NORTHWELL PEDIATRIC SEXUAL ABUSE GUIDELINE

There is a reported concern or disclosure of sexual abuse/assault AND is the patient <18 years old:

Medical Evaluation

Remember that medical evaluations are time sensitive, please refer to time frames below to ensure optimal medical care

-Did the sexual contact occur within the last 120 hours?
-Did the contact include genital-genital, anal-genital, oral-genital contact and/or contact with any bodily fluids?

Yes

- A Sexual Offense Evidence Collection Kit (SOECK) [Part A] should be offered.
  - Depending on age/capacity, the patient or parent must consent to the SOECK
  - If consent is obtained, identify a provider at the current site to perform
  - Note: if the patient is >13 years old, Adult/Adolescent certified SANE/SAFE may perform the exam according to the Northwell Adult Sexual Assault Guideline
  - Refer to Appendix #2 for specifics on SOECK
- Notify appropriate agency (refer to Appendix #1)

- Sexual Assault Victim Advocate: offer to the patient/caregiver and document in chart when available
  - Does the patient want to wait for the advocate before beginning exam?
  - Note: patient can elect to have someone else present as well
- Injuries:
  - Photos: send/obtain photos of any injuries via an encrypted communication method and site-specific protocols
  - If injuries are present and/or there is active vaginal bleeding where the source cannot be identified, contact GYN for an exam under anesthesia [EUA] (note: SOECK should be performed during the EUA, with appropriate pre-op consent)
- Drug facilitated sexual assault (DFSA) Kit [Part B]:
  - If there is concern for drug facilitated sexual assault, in addition to the SOECK [Part A] the DFSA Kit [Part B] should be offered
  - Consider Urine Drug Screen (UDS) and or screen for other substances (ex. GHB) if patient would like to know this information
- Labs (refer to order set):
  - Blood:
    - Rapid HIV, RPR and Hepatitis B and C
    - Consider doing this before the kit is initiated so any rapid results return prior to discharge
  - Urine:
    - Urine pregnancy should be sent for all females and resulted prior to giving any medications
    - Urine NAAT/PCR for chlamydia/gonorrhea and trichomonas should be sent
- Medication (refer to order set AND refer to table 1):
  - If the patient is pre-pubertal and/or has not had any previous sexual contact DO NOT provide prophylaxis for Chlamydia/Gonorrhea or Trichomonas (this has forensic implications)
  - If the patient is pubertal, and sexual contact occurred within the last 72 hours, standard prophylaxis for Chlamydia/Gonorrhea and Trichomonas should be provided. Ensure testing is completed before prophylaxis.
  - For all patients, if the sexual contact was within the last 72 hours should provide HIV PEP and dispense full 28 days to patient. If patient accepts follow-up should be arranged with site specific providers (eg. Allergy immunology, infectious disease, adolescent, etc.)
  - If pubertal female and sexual contact within the last 120 hours, offer pregnancy prophylaxis
- Potential Consults to consider (refer to order set)
  - OB/GYN if patient is pregnant
  - Psychiatry consult if +SI/HI (always screen for SI/HI in this population)
  - ID consult (see table 1)
  - Child Abuse team if available and if there is a medical question
  - Social Work consult should be placed (as available)

No

Is the patient having *symptoms*?*

and/or

Is there a medical question?

No

Nothing urgent is needed in the ED medically.

- Notify appropriate agency (refer to Appendix #1).
- Contact child abuse team per site specific protocols.

Yes

Strongly consider transfer to pediatric site for evaluation if the concern requires pediatric expertise (particularly in the pre-pubertal population)

Contact child abuse team and/or social work if available at the site of evaluation and according to site specific protocols

**Symptoms include:*

- Genital pain, discharge, or discomfort
- Concern for an STI (sexually transmitted infection) – ex. Herpes, genital warts, etc.
- Reported genital/rectal injuries
- Reported genital/rectal bleeding that has not resolved
- Patient with significant emotional distress (SI/HI)

- Consider follow up with Adolescent Clinic, Infectious Disease, Allergy Immunology, Gyn, and/or PMD
- NEVER schedule a follow-up with the child abuse team or child advocacy center (CAC) without direct discussion with the child abuse team/CAC medical director
- *If labs are being sent, appropriate follow-up **MUST** be arranged within 2-3 days. This may include site-specific specialists such as Allergy and Immunology or Infectious Disease, or alternatively, the PMD or Adolescent Medicine can be utilized*
- For pre-pubertal patients, if a lab returns positive, the patient should be immediately recalled to the original ED, social work should be notified (where available), and call in a report to CPS/ACS (see Appendix #1) if not previously done

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Table 1: Prophylaxis

Please refer to Northwell Policy **Pediatric Sexual Assault Prophylaxis: HIV, Sexually Transmitted Infections (STIs) and Pregnancy** for further guidance (forthcoming). Please note that pre-pubertal children are not offered prophylaxis for STIs.

Medication	Time since sexual contact	Dosage (adult/adolescent/pubertal)	Dosage (pre-pubertal)
Levonorgestrel (aka Plan B)	< 120 hours	1.5mg orally x1	Not indicated in patients pre-menarche
Ceftriaxone	<72 hours	500mg IM x1, 1gram x1 IM if >150kg	Await test results
Doxycycline	<72 hours	100 mg twice per day orally for 7 days (provide first dose and script)	Await test results
Metronidazole	<72 hours	500 mg twice per day orally for 7 days (provide first dose and script)	Await test results
HIV PEP	<72 hours	Refer to Northwell Policy: HIV Post-Exposure Prophylaxis for Children 2 Years of Age and Older	Refer to Northwell Policy: HIV Post-Exposure Prophylaxis for Children 2 Years of Age and Older **Recommend discussing with expert in these cases*

NORTHWELL PEDIATRIC SEXUAL ABUSE GUIDELINE

There is a concern, disclosure or reasonable cause to suspect sexual abuse/assault
AND is the patient <18 years old:
Appendix #1: Notification of CPS vs. Law Enforcement

The suspected sexual contact was by a:

- Parent
- Caregiver
- Guardian
- Person Legally responsible (PLR) for the care of the child

Yes

- Call the State Central Register (SCR, Child Protective Services, CPS): 1-800-635-1522
- Fill out LDS2221A Form: https://www.nyc.gov/assets/acs/downloads/word/LDSS2221A.docx.) This is the written form required with all reports to SCR from mandated reporters.
- Document caller information in "child protective services note" in EMR
- The SCR may accept the case as an investigation through CPS OR make it a law enforcement referral (LER) connecting the patient directly with law enforcement Special Victims Unit (SVU).
- Note: each county has its own child advocacy center (CAC). Depending on the location the case will be routed to that CAC by CPS/law enforcement and the referral will be made to the medical team by those agencies. You can access details about the nearest CAC's medical personnel through CHAMP: https://champprogram.com/directory_faculty.php]
- *Refer to Northwell Child Abuse and Neglect Policy 100.10 for more information*
- Maintain a low threshold to call CPS in these cases, remember one only needs reasonable suspicion to report

No

Was the suspected sexual contact by:

- an adult (>18 years old)
- an individual more than 4 years older than the patient (age-inappropriate sexual contact)

Yes

No

Is this a case where a police report is required (use of a deadly weapon) or requested by the patient (non-consensual sexual contact in similar aged individuals)?

No

Provide appropriate medical care and follow up

Yes

Call law enforcement precinct where incident occurred

- Obtain patient consent (**get HIPAA)* if patient requests a report
- If reporting use of deadly weapon this can be anonymous if patient does not want to make a report

NORTHWELL PEDIATRIC SEXUAL ABUSE GUIDELINE

There is a reported concern or disclosure of sexual abuse/assault AND is the patient <18 years old:
Appendix #2: Sexual Offense Evidence Collection Kits (SOECK)

Step 1: Intake and triage

•Always address any immediate medical and safety concerns/life threatening conditions while making all efforts to preserve evidence
• Register and triage in a private area.
- Triage RN collects vital signs
- Documentation should be minimal
- Chief complaint quote of "sexual assault" is used to avoid any discrepancies in documentation.
- Patient will be given an ESI level 2
- Patient is escorted into a private room

• Assign patient to a primary RN and/or SAFE Examiner (a SAFE examiner can be SAFE/SANE certified individual, an attending, or resident)
• Call for patient advocate/work with site social worker/ask patient if they would like to have family or friend present
• Discourage the patient from immediately eating, drinking, or urinating
- If patient must urinate, provide a specimen cup, and advise the patient not to wipe

• Do not have the patient undress unless clinically warranted until initiating evidence collection; clothing and trace evidence from clothing will be needed during the SOECK
• Patient must consent prior to starting SOECK/DFSA kit granted that the patient has the capacity to make sound decisions. For pediatrics patients the caregiver maybe the appropriate person to provide consent
• Have patient fill out all required documentation for FRE (Reimbursement Claim Form) while waiting. Fillable FRE form can be found here: https://ovs.ny.gov/system/files/documents/2024/08/fre-invoice-form-073123-v6.pdf
• The 'Sexual Assault Bill of Rights', must be read to the patient/guardian, understood, and signed before starting the SOECK.

Step 2: Information Gathering and Set-up:

• Allow time to for information gathering with medical team and document details of the case with objective statements; before obtaining history, orient the patient as to who you are and what your purpose is (to make sure his/her/their body is safe and healthy, emphasize that you do not work FOR law enforcement/CPS)
• Address any injuries and/or give pain relief before proceeding (Consider IM/IV pain relief however consider if DFSA kit is needed first. If giving PO medications, consider obtaining oral swabs first as evidence collection cannot proceed without a medical evaluation and clearance from a provider. Always prioritize medical needs of the patient)
• ED Provider can utilize **Sexual Assault ED Order Set** with any other pertinent orders depending on patient's case. This should not be used for pre-pubertal patients, instead refer to the guidelines above.
• Gather all items needed for evidence collection and bring to patient room, this includes
- SOECK [Part A], and DFSA kit [Part B] (if clinically warranted)
- At least 2 sheets of patient demographic stickers for labeling of collected evidence and SOEK envelops
- Paper bags for clothing into room
- Bring mobile side table and extra garbage can into room
- Devices for photodocumentation (eg, EVA device, camera) with measuring tool
- Extra tape, cotton swabs, phlebotomy supplies, gloves, exam table paper, pen/pencil
- Wood's lamp or Blue Maxx if available

Step 3: Key Considerations once a SOECK has Begun

• Once an evidence collection kit has been opened, do not leave the kit unattended and do not handoff care of the patient - always maintain chain of custody.
• Remember that patients can refuse, skip, and omit any step of evidence collection as we are providing our patient with autonomy and control of the exam
• Once you have determined which parts of the evidence collection kit are pertinent to the case, you will need to change gloves in between each step (decreasing risk of contamination)
• Remember to read each step of evidence collection carefully and explain each step to the patient prior to proceeding
• **For pre-pubertal patients, certain parts of the SOECK should NOT be performed (ex. cervical swabs unless under anesthesia)**
• Each specimen and envelope must have initials/signature, time, date collected, and ensure envelope is sealed
• Use two swabs together to collect evidence (dry swab for wet evidence and wet swab for dry evidence and follow instructions outside the envelope as indicated) and allow all swabs to air dry prior to placing them in the evidence collection envelops
• Never discard unused envelopes and answer all questions on envelope
• All of the patient's clothing that is collected for evidence should be air dried prior to placing into a brown paper bag or evidence collection bag. 1 clothing= 1 bag, sealed with evidence tape, labeled with patient demographics, description of clothing, time and date collected.
• Provide a gown and replacement clothes once patient's clothes are collected; important to inform patient they will not get these clothes back. If patient does not want to release specific items of clothing, a trauma informed approach should be maintained
• Ideally physical examination and photodocumentation of any injuries should proceed along with evidence collection
• First photo should be patient demographic information. Then photos of injuries should proceed as further to closer, using landmarks and measuring tool.
• Paperwork is provided within the evidence collection kit, follow each step. Include the signed 'Authorization Release Information and Evidence to law enforcement sheet' to the outside of the box.
• Once kit is complete, fill the outside of the box and secure it with evidence sticker and patient label, then hand off to the next person in the chain of custody at your institution [follow site specific protocols].
Note: in depth information on SOECK [Part A] and DFSA [Part B] available online at https://www.criminaljustice.ny.gov/evidencekit.htm