

**TEXAS PEDIATRIC SOCIETY
SUSPECTED SEXUAL ABUSE/ASSAULT
PROTOCOL FORM**

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Read through the instructions/Checklist before proceeding with exam.

REGARDLESS OF WHEN THE LAST ASSAULT/ABUSE TOOK PLACE, FOLLOW STEPS 1-12.

- _____ 1. (Page 2) Obtain victim or parent's signature on evidence collection consent form if possible. However, in any case of suspected child abuse, consent is not required for examination by a physician including taking photographs. Lack of signed consent should not delay examination of the patient (See Texas Family Code, Chapter 32, Subchapter A).
- _____ 2. (Pages 3-8) Complete history and physical examination and record on enclosed form. Initial each page.
- _____ 3. Obtain throat, vaginal (children) or cervical (adults) or urethral (males), and anal cultures for gonorrhea. Do not use wooden swabs. Consider type of act, chronicity of abuse, exam findings, and time lapse in selecting which orifice to culture.
- _____ 4. Obtain vaginal (children) or cervical (adults) or urethral (males), and anal cultures for Chlamydia. Use dacron or small cotton swabs. Consider type of act, chronicity of abuse, exam findings, and time lapse in selecting which orifice to culture.
- _____ 5. If indicated, obtain photographs with colposcope or camera.
- _____ 6. Be sure all specimens are labeled with patient's name, specimen source, and date.
- _____ 7. Obtain 3 ml blood (children optional) or 5 ml (adults) for RPR, as indicated.
- _____ 8. Obtain 3 ml blood (children) or 5 ml (adults) for HIV as indicated; consider simultaneous testing for Hepatitis titers
- _____ 9. Test for pregnancy as indicated.
- _____ 10. Consider the following if symptoms/signs warrant testing: urinalysis, urine culture, wet mount, KOH prep.
- _____ 11. Call and report to Child Protective Services (1-800-252-5400).
- _____ 12. Refer for counseling as needed.

NOTE: WHEN THE LAST INCIDENT OCCURRED WITHIN 72 HOURS:

- _____ 13. In addition to steps 1-12 above, complete the "Sexual Assault Evidence Collection Kit," according to kit's enclosed instructions.

Assistant's Name (Please Print)

Examiner's Name (Please Print)

Assistant's Signature Date

Examiner's Signature Date

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I. GENERAL INFORMATION (Print or Type)

1. Name of Patient		Patient I.D. #				
2. Address	City	County	State	Phone		
3. Age	DOB	Sex	Race	Date/Time of Arrival	Date/Time of Exam	Date/Time of Discharge
4. Name of () Mother () Stepmother () Guardian		Address	City	County	State	
Work Phone		Home Phone				
5. Name of () Father () Stepfather () Guardian		Address	City	County	State	
Work Phone		Home Phone				
6. Siblings: Name	DOB	Name	DOB	Name	DOB	
7. Phone report made to () Law Enforcement Agency						
Name	Agency	I.D. #	Phone			
() Child Protective Services						
Name	Agency	I.D. #	Phone			
8. Responding Officer:	Agency	I.D. #	Phone			
9. Police Case Number:						
10. Place of exam:						
<input type="checkbox"/> Clinic <input type="checkbox"/> Emergency Center <input type="checkbox"/> Inpatient _____ <input type="checkbox"/> Other _____						
11. Referring Agency:						
<input type="checkbox"/> Child Protective Services <input type="checkbox"/> Police <input type="checkbox"/> Parent <input type="checkbox"/> Other _____ <input type="checkbox"/> None _____						

Signature

Date

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II. AUTHORIZATION

I hereby authorize _____ to perform a medical examination for evidence of physical and/or sexual abuse and request medical treatment if indicated. I understand this may include the following:

1. Medical examination of the genital area, which may include pelvic (internal) examination on post pubertal females.
2. Collection of blood, urine, tissues and related specimens as needed.
3. Photographs which may include the genital area for the purpose of documentation.
4. Establishment of a file of information.

I further understand the physicians and staff are required by law to notify child protection authorities of known or suspected child abuse. All medical reports, including laboratory reports, photographs and forensic results may be released to Child Protective Services and/or the police department and the District Attorney having jurisdiction, or as otherwise allowed by law.

Patient/Parent/Guardian (Circle one) Date

Witness

III. MEDICAL HISTORY

1. Usual Health Provider: _____
2. Hospitalization/Surg/Trauma: _____
3. Past Health Problems: _____
4. Medicines: _____
5. Allergies: _____
6. Behavior/Emotional Symptoms (If "YES", indicate duration and other details):

Sleep disturbances	YES	NO	UNK	_____
Eating problems	YES	NO	UNK	_____
School problems	YES	NO	UNK	_____
Sexual acting out	YES	NO	UNK	_____
Fear	YES	NO	UNK	_____
Anger	YES	NO	UNK	_____
Signs of depression	YES	NO	UNK	_____
Suicide	YES	NO	UNK	_____
Runaway	YES	NO	UNK	_____
Other symptoms	YES	NO	UNK	_____

Signature

Date

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7. Physical Symptoms/History (If "YES", indicate duration and other details):

Abdominal/pelvic pain	YES	NO	UNK	_____
Vomiting	YES	NO	UNK	_____
Genital discomfort or pain	YES	NO	UNK	_____
Dysuria	YES	NO	UNK	_____
Urinary tract infection	YES	NO	UNK	_____
Enuresis	YES	NO	UNK	_____
Encopresis		YES	NO	UNK _____
Vaginal itching/Penile irritation	YES	NO	UNK	_____
Vaginal discharge/ Penile discharge	YES	NO	UNK	_____
Vaginal bleeding/Penile bleeding	YES	NO	UNK	_____
Rectal pain	YES	NO	UNK	_____
Rectal bleeding	YES	NO	UNK	_____
Constipation	YES	NO	UNK	_____
Diarrhea	YES	NO	UNK	_____

8. Sexual History

Check if not applicable to the patient

Hx of voluntary sexual intercourse?	YES	NO	Last voluntary sexual contact: _____
Use of contraception?	YES	NO	
Hx of prior STD?	YES	NO	
History of prior abuse?	YES	NO	
If yes, describe:	_____		

Female

Menarche?	YES	NO	Age: _____	Date LMP: _____
Was last menses normal in flow/duration?	YES	NO		
Use of tampons?	YES	NO		
Hx pregnancy(s)?	YES	NO		

IV. HISTORY OF ASSAULT/ABUSE

1. Include any statements made by child to you (use quotes when possible) and pertinent information from other sources (identify source). Attach additional sheets as necessary.

Signature

Date

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2. Did abuse cause: Bleeding? YES NO UNK
Pain? YES NO UNK
3. Number of assailant(s): _____
4. Assailant relationship to victim:
 Stranger Relative Acquaintance Other: _____
5. Did victim injure assailant? YES NO UNK Specify: _____
6. Estimated time since last incident: _____
7. History of ejaculate? (Circle one) YES PROBABLE/POSSIBLE NO UNK Site(s): _____
8. Condom used? (Circle one) YES NO UNK
9. Lubricant used? YES NO UNK
10. Since the assault, has the patient: (If the assault was > 72 hours ago, N/A)
- | | | | |
|----------------------------|-----|----|-----|
| Wiped/washed off | YES | NO | UNK |
| Bathed/showered | YES | NO | UNK |
| Urinated | YES | NO | UNK |
| Defecated | YES | NO | UNK |
| Rinsed mouth/brushed teeth | YES | NO | UNK |
| Eaten/drank | YES | NO | UNK |
| Changed clothes | YES | NO | UNK |
| Douched | YES | NO | UNK |

11. What did the activity involve?

Type of Contact (Check all that apply)

- | | <u>Perpetrator</u> | <u>Child</u> |
|--------------------------|--------------------|--------------|
| <input type="checkbox"/> | genital | oral |
| <input type="checkbox"/> | oral | genital |
| <input type="checkbox"/> | oral | oral |
| <input type="checkbox"/> | genital | genital |
| <input type="checkbox"/> | genital | anal |
| <input type="checkbox"/> | anal | genital |
| <input type="checkbox"/> | digital | genital |
| <input type="checkbox"/> | digital | anal |
| <input type="checkbox"/> | genital | digital |
| <input type="checkbox"/> | hand | genital |
| <input type="checkbox"/> | genital | hand |

If foreign object was used, describe: _____

Signature

Date

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V. PHYSICAL EXAM

1. Note any concerns regarding the behavior of the child:

- Fixed, frozen stare or overall lack of responsiveness to people or environment
- Child actively withdraws from any physical contact with adults
- Child did not try to avoid medical procedures or examination/lay very still without protesting
- Child demonstrated excessive activity level for his/her age
- Child demonstrated very aggressive behavior (describe): _____
- Other (explain): _____
- Not applicable (no concerns)

Child was: fully partially not cooperative

2. Vital signs

Pulse: _____ Temperature: _____ Respirations: _____ Blood Pressure: _____

3. Height: _____ Weight: _____ (Include percentiles of children under age six)

4. Emotional Demeanor (crying, angry, lethargic, normal depressed, shocked, etc.) _____

5. General Exam

	NL	ABL	COMMENTS
HEENT			
Lungs			
CV			
Abdomen			
Neurologic			

6. Indicate and describe any areas of trauma on bodily surfaces/excepting genitalia (including bitemarks).

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7. Sexual Maturity

Tanner Staging Breast 1 2 3 4 5 N/A Genitals 1 2 3 4 5

8. Genital Exam

Exam positions used: Supine Knee-chest Lateral Other: _____

Speculum used? YES NO

FEMALE: Note any signs of acute and nonacute trauma (lacerations, petechial hemorrhages, partial or complete clefts, attenuation, scars, etc.). Include any other abnormalities which may or may not be related to sexual abuse (erythema, labial adhesions, neovascularization; rashes, discharge, etc.)

LABEL ABNORMALITIES:

VULVA: _____

VESTIBULE: _____

VAGINA: _____

CERVIX: _____

UTERUS: _____

ADNEXA: _____

HYMEN: _____

RECTUM: _____

ANUS: _____

Signature

Date

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7. Sexual Maturity

Tanner Staging Genitals 1 2 3 4 5

8. Genital Exam

Exam positions used: Supine Knee-chest Lateral Other: _____

MALE: Note any signs of acute and nonacute trauma (bruises, lacerations, swelling, bitemarks, scarring, change in Sphincter tone). Include any other abnormalities which may or may not be attributable to sexual abuse discharge, rash, skin tags, smooth areas on anus).

LABEL ABNORMALITIES:

PENIS: _____

SCROTUM: _____

MEATUS: _____

TESTICLES: _____

PERINEUM: _____

RECTUM: _____

ANUS: _____

Signature

Date

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VI. DIAGNOSTIC IMPRESSIONS

(Check any that apply)

1. NORMAL EXAMINATION

- Consistent with type(s) of sexual acts described
- Consistent with time lapse since last incident of abuse
- Seen in non-abused children, but does not rule out sexual or physical abuse

2. ABNORMAL EXAMINATION

- Consistent with type(s) of sexual acts described
- Consistent with time lapse since last incident of abuse
- Inconsistent with type of acts described; suggests more penetrating acts of trauma
- Could be consistent with sexual or physical abuse, but also seen in non-abused children
- Consistent with a separate diagnosis (may coincide with findings of abuse).
Specify (lichen sclerosis, pinworms, candida infections, normal hymenal variations,
etc.) _____

VII. TREATMENT PLAN (in addition to any item on page 1 of 8):

Signature

Date