

Medical Exams in Child Abuse Cases: What MDT Partners Need to Know



OVERVIEW

All children who are suspected victims of child sexual abuse are entitled to a medical exam conducted by a specialized medical provider. CACs/MDTs can share with families and partner agencies, the reason a medical exam is important:

- To ensure the health and well-being of the child
- To reassure the child that everything is okay with their body
- To diagnose and treat medical conditions that may be related to sexual abuse
- To document any possible physical and forensic findings
- To allow for collection of evidence that may be present on the child's body or clothing (within 72 hours for pre-pubescent children/120 hours for adolescents, although time frames may differ among states)

It is also important for CACs/MDTs to share with families and partner agencies that most medical exams (over 90%) have normal findings, but that does not mean sexual abuse did not occur. Medical professionals are able to explain "why normal is normal" in court if needed. The medical exam is not painful and assures children and their caregivers that their body is okay in spite of what has happened to them.

The role of the medical provider on the MDT is to:

1. explain the results of medical exams conducted

2. explain what happens during a medical exam is conducted and when it is recommended
3. discuss why a normal exam does not mean abuse did not happen
4. discuss who should conduct a medical exam and
5. answer any questions from the MDT

Draft Medical Guidelines

- Who determines if a medical exam is needed for the child victim? When is it recommended?
- What is the purpose of the medical exam?
- Are medical evaluations offered to all child victims?
- How are MDT members trained and by whom regarding the purpose of the medical exam?
How and by whom, are children/families educated regarding the medical evaluation?
- Who conducts the medical exam? Do the medical providers have pediatric or child abuse expertise?
- Where are the medical exams conducted? How are emergency situations addressed?
- What information will be shared with the medical provider prior to the exam and by whom? How is duplicative information gathering prevented?
- How is the medical evaluation made available?
- How are multiple exams avoided?
- What are the procedures for forensic documentation and collection/preservation of evidence?
- How is the medical evaluation coordinated with the MDT in order to avoid duplication of interviewing and history-taking?
- If the MDT is responding to physical abuse and/or maltreatment cases, what are the procedures for medical intervention?
- How are the medical findings shared with investigators and prosecutors on the MDT in a routine and timely manner?
- How does the MDT ensure access to appropriate medical evaluation and treatment for all child victims regardless of ability to pay?



AVAILABLE RESOURCES

1. [CAC Director Resource for Orienting Medical Providers](#)
2. [Medical Aspects of Child Abuse for the Multidisciplinary Team](#)
3. [Medical Issues in Child Abuse Resources](#)
4. [NRCAC Medical Fact Sheet, 2018](#)
5. [RCAC Medical Linkage agreement](#)
6. [The Medical Exam in Child Sexual Abuse Cases: What MDT Partners need to know, NRCAC video 2018](#)
7. [Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused](#)



RESEARCH

Adams, Joyce, Harper, Katherine, Knudson, Sandra, Reville, Juliette. (1994) Examination Findings in Legally Confirmed Child Sexual Abuse: Its Normal To Be Normal.

Finkel, M. A., & Alexander, R. A. (2011). Conducting the medical history. *Journal of Child Sexual Abuse*, 20(5), 486-504.

Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018

International Association of Forensic Nurses, Sexual Assault Nurse Examiner (SANE) Education Guidelines, 2015.

Leventhal, J. M., Murphy, J. L., & Asnes, A. G. (2010). Evaluations of child sexual abuse: Recognition of overt and latent family concerns. *Child Abuse & Neglect*, 34(5), 289-295.

Walsh, W.A., Lippert, T., Cross, T.E., Maurice, D.M., & Davison, K.S. (2008). Which sexual abuse victims receive a forensic medical examination? The impact of Children's Advocacy Centers. *Child Abuse and Neglect*, 31, 1053-1068.



OTHER SUGGESTIONS FOR ONBOARDING TEAM MEMBERS TO YOUR CAC

1. Review Medical Guidelines from your CAC, if any
2. Discuss the medical component, role and responsibility of medical provider on team and at case review

