

Multi-agency

Clinicians

Disclosure/Suspicion of Sexual Abuse Referral to MASH (if immediate concern contact police/SW OOH)
*safety plan must be discussed with referrer
Also applies to LAC & children already on a Plan
 Includes: allegation of sexual abuse by a child or carer, sexual abuse of a child has been witnessed
 Or agency **reasonably suspects** abuse has occurred

MASH Strategy Discussion (SD) re Joint Investigation

Consider referral to ISVA / RASASC for child + parent / carer for support (independent of SD/SM outcome)
 & Consider Siblings

Has there been obvious penile /digital penetration: Oral, Vaginal or Anal
 Or ejaculation on the body surface or **sexual injury**?
Injuries may be minor and not known to child but forensically significant

YES

NO

ACUTE CASE
Opportunity for:
DNA recovery¹ & documentation of injury

Injuries may be minor and not known to child but forensically significant

& Emergency health needs

STRATEGY DISCUSSION / MEETING: Considerations (Not an Exhaustive List)

- Is there relevant child or familial History?
- Is there any other supporting information surrounding the allegation?
- Is there a disclosure or medical / circumstantial information that supports the allegation which would benefit from discussion with the Paediatric SARC (Rainbow) +/- forensic physician
- Is there any other consideration which would support the requirement for a forensic medical / child abuse examination?
- Are there any urgent health needs or concerns regards timing of the examination?
- Consider forensic opportunities: (DNA⁴ +/- injuries)¹ *FSSC Guidance updated 6mthly*

Clinical / forensic advice to assist SD¹

Rainbow +/- forensic physician
 +/- Unity / Duty DI

Timing of Assessment: use national guidance^{2, 3, 4}
² pathway for booking CSA assessment at Rainbow
^{3, 4}: FFLM Guidance for Pre1 & Post2 Pubertal child

Consult & **MA decision** made with regard to requirement: Doctor / health representative to be present to support decision making wherever possible

YES

NO

Is A Forensic Medical Examination Required?

YES

Record rationale, advise Rainbow & Inform referrer of decision

Contact Rainbow for appointment 0152 252 5609 (out of hours 0151 228 4811) follow CSA booking pathway²

Professional(s) attend RAINBOW APPOINTMENT with child and family

Paediatric nurse greets child / family and provides outline of Rainbow procedures, listens and reassures child and family

Note: Ideally professionals arrive 30 minutes before child

Clinician(s) take briefing from professionals present

Professionals to supply written first account / initial concerns
MASH / social worker to provide genogram
Plan for forensic strategy / clinical needs agreed between professionals

CONSENT sufficient for the purpose of a forensic examination for assessment taken by clinician(s) from person with PR (copy to parent / person with PR)

Parent with PR to be available for clinician(s) to take consent and provide medical history for child

Child focused examination with additional consent +/- assent of child

Acute cases:

Management of immediate health needs, emergency contraception, prophylaxis for infections e.g. Hepatitis B, HIV, risk of self-harm and acute mental health issues

Non acute cases:

Pregnancy testing, screening for sexual infections, prophylaxis for Hepatitis B, screening for mental health issues

Non medical professionals may not be present during history taking & only in special circumstances will be present during the clinical examination.

Collection of evidence:

Forensic sampling (DNA)
Clinical and photo documentation of significant general, anogenital findings / injuries⁵
This will be fully explained by clinician during taking of consent and should not be explained by non-medical professionals

Treatment at Rainbow or referral to specialist teams

Option for shower and change of clothing

Forensic samples handed to police with summary of findings

Medical findings and care plan fed back to child and family

Copy of **initial opinion / interim report** to professionals

Referral: in house psychologist for child, ISVA for child / parent < 2 working days

Child / family leave Rainbow

Strategy discussion with professionals present: review of safety plan, review of actions required by agencies for ongoing investigation / MA / single agency assessment / sibling exams

Acute case: Follow up appointment at Rainbow 2-3 weeks: STI screening +/- pregnancy test, mental health

Follow up STRATEGY MEETING recommended

Opportunity for clinical case supervision and forensic peer review

Full safeguarding report < 2 weeks, shared after consultant QA

Full report shared with social worker, police and designated doctor for safeguarding children
Redacted summary shared with GP