Confronting Child Sexual Abuse in the Commonwealth

2024 Update

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Children's Advocacy Centers of Kentucky

Case Introduction

- 7-year-old reports sexual assault by adult babysitter that occurred several hours ago.
- She tells mom when mom gets home.
- Mom brings her to the hospital.

Objectives

Identify recent developments relevant to the care of children and adolescents who present to the emergency department after experiencing sexual abuse.

Discuss resources available to aid in the evaluation of children and adolescents who report experiencing sexual abuse/assault and/or present to the emergency department with anogenital injuries or sexually transmitted infections.

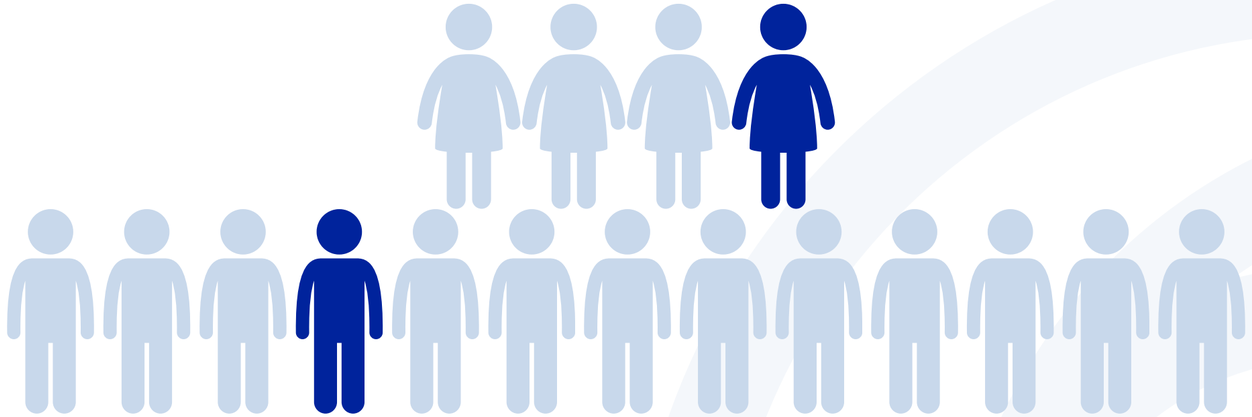
List resources available for follow up care for children and adolescents who experience sexual abuse.

Sexual Abuse - There are Many Definitions

- Involvement of children in sexual activities when the perpetrator has authority and power over the child due to his or her age or position (a betrayal of trust by the perpetrator).
- A type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities. (Child Maltreatment 2016)

Sexual Abuse is Common

- The true scope of the problem may better be reflected in retrospective surveys of adults. (Finkelhor)
- Research conducted by the Centers for Disease Control (CDC) estimates that approximately 1 in 13 boys and 1 in 4 girls experience some form of sexual abuse in childhood.



Types of Sexual Abuse Are Numerous

- Exposing perpetrator genitalia to the victim
- Masturbation and other sexual acts in front of the victim
- Voyeurism
- Using a victim for production of pornography
- Rape, sodomy, engaging a child in sexual activity
- Fondling or touching of the child's private parts
- Touching designed for the sexual gratification of the perpetrator
- Penetration of the vagina, anus or mouth
- Sexual trafficking

KRS 216B.400

Every hospital of this state which offers emergency services shall provide that a physician, a sexual assault nurse examiner, who shall be a registered nurse licensed in the Commonwealth and credentialed by the Kentucky Board of Nursing as provided under KRS 314.142, or another qualified medical professional, as defined by administrative regulation promulgated by the Justice and Public Safety Cabinet in consultation with the Sexual Assault Response Team Advisory Committee as defined in KRS 403.707, **is available on call twenty-four (24) hours each day for the examinations of persons seeking treatment as victims of sexual offenses** as defined by KRS 510.040, 510.050, 510.060, 510.070, 510.080, 510.090, 510.110, 510.120, 510.130, 510.140, 530.020, 530.064(1)(a), and 531.310.

KRS 216B.400 *(continued)*

The physician, sexual assault nurse examiner, or other qualified medical professional, acting under a statewide medical forensic protocol which shall be developed by the Justice and Public Safety Cabinet in consultation with the Sexual Assault Response Team Advisory Committee as defined in KRS 403.707, and promulgated by the secretary of justice and public safety pursuant to KRS Chapter 13A **shall, upon the request of any peace officer or prosecuting attorney, and with the consent of the victim, or upon the request of the victim, examine such person for the purposes of providing basic medical care relating to the incident and gathering samples that may be used as physical evidence. This examination shall include but not be limited to: (a) Basic treatment and sample gathering services; and (b) Laboratory tests, as appropriate.**

Available Resources

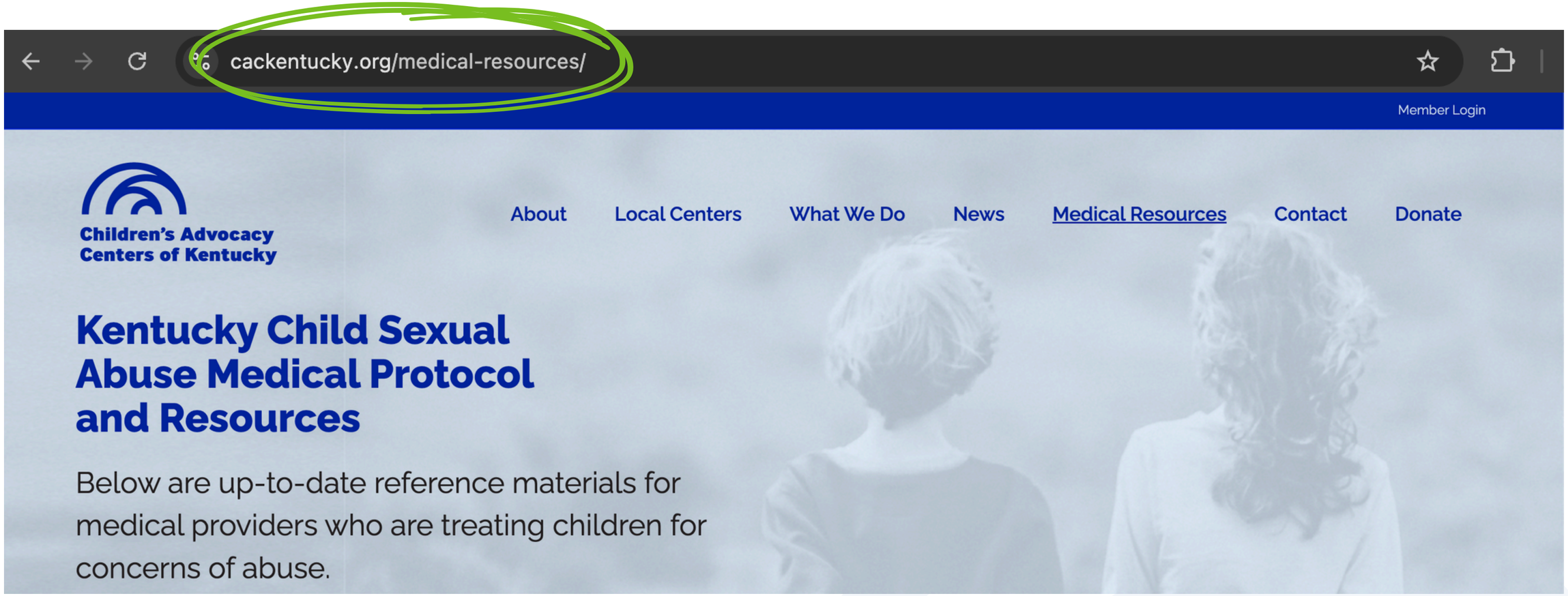
Kentucky Medical Protocol for Child/Adolescent Sexual Assault/Abuse

SANE P/A (Sexual Assault Nurse Examiner Pediatric/Adolescent)

New Sexual Assault Evidence Collection Kit and Instructions

Regional Children's Advocacy Centers

Child Abuse Pediatrician Led Child Protection Teams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Kentucky Child Sexual Abuse Medical Protocol and Resources
Below are up-to-date reference materials for medical providers who are treating children for concerns of abuse.

Statewide Protocol

- Mandatory Reporting
- Determining the Need for Evidence Collection: Timeframe and Circumstances
- Identifying a Qualified Medical Provider
- Obtaining Consent and Assent
- Obtaining a Medical History
- Assessment for Strangulation
- General Physical and Anogenital Examination
- Detailed Information Evidence Collection
- STI Testing and Prophylaxis
- HIV Prophylaxis
- Emergency Contraception
- Discharge Planning and Follow-up Care

SANE P/A

- Sexual Assault Nurse Examiner Pediatric/Adolescent
- A registered nurse who completes additional education and training to provide comprehensive health care to pediatric survivors of sexual assault.
- Additional education: 40-hour didactic course, document performance of a variety of clinical competencies (evidence collection, articulate examination techniques, and findings, demonstrate understanding of the multidisciplinary approach to child sexual abuse investigations).
- Once SANE credential is obtained, nurses must demonstrate continuing education in the field.
- Peer review is highly recommended.

Clinical Decision Tool for Evaluating Pediatric/Adolescent Sexual Assault/Abuse

- Contact local advocacy agency to request victim advocate
- Consult hospital SW per hospital protocol
- Contact SANE A/A or SANE P/A for case consultation, per facility protocol and as appropriate for patient's sexual development. If SANE unavailable, proceed according to your faculty protocol.
- Per KRS 216.400, each victim shall have the right to determine whether a report shall be made to law enforcement. **It is required to report to Child Protective Services of law enforcement if there is suspected abuse of a child, in all cases of suspected sex trafficking or a minor, and in all cases of female genital mutilation.** (KRS 216B.400, KRS 620.030, and KRS 600.020)
  - Kentucky Department for Community Based Services Hotline 1-877-597-2331

- Immediate medical or mental health needs always take priority over evidence collection
- Physician, NP or PA should provide medical clearance

- Patient reports **sexual abuse/assault** within the last **96 hours** and/or there is **potential to recover biologic or trace evidence**

YES

- Maintain ongoing consent and/or assent
- Obtain information from investigators first, if available
- Obtain non-leading medical history from the caregiver without the child present, and from child without the caregiver present (see medical protocol)
- Perform mental health assessment (screen for substance use, self-harm)
- Assess for signs of strangulation
- Complete head to toe assessment including anogenital exam
- Collect Sexual Assault Forensic Evidence (SAFE) Kit as indicated by medical protocol
- Record all injuries and/or points of tenderness with written and photographic documentation
- Assess and/or perform as appropriate:
  - Urine drug screen
  - Drug Facilitated Sexual Assault Urine/Blood Collection Kit
  - STI Testing
  - HIV Risk Assessment
  - Pregnancy Testing
  - STI Prophylaxis
  - Emergency Contraception (Up to 120 hours)
  - HIV Prophylaxis (Up to 72 hours)
- Consider additional testing and treatment based on symptoms
- Assess for safe discharge plan

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FOR ALL CASES:

- Prior to discharge, review with patient and caretaker testing completed, medications given, and recommended follow-up care. Coordinate care with regional Children's Advocacy Center whenever possible.
- Validate the child's feelings by acknowledging sexual abuse disclosures are difficult to make and take courage.
- If Child Protective Services (CPS) is involved, await safe disposition/CPS prevention plan prior to discharge.
- Additional resources at Children's Advocacy Centers of Kentucky: cackentucky.org/medical-resources

Clinical Decision Tool for Evaluating Pediatric/Adolescent Sexual Assault/Abuse

First Steps

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Additional Considerations Noted in the Protocol

- Take a medical history separate from the caregiver, and avoid asking the child leading questions.
- Avoid documentation that uses words that have negative connotations.
  - Patient “reports,” rather than patient “alleges”
- Assess for strangulation.
- Consider collecting evidence in locations that the patient did not specify (disclosure may be incomplete due to development, embarrassment, or trauma).
- Speculum exams should never be performed on prepubescent patients for routine evidence collection.
- Careful consideration should inform the decision to provide a speculum exam for a young adolescent and/or teen without prior sexual experience.
- Evaluate patient for HIV post-exposure prophylaxis if the assault occurred within 72 hours.
- For pubertal patients, provide antibiotic prophylaxis and offer emergency contraception.
- Everyone should have follow-up.

HIV Nonoccupational Postexposure Prophylaxis (HIV nPEP) Considerations

Type of Exposure within 72 hours	Assailant HIV Status	Reccommendation
Assailant's: • Blood • Semen • Vaginal secretions • Rectal secretions • Breast milk • Body fluid that is visibly contaminate with blood (for example saliva with blood)	Known positive	Initiate nPEP
Assailant's: • Blood • Semen • Vaginal secretions • Rectal secretions • Breast milk • Body fluid that is visibly contaminate with blood (for example saliva with blood)	Unknown	**Consider on case by case basis**, consideration includes: • Type of assault/abuse described • Age of assailant (juvenile assailant may decrease risk) • Presence of anogenital injury or genital ulcer of STI (may serve as portal for infection) • Whether assault/abuse was ongoing by the SAME individual • Other high-risk factors for assailant and patient (drug involvement, trafficking history, STIs, incarceration history) • Multiple assailants may increase risk
Assailant's secretions not visibly contaminated with blood: • Urine • Nasal secretions • Saliva • Sweat • Tears	Regardless of assailant's HIV status	nPEP NOT recommended

When Is Evidence Collection Recommended?

Per 502 KAR 12:010. Sexual Assault Forensic-Medical Examination Protocol

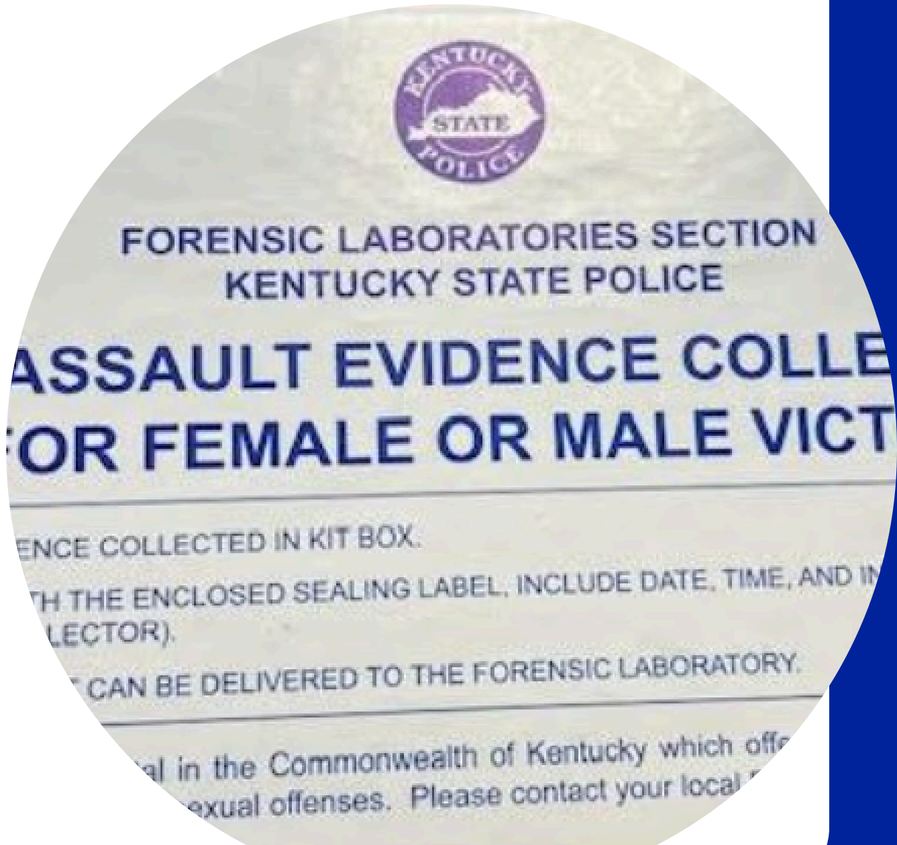
- “If the sexual assault occurred within ninety-six (96) hours prior to the forensic-medical examination, a Kentucky State Police Sexual Assault Evidence Collection Kit shall be used.”

Sexual Assault Evidence Collection Kits

- Kentucky Statute says 96 hours
- The likelihood of recovery of evidence is probably different for a prepubertal child as opposed to an adult:
  - Location of deposition of semen may be different in prepubertal versus pubertal children (labia versus vagina close to cervix).
  - Bathing or urinating may wash away evidence.
  - In some children, we have to go by “when child was last in contact” with the offender versus last incident of abuse.

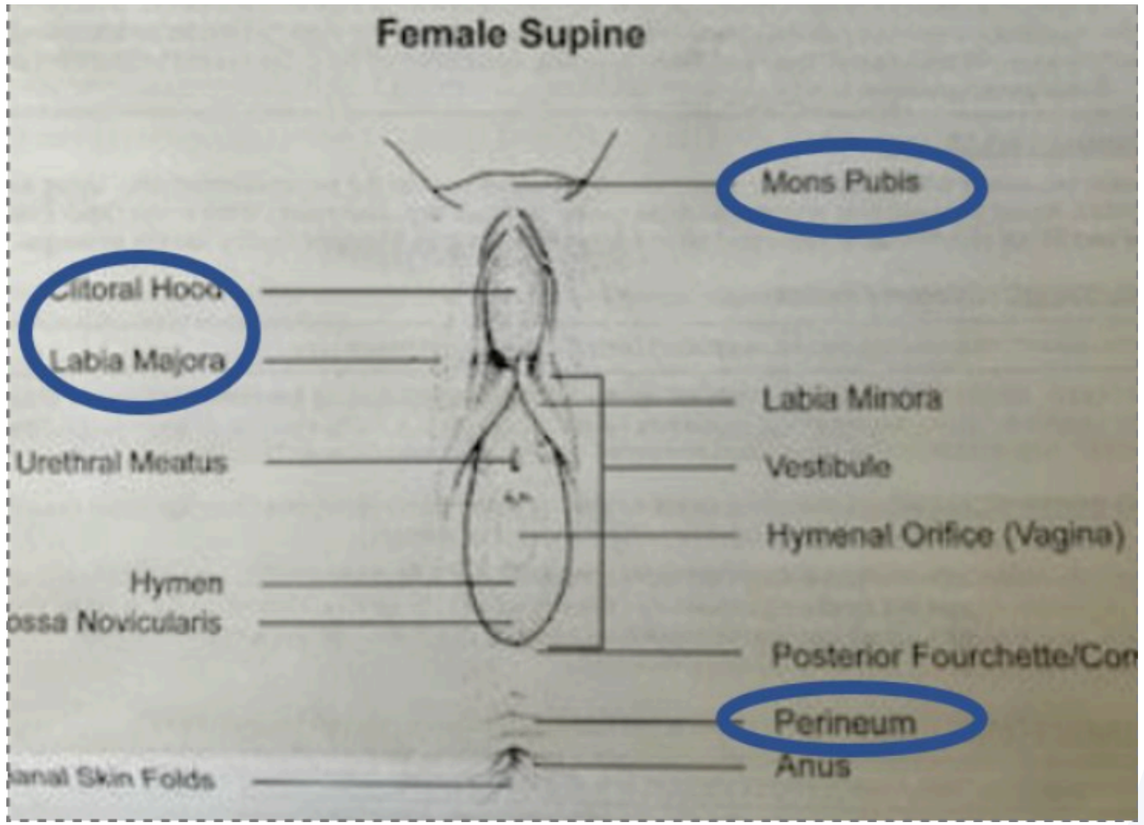
Comments about the Kit

- Separate instructions were created for prepubertal patients.
- Collection sites are different for prepubertal patients reflecting where evidence most likely would be deposited.
- Statewide protocol suggests evidence collection within 72-96 hours for prepubertal patients (depending on what occurred and whether injury is present) and 96 hours for pubertal patients.
- Consider collecting evidence in locations that the patient did not specify (disclosure may be incomplete due to development, embarrassment, or trauma).

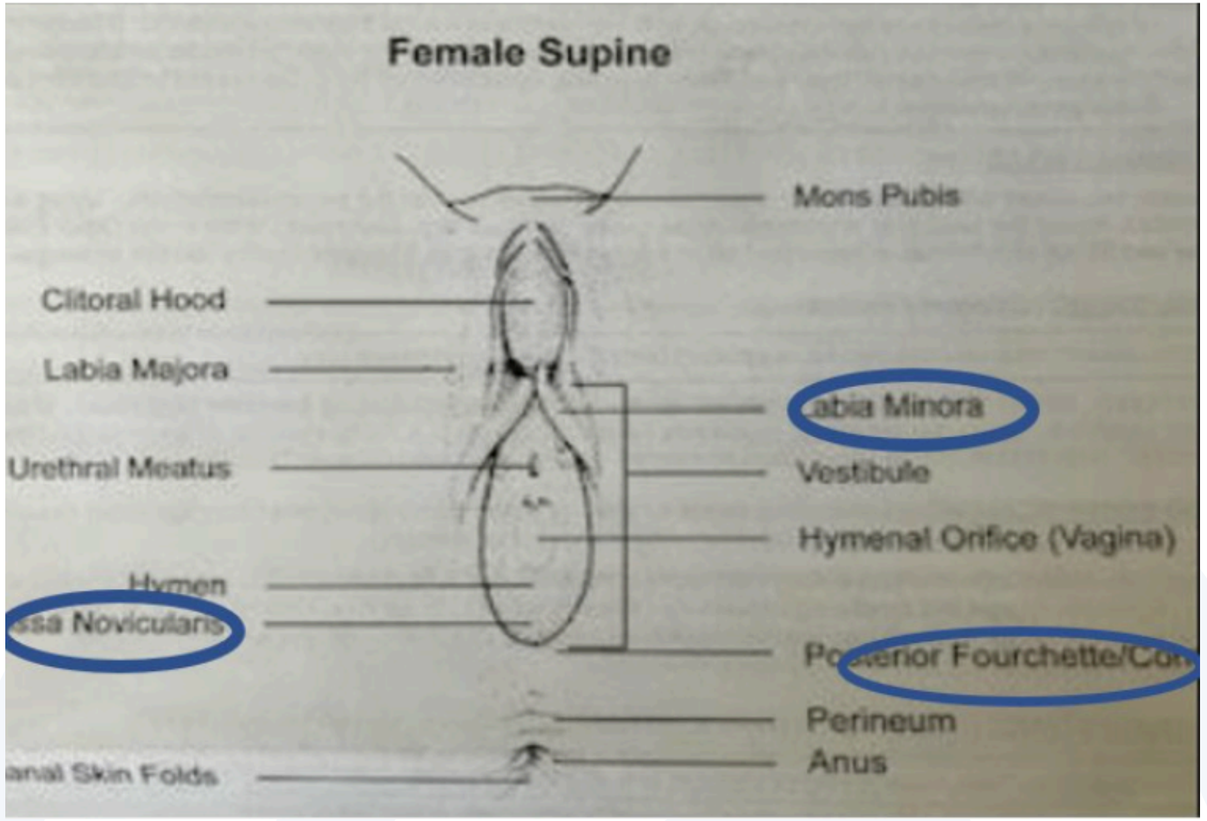


Prepubertal Genital Swabs

External Genital



Vaginal



When is Evidence Collection Recommended: Prepubertal Child

Patient Reports	Time Since Assault	Recommended Actions
Vaginal or anal penetration with penis or object	Less than or equal to 72 hours	Collect the following: • Female: ◦ External genitalia (mons pubis, labia majora, clitoral hood, perineum) swabs ◦ Vaginal vestibule (labia minora, the posterior commissure/fourchette, and the fossa navicularis) swabs ◦ Perianal area swabs ◦ Anal swabs ◦ If hymenal injury is present, collect intravaginal swabs up to 96 hours since time of assault. Collect with sedation or anesthesia. • Male: ◦ External genitalia (penis and scrotum) swabs ◦ Perianal swabs ◦ Anal swabs
Vaginal or anal penetration with penis or object	72-96 hours	• Collect undergarments worn at the time of or immediately after the assault. Consider collecting genital swabs, especially if patient has not bathed. • If hymenal injury is present, collect intravaginal swabs.
Oral penetration with penis	Less than or equal to 24 hours	• Collect evidence within the oral cavity. • Consider additional evidence collection if disclosure of assault/abuse is incomplete.

When is Evidence Collection Recommended: Prepubertal Child *(continued)*

Patient Reports	Time Since Assault	Recommended Actions
Oral penetration with penis	24-96 hours	• Assess oral cavity for mucosal injury, petechiae, injury to frenula. • Consider additional evidence collection if there are concerns that disclosure of assault/abuse is incomplete.
Digital penetration of vagina or anus or hand to genital contact	Less than or equal to 24 hours	Collection should include swabs of the external labia, the vaginal vestibule (area between the labia in front of the hymen), the perianal area, and the anus.
Digital penetration of vagina or anus or hand to genital contact	24-96 hours	• Swabs in addition to the standards are not generally recommended unless patient has not bathed or urinated or defecated and there is a potential of bodily fluid transfer. • Consider additional evidence collection if there are concerns that the disclosure of assault/abuse is incomplete.
Transfer of bodily fluids to extragenital body areas such as breast, neck, abdomen, thighs, etc.	Less than or equal to 96 hours	Recovery may be diminished with bathing, but additional evidence collection (by swabbing the identified areas) should still be strongly considered.

Do No Harm: Provide Trauma Informed Care

- In response to the patient's behaviors, consider "What happened to patient?" rather than "What is wrong with the patient?"
- Consent/assent for each step of the collection process is essential.
- Exam is not all or none.
- A patient can return within 96 hours if they initially decline a Sexual Assault Evidence Collection Kit and then change their mind.

When Evidence Collection is NOT Recommended

Patient Reports	Time Since Assault	Recommended Actions
No clear history of sexual contact but child presents with symptoms (vaginal discharge, dysuria) and there is a nonspecific concern for sexual abuse based on history	Timeframe unclear	• Evidence collection including standards is not typically indicated in this circumstance. • Consider expert consultation.
No history of sexual contact, no symptoms, but caretaker is concerned about sexual abuse	Timeframe is unclear or unknown	• Evidence collection including standards not typically indicated. • Recommend CAC referral/consultation for services.
Patient reports sexual contact	Timeframe greater than 96 hours	• Evidence including standards not typically indicated acutely. • Recommend CAC referral/consultation for services.

- Immediate medical or mental health needs always take priority over evidence collection
- Physician, NP or PA should provide medical clearance

- Patient reports **sexual abuse/assault** within the last **96 hours** and/or there is **potential to recover biologic or trace evidence**

NO

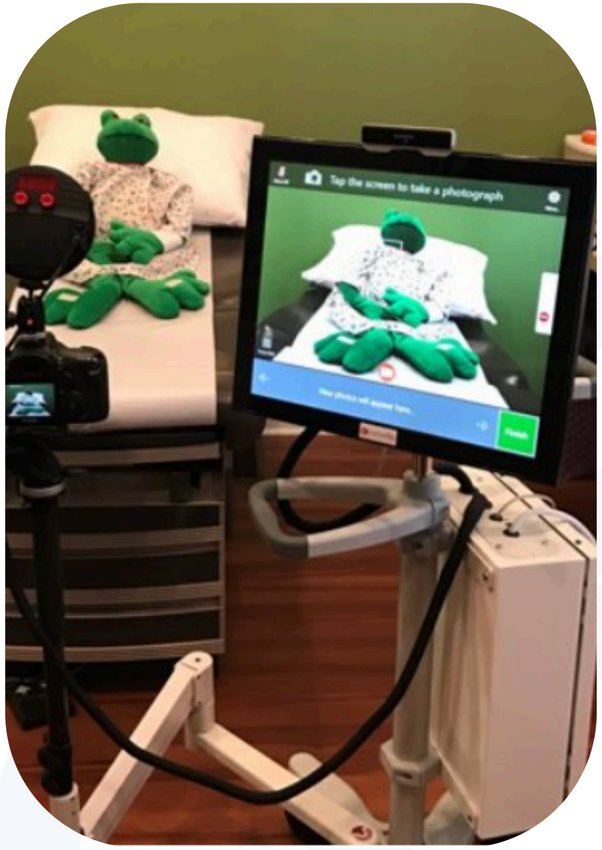
- Maintain ongoing consent and/or assent
- Obtain information from investigators first, if available
- Obtain non-leading medical history from the caregiver without the child present, and from child without the caregiver present (see medical protocol)
- Perform mental health assessment (screen for substance use, self-harm)
- Complete head to toe assessment
- Complete anogenital exam, unless timely follow-up can be assured, and patient is asymptomatic
- Assess and/or perform as appropriate:
  - STI Testing
  - HIV Risk Assessment
  - Pregnancy Testing
  - STI Prophylaxis
  - Emergency Contraception (Up to 120 hours)
- Consider additional testing and treatment based on symptoms
- Assess for safe discharge plan

Medical Follow-Up is Essential

- Reexamination if the significance of medical finding is unclear.
- Reexamination if an injury is identified and photo-documentation was unavailable.
- Assess injury healing.
- Assess for STIs that could have been acquired at the time of the abuse/assault.
- Discuss STI test results.
- Provide any additional STI testing needed.
- Answer patient and caregiver questions about their physical health.
- Reassess mental health needs and provide resources.

When to Refer to a CAC

Children's Advocacy Centers (CAC's) can provide medical evaluations outside of window for evidence collection, nonacute evaluations, as well as medical follow-up examinations.



Definition of a Children's Advocacy Center KRS 620.020 (4): An agency that...

Advocates on behalf of children alleged to have been abused;

Assists in the coordination of the investigation of child abuse by providing a location for forensic interviews and medical examinations;

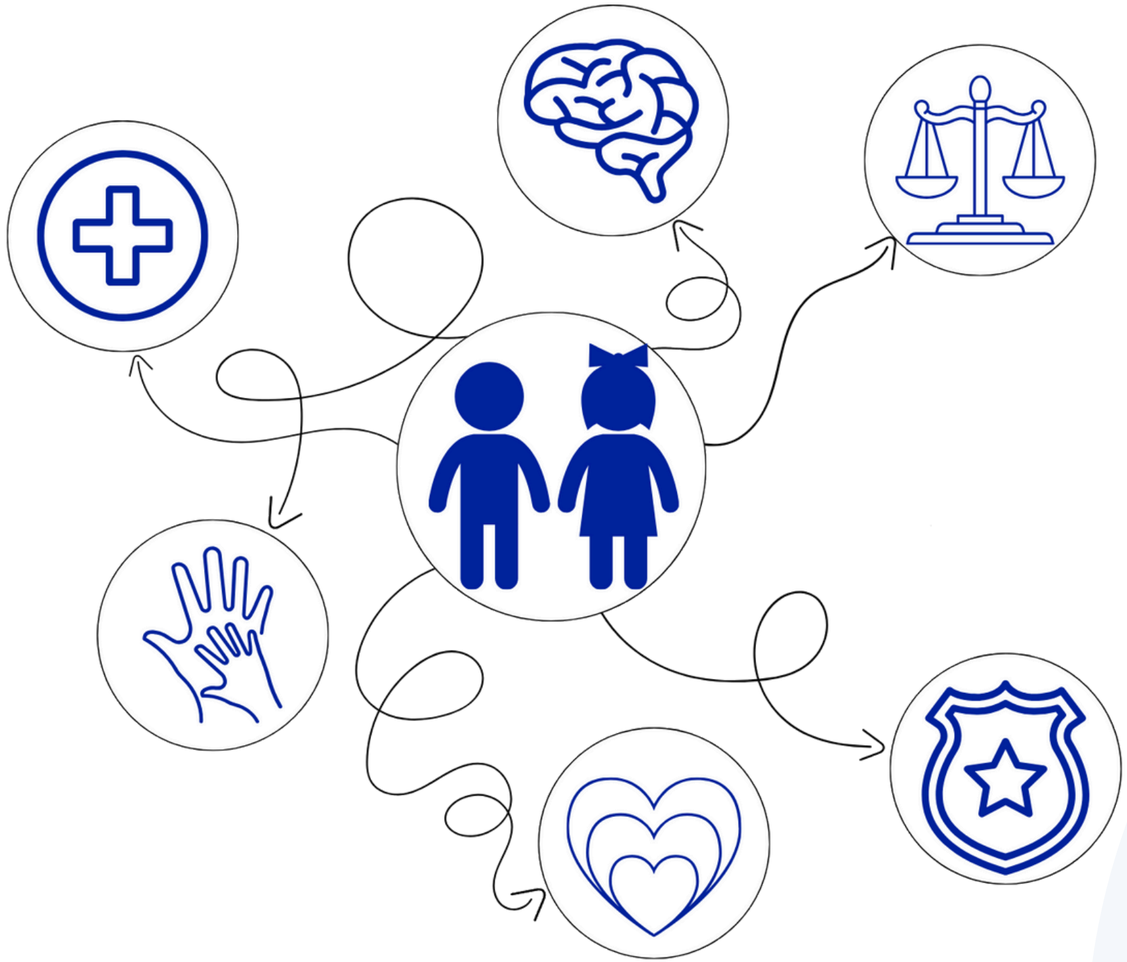
Promotes the coordination of services.

Core CAC Services

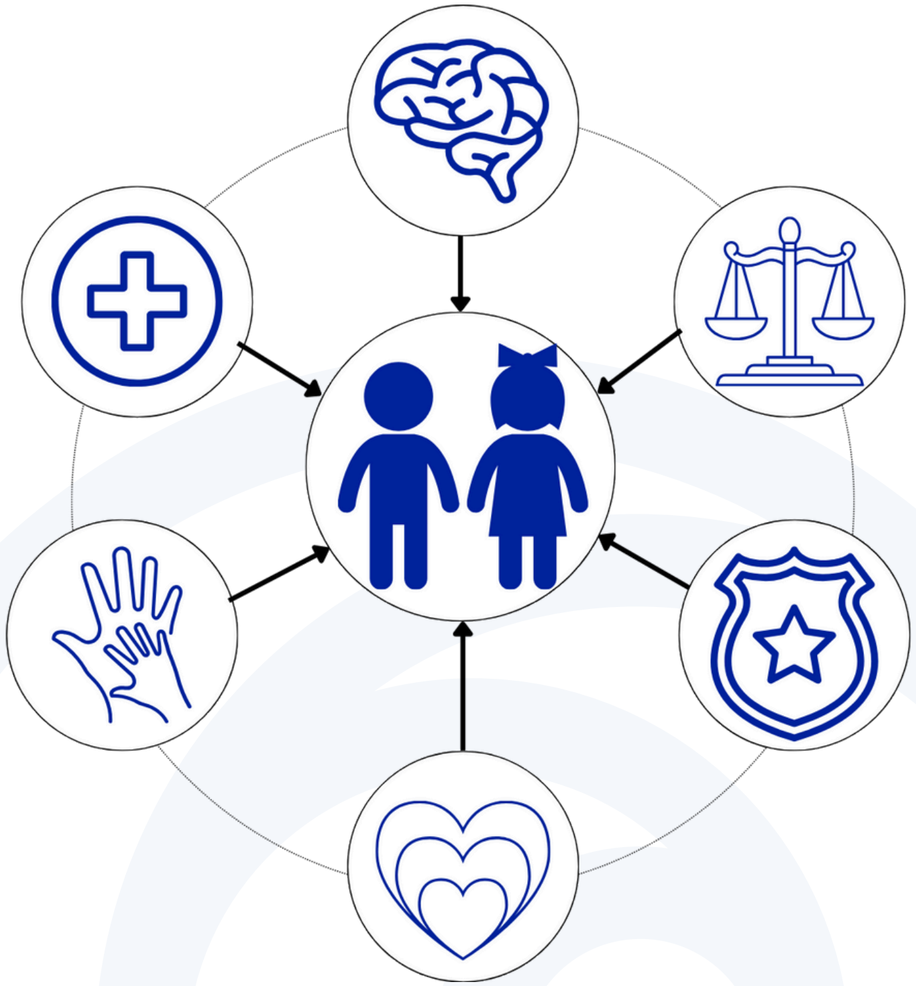
- Forensic Interview
- Victim Advocacy & Support
- Medical Evaluation
- Mental Health Services
- Case Review & Coordination
- Case Tracking

The response to child abuse is complex and requires multiple disciplines

Without CACs



With CACs



How the Children's Advocacy Center Model Works

Abuse is reported by 911 call or Kentucky Abuse Hotline

Law Enforcement receives central intake report

Children's Advocacy Center receives central intake report

DCBS receives central intake report

Joint investigation Begins:

Forensic Interview
Evidence Collected
Photos Taken

Witness Interview
Medical Treatment and Exam

CAC coordinate case review with all team members, including law enforcement, prosecution, child protective services, the forensic interviewer, a mental health provider, a medical professional, and a family advocate

Case Presented to Commonwealth Attorney

Suspect Charged or Case Refused

Child and family receive mental health services. Family advocate work with family to assess critical resources and provide support as the case moves through the justice system

Child Removed from Home, or Case Opened for Services, or Case Closed

Connect with the CAC in Your Region

Phone a Friend

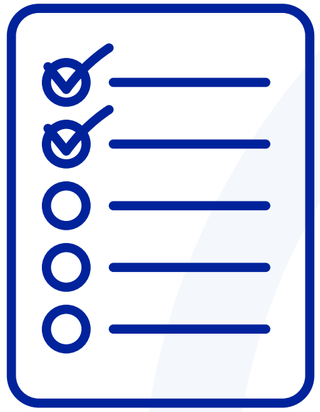
- There are two medical teams in the state created to address child abuse:
  - University of Kentucky
  - Norton Children's Child Protection Team
- Comprised of child abuse pediatricians as well as nurse practitioners, social workers, nurses
  - SANE P/A's
  - Children's Hospitals
  - Regional Children's Advocacy Center Medical Provider

Case Follow-Up

- 7 year old had evidence collected
- She received HIV nPEP
- She had follow-up at the CAC (forensic interview, medical follow-up)
- She received counseling through her school
- Her case was discussed at MDT case review
- Crime Lab identified male DNA on anal swabs
- Case was prosecuted and offender was sentenced to jail

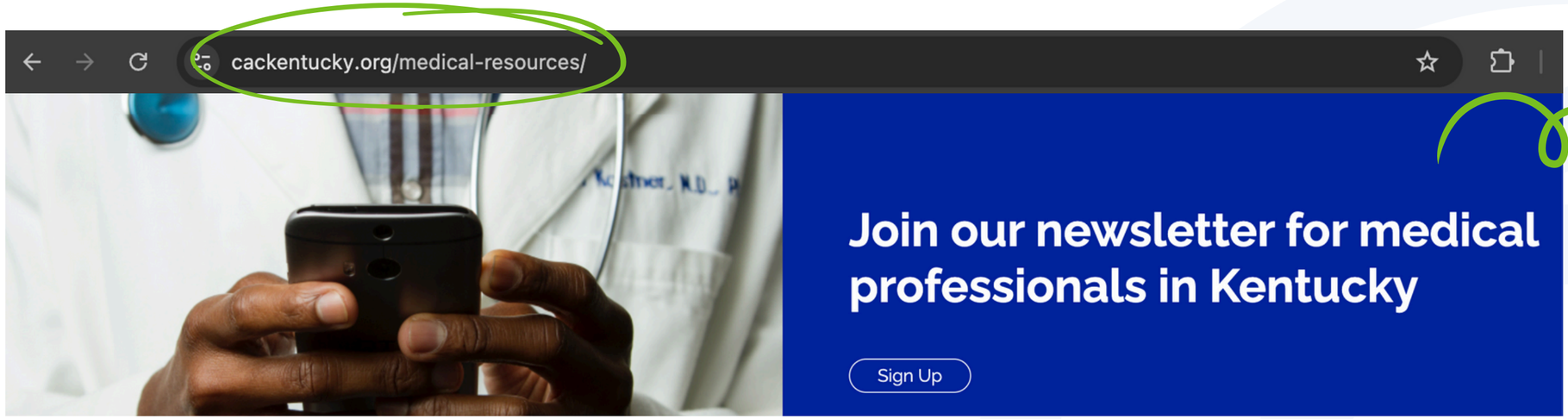
Have a Plan

- Do providers need additional training on how to respond to pediatric sexual abuse?
- Does your hospital support the recruitment/training of nurses to become SANEs?
- Can you create a pediatric sexual assault/abuse response team at your hospital?
- Can you identify the CAC in your region and discuss with the CAC representative when you can reach out to them with questions, concerns and referrals? (Technically law enforcement and/or DCBS investigators must make the referral)
- Is there a CAC medical provider that you can reach out to with questions?
- Is there a child protection team that you can reach out to with questions?



Help is Available

- Contact your local CAC or CAC Kentucky: Laura Kretzer, CAC Kentucky lkretzer@cackentucky.org
- Find out about SANE P training: Anita Capillo, SANE P course coordinator kyforensicrn@gmail.com or Dr. Sugarman, drsugarman@kykids.org
- Request a training for your medical providers: Dr. Sugarman, drsugarman@kykids.org



Sign up for CAC Kentucky medical newsletter for information on upcoming webinars, peer review, continuing education, and relevant new articles

Help is Available

- There are two medical teams in the state staffed by pediatricians with additional certification regarding child abuse.
  - University of Kentucky Division of Pediatric Forensic Medicine
    - On-call phone consultation is available 24/7.
    - Weekdays 0800-1600: (859)218-6727
    - Evenings, weekends, and holidays: (859)257-5522 (ask for the Pediatric Forensic Medicine Provider on call)
  - Norton Children's Pediatric Protection Specialists
    - Please call our office at (502) 629-3099 with questions or consultation requests.

Questions?

- Dr. Jacqueline Sugarman
  - jsuga2@uky.edu
  - drsugarman@kykids.org
- Children's Advocacy Center of the Bluegrass: 859-225-5437
- University of Kentucky Medical Department: 859-257-5522

Resources

- https://cackentucky.org/medical-resources/
- Christian CW, Lavelle JM, De Jong AR, Loiselle J, Brenner L, Joffe M. Forensic evidence findings in prepubertal victims of sexual assault. Pediatrics. 2000 Jul;106(1 Pt 1):100-4. doi: 10.1542/peds.106.1.100. PMID: 10878156.
- Gavril AR, Kellogg ND, Nair P. Value of follow-up examinations of children and adolescents evaluated for sexual abuse and assault. Pediatrics. 2012 Feb;129(2):282-9. doi: 10.1542/peds.2011-0804. Epub 2012 Jan 30. PMID: 22291113.
- Jonathan D. Thackeray, Gail Hornor, Elizabeth A. Benzinger, Philip V. Scribano; Forensic Evidence Collection and DNA Identification in Acute Child Sexual Assault. Pediatrics August 2011; 128 (2): 227–232. 10.1542/peds.2010-3498
- https://www.kasap.org/