

*Child Advocacy Centres: Building Better Services for Children and Youth who are Victims or Witnesses of Crime in Canada*

*Knowledge Exchange: Feb 27 - Mar 1, 2011*

# ***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

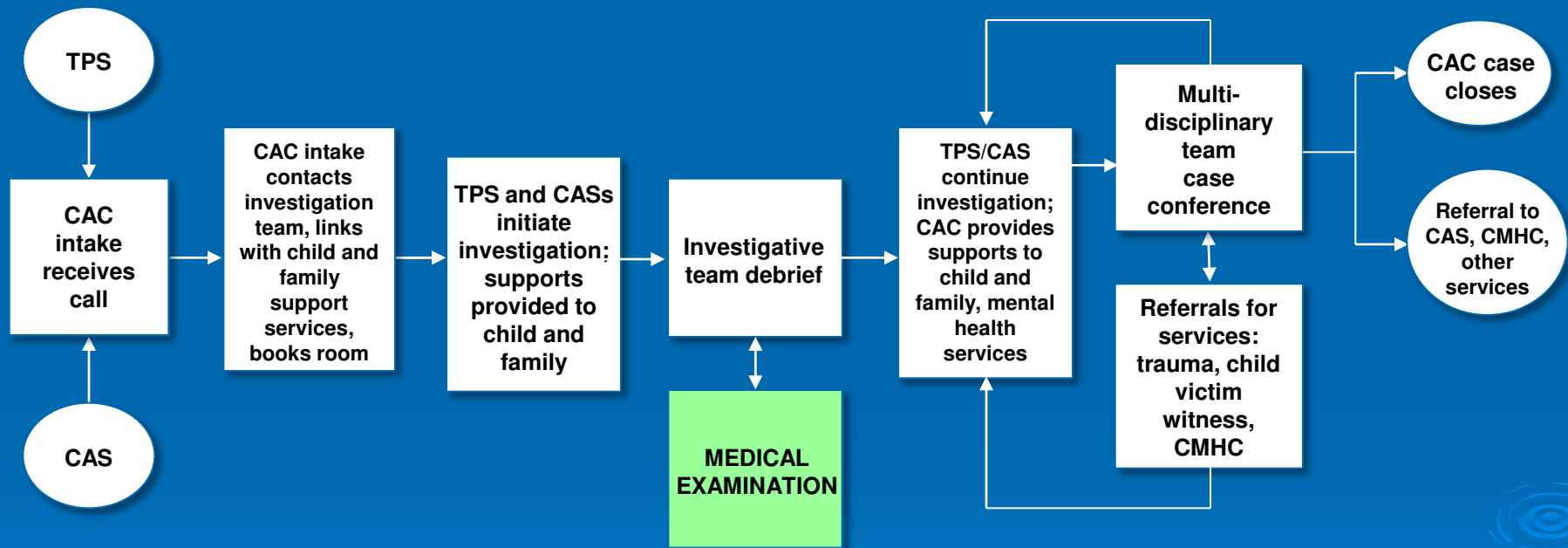
## Models:

- 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



# 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**

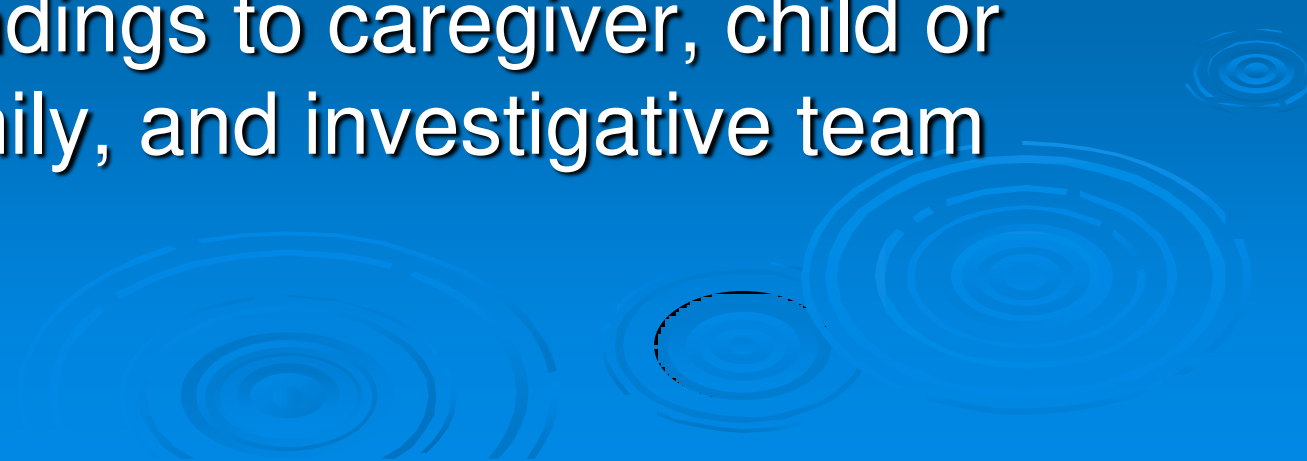
## ➤ Issues:

- 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?