Guidance for Pediatric Sexual Assault Evidence Collection

DEFINITIONS:

Adolescent: Children under 18 years of age who have reached puberty. For guidelines, refer to adult/adolescent protocols.

Pediatric: Children who have not reached puberty. This is determined by assessing secondary sexual characteristics using Tanner Staging (Sexual Maturity Rating (SMR)) rather than chronological age.

Reported Perpetrator: Considered starting at age 10.

KEY ROLES AND RESPONSIBILITIES OF PEDIATRIC EXAMINERS

- Evidence should be collected as close to presentation as possible. Assess the child for acute medical and psychiatric needs, stabilize, and treat. The need for emergent treatment of injuries always supersedes forensic evidence collection. Once stabilized, further medical evaluation can occur concurrently with forensic evidence collection.
- Inform patient they have right to advocacy services and contact advocate if desired.
- Make a ChildLine Report. Mandated Reporting to ChildLine is required for all patients under 18 years of age. Suspicion of child sexual abuse is sufficient to create a mandated report.
- If the health care facility identifies urgent safety needs, immediately involve law enforcement/child protective services and follow facility procedures.
- *Conduct acute/nonacute examinations:*
    - Obtain/document pertinent history of events, medical history, and reported symptoms.
    - Obtain forensic consent/assent.
    - Perform the physical and anogenital examination and document findings.
    - Collect, dry, package, label, seal, and securely handle forensic specimens.
    - Perform photo documentation.
    - Evaluate and treat injuries.
    - Screen for STIs, including HIV.
    - Pregnancy screening and pregnancy prophylaxis can be considered on a case-by-case basis based on clinical judgement of patient's tanner stage or SMR.
    - If STI testing is positive, obtain confirmatory testing and treat per CDC STI Guidelines- https://www.cdc.gov/std/treatment-guidelines/default.htm.
    - Perform risk assessment for exposure to HIV. Prescribe HIV Post-Exposure. Prophylaxis (PeP) as indicated within 72 hours of assault. Obtain screening labs before initiating HIV PeP.
    - Collect samples for toxicology analysis if concerned for drug facilitated assault.
    - Plan for discharge and follow-up care. (medical, safety, mental health, victim services, investigation, etc.)

EXAMINATION/EVIDENCE COLLECTION TIPS

The greatest yield of evidence in prepubertal children is found within 24 hours from reported assault or last contact with alleged perpetrator. Evidence collection including clothing can be considered up to 72 hours based on history and clinical exam on a case-by-case basis. Follow the time frame recommended by your institution and jurisdiction. Recommendations can be re-evaluated based on updates in crime lab technology and updated research data to best inform clinical practice.

Consent/Assent Tips

- Ensure consent and assent are obtained. Explain what the exam entails, rationale, possible side effects, and potential impact of declining. Inform the patient and their legal representative that with rare exception the examination for a prepubertal female does not include an internal exam with a speculum, unless with expert/specialist consultation in the appropriate operative setting.
- Obtain consent for forensic evidence collection from the parent or legal representative according to facility policy and procedures. Any part of the examination can be declined, and consent may be withdrawn at any time.
- Ensure developmentally appropriate assent is obtained from the patient.
- Allow the child to have control whenever possible and proceed at the child's pace. A child should never be forced to undergo a medical forensic examination.
- If you have questions or concerns regarding consent, refer to institution policies and legal department.

History and Examination Tips

- Pediatric examiners should limit the medical history to information necessary to address the child's health care needs and to guide the examination and collection of forensic samples (if applicable). Healthcare providers are neutral receivers of the information. Information that is more investigative in nature will be obtained during a forensic interview with a trained professional.
- Complete documentation using the child's verbiage and quotations whenever possible.
- If developmentally appropriate, it is important to give children the choice of whether a caregiver is present during the examination while also following the chaperone policy of your institution.
- Different positions can be used, including supine frog-leg, knee-chest, lateral, and lithotomy. If necessary, very young children can be examined on an appropriate parent/guardian's lap.
- The decision on what swabs to obtain should not be based on the child's history alone. Children frequently limit or delay disclosure of what happened, so clinicians should try to complete as many forensic examination steps as possible.
- Intravaginal speculum or anoscopic exams on a pre-pubertal child should only be performed by an appropriate specialist in an operating room or other similar environment.

Sedation or anesthesia is necessary only in rare situations in which further anogenital examination is required such as concerns for significant anogenital bleeding or injury, a mass, foreign body, or anoscopy exam. Appropriate specialist consultation should be obtained.

- Collection of internal vaginal and cervical swabs is not indicated for female prepubescent children as the hymen is very sensitive. Forensic samples are obtained from the external genitalia surfaces only, unless a medical necessity exists to perform an exam under anesthesia. Techniques (e.g. colored swab, foley) used in post-pubertal females for better hymenal assessment should not be used with prepubescent females. Water or saline is an appropriate examination adjunct to aid in genital structure visualization.
- Evidence collection should be stopped if the child becomes distressed or unable to cooperate. Breaks can be taken. If a child is not tolerating the examination, consider whether an opportunity exists for re-examination in the near future.
- After medical evaluation, Child Protective Services and/or law enforcement may make a referral to a Child Advocacy Center for a focused forensic interview, medical follow-up, and other services.

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