

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 recovery<sup>1</sup> & 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: (DNA<sup>4</sup> +/- injuries) <sup>1</sup> FSSC Guidance updated 6mthly

**Clinical / forensic advice to assist SD<sup>1</sup>**  
 Rainbow +/- forensic physician  
 +/- Unity / Duty DI  
 Timing of Assessment: use national guidance<sup>2, 3, 4</sup>  
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

Is A Forensic Medical Examination Required?

NO

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 pathway<sup>2</sup>

**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 / injuries<sup>5</sup>  
*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*