Briefing: Sexual Assault Referral Centres (SARCs) and Child Sexual Abuse (CSA) Medical Assessments

Child Sexual Abuse (CSA) Medical Assessment is undertaken when CSA is disclosed or suspected. A medical examination provides multiple benefits, both forensic and therapeutic.
Practitioners must have the knowledge and confidence to share clear information and advice with children, young people, and families in advance. All cases of suspected sexual abuse should be considered for a CSA medical, also known as a Sexual Assault Referral Centre (SARC) medical.

Purpose of CSA Medical Assessment

- Forensic evidence collection: Identification of injuries and collection of samples.
- Holistic health assessment: Addressing physical, mental, and sexual health needs.
- Risk assessment: Including risks of ongoing abuse, self-harm, or exploitation.
- Reassurance: Providing clarity and support to children, young people, and carers.
- Safeguarding: Contributing to multi-agency child protection planning.

Referral Pathways

- Ages 0–12: Referral only via social services or police, must include SARC in strategy meeting prior to medical examination.
- Ages 13+: Referral by professionals or self-referral (without police involvement if preferred) – should include SARC in strategy meeting, ideally preexamination but may be post examination

Consent

- Must be voluntary, informed, and capacity based.
- For examination will be obtained from child/young person (if Gillick competent – over 13) or parent/carer or relevant team with PR.
- If consent is withheld, a strategy discussion is required.

Examination Process

- Conducted by trained and experienced forensic practitioners, this may be a nurse or a doctor dependent on age of the child.
- Including clinical history, full-body examination, documentation, and STI screening for those age under 13, appropriate referrals will be made for those over 13.
- Child-centred approach: The child can stop at any time.

Timing:

Ideally contact SARC services within 24 hours of disclosure.

Type of Assault	**Forensic Window**
Vaginal intercourse (penile-vaginal)	Pre-pubertal: up to **72 hours** Post-pubertal female: up to **7 days**
Vaginal digital or object penetration	Up to **48 hours**
Anal intercourse (penile-anal)	**72 hours** (male and female)
Anal digital or object penetration	up to **48 hours**
Oral Penetration (Penile Oral)	Up to **48 hours**
Oral-genital contact (oral sex)	Up to **48 hours**
Penile swabs (post-assault ejaculation/contact)	Up to **72 hours**
Skin to skin contact	Washed: up to **48 hours** Unwashed: up to **7 days**

Ref; Faculty of Forensic and Legal Medicine: Recommendations for the Collection of Forensic Specimens from Complainants and Suspects – July 2025.

Note: "Up to" means examinations should ideally occur **anytime within this window**. Earlier presentation improves forensic yield. Beyond these windows, assessment can still be offered for holistic examinations and injury documentation.

Role of Social Care

- Strategy Meetings: Convene when significant harm is suspected or disclosed.
- Core members: Social worker, police, health practitioner; invite SARC for suspected or confirmed CSA cases, regardless of when the incident occurred.
- Agree on future plan, and safeguarding measures.

Post-Examination

- Immediate reassurance and information for child/carer by SARC.
- Follow-up referrals: Sexual health, Community Paediatric teams, and mental health support, ISVA, talking therapy may be made with consent.
- Written report for social care (ages 0–12).

Key Principles

CSA medical assessments are not screening tools; they inform safeguarding and health needs.

Timely referral and coordination with SARCs are critical.

Always document rationale if SARC are not included with strategy meetings or care planning for suspected/disclosed/confirmed CSA cases.