

# Greenwich Child Sexual Abuse (CSA) Pathway for Children and Young People

## Introduction

An allegation or suspicion of child sexual abuse must be acted upon robustly. It is a difficult area for staff to manage. CSA includes physical contact (both penetrative and non-penetrative acts), non-contact activities such as exposure to sexually explicit material, and child sexual exploitation (CSE). The exact prevalence of CSA is unknown, however, it is clear that much goes unreported. In a survey of 18 – 24-year-olds, 11% considered themselves to have been sexually abused. This pathway aims to simplify the process and make the referral pathway and sources of advice available clear.

## Target Audience

The audience is all staff who work with children, or with adults who have children. Safeguarding is the responsibility of all staff.

## Key changes from previous guideline

Updated with time frames and accountability for referrals to the HAVEN

## Indications

Presentations can include:

- Disclosure of CSA.
- Pregnancy and sexual activity in child under 13 years.
- Consider in children sexually active or pregnant aged 13 – 17 years.
- Sexually transmitted infections.
- Unexplained and ano-genital injury.
- Unexplained vaginal bleeding.
- Unexplained rectal bleeding.
- Vaginal discharge/vulvo-vaginitis. Note this is commonly reported in victims of CSA but is also common in non-abused girls. Careful history and consideration required.
- Foreign body in anus and vagina.
- Constipation/soiling/enuresis are common paediatric presentations, but CSA should always be a differential.
- Behavioural presentation (e.g., self-harm, aggression, anxiety, poor school performance, school refusal, sexualised behaviours and psychosomatic symptoms).
- Social indicators: living with adult deemed a risk or sibling with CSA.
- Where perpetrator of CSA is a child, the perpetrator should be considered as possible victim in their own right.

Taken from RCPCH Child Protection Companion Chapter 10.

<https://childprotection.rcpch.ac.uk/child-protection-companion-content/chapter-10-child-sexual-abuse>

The HAVEN team are available 24 hours a day for advice. Discuss with your safeguarding lead, but do not delay onward referral. **SEE flow chart PART ONE for initial actions**

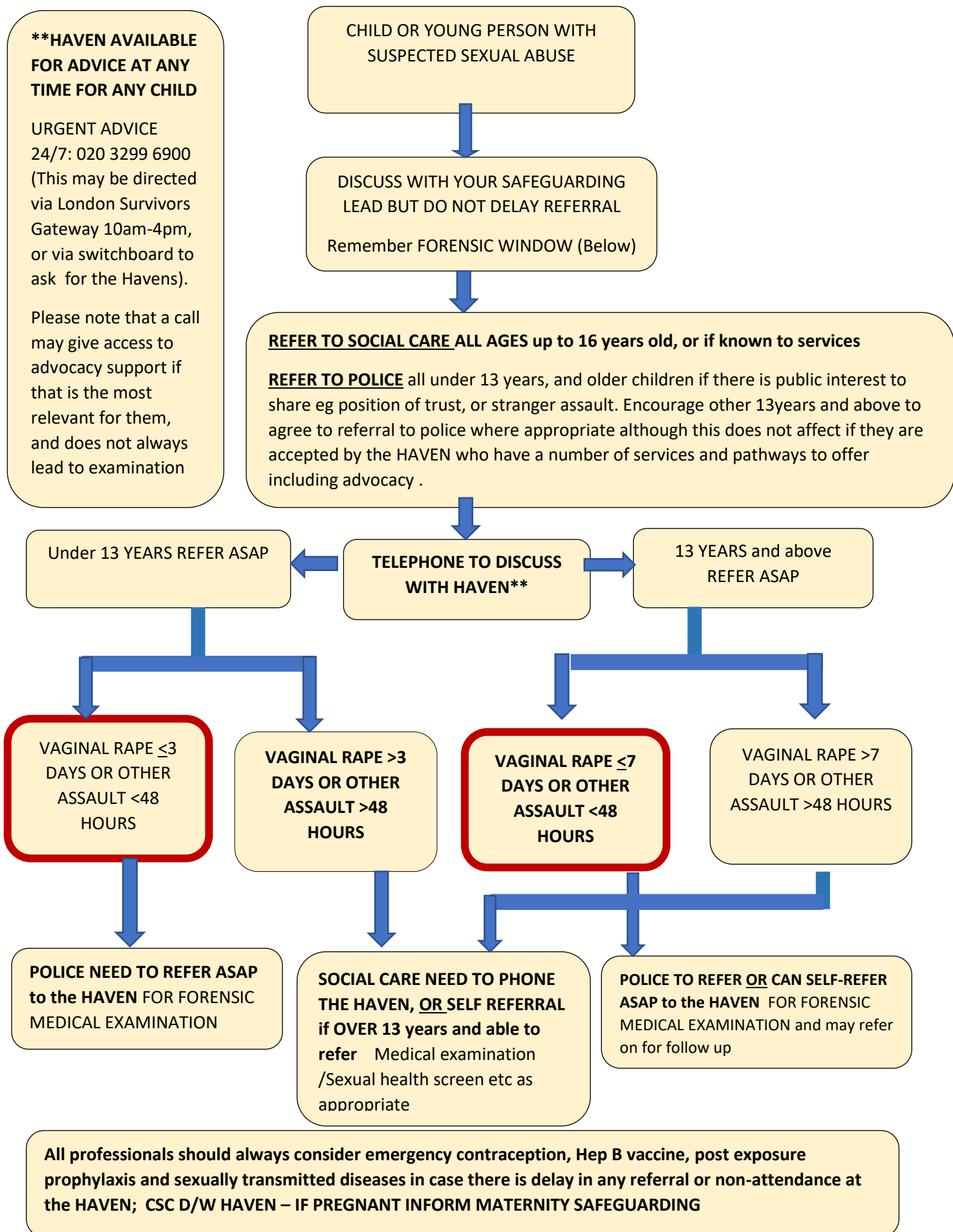
## **Therapeutic response**

Trauma informed sexual violence therapeutic work should be considered for ALL children or young people who have experienced CSA/CSE at any time. However, appropriateness, timing and ability to access support (e.g. related to risk and safeguarding or support network) need to be considered.

This work can be with the individual and will likely involve their parent/ carer and network.

**See flow chart PART TWO for therapeutic response and options for professional discussion and planning.**

**PART ONE = CSA PATHWAY (also see part two, for therapeutic and advocacy response pathway)**



**PART TWO ; CSA Pathway with a focus on the therapeutic response following child sexual abuse/ child sexual exploitation (ie whether or not they attend the HAVEN)**

**HAVEN AVAILABLE FOR ADVICE AT ANY TIME FOR ANY CHILD; URGENT ADVICE 24/7: 020 3299 6900** (This is either via London Survivors Gateway or via King’s switchboard; ask for HAVEN)

**SAFER LONDON AVAILABLE FOR ADVICE FOR REFERRALS IF DECLINING HAVEN THERAPEUTIC WORK OR TO SUPPORT PRE COURT** Safer London’s, Emotional Support Service can provide short-term (6-8 weeks) trauma informed interventions to support children, young people and their non abusive parents or carers who have been affected by current/historical child sexual abuse by advocating on their behalf to secure longer term interventions for both children and their families according to their needs.

Email [manpreetpatil@saferlondon.org.uk](mailto:manpreetpatil@saferlondon.org.uk)

Referral [https://login.apricotsoftware.co.uk/auth/autologin/org\\_id/3617/hash/b2d8ad1ec08b206d7bb197db1abe7d0dbdcd088e](https://login.apricotsoftware.co.uk/auth/autologin/org_id/3617/hash/b2d8ad1ec08b206d7bb197db1abe7d0dbdcd088e) (only compatible on Chrome/Firefox)

**Trauma informed sexual violence therapeutic work should be considered for all children or young people who have experienced CSA/CSE.** However, this may not be appropriate for all CYP – timing, ability to access support (eg risk and safeguarding, support network) will need to be considered. This work can be with the individual and will likely involve their parent/ carer and network

**DISCUSS WITH YOUR SAFEGUARDING LEAD BUT DO NOT DELAY REFERRAL to HAVEN CSA**

**CSC REFER TO HAVEN if outside forensic window**  
**POLICE REFER TO HAVEN if within forensic window and appropriate for age group (see above pathway)**  
**All children can phone in directly to discuss advocacy / support needs**

**CSC DISCUSSION WITH HAVEN for CSA examination and management and/or referral to HAVENS CYP Psychology service**

**Accepted for CYP Havens psychology assessment and then if indicated, full intervention**

**Declined /unsuitable for HAVEN Forensic or clinical assessment (but NB they will consider Advocacy work)**

**Declined /incomplete /unsuitable for HAVEN CYP psychology intervention/therapeutic work**

**HAVEN /Police/ Havens CYP Psychology (as applicable) to inform Social worker if a young person/carers has declined assessment or full intervention. The SOCIAL WORKER will**

- 1) Check if HAVEN psychology therapeutic referral accepted and therapy underway
- 2) Support YP to attend HAVEN/ HAVEN therapy, and if not able to support to attend HAVEN Therapy will ask for Safer London Support with this
- 3) Discuss with HAVEN re therapeutic needs (complexity of trauma may indicate urgent local CAMHS if known to their service)
- 4) Refer to Safer London for therapeutic support if not accessing HAVEN
- 5) Arrange Sexually Transmitted Disease follow up with GP or Metro GAV