17. MANAGED CLINCIAL NETWORK FOR CHILD PROTECTION

CHILD PROTECTION PROTOCOL FOR THE MANAGEMENT OF A CHILD / YOUNG PERSON PRESENTING ACUTELY WHO MAY HAVE BEEN SEXUALLY ASSAULTED (VULVAL OR ANAL BLEEDING)

Children / young people presenting acutely in A&E or to a Children's ward with vulval or anal bleeding may have been sexually assaulted and this must be considered in their early assessment to ensure that essential forensic evidence is not lost and that child protection procedures are followed.

The clinical needs of the child / young person must be met foremost and intervention if required carried out in the first instance to ensure the child is clinically stable.

A brief history should identify whether there is a credible explanation for the presentation e.g. straddle injury, or features which clearly suggest there may be an underlying medical cause.

Where no clear explanation has been identified the child / young person should be discussed with the on call Acute Hospital Paediatric consultant (if not already involved) who will telephone the child protection Paediatrician on call. Keep clothing / nappy as per early preservation of evidence, see below.

If there are child protection concerns an interagency referral discussion should be initiated with police and social work colleagues following local child protection procedures.

This discussion will formulate a plan for the ongoing investigation of the child / young person which will run in parallel to the clinical care of the child / young person within the hospital. Part of this plan will be agreement on the nature and timing of specialist child protection examination.

Specialist examination (Joint Paediatric Forensic Examination – JPFE carried out by a CSA trained Paediatrician with a Forensic Physician, or Specialist Paediatric examination) should be carried out as soon as possible but within daytime hours unless overnight medical is indicated, based on out of hours criteria (see below).

This examination, using the colposcope for light and magnification and the taking of a DVD recording, allows the identification of the source of the bleeding as well as the gathering of forensic samples. It is therefore useful in situations where the cause of the bleeding remains unclear.

In situations where the child / young person is actively bleeding and clinical management requires surgical intervention the JPFE should be carried out in theatre alongside the surgical procedure.

In children / young people where there is continuing slight blood loss or evidence of dried blood but they are clinically stable the child / young person should be admitted to a Children's ward to await specialist examination.

Review – May 2021
Version 2 – May 2019

Criteria for examining Child Sexual Abuse cases overnight

- Clinical need: child bleeding, in pain, significant associated injury
- Forensic need: evidence from locus e.g. mud, twigs or trace evidence from assault. Swabs for semen need to be gathered before child / young person is allowed to wash and change. Where there is a history of oral sex, swabs from the mouth / saliva must be gathered before the child / young person brushes his / her teeth or has anything to eat or drink.
- Need to comply with legal procedures: where the suspect is in custody and can only be detained for 12 hours without charge and where medical evidence is requires to hold him / her.
- Child care need: social work colleagues need a medical assessment to determine whether it is safe for the child / young person to go home – should only apply where alternatives e.g. admission to hospital, care by extended family have been explored and excluded, i.e. very rarely indicated.
- Extreme anxiety / distress: on part of the child / young person or family

Early Preservation of Evidence

Circumstances where the child will not be examined out of hours

- Child / young person discloses at night but is safe and not acutely injured
- Non CSA trained Paediatrician on duty
- Child / young person is under the influence of drugs or alcohol (cannot give informed consent)

Under these circumstances, arrangements should be made to obtain early forensic evidence e.g. recover clothing or bedding that is with the child / young person, take urine sample, take mouth swab / mouth rinse (as per police early evidence kit), recover nappy, ensure instructions are given for the child / young person not to wash before the medical examination is preformed.

Important points:

- Forensic evidence deteriorates steadily over time. There is no 72 hour rule and the sooner samples can be obtained the better.
- Superficial physical signs (e.g. erythema, abrasions) may disappear within 24 hours and may be important forensically.
- Evidence of semen may be found up to 7 days after the assault.

The on-call Forensic Physician may be contacted for advice at any stage through the police officer involved in the IRD.