

CHILD SEXUAL ABUSE MEDICAL EXAMS: GUIDANCE FOR INVESTIGATORS

Child Sexual Abuse: *When is an acute exam needed?*

DOES THE CHILD REPORT

Contact of the child's mouth with another individual's penis, vagina, anus, or object potentially contaminated with semen in the last 96 hours?

Contact of the vagina, penis, or anus with an object or body part, or penetration of the vagina or anus by an object or body part in the last 96 hours?

Current symptoms (pain in private parts, bleeding, discharge, or pain on urination) that could be related to sexual abuse and/or raise concern that the child currently has an injury?

An injury that could be the result of sexual abuse or is not well explained by the history provided?

Abuse occurring in the last 120 hours (5 days) that could result in pregnancy?

Current suicidal thoughts?

If "Yes" to any of these



Call the CAC in your region,

and ask if a CAC medical provider can provide immediate/same day evaluation

If CAC provider is not available



- Advise caregiver to take the child to the emergency department.
- Advise the medical providers at the emergency department that you have instructed the child and caregiver to seek emergency care
- Medical providers should refer to the Kentucky Child Sexual Assault/Abuse Protocol and, as indicated
 - collect forensic evidence
 - perform STI testing and
 - provide prophylaxis for STIs, HIV and emergency contraception
- Recommend that a Pediatric Sexual Assault Nurse Examiner be utilized if one is available for that facility
- Advise the emergency department provider that you will call the CAC to schedule a follow up medical appointment

A medical exam when a child reports experiencing sexual abuse is recommended even when the abuse happened in the past and an emergency examination is not indicated*, **

Child reports penetration of the mouth, vagina or anus by a body part or object

Child reports symptoms (discharge, anogenital pain, pain on urination) that could be related to the reported sexual abuse

Reported offender has an infection or is at high risk for having an infection (previous incarceration, IV drug user, has history of multiple sexual partners, etc.)

Child resides or frequents an environment where others have STIs

Child has experienced sexual trafficking

Child and/or caregiver*** wants a medical exam for reassurance that their body is healthy and that they have not acquired a STI or become pregnant as a result of the abuse

There is concern for incomplete disclosure (child is reluctant to talk, child is very young or has developmental delay)

A medical provider has expressed that they are unsure of their interpretation of the genital exam or recommends a follow up examination, or the child was seen by a provider who does not frequently evaluate children for sexual abuse or does not have special training ****

Child makes no disclosure, but child's behaviors, symptoms are concerning for having experienced abuse

Media evidence of child sexual abuse (CSAM) indicates the need for medical evaluation

Child had an injury and clarification of the significance of the injury or the mechanism that caused the injury is needed

**See also Child Sexual Abuse: When is an acute exam needed?*

***These exams can be provided at the Children's Advocacy Center*

**** Child should assent to a medical examination*

Even if a child does not assent to the entire medical exam, a CAC provider can work with the child to complete some components of the exam, such as STI testing

Reasons for Medical Follow-Up

(after a child has had an examination in an emergency department)

- To reassess the medical findings if the results of the initial examination are unclear*
- To provide photo documentation of an injury if no photographs were taken initially or if the initial photo documentation is suboptimal*
- To assess whether the caregiver was able to fill the prescriptions and the child was able to take the medication prescribed*
- To discuss the results of the initial exam and testing with a medical provider
- To confirm a child received appropriate medical care, STI testing and medication
- To provide follow up STI testing when indicated
- To assess if an injury identified on initial examination has healed
- To address mental health concerns
- To reassess the medical findings if the exam was conducted by someone with limited training /experience

**Follow-up is time-sensitive and should occur as soon as possible.*

About the CAC Medical Exam

No sedation

No speculum

Not invasive

Consent/assent of the caregiver and child is obtained before starting and as exam proceeds

What does the exam look for?

- Medical conditions that mimic abuse
- Acute injuries
- Old healed anogenital injuries
- Sexual transmitted infections and pregnancy, when indicated
- Mental health challenges, other physical health issues (constipation, bedwetting, soiling, anogenital hygiene), other types of abuse, and chronic health conditions that need to be addressed

This comprehensive head-to-toe exam provides an opportunity for caregivers and the child to ask questions. It also provides reassurance to the child that they are healthy.

Timing of Medical Examinations for Sexual Abuse/Assault

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|----------------------------|--|--|
| Acute Evaluation | Exam scheduled without delay (at CAC if possible, or ER) | <ul style="list-style-type: none"> • Medical, psychological or safety concerns • Assault within the last 96 hours (need forensic evidence) • Need emergency contraception (up to 120 hours) • Need for post-exposure prophylaxis (PEP) for STIs including Human Immunodeficiency Virus (HIV). HIV post-exposure prophylaxis can be provided up to 72 hours after assault. |
| Urgent CAC Appointment | Exam scheduled ASAP with a qualified provider (CAC) | <ul style="list-style-type: none"> • Child has reported that the sexual contact occurred within the previous two weeks without emergency medical, psychological or safety needs identified • An injury or STI was identified by a provider who is not a child abuse pediatrician, a SANE, or CAC provider. This injury or STI needs further evaluation, testing to confirm, and/or clinical photography. |
| Non-Urgent CAC Appointment | Exam scheduled ASAP with a qualified provider (CAC) | Disclosure of abuse but contact more than 2 weeks prior without emergency medical, psychological or safety needs identified. |

Child Sexual Abuse Questions?

Daytime hours, call your regional children's advocacy center.
Night time and weekend, call UK MD's and ask to speak to the Pediatric Forensic Medicine provider on call (859-257-5522).

Chart adapted from the National Standards of Accreditation for Children's Advocacy Centers.