

A Medically-Based Screening Protocol for the Medical Response to Child Sexual Abuse/Assault

All children who are suspected victims of child sexual abuse should be offered a timely medical evaluation by a provider skilled in performing such evaluations. The primary purpose of the medical evaluation is to identify, document, diagnose, prevent, and treat medical conditions and/or trauma (resulting from abuse and unrelated to abuse), as well as to assess issues related to patient safety and wellbeing. An additional purpose of the medical evaluation is to determine the appropriateness of trace evidence collection and, if indicated, to ensure that biologic trace materials are properly collected and preserved.

The Missouri Sexual Assault Forensic Examination-Child Abuse Resource and Education (SAFE-CARE) Network is a network of medical providers who have received specialized training in the medical evaluation of child maltreatment. These SAFE-CARE providers can provide comprehensive, state-of-the-art medical evaluations to alleged child victims in a child-friendly setting and will frequently collaborate with local agencies responsible for child maltreatment investigations.

To find a SAFE-CARE Provider serving your community, call 800-TEL-LINK (800-835-5465). TEL-LINK is the Missouri Department of Health and Senior Services' toll-free information and referral line for maternal and child health care. TEL-LINK is answered weekdays from 8:00 a.m. to 5:00 p.m. Central Standard Time. Recorded messages are taken at other times; these calls will be returned during normal business hours.

A medically-based screening process can guide health providers and community partners in determining whether a child requires an immediate medical examination by an emergency health provider, mental health provider, or social worker. A child who does not require emergency services will be more effectively served by being offered a medical evaluation by a SAFE-CARE Network provider during regular clinic hours.

While most child victims of sexual abuse/assault do not require emergency medical evaluations, reasons for emergency medical examinations include, but are not limited to:

- The alleged assault may have resulted in the transfer of trace biological material *and* occurred within the previous 3 days (or other locally determined interval up to 7 days).
- The alleged assault may have placed the child at risk for pregnancy *and* occurred in the previous 5 days.
- The child complains of pain in the genital or anal area.
- There is evidence or complaint of anogenital bleeding or injury.

Reasons for emergency mental health or social interventions include, but are not limited to:

- Intervention is needed emergently to assure the safety of the child.
- The child is experiencing significant behavioral or emotional problems that could make the child a danger to themselves or others.

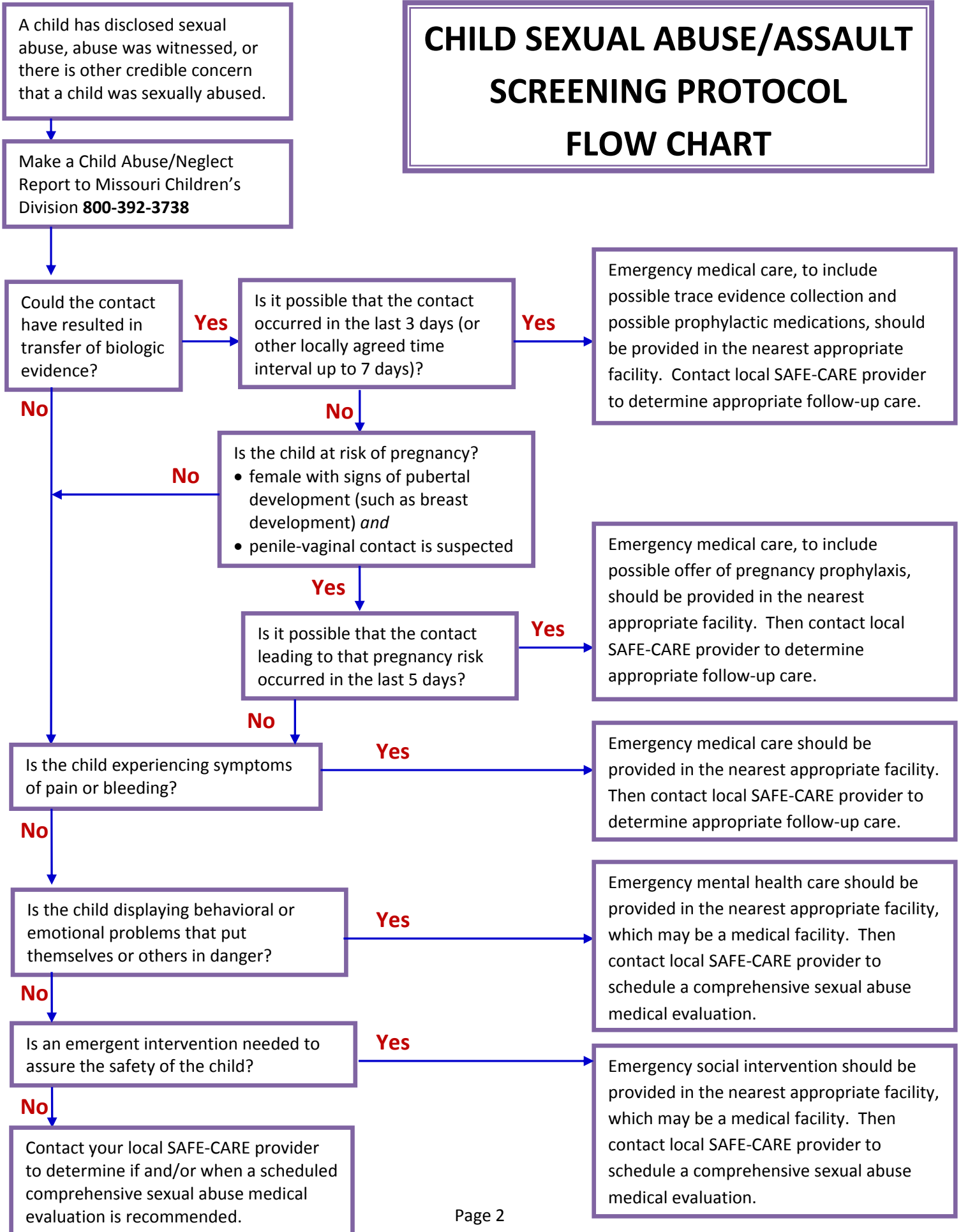
The Child Abuse Medical Resource Centers share responsibility of training, support, and mentoring of medical professionals working with child physical and sexual abuse issues. Medical providers in need of expert consultation or patient transport may call the 24-hour access lines maintained by these Resource Centers for assistance:

St. Louis Children's Hospital: Children's Direct Access Line 800-678-HELP (800-678-4357)

SSM Cardinal Glennon Children's Medical Center: Access Center 888-229-2424

Children's Mercy Hospital Kansas City: 800-GO-MERCY (800-466-3729)

CHILD SEXUAL ABUSE/ASSAULT SCREENING PROTOCOL FLOW CHART



ADDITIONAL INFORMATION

A child has disclosed sexual abuse, abuse was witnessed, or there is other credible concern that a child was sexually abused.

Victims of child sexual abuse present for medical care in many different ways. Some children will tell someone they trust about the abuse. A child does not have to repeat the disclosure to a medical provider to be offered appropriate medical care. A provider must remember that children frequently do not disclose all aspects of the abuse immediately. Some children do not disclose sexual abuse but other credible evidence is obtained or found, such as a witness disclosure or photographs of abuse are found. Providers should use the best and most complete information available in determining the need for emergency medical services.

Frequently, a concerned adult will request a medical evaluation for sexual abuse because of non-specific indications (such as a behavior change) or a strong distrust of a specific person or people in the child's life. These medically-based screening guidelines will still apply for this patient population, but decisions to perform acute medical interventions should be based on more specific indications that an abusive event has occurred.

Make a Child Abuse/Neglect Report to Missouri Children's Division.

If a child has disclosed sexual abuse, sexual abuse was witnessed, or there is some other credible reason to believe that a child was sexually abused, then a mandated reporter must report the case to Missouri Children's Division as directed by Missouri Revised Statute 210.115. It is not the reporter's responsibility to prove that abuse has

occurred prior to making a report. In fact, delaying a mandated report to perform an independent investigation may result in criminal charges and civil liability.

The Children's Division Child Abuse and Neglect Hotline Unit (CA/NHU) accepts reports of suspected child abuse, neglect, or exploitation. Reports are received through a toll-free telephone line, which is answered seven days a week, 24 hours a day. The toll-free number is 800-392-3738. Persons calling from outside Missouri should dial 573-751-3448.

Trace Evidence Collection:

Could the contact have resulted in transfer of biologic evidence?

Is it possible that the contact occurred in the last 3 days (or other locally agreed time interval)?

Indications that trace evidence collection may provide forensically valuable information include:

1. Debris or body fluid is visible on child's body or clothing, -or-
2. The contact included possible body fluid (semen, blood, saliva) or debris transfer,
 - a. This includes (but is not limited to) a perpetrator licking, biting, or using genitals to touch a child anywhere on their body.
 - b. Remember that a child may not disclose or have knowledge of all details of an abusive act; therefore, do not use an assumption of "no ejaculation" or "no penetration" as a reason to defer trace evidence collection.

-or-

3. *Acute* genital injury indicating an abusive event is detected during physical examination, regardless of history provided.

Local Child Abuse Multi-Disciplinary Teams (MDTs) composed of local representatives from law enforcement, Children’s Division, Child Advocacy Centers, and medical providers will determine how long after an alleged sexual abuse event trace evidence collection will be recommended. Each MDT will use information from local crime laboratories to assist in determining how likely it is that trace evidence collection may lead to a forensically relevant positive result.

When determining how long after an alleged abusive act trace evidence should be collected, use your local MDT agreed upon interval, which may range from 1-7 days, depending on the age of the child and the nature of contact.

1. After 24 hours, the likelihood of obtaining trace evidence from a young child’s body is low.
2. It is well established that trace evidence collection from anywhere on or in a child is never indicated past 7 days.
3. Clothing and bedding from a scene may yield positive results even years after the crime has occurred. Encourage law enforcement investigators to collect evidence from the scene or clothing as soon as possible.

Is the child at risk of pregnancy?
Is it possible that the contact leading to that pregnancy risk occurred in the last 5 days?

Pregnancy prophylaxis is available and should be offered to females who meet the following criteria:

1. History of menarche or has a Sexual Maturity rating (breast or pubic hair) of 3 or greater, *and*
2. Suspected penile-vaginal contact, with or without a history of penetration, condom use, or ejaculation, *and*
3. Contact occurred in the previous 5 days.

Is the child experiencing symptoms of pain or bleeding?

Current anogenital pain or bleeding may represent a traumatic injury from sexual abuse/assault or other medical condition which requires emergency medical intervention. A history of distant anogenital pain or bleeding, now resolved, typically does not require emergency medical care; but that historical information should be communicated to the medical provider responsible for the scheduled comprehensive medical evaluation.

Is the child displaying behavioral or emotional problems that put themselves or others in danger?

An appropriate medical or mental health provider should evaluate any concern that a child’s behavior or emotional state represents a danger to themselves or others (including but not limited to suicidal/homicidal thoughts). Emergency care may include crisis counseling, mental health evaluation, and/or treatment plan.

Is an emergent intervention needed to assure the safety of the child?

A child victim of sexual abuse should be protected from possible perpetrators during the investigation. If a child remains at risk for sexual abuse, Missouri Children’s Division and local law enforcement should be notified to evaluate the circumstances and establish a safety plan.

Background: The SAFE-CARE Advisory Council provides guidance regarding services, education, networking, quality assurance, and consultation. Advisory Council members include professionals from nursing, medicine, social work, and child advocacy centers.

The SAFE-CARE Advisory Council has developed these recommendations to comply with Missouri Revised Statutes Section 334.950.4: "The SAFE CARE network shall develop recommendations concerning medically based screening processes and forensic evidence collection for children who may be in need of an emergency examination following an alleged sexual assault. Such recommendations shall be provided to the SAFE CARE providers, child advocacy centers, hospitals and licensed practitioners that provide emergency examinations for children suspected of being victims of abuse."

References:

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