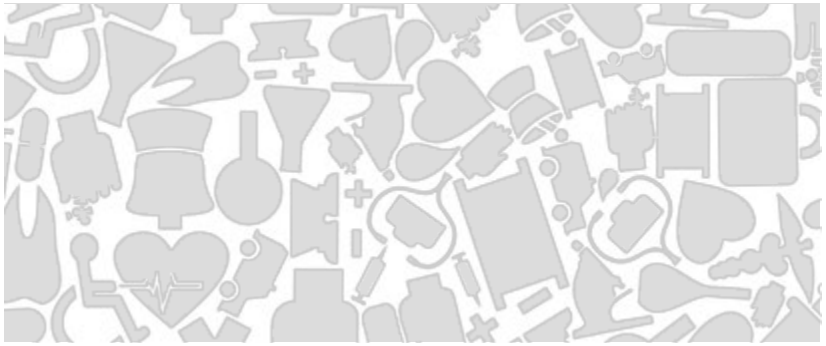
Access to Medical Evaluations in Cases of Child Sexual Abuse

Project Summary

This tool was developed to assist Child Advocacy Centers (CACs) and State Chapter organizations to assess the gaps in medical care for child sexual abuse victims and to provide steps for improving this care along the continuum. Because of geographic location, availability of medical providers with expertise in child abuse, and budgetary constraints, centers will fall along the spectrum of meeting the National Children's Alliance (NCA) Medical Standard for Accreditation. This tool can be utilized to implement all criteria in the "Meets Standard" category to be in compliance, but suggests additional components to implement, thus providing the child and their family with the most desirable medical care possible.



We believe medical providers are responsible for treating the "whole" child, therefore a holistic approach is in order. A medical forensic exam provides a holistic approach for every child, regardless of whether or not the exam has potential to yield forensic evidence. Any child/caregiver requesting an exam for concerns of child abuse should be afforded the opportunity to have the exam completed.

How to Use this Tool

The Medical Access Spectrum provides benchmarks for meeting the standards and exceeding the standards for child sexual abuse evaluations. There are also markers identified in the "Below Standards" column that signal an immediate need for improvement. This tool should be used to identify the following:

Baseline – How well you're providing medical care today
Goal – How you'd like to be providing medical care in the future
Action Steps – What you'll need to focus on to meet your goal

State Chapters
Chapters may consider applying this spectrum to the various service areas throughout your state. What do you notice? Where are there gaps in service? How can nearby communities or a statewide network assist in filling those gaps?

Children's Advocacy Centers
CACs may consider applying this spectrum to inquire about the services you are currently providing to children and families. What do you notice? Where are there gaps in service? How might you improve medical care for children in your community as a result of your findings?

Where to start?
Begin by applying each of the criteria to your current medical services and mark whether or not you fall in exceeds, meets or below for each of the criteria. Next, mark where you'd like to be in the next 1-3 years and note the items that you will need to address or improve to move along the spectrum. Use the guiding questions to assist you in your inquiry.

What Does Access Mean?

Access includes any child for whom sexual abuse is suspected or any child who has disclosed sexual abuse, presenting at a child advocacy center, local hospital/clinic or other MDT partner agency, be provided with the option of a medical evaluation. Medical access should be available to the child victim within 24 hours, ideally within less than an hour drive, and with a trained medical professional.

What Does the Medical Evaluation Entail?

- A complete medical history
- A complete head-to-toe physical, including an ano-genital examination
- Sexually transmitted infection (STI) testing and treatment, if applicable
- Collection of forensic evidence as indicated
- Emergency contraceptives
- Appropriate referrals, as needed (i.e. mental health)
- If patient presents with accompanying physical abuse/maltreatment complaints – adjunct physical abuse services, including radiologic studies and laboratory studies, as indicated

Medical Access Spectrum for Acute and Non-Acute Child Sexual Abuse

The columns within this tool provide guiding questions for sites or state chapters to consider and differentiate characteristics that fall below, meet, or exceed the NCA Medical Standard as outlined in the NCA Accreditation Standards *(see the Resources page)*.

Exam Definition	Guiding Questions	Below Standards	Meeting Standards	Exceeding Standards
	Does your state have guidelines or defined statutes for referring children to a trained medical provider for the purpose of a medical evaluation when child sexual abuse is disclosed? Are these guidelines aligned with the language and standards set forth by NCA's National Standards for Accreditation and the National Pediatric SAFE Protocol? Are exams being provided to support the child's health and welfare needs, including screening for safety and criminal justice needs?	Unable to meet minimum standards as outlined by the National Children's Alliance medical standard	Provides child-centered medical care to children that meet the criteria for medical evaluations within the children's advocacy center's (CAC's) written protocol Offers all children a head-to-toe physical including a genital examination, STI testing and collection of forensic evidence as indicated with appropriate referrals, as needed	Provides child-centered holistic medical care Services are available, accessible and equitable across all demographics and reflective of community needs Offers all children a complete head-to-toe physical including a genital examination, STI testing and collection of forensic evidence as indicated, HIV screen test, emergency contraceptives, with appropriate referrals, as needed and meets all criterion outlined by the Medical NCA Accreditation Standards

Trained Medical Professional

Guiding Questions	Below Standards	Meeting Standards	Exceeding Standards
Have the medical professionals providing care to child abuse victims obtained the minimum required training as outlined by the National Children's Alliance (NCA) Medical Standard for Accreditation? Do your medical providers participate in peer review with other child abuse medical providers?	Less than 16 hours of formal didactic training in child sexual abuse Does not participate in any type of peer review Does not stay current with trends in child abuse by participating in continuing education; not able to document at least 8 hours of continuing education in the area of child sexual abuse every two years	Has a MOU with facility to provide urgent medical evaluations including forensic evidence collection (may be local ERD); otherwise, utilizes primary care providers for non-urgent evaluations Can document at least 8 hours of continuing education in the area of CSA every two years MD/PA/PNP has a minimum of 16 hours formal didactic training in child sexual abuse evaluations with a clinical skills component Has at least 50% of abnormal cases reviewed by an expert in child sexual abuse	A designated on-site medical provider or a Memorandum of Understanding (MOU) with designated provider – preferably a Board Certified Child Abuse Pediatrician (CAP) or advanced medical consultant – who provides medical evaluations in a child-friendly environment **Physician, Physician's Assistant or Advanced practice nurse with the following qualifications:** • MD/PA/PNP: has a minimum of 16 hours formal didactic training in child sexual abuse with clinical skills component • RN completed 40 hour Pediatric SANE course • Performed at least 100 child sexual abuse examinations • Licensed to practice within their state All abnormal cases are expert reviewed with an advanced medical provider or other CAPs. Can document at least 8 hours of continuing education in the area of child sexual abuse(CSA) every two years Participates in CQI activities re: child sexual and physical abuse through current literature, American Academy of Pediatrics, American professional Society on the Abuse of Children, and Helfer Society to stay current in their practice

	Guiding Questions	Below Standards	Meeting Standards	Exceeding Standards
Trained Medical Professional *cont.*				Active member of the CAC's multidisciplinary team (MDT); has a MOU with facility to provide urgent medical evaluations for acute sexual assault; utilizes primary care providers for non-urgent evaluations Understands and is able to convey the purpose of the medical evaluation to educate the MDT and patients/families
Timeline to Receive Appointment	What is the acceptable distance for a child to travel to receive medical services? Are those services available 24 hours/7 days a week? Does your MDT have guidelines for referring children to a trained medical provider for the purpose of a medical evaluation when child sexual abuse is disclosed? Are these guidelines aligned with the language and standards set forth by NCA's National Standards for Accreditation and the National Pediatric SAFE Protocol?	No medical evaluations available within CAC catchment area	All acute sexual assault cases as they present, within first 72 hours after assault; within two weeks scheduled for non-acute sexual abuse and will provide follow-up STI testing two weeks after alleged incident	Acute: Ideally, all acute sexual assault cases will be seen as they present, but: • No more than 24 hours post assault for prepubertal children • No more than 72 hours post assault for adolescents Non-acute: Children and adolescents will be seen within 1-7 days Follow up STI testing will be done two weeks following an alleged sexual assault

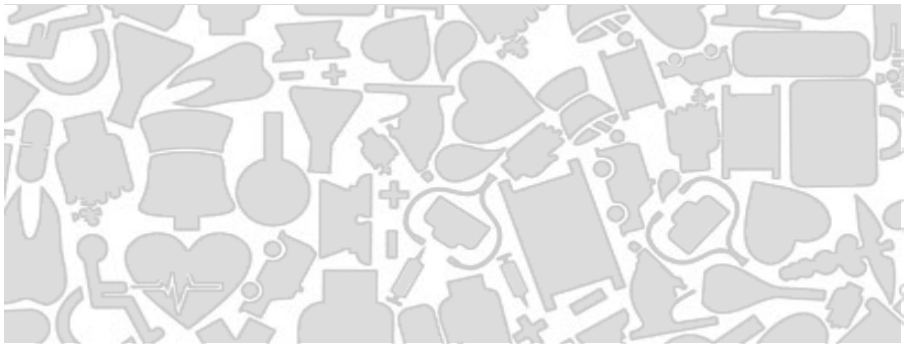
	Guiding Questions	Below Standards	Meeting Standards	Exceeding Standards
Hours of Access	Are medical services available 24 hours/7 days a week? When are medical services accessible and what is the impact of that accessibility on children and families?	No medical evaluations available within CAC catchment area	Specific designated clinic days, hours 9-5	After hours care available at designated facilities; regular clinic hours for non-acute
Criteria for Care	Are there clear criteria for when a child victim is offered an exam? Is there a gap between offering and receiving medical care? What factors impact the child's ability to receive a medical evaluation?	No children are receiving medical services	Meets the NCA Medical Standards for Accreditation requirements – page 55 of the Standards linked on the Resources page	Any child who has disclosed sexual abuse, has physical symptomatology and/or requests an exam will be offered a medical evaluation

Additional Services Offered	Guiding Questions	Below Standards	Meeting Standards	Exceeding Standards
	Does your CAC have partnerships with medical facilities/organizations to address additional needs of the child and family? How does your CAC respond with regards to cultural inclusiveness? It is imperative that ALL medical providers have cultural humility. We all come with our inherent biases and preconceived ideas about different groups of people. Remember that disparities are the result of systemic inequities, and health care providers need to be intentional about not re-entrenching negative assumptions and outcomes.	Does not photo/video document examinations No relationship/linkage agreement with Victim Advocate or Mental Health service providers No identified medical laboratory to process forensic evidence and/or STI specimens Charge for medical examinations	Access to photo/video documentation equipment with magnification capabilities Linkage agreement with Victim Advocate and licensed Mental Health professionals, social worker and/or child psychologist providing evidence based trauma focused mental health services Must send specimens to outside laboratory for processing with greater than one week turnaround time for results Only able to provide non-acute medical services, not acute care	Access to photo/video documentation equipment with magnification capabilities Access to a Victim Advocate Financial counselor to assist with insurance, payments and accessing crime victim assistance and/or compensation funds with goal of medical services provided free of charge Access to laboratory services that offer a full complement of services with minimal wait period for results (blood tests/assays in 2-3 days; cultures in 5-7 days) Onsite licensed mental health professional, social work and/or child psychologist available to provide evidence based trauma focused mental health evaluations

*For sites offering physical abuse evaluations	Guiding Questions	Below Standards	Meeting Standards	Exceeding Standards
			Medical provider with training in child physical abuse with access to CT/MRI, radiology and laboratory services (either on-site or within local community); access to or ability to be transported to in-patient consultative services and access to out-patient consultations. Crime Victims' program reimburses providers for physical abuse exams as well as sexual abuse	Either in-person or online access via telehealth to Board Certified Child Abuse Pediatrician and Pediatric Radiologist. In addition: access to CT/MRI, radiology services, on-site lab with some off-site services; access to in-patient and out-patient consultative services Access to pediatric specialists in trauma surgery and orthopedics for coordinated care of complex injuries Crime Victims' program reimburses providers for physical abuse exams as well as sexual abuse

"A medical evaluation holds an important place in the multidisciplinary assessment of child abuse. An accurate and complete history is essential in making medical diagnoses and determining appropriate treatment of child abuse."

- National Children's Alliance Standards for Accreditation – Medical Standard



Guiding Questions for State Chapter Organizations and Networks

Building and Recruiting a Qualified Network of Providers

- What kind of support can the State Chapter offer for the training of medical professionals?
- How many trained medical providers does the state have for providing child sexual abuse medical services?
  - # of Child Abuse Pediatricians (CAPs)
  - # of physicians trained in child sexual abuse medical evaluations
  - # of advanced practice nurses and physician assistants trained in providing child sexual abuse medical evaluations
  - # of Pediatric and Adult Sexual Assault Nurse Examiners
  - # of hospitals that see pediatric patients
- How does the state nursing board differentiate scope of practice for assessment and treatment of child sexual abuse between a RN and APRN SANE? For example, in some states, they do not differentiate and say scope is determined by training and experience, so a RN SANE can complete a sexual assault evaluation in the same way as an APRN SANE. In other states, there are limitations that RN-SANEs can only collect evidence but not document on the significance of findings.
- What is your state statute on nurse sexual assault examiners providing medical exams on child sexual abuse victims? Who provides supervision of these nurses?
- What does recruitment and retention of medical professionals look like in your state?

Ensuring Equitable Access to Medical Services

- When comparing the incidence of child sexual abuse in your state/community with the percentage of children receiving medical evaluations for child sexual abuse, what can you learn? Is there a gap?
- Are there clear criteria for when a child victim is offered an exam? Is there a gap between offering and receiving medical care?
- Does your state have guidelines or defined statutes for referring children to a trained medical provider for the purpose of a medical evaluation when child sexual abuse is disclosed? Are these guidelines aligned with the language and standards set forth by NCA's National Standards for Accreditation and the National Pediatric SAFE Protocol?
- Does the State Chapter have partnerships with medical facilities/organizations to implement child sexual abuse medical services and/or additional needs the child and family may need?
- Do communities in your state have access to telemedicine for the provision of exams? If not, could telemedicine assist to increasing access to expert care?

Sustainable Funding for Child Abuse Medical Evaluations

- How are child sexual abuse medical evaluations being coded for billing across the state? How can coding be used more effectively to leverage insurance as a funding mechanism?
- Does your state Crime Victims' program reimburse providers for physical abuse exams as well as sexual abuse, or is it limited to sexual abuse?

Resources

Adams, J. A., Kellogg, N. D., Farst, K. J., Harper, N. S., Palusci, V. J., Frasier, L. D., Levitt, C. J., Shapiro, R. A., Moles, R. L., & Starling, S. P. (2016). Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused. *Journal of Pediatric and Adolescent Gynecology, 29* (2), 81-87.

Faulkner, M., & Rivaux, S. L. (2013). *Child Abuse Medical Evaluations in Texas: Current Practices and Challenges.* Austin, TX: Children's Advocacy Centers of Texas.

Kellogg, N., & the Committee on Child Abuse and Neglect. (2005). The Evaluation of Sexual Abuse in Children. *Pediatrics*, *116* (2), 506-512.

National Children's Alliance Standards for Accredited Members, 2017 Edition, Medical Standard
http://www.nationalchildrensalliance.org/wp-content/uploads/2015/06/NCA-Standards-for-Accredited-Members-2017.pdf

Midwest Regional
CHILDREN'S ADVOCACY CENTER

Midwest Regional
Medical Academy

We're grateful to our Child Abuse Medical Advisory Council for their input on the development of this tool.

For more information about our Council, please visit mrcac.org/medical-academy/medical-council.

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