Department of Health

Coordinated Community Response
Sexual Abuse-Sexual Assault in Children

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I have no disclosures

Sexual Assault Response Team (SART): Community Approach to Sexual Abuse

Learning Objectives

- Recognize that each local community should have a Sexual Abuse-Assault Response procedure
- Learn the elements of successful Sexual Abuse-Assault Response Procedures
- Take time to review your regional workflow and agreements
- Review Senate Bill 698 related to Pelvic Exam Consent

Standardizing Evaluation Process

Why Standardize?

- Overall: Reduces variability, improves care, reduces mortality and morbidity, decreases cost
- Improves rates of detection for sexually transmitted infections, which have high prevalence in adolescent and adult populations
- Allows for coordination of components of assessment and investigation
- Decreases bias in the evaluation process

SART

- A coalition of community agencies serving sexual abuse or sexual assault victims
- Core membership includes:
  - Law enforcement investigators (both caregiver and non-caregiver related SA)
  - Department of Children and Families (DCF) Investigators (caregiver related SA)
  - Forensic Medical Examiners
  - Victim Advocates
  - Prosecutors or DCF Attorneys (or both)
  - Forensic Scientists

SART: GOALS

- Organize service delivery to improve access, prevent duplication of services and minimize vicarious trauma to children and families.
- Provide evidence collection and investigation that is reliable and objective.
- Advocate for child and family victims and ensure needs are met.
- Ensure health conditions are identified and treated.
- Educate the community related to prevention and intervention for victims of sexual abuse/sexual assault.

A Continuum of Care

Meeting the needs of children/families, from prevention to service entry through intervention

- Identify agencies, institutions, providers who can address a broad range of needs.
  - Safety, housing, transportation, medical-reproductive health care, financial support, employment, childcare
- Develop a community flow chart from entry to exit.
- Establish the roles of each agency/institution/program.
  - Prevention, Investigation, Assessment, Victim's Advocate-Care Coordinator, Treatment/Intervention/Community Resource
- Define SART guidelines-protocols.
- Develop Memorandum of Agreement.
- Develop interagency cross training and education.
- Develop plan for quality improvement.
- Review and update guidelines at regular intervals.

Triage Checklist

- Where and to whom did the child present?
- Is the alleged perpetrator a caregiver or non-caregiver?
- What symptoms does the child report?
  - Pain, bleeding, blackouts?
- Does the child have acute injuries? Level of consciousness? Bleeding, pain?
  - For serious injury-child should be sent to the hospital emergency room (ER)
  - Other trauma? (fractures? swelling? neck Injuries?)
  - For loss of consciousness, altered consciousness – send to ER and consider the following:
    - Drug facilitated assault
    - Choking/Strangulation
    - Head injury
- In some areas: how old is the child?
- When was the last sexual contact?
  - If <72 hours
- Is there evidence at the location of the assault/abuse?
  - Clothes/Underwear/Sheets/Cups-Glasses-Bottles

Triage by Location of Presentation

- **If hospital or urgent care facility**
  - Contact Child Protection Team (CPT) ASAP. CPT can triage if any labs or other medical work up can be done at that site and if the site offers prophylaxis treatment (usually sexually transmitted infections).
  - In some areas, CPT may have an arrangement to go to that facility. In others, CPT will ask DCF to bring the child to the CPT office.
- **Home or other non-health community site**
  - Contact CPT – if last sexual contact was within 2 weeks – would call ASAP for triage.

FAQs

Does the medical examination hurt?

- *The medical examination does not require an internal examination in most children. It involves looking, touching, and swabbing. For some children, this may be uncomfortable. Most children tolerate the examination well. CPT staff will use procedures to calm and distract the child during examination. Staff also will let the child set the pace and order of the examination.*
- *Two examples of internal examination involve: pubertal adolescents during acute examination – where swabbing the cervix may have a higher yield for DNA or sperm evidence OR in any child where there is evidence of serious internal injury which may require surgical repair. For these children – it is more likely that the examination would be done under sedation. These situations are uncommon.*

FAQs

Is there a cost to the family or child for Sexual Abuse/Assault Examination?

- *No. For the forensic component of the examination, there is no cost to the family or child.*
- *For follow up of medical or mental health complications of sexual abuse/assault, family may need to pay for services. In many areas, sexual assault/abuse treatment programs exist. CPT case coordinators/victim advocates can assist families with resources to access these services.*

Is parental consent required for CPT sexual abuse/sexual assault evaluation?

- *Yes, for girls.*

Consent for Medical Examination

SB 698: 2019 Florida law to address consent for pelvic examinations

- Prior to SB 698 – Chapter 39, Florida Statutes, covered Child Protection Teams and allowed examinations in children referred by DCF for suspected maltreatment.

- For children referred for sexual abuse – Child Protection Teams were obtaining assent of the child, and if available, the legal guardian or caregiver (if not the alleged perpetrator).

Consent for Medical Examination

SB 698: 2019 Florida law to address consent for pelvic examinations

- "As used in this section, the term "pelvic examination" means the series of tasks that comprise an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs using any combination of modalities, which may include, but need not be limited to, the health care provider's gloved hand or instrumentation."
- A health care practitioner, a medical student, or any other student receiving training as a health care practitioner may not perform a pelvic examination on a patient without the written consent of the patient or the patient's legal representative executed specific to, and expressly identifying, the pelvic examination, unless: (a) A court orders performance of the pelvic examination for the collection of evidence; or (b) The pelvic examination is immediately necessary to avert a serious risk of imminent substantial and irreversible physical impairment of a major bodily function of the patient.

So, what does SB 698 mean in the field?

Local SART procedure needs to be amended to address the following:

- It applies to females only – but **all** children who are verbal should **provide assent** to the exam; and if able, guardian should also **assent**.
- If a gloved examination may be needed, which is likely, then consent should be obtained from legal guardian. Most teams are obtaining consent for all female children in case concerns for SA arise during the medical history or exam.
- If no legal guardian is available OR legal guardian is an alleged perpetrator, then CPT Medical Provider AND case coordinator should confer with the Child Protective Investigator (CPI), Child Protective Investigator Supervisor (CPIS) and if needed, DCF legal, to explain the need for the examination. Then DCF legal must determine if there is sufficiency for an emergency court order for treatment.
- Visual inspections without gloved examination do not require additional consent.

FAQs

Penetration versus no penetration: Some areas will only schedule a medical examination if there is a history of penetration - what is recommended?

- *"All children who are suspected victims of child sexual abuse should be offered an examination performed by a medical provider with specialized training in sexual abuse evaluation."*

Can CPT complete a medical examination if law enforcement does not elect to pursue criminal investigation?

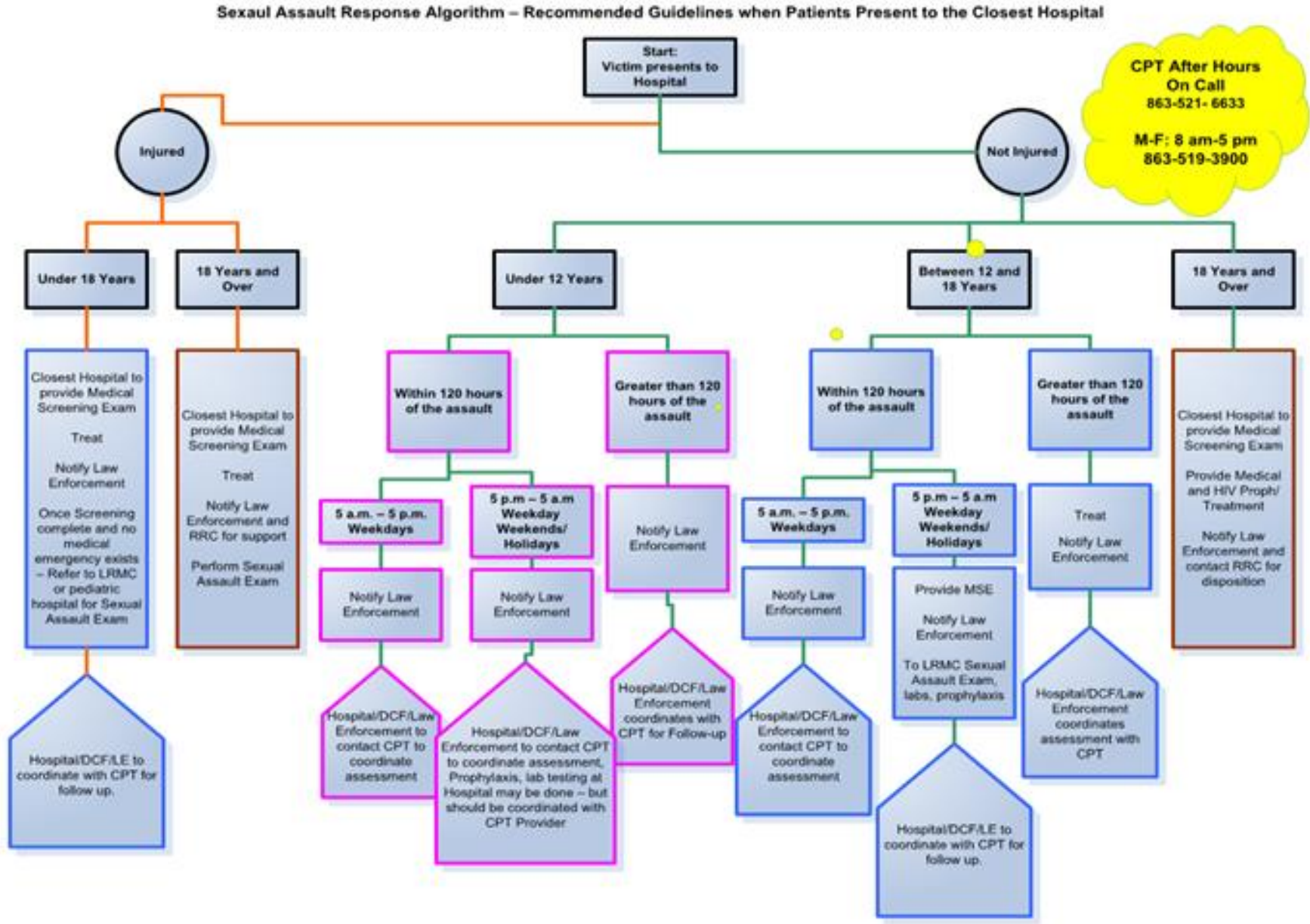
- *CPT can provide a medical evaluation with referral from DCF or Law Enforcement. If medical evaluation is needed to address concernsfor safety, DCF can request referral for CPT evaluation.*

Adams. JA et. al. Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused. J. Pediatric AcolescGynec29 (2016) 81-87.

Sample Community Workflow CPT

DCF SA and SART Training Folder\Appendix II SART Workflow SAMPLE.docx

Sample Community Workflow



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