Child Sexual Abuse

Screening

Consider the possibility of child sexual abuse (CSA):

- During routine child health checks (see Healthy Kids Protocol).
- Opportunistically during clinic visits for other reasons, particularly if routine health checks missed.

Presentations of abuse may include:

- Disclosure by child or young person.
- Observation or concern raised by others, e.g., childcarer, teacher, parent, health worker, nurse or doctor.
- Sexualised behaviour inappropriate for developmental stage.
- STI and/or pregnancy in young person. All STIs in children under 14 years are notified via the Kimberley Population Health Unit (KPHU) to the Department of Communities and Police.
- STI or pregnancy may reflect consensual sexual activity amongst teenagers but needs careful exploration and follow-up. Especially consider presence of coercion, intoxication, age difference >2 years and/or power differential between those involved.
- Family and Domestic Violence incidents.

Case Definitions

A child or young person in this definition is under the age of 18 years. CSA involves any form of sexual behaviour that the child has not consented to or is unable to consent to, for example:

- Exposing the child or young person to pornographic material or sexual acts.
- Asking child or young person to perform sexual acts on another person.
- Taking visual images of child for pornographic purposes.
- Performing sexual acts on child or young person, including fondling, kissing, inappropriate touching, and any form of penetration (oral, anal, vaginal).

History and Documentation

- Confidentiality is vital and discussion should be limited only to those directly involved.
- It is very important to ensure that you document everything clearly, carefully and in detail. Your record may form the basis of a legal document.
- Note time and place of consult/examination plus name, title and role of those present during different parts of consultation.
- Document questions asked and the responses of both the child, young person and adult if present, word for word if possible. Questioning must be open and non-directive.
- Refer to Guidelines for Protecting Children (Deparment of Health)
- Note: a health clinician is not required to conduct an investigation – this is the role of Department of Communities. The threshold for reporting to Department of Communities is having a “reasonable suspicion of harm” having occurred.
- In cases of suspected abuse, further history can be sought in conjunction with Department of Communities to clarify level of suspicion.
- Maintain confidentiality at all times.

Principles of Management

- Coordination of the response to child sexual abuse is through the **Regional on-call Pediatrician**, who will assist with medical advice, support and linkage with other agencies.
- Proceed through management steps according to your level of experience and confidence: **seek help early if needed.**
- Ensure child or young person’s safety as a priority. Be aware the perpetrator could be the person accompanying the child or young person.
- Attend to immediate / urgent medical concerns.
- Take time to carefully document everything.
- Believe the child or young person that is disclosing abuse.

When alleged abuse has occurred within the past 72 hours, this should be considered an emergency.

Management

- Contact the **Regional on-call Pediatrician** for medical advice and support, and to coordinate the regional response to child sexual abuse.
- **ALL** disclosures by children should be referred to the Department of Communities Central Intake Team or Crisis Care after hours.
- **ALL** cases of suspected child abuse, discuss with the Department of Communities (Crisis Care after-hours). Referral does not mean automatic removal of the child. The Department of Communities keeps records of previously reported concerns of which health staff may not be aware, therefore all information is relevant.
- If you are not confident of child’s immediate safety, discussion with the Department of Communities must occur before child leaves the clinic.
- Participate in strategy meeting.
- Most presentations/disclosures of child sexual abuse are delayed/not acute and need a timely but not urgent response.

Kimberley Aboriginal Health Planning Forum

Child Sexual Abuse

Immediate care

1. If there are serious injuries, stabilise and transfer to hospital according to usual emergency protocols.

Notify the Regional on-call Paediatrician.

2. **IN ADDITION:** inform the Department of Communities and Police. Hospital has ability to put in place a temporary holding order and the Department of Communities can issue emergency care orders if required. In remote settings, police may also be of assistance during emergency preparation and transfer.

When alleged abuse has occurred more than 72 hours ago:

Where the incident has occurred within the past 72 hours, it is very important that forensic evidence is collected as soon as possible.

1. Contact the Regional on-call Paediatrician to discuss whether transfer of the child is required, to the most appropriate location for examination by a trained practitioner.
2. Notify Department of Communities and Police for the child's home community/town.
3. Emotional support for the child and parent/guardian is central to immediate and ongoing care. Culturally safe support should be prioritised.
4. **Arrange transportation** by most efficient means. For very remote sites, RFDS evacuation may be required.
5. If transfer is delayed, encourage child NOT to have a shower, wash, brush teeth or change clothes, but consider collecting "**comfort specimens**"/early evidence kit. These are collected to allow the child to drink or go to the toilet, while preserving forensic evidence.

Comfort Specimens are:

- **Mouth rinse**. Take 20mls of sterile water, have the patient swish it around his/her mouth and spit it into a yellow-top container.
- **Genital gauze swab**. The child may be able to do this themself. Take sterile gauze and wipe it across the genital area and place in a yellow-top container.
- **Peri-anal wipe**. Again, the child may be able to do this themselves. Take sterile gauze, wipe it across the anal area and place in yellow-top container.
- **First void urine**. Preferably do this after the wipes above. Get the child to pass urine into a yellow-top container – the first bit of urine is especially important. Once the container is full, the child can pass the rest into the toilet.

Label all the above-yellow topped containers with the child's name, DOB, date, time and place the samples were taken. Place them in a plastic specimen bag, then in a paper bag. Fold the top of this bag over and seal it (e.g., sticky tape or staples).

Then sign YOUR name, the date and the time across the seal and place the bag into the fridge (preferably locked). Hand the samples over to the police as soon as possible.

Consider the need for **emergency contraception** and **post-exposure prophylaxis**, especially if transfer will be delayed.

1. Notify the **Department of Communities and WA Police** in nearest town.
2. Discuss **all children** with Regional on-call Paediatrician to determine pathway for further examination/investigation.
3. **For post-pubertal children/teenagers**, medical care provided by the usual GP may be most appropriate. Screen for STIs (includes PCR for gonorrhoea and chlamydia, blood for hepatitis B/C/HIV/Syphilis) and consider the need for pregnancy testing and STI treatment.

If not comfortable with providing care in this setting, discuss with the Regional on-call Paediatrician. Alternatives may include follow-up with the Paediatrician or with a GP in the region who has experience in child and/ or adult sexual abuse.

Follow-up

The importance of psychosocial follow-up and support cannot be overemphasised. Be aware that suicide risk is heightened in children who have been abused.

Ensure that child and family have access to appropriate ongoing counselling and support services. Although specialist counselling may be required, support from a trusted local health worker will be a valuable resource.

Arrange follow up testing for pregnancy and STIs in consultation with the Paediatrician and / or GP involved.

- Two weeks later: PCR for gonorrhoea and chlamydia and pregnancy testing if indicated.
- 3 months later: Follow-up Hepatitis B and C, HIV and Syphilis serology.

References

- Healthy Kids Protocol (KAHPF)
- Guidelines for Protecting Children (Department of Health)

Child Sexual Abuse

Useful Contact Information

Service	Details	Contact
Kimberley Regional Paediatrician	24-hour on-call service (via Broome Health Service)	(08) 9194 2222
WA Police	Contact nearest station or via Broome head office	(08) 9194 0200
Department of Communities	Available Monday to Friday from 8:30am to 4:30pm Each district office manages an afterhours response when directed by Crisis Care:	Email
	Central Intake Team – report concerns for a child's wellbeing	1800 273 889
	Crisis Care After Hours Service	1800 199 008
	West Kimberley, Broome office (and for transfer to Derby or Fitzroy Crossing)	(08) 6277 4888
	East Kimberley – Kununurra office (and for transfer to Halls Creek)	(08) 6414 3300
	Child Protection Concern Referral Pathway	Form here
Perth Children's Hospital	Child Protection Unit (Monday to Friday from 8:30am to 5:00pm)	(08) 6456 4300 Email
	Emergency Department (after hours)	(08) 6456 2222
KAMS Social and Emotional Wellbeing (SEWB) Team	Available Monday to Friday from 8:00am to 4:30pm Offer SEWB services, referral and advice.	(08) 9194 3200
Marninwarntikura Women's Resource Centre	Available Monday to Friday from 8:00am to 4:30pm. Offer (adult) sexual assault counselling.	(08) 9191 5284
Social Support Unit, OVAHS, Kununurra	Available Monday to Friday from 8:00am to 4:30pm. General counselling / social support.	1800 839 697
Anglicare	Statewide telephone counselling service.	1300 114 446
	Kimberley Sexual Abuse Prevention and Support Service (contact nearest office) Broome Kununurra	(08) 9194 2400 (08) 9166 5000
Kimberley Mental Health, Drug and Alcohol Service	Available Monday to Friday from 8:00am to 4:30pm Offer mental health services, referral and advice	(08) 9194 2640
Kids Helpline	24/7 online and phone counselling service for young people aged 5 to 25	1800 55 1800