A National Protocol for Sexual Abuse Medical Forensic Examinations:
Pediatric

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DISCLAIMERS

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Objectives

• Review the necessity for a National Protocol for Sexual Abuse Medical Forensic Examinations: Pediatric
• Discuss the use of medical and multidisciplinary child sexual abuse experts to shape the evidence-based practice recommendations found in the Pediatric SAFE Protocol
• Illustrate the components of the Pediatric SAFE Protocol and highlight the recommendations with regard to the clinician caring for child sexual abuse victim.
• Describe the access to technical assistance available through the www.kidsta.org website

Defining who the protocol addresses
A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/Adolescent, 2004
Second edition 2013

Adult/Adolescent medical forensic needs should be addressed separately from younger children.
Protocol review

Promoting high quality, standardized exams
- Baseline practices as well as "gold standard"
- Builds upon the Adult/Adolescent SAFE Protocol
- Supplements but does not supersede existing Protocols
- May need to tailor recommendations
- Provides information, but does not replace education
- Providers must be aware of state, tribal and local laws

Some Basics about the Protocol
- Focus is on the exam
- Community Based Response
- Promotion of Multidisciplinary Teams
- Partnerships with Child Advocacy Centers
- Suspicion of child sexual abuse should trigger response
- Communities must be aware of and responsive to "contact children"
- Exam available to all children
- Urgency of exam may vary
- Families count too
Protocol Framework

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

Pediatric Technical Assistance at www.KIDSta.org

Throughout the protocol, examples of resources for responders, victims, and families are referenced. In addition, www.kidsta.org offers information and links to resources to further responders' knowledge about the prevalence of child sexual abuse in general and for specific populations, the dynamics and impact of child sexual abuse, disclosure and reporting issues, healing from child sexual abuse, and support needs of caregivers and families. It also offers links to resources for victims, caregivers, and families.

Foundation for Response During the Exam Process

- Principles of care
- Adapting care
- Multidisciplinary Model
- Healthcare infrastructure
- Infrastructure to support justice response
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

Adapt care to each child’s needs

The goal is for the responder to acknowledge and appreciate the whole child and be sensitive and inclusive in their interactions with each child

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.
Health Care Infrastructure

- Child sexual abuse is a serious health care issue
  - The health system is a crucial component of the response to child sexual abuse.
  - Pediatric examiners’ presence in a community and participation on the multidisciplinary response team is dependent upon the health care system’s capacity and/or commitment to provide a high-quality response to child sexual abuse.
  - Every health care facility needs providers with the expertise to initially assess children to determine the urgency of medical forensic care and arrange for appropriate care.

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

During the Exam Process

- Reporting
- Confidentiality and Release of Information
- Evidentiary Kits and Forms
- Timing of Evidence Collection
- Evidentiary Integrity
- Payment
Exam Process

- Consent for care
- Initial response
- Entry into the health care system
- Written documentation
- Photo-documentation
- Examination
- Evidence Collection
- Sexual abuse facilitated by alcohol and drugs
- 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
  - Appendix 6 Initial Response Algorithm
  - 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
Entry into the Health Care System

- 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
- Appendix 7 Care Algorithm

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?
**Photo Documentation**

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

**Examination**

- Promote healing
- Focus the exam on the whole child
- Incorporate evidence collection as appropriate
- Child focused, trauma informed care
- Use of chaperone's in the examination room
- Law Enforcement and child protection services should not be in the exam room
- Head to Toe and Anogenital examination
- Normal exam and normal variants

**Evidence Collection**

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

Sexual abuse facilitated by alcohol and drugs

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

Sexually Transmitted Disease Evaluation and Care

- Evaluate for STD’s
- Treat with positive test results
- Use STD tests with high specificities and sensitivity
- HIV testing and post exposure prophylaxis (nPEP)
- Ensure follow up care

STD Testing Algorithm
Appendix 8
Discharge Planning and Follow-Up Care

- 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

Appendices

- 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
Appendices

- 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

KIDSta is a technical assistance project offering resources, training and support for the health care practitioner conducting sexual abuse medical forensic examinations of prepubescent children and other professionals and agencies that respond to child sexual abuse.

- Pediatric SAFE Protocol in PDF and HTML searchable version
- Direct links to evidence based resources supporting the Pediatric SAFE Protocol
- Training opportunities for all members of the MDT

Pediatric Sexual Assault Forensic Examiner Technical Assistance

Welcome
National Pediatric Protocol Now Available!
www.KIDSta.org

• Access to telephone or personalized e-mail technical assistance from the International Association of Forensic Nurses.
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