Appendix 6. Initial Response Algorithm

This algorithm, based on B2. Initial Response, is meant to illustrate the general flow of and procedures involved in initial response in prepubescent child sexual abuse cases. However, flow and procedures are subject to jurisdictional and agency/facility policies.

Disclosure or Suspicion of Child Sexual Abuse is Made: Child’s disclosure to first responder or person in community; or suspicion of sexual abuse by caregiver, first responder, or other person

If disclosure or suspicion is first reported to child protective services (CPS) or law enforcement

Initial CPS, Law Enforcement, 911 Response
• Safety of child and family
• Emergency medical care
• Information to child and caregiver
• Limited fact finding
• Arrange initial health care assessment of child to determine urgency of care needed
  o Transport to health care facility
  o Alert facility of pending arrival
  o Preserve forensic evidence on child’s body, clothing, and other related items until arrival at facility (recent abuse)
• Investigative/forensic interview either before or after medical forensic examination
• Activate advocate

If disclosure or suspicion is first made to/by advocacy/victim services, report as per agency policy (if mandatory reporter) to trigger CPS/law enforcement action

Advocacy/Victim Services may offer during initial response-
• Crisis intervention
• Emotional support
• Information
• Advocacy
• Medical & legal accompaniment
Child/caregiver may seek these services directly. CPS, law enforcement, or health care provider can also trigger advocate involvement

Initial Health Care Assessment/Triage of Child by Health Care Provider
• Prioritize child sexual abuse patient
• Gather minimal history
• Mandatory report and communicate immediate safety concerns
• Medical screening exam: Evaluate for acute injury, pain, bleeding and stabilize
  o If acute presentation, preserve forensic evidence on child’s body, clothing, and other related items
  o Emergent treatment supersedes forensic evidence preservation
• Determine urgency of care needed—acute or nonacute (see Care Algorithm)
  o Arrange medical forensic care/involve pediatric examiner preservation
• Activate advocate

Acute or nonacute medical forensic care
< 72 hours; If initial assessment is not at exam site, transport to designated acute exam facility
> 72 hours; transport to designated nonacute facility