Evaluation of Child Sexual Abuse

**Disclosure of Sexual Abuse/Assault**

**Abuse/assault last exposure WITHIN 7 DAYS**

- **Mandated Reporting**
  - Notify Law Enforcement
    - *if “non-report” Option C chosen, do not give patient name to law enforcement*
  - Notify DCFS
    - 1-800-25ABUSE
  - Notify rape advocate

- **Medical Care**
  - Consider transfer to pediatric specialty hospital if there are signs of trauma such as genital bleeding, lacerations, bruising, and discharge. In order to minimize loss of evidence during transfer, evidence should be collected prior to transfer if medical care is not jeopardized.
  - Offer and perform medical forensic & evidence collection
    - Testing for STI, pregnancy, HIV, Hep B (if unsure of status) & labs as per Pediatric Sexual Assault/Abuse Protocol
  - Offer STI prophylaxis to adolescents only as per Pediatric Sexual assault/abuse protocol
  - If 9yo or older offer HPV vaccination
  - Consider HIV PEP based on exposure risk
  - Check immunization status and administer Tetanus and Hepatitis B as indicated

- **Treat all injuries & infections**

- **Ensure safety prior to discharge and register for SA payment voucher**

- **Refer to ACH-Child Protection for follow-up.**
  - Contact info in First Net
    - OL: 708-682-1315
    - PR: 847-723-7714
  - Caregiver to call for appointment
  - Fax Face sheet to Child Protection
    - OL: 708-684-4725
    - PR: 847-723-0253

**Reviewed By:** ACH-Child Protection Team/SANE  
**Publication Date:** December, 2017  
**Review Date:**
Disclosure of Sexual Abuse/Assault

Assault/abuse last exposure
MORE than 7 days?

Mandated Reporting

Yes

Notify Law Enforcement

Notify DCFS

Notify rape advocate

Medical Care

Yes

Obtain history of event from
caregiver/guardian or adolescent patient
Do not interview prepubescent children.
All children will have a forensic interview at

History and physical by physician/midlevel
provider

Testing for STI (urine for GC/chlamydia),
pregnancy, HIV as per Pediatric Sexual Assault
Protocol.

Is there pain, injury, bleeding, discharge or
other medical complaints?

No

Ensure safety prior to discharge and
register for SA payment voucher

Ensure safety prior to discharge and register for SA payment voucher

Refer to ACH Child Protection for exam
Contact information in First Net
OL: 708-682-1315
PR: 847-723-7714
Caregiver to call for appointment
Fax Face Sheet to ACH Child Protection
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Consider consult
Consider evidence collection kit

Treat all injuries and infections

Refer to ACH-Child Protection for follow-up
Contact information in First Net
OL: 708-682-1315
PR: 847-723-7714
Caregiver to call for appointment
Fax Face Sheet to ACH Child Protection
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Caregiver to call for appointment
No Disclosure of Sexual Assault/Abuse

Does the child have genital symptoms?
(Pain, bleeding, bruising, laceration, discharge, etc)

YES

Obtain history from caregiver

Perform physical exam including genitals

Injury Identified

YES

Consider testing for STI, Pregnancy, HIV, labs per Pediatric Sexual Assault protocol

Ensure safety prior to discharge and social work consult

Refer to ACH-Child Protection for exam
Contact information in First Net
OL: 708-682-1315
PR: 847-723-7714
Caregiver to call for appointment
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NO

Does the child have behavioral changes or is there parental concern?

NO

Perform a physical exam including genital exam

Refer to Flow Chart “Disclosure of sexual abuse/assaultLast exposure within 7 days”

Reviewed By: ACH-Child Protection Team/SANE | Publication Date: December, 2017

Review Date:
General Definition:

- “The involvement of children or adolescents in sexual activity that they do not understand, to which they cannot give informed consent, or that violates social taboos.”
- This includes fondling, genital contact, penetration, exposure and pornography.

Presentation:

- Disclosure or outcry
- Physical complaints related to the abuse. (Vaginal discharge, rash, bleeding)
- Physical complaints unrelated to the abuse (Child with recurrent somatic complaints who reveals sexual abuse when asked about life stressors)
- Medical evaluation after report made to police or DCFS

**Please remember this is often not a medical emergency but it a psychosocial emergency to the victim and the family. Often you are the first contact person after a disclosure and you set the tone for the evaluation and healing process.**

HISTORY – the most important part of the evaluation

- Interview the caretaker first and obtain all demographic information and then details of the abuse or reason concerning for abuse.
- Only when an evidence collection kit is needed, interview the child. Questions should be open ended and non-leading. Please see the interviewing tips below. This should be done separately from the parent unless the child is preverbal, non-verbal, or refusing to be separated from the parent.
- Document in the medical record if interviewed separately or together.
- Clearly attribute all statements to the person who made them
- Document the history given using quotes as much as possible

When interviewing the child:

- Minimize the your interview as these children will be interviewed by police and/or DCFS and a trained forensic interviewer in a victim sensitive Forensic Interview
- Take the history in an accepting manner- sexual abuse is not always viewed by the child as traumatic so expressing shock or dismay could be harmful to their mental state or perception.
- Ask open-ended, non-leading questions such as "tell me what happened", or "tell me how you got hurt"
- Avoid specific, leading questions- if they disclose, gently prompt with, “tell me more”
- Document the history given using quotes as much as possible

PHYSICAL EXAM

80-90% of Physical exams are normal and a normal physical exam does NOT exclude abuse from the differential.

- Describe the exam to the caretaker and patient before starting.
- Perform the exam with a supportive adult present (non-offending caretaker, nurse, etc)
- Undress the patient completely, examine them in a gown. If forensic evidence is being collected, inform the nurse so the clothes are collected correctly.
- Perform the general physical exam first before the genital exam.
- An attending must be present for the exam
Evaluation of Child Sexual Abuse

- Examine the external genitalia for signs of injury/infection
- Examine the internal genitalia by visual exam: DO NOT use a speculum for pre-pubertal or pubertal patients. If these children require a speculum exam it will require an exam under anesthesia.
- Use the labial separation and traction techniques.
- Moisten swabs with sterile saline prior to obtaining samples.

**Please note: A pediatric SANE nurse who has completed all clinical requirements may conduct the medical forensic exam, genital exam and evidence collection. An ED physician will need to conduct the medical screening exam.**

Prepubertal Females:

- Examine in supine frog leg position on exam table or lithotomy in caretaker’s lap.
- Prone knee chest position should be performed if an abnormality is seen to verify presence in two positions.

Pubertal/Adolescent Females:

- Lithotomy on pelvic table

Males:

- Lying or standing

Anal/Perianal Exam:

- Supine knee chest or side-lying

**FINDINGS AND DOCUMENTATION**

**FEMALES**

- Presence of scars, bruises, lacerations, bleeding, lesions, ulcers, or rash on the external genitalia or perineum
- Presence or absence of hymenal tissue
- Presence of absence of mounds, notches, transections/lacerations, abrasions on hymenal rim
- Document location of findings on the hymen using a clock face orientation. (12 o’clock is the urethra and 6 o’clock is the posterior forchette)
• DO NOT MEASURE HYMENAL OPENINGS: varying diameters are non-specific findings
• In post-pubertal females, perform a speculum exam AFTER the visual exam if necessary

**MALES**
• Presence of scars, bruises, lacerations, bleeding, lesions, ulcers, rash, or discharge on the penis, scrotum, and perineum.

**ANAL/PERINEAL**
• Visual assessment of anal tone: may perform rectal exam to correlate.
• Presence of absence of scars, bruises, lacerations, bleeding, lesions, ulcers or rash.

**EVALUATION AND MANAGEMENT**
Please see attached flow sheet

*If there has been a disclosure and the alleged abuse occurred LESS than 7 days ago:*
• Offer and perform a Forensic Evidence Collection Kit
• STI testing and lab tests as per Pediatric Sexual Assault Protocol
• Pregnancy testing on females.
• Contact police and DCFS
• If being admitted Child Protection Services will be consulted, if not being admitted please fax face sheet to the Child Protection Services.
• Adolescent patients should be provided prophylaxis if they consent as per the Pediatric Sexual Assault Protocol.
• Ensure safety plan prior to discharge
• If discharged, needs a follow up appointment with the Child Protection Services. Face sheets should be faxed to them at
  - Oak Lawn: (708)684-4725
  - Park Ridge: (847)723-7714
• Treat all medical injuries and infections.

*If there has been a disclosure and the alleged abuse occurred GREATER than 7 days ago:*
• Perform an exam (may exclude genital exam), STI testing and Pregnancy testing as per Pediatric Sexual Assault Policy
• Treat for any infections identified
• Ensure safety plan prior to discharge
• Must have a follow up exam in the Child Protection Services clinic the next day and the face sheet should be faxed to them.

*If there has not been a disclosure but the patient has genital symptoms, i.e. bleeding, pain or discharge:*
• Perform a history and physical exam- including genital exam
• If an injury is noted, please perform a Forensic Evidence Collection Kit, STI testing and pregnancy testing if applicable per Pediatric Sexual Assault Protocol. Contact DCFS/Police, Ensure a safety plan prior to discharge and schedule a follow up exam in the Child Protective Services clinic the next day and fax the face sheet to their secure office.
• If no injury is seen, perform STI testing, pregnancy test if applicable per Pediatric Sexual Assault Protocol and schedule a follow up exam with the Child Protection Services clinic the next day and fax the face sheet to their secure office
Evaluation of Child Sexual Abuse

- Treat all injuries/infections

*If there has not been a disclosure and there are no genital symptoms, but there have been noted behavioral changes and parental concerns*
- Perform a history and exam- may exclude genital exam.
- Perform STI testing and if applicable a pregnancy test per Pediatric Sexual Assault Protocol.
- Schedule an appointment with the Child Protection Services clinic and fax the face sheet to their secure office.

**Disposition: Determination of safety**

- If the caretaker present is a potential perpetrator or if the perpetrator is in the home then DCFS/Police needs to be contacted and a safety plan needs to be invoked by DCFS prior to discharge
- If the caretaker present is not a potential perpetrator and the perpetrator is not in the home then the patient can be discharged in their care if they can be appropriately protective. If they cannot then DCFS/Police need to be contacted and a safety plan created prior to discharge.

**CHILD PROTECTIVE SERVICES TEAM CONSULTATION**

- You can contact the Child Protection Services team through Perfect Serve Monday through Friday at any time with questions
- If a patient is NOT being admitted and needs further follow up in the Child Protective Services Clinic please fax the face sheet to
  - Oak Lawn: at 708-684-4725, this is a secure fax.
  - Park Ridge: at 847-723-0252, this is a secure fax.
- No need to page Child Protection Services team after hours unless you have a clinical question that needs immediate attention.

**How do I report?**
Contact DCFS and police:
- Illinois: 800-25-ABUSE
- Indiana: 219-886-6152
- Police: 911

**What information does the hotline need?**
- Name, DOB, and address of:
  1. The patient/victim
  2. Parents/Caregivers
  3. Alleged perpetrator if available and different from the above
  4. Any siblings
- Allegation including any disclosure
- Child’s condition, including any other injuries
- Involvement of police or other agencies
- RD# if the police are involved.

**Confidentiality:**
- Information should not be released/disclosed to any investigative agency without verification of their identity and their involvement in the case
Information shall not be discussed with other family members unless permission has been given by legal guardian or caretaker.

### Routine Labs for Adolescents

<table>
<thead>
<tr>
<th>Test Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine GC/ Chlamydia amp probe (DNA Probe)</td>
</tr>
<tr>
<td>Vaginal GC/ Chlamydia gen-probe (if performing this test, urine amp probe not required)</td>
</tr>
<tr>
<td>Urine Pregnancy</td>
</tr>
</tbody>
</table>

**Consider additional testing below based on history of exposure**

<table>
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<tr>
<th>Test Description</th>
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<tr>
<td>HIV screen</td>
</tr>
<tr>
<td>Hepatitis C</td>
</tr>
<tr>
<td>RPR (syphilis)</td>
</tr>
<tr>
<td>Hepatitis B Surface Antigen or begin Hepatitis B Vaccine Series if unimmunized</td>
</tr>
<tr>
<td>If lesions, swab for HSV</td>
</tr>
</tbody>
</table>

### Routine Labs for pre-pubescent children

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</tbody>
</table>

### Labs if starting HIV prophylaxis (see protocol below)

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<thead>
<tr>
<th>Test Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC</td>
</tr>
<tr>
<td>CMP</td>
</tr>
<tr>
<td>HIV screen</td>
</tr>
<tr>
<td>Hepatitis C</td>
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<td>RPR (syphilis)</td>
</tr>
</tbody>
</table>
### Follow up Labs and Testing

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat pregnancy test in 2 weeks if semen contact</td>
</tr>
<tr>
<td>Recommended serial HIV testing 6 weeks, 3 months, 6 months</td>
</tr>
<tr>
<td>Recommend serial RPR testing 6 weeks &amp; 3 months</td>
</tr>
</tbody>
</table>

### Routine medications for NON-PREGNANT Adolescents greater than 45kg

#### CHLAMYDIA/GONORRHEA PROPHYLAXIS

- **Zithromax** (azithromycin) 1000 mg PO Once.
- **PLUS**
  - **Rocephin** (ceftriaxone) 250mg IM Once

**If PENICILLIN allergic and cannot take cephalosporin's:** Zithromax (azithromycin) 2000mg, Orally, Once

#### TRICHOMONAS PROPHYLAXIS

- **Metronidazole** 2000mg PO Once.

**Ensure patient has not consumed any alcohol 48 hours prior to metronidazole. Instruct patient not to consume any alcohol for 48 hours after taking medication.**

#### EMERGENCY CONTRACEPTION

- **Ella** (Ulipristal) 30mg orally once
- **Consider antiemetic** - Zofran (ondansetron) 8mg PO Once.

**Must be given with 5 days of assault**

**DO NOT** give emergency contraception if pregnant

### Pre-Pubertal Children

- Standard prophylaxis should NOT be given

- Urine GC/Chlamydia DNA Probe should be ordered (dirty urine sample)

**If positive, test must be repeated; then you may treat**

### Human Papillomavirus (HPV)

- **Vaccine** to be given at initial encounter
  - Females 9-26 years old
  - Males 9-21 years old

- Follow up doses are administered at 2 months and 6 months after the first dose
Hepatitis B Prophylaxis (If exposed to blood and body fluids)

<table>
<thead>
<tr>
<th>Situation</th>
<th>Recommended Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated patient/unknown assailant</td>
<td>Give hepatitis B vaccine</td>
</tr>
<tr>
<td>Unvaccinated patient/ Hepatitis B positive assailant</td>
<td>Give hepatitis B vaccine</td>
</tr>
<tr>
<td></td>
<td>Give Hepatitis B Immune Globulin (H-BIG)</td>
</tr>
<tr>
<td>Follow up doses for the Hepatitis B vaccine are 1-2 months and 4-6 months after the first dose.</td>
<td></td>
</tr>
</tbody>
</table>

HIV EXPOSURE AND PROPHYLAXIS

<table>
<thead>
<tr>
<th>Type of Exposure</th>
<th>Estimated Risk of HIV Transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational exposure following percutaneous injury</td>
<td>0.3%</td>
</tr>
<tr>
<td>Needle-sharing with an infected source</td>
<td>0.67% (1 in 150)</td>
</tr>
<tr>
<td>Receptive anal intercourse with an infected source</td>
<td>0.5% to 3% (1 to 6 per 200)</td>
</tr>
<tr>
<td>Receptive vaginal intercourse with an infected source</td>
<td>0.1% to 0.2% (1 to 2 per 1,000)</td>
</tr>
<tr>
<td>Insertive anal intercourse with an infected source</td>
<td>0.065% (1 in 1,500)</td>
</tr>
<tr>
<td>Insertive vaginal intercourse with an infected source</td>
<td>0.05% (1 in 2,000)</td>
</tr>
<tr>
<td>Oral sex with ejaculation from an infected source</td>
<td>Low risk</td>
</tr>
</tbody>
</table>

Data from HIV Prophylaxis Following Non-Occupational Exposure Guidelines by the New York State Department of Health
Evaluation of Child Sexual Abuse

**HIV Prophylaxis**
Adolescents 12 years or older, weighing 35kg or greater:
- Truvada (tenofovir 300mg/emtricitabine 200mg) 1 tablet PO daily **PLUS**
- Isentress (raltegravir) 400mg 1 tab orally BID

**Prescription should be given for additional days to total 28 days of coverage**

**HIV Prophylaxis  **Unable to swallow pills**
Adolescents 12 years or older, weighing 35kg or greater
- Retrovir (zidovudine) oral solution 10mg/1mL; Dose 30mL PO BID **PLUS**
- Lamivudine oral solution 10mg/1mL; Dose 15mL PO BID **PLUS**
- Kaletra (ritonavir/lopinavir) oral liquid 20-80mg/1mL; Dose 5mL PO BID

**Prescription should be given for additional days to total 28 days of coverage**

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**HIV Prophylaxis**

Adolescents 12 years or older, weighing 35kg or greater:

- **Was there an exposure of bodily fluids to mucus membranes?**
  - **Yes**
    - **Has it been < 72 hours?**
      - **No**
        - **Perpetrator is HIV + or status unknown?**
          - **No**
            - **No HIV prophylaxis**
          - **Yes**
            - **Is this a one time assault?**
              - **No**
                - **HIV prophylaxis recommended. Please see protocol**
              - **Yes**
                - **HIV prophylaxis recommended. Please see protocol**
        - **Yes**
          - **Perpetrator is HIV + or status unknown?**
            - **No**
              - **No HIV prophylaxis**
            - **Yes**
              - **Is this a one time assault?**
                - **No**
                  - **HIV prophylaxis recommended. Please see protocol**
                - **Yes**
                  - **HIV prophylaxis recommended. Please see protocol**

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<tr>
<th>HIV Prophylaxis ** Renal or hepatic insufficiency OR children less than age or weight specified above</th>
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<tr>
<td>Retrovir (zidovudine): Pharmacy to Dose <strong>PLUS</strong></td>
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