

# SUSPECTED CHILD SEXUAL ABUSE PATHWAY

## EXECUTIVE SUMMARY

Physician Owner(s): SUZANNE HANEY, M.D., M.S.



## Primary Objective

Create a pathway for the workup and reporting of suspected sexual child abuse cases in order to better protect this vulnerable patient population. It also is to ensure the essential services are involved in an appropriate timeframe, ensures appropriate triaging and placement of patients with suspected sexual abuse.

## Recommendations

### Medical Stability:

- Clinicians should first ensure suspected victims of sexual assault are medically stable.
  - Medical care takes precedence over Children's Advocacy Team (CAT) sexual abuse workup.

### Personnel Involvement:

- In ED:
  - Contact Social work (SW), law enforcement (LE), and Child Protective Services (CPS)
  - Utilize [Assessing for and Reporting of Child Abuse/Neglect Sexual Assault, ED-C20](#)
- In CP/UC:
  - If patient medically stable, contact SW, LE, and CPS
    - If after hours, call on-call SW if after hours
    - In UC, Utilize the [Child Abuse/Neglect, URG049 policy](#)
    - At CP, utilize the [Abuse, Assessment and Documentation, PC 01](#) policy
- Social work to follow the [Child Abuse/Neglect, 617-007](#) Policy

## CLINICAL ASSESSMENT

### Consider sexual abuse:

- Unexplained anogenital bleeding, discharge, or injury
- Concern from a caregiver
  - Can be after child makes specific disclosure or witnessed event.<sup>3</sup>
- Disclosure from child
- Less specific worries about inappropriate caregivers or unrelated behaviors (Sleep disturbance, academic problems, or other mental health symptoms).<sup>3</sup>
- No single behavior is associated absolutely with sexual abuse.<sup>3</sup>
  - These behaviors have a strong suggestion of association with sexual abuse.<sup>3</sup>
    - Puts mouth on sex parts
    - Asks to engage in sex acts
    - Masturbates with objects
    - Inserts objects in vagina/anus
    - Imitates sexual intercourse
    - Makes sexual sounds

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- Engages in kissing with the tongue
- Undresses other people
- Asks to watch explicit television
- Imitates sexual behavior with dolls

### History and Physical:

- Due to the low volume and specialized nature of these exams, Children's Hospital and Medical Center partners with other institutions that have the specialized staff and expertise to provide appropriate care for these patients, therefore, forensic exams are not performed in CHMC ED.
- Male or premenarchal female:
  - The provider will perform a medical screening exam and ensure no acute medical issues.
  - A detailed genital exam is NOT necessary unless concerns of discharge, bleeding and/or pain as it is best to be completed by specialists aware of the guidelines recently supported by the Midwest Children's Advocacy Center<sup>1</sup>.
  - If last contact with perpetrator is <72 hours, inform LE that a rape kit may be needed at Project Harmony or a children's advocacy center.
    - In general, evidence collection for prepubertal children should be considered within the first 72 hours, although unlikely to yield positive results after 24 hours.<sup>3</sup>
    - A rape kit generally includes detailed set of instructions, consent forms, and tools necessary to collect specimens from victim's body.<sup>3</sup>
  - If last contact with perpetrator is >72 hours<sup>3</sup>, patient can be discharged if no acute medical concerns, safe discharge plan per investigators, and SW will obtain release for Project Harmony.
  - Generally, in prepubertal children, evidence is more likely to be obtained from child's clothing or the scene than from the child's body as they are more likely to experience contact such as fondling or noncontact abuse.<sup>3</sup>
- Menarchal females:
  - If last contact with perpetrator is <120 hours, contact the nearest emergency department with a SANE program or Project Harmony in conjunction with LE.
    - For pubertal children with history of penile-vaginal penetration, it is possible to collect sperm from inside the vaginal canal up to 120 hours.<sup>3</sup>
    - If patient is at CHMC ED, inform LE that a rape kit may be warranted at Methodist Hospital or Project Harmony.
    - Provider is to perform a medical screening exam and ensure no acute medical issues and then patient can be transferred to nearest ED with Sexual Assault Nurse Examiner (SANE) program, Project Harmony or Methodist Hospital as directed by LE.
      - SANEs are specifically trained in the area of sexual assault assessment and forensic evidence collection.<sup>3</sup>
    - A detailed genital exam is NOT necessary unless concerns of discharge, bleeding and/or pain as it is best to be completed by specialists aware of the guidelines recently supported by the Midwest Children's Advocacy Center.<sup>1</sup>

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- If last contact with perpetrator is >120 hours, patient can be discharged if no acute medical concerns, safe discharge plan per investigators, and SW will obtain release for Project Harmony.
  - For menarchal female, please obtain urine STI and pregnancy testing and consider serum testing.
    - Specific concern for Chlamydial and gonococcal infections among women because of the possibility of ascending infection and can lead to infertility.<sup>9</sup>
    - To collect sample in the ED, follow the [Sexually Transmitted Diseases \(STD\) Specimen Collection, ED-S10](#).
- Obtaining history/interviewing the child:
  - The provider should try to obtain an appropriate history away from the child, if indicated, in all cases of suspected sexual abuse before performing a medical examination.<sup>1</sup>
  - Social services and/or LE should conduct investigative interviews.
  - Provider should ask relevant questions to obtain a detailed pediatric history and review of symptoms:
    - Medical history
    - Review of Systems, including genitourinary or gastrointestinal symptoms (Dysuria, discharge, enuresis, encopresis, genital pain or bleeding, any somatic complaints)<sup>3</sup>
    - Past incidents of abuse or suspicious injuries
      - Documentation should use direct quotations, be objective and detailed.<sup>3</sup>
    - Menstrual history
- Physical exam at Children's Hospital & Medical Center (CHMC):
  - Should not result in additional physical or emotional trauma to the child, therefore only medical screening exam should be performed to rule out injury.
  - A detailed genital exam is ***not*** necessary unless there are concerns of bleeding, discharge and/or pain.<sup>1</sup>
    - Most clinicians do not have forensic training, therefore partnering with Child Advocacy Centers to facilitate a multidisciplinary approach to forensic interview and exam.<sup>3</sup>

## DISPOSITION

- All children should be referred to either Project Harmony, Children's Advocacy Center, or Methodist Hospital under the direction of SW, LE, and CPS.
- If children are being referred for an urgent forensic exam, children should be encouraged to remain in the same clothes until they reach their designated location for evidence collection purposes.
  - Their clothes likely have evidence on them.<sup>3</sup>

## ESSENTIAL RESPONSIBILITIES OF 1<sup>ST</sup> PROVIDER:

- CPS, LE, and SW referrals

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- CPS referral information is detailed in [Abuse, Information to be Reported to Child Protective Services Procedure, PC02](#) policy.
- Medical providers are mandatory reporters of sexual abuse in all states in the United States.<sup>3</sup> Good faith immunity clauses exist to protect clinicians from liability should they report in error. Reporting is not a violation of Health Insurance Portability and Accountability Act (HIPAA) confidentiality laws.<sup>3</sup>
- Explain the process to the patient and caregivers of upcoming steps.

### REFERRALS

- All children who are suspected victims of sexual abuse should be offered a medical examination performed by a qualified provider with specialized training and expertise in child sexual abuse evaluation and treatment.
  - CHMC does not have this expertise, therefore, we partner with Project Harmony and Methodist to perform these exams.
- CHMC collaborates with Project Harmony and Methodist Hospital, depending on last contact with perpetrator and child's development criteria (see Clinical Assessment).
- Project Harmony also offers chronic care to pediatric patients of all ages who are initially seen outside of the acute care windows for long-term follow-up care and support services for the patient and family.<sup>5</sup>
- Contact information
  - Project Harmony
    - 11949 Q Street
    - Omaha, NE 68137
    - 402-595-1326
  - Methodist Hospital
    - 8303 Dodge Street
    - Omaha, NE 68114
    - 402-354-4000

### FOLLOW-UP

- All children who have been sexually abused should be evaluated by a pediatrician and mental health professional to assess the need for treatment and determine level of family support.<sup>2</sup>
- Follow-up examinations and testing may be necessary to assess healing of injuries and additional assessment for sexually transmitted infections (STIs) that may not be present in the initial exam, such as herpes simplex virus (HSV).<sup>9</sup>
- Reassessment of STIs may be warranted, depending on medications given at the time of the initial evaluation and intervening history of consensual sex.<sup>9</sup>
- The CDC recommends that syphilis and HIV testing be repeated at 6 weeks, 3 months, and 6 months after the assault if initial test results were negative and perpetrator could not be ruled out.<sup>9</sup>
- Perform pregnancy test at 2 weeks.<sup>9</sup>

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- Additional therapy and follow-up with the child and family may be necessary to ensure emotional recovery from the abuse.

### SANE HOSPITALS IN NEBRASKA

\*This list is NOT exclusive

- Omaha Area
  - Methodist Hospital 8303 Dodge Street, Omaha, NE 68114 402-354-4000
  - Methodist Women's Hospital 707 N. 190<sup>th</sup> Plaza, Omaha, NE 68022 402-815-4000
  - All CHI Hospitals
    - CHI Health Creighton University Medical Center- Bergan Mercy 7500 Mercy Rd, Omaha, NE 68124 402-398-6060
    - CHI Health Immanuel 6901 N 72<sup>nd</sup> St, Omaha, NE 68122 402-572-2121
    - CHI Health Lakeside 16901 Lakeside Hills Ct, Omaha, NE 68130 402-717-8000
    - CHI Health Midlands 11111 S 84<sup>th</sup> St, Papillion, NE 68046 402-593-3000
  - Nebraska Medicine 4350 Dewey Ave, Omaha, NE 68105 402-552-2000
  - Bellevue Medical Center 2500 Bellevue Medical Center Drive, Bellevue, NE 68123 402-763-3000
- Council Bluffs
  - CHI Health Mercy Hospital 800 Mercy Dr, Council Bluffs, IA 51503 712-328-5000
  - Methodist Jennie Edmundson Hospital 33 E Pierce St, Council Bluffs, IA 51503 712-396-6000
- Fremont
  - Methodist Fremont Health 450 E 23<sup>rd</sup> St, Fremont, NE 68025 402-721-1610
- Lincoln
  - Bryan Medical Center West Campus 2300 S. 16<sup>th</sup> St, Lincoln, NE 68502 402-481-1111
  - Bryan Medical Center West Campus 1600 S. 48<sup>th</sup> St, Lincoln, NE 68506 402-481-1111
  - CHI Health St. Elizabeth's 555 S. 70<sup>th</sup> St, Lincoln, NE 68510 402-219-7142
- Rural areas:
  - Cass County Health Systems 1501 E 10th St, Atlantic, IA 50022 712-243-3250
  - Columbus Community Hospital 4600 38th St, Columbus, NE 68601 402-564-7118
  - SSM Health St. Francis Hospital 2016 S Main St, Maryville, MO 64468 660-562-7907
  - Hiawatha 300 Utah St, Hiawatha, KS 66434 785-742-2131
  - Mosaic Life Care 5325 Faraon St, St Joseph, MO 64506 816-271-6000
  - Boone County Hospital 1015 Union St, Boone, IA 50036 515-432-3140
  - Central Nebraska Child Advocacy Center 2335 N Webb Rd, Grand Island, NE 68803 308-385-5238
  - CHI Health Good Samaritan 10 E. 31<sup>st</sup> St, Kearney, NE 68847 308-865-7100
  - CHI Health Missouri Valley Emergency Department 631 N. 8<sup>th</sup> St, Missouri Valley, IA 51555 712-642-2784
  - CHI Health Schuyler Emergency Department 104 W 17<sup>th</sup> St, Schuyler, NE 68066 402-352-2441
  - CHI Health St. Francis 2620 W. Faidley Ave, Grand Island, NE 68803 308-384-4600
  - CHI Health St. Mary's 1301 Grundman Blvd, Nebraska City, NE 68410 402-873-3321
- [SANE Hospital Locator](https://www.leda.co/exam-locator): <https://www.leda.co/exam-locator>

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### RESOURCES FOR PARENTS/FAMILIES<sup>3</sup>

- What to Know about Child Abuse: <https://www.healthychildren.org/English/safety-prevention/at-home/Pages/What-to-Know-about-Child-Abuse.aspx>
- Foster or Adopted Children Who Have Been Sexually Abused: <https://www.healthychildren.org/English/family-life/family-dynamics/adoption-and-foster-care/Pages/Foster-or-Adopted-Children-Who-Have-Been-Sexually-Abused.aspx>
- What is a Child Abuse Pediatrician?: <https://www.healthychildren.org/English/family-life/health-management/pediatric-specialists/Pages/What-is-a-Child-Abuse-Pediatrician.aspx>
- Sexual Behaviors in Young Children: What's Normal, What's Not: <https://www.healthychildren.org/English/ages-stages/preschool/Pages/Sexual-Behaviors-Young-Children.aspx>
- For a comprehensive library of AAP parent handouts, please go to the Pediatric Patient Education site at <http://patiented.aap.org>.

### Rationale

- Safety: a thorough medical workup coupled with appropriate reporting prevents children from returning to harmful environments.
- Quality: reducing unnecessary variation or diagnostic testing and procedures improves quality of care.
- Cost: variations in treatments can lead to potential delays in care.
- Engagement: the evaluation and treatment require a multi-disciplinary team.
- Patient/Family Satisfaction: appropriate assessments and treatments ensure that patients are not reported unnecessarily.

### Metrics

Inclusions ICD codes: Sexual assault of adult, initial encounter (T74.21XA); Sexual assault of victim unable to give consent due to incapacitation (T74.21XA); Child sexual abuse, initial encounter (T74.22XA); Confirmed victim of sexual abuse in childhood, initial encounter (T74.22XA); Parental concern about child sexual abuse (T74.22XA); Rape of child, initial encounter (T74.22XA); Sexual assault of adolescent (T74.22XA); Sexual assault of child (T74.22XA); Victim of child molestation, initial encounter (T74.22XA); Child abuse, sexual, subsequent encounter (T74.22XD); Child sexual abuse, subsequent encounter (T74.22XD); Child sexual abuse, sequela (T74.22XS); Rape of child, sequela (T74.22XS); Sexual abuse of adolescent, sequela (T74.22XS); Victim of statutory rape, sequela (T74.22XS); Alleged child sexual abuse (T76.22XA); Child sexual abuse, suspected, initial encounter (T76.22XA); Parental concern about possible child sexual abuse (T76.22XA); Suspected child sexual abuse, initial encounter (T76.22XA); Suspected child sexual abuse, initial encounter (T76.22XA); Suspected victim of sexual abuse in childhood, initial encounter (T76.22XA); Suspected child sexual abuse, subsequent encounter (T76.22XD); Suspected victim of sexual abuse in childhood, subsequent encounter (T76.22XD); Child sexual abuse, suspected, sequela (T76.22XS); Suspected child sexual abuse, sequela (T76.22XS); Suspected victim of sexual abuse in childhood, sequela (T76.22XS); Encounter for evaluation of sexual abuse in pediatric patient (Z04.42)

1. Outcome

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- a. Reduce patients transferred to CHMC ED from CP or UC and then transferred out of CHMC ED (reduce double transfers) to 0 patients
2. Process
  - a. Increase percentage of patients that SW note written within 24 hours to 80% of being seen in ED, CP & UC.
3. Balancing
  - a. Monitor for increase LOS in ED.

## Team Members

### Champion:

- Suzanne Haney, M.D., M.S. (Child Abuse Pediatrics Division Chief, Medical Director Children's Advocacy Team, Palliative Care Interim Division Chief & Medical Director of Project Harmony)

### Members:

- Lynn Fullenkamp, MD, JD (Child Abuse Physician, Children's Advocacy Team & Hospitalist)
- Jennifer Wang, D.O. (Medical Director Emergency Medicine)
- Lauren Maskin, M.D. (Medical Director Medical Surgical Units)
- Brooklyn Leitch, M.D. (Pediatric Hospital Medicine Fellow)
- Melissa St. Germain, M.D. (VP Children's Physicians & Urgent Care Medical Director)
- Heidi Killefer, M.D. (Interim Division Chief Urgent Care)
- Jesse Barondeau, M.D. (Adolescent Medicine Division Chief)
- Abigail Drucker, M.D. (Pediatric Gynecologist)
- Kristi Aldridge, APRN (Children's Advocacy Team Nurse Practitioner)
- Jenna Schaecher, LCSW (Medical Social Worker)
- Shana Romero, LCSW (Medical Social Worker)
- Sabrina Schalley, LCSW (Care Coordination Director)
- Krisi Kult MSN, RN, CPEN, CPN (Emergency Medicine Clinical Education Specialist)
- Jess Craft, BSN, RN, CPN, SANE-A (Emergency Medicine Registered Nurse)
- Kelsey Spackler, DNP, APRN-NP, CPNP-AC/PC (Clinical Effectiveness Program Manager)
- Abby Vipond, MSN, APRN, FNP-C (Clinical Effectiveness Program Coordinator)

## Evidence

1. Adams, J. A., Farst, K. J., & Kellogg, N. D. (2018). Interpretation of medical findings in suspected Child sexual abuse: An update for 2018. *Journal of Pediatric and Adolescent Gynecology*, 31(3), 225–231. <https://doi.org/10.1016/j.jpag.2017.12.011>
2. Arnow BA, Hart S, Scott C, Dea R, O'Connell L, Taylor CB. Childhood sexual abuse, psychological distress, and medical use among women. *Psychosom Med*. 1999;61(6):762–770
3. Chiesa, A., & Goldson, E. (2017). Child sexual abuse. *Pediatrics In Review*, 38(3), 105–118. <https://doi.org/10.1542/pir.2016-0113>

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5. *Home*. Project Harmony. (2022, February 4). Retrieved from <https://projectharmony.com/>
6. Kaufman M; American Academy of Pediatrics Committee on Adolescence. Care of the adolescent sexual assault victim. *Pediatrics*.2008;122(2):462–470
7. S.M. Maiquilla, J.M. Salvador, G.C. Calacal, Y-STR DNA analysis of 154 female child sexual assault cases in the Philippines, *Int J Leg Med*, Vol. 125, 2011, 817-824
8. U.S. Department of Justice. (2016). A national protocol for sexual abuse medical forensic examinations pediatric. Retrieved on October 25, 2016, from <https://www.justice.gov/ovw/file/846856/download>
9. Workowski, K. A., Bachmann, L. H., Chan, P. A., Johnston, C. M., Muzny, C. A., Park, I., Reno, H., Zenilman, J. M., & Bolan, G. A. (2021). Sexually Transmitted Infections Treatment Guidelines, 2021. *Centers of Disease Control and Prevention Morbidity and Mortality Weekly Report Recommendations and Report*, 70(4).

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