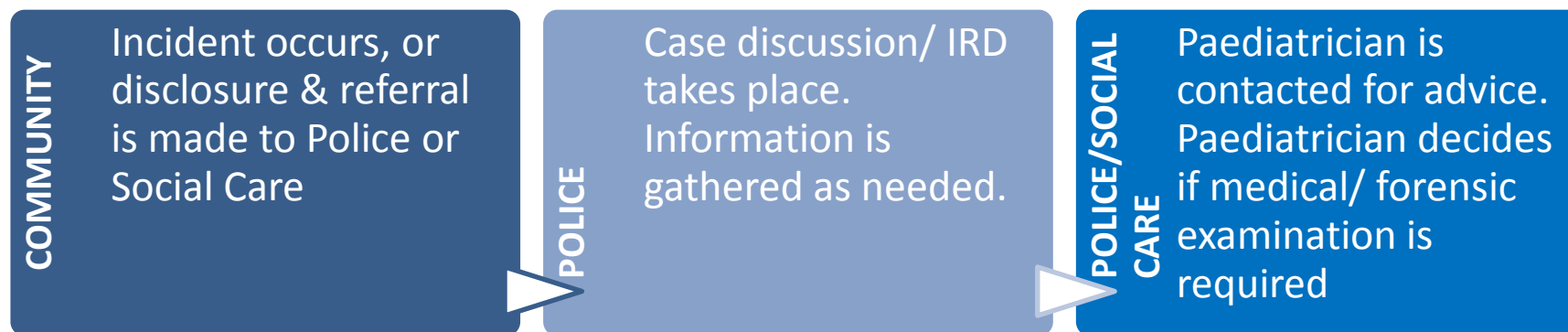


CHILD PROTECTION SERVICES: PROTOCOL FOR CHILD SEXUAL ABUSE QUERIES



ALL REQUESTS FROM POLICE FOR FORENSIC EXAMINATIONS MUST BE RESPONDED TO WITHIN 2 HOURS

KEY INFORMATION

- Child protection medical examinations serve to gather supporting (DNA) evidence required by police and social care to put in place protective measures to keep children safe from harm and to reassure parents about any potential injury to the genital tract.
- Medicals must only proceed where there is *either* parental consent or a court order allowing examination.
- We recommend that all children and young people should be accompanied by a person they know and trust to any examination.
- **Collection of forensic specimens:**
 - **assault occurred under 7 days ago requires definite forensic medical,**
 - **7-14 days ago needs further discussion,**
 - **over 14 days ago is an historical case which can wait till normal working hours**
- Children and young people aged 13 and up should be referred to sexual health services (GUM) or North25 for follow up sexual health advice.

QUESTIONS TO ASK	ACTIONS
<p>How is the child? Do they have signs of injuries?</p> <ul style="list-style-type: none"> • Bleeding • Blood in underwear/ nappies, not stopped • Pain that's not settling • Unable to eat or drink or mobilise due to discomfort or pain 	<p>If YES:</p> <ul style="list-style-type: none"> • Admit child and attend to acute needs. • Consider need to carry out examination under anaesthetic or discuss with on call obstetric & gynaecologist or general surgical consultant. • Ask police if an early evidence kit has been used – to capture DNA evidence. • Consider any other urgent investigations (FBC, group/cross match or i.e. any imaging if other injuries suspected)
<p>Is advice needed on sexual infection screening or post-exposure prophylaxis? (i.e. have they been assaulted by a person at high risk of Hep B/C/HIV such as an intravenous drug user or person known to have these infections or a man who has sex with men) In historical cases of abuse this testing can be done in normal working hours.</p>	<p>If YES:</p> <ul style="list-style-type: none"> • Admit child and take blood for Hepatitis B, C and HIV. • Prescribe first dose Hepatitis B vaccine. • Give HIV post exposure prophylaxis (A&E keep stock). • Take urine in universal container for chlamydia and gonorrhoea testing.
<p>Has there been oral, vaginal or anal – penile or digital penetration or ejaculation on the body surface within the last 12 hours?</p>	<p>If YES:</p> <ul style="list-style-type: none"> • Police have early evidence kits and can obtain urine samples and do mouth swabs. • Aim to examine all children who are stable between 8am – 8pm
<p>POST- PUBERTAL CHILDREN: Is the child intoxicated?</p>	<p>If YES – wait until they are not intoxicated (considering other health needs as above). Consider use of early evidence kit.</p>
<p>Are any siblings or other children living at same address at risk?</p>	<p>Sibling medicals can wait until normal working hours if there are no other concerns but children may need to be moved to a place of safety while the investigation proceeds.</p>

CONTACTING A PAEDIATRICIAN WITH CSA TRAINING

NORMAL WORKING HOURS

- Paediatrician on call for Child Protection will discuss forensic cases with CSA-trained paediatrician.
- If not CSA trained paediatrician on call or available, need to discuss with Archway, Glasgow.
- CSA trained paediatricians are: Stephanie Govenden, Lesley Henderson, Deborah Shanks

OUT OF HOURS - DEFER DISCUSSION UNLESS CASE MEETS CRITERIA FOR OUT OF HOURS EXAMINATION (see overleaf)

- Contact: Stephanie Govenden, Deborah Shanks (via Raigmore hospital switchboard)

Children 13 years and over who require urgent forensic examination and no local paediatrician is available can be seen at Archway (Glasgow sexual assault referral centre) tel. 0141 211 8175.

Under 12s should be referred to the Royal Hospital for Children, on the Queen Elizabeth University Hospital campus (Glasgow).

Forensic medical examiners can be contacted through the police if required.

CRITERIA FOR EXAMINING A CHILD FOR SIGNS OF SEXUAL ABUSE BETWEEN 8PM AND 8AM*

CLINICAL NEED	Child bleeding, in pain or has significant associated injury. Extreme anxiety or distress on part of the child or young person.
FORENSIC NEED	Evidence from location of alleged assault (mud, twigs etc) must be collected. Swabs for semen need to be gathered before child is allowed to wash, change or eat or drink.
LEGAL NEED	Where suspect is in custody and can only be detained for 12 hours without charge, AND where medical evidence is required to hold him or her.
CARE NEED	Social work colleagues need medical assessment to determine if it is safe for the child to go home – only applies where alternatives have been explored and excluded i.e. very rare circumstances.

CIRCUMSTANCES WHEN IT IS NOT APPROPRIATE TO EXAMINE A CHILD BETWEEN 8PM & 8AM:

- Child discloses at night but is safe and not acutely injured
- Young person is under influence of drugs or alcohol (and cannot give informed consent)

In these circumstances, arrangements should be made to obtain forensic evidence (clothing/bedding/retain urine samples) before the medical examination is carried out.

If the medical is deferred overnight, it should be organised for the following day between 8am and 8pm.

*Guidelines above taken from NHS Scotland SEAT guidance

CHECKLIST FOR PAEDIATRICIAN ON CALL

PATIENT DETAILS

HEALTH NEEDS	IF YES – CONSIDER ADMISSION TO WARD		
Bleeding not stopped	YES	NO	
Blood in underwear/ nappies, not stopped	YES	NO	
Pain that’s not settling	YES	NO	
Unable to eat or drink or mobilise due to discomfort or pain	YES	NO	
Is the child intoxicated?	YES	NO	
RISK OF HEPATITIS/HIV See stratification tool	IF HIGH RISK – CONSIDER ADMISSION TO WARD HIGHLOW		
NEED FOR EMERGENCY CONTRACEPTION	IF YES – consider if referral required or admission to ward if acute gyne needed to insert IUD YESNO N/A		
NEED FOR URGENT FORENSIC EXAMINATION Oral, vaginal or anal – penile or digital penetration or ejaculation on the body surface within the last 12 hours?	IF YES – CAN CHILD BE SEEN 8am - 8pm OR: CONTACT CSA TRAINED PAEDIATRICIAN (local or via Archway) YESNO		
PLAN FOR SIBLINGS IN PLACE?	YES	NO	N/A

Copy to notes/Copy to Lead Doctor for Child Protection

RISK STRATIFICATION FOR HEPATITIS AND HIV

People who are at increased risk of Hepatitis B and C. NICE (2012) Hepatitis B and C testing: people at risk of infection. Public health guideline [PH43]

- 95% of new chronic Hepatitis B infections occur in migrant populations and in people who have acquired the infection around birth.
- 90% of chronic hepatitis C infections are seen in people who inject drugs or have done so in the past
- Over 90% of people receiving HIV care in the UK live in England, 4.7% live in Scotland as of 2015.
- 90% of new HIV diagnoses of HIV occur in England, most (43%) are in London
- The commonest reason for new HIV diagnosis is unprotected sex between men

Is the person who allegedly carried out the assault:

Person born or brought up in a country with intermediate or high prevalence of Hep B/C: all countries in Africa, Asia, the Caribbean, central and south America, eastern & southern Europe, the Middle East and Pacific Islands	IF 'YES' TO ANY OF THESE OR UNKNOWN, CONSIDER TAKING BLOOD FOR HEPATITIS B, C, HIV & OFFERING HEP B VACCINATION AND POST-EXPOSURE PROPHYLAXIS FOR HIV (KEPT IN A&E). FOLLOW UP WILL BE NEEDED VIA SEXUAL HEALTH SERVICES.
Person born to a Hepatitis B positive mother	
Person born to a Hepatitis C positive mother	
Men who have sex with men	
Person who has ever injected drugs	
Person with multiple sexual partners who has unprotected sex	
Person who has had unprotected sex in countries mentioned above	
Person living within a prison	
Close (household) contacts of a person known to be chronically infected with Hepatitis B	
Person who received a blood transfusion before 1991	
Commercial sex worker	
Person sleeping on streets or in hostel for the homeless	
Close (household) contact of person known to be chronically infected with Hepatitis C	
Looked after child living in care home	

