

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 re:Hx)
- Caregiver concerns related to sexual abuse
- Disclosure from child
- Behavioral concerns
- Reported perpetrator and relationship to child (name, age)
- Type of contact and 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 TO CONSIDER

- Social Work - for all cases
- SANE (Sexual Assault Nurse Examiner) and advocacy services
- Gynecology consult for acute vaginal bleeding and possible need for examination under anesthesia
- Surgery consult if significant rectal bleeding and potential for rectal perforation
- Child Abuse Referral and Evaluation (CARE) clinic, 315-883-5617 or check Amion



4 DIAGNOSTIC TESTS

Consider:

- Urine NAAT or for pubescents only, vaginal gen-probe for GC and Chlamydia
- Anal and oropharyngeal NAAT GC/CT
- Urinalysis if symptomatic
- CBC, CMP, Hep B surface antibody and surface antigen, Hep B core antibody, Hep C antibody, HIV, Syphilis IgM/IgG, HCG

Forensic Evidence Kit per SANE consult if last contact was within 96 hours

Toxicology testing as needed
For the CDC STI Treatment Guidelines, 2021, please scan QR code:



5 PHOTOGRAPHY

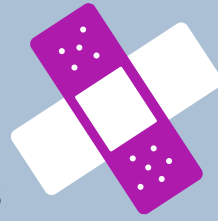
Call Medical Photography, 315-464-5877, for on-call number, check Amion Photo documentation guidelines found at www.champprogram.com, or scan QR code:



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DOCUMENTATION

History obtained from whom
 Physical findings 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), discharge, or bleeding
 For females, document hymenal configuration
 Avoid using term "hymen intact"
 Consults requested: (Social Work, SANE, CPS, CARE)
Impression: Suspected sexual abuse
 Write impact statement, if requested by CPS
 Impact statement guidelines can be found at www.champprogram.com, Practice Recommendations page or scan QR code:



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MEDICATIONS

Consider HIV post-exposure prophylaxis within 72 hours, see Upstate protocol for more details
 Consider Plan B in pubescent children up to 120 hours
 Hep B Vaccine +/- Hep B Immunoglobulin up to 14 days

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SIBLINGS/PEDIATRIC CONTACTS

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

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REPORTING

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

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 THE NYS CENTRAL REGISTER OF CHILD ABUSE AND MALTREATMENT.

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AT DISCHARGE

Communicate with CPS to determine that child has a safe plan prior to discharge, and document in medical chart
 Refer patient to CARE Clinic, if applicable, 315-883-5617
 Refer patient to Pediatric Infectious Diseases for follow up if HIV PEP is prescribed

