Sexual Abuse/Sex Trafficking Cases in the Emergency Department

Patient presents to ED with complaint of sexual abuse/assault or concern for sex trafficking

ED Triage or Nursing Staff page ED SW for SAFE in ED

SW meets with family to obtain history
In KS ED, if no SW available, provider obtains minimal history

Social Work Pager:
Adele Hall ED: 458-5147
Kansas ED: 458-4440

SW meets with Medical Team to determine need for SANE activation

Meets SANE Criteria: State-specific perpetrator criteria apply (see SW)
- Last skin-to-skin genital contact within:
  - 3 days for females who have had a period
  - 3 days for males or females who have not had a period
- Genital pain/bleeding
- Genital discharge in prepubertal child

Does not meet SANE Criteria:
- Last contact >5 days for females who have had period
- Last contact >3 days for males or females who have not had period
- No skin-to-skin genital contact

SANE on call paged and presents to ED

SANE meets with SW (and Medical Team if assigned) to obtain history

SANE meets with patient and family

SANE collects forensic evidence, performs genital exam
- Medical team encouraged to be present for exam if desired; may complete Medical Screening Exam at this time, following forensic evidence collection by SANE
- If medical team not present, SANE will discuss exam results once completed, and/or review video
- Child Abuse Pediatrician reviews all cases, including documentation and exam video/photos

Medical Team completes medical screening exam
- Should be deferred until forensic evidence collection (if applicable) is complete to avoid contamination and/or disruption of possible evidence
  - Unless there is concern for possible urgent/emergent need for medical intervention
- Do not obtain additional history of abuse/assault from patient or family
- For documenting Presenting Complaint/History of sexual abuse, we suggest writing:
  - "Patient presents for concern of sexual abuse. I did not ask the child about his/her disclosures during today’s evaluation, but obtained history from ED Social Work and SANE-P. Please refer to their documentation for complete details. Briefly, the child has disclosed sexual contact involving XYZ (digital-vaginal penetration, etc.)."
- Take medical history and document as usual
- For documenting genital exam, we suggest writing, “Deferred to SANE,” or selecting the option for “SANE Note Genital Exam”

SW completes Patient at Risk (PAR) Documentation
- SW completes hotline to Child Protective Services and report to Law Enforcement and/or FBI (trafficking cases)
- Child Abuse Pediatrician reviews all PARs and arranges SCAN Clinic follow-up as needed, and social services/law enforcement follow-up as needed

Medical Team completes discharge procedures:
- SANE also completes separate discharge teaching/documentation in addition to standard ED discharge
- SANE coordinator follows up with family in 7-10 days, after Child Abuse Pediatrician review, arranges follow-up as needed

Please page the SANE Resource Person on call (please find on the Scope) or the SCAN Provider on call with any questions

Last Updated by J. Hansen MD on 09/22/2020
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IF THE PATIENT DOES NOT NEED TO BE SEEN URGENTLY, THE CHILD CAN BE SEEN IN SCAN CLINIC:

1. Consult Social Work to have a Patient At Risk note (PAR) completed in the patient’s EMR.
2. As a result of the PAR, the SCAN Doc on call will be notified by email the next day and a SCAN Clinic appointment will be offered to the child/family, as needed, by SCAN Social Work.
3. Perform a Medical Screening Exam if the patient is checked into the ED/UCC. Consider including a quick look at the genital area to ensure no acute injury/bleeding, as part of your screening exam. Concern for acute injury/bleeding should be discussed with the pediatric SANE (P-SANE) on call (see web on call – SANE).
4. Give the Safety Care and Nurture (SCAN) Clinic phone number to the patient’s family member accompanying the child to the ED (816 234 3424). The family is welcome to call SCAN Clinic with any questions/concerns they may have.
5. Advise the family not to wash any sheets or clothing items they believe involved in the event.
6. The consulted Social Worker can assist in notifying law enforcement of any items in the family’s possession, not at CMH, that may be involved in the event.
7. The consulted Social Worker will notify child protective services and/or law enforcement about the concerns for abuse of a child, or instruct the family on how to do this, depending on the specifics of the case.

IF THE PATIENT NEEDS TO BE SEEN URGENTLY:

1. Consult Social Work to have a Patient At Risk note (PAR) completed.
2. See the child for medical assessment of acute sexual assault/abuse with the on call P-SANE (see web on call – SANE).
3. Use the EDP SAFE to guide your order set.
4. The consulted Social Worker will notify child protective services and/or law enforcement about the concerns for abuse of a child.

ANY QUESTIONS:

1. Please page the SANE RESOURCE PERSON ON CALL (web on call – SANE, see SANE-Program Resource On Call). We understand these patients present with complex situations that may not completely fit this algorithm. There is also a SCAN Provider on call available to discuss cases as needed.
2. If you are not at CMH Adele Hall ED or CM Kansas ED and wish to discuss the referral of an acute sexual assault/abuse patient, please call 1 800 GO MERCY.