Pediatric Sexual Assault or Abuse Clinical

Definition of pediatric sexual abuse:
The involvement of children or adolescents in sexual activity that they do not understand to which they cannot give informed consent, or that violates social taboos
This includes fondling, genital contact, penetration, exposure, and pornography

Definition of Penetration:
Contact, however slight, of the labia or rectum by the penis, other body part or foreign object

Triage:

- Identify sexual assault/abuse patient.
- Presentation:
  - Disclosure or outcry
  - Physical complaints related to the abuse (vaginal discharge, rash, bleeding)
  - Physical complaints unrelated to the abuse (child with recurrent somatic complaints who reveals sexual abuse when asked about life stressors)
  - Medical Evaluation
  - Make a report to police and DCFS

Acute	Late Disclosure
Pediatric (12yo and under): within 72 hours or less since assault/abuse or contact with the perpetrator **Adolescent (13yo and above):** within 7 days or less since assault/abuse or contact with the perpetrator	**Pediatric (12yo and under):** More than 72 hours since assault/abuse or contact with the perpetrator **Adolescent (13yo and above):** More than 7days since assault/abuse or contact with the perpetrator
Must offer medical forensic exam and evidence collection per SASETA	Needs medical screening exam to be done in ED • Medical concerns must be addressed
	Refer to Advocate Children's Child Protection Team for sexual abuse evaluation Oak Lawn & Park Ridge: 708-520-SAFE (7233)

- Notify Rape Advocates as soon as possible
- Place in a private room as soon as possible.
- Do not give the patient food or drink.
- Do not undress the patient if they may have evidence collected.
- If possible, obtain a dirty urine and rectal specimen for GC/Chlamydia.
- Child Sexual Abuse Flowchart
- ** Please remember this is often not a medical emergency but it is a psychosocial emergency for the child and the family. Often you are the first contact person after a disclosure, and you set the tone for the evaluation and healing process.

Consent (SASETA)

- **13years or older** may consent to photographs, report to police and to release evidence to law enforcement for testing/holding (parents may not sign consent)
    - This can be a tricky situation sometimes. It is a good idea to separate the adolescent from the parent to discuss this privately with the adolescent. The adolescent has final say.
    - Adolescent must sign forms
- **Under 13years**: parents, DCFS, law enforcement consent to photography, report to police and release evidence to law enforcement for testing/holding (parents sign)

Informed Consent

- Explain the nature of the exam
    - Much like a well-child exam
        - Not an invasive procedure-no speculum in prepubescent/young adolescent girls
    - Explain options and encourage questions
- Consent can be withdrawn at any time
- Consent can be partial, that is they can decline aspects of the exam

Assent

Definition: The expressed willingness of an individual to participate in an activity

- Seek the prepubescent child's assent for care throughout the exam process
    - **Child focused, victim centered, trauma informed approach heightens the child's comfort and trust**
    - Very important, wishes are respected, and control is returned to the child
    - Explain the process in terms the child can understand
    - Takes time and patience
- Do **not** proceed with the exam without the assent/cooperation of the child…. even if the parent consents
- **Do not restrain, coerce, or sedate child to do the examination**
    - Re-traumatizes
- If child not tolerating exam consider if they can be re-examined in the future or utilizing child life specialist
- Exceptions: serious medical injury, pain or trauma requiring further evaluation or treatment.
    - Transfer to pediatric facility for exam under anesthesia

General Consent/Assent Guidelines[143]				
Child's Age	**Child** *(consider her/his development level and linguistic capacity and preferences when planning if/how to seek assent)*	**Child's Parent/Guardian**	**If No Parent/Guardian or Parent/Guardian Is Not Acting in Child's Best Interest**	**Means**
0-5	Generally not capable of informed assent *(but consider each child's developmental capacity)*	Informed consent	Follow jurisdictional/facility policies for seeking consent in these instances	Written consent
6-11	Generally capable of informed assent *(but consider each child's developmental capacity)*	Informed consent	Follow jurisdictional/facility policies for seeking consent in these instances	Oral assent, written consent

National Pediatric Sexual Abuse Protocol

History: This is the most important part of the evaluation

Prepubescent:

- Privately Interview caregiver
  - Obtain details of concern/outcry/disclosure
  - Document history using quotes as much as possible
  - Clearly attribute all statements to the person who made them
- Limit questioning of the prepubescent child *
  - History obtained from the prepubescent child should be limited to information needed for medical decision making.
  - Use open ended questions such as "Why you are here?" Avoid yes/no questions
  - Document any spontaneous disclosures in quotes
  - Do not ask child the detailed questions from the evidence kit paperwork.

***NOTE:** Children will be interviewed by a trained forensic interviewer. DCFS and/or police will arrange a Forensic Interview (FI) at local Children's Advocacy Center (CAC)

Adolescent:

- Interview adolescent privately
- If collecting evidence, ask detailed questions on kit paperwork
- Document history using quotes as much as possible

***Note:** Adolescents under 18 years will also have a forensic interview (FI).

Remember to take the history in an accepting manner; sexual abuse is not always viewed by the child as traumatic so expressing shock or dismay could be harmful to their mental state or perception.

- Adverse childhood experiences such as this often lead to depression, suicidal/homicidal ideation, and other at-risk behaviors. It is imperative to assure the child receives appropriate referral to mental health care professionals and rape advocacy services.
- Pediatric sexual abuse affects the entire family. Remember that in many cases the abuser is known to the family and is often trusted by the child and parents. This crime is a breach of trust to the entire family and there is much anger and guilt associated with it.
- Be sensitive to parental concerns as a parent may be a survivor of pediatric sexual abuse themselves.

Physical Exam:

The majority of physical exams are normal, and a normal physical exam does NOT exclude abuse from the differential

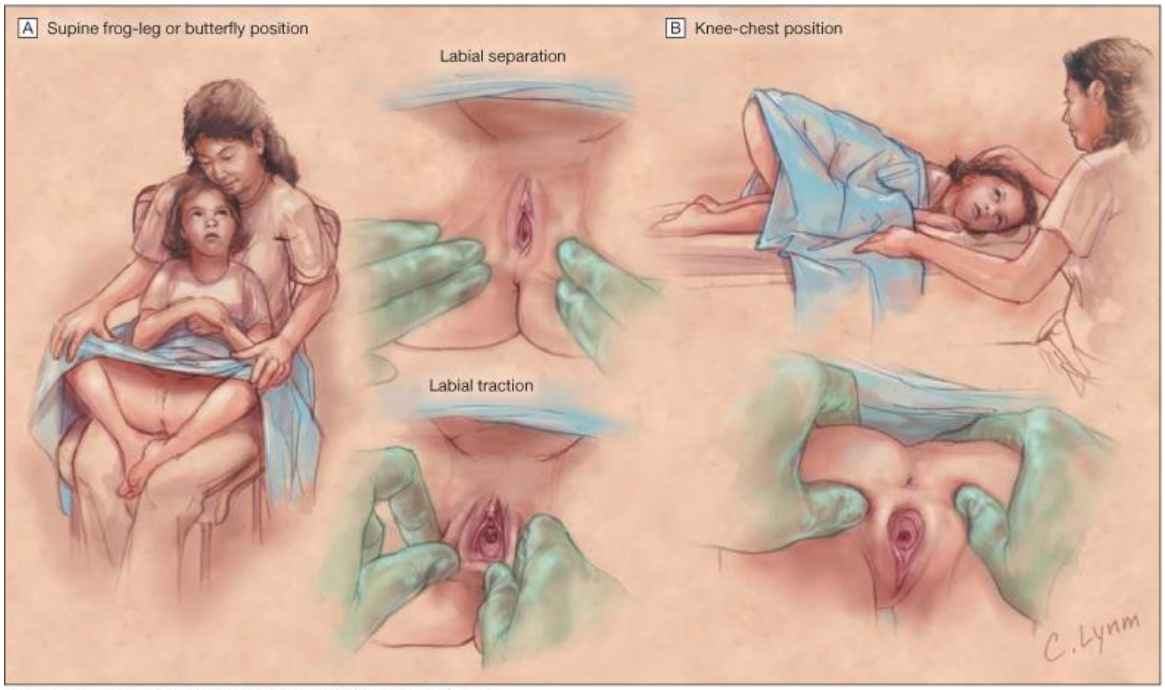
- Use Child Life Specialist when available
- Note mental state at time of exam
- Note any signs of physical abuse/neglect
- Complete head to toe physical exam
- Perform the general physical exam before the genital exam

Prepubescent	**Adolescent**
• Less than or equal to age 12 years • Pre-menarche female	• More than or equal to age 13 years • Post-menarche female
Male Genital Exam • A physician must be present for the genital exam unless a Pediatric SANE* is available • Position: Lying or standing • Examine the external genitalia for signs of injury or infection	**Male Genital Exam** • A physician must be present for the genital exam unless a Pediatric or Adolescent SANE* is available • Position: lying or standing • Examine the external genitalia for signs of injury or infection
Female Genital Exam • A physician must be present for the genital exam unless a Pediatric SANE* is available • Position**: Frog leg or lithotomy on caretaker's lap. • Prone knee/chest position should be performed if an abnormality is seen to verify presence in two positions • Use separation and traction techniques • Examine the external genitalia for signs of injury or infection • Examine the genitalia within the labia majora by visual exam using separation and traction • Do NOT insert a speculum. If a speculum exam is required, the child will need the exam done under anesthesia	**Female Genital Exam** • A physician must be present for the genital exam unless a Pediatric or Adolescent SANE* is available • Position: Lithotomy • Prone knee/chest position should be performed if an abnormality is seen to verify presence in two positions • Use separation and traction techniques • Examine the external genitalia for signs of injury or infection • Examine the genitalia within the labia majora by visual exam using separation and traction • May consider an internal exam (speculum) on a case-by-case basis (e.g. older adolescent, sexually active adolescent). If done, must be done after the visual exam.
Male/Female Anal/Perineal Exam • Examine anal/perianal areas • Position: supine knee chest or side-lying	**Male/Female Anal/Perineal Exam** • Examine anal/perianal areas • Position: supine knee chest or side-lying

***NOTE:** A Pediatric SANE (for prepubescent/adolescent children) or an Adolescent SANE who has completed all clinical requirements may conduct the medical forensic exam, genital exam and evidence collection. An ED physician will need to conduct the medical screening exam.

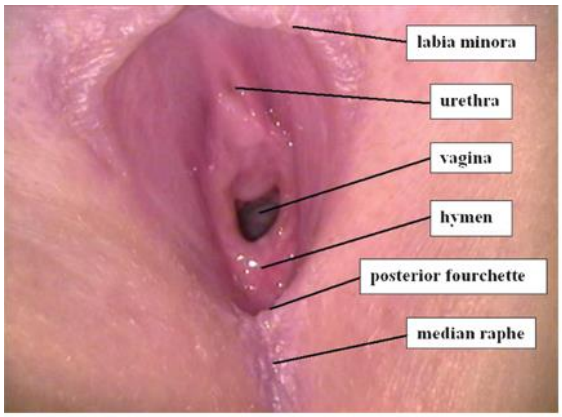
** **See next page for diagram of anatomy of prepubescent genitalia and positioning for prepubescent females**

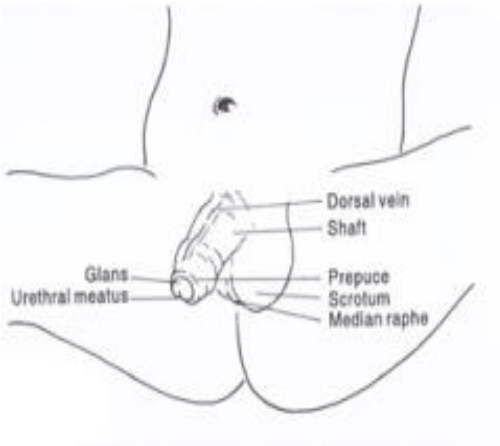
Positioning for Prepubescent Females:



Source: Simel DL, Rennie D: *The Rational Clinical Examination: Evidence-Based Clinical Diagnosis:* http://www.jamaevidence.com

Prepubescent Genitalia:





Source: J.E. Tintinalli, J.S. Stapczynski, O.J. Ma, D.M. Yealy, G.D. Meckler, D.M. Cline: Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8th Edition
www.accessmedicine.com

Documentation of Findings:

Remember, the majority of physical exams will be normal, a normal exam does not exclude abuse from the differential

Females:

- Presence of scars, bruises, lacerations, bleeding, lesions, ulcers, rash, or discharge on the external genitalia or perineum
- Describe hymenal tissue
- Presence of transections/lacerations, abrasions, bruising on hymenal rim and/or external genitalia
- Use a clock face orientation to describe findings (12 o'clock is the urethra and 6 o'clock is the posterior fourchette)
- Do not measure hymenal openings: varying diameters are non-specific findings
- In post-pubertal females, perform a speculum exam AFTER the visual exam if necessary.

Males:

- Presence of scars, bruises, lacerations, bleeding, lesions, ulcers, rash on the penis, scrotum, and perineum.

Anal/Perineal:

- Visual assessment of anal tone: may perform rectal exam to correlate
- Presence of scars, bruises, lacerations, bleeding, lesions, ulcers or rash.

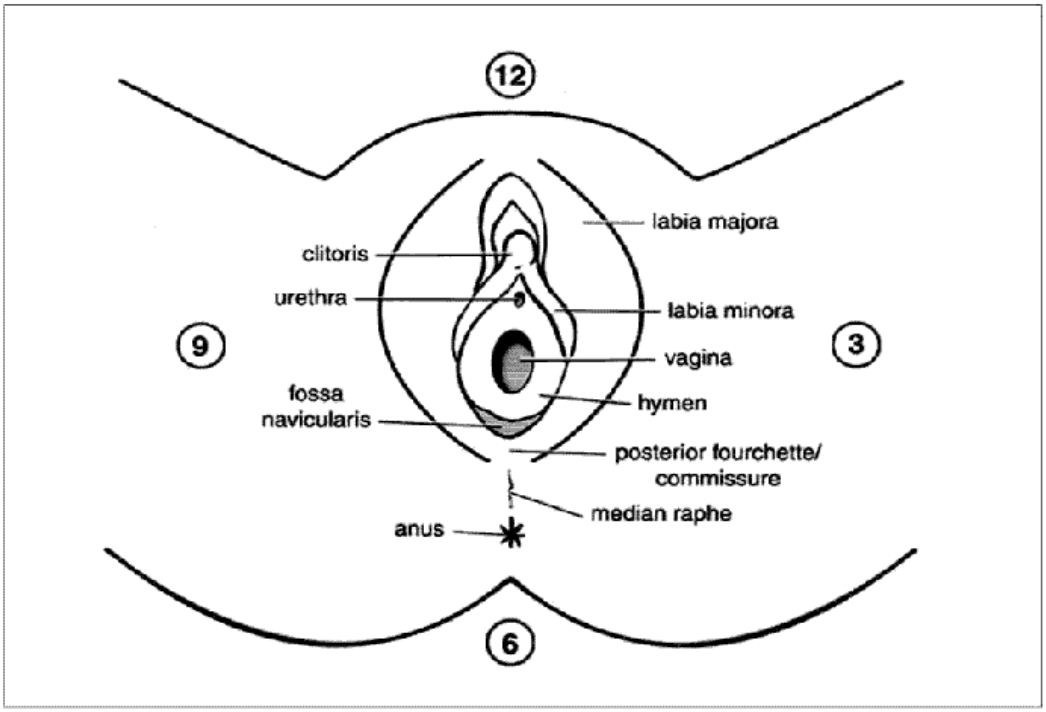


Figure 1. Schematic representation of the female genital structures with "clock face" numbers superimposed.

Peds Sexual Assault/Abuse Medical Management:

- Use Sexual Assault/FNE order set in Epic FNE Encounter for ordering
- Physicians: utilize the Sexual Assault Smart phrase for documentation of medical management

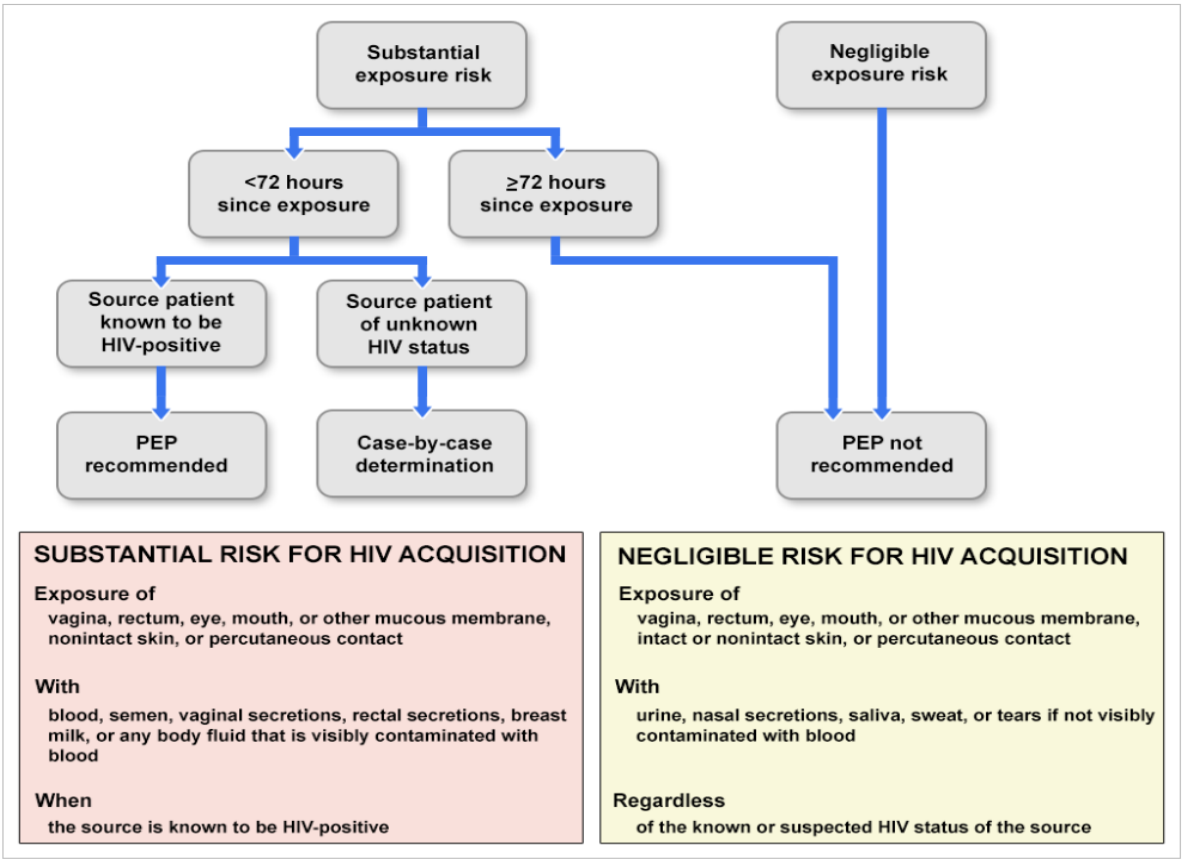
Recommended Labs	Prepubescent *any positive result should have a confirmatory test prior to treatment	Adolescent *Confirmation testing should be considered if the sexual abuse event(s) is the only possible source of the STI (ie. not otherwise sexually active) and prophylaxis was declined/not provide
Urine GC/Chlamydia	X	X
Vaginal GC/Chlamydia (if performing this test, urine GC/chlamydia not required)		X
Throat GC/Chlamydia	X	X
Anal GC/Chlamydia	X	X
Urine Trichomonas	X	X
Urine pregnancy	*Consider testing a peri-pubertal girl	X

Consider additional testing below based on history of exposure
HIV screen
Hepatitis C
RPR (Syphilis)
Hepatitis B Surface Antigen
If lesions, swab for HSV
If initiating HIV PEP obtain serum creatinine, AST, ALT (Comprehensive Metabolic Panel (CMP))

Medication Management	Prepubescent	Adolescent
STI presumptive treatment	Not recommended	Offer
Emergency Contraception	Not applicable	Offer if in timeframe
HPV	Offer if 9 years or older	Offer
Hepatitis B Vaccination	Offer if not vaccinated	Offer if not vaccinated
HIV PEP	See next page	See next page

https://www.cdc.gov/STD/treatment-guidelines/STI-guidelines-2021.pdf

FIGURE 1. Algorithm for evaluation and treatment of possible nonoccupational HIV exposures



Source: *Updated Guidelines for Antiretroviral Postexposure Prophylaxis after Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV – United States, 2016.* MMWR Morb Mortal Wkly Rep, 2016. **65**(17): p. 458.

HIV Post Exposure Prophylaxis (HIV PEP)

- Consider HIV PEP if the patient presents within 72 hours of sexual abuse
- Order labs as indicated via FNE order set
- Children under 12 years of age with high risk exposure
    - Consult with pharmacy for dosing
- Order HIV PEP medications from the FNE order set
- The patient needs to follow up with ID, PMD, or CPT in 2 weeks
- The Sexual Assault Payment Authorization voucher will cover the HIV PEP medication costs