

Sexual Abuse Evaluations

What to do when sexual abuse is suspected in a pre-pubertal child.

Pre-pubertal children may present with a history of inappropriate touch to the genital area by another person. Complaints may range from genital discomfort, fondling, oral/genital contact or genital/genital contact.

History

Complete history, including:

- Caregiver concerns related to sexual abuse
- Disclosures from child
- Behavioral concerns
- Reported perpetrator (child, adult, relative)
- Type of contact by reported perpetrator
- Date / time of last possible contact by perpetrator

Do not discard clothing or clean patient if forensic evidence collection is planned.

Physical

Complete physical examination, especially:

- Inspection of all body parts and thorough skin exam
- Oral examination (lip, tongue, buccal) to look for frenula tears, palatal petechiae, or dental injuries
- Complete genital examination to look for signs of acute injury or other abnormalities

Consults

- Hospital Social Work
- Gynecology consult if acute vaginal bleeding and possible need for EUA
- Surgery consult if significant rectal bleeding and potential for rectal perforation
- SANE (Sexual Assault Nurse Examiner) and Advocacy services

Diagnostic tests

Routine tests:

- Dirty catch urine specimen or vaginal gen-probe for GC and Chlamydia
- Cultures for STI's – GC and Chlamydia cultures for anal specimens and a GC culture for pharyngeal specimen

Consider:

- CBC with platelets, LFTs, CMP Hepatitis B surface antibody and surface antigen, Hepatitis C antibody, HIV, and an RPR or VDRL
- Forensic Evidence Kit per SANE consult if last contact within 96 hours
- Stool guaiac for occult blood
- Urinalysis and urine culture if symptoms also consistent with UTI

Medications

Consider:

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

For more Testing and Treatment information:
<http://www.champprogram.com/pdf/Testing-and-Treatment.pdf>

Documentation

- History obtained, from whom and to whom
- Physical findings with drawings and measurements
- Tests ordered and performed and results
- Consults requested (Social Work, CPS, SANE)
- Documentation of genital findings
For females, document hymenal configuration, presence or lack of cuts, tears, abrasions, ecchymotic areas, visible discharge, or bleeding.

Avoid using term "hymen intact."

- Use of photographic documentation by SANE
- Impression: suspected sexual abuse

Do not document "No evidence of sexual abuse."

Reporting

**Call Child Protective Services Hotline
1-800-635-1522 to make a report.**

- Ask them to check if there are other children in the home. They should be evaluated by either their PMD or a child abuse expert.
- Ask for a scene investigation, if necessary.

As a licensed professional, you are required to report suspected abuse. A referral to a child abuse expert is not the same as a Hotline report to Child Protective Services.

At discharge from the ED or hospital

- Refer patient to a child advocacy center or child abuse expert.
- Refer patient to a pediatric infectious disease office, if appropriate for follow-up of HIV test results and/or HIV PEP.



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