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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.
What the Sexual Abuse Exam is not:

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

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

The National Protocol for Pediatric Sexual Abuse Exams

- Focus on the exam process
- Coordinated community response as access to medical forensic care
- Specially 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
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.

Walking through the exam
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

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

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
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
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

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.

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
Medical History from Child

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
Video offering parent in room

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

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
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

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

Resources for MDT and Caregivers
KIDSta.org and SAFEta.org website
Comments or Questions

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