Management of Suspected Child Sexual Abuse (CSA) - Social Care Pathway

This document is a guide to support actions where there are suspected concerns relating to CSA. It includes some prompts, key questions and clarification points, in order to support sufficiently informed and timely decision making. Please note, concerns of CSA include all forms of sexual harm (intrafamilial, HSB, online abuse, CSE, sexual assault etc.). This guidance should be used in conjunction with The Social Care Pathway guidance - [cscreceive.pdf (csapathway.uk)]

Referral/contact relates to a direct or clear disclosure of sexual abuse.

If there has been a verbal disclosure, ask referrer to provide the **child's exact account** as far as possible.

Clarify with the referrer if any ambiguous terminology that may have been used by the child has been clarified, to be clear on the child's meaning.

Consider whether advice is needed from the Havens for immediate health input - see health pathway for further guidance.

If the sexual abuse disclosure is in relation to Harmful Sexual Behaviours, consider the needs of all children involved, including those exhibiting the behaviours.

Referral/contact raises concern regarding child sexual abuse but there is no direct or clear disclosure of sexual abuse by the child

Things to consider when processing a referral/new contact:

Is the referrer aware of any changes in the child's behaviour, physical or emotional wellbeing?

Is the child aware of the referral? What is their view of the concerns? What is the parent response / view of sexual abuse concerns?

Consider the child's identity and characteristics e.g., their age (now and at the time of any alleged abuse), gender identity, religion, ethnicity, culture, disabilities, learning difficulties, mental health needs etc.; to best understand their needs. Ascertain similar information relating to that of their parent(s)/carer(s)

Any information regarding the person suspected of sexually abusing the child, what is their relationship to the child, are they in current contact?

Any previous concerns for the child or history of concerns in the family? Utilise background checks to understand family history and any previous concerns regarding sexual abuse or other forms of harm. What are the protective factors?

Review the chronology / previous involvement as much as possible under the time constraints and try to build a picture of the child's lived experience and any signs and indicators of sexual abuse over time.

*See **Signs and Indicators Template (below)**. This tool can be shared with the referrer to help them to map their concerns to support their referral.*

Borough CSA Practice Lead OR Sunrise Hub Social Care Liaison Officer (SCLO) to be notified for guidance on actions and decisions.

Possible Outcomes: Ensure the decision is tailored to the *needs of this particular child.* Consider their age & development, gender identity, ethnicity, culture, religion, sexual orientation, disabilities etc. Please note, MASH can refer to Sunrise Hub if the family decline S17 assessment.

Information identified the child is at immediate risk of CSA and/or has suffered significant harm:

Strategy meeting to be convened with multi-agency professionals including, police, health, education, The Sunrise Hub and/or the Havens.

Indication of CSA and further information is required, or indication of non-recent CSA and child/family in need of support.

Child and Family Assessment (S17)

No indication/risk of current CSA. There may have been non-recent CSA and support from other agencies may be helpful.

Early Help Support / Referral to the Sunrise Hub

No indication of current or non-recent CSA and no risk of abuse.

No further Action taken.

Management of suspected sexual abuse Health Pathway

Acute: Alleged abuse/assault within the last 7 days

Contact the Havens for advice if there is any uncertainty. The Havens team are available to provide advice 24/7. Consider referral for assessment if the CYP is unsure if there was an assault or not for example intoxicated with associated loss of consciousness and circumstances that might suggest a possible assault.

For children up to their 13th birthday

Police must be notified of all alleged assaults in children up to their 13th birthday. The Havens will only accept referrals from Police for forensic medical assessments in this age group.

Do not assume the police have already done a Haven's referral – please gently prompt them to do this

For children over 13 years

Encourage the young person to consent to a referral to the Police. If the young person does not want Police involvement but consents to a medical assessment a referral can be made to the Havens by either the doctor, social worker or patient themselves. Referral must be made to MASH as well.

For all children: consider the need for the following (particularly if not being seen immediately at the Havens or if declines medical assessment): emergency oral contraception, post exposure prophylaxis for HIV and Hep B vaccination, treatment for any symptomatic STI – This care can be provided in ED, sexual health clinics or by a GP.

Acute: Alleged abuse/assault outside of the 7 days or not seen by the Havens

Most children can be referred to the **Sunrise Hub** for a non-urgent assessment. If there is any uncertainty, contact the Havens for advice as needed, or email the Sunrise Hub for a non-urgent reply from the team. bartshealth.sunrisehub@nhs.net (Mon-Fri, 9am-5pm)

For all children: consider the need for the following (particularly if not being seen immediately at the Havens or if declines medical assessment): emergency oral contraception, post exposure prophylaxis for HIV and Hep B vaccination, treatment for any symptomatic STI – This care can be provided in ED, sexual health clinics or by a GP.

Non-acute abuse / assault

Referrals to the Sunrise Hub (for health and/or emotional wellbeing support) for non-recent sexual abuse/assault are accepted from the relevant Local Authority Children's Social Care, Police, or Healthcare Professionals. The referrer holds responsibility for referring to children's social care and ensuring safeguarding procedures are followed. The Sunrise Hub will always liaise with the relevant Local Authority to ensure Safeguarding procedures have been followed. **Consent for referral must always be obtained from the CYP and their carer / parent (unless CYP Gillick competent and do not want parent informed).**

If there is any uncertainty regarding the referral and advice is needed, please contact the Sunrise Hub bartshealth.sunrisehub@nhs.net

*Please note referrals not accepted by the Havens or outside any of the stated timelines should be at least discussed with the Sunrise Hub team to advise on next steps.

Useful Contacts

Sunrise Hub Social Care Liaison Officer (SCLO)	n.taner@nhs.net (Mon-Fri, 9am-5pm)
Sunrise Hub inbox	bartshealth.sunrisehub@nhs.net (Mon-Fri, 9am-5pm)
The Havens	Non-Urgent: 020 3299 1599 Urgent: 020 3299 6900 (24/7)

Additional Information / Resources

The CSA Pathway is now underwritten in the London Safeguarding Children Procedures:

PG37. Sexual Abuse (londonsafeguardingchildrenprocedures.co.uk)

The CSA Pathway: pathway (csapathway.uk)

Social Care Pathway: '*Children's social care receive the referral and decide next steps': www.csapathway.uk/cscreceive.pdf*

Signs and Indicators Template: www.csacentre.org.uk/knowledge-in-practice/practice-improvement/signs-indicators-template

Understanding medical examinations for child sexual abuse concerns: This is a link https://youtu.be/gOWX1xxnTWg to an informative, evidence-based video for frontline practitioners in social care, health, and police to explain the paediatric medical examination that takes place when there is a disclosure or suspicion of child sexual abuse.