CRITERIA FOR EXAMINING CHILD SEXUAL ABUSE CASES BETWEEN 8PM AND 8AM

- Clinical need: child bleeding, in pain, significant associated injury
- Forensic need: evidence from locus eg 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 brushes his/her teeth, or has anything to eat or drink.
- Need to comply with legal procedures: where suspect is in custody and can only be detained for 12 hours without charge and where medical evidence is required to hold him/her.
- Child care need: social work colleagues need medical assessment to determine whether it is safe for the child to go home – should only apply where alternatives eg admission to hospital, care by extended family have been explored and excluded, ie very rarely indicated.
- Extreme anxiety / distress: on part of the child/young person or family.

Circumstances where it is not appropriate to examine child between 8pm and 8am:

- Child/young person discloses at night but is safe and not acutely injured
- Young person is under influence of drugs or alcohol (cannot give informed consent). Under these circumstances, arrangements should be made to obtain forensic evidence (eg recover clothing or bedding, keeping urine samples) before the medical examination is performed.

Important points:

- Forensic evidence deteriorates steadily over time. There is no 72 hour rule!
- Police have Early Evidence kits and can obtain urine samples or do mouth swabs.
- Superficial physical signs (eg erythema, abrasions) may disappear within 24 hours.
- Semen may be found even a week after the assault.

Examine as soon as possible but within daytime hours unless overnight medical is indicated, based on above criteria.

The on-call paediatrician MUST liaise directly with the on-call Forensic Physician to discuss the case.

If medical examination is deferred from overnight, an appointment MUST be offered for the child/young person to be seen the following day following the OOH IRD flowchart (MCN portfolio document 6).