



REFERRAL GUIDELINE

<p>Child Safety Team</p>	<p>Possible Child Sexual Abuse</p>
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Background	Sexual abuse of children is common but under recognized. Families often do not want the abuse to become known, believing they can protect the child or handle it without outside intervention. Sexual abuse includes engaging children in sexual acts beyond their developmental understanding as well as intentionally exposing them to adult sexual behaviors. Pregnancy and sexually transmitted infections can occur as a result of sexual abuse. These children are at risk of long-term and life-long emotional and physical health consequences from their abuse.	
Initial Evaluation	<p>If the parent raises this concern, arrange to speak to the parent outside of the child’s presence. Children may be influenced by hearing their parent’s concerns.</p> <ul style="list-style-type: none"> • What has the child said about possible abuse? And, to whom has the child disclosed? • Whom is the family concerned about as possibly abusing the child? • Are there genital exam findings? Acute or healing injuries? Signs of infection? 	
Initial Management	<ol style="list-style-type: none"> 1. Report concerns about possible abuse to CPS (state mandated) 2. Consider labs. STI testing in prepubertal children is complicated due to low incidence of infection in this age group. Consult with Child Safety Team provider on call to determine type of tests, timing, and which medical facility the studies should be performed. (See references) 3. If the child is very apprehensive about the genital exam, can defer this to specialist 	
Pre-Visit Work Up	<p>Send office visit note, including information about CPS report</p> <p>Send demographic information so that we can contact family; confirm phone numbers</p>	
When to Refer	<p>Refer when the provider or the family has raised concerns for sexual abuse</p> <p><u>Clinical concerns:</u></p> <ul style="list-style-type: none"> • Possible sexually transmitted infection • Anal or genital trauma that is unexplained or with implausible history • Unusual sexualized behaviors (<i>See reference regarding normative sexual behaviors</i>) <p><u>Urgent evaluation – contact CST provider on call:</u></p> <ul style="list-style-type: none"> • Recent genital-genital or anal contact (≤ 72 hours) forensic evidence may be collected • Anal or genital pain, bleeding or ulcers 	
Co-management Strategy (as appropriate)	<p>Specialist scope of care</p> <p>Diagnostic work up, forensic evidence</p> <p>Child Safety Team will coordinate the evaluation with investigative agencies</p> <p>Referral to counseling</p> <p>Court testimony</p>	<p>Primary care scope of care</p> <p>Assist in follow through with counseling services</p>
Return to Primary Care Endpoint	<p>Immediately for routine health care</p> <p>Long term for sequelae of abuse: monitoring of growth, development, social functioning and academic performance</p>	
Guidelines Referenced	<p>Primary care – sexual abuse: https://pediatrics.aappublications.org/content/132/2/e558</p> <p>Sexual behaviors: https://pediatrics.aappublications.org/content/124/3/992</p>	