

Guidance for child sexual abuse (CSA) SARC medicals (under 18-year- olds)

Summary of Purpose

This guidance has been developed to help practitioners manage concerns about possible child sexual abuse (CSA), but will not cover all possible cases, which need individual consideration and discussion. The guidance outlines the pathways for CSA medicals.

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Appendix 1 and 2: Flowchart for referral processes for SARC child sexual abuse (CSA) medicals.

1. Introduction

This guidance supports practitioners in managing concerns about possible child sexual abuse (CSA). It does not replace professional judgment; each case requires individual consideration and discussion.

If this guidance is not followed, the rationale must be clearly recorded, confirming that decisions are informed by best practice and in the child's best interests.

A CSA medical, also known as a SARC medical assessment has limitations in confirming abuse, as most children who have been sexually abused show no anogenital signs. However, its value extends beyond forensic purposes: it provides a holistic health assessment, addresses unmet physical, mental, and sexual health needs, reassures the child and carers, and supports recovery.

There are two main referral pathways based on age (under 13 and 13+), with flexibility for additional vulnerabilities such as learning disabilities. Where uncertainty exists, practitioners should consult the local [Sexual Assault Referral Centre \(SARC\) – The Emerald Centre](#).

Decisions should consider the child's wishes, symptoms, and evidential opportunities, and be made in consultation with a clinician experienced in Child sexual abuse, such as a SARC professional.

This guidance aligns with [Working Together to Safeguard Children \(2023\)](#), CSA Centre best practice, FFLM Quality Standards, and RCPCH service specifications.

2. Indicators where a child sexual abuse (CSA) medical should be considered

When to Consider a CSA Medical Assessment/SARC medical.

You should think about arranging a CSA medical when there are **clear signs, disclosures, or strong concerns** that a child may have been sexually abused. This is not just about forensic evidence—it's about safeguarding and health.

Key Indicators

- **Disclosure or allegation of sexual assault**
(Even if details are unclear or the child is very young or pre-verbal. Acute disclosures need urgent action.)
- **Pregnancy under 16 years**
- **Sexually transmitted infection (STI) or genital warts**
- **Anogenital injury** without a clear accidental explanation
- **Unexplained vaginal or rectal bleeding**
- **Recurrent or treatment-resistant vaginal discharge**
- **Foreign body in vagina or anus**
- **Behavioural changes** such as:
 - Self-harm, aggression, anxiety
 - Sexualised behaviour that is persistent, explicit, or not age-appropriate
 - Sudden changes in mood, school performance, or psychosomatic symptoms (e.g., headaches, abdominal pain)
- **Social risk factors:**
 - Living with or having contact with a known sexual offender
 - Peer-on-peer sexual harm or online sexual exploitation
- **Other abuse indicators:** physical, emotional, or neglect
- **If the alleged perpetrator is a child**, they should also be treated as a potential victim.

Important Notes

- **Most children who have been sexually abused show no physical signs**—absence of injury does NOT rule out abuse.
- Not all sexually active teens need a CSA medical. Consider:
 - Age difference
 - Coercion or exploitation
 - Safeguarding context
- Always look at the **whole picture**: history, context, child's voice, and clinical findings.

(Adapted from the Royal College of Paediatrics and Child Health 'Physical sign of child sexual abuse – an evidence-based review and guidance for best practice 2015').

3. Accidental injuries

Accidental injuries can occur in children of all ages and are often first assessed in primary care or emergency departments. The main challenge is distinguishing accidental injury from injury due to sexual abuse.

There is **no single physical sign that reliably differentiates accidental from abusive injury**. Assessment must consider the full context, including history, reported mechanism, developmental stage, and any safeguarding concerns.

Examples of accidental mechanisms include straddle injuries, falls, hair tourniquet syndrome, and foreign body insertion. Some injury patterns (e.g., isolated posterior fourchette injuries in girls; blunt force injuries to penis/scrotum in boys) are more often accidental, but these are not definitive.

All injuries requiring treatment should be managed appropriately. If CSA is suspected or cannot be excluded, follow the CSA medical pathway and seek advice from a paediatrician with CSA expertise or the local SARC.

Reference: RCPCH & FFLM *Physical Signs of Child Sexual Abuse – Evidence-Based Review* (2023 update); Archives of Disease in Childhood systematic review (2023).

4. Is the child in need of urgent medical attention?

If a child requires urgent medical care (e.g., acute bleeding, severe pain, suspected internal injury), they should be taken immediately to the nearest Accident & Emergency (A&E) department for stabilisation.

Once the child is stable, if there are concerns about possible child sexual abuse (CSA), A&E staff or hospital paediatricians must:

- **Document concerns clearly** in the medical record.
- **Notify social care and police immediately** and initiate a strategy discussion with SARC involvement.
- **Contact the local [Sexual Assault Referral Centre \(SARC\)](#)** and consider forensic sampling may be required (within forensic timeframes: up to 72 hours for pre-pubertal children, up to 7 days for post-pubertal).

If outside forensic windows, a CSA medical assessment is may still be essential for health, including sexual health, reassurance, injury documentation and safeguarding.

Avoid unnecessary genital examinations in A&E unless clinically required for stabilisation. All decisions should follow [Working Together to Safeguard Children \(2023\)](#) and FFLM/RCPCH guidance.

5. What to do if you have concerns?

Where a practitioner identifies any indicators outlined above, advice should be sought initially from the local [Sexual Assault Referral Centre \(SARC\)](#).

Appointments and referrals can be made by contacting the SARC directly (e.g., Bedfordshire SARC: **0330 223 0099**). SARC services in Bedfordshire operate between **9 am – 9 pm (Monday – Sunday)**, with 24/7 on-call forensic clinicians for urgent cases.

During operating hours, you can speak with a nurse or doctor for support and to discuss options for making an appointment and/or referral. Outside these hours, advice and guidance remain available.

For all suspected or confirmed CSA concerns - a referral must be made to children's social care via MASH or Integrated Front Door, following [Pan Bedfordshire Inter Agency Child Protection Procedures](#).

Remember to use your organisation's secure email when sending confidential information.

If indicators of sexual abuse are clear and a direct referral to local authority children's social care has been made, ensure the **SARC is invited to the strategy discussion**, which should take place within **24 hours** of CSA concerns.

For looked-after children, follow this pathway and liaise with the allocated social worker.

6. What happens after a request for support/referral is made?

Once a request for support/referral has been received, a **professional discussion or strategy discussion** will take place, led by Children's Social Care. This should happen **within 24 hours** and must include input from the [Sexual Assault Referral Centre \(SARC\)](#).

For looked-after children, the allocated social worker must also be involved.

The discussion will include a risk assessment of forensic, sexual health and emotional wellbeing needs, and agree next steps. The SARC will contact a suitably qualified forensic clinician or paediatrician to ensure appropriate health representation.

There are two possible outcomes:

- **No further action from a SARC medical perspective.** If a paediatric medical is needed, arrange via local Child protection medical services.
- **CSA medical examination required.** Appointment booked with SARC for a comprehensive assessment, including physical health, growth, developmental and mental health, and forensic examination where indicated.

References: CSA Centre, RCPCH Child Protection Companion, FFLM Quality Standards, NHS England Service Specification.

Who carries out the CSA examination?

CSA medical examinations must be carried out by clinicians who meet nationally defined competency standards. These are set out in the following documents:

- **Faculty of Forensic & Legal Medicine (FFLM)** – [Quality Standards for Clinicians Undertaking Paediatric Sexual Offence Medicine](#) and Recommendations for the Collection of Forensic Specimens from Complainants and Suspects
- **Royal College of Paediatrics and Child Health (RCPCH)** – [Service Specification for Clinical Evaluation of Children and Young People Who May Have Been Sexually Abused](#)
- **Physical Signs of Child Sexual Abuse (Purple Book)** – Evidence-based Review and Guidance for Best Practice (Updated 2023)

All examinations must follow local SARC arrangements and national standards, ensuring a trauma-informed, child-centred approach.

Arranging a CSA examination

- The CSA examination depends on the **age of the child**, whether the concern relates to **acute or non-acute abuse**, and whether **forensic samples are required**.
- Examinations should be carried out within the **timeframes defined by FFLM guidance and local SARC commissioning**:

Recent abuse (within forensic window): Full timeframes can be found in the attached SARC Briefing (page 2)

- Pre-pubertal: within **72 hours**
 - Post-pubertal: within **7 days**
 - Forensic sampling and documentation are mandatory in these cases with consent.
 - **Acute examination:** within **2 weeks** of the event to document injuries.
 - **Non-urgent cases:** should be seen within **2 weeks** of referral.
- Appointments must be agreed between the **SARC and the referring agency**. Examinations usually take place during daytime hours, but urgent cases may require **out-of-hours arrangements**, including weekends and bank holidays.
 - If the child needs **urgent medical care** (e.g., acute bleeding), they should be taken to **A&E for stabilisation**. The SARC will then schedule an appropriate appointment once the child is stable.
 - **Best practice:**
 - A **police officer or social worker should accompany the child** where practicable.
 - For children under 13, **one or both professionals MUST be present**.
 - If forensic samples are expected, a **police officer MUST be present** to maintain the chain of evidence.
 - **The examining practitioner will:**
 - Send a written report to the social worker, GP, named doctor for safeguarding/child's paediatrician, and the police (if an investigation is ongoing).
 - Ensure a copy is retained in the SARC records.
 - **Sexual health care:**
 - Under 13: STI screening completed at SARC.
 - 13+: Referral to local sexual health services for screening and ongoing support.
 - **Emotional support:**
 - Children and young people will be offered specialist counselling and referred to mental health services if required.

In case of disagreement between Health/Social Care/Police/SARC

If there is disagreement about the need for a CSA medical examination or any aspect of the safeguarding plan, concerns should be escalated promptly. Follow your organisation's escalation policy and the [Pan Bedfordshire Escalation Procedures](#) to resolve professional differences.

Escalation should be:

- **Timely** – do not delay decisions that affect the child's safety or wellbeing.
- **Documented** – record the nature of the disagreement, actions taken, and outcomes.
- **Child-focused** – ensure decisions remain in the best interests of the child.

7. References

Full Reference List

1. CSA Centre

- [CSA Centre. Medical Examinations Guidance.](#)
- [CSA Centre. Signs and Indicators of Child Sexual Abuse.](#)
- CSA Centre. *Communicating with Children: A Guide for Those Working with Children Who Have or May Have Been Sexually Abused* (Second Edition).

2. Royal College of Paediatrics and Child Health (RCPCH)

- [RCPCH. Child Protection Companion – Chapter 10: Child Sexual Abuse.](#)
- [RCPCH. Physical Signs of Child Sexual Abuse \(Purple Book\) – Evidence-Based Review and Guidance for Best Practice \(Updated 2023\).](#) Available at:

3. Faculty of Forensic & Legal Medicine (FFLM)

- [FFLM. Quality Standards for Clinicians Undertaking Paediatric Sexual Offence Medicine \(2024\).](#)
- FFLM/RCPCH. *Service Specification for the Clinical Evaluation of Children and Young People Who May Have Been Sexually Abused* (Latest Edition).
- FFLM. *Recommendations for the Collection of Forensic Specimens from Complainants and Suspects.*

4. NHS England

- NHS England. *Service Specification for Paediatric Forensic Medical Examinations in Sexual Assault Referral Centres (SARCs).*

5. Government Guidance

- [HM Government. Working Together to Safeguard Children: Statutory Guidance on Inter-Agency Working to Safeguard and Promote the Welfare of Children \(Updated 2023\).](#)

6. Local Pathways

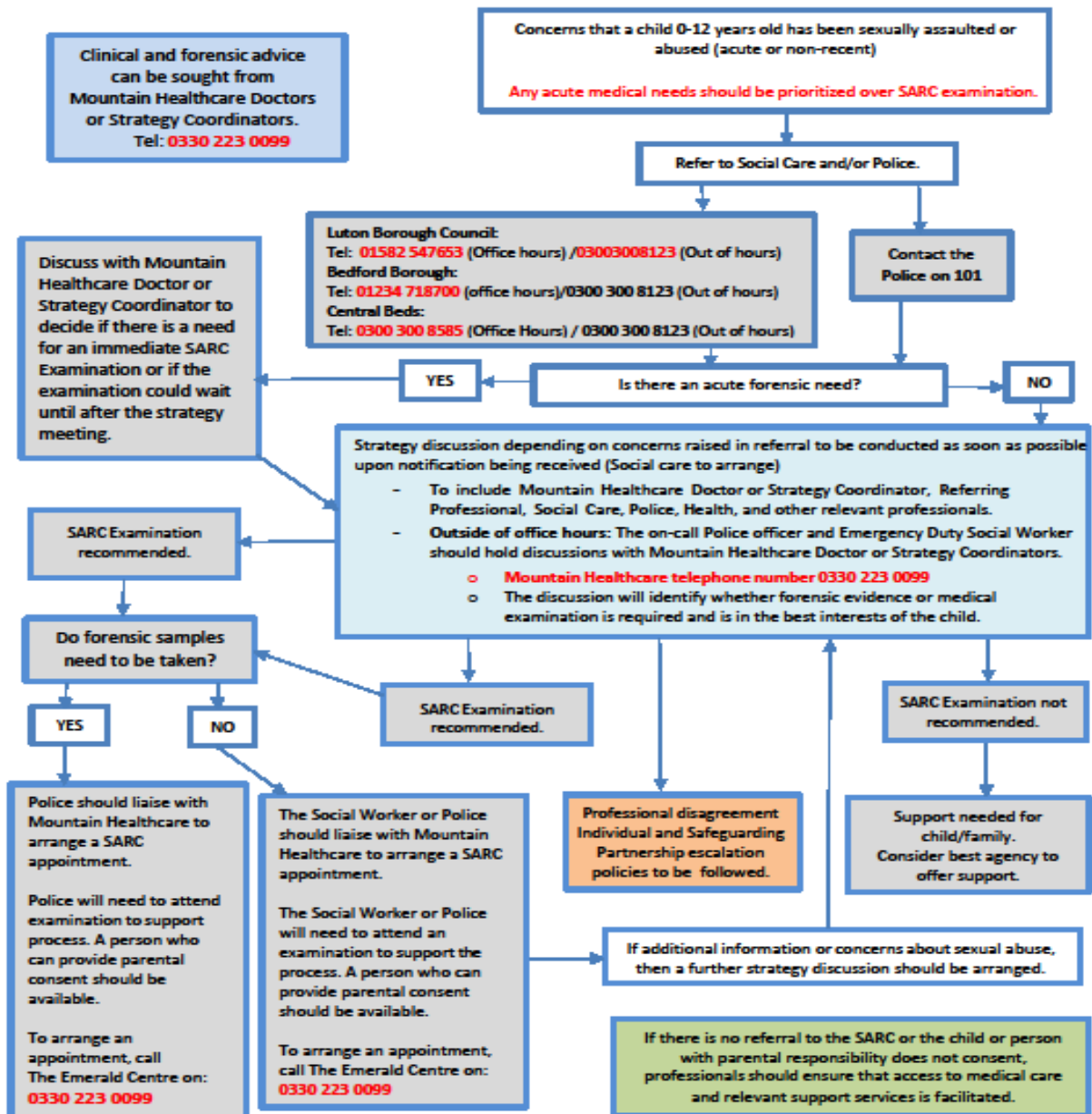
- [Pan Bedfordshire Safeguarding Children Partnership. Escalation Procedures.](#)
- [Emerald Centre \(Bedfordshire SARC\). Referral Guidance and Service Information.](#)

7. Additional Practice Guidance

- [NSPCC. What to Do If You Suspect Child Abuse.](#)

Referral Process for Emerald Centre Paediatric SARC service (0 -12 years old)

In emergency situations, if the child does not feel safe and is at risk of immediate harm, please dial 999.



Holistic Examination

The examination may include forensic samples, documentation of injuries, pregnancy testing, emergency contraception, HIV prophylaxis treatment and testing or referral for sexually transmitted infections.

Medical Reports should be shared with social care and police within 3 weeks.

Health safeguarding alert is to be sent to the designated safeguarding team.

GP notification (with Patient/Parental or Carer consent).

Referral to child Independent Sexual Violence Advocate and other support services where appropriate.

Current Paediatric SARC Service provision for under 13s

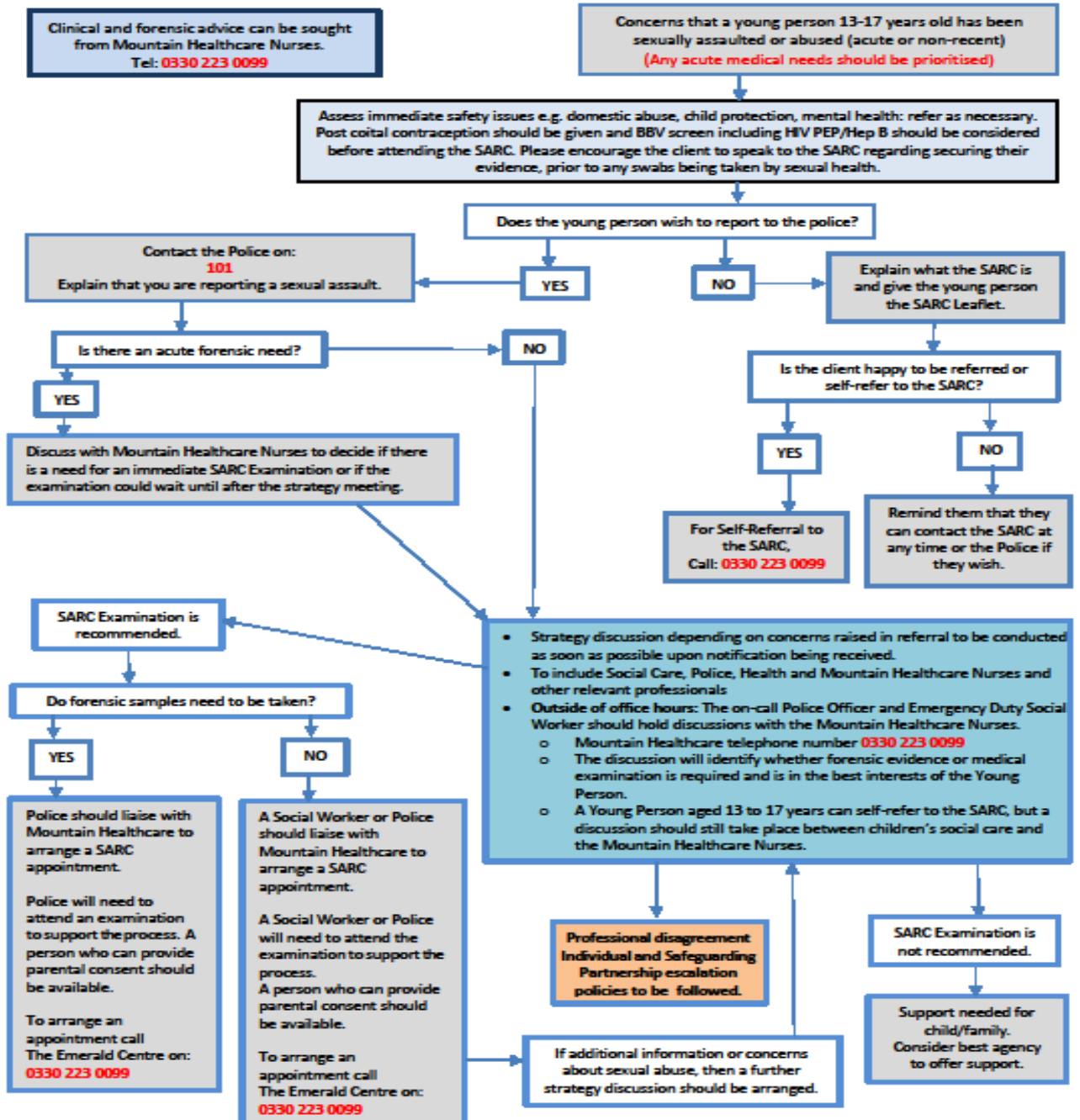
- Acute cases or non-forensic examinations can be held at the Emerald Centre (10 am – 2 pm) (Tuesdays only).

- Patients may be seen in a neighbouring county (Acute cases only). Every Monday, Wednesday, Thursday, Friday (9 am – 5 pm) and Saturday (11 am – 3 pm).

Note: The location of examination will be considered on an individual basis.

Referral Process for Emerald Centre Paediatric SARC service (13-17 years old)

In emergency situations, if the young person does not feel safe and is at risk of immediate harm, please dial 999.



For info: Forensic Window
The nature of the assault will determine the collection of certain forensic samples. The below timeframes are for guidance and should ALWAYS be discussed with a sexual offence examiner.
Vaginal Penetration – 7 days
Anal Penetration – 72 hours
Oral Penetration – 48 hours
Digital Penetration – 48 hours
Injuries can be documented when present.
Clothing, tampons, toothbrushes, etc. can all be saved to provide evidence.
Therapeutic needs ALWAYS come before forensic samples.
Contact The Emerald Centre, if in doubt on 0330 223 0099 during office hours (9 am – 9 pm) and out of hours (for advice only).

If there is no referral to SARC or the Young person does not consent, then professionals should ensure that access to medical care and relevant support services is facilitated.

A Young Person (13-17 years) can be seen at The Emerald Centre (Monday – Sunday) (9 am – 9 pm), if in their best interests.