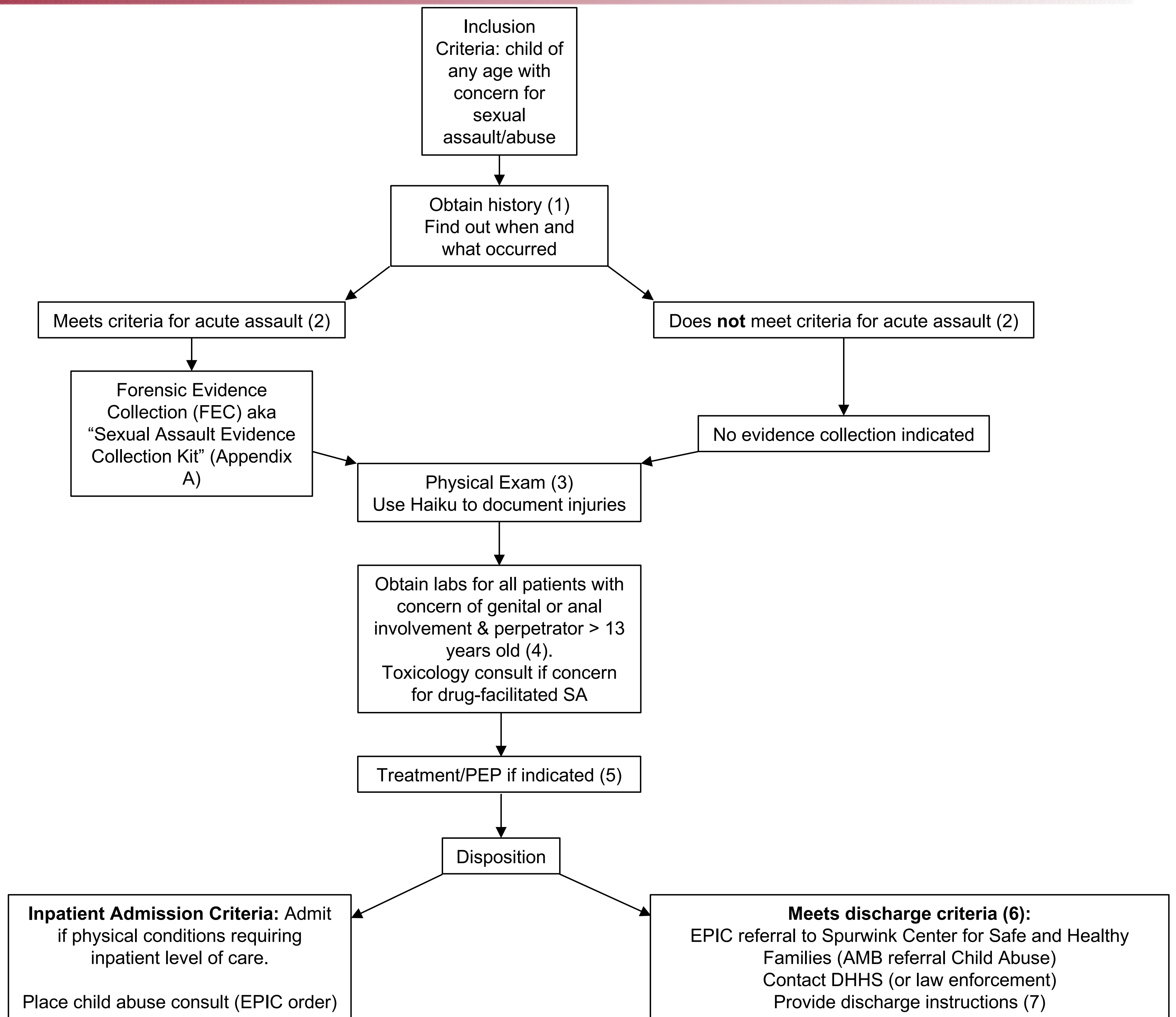
Pediatric Sexual Assault



1. **History:** Obtain the history first with caretaker alone. Most important to obtain WHO, WHAT, WHEN of the abuse to the best of the caretaker's/child's ability. Contact DHHS and make a report of suspected sexual abuse: 1-800-452-1999. Contact ED Social Worker.

2. **Acute Assault Criteria:**
Perpetrator ≥ 13 years old **AND** possible genital contact **AND** 1 of the following:
Post-menarcheal female with last contact <120 hours ago **OR**
Pre-menarcheal female with last contact <24 hours ago **OR**
Male patient with last contact <24 hours ago **OR**
Last contact with patient is unknown and alleged perpetrator has ongoing access to patient.
If forensic evidence collection (FEC) indicated (see **Appendix A** for FEC guidelines):
If child >13 years old: call Sexual Assault Forensic Examiner (SAFE)
If FEC indicated, proceed to kit collection with legal guardian consent and child assent
If child <13 years old: Pediatric SAFE or medical provider to perform limited FEC (see **Appendix A**)

3. **Physical Exam:** ED provider should perform full physical examination even if SAFE completes FEC. Include anogenital exam w/ labial traction, and photographs of non-genital injuries (*Important:* refer to **Appendix B**). Obtain Child Abuse consult/referral (AMB REFERRAL CHILD ABUSE) if abnormal anogenital exam (e.g., acute injury, STI findings) if caregiver would like to follow up with specialist.

4. **Labs**
Blood
- RPR
- HIV screening Ab
- Hep B surface Ab/surface Ag
- Hep C antibody (if direct blood exposure or alleged perp is high risk for Hep C)

Urine
- GC/Chlamydia – "dirty" sample (all females, or males with penile discharge or specific concern for GC/chlamydia)
- hCG and trichomonas (if post-menarcheal female)

Other swabs
- *If clear disclosure of alleged perpetrator's penis in patient's mouth*: Throat NAAT for GC (red top tube w pink medium)
- *If clear disclosure of the alleged perpetrator's penis in patient's anus*: Rectal NAAT for GC and chlamydia (red top tube w pink medium)
- *If vaginal discharge*: Testing for trhicomonas, BV, yeast (female of any age)

5. **Treatment/PEP**
All patients:
If within 72 hours of vaginal, anal, oral, or percutaneous contact with blood or semen that is possibly or definitely HIV infected: offer **HIV PEP** (consult peds ID). If abrasions, bite marks, lacerations, and no booster in 5 years: Tetanus toxoid

Post-menarcheal females:
If urine HcG negative: Offer Plan B or Ella as appropriate
If alleged perpetrator >13 yo and possible genital-genital contact within last 120 hours: Offer PEP for GC, chlamydia and trichomonas (see red book for dosing)

6. **Discharge Criteria:** Stable with no injuries or mental health concerns requiring inpatient management; call/ report made to DHHS; chain of custody maintained on all forensic evidence; appropriate testing/treatment provided; safe discharge plan; child abuse clinic referral ordered; if family declining child abuse referral – must be referred back to PCP; if on HIV PEP, referral to ID; if need vaccine completion – refer to PCP

7. **Discharge Instructions:** Instruct family not to question child further; continue safety plan for child; follow up with appropriate appointments; begin medications as instructed; post-menarcheal females will need repeat pregnancy test, child may need follow-up urine or blood testing.

Consent

- For victim < age 12, consent from a parent or guardian should be sought,
- Assent should always be obtained from every child who is capable of doing so (verbal will suffice).
- No child should be forced or be given sedation to undergo a forensic exam and evidence collection.
- Forensic evidence collection should not be performed on a patient with altered mental status
- Never use sedation for genital exams unless there is serious injury and the child goes to the OR

Full evidence kit collection:

For pubertal/post-menarcheal children, complete full evidence collection kit per kit instructions if possible. Partial kit is also acceptable

- Sexual Assault Forensic Examiners available for ≥ 13 yrs old. SAFE-p available for younger children
- If SAFE or SAFE-p not available, ED providers will perform evidence collection. Nursing or other staff can assist with paperwork

Limited/Partial Evidence Collection:

For pre-pubertal/pre-menarcheal children, use the Full Forensic Evidence Collection Kit but only obtain swabs from involved areas as well as the first oral swabs

Appendix B: Genital Exam Tips

Females:

Do NOT use a speculum! Even on adolescents. Exam is of external genitalia

Prepubertal girls

- Involve Child Life if available
- Can be examined supine frog leg or on caretaker's lap

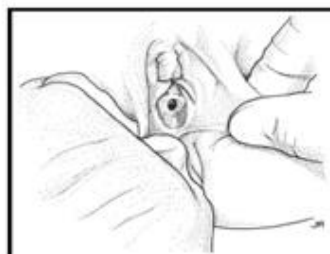
Use gentle labial traction (gently a pull outward and lateral on the labia majora to expose the structures of interest)

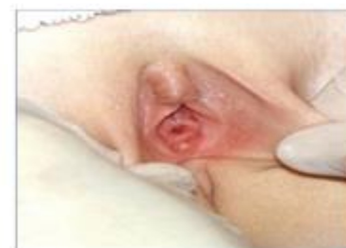
- As the child relaxes the hymen will relax and the vaginal opening should be visible

Do not document "hymen intact" as this terminology is incorrect

- Can document hymen without disruption, scarring, bruising, bleeding etc...

Supine Labial Traction





Normal prepubertal female exam supine with labial traction