

March 2009

White Paper

Pediatric Sexual Assault and Abuse in New York State

Executive Summary

A report on the status of medical sexual assault and abuse examinations and forensic evidence collection with recommendations to improve services to children.

A Project of the New York State Coalition Against Sexual Assault

INTRODUCTION

Experts estimate that one in four girls and one in six boys are sexually abused before their 18th birthday. 67 percent of all reported sexual assaults happen to children ages 17 and under. 93 percent of victims know their abusers: 34 percent are abused by family members; 59 percent are abused by someone trusted by the family. Children who have been abused often keep it a secret. (Prevent Child Abuse NY).

This White Paper takes an extensive look at how pediatric sexual assault services are delivered in New York State and in other states and makes recommendations for model improvements that will ensure that these most vulnerable victims receive better care. “Consequences are wide-ranging and affect us all”(Prevent Child Abuse New York, n.d., p.1). Child sexual assault can lead to life-long health and mental health problems, substance abuse, teen pregnancy, prostitution, homelessness, and a generational cycle of violence. “Most violent prisoners in our jails were abused or neglected as children”(Prevent Child Abuse New York, n.d., p.1).

Protecting our children is among our most important societal obligations. We thank the NYS Division of Criminal Justice Services for funding the DNA Trainings Initiative and this study; to author Dee Krebs for her dedication and to the distinguished panel of national and state pediatric sexual assault professionals for their contributions to the research and recommendations for this project. This detailed statewide assessment is a critical first step and can serve as a guide for effective legislation and investments in a system-wide infrastructure to improve pediatric sexual assault forensic care.

Pediatric Sexual Assault and Abuse in New York State

by Dee Krebs, MS, FNP

Executive Summary

In 2006 in New York State 76,590 children were abused or neglected & 3.4% were sexually abused. Seventy-five of those children died as a result.

Child sexual assault or abuse is a serious crime. In a survey sent to Sexual Assault Nurse Examiners, Child Advocacy Centers/MDT and Emergency Rooms, an alarming 72% of New York State respondents reported that they were “not satisfied” with the care received by children in their county when child abuse is suspected (Sealing, 2007).

Caring for children of sexual assault/abuse is inadequate within our current system. It is a serious public health problem in New York State, and it is imperative that policymakers recognize the seriousness of pediatric sexual assault/abuse. In all urgency, it must be brought to the head of the list for policymakers to reduce or eliminate its impact on potential victims.

New York State does not have a state funded program to care for victims of child sexual assault/abuse, such as Massachusetts, New Jersey, and Texas. Many organizations take part in pediatric care, but no one organization has been identified to take the lead. Nothing is continuously funded, and there is no coordinated oversight. *Children need their own leadership* (Botash, personal communication, February, 2009).

Child Advocacy Centers (CAC) focus on coordinated investigation to provide the pediatric population with professionals specialized in caring for children. This is fostered by the coordination of services in a child-comfort atmosphere using a multidisciplinary

team (MDT). New legislation mandates the MDT to be present at the intake of a child, which at a minimum includes: Child Protective Service (CPS), law enforcement, a district attorney, a victim advocate, and a mental health specialist. The medical component is a standard and it is approved and accredited. The goal is to have teams available for the child and family at the same time and place.

Across the state, CACs struggle the most with securing the medical component. Due to the lack of child abuse experts, medical directors are difficult to hire and retain. If the medical director resigns and its medical component fails, the CAC may lose its tier status. Most CACs do not have a medical component on site, but it is built into the system. Often the cases are referred to pediatricians and nurse practitioners in the community. However more often than not, these clinicians do not have child abuse expertise. In fact these clinicians operate in a vacuum, they do not have the ability to document their findings or their cases are not peer reviewed. The medical aspect of the CAC is an intricate part and often the missing link; it is not well coordinated or connected. Concentrating on training, peer review and standardization of the medical component, is needed for the MDT at the CAC.

The Child Abuse Medical Provider (CHAMP) program is the only program in New York State that provides standardized education and skills training in the evaluation and treatment of child sexual abuse for physicians, nurse practitioners, and physician assistants already in practice. Without funding for this nationally respected model, there will be no training or expansion of the roster of CHAMP-trained providers.

Severe NYS funding cuts for the 2008–2009 budget year curbed progress being made to improve child safety. Lost was the quality assurance program of case reviews by

child abuse experts and educational Webcasts. As a result, NYS Child Advocacy Centers may not be able to meet recommended National Children's Alliance medical standards, and medical providers cannot learn directly from the state's child abuse experts. Also lost was the opportunity to improve and standardize the NYS medical response through the development of research-based and expert-reviewed practice recommendations.

Projects to improve medical care in hospital emergency departments are at risk because CHAMP coursework is a main training requirement. As a result, without CHAMPS funding, abused children in many areas will not have access to skilled medical examinations.

The Pediatric Sexual Assault Nurse Examiner is also a vital counterpart with the CHAMP provider in the evaluation of child sexual assault/abuse. The pediatric sexual assault nurse examiner "ensures that a complete medical/forensic evaluation is provided for all patients who have experienced abuse or where there is suspicion of sexual assault/abuse" (IAFN, 2008, p. 3).

The NYS Department of Health (DOH) protocol for Sexual Assault of the Adolescent and Adult Patient recommends use of Sexual Assault Nurse Examiners for their medical and forensic care; however, there are no training guidelines on how to perform a pediatric sexual assault/abuse exam. Children are not "little adults." The examiner must be proficient in his or her assessment skills regarding child development. The majority of medical and nursing schools provide minimal education on this topic. Presently, NYS DOH is revising the Child, Adolescent, Adult Sexual Assault Protocol; it is unknown if it will include standards and protocols for the ERs and CACs on child sexual assault/abuse.

In New York State, there are no educational standards for physicians or nurses to care for sexually assaulted/abused children, and there is no pediatric sexual assault/abuse nurse examiner educational training offered. Research has shown that children who are sexually assaulted/abused receive better medical-forensic care when there are standard policy and procedures, standard trainings, and continuing education in place (Socolara, 2001). New York State needs a pediatric training program to educate nurses to care for sexually assaulted/abused children. The overall goal is to have the pediatric sexual assault nurse examiner working with the child abuse pediatrician and CHAMP trained providers to create linkages between Emergency Departments and CACs.

If these programs are not supported and funded, children will continue to have substandard care. There may be multiple agencies involved in the child's case, thereby lacking a coordinated response. Many professions lack the experience of working with children and lack the knowledge of child developmental stages. There will continue to be confusion over forensic evidence collection, the medical exam, and clinical medical follow up. With the lack of appropriate medical and forensic evidence, the case will be jeopardized, potential evidence will be lost and children will not be protected.

REFERENCES

- International Association of Forensic Nursing Review & Committees. (2008). *Sexual assault nurse examiner education guidelines*. Author.
- Prevent Child Abuse New York. (n.d.). 2006 Child abuse and Neglect Fact Sheet.
- Sealing, P. (2007). New York State safe/sane training and practice related to pediatric sexual assault cases: survey results.
- Socolara, R., Fredrickson, D., Block, R., Moorea, J., Tropez-Sims, S., & Whitworth, J. (2001). State programs for medical diagnosis of child abuse and neglect: case studies of five established or fledgling programs. *Child Abuse & Neglect*, 25, 441-455.

Contact NYSCASA to request a copy of the full report or if you are interested in being part of a collaborative response to the challenges posed by this White Paper.

The New York State Coalition Against Sexual Assault (NYSCASA) is a voice for survivors and works to end all forms of sexual violence and exploitation. We provide technical assistance to a membership that includes 75 rape crisis programs across the State, work legislatively to improve public policy, and provide specialized training, education and outreach to professional and public audiences.

This White Paper is a project of the DNA Training Initiatives.

This publication is supported by Grant # SA08-1001-D00 awarded by the New York State Division of Criminal Justice Services. The contents are solely the responsibility of the author and do not necessarily represent the official views of the New York State Division of Criminal Justice Services or the New York State Coalition Against Sexual Assault

NYSCASA

New York State Coalition Against Sexual Assault
www.nyscasa.org

28 Essex Street
Albany, NY 12206
(518) 482-4222 phone
(518) 482-4248 fax
info@nyscasa.org