NNDHP

National Network of Designated Healthcare Professionals for Children

Position statement: commissioning child sexual abuse medical assessments

The NNDHP position

Commissioners must procure medical assessments for child sexual abuse (CSA medicals) that comply with established standards and capabilities set by National Health Service England (NHSE)[1], the Faculty of Forensic and Legal Medicine (FFLM)[2] and the Royal College of Paediatrics and Child Health (RCPCH).[3-5] These standards should be rigorously enforced, including cancellation of contracts with organisations that are unable to comply with them. In some cases time may be needed to do this effectively. Failure to provide the necessary level of expertise for CSA medicals leaves children and young people unprotected and crimes unprosecuted.

The commissioning of CSA medicals must meet children's needs in full. Standards for children should be specified in separate document to adults because the current combined specification[6] significantly fails to recognise the needs of children.

Like all child protection medicals, CSA medicals require the assessment and diagnostic skills expected at the level of a consultant paediatrician (this includes properly qualified and experienced forensic physicians who hold the required capabilities[1-5]). When DNA sampling is required, forensic examiners, who are not operating at this level, must work alongside someone who is. Any trainees or resident doctors must be directly supervised at consultant level.[7]

Introduction

Designated health professionals seek to support NHSE procurement of CSA medicals so that the standards set by NHSE are met in full.[8] The alignment of services for child sexual abuse with those for adult sexual assault risks the loss of senior paediatric expertise, resulting in failures to adequately address the needs of children. Child sexual abuse presents differently to adult sexual assault in its presentations, assessments, and responses. The medical assessments required for child sexual abuse are more closely aligned with those necessary for other forms of child protection than with assessments for adult sexual assault. Medical evaluations should include timely and comprehensive, senior paediatric assessment, without the need for multiple appointments. This approach prioritises children's best interests and reduces unnecessary costs.

Article 24 of the United Nations Convention on Rights of the Child (UNCRC)[9] states the children's right to the highest attainable standard of healthcare. The UK was a core signatory to the convention so this should be the guiding principle for commissioners. The paramountcy of children's needs[10] is not fully supported by the NHSE service specification which subsumes the needs of children to those of adults and repeatedly fails to recognise children's specific needs.

In accordance with UK law,[11] itself in line with the UNCRC,[12] NHSE standards recognise that "victims/survivors of sexual violence should be considered as children and young people until their 18th birthday and services should be commissioned accordingly."[13] The NHSE capabilities framework requires completion of comprehensive child protection medicals on children aged up to 18 years.[14]

Designated health professionals provide clinical expertise and strategic advice to ensure that the needs of children and young people are at the forefront of commissioned health services. The National Network of Designated Healthcare Professionals (NNDHP) is made up of all designated health professionals (doctors and nurses) who work in the area of children's safeguarding, looked after children and child death overview panels and provides a national voice for this approach.

NHSE capabilities[15] align with standards set by the FFLM[2] and the RCPCH.[3,5] and states that 'the forensic healthcare practitioner must… deliver a safe service that reflects the same standard of care a child/young person would receive within the NHS following any other serious incident/child protection issue'. The RCPCH and FFLM state that 'sexual violence against children and young people should have equivalence with physical abuse in terms of the robustness and quality of the healthcare response'[16] All other child protection medicals are conducted by senior paediatric clinicians at consultant level or under their direct supervision.[17] CSA medicals, are highly specialised, and require more (not fewer) paediatric skills.

Differences between medical assessments for child sexual abuse and adult sexual assault

Child sexual abuse substantially differs from adult sexual assault, and commissioning of forensic services for CSA requires different specialist understanding and expertise. Key considerations include:

- **Need to gather different types of forensic evidence including:**
  - Assessment and recording of anal, genital, oral and any other injuries, (which often persist after DNA evidence is no longer viable)
  - Co-evaluation of physical and emotional abuse, and neglect, often found alongside CSA.
  - Indicators of CSA and child sexual exploitation from a comprehensive medical history
  - Investigation of sexually transmitted infections, (STIs) and pregnancy

- **Need for diagnostic skills**

  CSA rarely presents with a full account of what has happened.[18] It can present only with signs such as infections, bleeding, discharge, bruising, or with concerning behaviours in the child or those around them[19] Therefore, assessments need to be conducted by professionals who are skilled in communicating with children and in evaluating medical symptoms and signs. The assessment must also address the physical and mental health consequences of abuse, as well as a range of unmet health needs that are known to be related to sexual abuse.[20,21,22]

- **Need to investigate and treat sexually transmitted infections in children**

  The diagnosis of sexually transmitted infections (STIs) holds greater forensic significance in children than in adults. Chain of evidence protocols are needed[23] and screening is the responsibility of the CSA examiner. It should be carried out at the time as the CSA medical,[24] with follow up as needed.

  Like adults, children will sometimes require medications, such as HIV post-exposure prophylaxis (PEP) which should be started urgently with close monitoring for toxicity and adverse effects.[25] Clinicians conducting CSA medicals must be able to promptly request relevant investigations, interpret the results and prescribe appropriate paediatric formulations and doses. This requires skills expected at the level of consultant paediatricians.

- **Need for medical opinion at strategy discussions**

  Although CSA medicals are required to gather evidence for a potential criminal prosecution, they are mostly used to support social workers and family courts working under the civil burden of proof. Safeguarding multi-agency strategy discussions often take place immediately after a CSA medical, and these require the clinician to have reached an evidence-based opinion on the likelihood of abuse. Clinicians must 'be sufficiently senior to make decisions on behalf of their organisation and agency… [and to] … critically assess and challenge their own and others' input.'[26] This requires a high degree of capability and expertise, which can only be found consistently at consultant level.

- **Need for comprehensive child protection medical reports**
  As for other child protection medical assessments, effective safeguarding requires that CSA medicals are followed up with comprehensive reports that include differential diagnoses and evidence-based opinions, for sharing with relevant agencies, and with courts if needed.[27] Low-quality reports will leave children at continuing risk of harm.

- **Need for immediate access to specialist clinical networks**
  To provide the best healthcare and fully informed interpretations of medical findings, clinicians conducting CSA medicals will sometimes need to consult colleagues such as sexual health specialists, gynaecologists, urologists, dermatologists, and haematologists. Reliable and immediate access to these specialists is essential.[28] The child's interests will always be served best by professionals with established relationships.

- **Need to maintain an expert workforce who can advise courts**
  The availability of medical experts in child protection is already limited.[29] If CSA medicals are conducted by clinicians lacking appropriate expertise and credibility, experts will be needed to help courts interpret their findings. If senior clinicians are not routinely conducting these medicals, there will be a decline those capable of providing expert testimony, and in those able to train the next generation of experts. This will jeopardise future criminal justice prosecutions, and the protection of children.

- **Need for senior clinical expertise**
  CSA medicals are child protection assessments. RCPCH standards require that where a paediatric resident (ST4 level and above) conducts a child protection medical assessment, including for CSA, they must be supervised by senior clinicians at consultant level.[30,31,32]

Consequences of commissioning inadequate CSA medicals

NNDHP members have expressed concerns about procurement that has resulted in negative impacts on children, including appropriate CSA medicals being refused, unacceptable delays, unnecessary multiple appointments, and inadequate safeguarding reports and information sharing.[8] CSA medicals undertaken by inexperienced clinicians pose significant risks, including ongoing child abuse, failure to safeguard, and physical and mental health needs not being met. This will risk harming children's wellbeing for life with long term costs for families and wider society.[33]

Conclusion

The high order of the professional standards required in CSA medicals has been spelt out by the President of the Family Division:

"Clinical evaluation of signs, which may themselves be minute or hard to detect, and the need to differentiate between variations in the range of normality, possible accidental explanations, or compatibility with child sexual abuse, is a professional task of a high order of both difficulty and importance. The consequences for a child, their family and possibly others of a conclusion, one way or the other, on the issue of child sexual abuse may be both profound and life-long."[34]

The implementation of this position statement will help to increase children's safety and the prospect of holding abusers to account.

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