

Child and Adolescent Sexual Offense Post-Assault Testing and Treatment

The need for an acute medical evaluation following a suspicion of sexual contact should be carefully considered. The health care provider should determine whether the child or adolescent should have an immediate examination in an Emergency Department or be referred to a Child Advocacy Center for an urgent appointment. The elapsed time since the assault is a key factor in this decision, and local availability may determine the most appropriate site for the examination. Whether the sexual assault was by a stranger or the result of ongoing familial abuse also affects treatment decisions. A mental health assessment and referral for treatment and support can be made any time after the assault.

**The following explanation and accompanying chart will assist in examination decisions.
These guidelines do not take the place of consulting an expert.**

1. Acute and Follow-Up Examinations

Every child and adolescent suspected of sexual assault or abuse should have a complete physical examination. The timing of this exam depends on the nature of the abuse and the presence of symptoms. Visible physical findings are more likely to be seen on exam close to the time of sexual contact. Even when the potential for diagnostic physical findings is small, an examination is important for reassurance of physical well-being. Referrals to mental health agencies may be indicated. A listing of Rape Crisis Centers is available through the NYS Coalition Against Sexual Assault, www.nyscasa.org/local-programs-nyscasa.html. Other informative internet sites include <http://www.health.state.ny.us> and <http://www.nyscarcc.org>. A post-assault follow-up exam may be necessary and should be scheduled one to two weeks after the acute examination.

2. Forensic Specimen Collection

The New York State Department of Health recommends the collection of forensic evidence within 96 hours of a sexual assault. In prepubertal children, it is rare to find forensic evidence beyond 24 hours. Collection of clothing and linens for analysis is more likely to result in positive findings. In all cases, weigh the benefit of collecting specimens based on the likelihood of a positive finding against the possible discomfort of the victim. Factors affecting the likelihood of identifying forensic evidence include time since the incident, bathing, age of the victim, and type of contact.

3. HIV Post-Exposure Prophylaxis and Testing

When the nature of the sexual assault has been determined to be of risk for HIV transmission, offer post-exposure prophylaxis against HIV as soon as possible, preferably within one or two hours and up to 36 hours after exposure. Baseline HIV testing should be obtained. The actual interval after which no benefit exists is unknown, and initiating therapy after a longer interval may be considered for the highest risk exposures. Consult a pediatric infectious disease or HIV specialist before prescribing antiretroviral medication and obtain assurance that the child or adolescent will return for follow-up. Agency approval is required in situations involving children in foster care. For further information, check the NYS DOH website, <http://www.hivguidelines.org>. Follow-up testing should be done at four to six weeks, three months, and six months.

4. Pregnancy Prevention and Testing

Post-pubertal females with a history of exposure to semen are at risk for pregnancy and should be counseled regarding prophylaxis against pregnancy resulting from sexual assault (also known as emergency contraception or the "morning after pill"). Timely action is necessary as prophylaxis is most effective as soon as possible after the incident, optimally within 12 hours. Recommendations are to provide this treatment within 72 hours, however, treatment up to 120 hours has been shown to be effective. Obtain a serum β hCG prior to treatment and one to two weeks after treatment.

