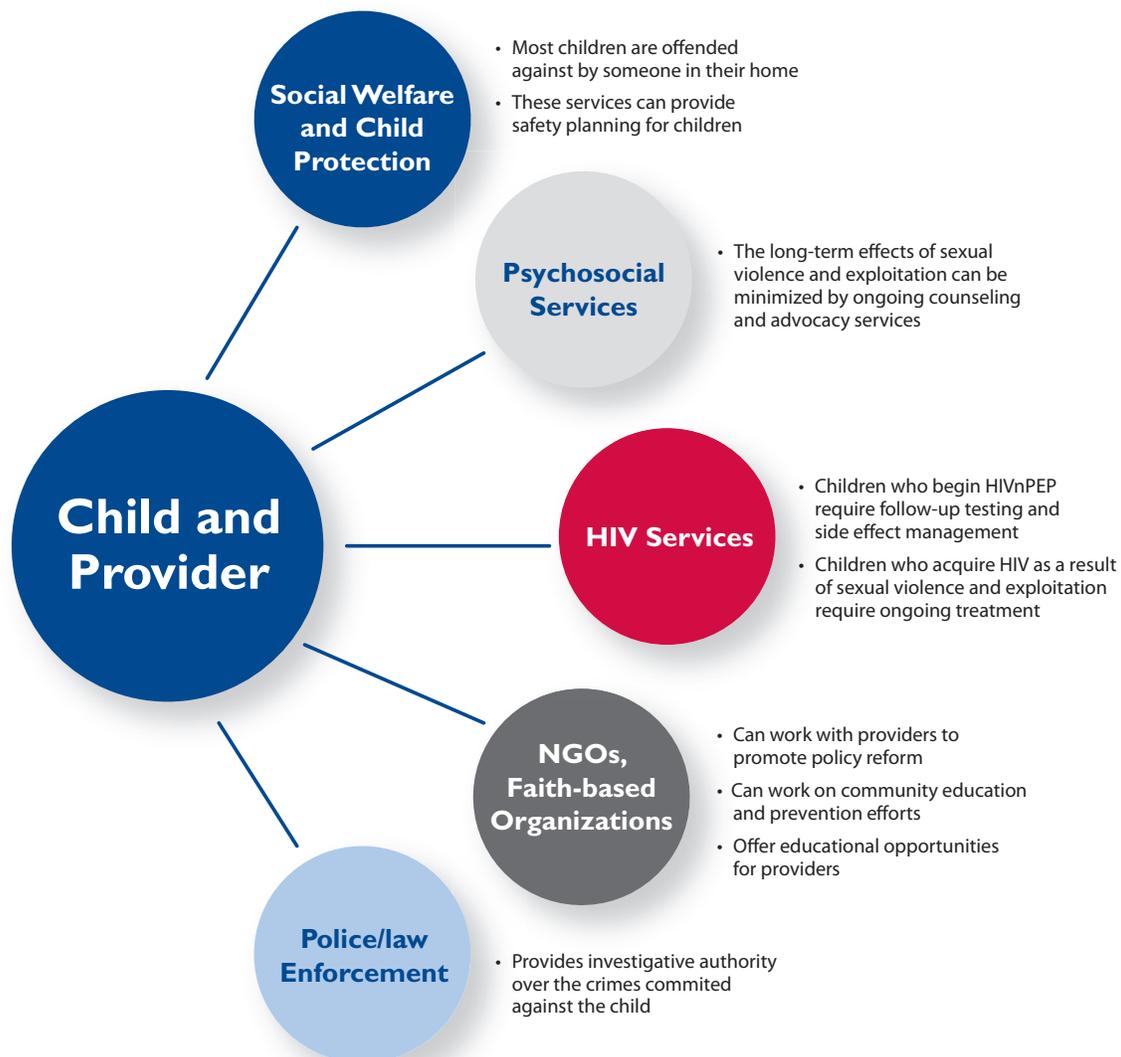


## JOB AID: PROVIDER'S ROLE IN LINKING TO COMMUNITY RESOURCES

Medical providers who see children who have experienced sexual violence and exploitation must be prepared to engage appropriate health and community-based services in an effort to give children the best-possible chance at recovery and reintegration, as well as to provide follow-up support for caregivers/families. The illustration below identifies community-based linkages the provider should connect the child or adolescent and caregiver/family member to, and explains the rationale behind each linkage.

Communication and referral between health care and community resources is depicted in the illustration here.

\*This may also be appropriate for facility managers/directors.



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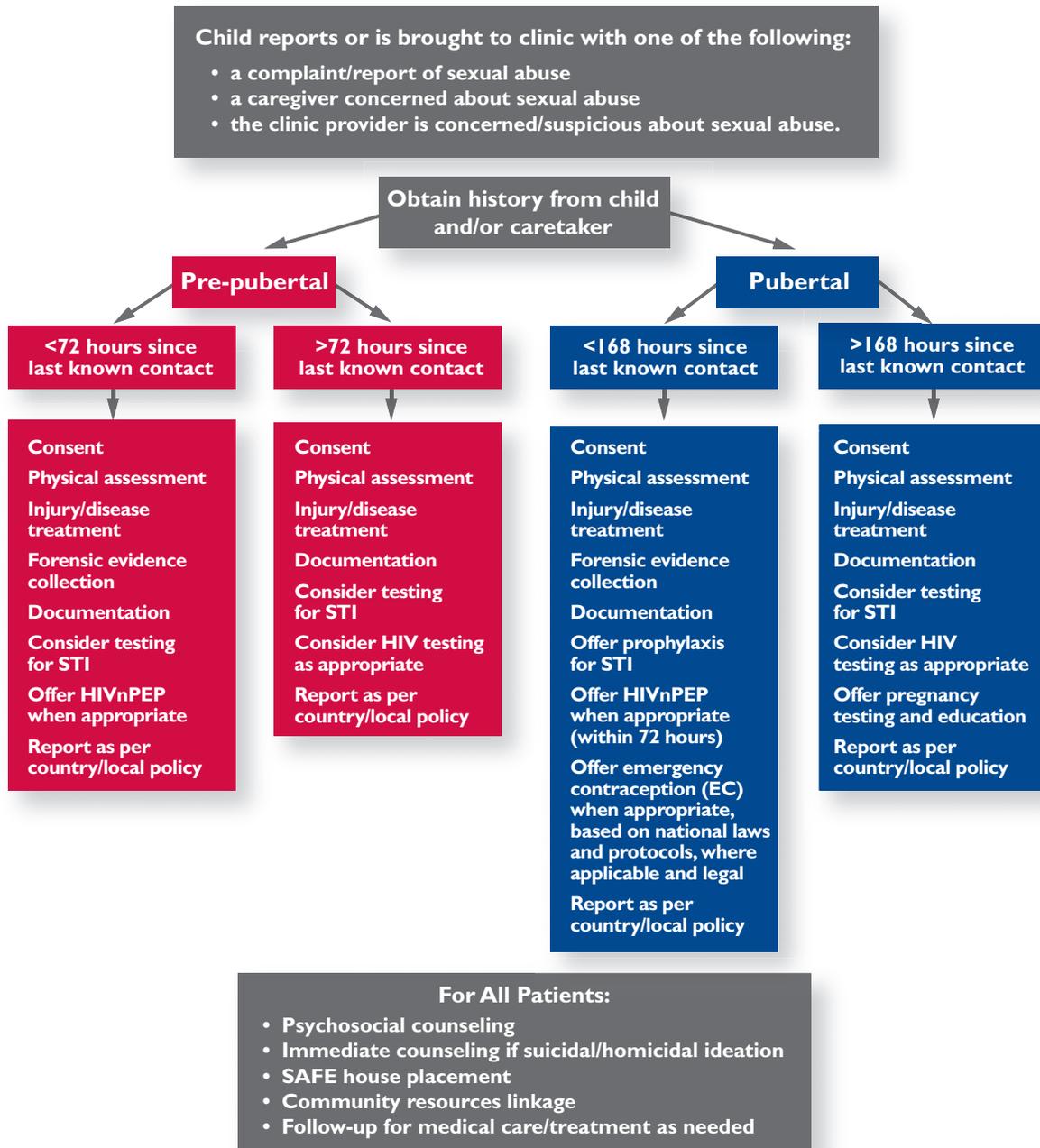
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## JOB AID: CARE ALGORITHM

The algorithm below illustrates the typical process and care considerations when sexual violence and exploitation is suspected.



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## JOB AID: CLINICAL SITE PREPARATION AND SET-UP

This job aid can be used as a checklist to assist the clinical site (facility administrators and providers) in determining its readiness for an effective response to medical management of children who have experienced sexual violence and exploitation. Specific priority consideration should be given to the education of the clinical staff on-site.

Medical forensic examinations should take place at a medical site where there is optimal access to the full range of services that may be required by the child. Ideally this would be a hospital or clinic setting. Children should be able to access services 24 hours a day. If that is not feasible, they should access the clinic during hours of operation. Care should be ethical, compassionate, objective, and child-centered. Resource constraints may preclude the possibility of service provision in an ideal facility, but it is possible to improve the quality of existing facilities by ensuring they are accessible, secure, clean and private (WHO 2003).

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### Overall Site Preparation

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- Develop and implement written policies, procedures, and protocols in the language of care providers.

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- Ensure provider education on child sexual violence and exploitation.

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- Develop clinical documentation and physical assessment forms.

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- Develop and implement a secure medical record storage system.

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- Develop a data tracking system.

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### Examination Site Set-Up

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- Determine appropriate location for private examination.

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- Use available resources to create an aesthetically child-friendly environment.

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- Ensure immediate access to proper lighting, soap and water, and toilet facilities.

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- Develop a staffing plan that encourages the availability of trained health care professionals, 24 hours per day.

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- Plan for the availability of a chaperone/companion to be present in the examination room during the ano-genital portion of the medical evaluation.

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## Equipment Needed

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- Powder-free non-sterile examination gloves

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- Examination table that allows for positioning for lithotomy

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- Specula (for post-pubertal children ONLY)

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- Culture supplies

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- Lubricant

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- Evidence collection kits

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- Forensic supplies (see Chapter 2)

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- Sharps disposal container

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- Needles, syringes

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- Sterile water, sterile normal saline

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- Patient gowns, bed linens/sheets

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- Basic medical supplies for injury treatment (sutures, bandages, splints, scissors)

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- Patient comfort supplies such as feminine hygiene supplies, food, drink, toiletries, extra clothing/undergarments

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- Resuscitation equipment

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- Digital camera and related supplies, such as memory cards, batteries, flash, and photographic reference ruler/standard

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- Handheld magnifying glass

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- Access to autoclave for sterilizing equipment if necessary

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- Laboratory facilities or testing access

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- Scales, height chart, and measuring tape

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Reference: World Health Organization (WHO). 2003.  
*Guidelines for Medico-legal Care for Victims of Sexual Violence*. Geneva: WHO.

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## JOB AID: CLINICIAN'S ROLE IN EVIDENCE COLLECTION

Providers can use this job aid to determine what type of evidence should be collected, how it should be collected, and in what timeframe following an incidence of sexual violence and exploitation.

- If a clinician sees a patient acutely following sexual violence and exploitation, evidence collection should be offered as part of the patient care standard.
- Evidence collection should occur in pre-pubertal children if the assault occurred in the past 72 hours/3 days.
- Evidence collection should occur in pubertal children if the assault occurred in the past 168 hours/7 days.

Type/Nature of Assault	Evidence Sample	Possible Material	Equipment	Sampling Instructions
Penile/oral penetration with or without ejaculation	<b>Oral swabs</b>	Seminal fluid if oral penetration within two days	Sterile cotton-tip swabs	Use two dry swabs to swab/rub over the oral cavity (e.g., under tongue, around teeth, cheeks, and gums).
In all cases of evidence collection	<b>Buccal swabs</b>	Patient's reference DNA sample	Sterile cotton-tip swabs	Use two swabs to swab/rub over the inner aspect of each cheek at least 20 minutes after patient has had food or drink.  This should be completed <b>after oral swabs.</b>
If drug facilitated-sexual assault is suspected  If crime lab does not accept buccal swab for reference DNA sample	<b>Blood</b>	If drug-facilitated sexual violence and exploitation is suspected within 24 hours of the exam	Blood tube containing potassium oxalate OR at least 1.5% sodium fluoride + potassium oxalate or OR EDTA (ethylenediaminetetraacetic acid) tube	Collect 10 ml of venous blood.

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<b>Type/Nature of Assault</b>	<b>Evidence Sample</b>	<b>Possible Material</b>	<b>Equipment</b>	<b>Sampling Instructions</b>
If drug-facilitated sexual assault is suspected	<b>Urine</b>	If drug-facilitated sexual violence and exploitation is suspected within 120 hours of the exam <sup>20</sup>	Appropriate sterile container with at least 1.5% sodium fluoride preservative	Collect a minimum of 90 ml of urine.
If the patient broke a fingernail during the assault or scratched or dug at the body of the assailant	<b>Fingernails, swabs</b>	Skin, blood, fibers, etc. (from assailant); and for comparison with any broken nails found at scene	Sterile cotton-tip swabs x 2  Sterile water	Moisten first swab with sterile water and clean under fingernails. Repeat with the second dry swab. (Use two swabs for each hand.)  Only collect fingernail clippings if a nail was broken during the assault.
If the assailant put their mouth anywhere on the patient, collect a specimen; if foreign material or debris is seen during exam, collect specimen.	<b>Other body surface specimens</b>	Body fluids/DNA; other possible foreign materials (skin within 48 hours)  Foreign material (e.g., vegetation, matted hair, or foreign hairs)	Sterile cotton-tip swabs x 2 per site  Sterile water   Bindle/pharmacy fold	Moisten first swab with water and swab/rub over sites where semen, body fluids, or DNA may be present. Repeat with the second dry swab.  Place foreign material in bindle, and enclose and seal in evidence envelope.
Vaginal/penile penetration or other genital-to-genital contact	<b>Genitalia: Pre-pubertal</b>  External genital	Body fluids/DNA; other possible foreign material	Sterile cotton-tip swabs  Sterile water	Moisten first swab with sterile water and thoroughly swab/rub over the external genitalia. Repeat with the second dry swab.
Vaginal/penile penetration or other genital-to-genital contact	<b>Genitalia: Pubertal</b>  External genital   Low vaginal	Body fluids/DNA; other possible foreign material	Sterile cotton-tip swabs  Sterile water	Moisten first swab with sterile water and thoroughly swab/rub over the external genitalia. Repeat with a second dry swab.  Insert a dry swab into the lower one-third of the vagina (approximately 2–4

<sup>20</sup> Society of Forensic Toxicologists Drug-Facilitated Sexual Assaults Fact Sheet: <http://soft-tox.org/sites/default/files/DFSA-Fact-Sheet.pdf>

Type/Nature of Assault	Evidence Sample	Possible Material	Equipment	Sampling Instructions
	<p>High vaginal</p> <p>Cervical</p>		<p>Speculum and water-based lubricant (e.g., K-Y®, Pedicat®, Gelcat®)</p>	<p>cm beyond the vaginal orifice) and use a gentle rotational movement to obtain a sample. Repeat with a second dry swab.</p> <p>Pass a lubricated sterile speculum into the vagina. Insert a dry swab and swab/rub over the mucosal lining of the upper two-thirds and fornices of the vagina. Repeat with a second dry swab. If it is not possible to pass a speculum, attempt to obtain two vaginal swabs.</p> <p>With the speculum in place, use two dry swabs, one at a time, to swab the face of the cervix.</p>
<p>Anal/penile penetration; rectal/penile penetration; oral/anal penetration or contact</p>	<p><b>Ano-rectal:</b></p> <p>Peri-anal area</p> <p>Anal canal</p>	<p>Body fluids/DNA; other material</p>	<p>Sterile cotton-tip swabs</p> <p>Sterile water</p>	<p>Moisten first swab with water and swab/rub over peri-anal area/folds. Repeat with the second dry swab.</p> <p>Using another two swabs, repeat the same procedure for the anal canal.</p>
<p>Oral contact; anal or rectal contact; foreign material suspected (ie.lubricant)</p>	<p><b>Penile swabs:</b></p> <p>Penile shaft and prepuce (foreskin)</p> <p>Glans</p>	<p>Body fluids/DNA; other material</p>	<p>Sterile cotton-tip swabs</p> <p>Sterile water</p>	<p>Moisten first swab with water and swab/rub over the shaft of the penis and prepuce/ foreskin (when present). Repeat with the second dry swab. Repeat the same procedure for the glans—avoiding the urethra.</p> <p>(Swabbing the urethra will result in the patient’s own DNA being obtained.)</p>

Type/Nature of Assault	Evidence Sample	Possible Material	Equipment	Sampling Instructions
If the patient is wearing the same clothes as at the time of the assault; collect the underpants only if the patient has changed clothes since the assault.	<b>Clothing</b>	Adherent foreign material (e.g., semen, blood, hair, fibers)	Paper bags	Clothing worn at the time of the assault should be placed in a paper bag. Wet items should be dried if possible. All items should be bagged separately.
If the patient was wearing a tampon/pad/diaper at the time of the assault or immediately following; if a condom is found in or on the patient's body from the assault	<b>Sanitary pads, tampons, panty liners, diapers, condoms</b>	Body fluids/DNA; other foreign material (e.g., semen, blood, hair)	Appropriate sterile container  Small clamp	Collect if used during or after vaginal or anal penetration.  For condoms: use small clamp to close off open end and place in sterile container.

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# JOB AID: MEDICAL MANAGEMENT OF CHILD SEXUAL VIOLENCE AND EXPLOITATION

Providers can use this job aid as a checklist reminder of what tasks should be completed when evaluating a child who has experienced sexual violence and exploitation.

- Obtain history from child without the caregiver present whenever possible.
- Document history obtained directly from child when appropriate, using verbatim quotes whenever possible (with children aged four and older).
- Obtain history from presenting caregiver without the child present whenever possible, unless the child is non-verbal.
- Document history obtained from the caregiver.
- Establish timeframe for last contact with offender (acute or non-acute exam).
- Identify and address safety issues if in-home offender identified.
- Identify and document any treatment rendered.
- Ensure evidence collection if assault is less than (<) 72 hours/3 days ago in pre-pubertal children.
- Ensure evidence collection if assault is less than (<) 168 hours/7 days ago in pubescent children.
- Identify and document body surface injury.
- Identify and document ano-genital injury.
- Offer pregnancy prevention when appropriate due to risk (penile/vaginal penetration reported or suspected) and stage of sexual development.
- Culture for sexually transmitted infections (STIs) when appropriate.
  - Urine NAAT testing in adolescent or prepubescent children
  - Swabs for anal and oral culture as required for gonorrhea or chlamydia
- Offer STI prevention in pubescent children.
- Offer HIVnPEP when appropriate and available.
- Meet mandatory reporting obligations when applicable.
- Provide community-based resources whenever possible.
- Plan and document follow-up care.

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