



## Multi-agency pathway for suspected child sexual abuse

Disclosure, allegation, or concern about sexual abuse/assault of a child or young person.

**Fully document explanation given, using the child's/ young person's own words for the explanation given. 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.**

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

GP/professional can contact the MASH Consultation line on 01472 323145 to discuss cases and seek advice and guidance from Children's Social Care.

To refer to North-East Lincolnshire Children's Service, send the Multi-agency Referral Form (MARF) to: [nelchildrensfrontdoor@nelincs.gov.uk](mailto:nelchildrensfrontdoor@nelincs.gov.uk). If the referrer has not heard back from Children's Services following sending the MARF (within 30 minutes), or an immediate decision is required to keep the child safe, call the MASH team on: 01472 326 292 (option 2). This is also the 'out of hours' telephone number. The referrer can request to speak with IFD Service or Team Manager if the situation requires and / or seek advice from the relevant Safeguarding Lead / Specialist Professionals.

Advice can be sought from On-call Paediatrician / Designated Dr for safeguarding Children via switchboard: 03033 306999 or from the Anlaby Suite staff on 01482 311084 or 01482 311086

In the event of acute injuries that require immediate medical attention, the child or young person should be taken to the Emergency Department for assessment of the injuries. There should be no delay in managing clinical issues.

A child protection medical will not be undertaken in the Emergency Department, however, assessment of immediate medical need will be undertaken. **All evidence must be preserved (as above).**

Police or Children's Social to contact the appropriate Child Sexual Assault Assessment Service:

**CSAAS Anlaby Suite, Hull:**  
**01482 311084 or 01482 311086** Acute cases (< 10 day) and non-recent cases (>10 days) involving children aged under 16yrs and those with learning difficulty aged 16 – 18yrs Monday to Friday 0830 to 1630

**CSAAS (Hessle Road, Hull):**  
**0330 223 0181:** Children between the ages of 16 – 18yrs (not suitable for children with a learning difficulty. Children with a learning difficulty will be seen in the Anlaby Suite CSAAS Hull)

**Out of Hours**  
Please refer to:  
[Child Sexual Assault Assessment Services \(CSAAS\)](#)  
[Children and Young People Care Pathway – Acute Only Weekend and Bank Holiday](#)



Strategy discussion held with referring GP/Consultant/Practitioner, social worker, police and representative from the CSAAS, to determine if sexual abuse is suspected and if sexual abuse examination is required.



If a forensic examination is required, an appointment and transport arrangements will be made the Police or Children's Services. All children and young people will be seen by a paediatric examiner in a CSAAS. Children under 18yrs with learning disability or complex need will be seen in the Anlaby Suite, Hull by a paediatrician (see above)

## Additional Information

If an acute sexual medical is required on a weekend or bank holiday (I.e. to meet a Forensic Evidence window – see further guidance below regarding forensic window): [Police or CSC to refer to Child Sexual Assault Assessment Services \(CSAAS\) Children and Young People Care Pathway – Acute Only Weekend and Bank Holiday](#)

For non-recent sexual abuse or out of hours on Monday through to Friday, please leave a message on the Anlaby Suite answer phone (01482 311084 or 01482 311086) or contact the Suite the next working day.

If the child cannot be transferred straight away to CSAAS, discussions will be held between relevant health professional (Consultant Paediatrician / Emergency Care Centre / A&E Consultant) and CSC to agree an appropriate place of safety for the child. Only if clinically required, and it is suitable to do so, the child can be placed on a paediatric / gynaecology unit until they can be transferred.

In the course of Section 47 Enquiries, appropriately trained and experienced Paediatricians will undertake all medical assessments. If a forensic examination is required, an appointment will be made within the required forensic timeframe (see below for out of hours). All children and young people will be seen by a paediatric examiner.

**Children 16yrs and above with learning disability or complex needs can be seen in the Anlaby Suite by a paediatrician, otherwise they may be seen in the Adult SARC**

**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 should not be asked or agree to undertake this task.** It is the responsibility of CSC or the Police to contact the Children's Sexual Assault Assessment Centre (CSAAS) to arrange a multi-agency discussion of the potential referral.

The strategy discussion must involve the referring clinician, Social Worker, representative from the CSAAS 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
- f. Dates of potential abuse occurring (acute abuse is considered to be within the last 7 days)
- g. 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 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 CSAAS. Any relevant hospital or GP documentation, or information regarding medical care already provided, should be sent to the CSAAS 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 the CSAAS (e.g contraception or post exposure prophylaxis for HIV exposure), using the appropriate hospital or medical guidelines.

If a decision is made by the CSAAS that an examination is NOT required, further local strategy discussions should be held with Children's Social Care and Police, to decide the next actions.

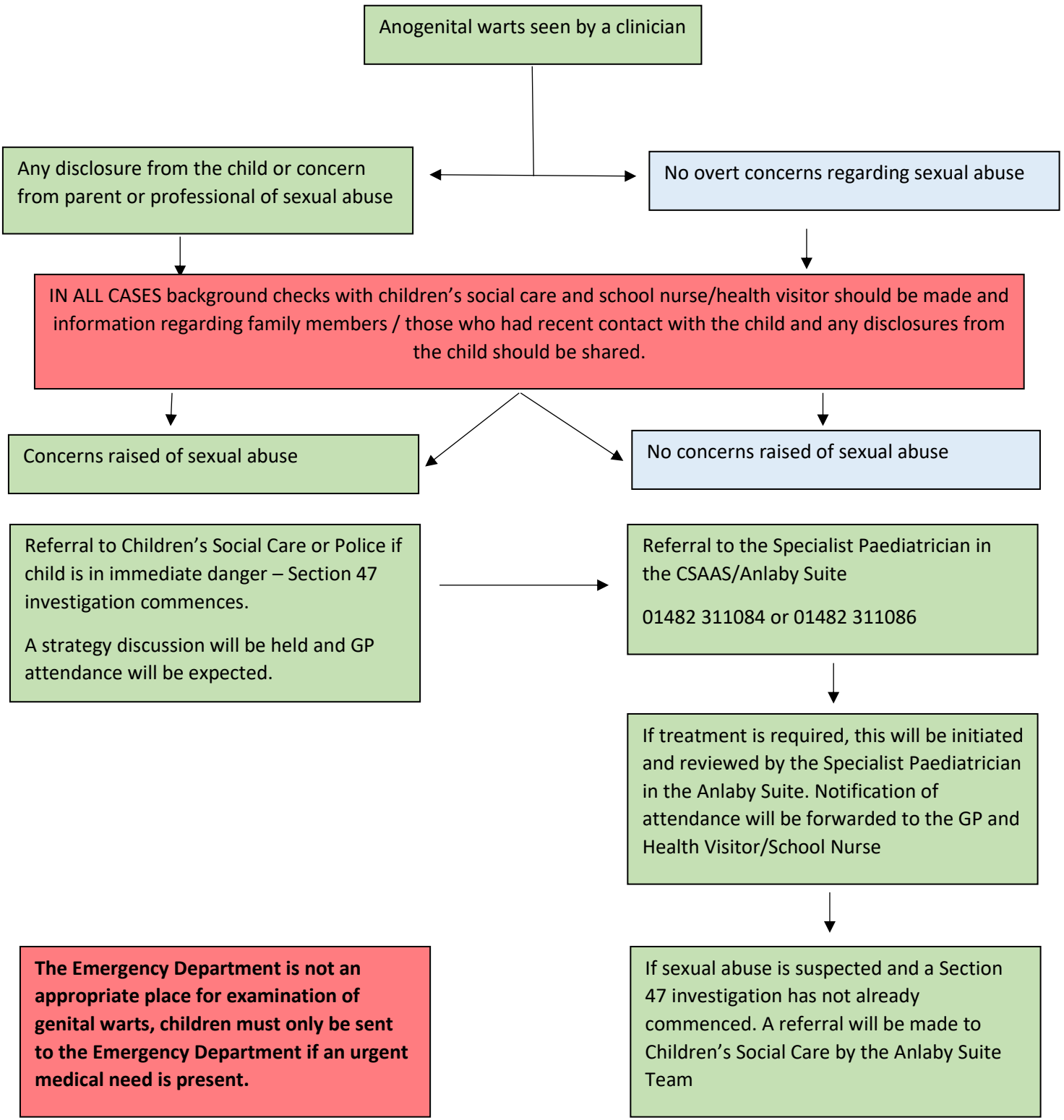
If a decision is made by the CSAAS that an examination is NOT required, the referring Doctor should seek support if required from the Named/ Designated Doctor to discuss next actions.

## **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 has to 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 CSAAS by the GP. Please see pathway on the following page:



Anogenital warts seen by a clinician

Any disclosure from the child or concern from parent or professional of sexual abuse

No overt concerns regarding sexual abuse

IN ALL CASES background checks with children's social care and school nurse/health visitor should be made and information regarding family members / those who had recent contact with the child and any disclosures from the child should be shared.

Concerns raised of sexual abuse

No concerns raised of sexual abuse

Referral to Children's Social Care or Police if child is in immediate danger – Section 47 investigation commences.  
A strategy discussion will be held and GP attendance will be expected.

Referral to the Specialist Paediatrician in the CSAAS/Anlaby Suite  
01482 311084 or 01482 311086

If treatment is required, this will be initiated and reviewed by the Specialist Paediatrician in the Anlaby Suite. Notification of attendance will be forwarded to the GP and Health Visitor/School Nurse

**The Emergency Department is not an appropriate place for examination of genital warts, children must only be sent to the Emergency Department if an urgent medical need is present.**

If sexual abuse is suspected and a Section 47 investigation has not already commenced. A referral will be made to Children's Social Care by the Anlaby Suite Team

## DNA published persistence data summary (Forensic Window guidance)

Vaginal intercourse: 7 days

Skin (if not washed): 7 days / routine 48 hours

Anal intercourse: 72 hours

Digital penetration (anal/vaginal): 48 hours

Oral penetration: 48 hours

### Sites include

Mouth

Hands

Skin

Vulval

Low vaginal

High vaginal

Endocervical

Perianal

Rectal

Guidance on urine and blood samples

**REMEMBER: EVEN IF OUTSIDE OF THE “FORENSIC WINDOW”, seek advice from a Doctor in the Anlaby Suite by calling 01482 311084 or 01482 311086**

# Child Sexual Assault Assessment Services (CSAAS)

## Children and Young People Care Pathway – Acute Only Weekend and Bank Holiday – Reviewed November 2022

Please find on the following three pages the care pathway for Children and Young People who potentially need to access the Child Sexual Assault Assessment Services (CSAAS) from North Yorkshire and Humberside Police Force areas over weekends and bank holidays.

This weekend and bank holiday cover relates to ACUTE CASES ONLY.

Acute cases are instances where the date of the incident relating to the child/young person is within the last 7 days.

**Please note: North Yorkshire or Humberside CSAAS are not commissioned to provide a service on weekends or bank holidays.**

**Any North Yorkshire or Humberside case should seek support from West and South Yorkshire CSAAS Services.**

Mountain Healthcare Limited (MHL) will be coordinating calls in conjunction with Sheffield Children's Hospital to ensure that the child/young person receive the best care possible. The patient may be seen at the Hazlehurst Centre, based in Morley, Leeds, or Sheffield's Children's Hospital, in South Yorkshire. However, initially please contact MHL for advice and they will signpost, where appropriate.

MHL's pathway and support service (PSS) is available 24/7, to respond to enquiries regarding examination requests and coordinate any telephone advice required. Please note confirmation of examinations may need to be deferred until the service teams can be contacted during clinic hours.

Should it be deemed clinically appropriate for the child/young person to be seen by the weekend/bank holiday service, following a multi-agency discussion, an appointment will be arranged within the hours outlined below.

MHL (West Yorkshire CSAAS) and Sheffield Children's Hospital (South Yorkshire CSAAS) will be responsible for dealing with the immediate care of the child or young person when seen in their service.

### **West Yorkshire CSAAS Hours of Operation:**

The hours of operation for weekend and bank holidays are as follows:

**Saturday: 10am-6pm**

**Sunday: 11am-4pm**

**Bank Holiday: 11am-4pm**

### **South Yorkshire CSAAS Hours of Operation:**

The hours of operation for weekend and bank holidays are as follows:

**Saturday: 9am-5pm**

**Sunday: 11am-4pm**

**Bank Holiday: 11am-4pm**

Once the examination is complete, whether this was at Sheffield Children’s Hospital or MHL, they will provide a management plan for aftercare. It will be the responsibility of the service who conducted the examination to take full responsibility to action any appropriate referrals, including but not limited to:

- Full Safeguarding Referral/Alert (if patient is already known to CSC)
- Information sharing with GP and Local Paediatricians (if applicable)
- Children’s Independent Sexual Violence Advisor (ChISVA)
- Sexual Health
- Child and Adolescent Mental Health Services
- Child Exploitation Team
- Other relevant services

As part of this process, the service who conducted the examination will notify the local service, nearest to which the patient resides, of the patient’s attendance. This will be followed up by a phone call, as per below, to the relevant CSAAS service, to ensure a handover and all information in relation to the patient has been received.

**Humberside CSAAS Service – Hull University  
Teaching Hospitals NHS Trust**

**[hey.safeguarding@nhs.net](mailto:hey.safeguarding@nhs.net)**

**01482 311084**

**South Yorkshire CSAAS Service – Sheffield**

**Children’s NHS Foundation Trust**

**[safeguarding.sch@nhs.net](mailto:safeguarding.sch@nhs.net) 0114**

**226 7803**

**West Yorkshire CSAAS Service – Mountain  
Healthcare Limited**

**[hazlehurstcentre.paediatric@nhs.net](mailto:hazlehurstcentre.paediatric@nhs.net)**

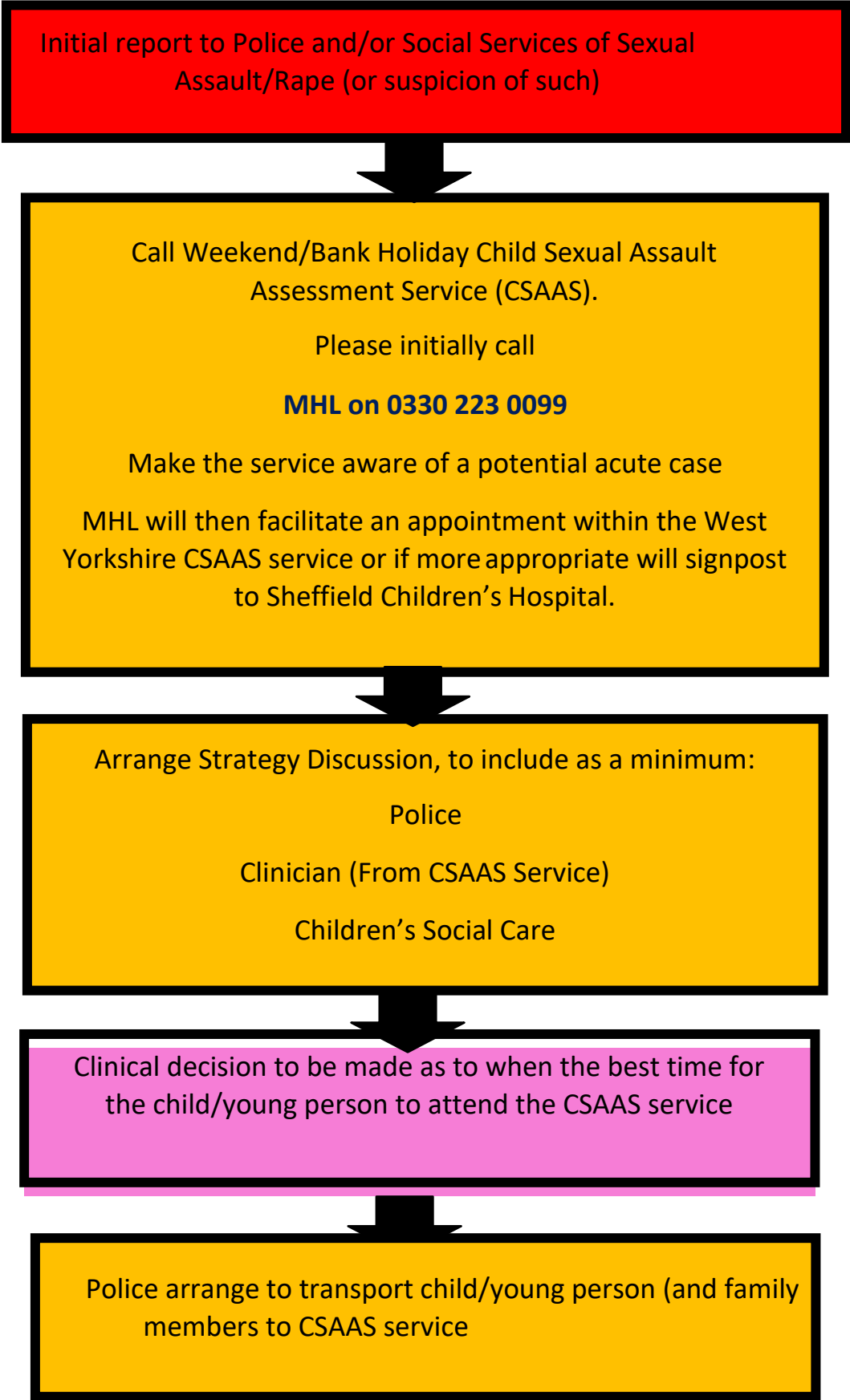
**0330 223 4662**

**North Yorkshire CSAAS – Mountain Healthcare  
Limited**

**[bridgehouse.sarc@nhs.net](mailto:bridgehouse.sarc@nhs.net)**

**0330 223 0362**





Police Responsibility



CSAAS Responsibility/Decision

