

Management of Acute Child and Adolescent Sexual Abuse and Assault

Version: 2

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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.

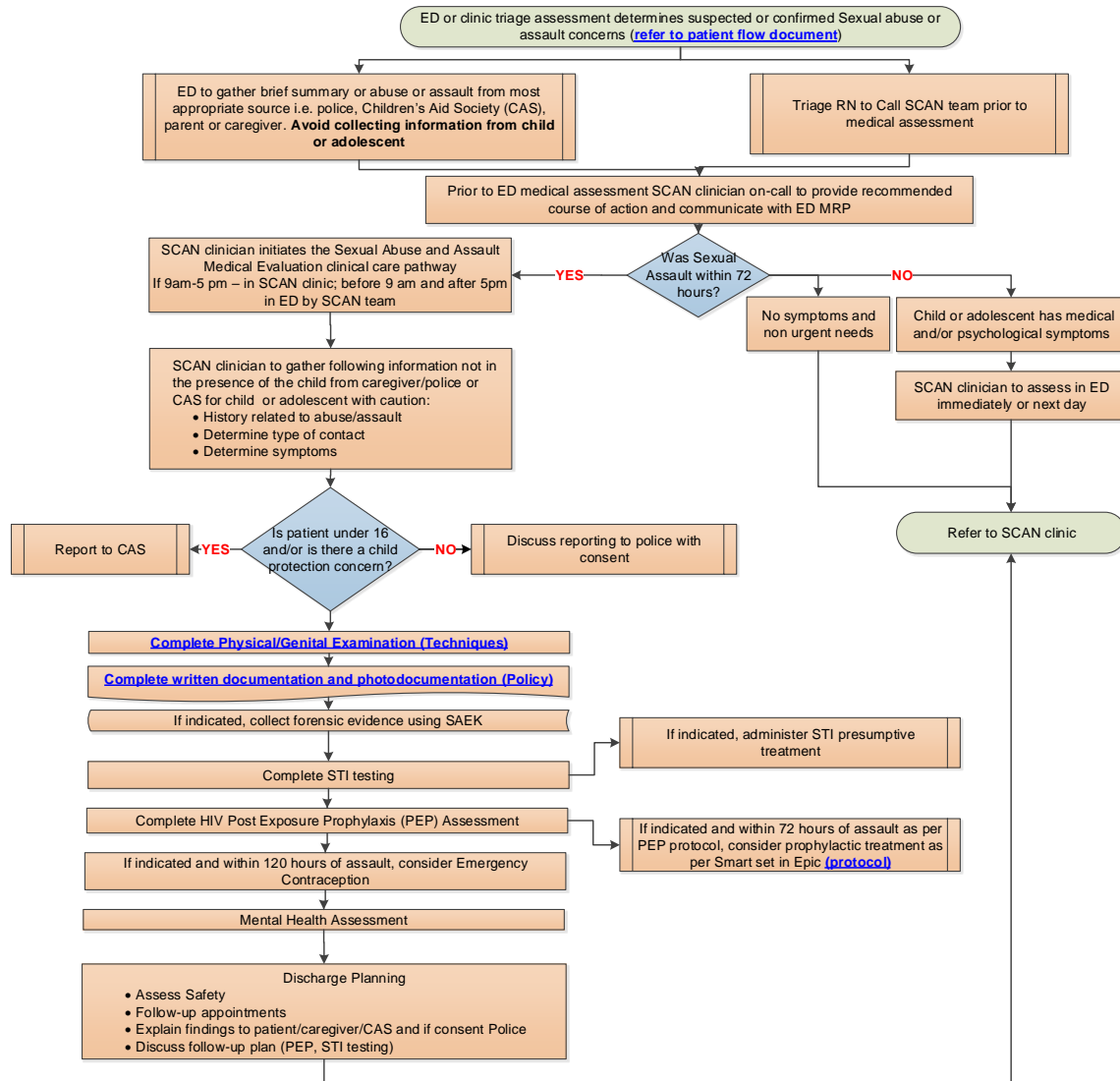
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Definitions

- **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).

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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](#)

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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](#)