	Document Scope: Hospital-wide Patient Care	
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	Management of Acute Child and Adolescent Sexual Abuse and Assault	Version: 1

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.

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 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; and
- External partners outside of SickKids.

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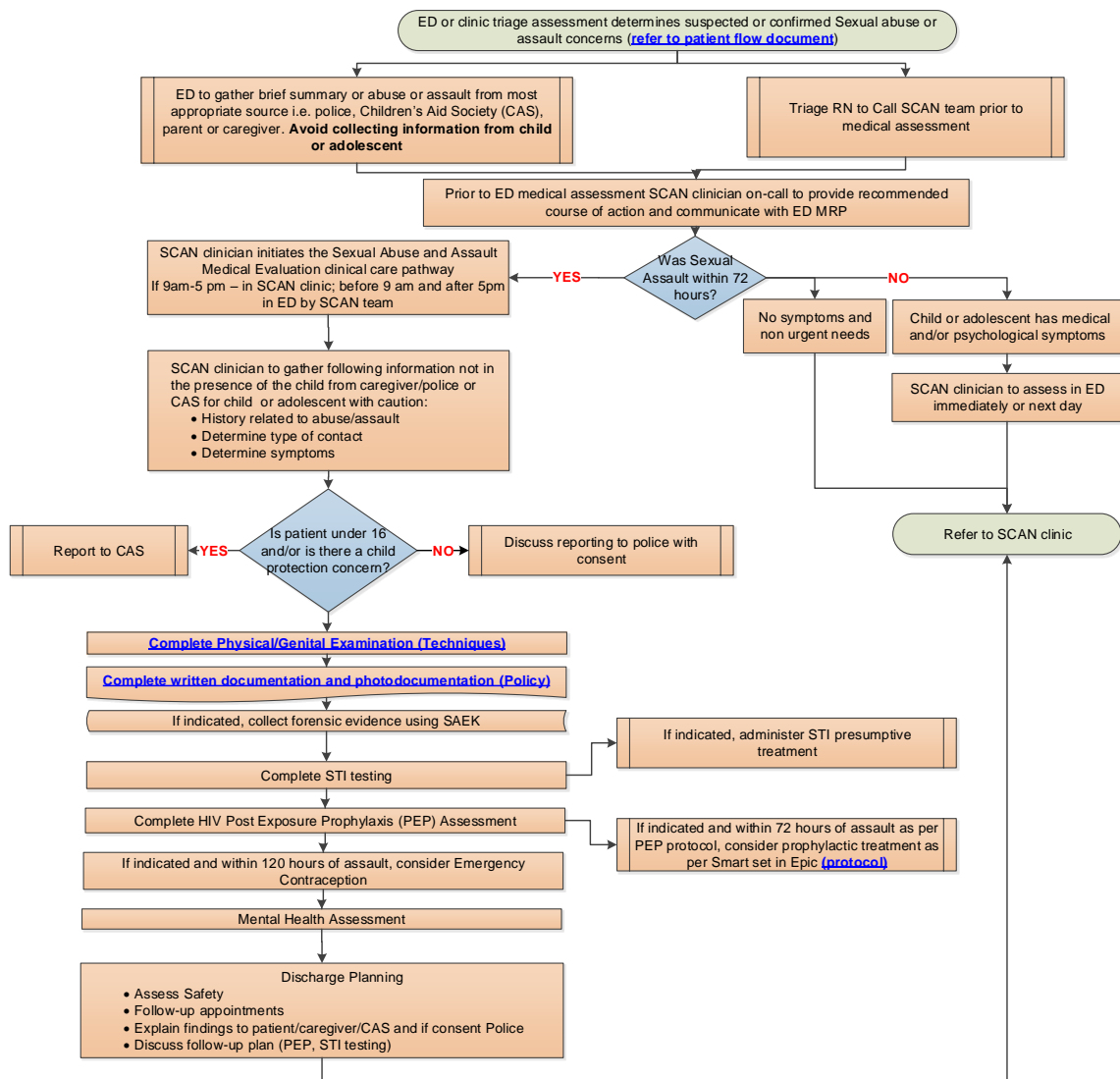
Definitions


- **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.

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Clinical Practice Recommendations (additional information outlined below)

SCAN Team Sexual Assault/Abuse Medical Evaluation Pathway




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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).

Additional information for recommendations outlines in pathway:


- [Printable version of pathway](#)
- [ED Management](#)
 - [ED Scan Patient Flow](#)
- [Medical Evaluation](#)
 - [Guidelines for medical assessment and care of children who have been sexually assaulted](#)
- [Forensic Evidence Collection](#)
- [Sexually Transmitted Infection Testing](#)
 - [STI testing protocol](#)
 - [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

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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 and quarterly thereafter

Attachments:

[Crisis Intervention and Mental Health Assessment august 2019.docx](#)

[Discharge and Follow-up.pdf](#)

[ED management aug 1 2019.docx](#)

[Emergency Department SCAN Patient Flow.pdf](#)

[Forensic Evidence Collection august 2019.docx](#)

[Guidelines for Medical Assessment and Care of Children who may have been Sexually Assaulted.pdf](#)

[HIV PEP Protocol April 2020.docx](#)

[HIV PEP Protocol April 2020.pdf](#)


[Medical Evaluation updated august 2019.docx](#)

[pathway june 24 2019.pdf](#)

[Reporting August 2019.docx](#)

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[SCAN PEP orderset Final Feb 15 2017.pdf](#)

[Sexual Maturation Rating.pptx](#)

[Sexually Transmitted Infection Testing august 2019.docx](#)

[STI Testing protocol aug 2019.docx](#)

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