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Joint Position Statement

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Care of Prepubescent Pediatric Sexual Abuse Patients in the Emergency Care Setting

Description

Sexual abuse of prepubescent children is quite distinct from that of adult patients. The initial report may be of a single encounter of sexual assault, but abused children commonly experience this mistreatment over multiple weeks, months, or years because of offenders' ready access to them.[1,2,3] Dependence on caregivers and the child's developmental age and cognitive ability create an opportunity for offenders to manipulate and silence children, especially if the offenders are family members or other trusted adults.[1,4] Sexual abuse is often hidden by offenders, unwitnessed by others, and many times leaves no obvious physical signs of its occurrence.[1,4] Children that experience sexual abuse often suffer from a wide range of health problems throughout their lifespan, with acute concerns that include sexually transmitted diseases, physical injuries, and psychological trauma.[4,5,6] Child sexual abuse patients are at greater risk for a number of adverse psychological and somatic problems that may extend into adulthood.[1,4,6]

Pediatric sexual abuse patients are not "little adults" and should not be treated under the same policies or guidelines used in the adult emergency care setting.[1] The Joint Commission requires emergency care facilities to have policies and procedures for identifying, assessing, and maintaining legal responsibility for collection, retention, and safekeeping of evidentiary material relating to patient victims of childhood sexual assault, sexual molestation, abuse, and neglect.[7] Healthcare providers within the emergency care setting have become part of a multidisciplinary team that, along with criminal justice and child protective services, recognizes child sexual abuse as a public health issue with long-term physical and psychosocial effects on children, families, and communities at large.[1,3,5,6] In this trauma-informed approach, pediatric sexual abuse patients can benefit from specialized care by trained pediatric sexual assault nurses examiners (SANE).[2,8] These recommendations are comparable to those for adult and adolescent sexual assault patients being evaluated and treated by specially trained adult/adolescent SANEs.[9]

ENA and IAFN Position

It is the position of the Emergency Nurses Association and the International Association of Forensic Nurses that:

1. Children who may be victims of sexual abuse are provided a safe and private environment upon arrival in an emergency care setting.

2. Emergency nurses provide developmentally age-appropriate, empathetic, and non-judgmental support to pediatric patients as well as to the caregivers presenting with them whose emotional and psychological responses to the patient's disclosures may directly impact the outcome on the family.

3. Non-offending parents and caregivers of children who may have been sexually abused will have access to a community-based advocate, where available, at any time during their stay.

4. Emergency nurses will engage social workers, where available, to facilitate completion of a psychosocial assessment to determine risk factors and strengths within the family.

5. Emergency nurses use a developmentally appropriate, trauma-informed approach throughout the child's care.

6. Sexual abuse patients receive consistent, objective, immediate medical care, and forensic evidence is collected by emergency nurses and medical providers who know the appropriate jurisdictional guidelines and protocols.

7. Whenever possible, forensic nurses with specialized training as pediatric SANEs or physicians trained as Child Abuse Pediatricians are consulted or assigned to care for children who disclose sexual abuse or for whom there is concern that sexual abuse may have occurred.

8. Emergency nurses receive continuing education on medical and forensic sexual abuse evaluation and maintain access to current legislative guidelines and protocols for proper examination and reporting options.

9. Emergency nurses screen and assess all acute and non-acute concerns or disclosures of sexual abuse, neglect, or suspected abuse, making proper jurisdictionally mandated reports, referrals, and transfers based on the need for time-sensitive exams or follow-up.

10. Sexual abuse patients receive medically appropriate evaluation, testing, and treatment according to the recommended U.S. Department of Justice Office on Violence Against Women national pediatric standards, protocols, and guidelines.[1]

11. Emergency nurses consult and collaborate with multiple agencies, including child advocacy centers, to develop an individualized, multidisciplinary approach to evaluation, treatment, and continuity of care specific to each patient's circumstances, to minimize short- and longer-term physical and psychological trauma.

12. Emergency nurses trigger community intervention in cases of non-disclosure where there are concerns of child abuse, and remain cognizant that other children living in the same household are potential sexual abuse victims.

13. Emergency nurses participate in community education and research to identify and implement best practice standards of care for pediatric sexual abuse patients.

14. Healthcare facilities recognize that they have an obligation to provide appropriate medical forensic intervention when a child at risk for sexual abuse presents for care, whether or not the facility has a SANE program or a child abuse pediatrician.

15. Policies regarding patient and staff safety are developed for instances where the person accompanying the child victim is the suspected offender, is suspected to be in collusion with the offender, or is otherwise believed to be contributing to the abuse.

16. Healthcare facilities support pediatric SANE nurses by developing or maintaining their own programs, or by establishing relationships and appropriate transfer arrangements with other facilities where pediatric SANE programs exist.

Background

The prevalence of child sexual abuse is difficult to measure because it is almost certainly underreported. Experts agree that numbers are much higher than official statistics indicating that 1 in 5 girls and 1 in 20 boys are sexually abused.[4] In 2014, 62.7% of child abuse and neglect cases were reported by professionals, including medical personnel.[10] Nationally, data suggest that pre-adolescent and adolescent sexual abuse patients are more frequently evaluated in the emergency department than abuse victims in other age groups.[2]

Children who have experienced sexual abuse can experience a wide range of related acute and chronic health problems. Acute health issues may include anxiety, injury, or exposure to sexually transmitted diseases. Other health problems such as depression, suicidal ideation, substance abuse, and sexual dysfunction may develop later in life.[11,12]

In 2016, the Department of Justice released a national protocol for medical forensic examinations of pediatric sexual abuse patients to facilitate a standardized, evidence-based best practice in caring for this special population.[1] Recognition that child sexual abuse differs from adult and adolescent abuse compels a different response — a response that emergency providers and policy makers must seriously consider when implementing the level of care this special population deserves.[1,2,3,9]

Referrals of children to pediatric sexual assault nurse examiners with enhanced ability to differentiate normal versus abnormal prepubertal genital anatomy have resulted in improved detection and documentation of ano-genital injury.[9] Overall, testing for sexually transmitted infections (diseases), evaluating pregnancy in adolescents, and the keeping of detailed documentation support the pediatric SANE's contribution to quality care.[5,9] While it may not be possible for all emergency care settings to offer pediatric SANE services, all be prepared to facilitate access within their community to appropriate facilities and examiners, capable of providing a high quality, evidence-based response for child sexual abuse patients.[1]

Resources

Administration for Children & Families: www.acf.hhs.gov

American Academy of Child and Adolescent Psychiatry, Child Abuse Resource Center: http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Child_Abuse_Resource_Center/Home.aspx

Centers for Disease Control and Prevention. (2016). *2015 Sexually transmitted diseases treatment guidelines*. Retrieved from https://www.cdc.gov/std/tg2015/default.htm

Center for Disease Control and Prevention, Injury Prevention and Control: Division of Violence Prevention. (2016). *Child abuse and neglect: Additional resources.* Retrieved from https://www.cdc.gov/ViolencePrevention/childmaltreatment/resources.html

Child Welfare Information Gateway. (n.d.). *Child abuse and neglect.* Retrieved from https://www.childwelfare.gov/topics/can/

National Child Abuse Hotline: https://www.childhelp.org/hotline

U.S. Department of Justice, Office on Violence Against Women. (2016). *A national protocol for sexual abuse medical forensic examinations-Pediatric*. Retrieved from https://www.justice.gov/ovw/file/846856/download

U.S. Agency for International Development and U.S. President's Emergency Plan for AIDS Relief (PEPFAR). (2013). *The clinical management of children and adolescents who have experienced sexual violence: Technical considerations for PEPFAR programs*. Retrieved from https://aidsfree.usaid.gov/sites/default/files/prc_english.pdf

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10. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2014). *Child maltreatment*. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf

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