penetration, and the sooner a CYP is seen the more likely that physical signs will be picked up. Signs are most likely to be seen within 24 hours of assault,

but some healing signs can be picked up, up to 3 weeks afterwards. **Therefore, if a CYP presents within three weeks of the last possible abuse having occurred, they should be seen by a paediatrician as soon as possible. They will usually be offered an assessment the same day if forensic DNA samples are indicated. They will often be offered an assessment the same or next working day if forensic samples are not indicated but the last possible episode of assault occurred within three weeks.**

If the last possible assault occurred more than three weeks ago, the CYP will be offered a paediatric medical, but they don't necessarily have to be seen the same day. An assessment can be planned around the needs of the CYP, family and multiagency working.

Even when vaginal or anal penetration has occurred, there may be no injuries seen, CYP can have apparently normal physical findings. This will usually be explained to them and their carers in advance of the medical. It will also be explained that the assessment is not just to check for injury, but also to check for sexually transmitted infections, perpetrator DNA (if applicable), to reassure the CYP and carers if no permanent physical damage has occurred, to discuss counselling and to meet other health needs

8. What consent is needed and who should accompany the CYP to the medical?

Examining doctors must gain fully informed consent before undertaking a CSA medical. Failure to obtain proper consent can constitute an assault. Consent must be taken by the paediatrician or SOE. For example, it cannot be done through a social worker or police officer.

For CYP judged not to be able to consent for themselves, consent must be sought from a person with parental responsibility. CYP over 16 years are presumed to be able to consent for themselves unless there is a reason why not. If a CYP under 16 is Gillick competent, they can give consent. Competence is decision-specific, and a reasonably high degree of competence is needed to give consent for a CSA medical because it can have far reaching consequences such as medical details being discussed in a court or decisions made about who can and can't live in family home. As a rule of thumb, in a child under the age of 13, consent would almost always be given by someone with parental responsibility, in CYP age 13-16 careful assessment would be made by the clinician seeing the CYP.

In all but older teenagers, it would be unusual for a medical to go ahead unless someone with parental responsibility accompanies the CYP. They are needed to authorise consent and also to help give a full medical and developmental history. If no one with parental responsibility can accompany a child, this **must** be discussed with the paediatrician before the child is brought to the appointment. It is recognised that on some occasions. It may not be appropriate for a parent or carer to be present. E.g. if they are the alleged perpetrator. Adult friends and other family members can accompany the CYP if this is what the CYP wants.

9. What happens at the medical assessment?

PLEASE NOTE: All medicals should be agreed in advance, and CYP should not be taken to the hospital without an appointment unless they have injuries that need urgent medical attention. Not all the specialist teams are based at hospitals, though they may arrange to see CYP there.

Medicals are tailored to the CYP. Not every CYP needs or wants a full medical assessment. The different aspects of the medical assessment will be fully discussed with CYP and their parents/carers to explain what is on offer and to agree what will happen.

Leaflets, designed in conjunction with CYP and parents are available to explain what is involved in the medical and what to expect. They emphasise that the examination doesn't hurt, and that they are carried out by looking – nothing is put inside a young child.

The leaflet is available on HIPS procedures.

In general:

- There will often be two clinicians present – 2 paediatricians, a paediatrician plus a specialist nurse or paediatrician plus a Sexual Offences Examiner or a Sexual Offences Examiner plus crisis worker. Everyone in the room with introduce themselves and the lead clinician will take the CYP and carers through what's on offer and get written consent for aspects of the assessment they agree to.
- The CYP can choose whether a parent or other adult accompanies them during the history taking and for the examination. They can stay next to the CYP throughout the examination if this is what the CYP wants.
- A full medical history is taken, including assessment of wider health and safeguarding needs. Police and social workers sometimes sit in for this part of the assessment, depending on circumstances.
- Police and social workers do not sit in for the general or anal and genital examination.
- General examination is carried out, including growth, development, skin etc
- Anal and genital examination are carried out just by looking - THERE IS NO INTERNAL EXAMINATION in PRE-PUBERTAL CHILDREN - (limited or full internal swabs/examination may sometimes be carried out in older teens if it is judged they would be able to tolerate this and they give full consent after careful explanations have been given).
- In agreement with the CYP and carers, a magnifying video camera may be used to magnify the field of view and record findings, which can then be stored without identifying patient information and which avoids potential need for a second examination should a defence medical expert want to check the findings
- Any samples taken for DNA or for STI screening are with a light touch cotton bud
- If DNA swabs are needed, DNA will also be taken from the cheek of the carer who accompanies the CYP in the examination room for the purposes of that forensic assessment only. Their DNA evidence will later be destroyed
- After the medical, the paediatrician/SOE will speak to CYP and their carer/s about the findings, and about whether any follow up STI screening is needed or if follow up is needed to assess healing or to check for other health conditions. They will explain options for counselling and support
- The paediatrician will give any attending police officers or social workers a preliminary report and opinion followed by a full report within 10 working days

10. How are sexually transmitted infections (STIs) detected?

STIs are detected through the history, examination and by blood tests and swabs to look for different infections. Many of the tests need to be done at timed intervals after an assault and so cannot be done straight away. The tests are usually carried out by paediatricians for children who are under the age of 13 years. In CYP who have been through puberty (around the age of 13 years), the testing can alternatively be carried out in a genitourinary medicine (GU) clinic. Occasionally the paediatrician and the GU doctor will see CYP jointly.

If, in the last 72 hours, a CYP has been subject to oral, anal or vaginal penetration, or has been bitten by someone who is at high risk for HIV, they need to be given medication that can prevent HIV as soon as possible (Post-Exposure Prophylaxis 'PEP'), **AND ADVICE SHOULD BE TAKEN FROM THE SARC SINGLE POINT OF ACCCESS IMMEDIATELY** (even if the CYP doesn't want a medical the advice can still be taken)**.** The paediatrician will want to know as much as possible about the alleged perpetrator from the referrer.

Risk factors for possible HIV infection:

- Is known to be HIV positive, and to potentially have a high viral load (e.g. is not being treated)
- Is known to be a past or current IV drug user
- Is male and is known to have sex with multiple men
- Has come from, or travels to, countries that have a high rates of HIV

And also, whether there have been multiple perpetrators.

HIPS regional guidance on paediatric PEP can be found on the HIPS procedures CSA medicals page.

11. What actions are taken to prevent pregnancy?

If there is risk of an assault resulting in pregnancy, emergency contraception should be offered. The copper coil is the most effective form of emergency contraception and can be fitted up to 5 days after unprotected sex. Coils may be fitted in GU clinics (e.g. young person's clinics) or in some GP surgeries. Emergency oral contraception is most effective when given within 12 hours. It can be given up to 5 days, but its effect wanes over this time. **If the CYP presents close to the cut-off time for emergency contraception they should seek immediate medical advice.** Emergency contraception can be given at the SARC if the plan is for the CYP to go straight there but if there will be any delay in attendance or concern that the CYP may not attend, it should be given as soon as possible in an appropriate setting. High street pharmacists typically provide oral emergency contraception to those aged 16 years and older. They do have some discretion and are legally able to offer the pill to anyone who could get pregnant, depending on their assessment of the individual's situation and ability to understand the implications. Such consultations are best undertaken in conjunction with parents or carers. Other options are for the young person to attend a young person's drop-in sexual health clinic, for a GP to prescribe the medication. The medication can also be dispensed from most hospital ED departments if the CYP are already attending there.

12. Resources

- See the HIPS CSA strategy and toolkit hosted by the Hampshire Safeguarding Children Partnership website for a wealth of information including identification and response and local resources for counselling and support

- See the Centre for Expertise on CSA ('The CSA Centre') for national resources and information, which also includes links to our local resources via the data insights hub, the CSA response pathway and a section on medical assessments including a video showing what happens at a CSA medical.

- See the HIPS procedures for leaflets for parents and children.