

# 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 Pediatrics



## 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 CDC's STI Treatment Guidelines, 2021, please scan QR code:



## 5 PHOTOGRAPHY

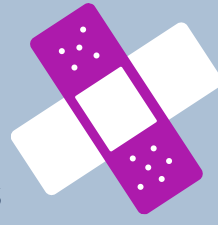
Call Medical Photography  
Photo documentation guidelines found at [www.champprogram.com](http://www.champprogram.com), or scan QR code:



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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, CAP)  
**Impression:** Suspected sexual abuse  
 Write impact statement, if requested by CPS  
 Impact statement guidelines can be found at [www.champprogram.com](http://www.champprogram.com), Practice Recommendations page or scan QR code:



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## MEDICATIONS

Consider HIV post-exposure prophylaxis within 72 hours  
 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 CAP Clinic

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## REPORTING

If in NYS, 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](http://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 CAP Clinic  
 Refer patient to Pediatric Infectious Diseases for follow up if HIV PEP is prescribed



**UPSTATE**  
 Golisano Children's Hospital