Role of the Medical Practitioner in a CAC

Tanya D Smith, MN, NP-Peds, Nurse Practitioner
The Suspected Child Abuse and Neglect (SCAN) Program, SickKids

Amy E Ornstein, MD, FRCPC, FAAP
Medical Director, IWK Child Protection Team
NCA Accreditation Standards 2010

- Multidisciplinary Teams
- Cultural Competency & Diversity
- Forensic Interviews
- Victim Support & Advocacy
- Mental Health
- Case Review
- Case Tracking
- Organizational Capacity
- Child Focused Setting
- Medical Evaluation
Medical Evaluation Standard

- Specialized medical evaluation and treatment services routinely made available to all CAC clients
- Coordinated with multidisciplinary team response
- Minimal standards for providers
- Ongoing education in the field of child sexual abuse
- Review photo-documented examinations
CAC Models and Medical Services

Models:
- Hospital-based CAC
- Services in a CAC
- Services contracted with a CAC
- Consultation provided to investigators

Services:
- Physical abuse evaluation
- Sexual abuse evaluation
- Neglect evaluation
- Child welfare medical
- Primary health care for children receiving child welfare services
The Medical Examination in a CAC Child Welfare Investigation

TPS and CASs initiate investigation; supports provided to child and family

Investigative team debrief

TPS/CAS continue investigation; CAC provides supports to child and family, mental health services

Referrals for services: trauma, child victim witness, CMHC

Multi-disciplinary team case conference

Referral to CAS, CMHC, other services

CAC case closes

The Medical Examination in a CAC Child Welfare Investigation
Physical Abuse Medical Evaluation

**Urgent**
- Seen in clinic or hospital
- Require medical services
  - X-rays, CT scan, or MRI
  - Blood work
  - Consultation services

**Non-urgent**
- Seen in a CAC
- Document skin injuries
- Document height, weight, & baseline health data
- Assess development

In addition to determining “urgency”, need to define *purpose* of evaluation i.e. documenting injury vs. providing medical opinion
Sexual Abuse Medical Evaluation

- Medical exam is an important part of a comprehensive response to investigation
- Many recommend that an examination be offered to all victims
- Guidelines for evaluation of sexual abuse in children recommend an exam be conducted

Purpose of Sexual Abuse Exam

- Always attempt to limit unnecessary or multiple genital exams
- Assess family in most comfortable and comprehensive manner possible
- Ensure well being of the child / youth / family
- Reassure child / youth / family
- Identify and document injury / infection
- Diagnose and treat medical conditions
Yield of Sexual Abuse Examinations

20 yrs of medical literature contribute to our understanding of these examinations

1983:
- Abnormal genital findings in > 80% cases

2002:
- Abnormal genital findings in < 4% cases

Issues:
- Lack of consistency in terminology
- Research methods
- Reporting of results
Children Referred for Possible Sexual Abuse: Medical Findings in 2384 Children

- 5+ year period with 2384 children referred to CAC

- Sexual abuse
  - history of abuse, witness, medical finding diagnostic of abuse

- Abnormal exam
  - acute injury, transected hymen, scarring, STI, + forensic

- Findings
  - most free of medical findings diagnostic of penetrating trauma
  - medical exam cannot confirm or rule out sexual abuse
  - consistent terminology, photodocumentation, & peer review critical
  - value of medical exam in healing and reassurance

What is Involved in the Examination?

- General physical exam, i.e. head to toe
- External genital exam
- Not painful and typically not traumatic
- Camera or colposcope for documentation
- Explain findings to caregiver, child or youth, family, and investigative team
Who Should Perform The Exam?

- Experience in examining genitalia
- Ongoing training, education, and peer review
- Access additional consultation if required
- Aware of medico-legal responsibility

Two types of providers:

a. record history, perform exam, document findings
b. as above AND provide medico-legal opinion

i.e.: pediatrician, family MD, nurse practitioner, sexual assault nurse examiner (MD)
Emergent or Urgent Care Required

- Child / youth complains of pain or ano-genital injury
- Last contact with alleged perpetrator 24-72 hrs
- Child / youth may be suicidal
- HIV prophylaxis or other medical treatment required

Exam conducted in:
  - Emergency department
  - Sexual assault centre familiar with children / youth

*Medical findings more likely if pain occurred with assault, bleeding occurred during or after assault, recent assault*
Non-urgent Care Required

- Medical exam can be delayed especially if:
  - Forensic interview has not yet taken place
  - No symptoms of pain / bleeding / discharge
  - Last contact with alleged perpetrator > 72 hrs
  - Child / youth is in a place of safety

- Exam conducted in:
  - Child / Youth Advocacy Centre (CAC)
  - Medical Clinic
Which sexual abuse victims receive a forensic medical examination?: The impact of children’s advocacy centers

- **48%** in CAC had exam vs. **21%** in comparison sample
- Non-penetration cases 4 x more likely to have exam vs. comparative sample
- ½ of exams completed on same day as investigation
- Females, younger children, white children, children who were injured, children with suspected penetration
- Majority of non-offending caregivers were satisfied with medical exam

Medical Issues for CAC Development

In planning, must address questions regarding:

- access to exam
- timing of exam
- location of exam
- qualifications of examiners
- storage and dissemination of exam results
- interpretation of exam results
- peer review CAC cases regularly
- written protocols invaluable
Thank you

Questions?