

Bromley CSA Therapeutic Pathway For CYP



Introduction

An allegation or suspicion of child sexual abuse (sexual assault or rape) 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 outline the referral pathway and sources of advice available for children in Bromley.

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 Havens

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.
- Behavioural presentation (e.g., self-harm, aggression, anxiety, poor school performance, school refusal, sexualised behaviours and psychosomatic symptoms, risk taking behaviours).
- Foreign body in anus and vagina.
- Social indicators: living with adult deemed a risk or sibling with CSA.
- Presentations can include vulnerabilities indicating Child Sexual Exploitation or online grooming
- Where perpetrator of CSA is a child, the perpetrator should be considered as possible victim in their own right.
- Constipation/soiling/enuresis are common paediatric presentations, but CSA should be considered.

Information included from RCPCH Child Protection Companion Chapter 10.

'We Stand' Self-referral for families, (parents, carers and siblings) A Dedicated team made up of trained volunteers, professionals and specialised therapists whose goal is to stand with families, impacted by Child Sexual Abuse.

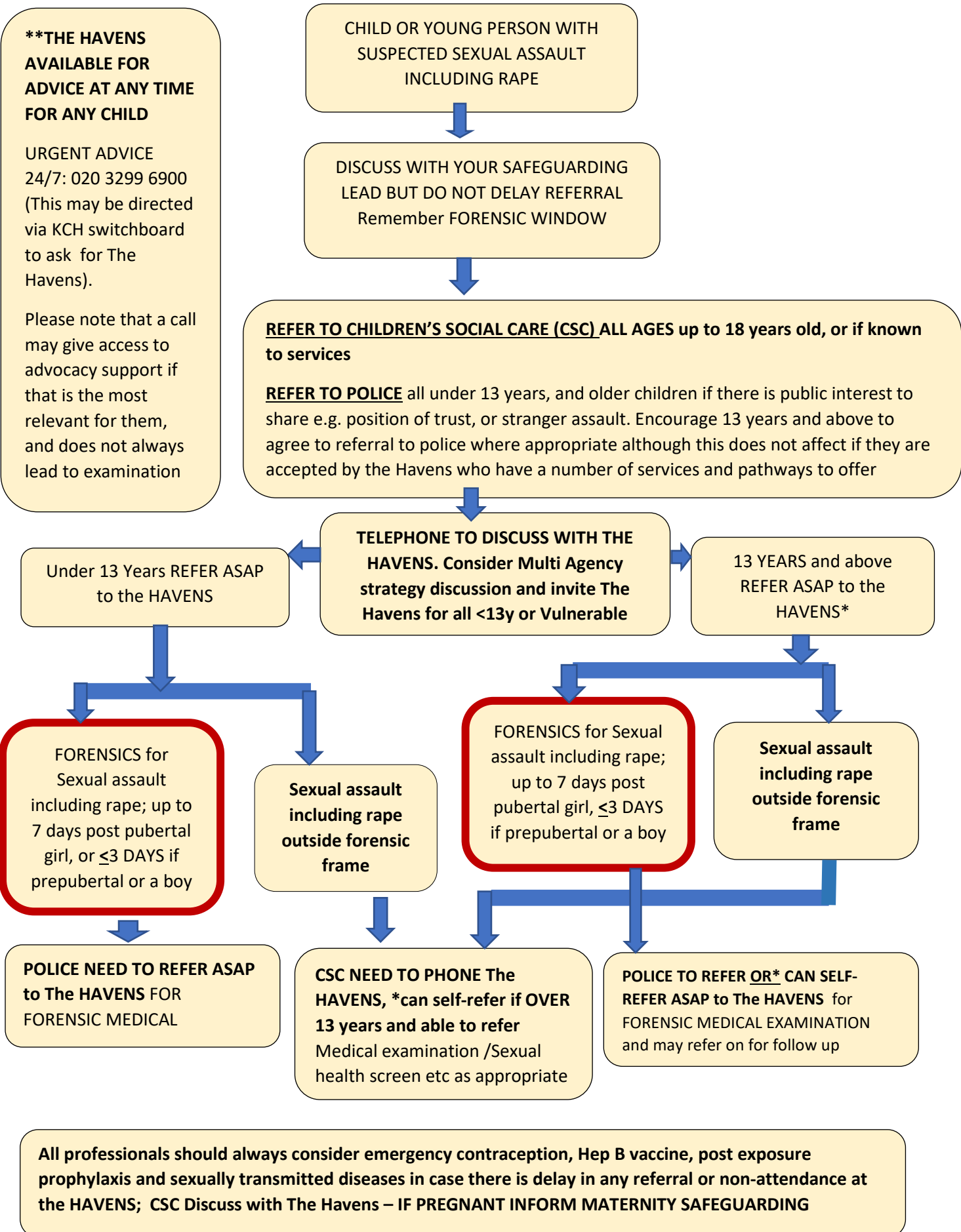
The Havens team are available 24 hours a day for advice. Discuss with your safeguarding lead, but do not delay onward referral. **SEE flow chart PART ONE for initial actions**

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 (i.e. whether or not they attend the HAVENS)

THE HAVENS ARE AVAILABLE FOR ADVICE AT ANY TIME FOR ANY CHILD; URGENT ADVICE 24/7: 020 3299 6900 (This may be via King's switchboard; ask for the Havens)

BARNARDO'S TIGER EMOTIONAL SUPPORT AND WELLBEING SERVICE

'TIGER' - Trauma Informed Growth and Empowered Recovery

Emotional support for children and young people under 18 or up to 25 with SEN where there has been a disclosure of sexual abuse or sexual assault, or where a professional believes sexual abuse is likely.

Work with Children and Young People up to 15 sessions (25 if SEND) and meet carers

[Make a referral to a TIGER service | Barnardo's \(barnardos.org.uk\)](https://www.barnardos.org.uk)

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 *Care Leavers and Young people with Neurodiversity up to age 25 via Adult social care*

DISCUSS WITH YOUR SAFEGUARDING LEAD BUT DO NOT DELAY REFERRAL to HAVENS. CSA REFER TO CHILDRENS AND FAMILIES HUB in all cases. Where indicated and with consent REFER TO TIGER emotional support service .

POLICE REFER TO THE HAVENS if within forensic window and appropriate for age group (see above pathway)

CSC REFER TO HAVENS if outside forensic window

All children can phone THE HAVENS directly to discuss advocacy / support needs

CSC DISCUSSION WITH The Havens for CSA examination and management and/or referral to The Havens CYP Psychology service

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

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

Declined /incomplete /unsuitable for The Havens CYP psychology intervention/therapeutic work

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

- 1) Discuss with The Havens re therapeutic needs (complexity of trauma may indicate urgent local CAMHS if known to their service)
- 2) Check if The Havens psychology therapeutic referral accepted and therapy underway
- 3) CSC Support YP to attend The Havens /The Havens CYP psychology, and if not able to do so then social worker will ask for TIGER to support attendance at The Havens and/the Havens CYP Psychology
- 4) Social Worker (with consent) to refer to TIGER for emotional support if not accessing Havens, and to ask GP (with consent) to arrange Sexually Transmitted Disease follow up if not at The Havens