

Clinical Decision Tool for Evaluating Pediatric/Adolescent Sexual Assault/Abuse

- Contact local advocacy agency to request victim advocate
- Consult Hospital SW per hospital protocol
- Contact SANE-A/A or SANE-P/A for case consultation, per facility protocol and as appropriate for patient's sexual development. If SANE unavailable, proceed according to your facility protocol.
- Per KRS 216.400, each victim shall have the right to determine whether a report shall be made to law enforcement. **It is required to report to Child Protective Services or law enforcement where there is suspected abuse of a child, in all cases of suspected sex trafficking of a minor, and in all cases of female genital mutilation.** (KRS 216B.400, KRS 620.030, and KRS 600.020)
 - Kentucky Department for Community Based Services Hotline 1-877-597-2331

- Immediate medical or mental health needs always take priority over evidence collection
- Physician, NP or PA should provide medical clearance

Patient reports **sexual abuse/assault** within the last **96 hours** and/or there is **potential to recover biologic or trace evidence**

Yes

- Maintain ongoing consent and/or assent
- Obtain information from investigators first, if available
- Obtain non leading medical history from caregiver without child present, and from child without caregiver present (See medical protocol)
- Perform mental health assessment (screen for substance use, self-harm)
- Assess for signs of strangulation
- Complete head to toe assessment including anogenital exam
- Collect Sexual Assault Forensic Evidence (SAFE) Kit (as indicated in the medical protocol)
- Record all injuries and/or points of tenderness with written and photographic documentation
- Assess and/or perform as appropriate:
 - Urine drug screen
 - Drug Facilitated Sexual Assault Urine/Blood Collection Kit
 - STI testing
 - HIV Risk Assessment
 - Pregnancy Testing
 - STI Prophylaxis
 - Emergency Contraception (Up to 120 hours)
 - HIV Prophylaxis (up to 72 hours)
- Consider additional testing and treatment based on symptoms
- Assess for safe discharge plan

No

- Maintain ongoing consent and/or assent
- Obtain information from investigators first, if available
- Obtain non leading medical history from caregiver without child present, and from child without caregiver present (See medical protocol)
- Perform mental health assessment (screen for substance use, self-harm)
- Complete head to toe assessment
- Complete anogenital exam, unless timely follow-up can be assured, and patient is asymptomatic
- Assess and/or perform as appropriate:
 - STI testing
 - HIV Risk Assessment
 - Pregnancy Testing
 - STI Prophylaxis
 - Emergency Contraception (Up to 120 hours)
- Consider additional testing and treatment based on symptoms
- Assess for safe discharge plan

FOR ALL CASES:

- *** Prior to discharge, review with patient and caretaker testing completed, medications given, and recommended follow-up care. Coordinate care with regional Children's Advocacy Center whenever possible.
- *** Validate the child's feelings by acknowledging sexual abuse disclosures are difficult to make and take courage.
- *** If Child Protective Services (CPS) is involved, await safe disposition/CPS prevention plan prior to discharge.
- *** Additional resources at Children's Advocacy Centers of Kentucky (<https://www.cackentucky.org/medical-resources>).