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Sexual and Physical Abuse Evaluations at a CYAC

Getting to know your CYAC

- NCAC standard for accreditation incorporate the access to a medical examination
  - "Specialized medical evaluation & treatment services are available to all CAC clients and are coordinated as part of the Multidisciplinary Team response"
- CAC vs non-CAC communities comparison studies, more children do access this service (Walsh et al, 2007)
- Important to be aware of which services are available to you.
  - may vary from model to model, by stage of development, type of abuse, timing etc.

Medical services provided at CACs

- Medical evaluation of SA & PA cases
- Consultation regarding the need and timing of an examination
- "Intake" medical assessment for child welfare agencies following apprehension – dependent on communities' capacity
- May be provided at CAC or strong link with hospital based child protection team

General guidelines:

- Always call CAC before coming down with a child
- Need to determine best place/time to see child
  - ER versus CAC Clinic?
- In ER you could be waiting of hours
  - You will likely see an ER doc- who may not feel comfortable/may not have the expertise to provide an opinion & potentially less trauma informed setting & less awareness of process

Sexual Abuse cases

- Children & youth should always be offered an exam
- This will likely be a standard for Canadian CACs
- It currently is for those in Ontario
- Even in cases of:
  - Historical SA
  - Fondling/touching
  - Anal contact
  - Oral contact

Why?

- Children/youth/caregivers may want to be reassured that they are "okay" / "normal"
- May have questions that stem from the assault:
  - "am I a virgin?", "am I damaged?", "can anyone tell?"
- There may be physical exam findings:
  - Old injuries (healed injuries indicative of trauma)
  - Sexually transmitted infections (eg. chlamydia)
  - Pregnancy

Why?

- May need to consider STI testing
- Opportunity for immunization status review & if appropriate birth control
- Report / testimony can explain why the exam is normal in the context of the disclosure
  - Just because there are no findings, does not mean SA did not happen
  - The genital exam findings neither confirm nor refute the sexual abuse concerns

Case

- 5 yr old girl
- Disclosed ongoing SA by mom's boyfriend
- Last contact with boyfriend 6 weeks prior to disclosure
- Mom took to family MD " vaginal opening abnormally large - ? Hymen not intact"
- Examination conducted – normal exam
- Explained limitations of the exam

Urgent call

- Recent Sexual Assault (within 24-48hrs)
  - Need to collect forensic evidence
  - Symptoms such pain or bleeding
  - Need to start HIV and / or Hep B post exposure prophylaxis
  - Need emergency contraception
- Most of this can actually wait until the next day… best done after the interview

Case

- 12yr old girl
- Disclosed SA by uncle 3 days prior to teacher
- Interviewed at CYAC – gave full disclosure
- Brought to SCAN Clinic in hospital to receive Pregnancy & HIV prophylaxis and evidence collection
- Follow-up will occur at CYAC

- *Most acute cases require hospital based services*

Bruising / Skin Injuries

Reasons to consult with CAC in children with skin injuries

- Documentation
- Expert opinion on causation of the injury
  - Accidental vs inflicted?
  - Is it even an injury?
  - Screening for other medical conditions that can be mistaken for bruising (bleeding disorders, birthmarks)
- Screening for additional injuries needed?
  - Skeletal survey in infants/toddlers
  - Head imaging? Eye exam?
  - Laboratory tests to screen for abdominal trauma
- Health implications for that child?

Bruising:

- Most often caused by trauma to the skin leading to leakage of blood into the tissues
- Bleeding disorders can produce bruising with less force/spontaneously
- Cannot be dated based on appearance

Bruising – Red Flags

- **Age/Developmental Level:**
  - Bruising in non-ambulatory children (i.e. infants before they are able to crawl) is unusual
- **Location:**
  - Accidental bruising in ambulatory children is less common in well-cushioned areas i.e. cheeks, buttocks, back of body
- **Pattern:**
  - Object outlines i.e. loop marks, handprints, usually indicate inflicted injury

Take home points

- Always remember to consult before you begin a case
- Always be open to re-evaluating the plan if new information becomes available
  - You can always re-consult!
- One skin finding – consider possibility of others that have not be identified in a disclosure

Case History:

- 7 month old female
- Mom received text message from daycare provider – baby has mark on face, hit herself in face with a toy giraffe
- Mom worried about extent of injury when picks child up from daycare
- Went to hospital for assessment
- Reported to Children's Aid → joint investigation

Case History:

- 2 previous bruises in care of babysitter
  - Bruise over the left temple the previous week – babysitter had advised mom that she had been carrying the baby and the baby had pulled a door into the side of her head
  - Bruise on the cheek recently- hit herself in face with rattle
- Medical history unremarkable
- No other bruising concerns

Medical Evaluation:

- Skeletal survey - normal
- No underlying bleeding disorder to contribute to bruising
- Head imaging - normal

Collaboration with Investigators:

- Case conference with investigating officer
- 'Alleged offender' brought to meeting
- Weight/measurements made of the toy
- DVD of interview with babysitter viewed for clarification of details of injury event

Outcome:

- Suspicious for inflicted injury due to extent of bruising, suggestion of pattern, developmental stage of the child
- Initial photographs
  - typical appearance of application of force with a hand/object
- Home daycare closed
- No criminal charges to date
- Good example of collaboration between medical & investigative process

Logistics - Issues/Challenges:

- Child at school with an injury
  - How to get the child to the hospital
  - Not charging
  - “story sounds reasonable”

Boost CYAC Outcomes/ benefits of on site medical services

- Increased consultation on sexual abuse cases: more children/families are being offered a medical exam regardless of acuity/symptoms
- Increased consultation on physical abuse cases: more immediate collaboration to determine if child needs an examination
- Increased consultation on all cases for children where there may be medical/developmental issues requiring referral to pediatrician
- Families are being serviced immediately
- Increased collaboration with agency partners to ensure children and families are seen by the right agency/clinician
- Better sharing of information among all partners at the initial stage of the investigation and throughout

Trouble shooting potential barriers…

- Linking with community based medical services
  - labs, x-ray
- Limits of confidentiality – sharing information with multidisciplinary team members
- Documentation – challenges to complete electronic documentation
- Ownership of medical records
- CYAC database development & research activities

Summary:

- Cases of suspected child maltreatment benefit from a comprehensive medical evaluation
- Collaboration between medical/investigative systems is important and should be ongoing
- Always call and consult with a designated medical clinician to determine best next steps