



3333 Burnet Avenue
Cincinnati, Ohio 45229-3039

SEXUAL ASSAULT PROTOCOL

Departments of Social Service and Emergency Medicine

Revised December 1993

TABLE OF CONTENTS

GENERAL INFORMATION.....	2
TRIAGE NURSE.....	2
CHMC SOCIAL WORKER.....	3
NURSE IN ATTENDANCE	4
PHYSICIAN.....	5
PROTECTIVE SERVICES OFFICER	6
POLICE OFFICER.....	6
Appendices.....	7
I. THE VAGINAL EXAM IN PRE-PUBERTAL GIRLS:.....	7
II. CULTURING FOR SEXUALLY TRANSMITTED DISEASES:	7
III. INTERPRETATION OF THE GENITAL EXAMINATION:.....	7
IV. POST-COITAL CONTRACEPTION:	8
V. VENEREAL DISEASE PROPHYLAXIS:.....	8
VI. THE UNCOOPERATIVE PATIENT:.....	8
VII. SOCIAL AND MEDICAL (SAM) CLINIC	8

GENERAL INFORMATION

Children who are victims of alleged sexual assault and their families will be provided with the following services:

1. Emotional support
2. Medical assessment and treatment of injuries.
3. Documentation of the alleged assault by collection of evidence.
4. Referral to appropriate counseling services.
5. Expert medical testimony in subsequent litigation.

Two aspects of child sexual assault create difficulties in recognition and management:

1. Children are usually sexually assaulted by a relative or acquaintance. Consequently, family ties may be strained to the point where the alleged assailant is protected and the child is either blamed for the incident or his/her story is rigorously denied, even by persons responsible for protecting the child or the child him/herself.
2. Frequently, little or no physical evidence may be found to corroborate the child's story since 1)physical force is usually not used when children are sexually abused and 2)children are often brought for evaluation of alleged sexual assault days to months after the event. This reinforces denial by the family.

The remainder of this protocol outlines the duties of all personnel involved in alleged sexual abuse cases.

TRIAGE NURSE

The triage nurse is responsible for identifying the victims of alleged sexual assault, and for paging the CHMC social worker during the hours when the social worker is in the hospital.

1. Write on the ED headsheet "Alleged Sexual Abuse" as the presenting problem.
2. Notify the CHMC social worker that the patient has arrived:
3. When registration and triage are complete, the patient may wait in the examining room with the accompanying adult (parent, guardian, relative, etc.).

CHMC SOCIAL WORKER

The CHMC social worker has primary responsibility for directing and coordinating services to the victim of alleged sexual assault and the victim's family.

1. When physically present in the hospital, take a detailed history and complete the History and Social Service sections (page two) of the **CAT Reporting Form for Alleged Sexual Abuse** . Focus your history on:
 - a. the nature of the sexual assault.
 - b. the time interval between the assault and the patient's arrival to the hospital.
 - c. assess the emotional state of the victim and the family.
2. Explain to the patient and his/her family the general nature of the physical examination and the necessity to report the findings to the police / DHS.
3. Discuss the case with the examining physician to ascertain which of the two Alleged Sexual Assault Protocols is to be followed.
4. After the examination, arrange follow up counseling for the patient and his/her family and a follow up visit to SAM clinic when appropriate.
5. See that the **CAT Reporting Form for Alleged Sexual Abuse** is filled out and routed to the Social Service office. When photographs are obtained, see that they are properly labeled with the patient's name, today's date and initialed by the photographer. Assist the physician and nurse with the protocol A procedures.
6. When not on site in the hospital offer advice and consultation over the telephone. Assist in assessing extent of medical evaluation and disposition. In some situations, the social worker may wish to speak with the parent to offer reassurance or arrange to speak further with them over the weekend.
7. The Protective Services Department will contact the Department of Social Services if evidence has been uncollected and thus creates a problem with storage. The CHMC social worker will attempt to contact the involved police regarding evidence pick-up. The CHMC social worker will handle the disposal of any uncollected evidence. Evidence that is disposed of will be recorded in the **Protective Services Sexual Assault Evidence Ledger** as disposed and signed by the social worker.

NURSE IN ATTENDANCE

The nurse in attendance assists the physician in performing the physical examination and is primarily responsible for MAINTAINING THE CHAIN OF EVIDENCE.

1. Prepare the patient for the physical examination. Remain in attendance for the entire exam. Do not leave culture materials or the unattended in the room. Do not allow the patient to use the bathroom without first checking with the examining physician. Adolescent patients need be examined on a pelvic table.
2. Consult with the MD and/or social worker regarding which protocol (A or B) is to be followed.
3. Prior to the examination, obtain culture materials if ordered. Maintain the chain of evidence at all times by not leaving specimens, cultures, etc. unattended.
 - a. Thayer Martin plates for GC cultures
 - b. Chlamydia media and cup of ice to transport media to lab
 - c. Non-bacteriostatic sterile saline to moisten the swabs prior to collection
 - d. Sterile Calgiswabs, Type I (5). Put these in saline for cultures.
 - e. Attach patient ID labels to all cultures prior to the exam. Label the cultures as "throat", "rectum", "vagina" or "urethra".

IF PROTOCOL A IS TO BE USED you will also need:

- f. A Sexual Assault Evidence Box
- g. Woods (UV) lamp

PROTOCOL A	PROTOCOL B
4. Check the integrity seal on the Evidence Box. Use the box only if the seal is in place. Open the box, review the procedures with the physician, if necessary, and stamp all of the bags and envelopes with the patient's addressograph plate.	4. Assist the physician with the exam and culture collection.
5. Carefully follow the directions written on the Sexual Assault Evidence Box Lid and on the enclosed envelopes and bags. After the exam, return all of the envelopes and bags to the Sexual Assault Evidence Box and complete the form on the box lid. If clothing bags do not fit in the box, put them in separate PAPER BAGS , label and seal with the enclosed sealing tapes.	5. Send specimens to lab. Cultures may be transported by messenger.
6. Hand-carry wet preps directly to the Heme lab for STAT -processing (do not go to lab processing!). Take the Sexual Assault Evidence Box with you. The lab tech will record test results on the STEP 10 card from the Evidence Box. If wet prep is positive, call the examining MD to the lab to view the slide. The lab tech will photograph all positive slides. Only positive slides should be placed in a cardboard holder and then into the Evidence Box. Photographs should be attached to the patient's chart. Return to the ED with the Evidence Box.	
7. Sign the Sexual Assault Evidence Form with the MD. Check that the contents of the Evidence Box are complete. There is a check list on the inside of the box. Seal the box with the sealing tape included in the box. Call Protective Services to collect the box and any clothing bags that are separate. Have the officer sign the box lid, tear off the top Chain of Evidence sheet from the box and give the box to the officer. Place the top Chain of Evidence sheet with the medical record.	

PHYSICIAN

The physician is primarily responsible for performing the physical examination and collecting evidence for the police. During those hours in which the CHMC social worker is not physically present, the physician is responsible for taking the history as well.

Social Worker in the hospital	Social Worker not in the hospital
1. If the CHMC social worker has not yet interviewed the child or family, have him or her paged.	1. Interview the child. In addition to a detailed history of the alleged abuse, determine when the last episode of abuse occurred and if this episode involved contact with the assailant's genitalia. Complete the <u>History section</u> and the <u>Review of Systems</u> section (back page) of the CAT Reporting Form for Alleged Sexual Abuse .
2. Discuss the history with the CHMC social worker and the ED attending/fellow. Decide which protocol (A or B) to proceed with.	2. Discuss the history with the CHMC social worker and the ED attending/fellow. Decide which protocol (A or B) to proceed with. <u>The social worker is on telephone call 24 hours/day.</u>

PROTOCOL A: The alleged sexual assault included **contact with the assailant's genitalia** within the **last 72 hours**

PROTOCOL B: The alleged sexual assault included **NO** contact with the assailant's genitalia **OR** it took place > 72 hours ago.

3. Inform the nurse of the protocol (A or B) that you will be following and tell him/her which cultures you will obtain. He/she will obtain and set up the necessary supplies for you. You may refer to the *Algorithm for STD testing of sexually abused children* to help decide if cultures are indicated (appendix II).

PROTOCOL A	PROTOCOL B
4. Review the contents of the Sexual Assault Evidence Box with the RN.	4. Do not use a Sexual Assault Evidence Box.

5. Perform a complete examination. An internal vaginal exam is necessary only in **pubertal** females who have a large introitus. Look carefully for genital and rectal trauma (refer to appendix I).

The ED attending/fellow must verify the genital exam of all pre-pubertal girls and of all patients with trauma.

The on-call Child Abuse Team physician is available for questions or problems after consultation with the ED attending.

Obtain photographs only when relevant. If the patient will not cooperate with the exam, refer to appendix VI.

6. Follow the steps described in the evidence box. MAINTAIN THE CHAIN OF EVIDENCE by not leaving any specimens unattended in the room or in the ED.	6. Collect any indicated cultures. See appendix II for help. MAINTAIN THE CHAIN OF EVIDENCE by not leaving any cultures unattended in the room or in the ED.
7. Complete the CAT Reporting Form for Alleged Sexual Abuse and the Sexual Assault Evidence Form . Discuss findings with the social worker.	7. Complete the CAT Reporting Form for Alleged Sexual Abuse . Have the ED attending or fellow sign the forms and headsheets. Discuss findings with the social worker.
8. Follow the instructions on the bottom of the Sexual Assault Evidence Form before discharging the patient .	8. Consider Post-Coital Contraception and STD prophylaxis. (see appendices IV & V). Give the patient an abuse support pamphlet.

PROTECTIVE SERVICES OFFICER

The Protective Services Department is responsible for picking up the Sexual Assault Evidence Box from the Emergency Department and keeping it secure until picked-up by the Police Officer.

1. Pick up the **Sexual Assault Evidence Box** and any **additional clothing bags** from the CHMC Emergency Department nurse when notified. Officers will be available at all times and will pick up the evidence in a timely manner (generally within 15 minutes). The officer will sign the Chain of Evidence sheet on the Evidence Box. The top copy of this form will be kept by the Department of Social Services.
2. The officer will carry the Evidence Box and any clothing bags to the security area and will record on the Evidence Box lid the date, the time and his/her signature. An entry will be made in the **Protective Services Sexual Assault Evidence Ledger**, recording the:
 - a. patient's name
 - b. CHMC chart number
 - c. date
 - d. number of items secured (1 if the Evidence Box only)

The Evidence Box and clothing bags will be locked in a secure cabinet at this time.

3. The Protective Services Department will release the secured evidence to the police officer when the officer presents to the Protective Services Department. The police officer will complete the Chain of Evidence form on the Evidence Box lid and will record his/her name, badge number, district, date, time and signature in the **Protective Services Sexual Assault Evidence Ledger** for **each patient's** Evidence Box that is taken.
4. The Protective Services Department will contact the Department of Social Services if evidence has been uncollected and thus creates a problem with storage. The CHMC social worker will attempt to contact the involved police regarding evidence pick-up. The CHMC social worker will handle the disposal of any uncollected evidence. Evidence that is disposed of will be recorded in the **Protective Services Sexual Assault Evidence Ledger** as disposed and signed by the social worker.

POLICE OFFICER

The police officer is primarily responsible for seeing that the Sexual Assault Evidence Box is taken to the coroner's lab for analysis.

1. Interview the child and the family in the ED whenever possible.
2. The police officer CANNOT be present during the physical examination.
3. Advise the physician of any special procedures that are indicated in a particular case.
4. Pick up the **Sexual Assault Evidence Box** from CHMC Protective Services (559-4204).

Appendices

I. THE VAGINAL EXAM IN PRE-PUBERTAL GIRLS:

The examination requires careful inspection of the external genitalia. With the child supine and relaxed, flex the legs into a "frog-leg" position and visualize the external genitalia by gently retracting the labia majora downward and toward you. DIGITAL AND SPECULUM EXAMINATIONS ARE CONTRA-INDICATED except when there is a suspicion of intra-vaginal foreign body. In this case, a surgical consult may be obtained and the child might need to be examined under general anesthesia. When examining the external genitalia:

- Use the face of a clock when referring to locations around the hymen. 12 o'clock is at the clitoris while 6 o'clock is at the posterior fourchet. (i.e.: there is a hymeneal scar at 5 o'clock)
- Visualize the hymen.
- Look for symmetry of the lateral walls. Is there thinning which causes the introitus to appear wide open?
- Look at the posterior hymeneal rim. This is usually wider than the lateral walls. If it is not, is there evidence of trauma there?
- Note the contour of the hymeneal ring. Is the ring smooth or irregular? Does the irregularity appear to be due to trauma?
- Look for abnormal vascularity, lacerations or bruising. Examine for herpetic lesions and condylomata.
- If a vaginal discharge is present, describe it, send cultures for GC, chlamydia and bacteria, and obtain a wet prep for semen and Trichomonas.

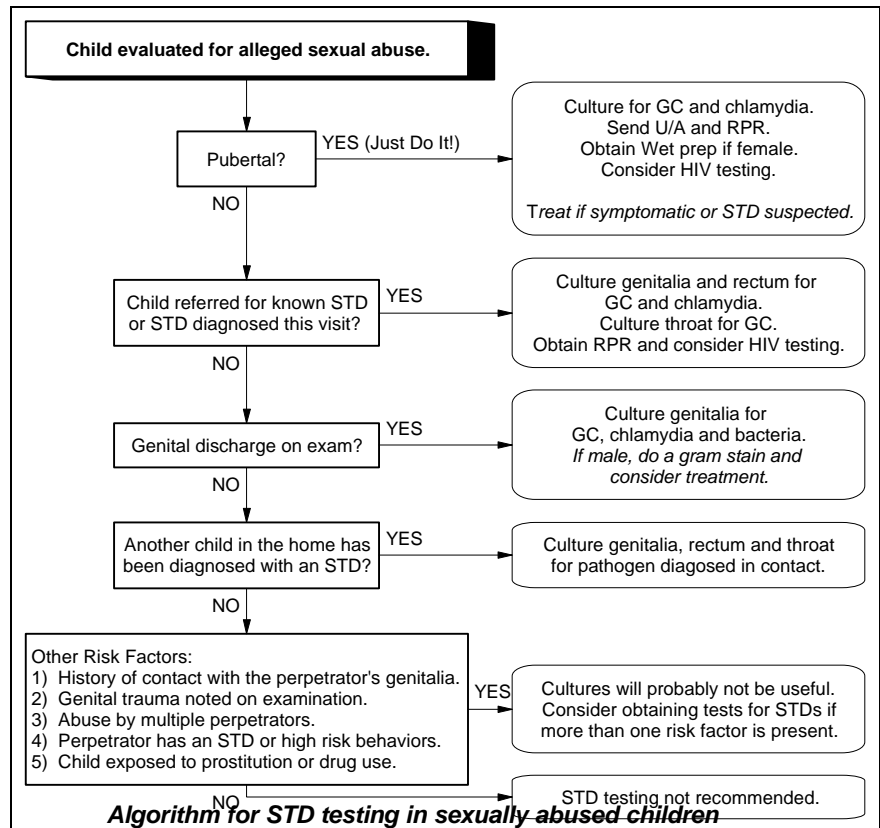
II. CULTURING FOR SEXUALLY TRANSMITTED DISEASES:

When obtaining GC and chlamydia cultures in pre-pubertal girls, culture the mucosa just proximal or distal to the hymen with moistened Type I Calgiswabs. Moisten the swabs in sterile non-bacteriostatic saline. Culture the cervix in pubertal girls. Swabs for rectal cultures should be inserted a few centimeters into the rectum. The algorithm at right can be used to help decide when and which cultures should be obtained.

III. INTERPRETATION OF THE GENITAL EXAMINATION:

In the child who has acute genital trauma and who presents with a history of sexual abuse, the exam is clearly consistent and indicative of sexual abuse. In the child with a normal examination, the exam usually will neither support nor disprove the history of sexual abuse. In other words, a normal exam does not rule out abuse. Approximately 50-80% of children who have been sexually abused will have normal examinations.

After puberty, it is often difficult to clearly identify the margins of the hymen. When the hymen can clearly be seen, an estimation of the hymeneal ring size can be made and any tears/scars, etc., can be described. A statement such as "The vaginal opening is large enough to make penetration possible" is often the most appropriate. A large vaginal introitus in an adolescent does not mean that the patient is sexually active or that she has had vaginal penetration.



IV. POST-COITAL CONTRACEPTION:

Any pubertal girl who has been the victim of alleged sexual assault, the nature of which could result in pregnancy, should be offered the option of post-coital contraception. It must be explained prior to prescribing any of these drugs that:

1. there is no guarantee that they will prevent a pregnancy resulting from this alleged sexual assault.
2. the drugs have side effects, particularly nausea and vomiting.
3. there is a theoretical risk that these drugs, if given to a girl who is already pregnant, may not cause an abortion but instead may result in the development of malignancies in the fetus or child (similar to DES).

A STAT pregnancy test should be sent on any girl requesting post-coital contraception.

Recommended drug regimen: Ovral tablets (containing 0.5 mg norgestrel and 0.05 mg ethinyl estradiol) - two tablets orally immediately plus two tablets twelve hours later.

V. VENEREAL DISEASE PROPHYLAXIS:

The adolescent patient who has been assaulted can be offered prophylaxis. This is not recommended in the young pre-pubertal child because of the low incidence of STD in this group.

Gonococcal prophylaxis:

Ceftriaxone 125 mg IM (< 40 kg) 250mg IM (> 40 kg)
or in the PCN allergic patient:
Spectinomycin 40 mg/kg IM x 1 dose (max=2.0gms)

Chlamydia prophylaxis:

Doxycycline 100 mg bid x 10 days (if > 8 years old)
or Erythromycin 50mg/kg/day divided qid x 10 days

VI. THE UNCOOPERATIVE PATIENT:

A. The frightened child:

In most cases, a frightened child can be persuaded to cooperate with the physical examination if a support person remains in the room with the child and if the physician proceeds slowly and explains every step of the exam. Sedation, such as chloral hydrate or cardiac cocktails, has been generally ineffective. Newer sedation techniques are under review.

When a PROTOCOL A is indicated and the child cannot be persuaded to cooperate, consult with the CHMC social worker or the on-call Child Abuse Team physician.

When a PROTOCOL B is indicated, the exam can be deferred if necessary and the child can be given a follow up visit to SAM clinic for evaluation.

B. The unwilling child:

This situation may arise when there is a difference of opinion between the parent and child over whether the incident represented an actual sexual assault or voluntary sexual activity on the part of the child. Under these circumstances, THE CHILD'S WISHES MUST PREVAIL. If there is a strong suspicion of sexual assault, venereal disease, or pregnancy, the physician and social worker should attempt to persuade the patient that an exam is in her best interests. NO PATIENT SHOULD BE FORCIBLY EXAMINED UNDER ANY CIRCUMSTANCES.

VII. SOCIAL AND MEDICAL (SAM) CLINIC

SAM Clinic meets on Monday and Friday afternoons, six times a month, in the Outpatient Services Building. The clinic is for non-acute cases or follow-up exams. Colposcopy is available for examinations and the Social Service Staff are present for family assessment and interview of the child. Call Social Services (4711) for appointments.