# SUSPECTED CHILD SEXUAL ABUSE

What to do when sexual abuse is suspected in a child. Children may present with a history of inappropriate contact to the genital area by another person, including fondling, oral/genital, or genital/genital contact.

Do not discard clothing or cleanse patient if forensic evidence collection may be necessary.

## 1. HISTORY
Take detailed history (check with SANE):
- Caregiver concerns related to sexual abuse
- Disclosures from child
- Behavioral concerns
- Reported perpetrator and relationship to child (name, age)
- Type of contact by reported perpetrator
- Time since last possible contact with perpetrator

## 2. PHYSICAL
Complete physical exam including inspection of all body parts and thorough skin exam
- Oral exam with attention to lips, tongue, buccal mucosa, frenula, palate, and teeth
- Complete genital and anal examination

## 3. CONSULTS
- Hospital Social Work
- Possible consults: SANE (Sexual Assault Nurse Examiner) and advocacy services
- Gynecology consult if acute vaginal bleeding or possible need for examination under anesthesia
- Surgery consult if significant rectal bleeding and potential for rectal perforation

## 4. DIAGNOSTIC TESTS
Consider:
- Urine specimen or for girls vaginal gen-probe for GC and Chlamydia
- Urine dip for blood and stool guaiac
- Anal cultures for GC/CT and pharyngeal culture for GC
- CBC with platelets, LFTs, CMP, Hepatitis B surface antibody and surface antigen, Hepatitis B core antibody, Hepatitis C antibody, HIV, and RPR
- Forensic Evidence Kit per SANE consult if last contact within 96 hours
- Toxicology testing as needed

Please scan QR code for more information on testing and treatment or visit www.CHAMPProgram.com

Practice Recommendations

## 5. PHOTOGRAPHY
Call Medical Photography for photos
Follow photographic documentation guidelines found at www.champprogram.com,
Practice Recommendations, or scan QR code for more information

---

CARE Program  
CHAMP Program  
SUNY Upstate Medical University  
Upstate Golisano Children’s Hospital
**DOCUMENTATION**

- History obtained from whom
- Physical findings with drawings and measurements
- Tests ordered/performed and results
- Document genital findings including possible presence or absence of cuts, tears, abrasions, ecchymotic areas, lesions (warts or vesicles), visible discharge, or bleeding
- For females, document hymenal configuration
- Avoid using term "hymen intact"
- Consults requested (Social Work, SANE, CPS)
- Impression: suspected sexual abuse
- Write impact statement and make available to Social Work, CPS, or police

**MEDICATIONS**

- Consider HIV post-exposure prophylaxis if genital to genital contact within 36 hours or if acute genital injuries are present, whether or not consistent with history

**SIBLINGS/PEDIATRIC CONTACTS**

- Inform CPS that siblings and other pediatric household contacts may need referral to PCP or Child Abuse Clinic

**REPORTING**

- If in NYS, CALL NYS MANDATED REPORTER HOTLINE 1-800-342-3720 TO MAKE A REPORT
- Ask for a scene investigation, if necessary
- Complete and sign child abuse reporting form LDSS-2221A
- To access form, visit NYS Office of Children and Family Services website: odfs.ny.gov, or scan QR Code:

AS A LICENSED PROFESSIONAL, YOU ARE REQUIRED TO REPORT CHILD ABUSE. A REFERRAL TO A CHILD ABUSE EXPERT IS NOT THE SAME AS A HOTLINE REPORT TO NYS CENTRAL REGISTER OF CHILD ABUSE AND MALTREATMENT.

**AT DISCHARGE**

- Refer patient to Child Abuse Clinic and/or Child Advocacy Center
- Refer patient to Pediatric Infectious Diseases, if appropriate for follow up of HIV test results and/or HIV/PEP

**Champ**

Child Abuse Medical Provider Program

**Upstate**

Golisano Children’s Hospital