Triage

All staff in the primary care and Emergency Department settings should be proficient in the triage of suspected child sexual abuse. Clear and concrete information will afford the practitioner the ability to make decisions regarding when the child/adolescent should be seen and whether to make a report to Child Protective Services. The goal is to minimize interviewing and examining the child/adolescent while maximizing medical, legal, and protective outcomes.

A Child/Adolescent Needs an Examination When:

- There is a suspicion of sexual abuse, even if it is sexual play.
- There are physical signs and symptoms of genitourinary problems.
- There is a history of pain, injury, or possible trauma.
- The child/adolescent and family need reassurance.

Triage Steps

Step I. Gather and Document Pertinent Information

Clarify and document all contact information, the abuse concern, the child/adolescent's name and age, and the date and time of the call or intake.

Ask the caller or presenting caregiver to answer the questions below to the best of his or her ability. The adult should not question the child/adolescent further if some of the information is unavailable. When asking questions, be careful not to use the words "alleged" or other legal terminology to refer to the incident.

Questions

1. "Who are you and what is your relationship to the child/adolescent?"
2. "What is your reason for concern regarding abuse?"
   "Is this a referral from a child abuse investigative agency?"
   "Have you witnessed the abuse?"
   "Did the child/adolescent disclose abuse?" If so, "To whom was the disclosure made?"
   "What are the exact words the child/adolescent used?"
3. "Is the child/adolescent safe from the suspected perpetrator now?"
4. "Are you safe? Do you think your present situation is dangerous?"
5. "Is there a medical concern such as bruising, bleeding, vaginal discharge, or possible pregnancy?"
6. "Did the incident occur within 96 hours?"

Step II. Determine the Safety and Welfare of the Child/Adolescent

Is this child/adolescent safe? If not, and safety cannot be assured prior to transport to an evaluation, make an immediate report to authorities (police and/or Child Protective Services). Does this child/adolescent require hospitalization in order to protect him or her from further harm?

Step III. Determine Who Should Examine the Child/Adolescent and When

If your facility does not offer the appropriate services for medical care, determine which facility offers the best services for this child/adolescent and family.

If the child/adolescent has any of the following and has presented to a primary care office setting, a local emergency response team should be notified with appropriate referral to an Emergency Department:

- Symptoms of head trauma: vomiting, headache, syncope, lethargy, visual disturbance
- Symptoms of abdominal injury: vomiting, abdominal pain, bruising to the abdomen/flank/back, hematuria
- Symptoms or history of recent traumatic sexual contact: bleeding from the vagina or rectum, genital pain, or other signs of injury

If the incident is within 96 hours and the child/adolescent is medically stable, refer to the appropriate local resource, an Emergency Department or specialized center, for evidence collection.

Most exams are not an emergency. If the child/adolescent is safe, the examination can usually be deferred until the next working day. If there is a local child abuse expert, refer the child/adolescent to that medical provider. If this is not an option, proper photo-documentation and clear medical record documentation of the examination is essential so that a forensic pediatrician can interpret the findings.

Step IV. Determine if You are Mandated to Report this Situation

If you have a reasonable suspicion that sexual abuse was perpetrated by a legally responsible adult, or that the abuse occurred because of the neglect of the legally responsible adult, you have a responsibility to report this suspicion to the State Central Register of Child Abuse and Maltreatment **1-800-635-1522**.

If the family is being referred to another facility, you are responsible for reporting your suspicions of abuse before referring the child to that facility. If the family will be seen at your facility, in most cases the report can be made after a complete evaluation.

Appropriate Level of Care

Emergent Evaluation

An emergent evaluation is one that should occur on the same day as the initial contact with the family. In some cases, the child may be medically unstable due to physical trauma and the Emergency Department is the most appropriate resource for evaluation and treatment.

Indications for an Emergent Evaluation:

- Imminent Danger
- Loss of consciousness
- Bleeding or history of bleeding
- Pain (genital or other)
- Extensive bruising or bruises that may resolve quickly
- Possible fractures
- Abdominal trauma or other medical emergency concerns
- Pregnancy possibility
- Need for STI prophylaxis
- Psychiatric emergency
- Forensic evidence collection

Imminent Danger

Imminent danger refers to the risk of further abuse to the child/adolescent. When imminent danger is suspected, evaluate the child/adolescent as soon as possible. The provider must ascertain the possibility of injury and begin to access the social services system in order to protect the child/adolescent from further harm.

Medical Need

Immediately evaluate a child/adolescent who has severe pain, loss of consciousness, bleeding, possible fracture, possible abdominal trauma, extensive bruising, signs of suffocation, or other emergent medical concern.

Evaluate immediately if there a possibility that the child/adolescent may benefit from prophylactic treatment for sexually transmittable infections or pregnancy.

Post-pubertal females with a history of exposure to semen are at risk for pregnancy and should be counseled regarding prophylaxis against pregnancy resulting from sexual assault (also known as emergency contraception or the “morning after pill”). Timely action is necessary as prophylaxis is most effective as soon as possible after the incident or after unprotected intercourse, optimally within 12 hours. Recommendations are to provide this treatment within 72 hours,

however, treatment up to 120 hours has been shown to be effective. All children/adolescents with history of exposure to bodily fluids may be at risk for a sexually transmittable infection. These situations should be considered on a case-by-case basis by collaborating with a professional trained in the forensic examination of abused children and a pediatric infectious disease specialist where appropriate. For more information see the *Child and Adolescent Post-Assault Testing and Treatment Guidelines*.

Psychiatric Emergency

Certain situations such as a suicide attempt, parental or child emotional instability, acute psychotic crisis, or other significant mental health concern warrant an immediate evaluation.

Medical/Legal Issues

An immediate evaluation is appropriate when there is a possibility of forensic evidence collection or documentation of an injury that may resolve quickly. Collect evidence when there is a suspicion of sexual abuse within the previous 96 hours that includes the potential for exposure to bodily fluids:

- Penile/vaginal contact
- Penile/anal contact
- Oral/penile contact
- Oral/vaginal contact

Urgent Evaluation

Urgent evaluations should take place within 24 hours of the referral. Consider these situations carefully, as sometimes it is more appropriate to have the child/adolescent seen emergently.

Indications for an Urgent Evaluation:

- Bruises or need for documentation of minor injuries that may resolve quickly
- Vaginal discharge
- Supportive evidence for a legal case

Documentation of an Injury that May Resolve

Genital injuries may resolve rapidly. Document using proper photographic equipment and chart sketches. Evaluation and interpretation by a professional trained in the forensic evaluation of children may be warranted.

Non-genital injuries and bruises are variable in their resolution and should be considered on a case-by-case basis. It is sometimes advisable to perform an immediate medical evaluation if injury resolution will occur before an urgent examination can be scheduled.

Medical Concerns

Evaluate urgently if the child/adolescent complains of genital pain even though the incident of abuse may have occurred more than 96 hours ago. Genital injuries are often accompanied by a history of pain or bleeding.

If there has been an otherwise asymptomatic vaginal discharge that has been present for some time, the child/adolescent needs to be seen as soon as possible. In general, the evaluation is not an emergency.

Supportive Evidence

Occasionally, in order to move forward with an arrest in a case, legal professionals are awaiting physical examination results on a child/adolescent who may have healed findings. Consider on a case by case basis if these situations warrant an urgent examination.

Evaluation Scheduled for a Later Date

All children/adolescents with a suspicion of child abuse are entitled to a medical evaluation. An examination can be scheduled for a later date when there is no urgency for documentation of injury, forensic evidence collection, treatment, or prophylactic treatment.

Indications for an Evaluation Scheduled for a Later Date:

- Abuse was not within the week
- Nature of the abuse is not likely to result in findings
- Family or child/adolescent needs reassurance
- Concern is limited to a behavioral problem
- Custody issues

Unlikely Need for Treatment or Evidence Collection

Activities such as vaginal/penile fondling over the clothes may not result in injury or need prophylactic treatment. However, children and adolescents often disclose abuse in a piecemeal fashion. The possibility of additional activity and possible healed physical findings must be considered.

Need for Reassurance

In some circumstances the nature of the evaluation may be for the psychological reassurance of wellness. Some children/adolescents without contact types of abuse may still benefit from an evaluation, including:

- Siblings of abused children/adolescents
- Children/adolescents with histories of exposure to pornography

Behavioral Concerns

In many cases, the only concern regarding abuse is due to “sexual acting out” or an acute behavioral change. These children should be examined with careful attention to the history of the problem and social concerns.

Family Issues

Some of the most challenging evaluations involve allegations of one parent against another concerning child abuse. In all cases, these allegations should be taken seriously. In all cases, the child is being victimized either as a pawn in a parental dispute or as a victim of emotional, sexual, or physical abuse or neglect. These children usually benefit from referral for evaluation by a medical professional with expertise in evaluating abused children.

Domestic violence impacts the entire family. A child/adolescent exposed to parents or caregivers who engage in domestic violence is a child/adolescent at risk. This situation should be reported to the child abuse hotline.

Referral to a Child Abuse Expert

In New York State there are several centers that specialize in the multi-disciplinary assessment of sexually abused children/adolescents and have medical professionals trained in forensic evaluation. In general, in order to maximize the medical, legal, and protective outcomes for children and adolescents in abuse situations, professionals who have not received appropriate training should not perform evaluations. If you have questions regarding your role in the acute medical management of a particular child/adolescent, contact one of these centers for guidance. The New York State Child Advocacy Resource and Consultation Center *(www.nyscarcc.org)* has a listing of these centers.

If the child/adolescent lives in a geographic area where there is no specialized center, a decision must be made based on local availability of medical care. In most cases, the most appropriate site for the medically stable child/adolescent is the primary care office. The value of good medical records and the availability of a past medical and family history cannot be overstated. However, if there is a need for forensic evidence collection, photographs, STI prophylaxis or treatment, pregnancy prevention, or treatment of injuries, the Emergency Department may offer the most appropriate services.

Additional Resources

Botash AS. *Evaluating Child Sexual Abuse: Education Manual for Medical Professionals*. Baltimore, MD: The Johns Hopkins University Press; 2000: I 3-I 60.

Ellertson C, Evans M, Ferden S, Ledbetter C, Spears E, Johnston K, Trussel J. *Extending the Time Limit for Starting the Yuzpe Regimen of Emergency Contraception to 120 Hours*. Obstetrical & Gynecological Survey. 58(9):587-588, September 2003.

Friedrich WN, Fisher J, Broughton D, Houston M, Shafran CR. *Normative sexual behavior in children: A contemporary sample*. Pediatrics 1998; 101(4) e9.

Gold MA. *Emergency contraception*. Adolescent Medicine 1997; 8(3):455-462.

Hibbard RA. *Triage and referrals for child sexual abuse medical examinations from the sociolegal system.* Child Abuse and Neglect 1998; 22(6):503-513.

Kellogg ND, Pama JM, Menard S. *Children with anogenital symptoms and signs referred for sexual abused evaluations.* Arch Pediatric and Adolescent Medicine 1998; 152:634-641.

Rodrigues I, Grou F, Joly J. *Effectiveness of emergency contraceptive pills between 72 and 120 hours after unprotected sexual intercourse*. 184(4): 531-537 Am J Obstet Gynecol, 2001

9/28/05