

Caring for child victims of sexual violence: A National Protocol-Making it work for Communities

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Kim Day RN, SANE-A, SANE-P
Jennifer Pierce Weeks RN, SANE-A,
SANE-P
Theresa "Terry" Friend CNM, MSN

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Objectives

- Identify the key recommendations in the National Protocol for Sexual Abuse Medical Forensic Exams: Pediatric
- Explore strategies to implement a pediatric response protocol
- Provide an example of a way that a tribal community recognized and responded to the need to implement exam services for children in their community

Defining who the protocol addresses



Protocol Basics

- Focus is on the exam
- Community Based Response
- Promotion of Multidisciplinary Teams
- Partnerships with CACs
- Suspicion of CSA along should trigger response
- Contact Children response
- Exam available to all children
- Urgency of exam may vary
- Families count too



Promoting High quality, standardized exams

- Baseline practices as well as gold standards are identified
- Builds upon Adult/Adolescent Protocol
- Supplements but does not supersede existing Protocols
- May need to tailor recommendations
- Does not address civil justice remedies for child victims
- Provides information, but does not replace education
- Providers must be aware of local laws





Protocol Set Up

- Foundation for Response
- Examination Process
- Glossary and Acronyms
- References
- Appendices



Guiding Principles of Care for Children

- Principle 1: Provide children with timely access to examinations, trained examiners, and quality care.
- Principle 2: Secure the physical and emotional safety of children.
- Principle 3: Recognize each child has unique capacities and strengths to heal.
- Principle 4: Offer comfort, encouragement, and support.
- Principle 5: Provide information about the exam process and links to resources to further address needs.
- Principle 6: Involve children in decision making, to the extent possible.
- Principle 7: Ensure appropriate confidentiality.



Adapting care for each child's needs:

- Developmental level
- Communication ability
- Family needs



Multidisciplinary (MDT) Model

- Coordination of MDT ensures that medical forensic care is a component of the initial response and that the child's health, safety and legal needs are comprehensively addressed.
- The MDT model can facilitate quality assurance by promoting regular meetings, case reviews, responder education, activities to prevent vicarious trauma and evaluate team effectiveness.



<http://centerforhemisign.org/child-abduction-response-team/>



Healthcare Infrastructure Pediatric Examiners, Facilities, Equipment



- Every community should have:
 - Access to trained, competent pediatric examiners
 - Peer review process
 - Designated facilities
 - Screening and response policies
 - Transportation arrangements
 - Equipment and supplies


Infrastructure for Justice system response

- Reporting
- Confidentiality and release of information
- Evidentiary kits and forms
- Timing of Evidence Collection
- Evidence Integrity
- Payment for the exam



<http://blog.asha.org/wp-content/uploads/2014/04/Privacy.jpg>

Examination Process



- Consent for care
- Initial response
- Entry into the health system
- Written documentation
- Medical history
- Photo-documentation
- Examination
- Evidence collection
- A/DFSA
- STD evaluation and care
- Discharge planning and follow-up care

Consent for care




- Obtain informed consent and assent
 - Procedures that require consent
 - Who can provide consent for the prepubescent child?
 - Explain the exam process to ensure informed consent.
 - Seek assent from the child
 - Tailor the process so it is developmentally and linguistically appropriate for the child and parent/guardian



Initial Response

- Through collaborative education, develop discipline-specific and coordination procedures for initial response
- First Responders other than health care should address the following:
 - Safety and emergent medical care
 - Explain mandated reporting, the medical forensic exam, advocacy
 - Seek basic information about abuse to assess time frame, medical needs and assist with apprehension of perpetrator.
 - Arrange for health care assessment to determine urgency of forensic care by health provider.

Appendix 6. Initial Response Algorithm



Entry into the healthcare system

Appendix 7. Care Algorithm



- *Prioritize child sexual abuse*
- *Obtain enough history to guide referral and reporting process*
- *Mandatory report, and communicate safety concerns*
- *Provide medical screening exam*
- *Distinguish between acute of non acute medical forensic care, and arrange for appropriate exam*
- *Alert designated exam facilities*
- *Alert victim advocates*

Written Documentation



- Medical forensic examinations require documentation on the child's medical record
- Systematic review of documentation related to the exam.
- Policies for record storage, release and retention
- Retention policies must consider criminal and civil proceedings

Medical History

- **Medical history as part of medical forensic care is similar to other medical history**
- **Forensic interview is different from the medical history**
- **What circumstances of the child impact history taking?**



Photodocumentation



- Standard of Care
- Explain photography procedures
- Consent and assent for photography
- Storage, retention and controlled release policies

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Examination

- **Promote healing**
- **Focus the exam on the whole child incorporating evidence collection as appropriate**
- **Child focused, trauma informed**
- **Chaperone...Yes BUT- Law Enforcement and/or Child Protection...No**
- **Head to Toe and Anogenital examination**
- **Normal exam and normal variants**



Evidence Collection

- Forensic evidence collection is recommended for minimum of 72 hours
 - Case circumstances and future research and technology may extend those time frames.
- Guided by medical history and exam



A/DFSA happens in kids, too

- Recognized the use of alcohol or drugs in the sexual abuse of children
- Coordinated multidisciplinary policies
- Collection of toxicology samples timing and labs
 - 24 hours- blood
 - 120 hours- urine



STD Evaluation/Care

- Evaluate for STD's
- Treat with positive test results
- Use STD tests with high specificities and sensitivity
- Testing and treatment guidelines Appendix 8
- HIV testing and post exposure prophylaxis (nPEP)- Appendix 9
- Ensure follow up care



Discharge and follow-up

- Close the loop and ensure "wrap around" community services
 - Trauma informed counseling
 - Follow up medical testing and care
 - Community based advocacy, or other specialists involved in the care



Other Helpful Resources Included:

- Appendix 1. Tanner Stages of Sexual Maturation
- Appendix 2. Illustrations of Exam Positions
- Appendix 3. Labeled Diagrams of Genital Anatomy
- Appendix 4. Customizing a Community Protocol
- Appendix 5. Impact of Crawford v. Washington and the Confrontation Clause
- Appendix 6. Initial Response Algorithm
- Appendix 7. Care Algorithm
- Appendix 8. Prepubescent STD Testing Algorithm
- Appendix 9. HIV Testing nPEP Algorithm
- Appendix 10. Participants in Protocol

Making it work- one example

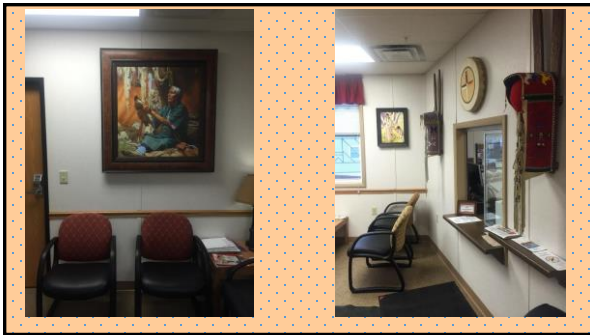


Four Directions Clinic

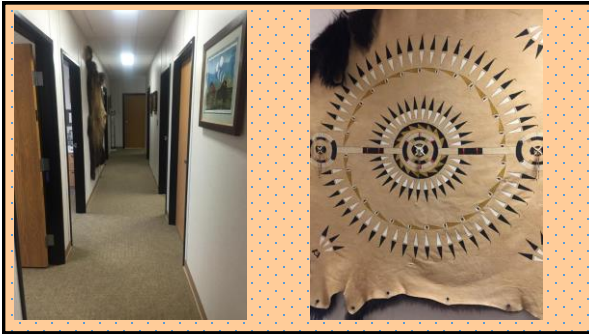


Photos from Terry Friend



















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Partnerships

- Must be a team
- Ongoing work with tribal programs such as CASA, Children's justice program, Tribal attorney general, child protection, BIA, AUSA, FBI, behavioral health, traditional healers
- Monthly meetings
- The team can't be thin skinned; if there are issues, the team member owns them and has to report back with "the fix"

What about nurses who live in the community?



What about testimony?

Practice
with the
Prosecutor



On the horizon



For more help: www.kidsta.org

- Free training through: Tribalforensichealthcare.org
- Access to telephone or personalized e-mail technical assistance from the International Association of Forensic Nurses.
- Kim Day: kimday@forensicnurses.org
- Theresa "Terry" Friend: theresa.friend@ihs.gov
- Diane Daiber: dianedaiber@forensicnurses.org
- Jennifer Pierce Weeks: jpw@forensicnurses.org

- Helpline number: 877-819-SART (7278)
