

SUSPECTED CHILD SEXUAL ABUSE



What to do when sexual abuse is suspected in a child. Children may present with a history of inappropriate contact to the genital area by another person, including fondling, oral/genital, or genital/genital contact.

Do not discard clothing or cleanse patient if forensic evidence collection may be necessary.



1 HISTORY

Take detailed history (check with SANE):
Caregiver concerns related to sexual abuse
Disclosures from child
Behavioral concerns
Reported perpetrator and relationship to child (name, age)
Type of contact by reported perpetrator
Time since last possible contact with perpetrator

2 PHYSICAL

Complete physical exam including inspection of all body parts and thorough skin exam
Oral exam with attention to lips, tongue, buccal mucosa, frenula, palate, and teeth
Complete genital and anal examination

3 CONSULTS

Hospital Social Work
Possible consults:
SANE (Sexual Assault Nurse Examiner) and advocacy services
Gynecology consult if acute vaginal bleeding or possible need for examination under anesthesia
Surgery consult if significant rectal bleeding and potential for rectal perforation



4 DIAGNOSTIC TESTS

Consider:
Urine specimen or for girls vaginal gen-probe for GC and Chlamydia
Urine dip for blood and stool guaiac
Anal cultures for GC/CT and pharyngeal culture for GC
CBC with platelets, LFTs, CMP, Hepatitis B surface antibody and surface antigen, Hepatitis B core antibody, Hepatitis C antibody, HIV, and RPR
Forensic Evidence Kit per SANE consult if last contact within 96 hours
Toxicology testing as needed

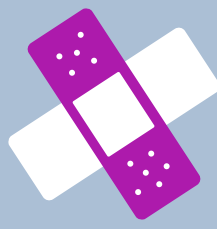
Please scan QR code for more information on testing and treatment or visit www.CHAMPPProgram.com
Practice Recommendations



5 PHOTOGRAPHY

Call Medical Photography for photos
Follow photographic documentation guidelines found at www.champprogram.com,
Practice Recommendations, or scan QR code for more information





6 DOCUMENTATION

History obtained from whom
Physical findings with drawings and measurements
Tests ordered/performed and results
Document genital findings including possible presence or absence of cuts, tears, abrasions, ecchymotic areas, lesions (warts or vesicles), visible discharge, or bleeding
For females, document hymenal configuration
Avoid using term "hymen intact"
Consults requested (Social Work, SANE, CPS)
Impression: suspected sexual abuse
Write impact statement and make available to Social Work, CPS, or police

7 MEDICATIONS

Consider HIV post-exposure prophylaxis if genital to genital contact within 36 hours or if acute genital injuries are present, whether or not consistent with history

8 SIBLINGS/PEDIATRIC CONTACTS

Inform CPS that siblings and other pediatric household contacts may need referral to PCP or Child Abuse Clinic

9 REPORTING

If in NYS, CALL NYS MANDATED REPORTER HOTLINE 1-800-342-3720 TO MAKE A REPORT

Ask for a scene investigation, if necessary
Complete and sign child abuse reporting form LDSS-2221A
To access form, visit NYS Office of Children and Family Services website: ocfs.ny.gov, or scan QR Code:



AS A LICENSED PROFESSIONAL, YOU ARE REQUIRED TO REPORT CHILD ABUSE. A REFERRAL TO A CHILD ABUSE EXPERT IS NOT THE SAME AS A HOTLINE REPORT TO NYS CENTRAL REGISTER OF CHILD ABUSE AND MALTREATMENT.

10 AT DISCHARGE

Refer patient to Child Abuse Clinic and/or Child Advocacy Center
Refer patient to Pediatric Infectious Diseases, if appropriate for follow up of HIV test results and/or HIV/PEP

