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Supplementary Appendix S1. Overview of institutional protocol for post-sexual assault prophylaxis and follow-up.

Prophylaxis and follow-up	Sex of children and young persons (CYP)		
	Female		Male
	Post-pubertal, aged ≥13 years	Pre-pubertal, aged <13 years	
Presentation within first 72 hours from sexual assault (SA)			
Antibiotic prophylaxis ^a for <i>Chlamydia trachomatis</i> , <i>Neisseria gonorrhoeae</i> , <i>Trichomonas vaginalis</i>	Yes	No	No
Human immunodeficiency virus (HIV) post-exposure prophylaxis (PEP)	Indicated for CYPs with high-risk SA exposures or assailant and therefore fulfil HIV PEP eligibility ^b		
	<u>Weight-based HIV PEP regime</u>		
	<20 kg	Oral lopinavir and ritonavir (Kaletra, AbbVie) and Oral lamivudine and Oral zidovudine	
	≥20–35 kg	Oral dolutegravir, Oral lamivudine and Oral zidovudine	
	>35 kg	Oral dolutegravir and Oral emtricitabine and tenofovir combination (Truvada, Gilead Sciences)	
Hepatitis B (HBV) PEP (hepatitis B immunoglobulin (HBIG) and HBV vaccination)	• HBV vaccination indicated for all unvaccinated, partially vaccinated, or Hepatitis B non-immune^c CYPs • HBIG indicated ideally within 24–48 hours, for unvaccinated, partially vaccinated, or Hepatitis B non-immune^c CYPs with (i) high-risk SA exposures, or (ii) HBV positive assailant, or if assailant HBV status unknown, an assailant with high-risk characteristics.		
Presentation after first 72 hours from SA			

Antibiotic prophylaxis ^a for <i>Chlamydia trachomatis</i> , <i>Neisseria gonorrhoeae</i> , <i>Trichomonas vaginalis</i>	No	No	No
HIV post-exposure prophylaxis (PEP)	• If presenting after 72 hours and before 7 days, CYPs are reviewed on a case-by-case basis for HIV PEP depending on ascertained degree of risk of exposure for HIV • Not indicated if presents after 7 days		
Hepatitis B (HBV) PEP (hepatitis B immunoglobulin and HBV vaccination)	• HBV vaccination indicated for all unvaccinated, partially vaccinated, or Hepatitis B non-immune^c CYPs • If presenting after 72 hours and before 7 days, HBIg indicated for unvaccinated, partially vaccinated, or Hepatitis B non-immune^c CYPs with (i) high-risk SA exposures, or (ii) HBV positive assailant, or if assailant HBV status unknown, an assailant with high-risk characteristics. Not indicated if presents after 7 days.		
All SA presentations			
Paediatric medicine specialist follow-up (4 to 8 weeks)	Yes: adolescent medicine specialist	Yes: paediatric medicine specialist	Yes Age ≤12 years: paediatric medicine specialist Age >12 years: adolescent medicine specialist
Infectious disease specialist follow-up (2 weeks)	Indicated for HIV PEP recipients		

^a Antibiotic prophylaxis includes a standard prescription of a dose of intramuscular Ceftriaxone, oral Azithromycin, and oral Metronidazole as PEP for *Chlamydia trachomatis*, *Neisseria gonorrhoea* and *Trichomonas vaginalis*.

^b CYPs eligible for HIV PEP are defined as CYPs presenting within 72 hours since exposure with a penetrating sexual assault encounter (genital-genital, genital-anal, genital-oral) presenting within 72 hours, and fulfilling the following: (1) known HIV-positive assailant; (2) unknown HIV-status assailant aged >18 years old; (3) assailant with multiple sexual partners or multiple assailants during the assault; (4) assailant who is a known intravenous drug user; or (5) male assailant known to have sex with men This was adapted from guidelines on PEP by the Centres for Disease Control and Prevention (CDC) and World Health Organization (WHO).

^c HBV PEP (HBV vaccine and HBV immunoglobulin) is offered to HBV non-immune (receipt of 3 doses of hepatitis B vaccine doses previously but demonstrated no immune response with Hepatitis B surface antibody (HBsAb) levels <10 mIU/mL), unimmunised or partially immunised CYPs; who have an assailant with known high-risk factors (as defined for HIV), or HBV positive assailant who present ≤7 days after SA.

Supplementary Appendix S2. Institutional protocol for evaluation of children and young persons presenting with sexual assault

Test Specimens	Female	Male
Blood	• HIV screen • Hepatitis C total antibody CMIA • Hepatitis B immunity profile^a • <i>Treponema pallidum</i> antibody CMIA	• HIV screen • Hepatitis C total antibody CMIA • Hepatitis B immunity profile^a • <i>Treponema pallidum</i> antibody CMIA
First catch urine specimen	• <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> PCR • Urine pregnancy test^b	• <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> PCR
Swabs	• Vaginal swab for <i>Trichomonas vaginalis</i>, <i>Gardnerella vaginalis</i>, <i>Candida species</i> • Endocervical swabs for <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> PCR, or bacterial cultures, urine cultures, swabs from mouth or anus may also be considered	• Throat swab for <i>Neisseria gonorrhoeae</i> culture if alleged penile-oral penetration • Anal swab for <i>Neisseria gonorrhoeae</i> culture if alleged penile-anal penetration • Meatal swab for <i>Neisseria gonorrhoeae</i> culture if urethral discharge present
CMIA: chemiluminescent microparticle immunoassay; HIV: human immunodeficiency; PCR: polymerase chain reaction; STIs: sexually transmitted infections Screening for STIs is only mandatory if required by the police, otherwise it requires parental consent and payment. ^a Hepatitis B immunity profile consists of hepatitis B surface antigen and surface antibody levels. ^b All female patients need to have a urine pregnancy test done, especially if penile-vaginal penetration present or aged ≥13 years, but there is room for clinical discretion based on the type of encounter reported.		