





Ensuring Safety, Justice & Healing for Sexually Abused Children: Demystifying the Pediatric Sexual Abuse Examination

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Objectives

- Discuss the importance that the medical forensic sexual abuse examination can have for the health, healing and well being of the child.
- Describe the components of the pediatric medical forensic sexual abuse examination to promote an accurate understanding of the process for multidisciplinary partners, child victims and their caregivers.
- Illustrate the technical assistance available for advocate's to support their role in supporting the child and family through the medical forensic sexual abuse exam.


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What the Sexual Abuse Exam is not:

- Completed without consent/assent of the child
- Restrictive
- Forceful
- Invasive
- Painful
- Traumatic



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What the Sexual Abuse Exam is:

- Healing
- Empowering
- An opportunity to medically evaluate the child
- A way to initiate therapeutic interventions to regain child's health
- Avenue to address safety and crisis intervention needs of the child and family
- An opportunity to initiate the Multidisciplinary response
- An opportunity for forensic sample collection in some instances

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The National Protocol for Pediatric Sexual Abuse Exams

- Focus on the exam process
- Coordinated community response as access to medical forensic care
- Specialty trained examiners and multidisciplinary team members to ensure comprehensive exams and response.
- Use of Child Advocacy Centers
- Community based advocates
- Evidence based, and best practice recommendations from subject matter experts

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 The Technical Assistance Source for Pediatric Sexual Assault Forensic Examinations

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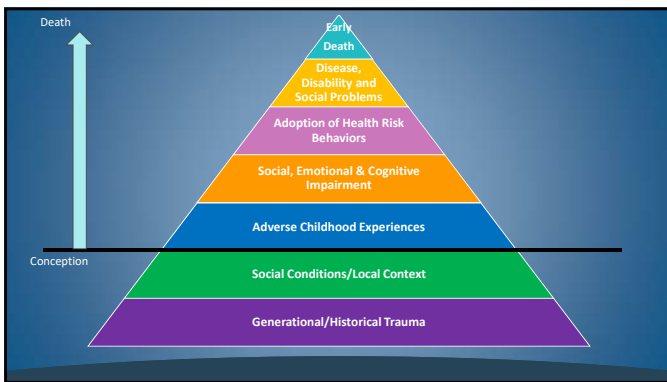
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Which children will need a sexual abuse exam?

- To address the child's health care needs
 - All children who have disclosed or are suspected of experiencing child sexual abuse need access to an exam that is child focused, victim centered and trauma informed
- Contact children* should trigger a community response
- Exams should be conducted by specially trained pediatric examiners
- Focus on the care of the whole child, comprehensive exam may reveal other abuse
- Provide emotional support, promote healing and resilience, offer advocacy, crisis intervention and support to the child and caregiver.

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Walking through the exam

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Preparation for Meeting the Family


- What information is already available (electronic/paper)
- Injuries identified and possibly treated
- Who is with the child?
- Crisis intervention and support needs of patient and caregiver met?
- Has there been a mandated report made?
- Is the child safe in the facility?
- Privacy and comfort for history taking?
- Developmental level of child; does child have disabilities that affect communication or cognition; address language assistance

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Informed Consent

- Consent and Assent
 - Procedures that require consent
 - Who can provide consent for the child?
 - Explain the role of the health care provider
 - Explain the exam process to ensure informed consent
 - Typically painless
 - **NO speculum exam***
 - Photographic images to document findings, peer review and securely stored
 - Who will have access to the medical forensic medical record?
 - Encourage questions from the caregiver and child




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Medical History from Caregiver

- Separate caregiver from the verbal child
- Crucial component of medical forensic exam
 - Chief complaint
 - Review of systems
 - Medical, family and psychosocial history



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Video #1 Informed Consent



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Why is sexual abuse being considered?

- Pediatric examiners should limit medical history to health care information to guide exam and collect forensic samples
 - Disclosures may be delayed with children, important to obtain last date/time of contact.
- Explaining mandated reporting laws
- Explain the process of exam, child's choice of having caregiver present; and chaperone

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It is normal to be normal

- Explain what the exam may or may not reveal
 - When examination findings are normal, these findings neither confirm nor rule out abuse
 - Discrepancies between child's perception and description of event
- Effects of estrogen on female genitalia
- Normal variants and conditions that may be mistaken as sexual abuse

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Medical History vs. Forensic Interview

- Forensic Interview is a component of comprehensive child sexual abuse investigation
- Fact-finding process to obtain information from child about reported abusive events
 - Objective
 - Developmentally appropriate
 - Legally defensible
- Typically video recorded, controlled to ensure facts gathered in a way to stand up in court
- Is not a replacement for the medical history obtained by the pediatric examiner.
- If possible, the pediatric examiner should not assume the role of the forensic interviewer.

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Medical History from Child

- History from child is a crucial component of exam
 - Establish rapport with child
 - Establish child's understanding of body parts
- Developmental level and other circumstances that may impact history taking
- Four years or older for specific question
- Separate from caregiver for history taking if possible, explain they may be in during exam and that there will be a chaperone
- Open ended questions, using child's language, identify what they call their body parts
- Document verbatim spontaneous statements made by the child

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Medical History from Child



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Clarify Anatomical Terms

- Identify the child's terminology for their body parts
- Use the child's terminology
- This can be used as a game, beginning with simple (eyes, ears, nose); to more complex (elbows and feet) then to anogenital and or breasts

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Video offering parent in room

- Explain exam
- Offer parent
- If child declines caregiver in room, must have chaperone in the room



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Disclosure from the Child

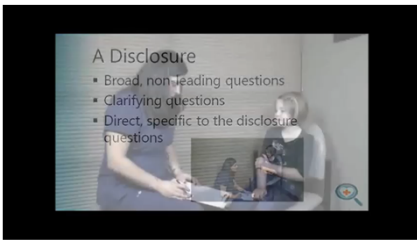
- Broad open ended questions- (when the child is old enough)
 - Do you know why you are here today?
- Clarifying questions
 - has this happened one time or more than one time ?
 - did it hurt? Does it hurt now?
 - did child notice any blood or did it hurt when they used the bathroom?
- Direct questions specific to the disclosure question-other health risks;
 - did babysitter put penis anywhere else?
 - asking parent what the last time babysitter was with child

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Disclosure



A Disclosure

- Broad, non-leading questions
- Clarifying questions
- Direct, specific to the disclosure questions


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Exam Process


- Option of having parent in during exam...Chaperone must be present...LE or CPS should not be present during exam
- Head to toe, full skin assessment prior to anogenital...interested in their entire body not just genital...may find other injury on their body
- Allow child to engage with exam and equipment
- Explain positions to the child
- Occasionally, child will not have any part of the exam



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Coordinating supportive services

- Offer "wrap around" services
- Empower the child to talk about the exam
- Review results
- Referrals
- Medications
- Payment
- Introduce MDT role
- Caregiver role in healing process



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Resources for MDT and Caregivers

[KIDStA.org](http://www.kidsta.org) and [SAFEta.org](http://www.safea.org) website

<https://www.cdc.gov/violenceprevention/pdf/ssnrs-for-parents.pdf>

<https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>

http://www.nsvrc.org/sites/default/files/publications_nsvrc_guides_the-advocates-guide-working-with-parents-of-children-who-have-been-sexually-assaulted.pdf

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Comments or Questions

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