CHAMP
Child Abuse Medical Provider Program

Triage in Suspected Child and Adolescent Sexual Abuse or Other Sexual Offenses

All staff in primary care and Emergency Department settings should be proficient in the triage of suspected child sexual abuse. Clear and concrete information will afford the practitioner the ability to make decisions regarding when the child/adolescent should be seen and whether to make a report to Child Protective Services. The goal is to minimize interviewing and examining the child/adolescent while maximizing medical, legal, and protective outcomes.

When a Child/Adolescent Needs an Examination

- There is any suspicion of child maltreatment or neglect.
- There is a suspicion of sexual abuse, including concerns regarding less common sexual behaviors in children.
- There is a concern regarding child/adolescent trafficking.
- A child presents after an abduction or being missing for a period of time.
- The child/adolescent is brought for a medical assessment by child protective authorities or law enforcement.
- There is a history of a disclosure from a child/adolescent.
- There is a history of pain, injury, genital bleeding, or other unwitnessed genital trauma.
- There are physical signs and symptoms of genitourinary problems such as vaginal discharge or dysuria.
- The child/adolescent and family or other caregivers need support and reassurance.

TRIAGE STEPS

Step I. Gather and Document Pertinent Information

Clarify and document all contact information, the abuse concern, the child/adolescent's name and age, and the date and time of the call or intake.

Ask the caller or presenting caregiver to answer the questions below to the best of their ability. Minimize further trauma by focusing questions on the information that is immediately available and most pertinent to the safety and medical decisions for the child. When asking questions, be careful not to use the word "alleged" or other legal

terminology to refer to the incident. The minimal facts interview format may be helpful in obtaining the essential facts to determine the potential need for immediate medical intervention. For more information see https://www.nrcac.org/wp-content/uploads/2023/01/Minimal-Facts-Guidelines-July-2023.pdf.

The adult should not question the child/adolescent further if some of the information is unavailable.

Questions

1. Who are you and what is your relationship to the child/adolescent?
2. What is your reason for concern regarding abuse?
    - Is this a referral from a child abuse investigative agency or child advocacy center?
    - Have you witnessed the abuse?
    - What happened?
    - Did the child/adolescent disclose abuse?
        - If so, to whom was the disclosure made?
        - What are the exact words the child/adolescent used?
        - Who else may have witnessed the disclosure?
3. Is the child/adolescent safe from the suspected perpetrator now?
4. Are you safe? Do you think your present situation is dangerous?
5. Is there a medical concern such as bruising, bleeding, vaginal discharge, or possible pregnancy?
6. Where on the child's body did the abuse take place (in very brief detail)?
7. When did it happen?
    - Last time it occurred?
    - Frequency?
    - Did the incident occur within 120 hours? This timeframe is the critical window for collection of forensic evidence as recommended by the New York State Department of Health and the NYS Division of Juvenile Justice. See https://www.criminaljustice.ny.gov/ofpa/pdfdocs/Part A Sexual Offense Evidence Collection Kit Instructions 1-2023.pdf

Step II. Determine the Safety and Welfare of the Child/Adolescent

Is this child/adolescent safe?

- If not, and safety cannot be assured prior to transport to an evaluation, make an immediate report to authorities (police and/or Child Protective

Services).

- Does this child/adolescent require hospitalization to protect him or her from further harm?

Step III. Determine Who Should Examine the Child/Adolescent and When

If your facility does not offer the appropriate services for medical care, determine which facility offers the best services for this child/adolescent and family.

If the child/adolescent has any of the following and has presented to a primary care office setting, a local emergency response team should be notified with appropriate referral to an Emergency Department:

- Symptoms of head trauma: vomiting, headache, syncope, lethargy, visual disturbance
- Symptoms of abdominal injury: vomiting, abdominal pain, bruising to the abdomen/flank/back, hematuria
- Symptoms or history of recent traumatic sexual contact: bleeding from the vagina or rectum, genital pain, or other signs of injury.

If the incident is within 120 hours and the child/adolescent is medically stable, refer to the appropriate local resource, an Emergency Department or specialized center, for evaluation and possible forensic evidence collection.

- If there is a local child abuse pediatrician (CAP), refer the child/adolescent for a CAP consultation. Other options may include evaluation by an advanced practice provider or nurse trained in the examination techniques and photo-documentation.
- If this is not an option, proper photo-documentation and clear medical record documentation of the examination is essential for later peer review of findings.
- If your facility does not offer the appropriate services for pediatric medical care, determine which facility offers the best services for this child/adolescent and family.

Most exams are not an emergency. If the child/adolescent is safe and the incident occurred more than 120 hours prior, the examination can usually be deferred until the next working day.

Step IV. Determine if You are Mandated to Report this Situation

If you have a reasonable suspicion that sexual abuse was perpetrated by a legally responsible adult or that the abuse occurred because of the neglect of the legally responsible adult, you have a responsibility to report this suspicion. In most cases, the concern should be reported immediately, even if the family is being referred to another

facility. For more information on reporting, see REPORTING: When to Report. http://www.childabusemd.com/reporting/when-report.shtml. For additional information see the NYS mandated reporter site http://www.nysmandatedreporter.org/resources.aspx.

APPROPRIATE LEVEL OF CARE

Emergent Evaluation

An emergent evaluation is one that should occur on the same day as the initial contact with the family. If there is a local child abuse expert, refer the child/adolescent to that medical provider for an immediate consultation. In many places in New York State this immediate consultation is not available, and the child/adolescent must go to the local Emergency Department. In that case, proper photo-documentation and clear medical record documentation of the examination is essential so that a child abuse medical provider can later interpret the findings. In some cases, the child may be medically unstable due to physical trauma and the Emergency Department is the most appropriate resource for evaluation and treatment.

Indications for an Emergent Evaluation

- Imminent danger
- Loss of consciousness
- Bleeding or history of bleeding
- Pain (genital or other)
- Extensive bruising or bruises that may resolve quickly
- Possible fractures
- Abdominal trauma or other medical emergency concerns
- Pregnancy possibility
- Need for STI prophylaxis
- Psychiatric emergency
- Forensic evidence collection

Imminent Danger

Imminent danger refers to the risk of further abuse to the child/adolescent. When imminent danger is suspected, evaluate the child/adolescent as soon as possible. The provider must ascertain the possibility of injury and begin to access the social services system to protect the child/adolescent from further harm.

Medical Need

Immediately evaluate a child/adolescent who has severe pain, loss of consciousness, bleeding, possible fracture, possible abdominal trauma, extensive bruising, signs of suffocation, or other emergent medical concern.

- Symptoms of head trauma: vomiting, headache, syncope, lethargy, visual disturbance
- Symptoms of abdominal injury: vomiting, abdominal pain, bruising to the abdomen/flank/back, hematuria
- Symptoms or history of recent traumatic sexual contact: bleeding from the vagina or rectum, genital pain, or other signs of injury

Evaluate immediately if there a possibility that the child/adolescent may benefit from prophylactic treatment for sexually transmitted infections or pregnancy. Post-pubertal females with a history of exposure to semen are at risk for pregnancy and may receive prophylaxis up to 120 hours after the incident. All children/adolescents with history of exposure to bodily fluids may be at risk for a sexually transmitted infection. These situations should be considered on a case-by-case basis by collaborating with a professional trained in the examination of sexually abused children and a pediatric infectious disease specialist where appropriate.

Psychiatric Emergency

Certain situations such as a suicide attempt, parental or child emotional instability, acute psychotic crisis, or other significant mental health concern warrant an immediate evaluation.

Medical/Legal Issues

An immediate evaluation is appropriate when there is a possibility of forensic evidence collection or documentation of an injury that may resolve quickly. Collect evidence when there is a suspicion of sexual abuse within the previous 120 hours that includes the potential for exposure to bodily fluids:

- Penile/vaginal contact
- Penile/anal contact
- Oral/penile contact
- Oral/vaginal contact

Urgent Evaluation

Urgent evaluations should take place within 24 hours of the referral. Consider these situations carefully, as sometimes it is more appropriate to have the child/adolescent seen emergently.

Indications for an Urgent Evaluation

- Bruises or need for documentation of minor injuries that may resolve quickly
- Vaginal discharge
- Supportive evidence for a legal case

Documentation of an Injury that May Resolve

Genital injuries may resolve rapidly. Document them using proper photographic equipment and available charting or drawing mechanisms in the electronic medical record. Evaluation and interpretation by a professional trained in the evaluation of sexually children is required by NCA for all identified abnormal sexual abuse findings. Expert review with a child abuse pediatrician is preferred. Advanced medical consultants, such as physicians and nurse-practitioners with qualifications as defined by the NCA, can also provide reviews.

Non-genital injuries and bruises are variable in their resolution and should be considered on a case-by-case basis. It is sometimes advisable to perform an immediate medical evaluation if injury resolution will occur before an urgent examination can be scheduled.

Small bruises could represent sentinel injuries and should not be overlooked as potential red flags of physical abuse. For more information about sentinel injuries see *Sentinel Injuries: When to Sweat the Small Stuff* https://www.champprogram.com/pdf/webcast/2018-jan-17-slides-Sentinel-Injuries-Pekarsky.pdf . If skeletal or head injuries are suspected, particularly in children less than one year of age, an emergent evaluation and examination is needed.

Medical Concerns

Evaluate urgently if the child/adolescent complains of genital pain even though the incident of abuse may have occurred more than 120 hours ago. Genital injuries are often accompanied by a history of pain or bleeding.

If there has been an otherwise asymptomatic vaginal discharge that has been present for some time, the child/ adolescent needs to be seen as soon as possible. In general, the evaluation is not an emergency, but should be seen as soon as possible by an expert.

Most situations of medical neglect require an urgent or emergency evaluation. Children suffering from injuries due to physical abuse and who do not fit the criteria for an emergency evaluation should be evaluated as soon as possible within 24 hours.

Supportive Evidence

Occasionally, to move forward with an arrest in a case, legal professionals are awaiting physical examination results on a child/adolescent who may have healed findings.

Consider on a case-by-case basis if these situations warrant an urgent examination.

Evaluation Scheduled for a Later Date

All children/adolescents with a suspicion of child abuse are entitled to a medical evaluation. An examination can be scheduled for a later date when there is no urgency for documentation of injury, forensic evidence collection, treatment, or prophylactic treatment.

Indications for an Evaluation Scheduled for a Later Date

- Abuse was not within the week
- Nature of the abuse is not likely to result in findings
- Family or child/adolescent needs reassurance
- Concern is limited to a behavioral problem
- Custody issues

Unlikely Need for Treatment or Evidence Collection

Activities such as vaginal/penile fondling over the clothes may not result in injury or need prophylactic treatment. However, children and adolescents often disclose abuse in a piecemeal fashion. The possibility of additional activity and possible healed physical findings must be considered.

Need for Reassurance

In some circumstances the nature of the evaluation may be for the psychological reassurance of wellness. Some children/adolescents without contact types of abuse may still benefit from an evaluation, including:

- Siblings of abused children/adolescents
- Children/adolescents with histories of exposure to pornography

Behavioral Concerns

In many cases, the only concern regarding abuse is due to "sexual acting out" or an acute behavioral change. These children should be examined with careful attention to the history of the problem and social concerns. For a useful resource about normal sexual behaviors, see *Sexual Behaviors in Young Children: What's Normal, What's Not?* at https://www.healthychildren.org/English/ages-stages/preschool/Pages/Sexual-Behaviors-Young-Children.aspx.

Family Issues

Some of the most challenging evaluations involve allegations of one parent against another concerning child abuse. In all cases, these allegations should be taken seriously. In all cases, the child is being victimized either as a pawn in a parental dispute or as a victim of emotional, sexual, or physical abuse or neglect. These children usually benefit

from referral for evaluation by a medical professional with expertise in evaluating abused children.

Domestic violence impacts the entire family. A child/adolescent exposed to parents or caregivers who engage in domestic violence is a child/adolescent at risk. This situation should be reported to the child abuse hotline.

MAKING A REFERRAL TO A CHILD ABUSE EXPERT

In New York State there are centers, Child Advocacy Centers (CACs), that specialize in the multi-disciplinary assessment of sexually abused children/adolescents and have medical professionals trained in forensic evaluation. In general, to maximize the medical, legal, and protective outcomes for children and adolescents in abuse situations, professionals who have not received appropriate training should not perform evaluations. If you have questions regarding your role in the acute medical management of a particular child/adolescent, contact one of these centers for guidance.

If the child/adolescent lives in a geographic area where there is no specialized center, a decision must be made based on local availability of medical care. In most cases, the most appropriate site for the medically stable child/adolescent is the primary care office. The value of good medical records and the availability of a past medical and family history cannot be overstated. However, if there is a need for forensic evidence collection, photographs, STI prophylaxis or treatment, pregnancy prevention, or treatment of injuries, the Emergency Department may offer the most appropriate services.

The Thought Process When Considering a Referral

- Limited timeframe for forensic evidence collection
- Safety of the child
- Local resources and costs to the patient and family
- Trauma informed care needs
- Patient factors such as vital signs and emotional state

There are CACs that specialize in the multi-disciplinary assessment of sexually abused children/adolescents and have medical professionals trained in child sexual abuse evaluation. In general, to maximize the medical, legal, and protective outcomes for children and adolescents in abuse situations, professionals who have not received appropriate training should not perform evaluations. If you have questions regarding your role in the acute medical management of a particular child/adolescent, contact one of these centers for guidance.

Even though you refer a child/adolescent to one of these centers, you are still responsible for reporting your suspicions of abuse. Report the suspected sexual abuse to the proper authorities and then refer the medically stable child/adolescent to one of

these centers.

If the child/adolescent lives in a geographic area where there is no specialized center, a decision must be made based on local availability of medical care. In most cases, the most appropriate site for the medically stable child/adolescent is the primary care office. The value of good medical records and the availability of a past medical and family history cannot be overstated. However, if there is a need for forensic evidence collection, photographs, or prophylactic STI, treatment of injuries or pregnancy treatment, the Emergency Department may offer the most appropriate services.

Suggested Communication to the Child Abuse Expert

It is important for you to share objective information as clearly as possible when referring a child to the child abuse expert. Detail your initial assessment that determined the need for the referral.

Referral Description Checklist

- ☐ Your suspicion of child sexual abuse and/or other forms of abuse
- ☐ Whether there a disclosure from the child/adolescent
- ☐ Whether there is currently pain, injury, genital bleeding, or other genital trauma or genitourinary problems
- ☐ Whether there are other injuries
- ☐ Relevant information regarding the parents
- ☐ Social situation and risk factors, such as intimate partner violence
- ☐ Mental health diagnoses (patient or family members)
- ☐ Prior CPS involvement (if known)
- ☐ Criminal history (if known)

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Resources

Botash AS. Decision Points 1-5 in the Evaluating Child Sexual Abuse course, CHAMPprogram.com https://www.champprogram.com/courses.php .

Child Abuse MD. Child Sexual Abuse Triage 2024. http://www.childabusemd.com/triage/triage-level-care.shtml.

Healthy Children.0rg. Sexual Behaviors in Young Children: What's Normal, What's Not? 2023. https://www.healthychildren.org/English/ages-stages/preschool/Pages/Sexual-Behaviors-Young-Children.aspx?_gl=1*fylxox*_ga*NDc5MTI1OTY5LjE3MTIwNzg0NjU.*%20_ga%20_%20FD9D3XZVQQ*MTcxNTQ0NTE1Ni4yNC4xLjE3MTU0NDUxODMuMC4wLjA .

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