

Management of Acute Child and Adolescent Sexual Abuse and Assault

Version: 2

This is a CONTROLLED document for internal use only, valid only if accessed from the Policies and Procedures site.

Introduction

Children and adolescents who have been acutely sexually abused/ assaulted regularly come to SickKids for a medical evaluation. These patients are often assessed in different clinical settings by medical providers with varying levels of training and experience. Given the medical legal nature of the evaluation of children and adolescents with suspected and/or confirmed sexual abuse/assault including the potential child protection and criminal justice implications, there is a need for a consistent, evidence based approach to assessment and managing these patients.

The purpose of this clinical practice guideline (CPG) is to articulate a standard of care for the emergency department (ED) and the SCAN Program Clinic when providing care to children and adolescents who have experience acute sexual abuse/assault.

If a concern is raised with regards to acute sexual abuse/assault in a patient in another department of the hospital, have the SCAN clinician on call paged.

Target Population

This guideline is intended for use with children and adolescents who have experienced acute sexual abuse/assault and their families who:

- are between the ages of 0 to 18 years; and
- present to ED or the SCAN Program clinic within 72 hours for prepubescent children and 298 hours (12 days) for adolescents, following a sexual abuse/assault event.

Target Users

The target users of this CPG are healthcare providers caring for children or adolescents who have been sexually abused or assaulted, or with whom there is a suspicion of sexual abuse or assault. These health care providers include:

- Nurses, Sexual Assault Nurse Examiners, Nurse Practitioners at SickKids;
- Staff Physicians, Residents, Fellows at SickKids;
- Providers who provide consultation to other organizations caring for or involved with this population.

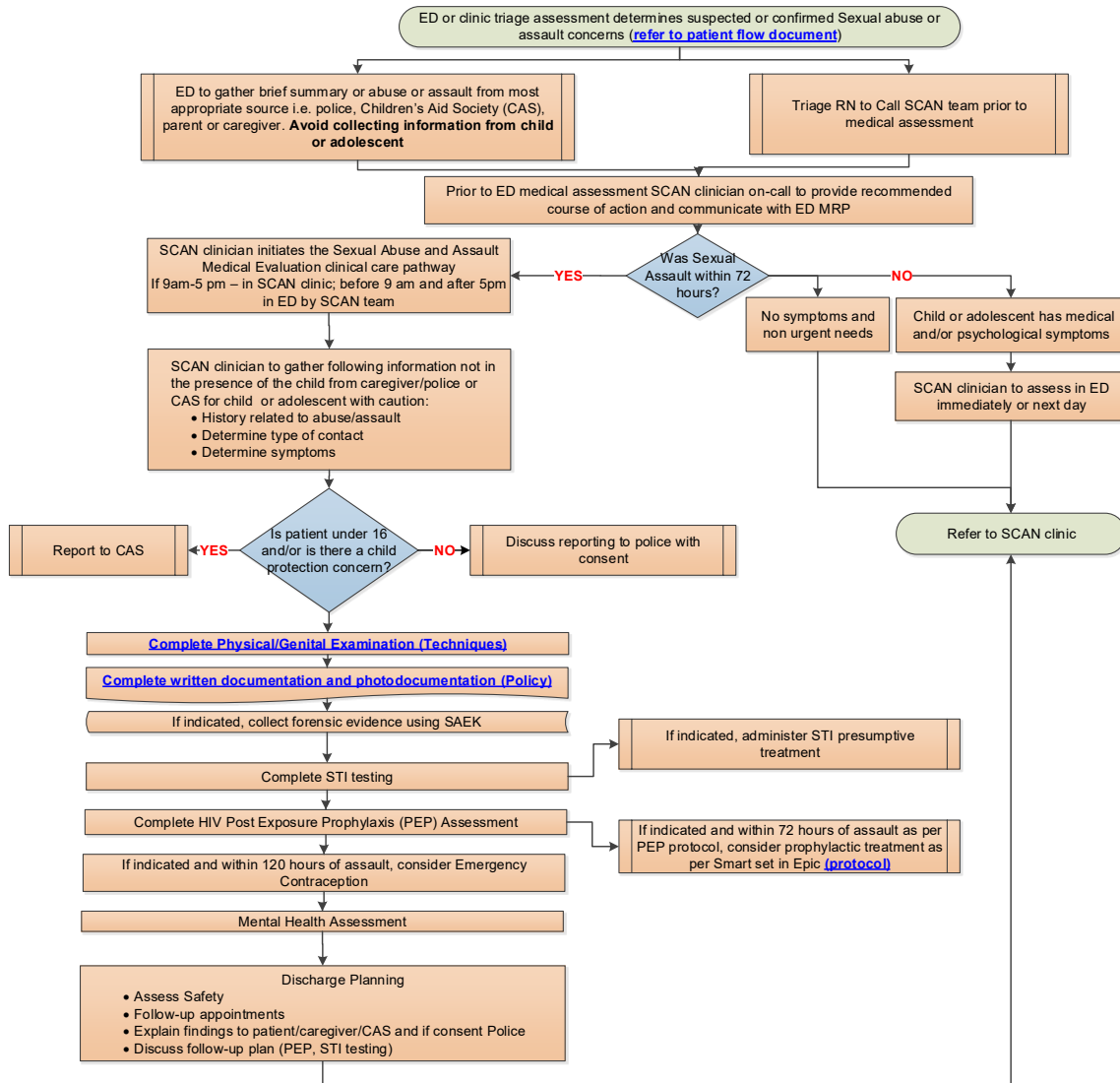
©The Hospital for Sick Children ("SickKids"). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.

Definitions

- **Sexual abuse:** occurs when a child under the age of 16 is used for sexual purposes by an adult or adolescent. It is inherently emotionally abusive and is a betrayal of trust and an abuse of power over the child. Sexual abuse is often accompanied by other forms of mistreatment. Child sexual abuse involves exposing a child to any sexual activity or behavior, whether direct or indirect ^[1].
- **Sexual assault:** any form of unwanted sexual activity that is forced upon a person without that person's consent. Sexual assault can range from unwanted sexual touching to forced intercourse. While most sexual assaults are perpetrated against women, both women and men can and are sexually assaulted^[1].
- **Child:** for the purposes of this CPG a child is typically under the age of 12 and has not entered the stages of puberty.
- **Adolescent:** for the purposes of this CPG an adolescent is the age of 12 and over that has entered stages of puberty.

Clinical Practice Recommendations (additional information outlined below)

SCAN Team Sexual Assault/Abuse Medical Evaluation Pathway



Practice Point:

If a child/adolescent does not fit any of the above indications, and does not need to be seen in the ED, arrangement with the SCAN program should be made immediately for follow-up. Please call before sending a child to the SCAN clinic 416-813-6275 or 416-813-1500 after hours (located on the 6th floor Black wing).

©The Hospital for Sick Children ("SickKids"). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.

Additional information for recommendations outlined in pathway:

- [Printable version of pathway](#)
- [ED Management](#)
 - [ED Scan Patient Flow](#)
- [Medical Evaluation](#)
 - [Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018](#)
- [Forensic Evidence Collection](#)
- [Sexually Transmitted Infection Testing](#)
 - [HIV PEP protocol](#)
 - [Sexual maturation rating](#)
- [Reporting](#)
- [Crisis Intervention and Mental Health Assessment](#)
- [Discharge and Follow-up](#)

©The Hospital for Sick Children ("SickKids"). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.

References

1. [Ontario Network of Sexual Assault/Domestic Violence Treatment Centres.](#)
2. Palusci, V., Cox, E., Shatz, E.M., & Schultze, J.M. , *Urgent medical assessment after child sexual abuse*. Child Abuse Neglect, 2006. 30: p. 367-380.
3. Floyed, R.H., D.A., Greenbaum, V.J. & Simon, H.K., *Development of screening tool for pediatric sexual assault may reduce emergency-department visits.* . Pediatrics, 2011. 128(2): p. 121-126.
4. Gordon, S.J., P. K. , *Sexual abuse evaluations in the emergency department: is the history reliable?* Child Abuse & Neglect, 1996. 20(4): p. 315-322.
5. Hibbard, R.A., *Triage and referrals for child sexual abuse medical examinations from the sociolegal system.* . Child Abuse and Neglect, 1998. 22(6): p. 503-513.
6. American College of Emergency Physicians, *Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient.* , 2013.
7. Christian C, *Timing of the Medical Examination.* Journal of Child Sexual Abuse, 2011. 20: p. 505-520.
8. Delago C, D.E., Schroeder C et al, *Girls who disclose sexual abuse: urogenital symptoms and signs after genital contact.* Pediatrics, 2008. 122: p. e281-286.
9. Melville JD, K.N., Perez N, *Assessment for self-blame and trauma symptoms during the medical evaluation of suspected sexual abuse.* Child Abuse and Neglect, 2014. 38: p. 851-857.
10. Christian C, et al., *Forensic evidence findings in prepubertal victims of sexual assault.* . Pediatrics, 2000. 106: p. 100-104.
11. Thackery JD, et al., *Forensic Evidence Collection and DNA Identification in Acute Child Sexual Assault.* . Pediatrics, 2010. 128: p. 227-232.
12. Giardet, R., Bolton, K., Lahoti, S., Mowbray, H., Giardino, A., Isaac, R., Arnold, W., Mead, B. & Paes, N., *Collection of Forensic Evidence From Pediatric Victims of Sexual Assault.* . Pediatrics, 2011. 128: p. 233-238.
13. Katzman, D.K., Taddeo, D. & Adolescent Health Committee, Canadian Pediatric Society *Policy Statement: Emergency Contraception.* Paediatric Child Health, 2010. 15(6): p. 363-367.
14. World Health Organization *Responding to intimate partner violence and sexual violence against women*, 2013.
15. Sena AC, H.K., Kellogg N, Girardet R, Christian CW, Linden J, Griffith W, Marchant A, Jenney C and Hammerschlag MR, *Sexual Assault and Sexually Transmitted Infections in Adults, Adolescents and Children* Clinical Infectious Diseases, 2015. 61(S8): p. S856-64.
16. U.S. Department of Justice *A National Protocol for Sexual Assault medical Forensic Examinations: Adults/Adolescents.* , 2013.
17. Public Health Agency of Canada, *Canadian Guidelines on Sexually Transmitted Infections*, 2013.
18. World Health Organization *Guidelines of medico-legal care for victims of sexual violence.* , 2003.
19. Finkel, M.A.A., R.A. , *Conducting the Medical History.* Journal of Child Sexual Abuse, 2011. 20: p. 486-504.
20. Adams J, K.N., Farst KJ, Harper NS, Palusci VJ, Frasier LD, Levitt CJ, Shapiro RA, Moles RL, Starling SP, *Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused.* Journal of Pediatric and Adolescent Gynecology, 2016. 29: p. 81-87.
21. Bordini B, R.R., *Normal Pubertal Development Part II: Clinical Aspects of Puberty* Pediatrics in Review, 2011. 32: p. 281.
22. Adams JA, Farst KJ, and Kellogg ND, *Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018.* Journal of Pediatric and Adolescent Gynecology, 2018. article in press.
23. Adams JA, et al., *Updated guidelines for the medical assessment and care of children who may have been sexually abused.* Journal of Pediatric and Adolescent Gynecology, 2016. 29: p. 81-87.

©The Hospital for Sick Children ("SickKids"). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.

24. Finkel, M., Ricci LR, *Documentation and Preservation of visual evidence in child abuse*. Child Maltreatment, 1997. 2: p. 322-330.
25. Hammerschlag, M.R.G., C.D. , *Medical and Legal Implications of Testing for Sexually Transmitted Infections in Children*. . Clinical Microbiology Reviews, 2010. 23(3): p. 493-506.
26. Black, C.M., Driebe, E.M., Howard, L.A., Fajman, N.N., Sawyer, M.K., Giardet, R. D., Sautter, R.L., Greenwald, E., Beck-Sague, C.M., Unger, E., Igietseme, J.U. & Hammerschlag, M.R. , *Multicenter Study of Nucleic Acid Amplification Tests for Detection of Chlamydia Trachomatis and Neisseria gonorrhoeae in Children Being Evaluated for Sexual Abuse*. The Pediatric Infectious Disease Journal, 2009. 28: p. 608-613.
27. Esernio-Jenssen D, B.M., *Nucleic acid amplification testing in suspected child sexual abuse*. Journal of Child Sexual Abuse, 2011. 2011(20): p. 612-621.
28. Cohen JA, Kelleher KJ, and Mannarino AP, *Identifying, treating and referring traumatized children: The role of pediatric providers*. Archives of Pediatric and Adolescent Medicine, 2008. 162(5): p. 447-452.
29. Korczak, D., *Suicidal ideation and behaviour*. Paediatrics and Child Health, 2015. 20(5): p. 257-60.
30. Elliott AN and Carnes CN, *Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature*. . Child Maltreatment, 2001. 6(4): p. 314-331.
31. Centers for Disease Control and Prevention. Sexually transmitted infections treatment guidelines, 2021: Sexual assault or abuse of children. Accessed January 31, 2023. Available from <https://www.cdc.gov/std/treatment-guidelines/sexual-assault-children.htm>

Guideline Group and Reviewers

Guideline Group Membership

- Judy Waldman, RN, MN, SCAN
- Heather Farina, RN, NP, SCAN
- Tanya Smith, RN, NP, SCAN
- Karla Wentzel, RN, NP, SCAN
- Amelia Sloan, RN, MN, SCAN
- Michelle Shouldice, MD, SCAN
- Andrea Boyson, RN, ER staff

Content Reviewers

- Andrea Boyson, RN, ER Staff
- Trent Mizzi, MD, ER Staff
- Ari Bitnun – Infectious Disease
- Elaine Lau, Pharmacy
- Susan Richardson – Microbiology
- Jenny Smith, SCAN Fellow
- Amanda Lord, SCAN Fellow
- Katie Deverson, SCAN NP
- Burke Baird, MD, McMaster CAAP Program
- Meredith Kirkland- Burke, SW, SCAN
- Jennifer Chen, Pharmacy, Drugs & Therapeutics

Internal Reviewers

- Andrea Boysen

©The Hospital for Sick Children ("SickKids"). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.

- Jason Fischer
- Ari Bitnum
- Elaine Lau
- Susan Richardson
- Jenny Smith
- Amanda Lord

External Reviewers

- Burke Baird, MD McMaster CAAP Program
- Jennifer Keeler, NP, SA/DV Trillium Hospital

Implementation Plan

Facilitators:

- Standardized evaluation and management process
- Standardized tools: HIV PEP order set and protocol, STI testing protocol, and SEAK
- ED staff engagement
- SCAN team orientation for medical trainees
- 24/7 SCAN team responder

Barriers:

- High staff turn-over rate; mitigate by providing standardized education to new staff in ED and SCAN team
- SCAN team not always consulted

Measurement Plan

Metrics:

- Retrospective chart audit to include:
 - Appropriate use of HIV order set
 - Appropriate STI testing and/or treatment
 - Appropriate use of emergency contraception
 - Frequency and appropriateness of forensic evidence collection
 - Appropriate CAS or Police involvement
 - Appropriate mental health assessment completed
- Assess usability of pathway

Frequency: monthly for 6 months following implementation an

Attachments:

[pathway_june 24 2019.pdf](#)