Sexual Abuse Evaluation Protocol
Pre-pubertal children (male and female)

SW evaluation for all patients
Concern for sexual abuse present after SW evaluation

≤ 72 hours from exposure

>72 hours from exposure

Consider Evidence Collection in consultation with SW.
SW to consult Forensic RN for evidence collection.

No Evidence Collection

HIV Post Exposure Prophylaxis (PEP)

Recommendations based on discussion of risks and benefits with patient/family. See next page for talking points.

Indications: patient had genital/oral/or anal contact with AP's genitals, semen, or blood; patient/parent wishes to initiate; likely adherence to regimen

High Risk factors:

AP History: STI, incarceration, IV drug abuse, MSM, multiple partners

Victim History: current BV or STI, MSM, prostitution or trafficking, breaches in mucosal barrier, genital ulcer disease, anal or vaginal trauma

-**Prescribe HIV nPEP (30 day supply) to ED pharmacy.** Do not prescribe to outside pharmacies as they do not stock these medicines.

- **It is important to stress to patient to NOT DELAY INITIATION!**

No HIV PEP

Pregnancy/STI Testing

The following testing is recommended if ANY of the following are present: **1)** known or suspected AP genital contact with patient that could lead to transmission **2)** AP is high risk (AP with known STI, known IVD abuse, stranger, multiple partners) regardless of disclosed exposure, or **3)** Symptoms suggestive of STI.

- NAAT GC/CT of all potentially infected sites: based on disclosed contact
  - Genital females: urine preferred (genital swab if tolerated)
  - Genital males: urine preferred (genital swab if tolerated)
  - Pharyngeal and/or anorectal (male or female): swab
- Trichomonas Ag (Genital Swab or urine TMA): based on contact disclosed
- Serum HIV, Hep C, Hep B, and syphilis: based on contact disclosed
  - **Serum HIV ALWAYS IF HIV nPEP initiated**
- Urine pregnancy: If patient is Tanner Stage 2 or greater, regardless if menarcheal

-NO prophylactic TREATMENT for STI should be given to pre-pubertal children (regardless of age) except HIV PEP.
-Consider emergency contraception if patient is Tanner Stage 2 or greater (regardless if menarcheal).
-HPV vaccination is recommended for pts ages 9 – 26 yo if they haven't previously been vaccinated or have not completed the vaccine series. Patient can follow up with PCP for vaccination.

Mayerson will follow-up (via phone) within 1-2 days **if starting HIV PEP.**

Sexual Abuse Evaluation Protocol
Pubertal Children (male and female)

SW evaluation for all patients
Concern for sexual abuse present after SW evaluation

≤ 72 hours from exposure

73-120 hours from exposure

> 120 hours (5 days) from exposure

Consider Evidence Collection in consult w/ SW.
SW to consult Forensic RN for evidence collection

Consider evidence collection if genital to genital contact within **96** hours in female victims.

No Evidence Collection

HIV Post Exposure Prophylaxis (PEP)

Recommendations based on discussion of risks and benefits with patient. (See next page for talking points)

Indications: patient had genital/oral/or anal contact with AP's genitals, semen, or blood; patient/parent wishes to initiate; likely adherence to regimen

High Risk factors:

AP History: STI, incarceration, IV drug abuse, MSM, multiple APs

Victim History: current BV or STI, MSM, prostitution or trafficking, breaches in mucosal barrier, genital ulcer disease, anal or vaginal trauma and current menstruation

-**Prescribe HIV nPEP (30 day supply) to ED pharmacy.**

-Do not prescribe to outside pharmacies as they do not stock these medicines.

-**It is important to stress to patient to NOT DELAY INITIATION!**

NO HIV PEP

No HIV PEP

Pregnancy/STI testing:

ALL recommended:

- NAAT GC/CT (Based on history of contact)
  - Genital: Urine or swab
  - Anorectal and/or pharyngeal: swab
- Trichomonas Ag
  - urine TMA or swab
- Pregnancy (ALWAYS obtain prior to treatment)
  - Urine
- HIV, Hep C, Hep B, and syphilis (Based on contact disclosed)
  - Serum studies

Pregnancy/STI Testing:

Recommended based on contact disclosed:

- Urine pregnancy: ALWAYS prior to treatment.
- Serum HIV, Hep C, Hep B, and syphilis: based on contact disclosed
  - Serum HIV **ALWAYS IF HIV nPEP initiated**

The following testing is recommended if you are NOT treating, but optional if treating for STI.

- NAAT GC/CT (urine, and/or pharyngeal/rectal swab based on contact)
- Trichomonas Ag Genital Swab or urine TMA

Treatment:

- For GC/CT/Trich: Based on symptoms and physical exam

Prophylaxis: All Recommended

- **Emergency Contraception**
- **Ceftriaxone**
- **Doxycycline or Azithromycin**
- **Metronidazole**
- Note: HPV vaccination is recommended for pts ages 9 – 26 yo if they have not previously been vaccinated or have not completed the vaccine series. Follow up with PCP for vaccination.

Mayerson will follow-up (via phone) within 1-2 days **if starting HIV nPEP.**

Ohio Age of Legal Consent		
Victim Age	AP age	Legal?
<13	Any	No
13 -15yo	13-17	Yes
	18 and older	No
16 & older	>13 yo	Yes
never legal if forced, AP in position of power, or AP and victim are related.		

Indiana Age of Legal Consent		
Victim Age	AP age	Legal?
<14	Any	No
14-15	14-17	Yes
	18 and older	No
16 & older	>14	yes
Age of consent increases to 18 if the AP is the guardian or a child care worker for the minor.		

Kentucky Age of Legal Consent		
Victim Age	AP age	Legal?
<14	Any	No
14-15	14-17	Yes
	18 and older	No
16 & older	>14	yes
***never legal if forced, AP in position of power, or AP and victim are related**		

HIV nPEP dosage for Age 13+ AND ≥ 40 kg:

Tivicay (Dolutegravir) 1 tablet PO daily x 30 days

Truvada(Emtricitabine/Tenofovir Disoproxil Fumarate) 1 tablet PO daily x 30 days

HIV nPEP dosage for Age <13 OR <40 kg OR cannot swallow pills

Pt needs all 3 medications x 28 days

Zidovudine

- 4 to <9 kg: 12 mg/kg/dose PO BID
- ≥9 to <30 kg: 9 mg/kg/dose PO BID
- ≥30 kg: 300 mg PO BID

Lamivudine 4 mg/kg/dose PO BID (max 150 mg BID)

Lopinavir-ritonavir (Kaletra)

- 14 days to 6 months: 16 mg lopinavir/kg PO BID
- < 15 kg and > 6 months: 12 mg lopinavir/kg PO BID
- 15-35 kg: 10 mg lopinavir/kg PO BID
- ≥ 35 kg: 400 mg lopinavir PO BID

Treatment Options:

- E.C: **Ella** (Ulipristal acetate 30 mg PO x 1 dose) **within 5 days or 120 hours of sexual contact in pubertal females or Tanner stage 2+**
- **Ceftriaxone**:
  - 25 kg to 45 kg: 250 mg IM
  - >45 kg to <150 kg: 500 mg IM
  - ≥150 kg: 1 gram IM
- **Doxycycline**: 100 mg PO BID x 7 days
  - *Alternative: Azithromycin 1 gram PO x 1 dose if ≥45 kg (often preferred; **consider one-time dosing if concern for non-compliance or allergy**)*
- **Metronidazole**: Optional for males per CDC. Consider tinidazole x1 dose if needed as additional alternative to options below.
  - >45 kg: 2 gm PO x 1 dose (*Alternative recommendation by CDC → 500 mg BID PO x 7 days; **consider one-time dosing if concern for non-compliance or allergy***)
  - <45 kg: 15 mg/kg TID PO x 7 days
  - Counsel about avoiding alcohol x 3 days after stopping med. OK to have patient take at home if concerned about nausea.
- **Gastrointestinal side effects can occur with this combination. Consider ondansetron for nausea/vomiting prophylaxis**

Serum Testing Specifics:

HIV: Ag/Ab
Hep B: Surface Ag, Core Ab, and Surface Ab
Hep C: Hep C Ab
Syphilis: Syphilis Screen

Follow-up testing

To be arranged by Mayerson and may include:

- HIV: 6 weeks, 3 months
- Syphilis: 6 weeks, 3 months
- Hep C: 3 months
- Hep B: 6 weeks and 3 months

HIV Post-Exposure Prophylaxis (PEP) Talking Points:

HIV infection from sexual assault can occur, but the likelihood of this is very low.

HIV Transmission Risk

Receptive Anal intercourse	1.4%
Insertive Anal Intercourse	0.1%
Receptive penile-vaginal intercourse	0.08%
Insertive penile-vaginal intercourse	0.04%
oral sex	Low risk

Rate of HIV infection: In 2019, the estimated rate of HIV infections in the U.S. was 12.6 (per 100,000 people). In 2018, the estimated rate of HIV infections in Hamilton County Ohio was 22.7 (per 100,000 people).

nPEP is a 28 day course of antiretroviral medications

nPEP has been shown to decrease the risk of acquiring HIV by 81%.

The sooner it is started, the more efficacious it is. It should be started within 72 hours of exposure.

Side Effects of nPEP**:** Nausea, vomiting, and loose stool are the most common.

What to think about:

1. Likelihood of AP having HIV (local rates of infection and risk factors of AP)
2. Exposure characteristics that may increase transmission
3. Time since event (≤72 hours)
4. Likelihood of adherence to meds and follow up.

Updated 6/2023