SEXUAL ABUSE/ASSAULT PATIENT **UNDER 18 YEARS OF AGE** REPORTS TO HOSPITAL SEEKING CARE. AVALON PAGED FOR REFERRAL OF PATIENT FOR SEXUAL ASSAULT EXAMINATION

**MANDATORY REPORTING** of actual or suspected child abuse or child neglect made to MDHHS Central Intake by phone or through online reporting system is **REQUIRED** prior to referral to AVALON for sexual assault exam.

*The Michigan Child Protection Law*
The Michigan Child Protection Law, 1975 PA 238, MCL 722.621 et. seq., requires the reporting of child abuse and neglect by certain persons (called mandated reporters) and permits the reporting of child abuse and neglect by all persons. The Child Protection Law includes the legal requirements for reporting, investigating, and responding to child abuse and neglect. This document is to assist mandated reporters in understanding their responsibilities under the Child Protection Law. For copies of the Child Protection Law, contact the local Department of Human Services (DHS) office or go to http://www.michigan.gov/dhs.

**FOR ANY QUESTIONS AVALON CRISIS LINE 313-474-SAFE**

**Law enforcement notification/report filed?**

- **YES**
  - Law enforcement notification in the jurisdiction in which the event occurred is **REQUIRED** prior to referral to AVALON for sexual assault exam for ALL Patients < 18 years of age.

- **NO**
  - Provide appropriate Community Referrals for patient.

**Child Protective Services notification/involvement?**

- **YES**
  - AVALON **REQUIRES** parental or custodial/guardian consent for sexual assault exam for any Patient < 18 years of age.*

- **NO**
  - Hospital staff should attempt to contact parent/guardian and notify that Patient has presented to facility for sexual assault. Hospital staff should notify parent/guardian that their presence for consent for sexual assault examination is required.

**Parent or guardian not present?**

- **YES**
  - **Unable to locate parent or guardian OR parent/guardian refuses consent for sexual assault examination?**
    - **YES**
      - Law enforcement and Child Protective Services should be notified for initiation of alternative “Authorizing Agent” (i.e., court order obtained for examination).
    - **NO**
      - Parental/guardian consent obtained.

- **NO**
  - **“Authorizing Agent” able to provide consent or appropriate court order obtained for examination.**

**Parent or custodial guardian present/able to provide consent for Medical-Forensic Examination?**

- **YES**
  - **Provide appropriate Community Referrals for patient.**

- **NO**
  - Hospital staff should attempt to contact parent/guardian and notify that Patient has presented to facility for sexual assault. Hospital staff should notify parent/guardian that their presence for consent for sexual assault examination is required.

**Patient presents within 120-hours post assault?**

- **YES**
  - **PROCEED TO ALGORITHM D**

- **NO**
  - **PROCEED TO ALGORITHM B**
MEDICAL-FORENSIC MANAGEMENT OF PEDIATRIC & ADOLESCENT SEXUAL ABUSE/ASSAULT PATIENTS
MEDICAL/HOSPITAL REFERRAL FOR PATIENT SEEKING EXAMINATION

SEXUAL ABUSE/ASSAULT PATIENT UNDER 18 YEARS OF AGE REPORTS TO HOSPITAL SEEKING CARE.
MEDICAL EVALUATION AND MANAGEMENT SCREENING

STOP IF ABLE TO ANSWER YES TO ANY OF THE FOLLOWING:

- Uncooperative child/adolescent?
- Suspected major trauma/patient requires further evaluation.
- Significant urogenital/anogenital bleeding.
- Patient is awaiting psychiatric evaluation.

Children or adolescents that are uncooperative and/or unwilling to consent for examination should be referred for an examination at a later date by referral to KidsTALK. This referral should be requested by CPS Caseworker and/or Law Enforcement.

No child or adolescent should ever be subjected to a medical-forensic examination without their consent.

FNE to hospital for exam.

Patient stabilized.

Appropriate referral to Kids-TALK.

OR

Examination rescheduled.

A child or adolescent that presents with major trauma or significant urogenital/anogenital bleeding should be stabilized prior to transfer to an AVALON site for examination.

Any patient requiring psychiatric evaluation should be seen and cleared PRIOR to transfer to an AVALON site for examination.

REFERRAL TO Kids-TALK FOR EXAM (NON-ACUTE)

PROCEED TO ALGORITHM D

AVALON CRISIS LINE 313-474-SAFE

FORENSIC NURSE EXAMINER PROGRAM CHECKLIST
Before making a referral to AVALON use the following checklist:
(1) Patient is medically and mentally (psychiatrically cleared) stable?
(2) Patient wishes to have sexual assault exam/MFE completed?
(3) Parent or legal guardian available/willing to consent to exam?
(4) Nothing impairs parent or guardian’s ability to consent?
(5) Nothing impairs the patient’s ability to consent?
(6) Suspected assault/abuse occurred within the last 120-hours?
(7) An incident report has been completed with law enforcement?
(8) Notification of CPS/DHS, as appropriate, has been completed?
(9) Medical evaluation and treatment of patient completed?
## PEDIATRIC/ADOLESCENT SEXUAL ASSAULT MEDICATION EVALUATION AND MANAGEMENT GUIDELINE

### PREPUBESCENT FEMALE
- **External Inspection of Ano-Genital Area**
  - Based on history, physical findings and risk factors.
- **NO Speculum Exam**
- **NO Deep Internal Swabbing**
- Urine NAAT
- Serologic Testing for Syphilis & HEP B
- Serologic HIV Baseline Testing & Labs
- HIV Prophylaxis (nPEP) as Appropriate
- Antibiotic/Antiviral Therapy* ONLY if Cultures (+)

### PUBESCENT FEMALE
- **External Inspection of Ano-Genital Area**
  - Based on history, physical findings and risk factors.
- **Speculum Exam ONLY as Indicated**
  - Evidence or complaint of ano-genital injury, and abnormal pain or bleeding. (NOTIFY EXAMINER)
- Urine NAAT
- Serologic Testing for Syphilis & HEP B
- Serologic HIV Baseline Testing & Labs
- Pregnancy Testing
- HIV Prophylaxis (nPEP) as Appropriate
- Empiric Antimicrobial Regimen**
  - Empiric STI Prophylaxis Treatment for chlamydia, gonorrhea, and trichomonas PROVIDED by AVALON Program, at no cost to the Patient at the time of exam.
- Emergency Contraception PROVIDED by AVALON Program, at no cost to the Patient at the time of exam.

### MALE
- **External Inspection of Ano-Genital Area**
  - Based on history, physical findings and risk factors.
- Additional Evaluation ONLY as Indicated
  - Evidence or complaint of ano-genital injury, and abnormal pain or bleeding. (NOTIFY EXAMINER)
- Urine NAAT
- Serologic Testing for Syphilis & HEP B
- Serologic HIV Baseline Testing & Labs
- HIV Prophylaxis (nPEP) as Appropriate
- Antibiotic/Antiviral Therapy (Pediatric)* ONLY if Cultures (+)
- Empiric Antimicrobial Regimen**
  - Empiric STI Prophylaxis Treatment for chlamydia, gonorrhea, and trichomonas PROVIDED by AVALON Program, at no cost to the Patient at the time of exam.

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**Always Perform STI Testing Before Administering Any Antibiotic Treatment for ALL Pediatric Patients!**

*** HIV Postexposure Prophylaxis (nPEP) IS RECOMMENDED within 72-Hours Post Assault/Disclosure; Repeat HIV Antibody Test at 6-Weeks, 3 to 4 & 6 Months

** Antibiotic Therapy/Antiviral Prophylaxis IS RECOMMENDED with Pubescent Female & Adolescent Male Patients.

* Antibiotic Therapy/Antiviral Prophylaxis in Prepubescent Female & Pediatric Male Patients BASED on Presenting History, Physical Findings and Risk Factors.

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**DO NOT PROVIDE METRONIDAZOLE TO ANY PATIENT THAT CONSUMED ETHOH PRIOR TO PRESENTATION!**
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**PEDIATRIC/adolescent sexual assault medication evaluation and management guideline**

**Prepubescent Female**
- No speculum exam
- No deep internal swabbing
- Urine NAAT
- Serologic testing for syphilis & HEP B
- Serologic testing for HIV
- Antibiotic/antiviral therapy (pediatric)* only if cultures (+)

**Pubescent Female**
- Speculum exam as indicated
- Evidence or complaint of ano-genital injury, and abnormal pain or bleeding.
- Urine NAAT
- Serologic testing for syphilis & HEP B
- Serologic testing for HIV
- Pregnancy testing
- Empiric antimicrobial regimen**
  - Provide empiric STI prophylaxis treatment for chlamydia, gonorrhea, and trichomonas:
    - Ceftriaxone 250 mg IM in a single dose.
    - Azithromycin 1 g orally in a single dose.
    - Metronidazole 2 g orally in a single dose.

**Male**
- Examination of ano-genital area
- Based on history, physical findings, and risk factors.
- Additional evaluation as indicated
- Evidence or complaint of ano-genital injury, and abnormal pain or bleeding.
- Urine NAAT/urethral discharge culture
- Serologic testing for syphilis & HEP B
- Serologic testing for HIV
- Antibiotic/antiviral therapy (pediatric)* only if cultures (+)
- Empiric antimicrobial regimen**
  - Provide empiric STI prophylaxis treatment for chlamydia, gonorrhea, and trichomonas:
    - Ceftriaxone 250 mg IM in a single dose.
    - Azithromycin 1 g orally in a single dose.
    - Metronidazole 2 g orally in a single dose.

**Non-acute**
- >120 hours
- Additional evaluation as indicated
- Evidence or complaint of ano-genital injury, and abnormal pain or bleeding.

Avalon crisis line
313-474-SAFE

**Non-acute**
- >120 hours
- Additional evaluation as indicated
- Evidence or complaint of ano-genital injury, and abnormal pain or bleeding.

Avalon crisis line
313-474-SAFE

**Always perform STI testing before administering any antibiotic treatment for all pediatric patients!**

***
- HIV postexposure prophylaxis (nPEP) is recommended within 72-hours post assault/disclosure; repeat HIV antibody test at 6-weeks, 3 to 4 & 6 months.

**
- Antibiotic therapy/antiviral prophylaxis is recommended with pubescent female & adolescent male patients.

* 
- Antibiotic therapy/antiviral prophylaxis in prepubescent female & pediatric male patients based on presenting history, physical findings, and risk factors.