

Luton Safeguarding Children Board



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(STI & CSA)

Appendix: 1 (Procedure for CP Medical Assessment).

Protocol for Joint GUM & Community Paediatric Examination in Children referred for suspected STI (Sexually Transmitted Infection) & concern about sexual abuse

Description: This protocol is for examination of children referred with symptoms of sexually transmitted infection with additional concern of about possible sexual abuse on account of medical or social risk factors. It was initiated in 2003 and operational since March 2004. This review started October 2008 and operational since January 2009.

It covers children and young people under the age of 18.

Principle

Sexually transmitted infections (STI) have varying levels of significance in relation to sexual abuse of children, some are more strongly associated with sexual abuse, others less so. Where presence of STI alone may not be enough to prove sexual abuse and hence safeguard a child, simultaneous finding of medical signs of sexual abuse makes the case evidentially stronger and reported in our publication (ref 1). This protocol addresses both aspects of management – medical and child protection.

Background

It was developed through a series of multi-disciplinary and multi-agency meetings including GUM, Community Paediatrics, Microbiology, Police & Luton Social Care and reviewed in 2008 by Consultant in GUM & Consultant Community Paediatrician.

Referral

Referral can be made by a hospital doctor, a GP, or a nursing colleague who is concerned that presenting symptoms of genital or anal infection may be due to sexual abuse. Referral should be made to the Consultant Community Paediatrician who is on call on the day for child protection over the phone (Tel: 01582 700300) followed by a faxed referral for processing (Fax: 01582 700299). It may take a few days to organise.

Where a child is already known to a social worker or the police and there is such concern, a referral can be made to the Edwin Lobo Centre as any other case of child protection. If other agencies e.g. education or school are concerned, they could either access this service through the GP or if sexual abuse perceived to be more probable, through children's social care or the police.

Health Professionals dealing with children in the community

Any child with ano-genital symptoms or signs of STI should be carefully evaluated both for medical signs and socio-environmental factors. If there is need for specialist opinion on medical grounds alone (no concern about abuse or welfare), a referral need be made to the secondary care discipline of suitable for the case (Paediatrician in hospital, GUM Specialist or Dermatologist) depending up on clinical situation.

However, if there is suspicion of any form of abuse or neglect or if there is welfare concerns, it should be referred to The Edwin Lobo Centre (ELC) for a joint medical examination between a community paediatrician and a GUM specialist.

Secondary Healthcare Professionals dealing with children

Any specialist doctor during the course of dealing with such cases discovers that the organism grown has higher specificity for sexual transmission and **hence raises the probability of sexual abuse**, should consider –

- i. Withholding treatment and taking a fresh sample maintaining chain of evidence if that was not the case when initial sample was taken or consider referral for joint examination at The ELC after discussion with carer/s. Referral to social services needs to be made after such a diagnosis is confirmed by the laboratory.
- ii. Explaining its implication to carers and the child (if applicable) and explain the process and management plan.
- iii. If treatment cannot be withheld for medical reasons, then having explained the child protection implications to the carer/s a referral to children social care should be made.
- iv. Cases of ano-genital warts are pretty obvious clinically (without virological studies) and may be considered for joint examination at the outset under some circumstances.

Joint Examination

1. **Venue**: These examinations will normally be conducted at the ELC.
2. **Objective**: Simultaneous examination for medical signs of sexual abuse, evidence of other abuse (physical, emotional or neglect), clinical examination for STI, collection of appropriate biological samples maintaining chain of evidence, transportation of the samples to the laboratory. Treatment of the condition, support to the child and the carer/s and appropriate follow up. Taking measures to safeguard the child where indicated by referral to the children's social care or the police.

3. Conduct of examination:

- i. Explain to the child and carer/s the nature and conduct of examination, including use of colposcope if applicable.
- ii. Obtain their consent for examination and photo documentation.
- iii. Discuss the findings after examination and discuss the management.
- iv. Examination: As for examination for sexual abuse (Community Paediatrician).
Examination for STI, obtaining appropriate samples and transporting these to the laboratory maintaining 'chain of evidence'.
- v. Treatment & follow up by the GUM Specialist. Consider risk assessment for other infections e.g. hepatitis, HIV (refer to Medical Care following Sexual Assault – Guidelines for SARCS).

This protocol needs to be reviewed in 2013.

References/ Bibliography:-

1. Child sexual abuse and sexually transmitted infections: review of joint GUM & paediatric examination practice. Kawsar, Long & Srivastava; International Journal of STD & AIDS; 2008; 19: 349 – 350.
 2. National guidelines on management of suspected sexually transmitted infections in children and young people. www.bashh.org/guidelines.
 3. RCPCH Child Protection Companion
 4. RCPCH Physical signs of child sexual abuse. 2008
 5. Medical Care following Sexual Assault – Guidelines for SARCS. www.homeoffice.gov.uk/crime-victims/reducing-crime/sexual-offences/sexual-assault-referral-centre
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