A pre-pubertal child presents with signs of, or discloses, a CSA event abuse/assault

Meet alone with the child’s caregiver to gather preliminary information: when an alleged abuse last occurred, the possible offender’s identity, type of contact (e.g., genital-genital, oral-genital, genital-anal), symptoms (e.g., ano-genital pain, bleeding, or discharge), and concerning psychosocial symptoms (e.g., suicidality)

Report to Child Welfare authority in the jurisdiction where the child lives

Urgent exam:
Last contact within 72 h and/or symptoms and/or immediate psychosocial support needed for child or family

Send to ER or conduct urgent exam:
Collaborate with Child Welfare in planning for forensic interview
Collect medical history, conduct medical exam, consider collection of forensic evidence, STI testing/need for HIV PEP, document and interpret findings, identify psychosocial symptoms

Non-urgent exam:
Last contact beyond 72 hours, no medical symptoms, and no need for immediate psychosocial support

Conduct medical exam:
(Ideally after the forensic interview
Collect medical history, conduct medical exam, consider STI testing, document and interpret findings, identify psychosocial symptoms

Always consult with a medical expert in child maltreatment or gynecology when ano-genital findings are "abnormal" or when findings are unclear (Table 1)

Report exam information to Child Welfare and ensure that a plan for the child’s safety is in place.
Document findings, provide support, and refer the child and caregiver for ongoing supportive services and trauma assessment

CSA Child sexual abuse; HIV human immunodeficiency virus; PEP post-exposure prophylaxis; STI Sexually transmitted infection