



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

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### Abbreviations used

CAU – Children’s Assessment Unit  
CCG – Clinical Commissioning Group  
CSA – Child Sexual Abuse  
ED – Emergency Department  
IOW – Isle of Wight  
DNA – genetic material  
FME – Forensic Medical Examiner  
HIV – Human Immunodeficiency Virus  
MASH – Multi Agency Safeguarding Hub  
QAH – Queen Alexandra Hospital  
SARC – Sexual Assault Referral Centre  
STI – Sexually Transmitted Infection  
SE Hants – South East Hampshire  
SpCAMHS – Specialist Child and Adolescent Mental Health Service

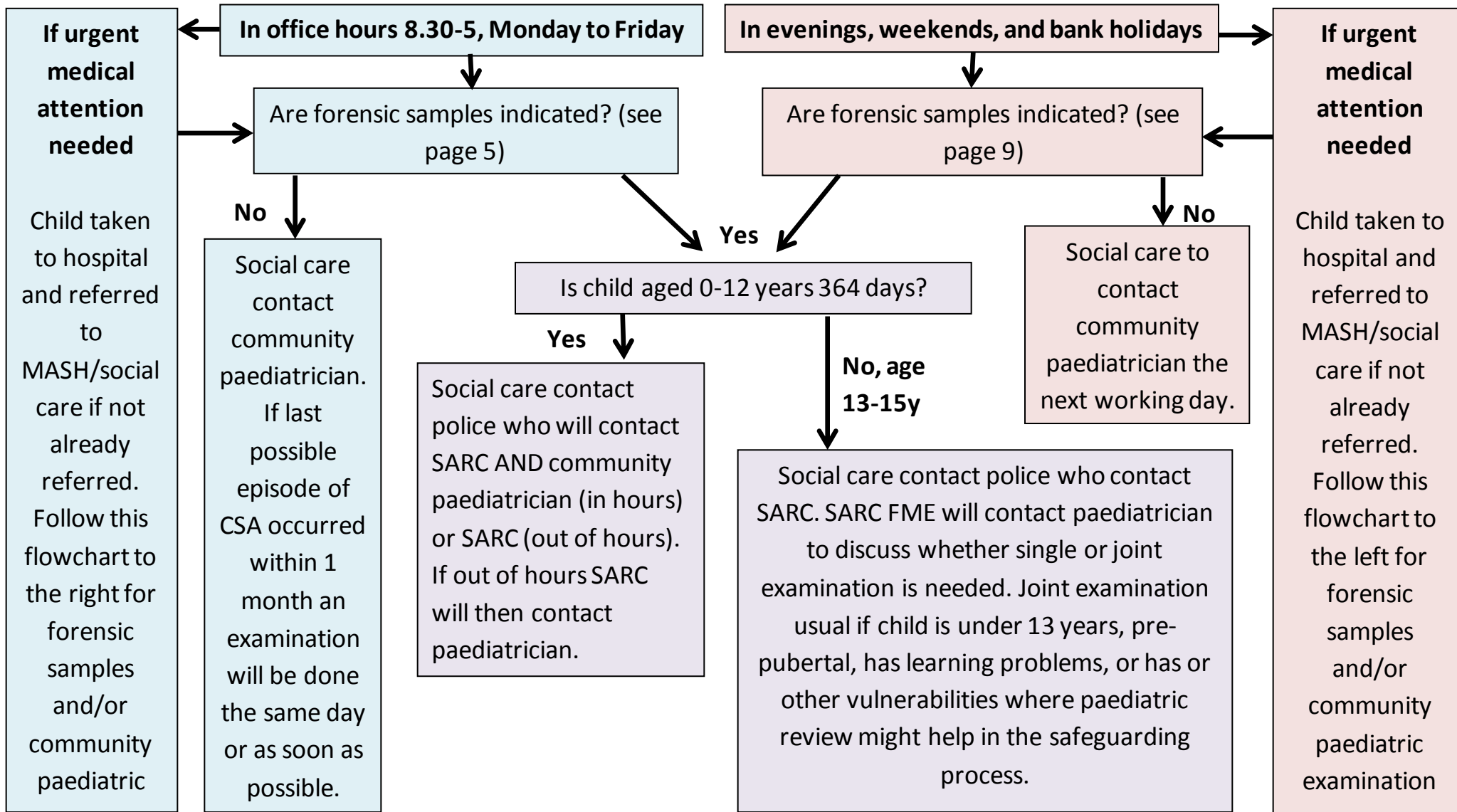
# 1. Portsmouth and SE Hants. CSA Referrals Flowchart

**MASH/social care receive referral suspected CSA, Child aged between 0 and 15 years 364 days.**

Referral for medical examination must be made the same day if last possible episode of CSA was less than 1 month previously

Is child intoxicated? Examination may be postponed. Contact community paediatrician and/or SARC to discuss

**All children under 13 years MUST be discussed with the community paediatrician on call for CSA (contact 9-5pm Mon-Sun)**



**SARC contact number: 0300 123 6616 Solent East community paediatrics safeguarding contact number: 0300 300 2013**

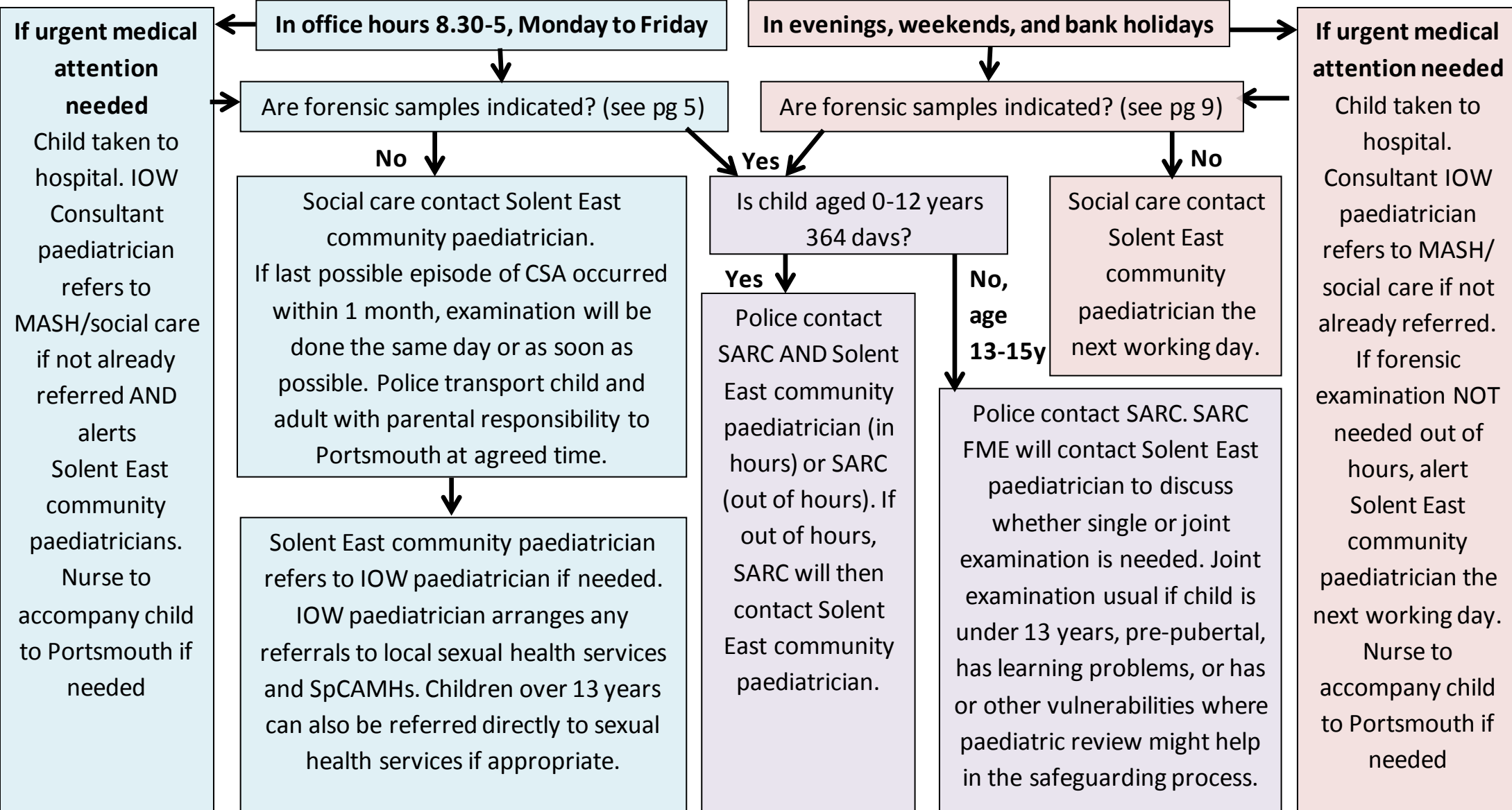
## 2. Isle of Wight. CSA referrals Flowchart

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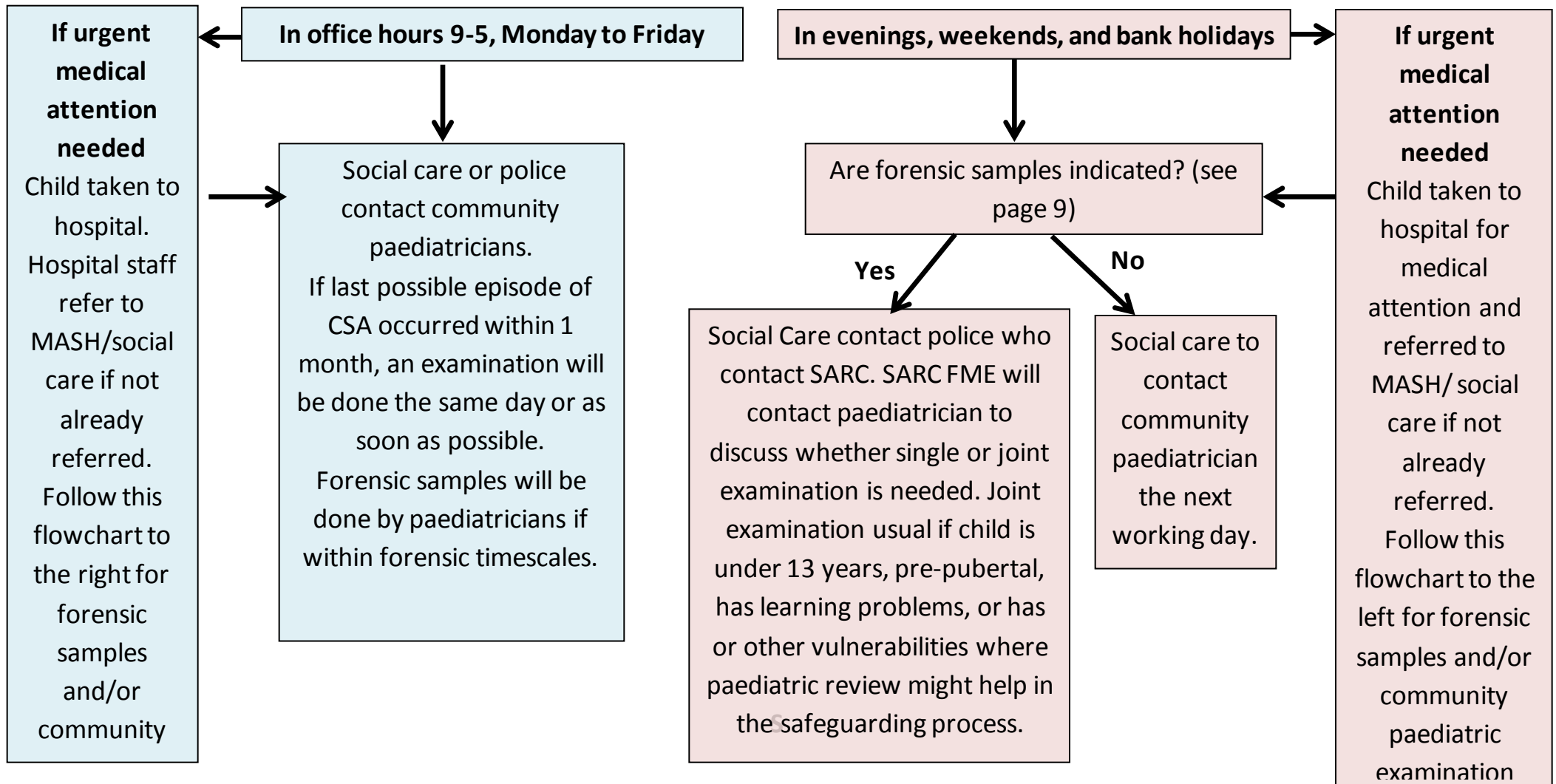
### 3. Southampton & SW Hants. CSA Referrals Flowchart

3.

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**All children under 13 years MUST be discussed with the community paediatrician on call for CSA (contact 9-5pm Mon-Sun)**



**SARC contact number: 0300 123 6616. Solent West community paediatrics safeguarding contact number: 0300 123 6662**

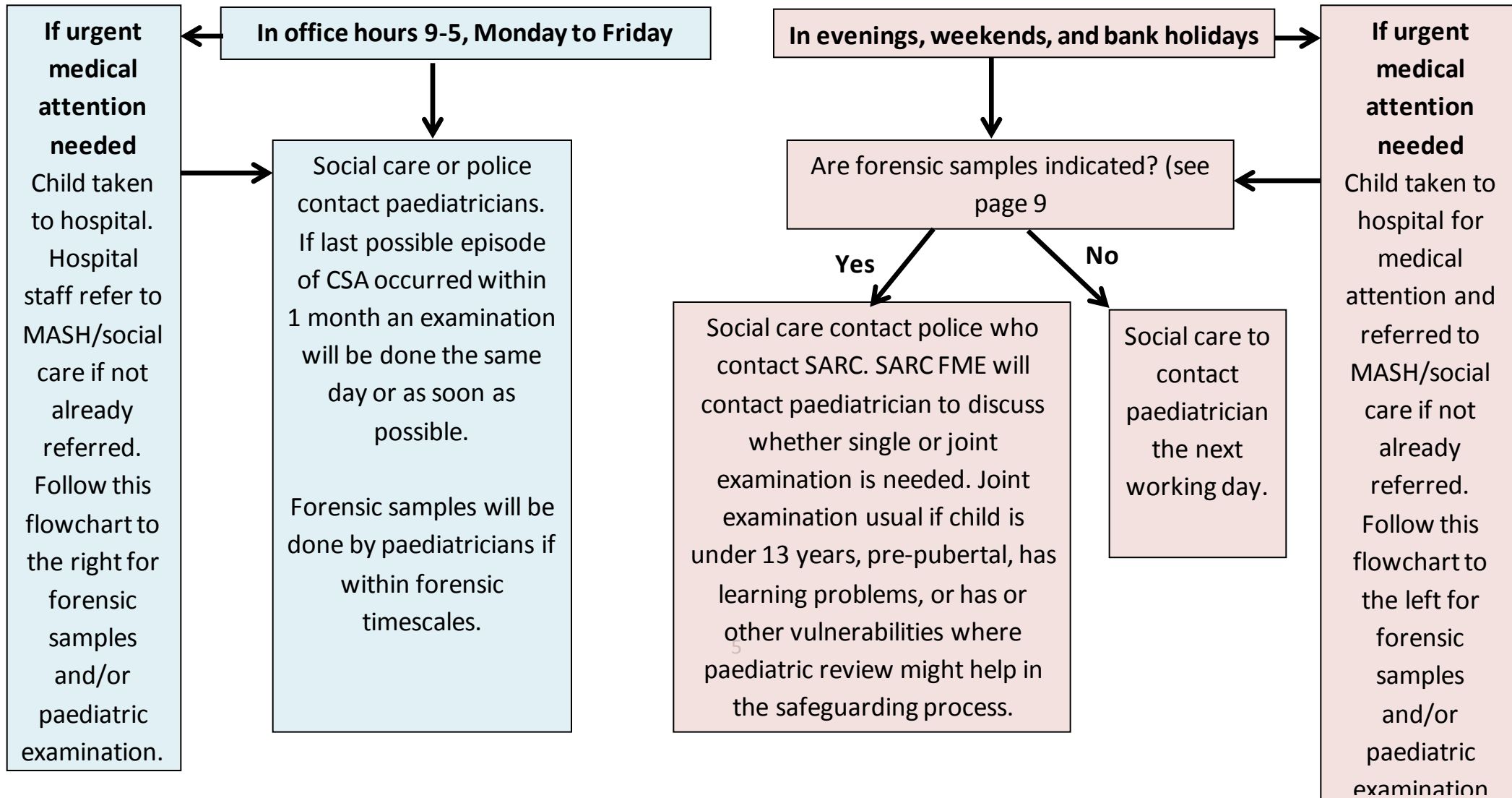
#### 4. North Hants (Winchester and Basingstoke). CSA Referrals Flowchart

**MASH/social care receive referral suspected CSA, Child aged between 0 and 15 years 364 days.**

Referral for medical examination must be made the same day if last possible episode of CSA was less than 1 month previously

Is child intoxicated? Examination may be postponed. Contact paediatrician and/or SARC to discuss.

**All children under 13 years MUST be discussed with the paediatrician on call for CSA (contact 9-5pm Mon-Sun)**



**SARC contact number: 0300 123 6616 North Hants paediatrics safeguarding contact number: 07787141812**

## **Child Sexual Abuse medical referrals: summary:**

### **In-hours: Monday-Friday 9-5**

#### **Phone the paediatricians in the specialist centres:**

\*For Portsmouth, SE Hants and IOW patients Tel 0300 300 2013

For Southampton and SW Hants patients Tel: 0300 123 6662

For North Hants (Winchester and Basingstoke) patients Tel: 0778 714 1812

**\* in Portsmouth, SE Hants and IOW, children aged 13-15 years needing forensic samples – contact the SARC0300 123 6616 (they may ask you also to contact the paediatricians)**

### **Out of hours**

#### **+ might need forensic samples (all ages)**

Phone the SARC 0300 123 6616. Joint assessment with a community paediatrician will be carried out between 9-6pm (including bank holidays and weekends).

#### **+ forensic samples not indicated (all ages)**

Phone paediatricians (as above) the next working day

#### **If there is high risk of HIV transmission:**

(eg alleged perpetrator known to be HIV positive), and the last possible episode of penetrative abuse was within 72 hours, This is an emergency. The child should be seen by a hospital or community paediatrician immediately for preventative Post-Exposure Prophylaxis (PEP) medication to be considered.

If forensic examination cannot be done until the next day, the on call consultant paediatrician at the local hospital should be asked to see the child and assess for PEP following any appropriate local<sup>1</sup> and national<sup>2</sup> guidelines.

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1 E.g. in Portsmouth, SE Hants and IOW: Solent Community Paediatric Medical Service, Post-Exposure Prophylaxis for prevention of Human Immunodeficiency Virus following Child Sexual Abuse

<sup>2</sup> Children's HIV Association (CHIVA) guidelines (<https://www.chiva.org.uk/guidelines>).

#### 4. Geographical area covered

**Portsmouth SE Hants** - These are the areas commissioned by Portsmouth City Clinical Commissioning Group (CCG), South East Hants CCG and Fareham and Gosport CCG (the same geographical boundaries as the local authorities of Portsmouth, Havant, East Hampshire, Fareham, and Gosport).

**Isle of Wight** – This is the area commissioned by Isle of Wight CCG (the same geographical boundary as Isle of Wight Local Authority).

**Southampton and SW Hants** – Areas covered are Southampton city and West Hampshire see 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 children are seen by North Hants services

***The exception to this list is if a young person or child becomes an inpatient at Southampton General Hospital. The person will be seen by Solent West paediatricians regardless of where they live.***

**North Hants** – North Mid and West Hampshire including Eastleigh (i.e. all areas NOT covered by Portsmouth and Southampton Services)

#### 5. Medical teams contact numbers

##### **Portsmouth, SE Hants and Isle of Wight**

Monday-Friday 8.30-5pm, the Solent East community paediatricians operate a duty system and can be contacted via a dedicated phone line: **0300 300 2013**

At bank holidays and on weekends from 9am-6pm, the paediatricians can be contacted via the SARC on the usual SARC number: **0300 123 6616**

Forensic medical examiners can be contacted via the SARC 24/7: **0300 123 6616**.

##### **Southampton and SW Hants**

Monday-Friday 09.00-5pm, the Solent West community paediatricians operate a duty system and can be contacted via a dedicated phone line: **0300 300 6662**

At bank holidays and on weekends from 9am-6pm, the paediatricians can be contacted via the SARC on the usual SARC number: **0300 123 6616**

Forensic medical examiners can be contacted via the SARC 24/7: **0300 123 6616**.

## North Hants

Monday-Friday 09.00-5pm, Hampshire Hospitals Trust paediatricians operate a duty system and can be contacted via the safeguarding nurse on: **07787141812**

At bank holidays and on weekends from 9am-6pm, the paediatricians can be contacted via the SARC on the usual SARC number: **0300 123 6616**

Forensic medical examiners can be contacted via the SARC 24/7: **0300 123 6616**.

### 6. Why should a child be referred for a medical examination?

The aims of a medical examination are:

- To look for any signs of injury that might be important medically
- To look for any signs of injury that might be important forensically
- To collect forensic samples to help identify a perpetrator (as indicated).
- To consider whether the child could have contracted any sexually transmitted infections
- To consider whether the child might be pregnant
- To offer reassurance to the child and family if no permanent damage has occurred

### 7. When is a paediatric medical examination indicated?

A medical examination should be offered if sexual abuse is suspected (e.g.: because a child has made an allegation of sexual abuse or child sexual abuse has been witnessed by someone), **and** where there is a possibility that physical signs, pregnancy or sexually transmitted infection might be detected, or if forensic samples are indicated. Examinations are also offered for reassurance.

If the child/parent declines a forensic examination, we will offer to see them to discuss emergency contraception or the possibility of a sexually transmitted infection (including HIV). See below.

*Examinations may also be indicated if there are any of the following (discuss with the paediatrician):*

- Any injury to the anal or genital areas with an absent or implausible explanation
- Unexplained vaginal bleeding in the absence of accidental trauma or medical explanation
- Unexplained rectal bleeding
- Vaginal discharge (there may be many reasons for this, but CSA should be considered, especially if recurrent or persistent)
- A foreign body has been inserted in the anus or vagina (other reasons are likely but CSA should be considered)
- Unusual sexualised behaviours (see the Brook sexual behaviours traffic light tool)
- **Where an alleged perpetrator is a child they should be considered as a potential victim in their own right and if CSA is suspected in them, they should be referred for examination.**

When forensic samples are needed, young people aged 13 years and over may sometimes be seen for examination by a SARC Forensic Medical Examiner without a paediatrician present. All 13-15 year olds should be discussed with a paediatrician. A paediatrician will usually attend the examination if the child is pre-pubertal, has learning problems, or has or other vulnerabilities where paediatric review might help in the safeguarding process. Examples of this include: where review of previous medical records is needed, where paediatric attendance at strategy meetings or case conferences would be helpful or where the child is looked after or has run away from home.



## 8. 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. The table below gives some indication of the maximum time for forensic samples. However, the FFLM guidance is updated every six months (<http://fflm.ac.uk>), and should be referred to. The FME at the SARC will be able to give up-to-date advice.

| 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 pre-pubertal   | Up to 3 days (digital penetration within two days)<br>Between 3 and 7 days considered on a case-by case basis.<br>Discuss with Forensic Medical Examiner. |
| Vaginal intercourse post-pubertal  | Up to 7 days (digital penetration within two days)  |
| Anal intercourse   | Up to 3 days (digital penetration within two days)  |
| <b>NB all samples should be taken as soon as practically possible. Persistence data are very short, particularly for pre-pubertal children, and the longer this is left, the more the evidence will degrade.</b> |   |

In rare circumstances where a child needs urgent medical treatment and cannot be moved to a specialist centre ( i.e. the SARC, Magnolia suite or Kennet clinic), it may be that it is appropriate for forensic samples to be collected in a hospital. The FME/paediatrician will liaise with the police about whether a room can be cleaned to forensic standards within the hospital if needed.

## 9. 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 the child 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 to a month afterwards. **Therefore, if a child presents within a month of the last possible abuse having occurred, they should be seen by a paediatrician as soon as possible. They will often be offered an examination the same day.**

If the last possible assault occurred more than a month ago, the child will be offered a paediatric medical examination, but they don't necessarily have to be seen the same day.

Even when vaginal or anal penetration has occurred, there may be no injuries seen, and the child can have apparently normal physical findings. We will usually tell the child and parent in advance that physical signs of injury are often not seen, even when sexual abuse has occurred. However, the examination can be helpful, not just to check for injury, but also so that we can check for sexually transmitted infections, perpetrator DNA/semen, or to reassure the child and parents if no permanent physical damage has occurred.

## 10. How do we check for sexually transmitted infections (STIs)?

Sexually transmitted infections 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. In children who have been through puberty (around the age of 13 years), the paediatrician will conduct an initial assessment, but the testing and swabs are usually done at a separate appointment in a genitourinary medicine (GU) clinic.

Children who have not been through puberty may have swabs and blood tests to look for signs of sexually transmitted infection by the paediatrician, though some will be referred to the GU clinic for this to be done. Occasionally the paediatrician and the GU doctor will see children jointly.

If, in the last 72 hours, a child 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, **AND THEY SHOULD BE REFERRED TO THE SARC IMMEDIATELY**. The paediatrician will want to know as much as possible about the alleged perpetrator from the referrer.

Risk factors for possible HIV infection from a perpetrator:

- Is known to be HIV positive,
- Is known to be a past or current IV drug user
- Is homosexual or bisexual
- Has come from, or travels to, countries that have a high rates of HIV

And also whether there have been multiple perpetrators.

It is helpful if the referrer can ascertain whether any of the above risk factors are known.

## 11. What actions do we take to prevent pregnancy?

If there is risk of an assault resulting in pregnancy, emergency contraception (eg the 'morning after pill') will be offered. Oral contraception is most effective when given within 12 hours of unprotected sexual intercourse. It can be given up to 5 days, but its effect wanes over this time. **If the child presents close to the cut-off time for emergency contraception (5 days) they should seek immediate medical advice.** (Emergency contraception can be given at the specialist centres (SARC, Magnolia Suite or Kennet Clinic) if the plan is for the child to go straight there.)

## 12. What consent is needed and who should accompany the child to the examination?

Examining doctors must gain informed consent before examining a child or young person. Failure to obtain proper consent for an intimate examination can constitute an assault. Consent must generally be sought from a person with parental responsibility, and the young person themselves may also be asked to consent.

**It would be unusual for an examination to go ahead unless someone with parental responsibility accompanies the child.** 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 the 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 are welcome to also accompany the child if this is what the child wants.

### 13. What happens at the examination?

**PLEASE NOTE: All examinations should be agreed in advance, and children 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 children there.**

**Portsmouth, SE Hants and Isle of Wight** - If forensic samples are indicated, the examination will take place at the SARC, if they are not needed the examinations will take place in a dedicated suite in the Children's Assessment Unit at Queen Alexandra hospital, Portsmouth.

**Southampton and SW Hants** Monday-Friday 9-5pm. All examinations including forensic sampling will take place at the Magnolia centre, Duthie building, Southampton General Hospital. Outside of these hours if forensic sampling is indicated the examination will take place at the SARC.

**North Hants** – All examinations including forensic sampling will take place at the Kennet Clinic at the North Hampshire Hospital, Basingstoke. Monday-Friday 9-5pm. Outside of these hours if forensic sampling is indicated the examination will take place at the SARC.

- A medical history will be taken by the paediatrician. Other professionals are likely to be present in the room.
- The child can choose whether a parent or other adult accompanies them during the history taking and for the examination. They can stay next to the child throughout the examination if this is what the child wants.

At the SARC/Magnolia centre/Kennet Clinic:

- The examination will take place in a room that is used for forensic examinations, and which is cleaned to forensic standards after each examination to prevent DNA contamination of any evidence that is collected.
- DNA swabs will be taken from the cheek in the parent and child for the purposes of that forensic assessment only. Their DNA evidence will later be destroyed.

At all examinations:

- The child is weighed and measured and has a thorough medical examination.
- The anal and genital areas are examined by inspection. Internal instrumental or swabs are rarely used, and then only if it is judged that they can be tolerated by an older child who has been sexually active, who fully understands the purpose and consents to this being done.
- Swabs from the surface of the genitalia and the skin may be taken.
- The examination is not painful.
- A colposcope is used to examine the anal and genital areas. This equipment video records the examination, and also magnifies any findings, which helps the examination to be done as quickly as possible. The video recording is anonymised, and it is taken so that, if needed for court, evidence from the examination can later be shown to an expert witness without the child having to be re-examined.
- After the examination the paediatrician will speak to the child and their parent/s about the findings, and about whether any follow up STD screening is needed or if follow up is needed for other health conditions. They will explain options for counselling and support.
- The paediatrician will produce a report within 72 hours, to be sent to the referrer. The forensic examiner will report separately on findings from any forensic samples. If injuries are seen at the initial examination, the child may be asked to come for another examination to see how healing takes place.