Role of the Medical Practitioner in a CAC

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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

Medial Examination

Investigative team debrief

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

Multi-disciplinary team case conference

Referrals for services: trauma, child victim witness, CMHC

Referral to CAS, CMHC, other services

CAC case closes

CAS

CAS intake receives call

CAC intake contacts investigation team, links with child and family support services, books room
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?