Medical Advocacy for Child Sexual Abuse Victims
Why Medical Advocacy?

- CORE service
- Statutory right to support
- Medical examination can be one of the most intimidating processes in recovery from sexual assault/abuse
Statutory Victim’s Rights

- RCW 7.69.030 – Access to immediate medical assistance without unreasonable delay
- RCW 70.125.060 – A personal representative of the victim’s choice may accompany victim to the hospital or other health care facilities
  - "Personal representative" means a friend, relative, attorney, or employee or volunteer from a community sexual assault program or specialized treatment service provider.
Medical Advocacy

- Medical is advocacy is about what you are talking about, not where you are
  - Understanding medical evaluations
  - Referral to appropriate medical resources
  - Support at medical exams and appointments
  - Information regarding Crime Victim’s Compensation benefits and eligibility for coverage
Collaborating with Medical Services
Where do you start?

• Know available services and resources in the hospital and your community
• Sell your services
  – Know why you’re valuable to the provider
• Perceived need
  – Medical needs to know that they need you
• Inform victims they have the right to have an advocate with them during their medical procedures
Children’s Medical Rights

Age of majority for healthcare is 18, however children can receive certain services without parental consent

- Sexually transmitted disease testing and treatment: 14 years of age
- Birth control and reproductive health: any age
- Advocacy services: any age
  - Agency policies may apply
Remember who your client is

- Child is always the client, even if you only ever provide services to the parents
- Children able to consent to services can decline services as well
- Children able to consent to services control their own information
- Sometimes an additional advocate may be necessary if there is a conflict
Why do an Assessment?

- Documentation of history
- Locate injuries
- Assess and treat medical conditions
- Reassure child and parent
- Educate
- Medical exception to hearsay
- Identify potential evidence
Who should decide about an assessment?

- Medical decisions should be made by medical providers.
- Personal beliefs can interfere with children receiving appropriate referrals if professionals are misinformed.
- There may be reasons to conduct an examination even years after the abuse, which have nothing to do with evidence or case building.
But I don’t want to put my child through that...

- Parent’s and other professionals often don’t understand child sexual abuse assessments
- Nothing like an adult rape exam
- No invasive or painful procedures
- Similar to a well-child check
- Genital examination is external
The more I know the less I fear

- Parents experiencing anxiety is correlated with their children feeling scared during examination.
- Studies indicate that parents and children do not experience as much trauma as a result of an examination as they had anticipated.
- Anxiety is significantly reduced by pre-exam information and being fully informed about procedures.
Medical Sites and Providers

- Emergency Department – ED
- Specialized
  - Specialized provider in general clinic
  - Sexual assault specific (SANE)
  - Combined abuse/assault centers
  - CAC
- General practitioners
Post-Pubescent Sexual Assault Examinations

Similar to an adult sexual assault examination

- Assault history
  - Mechanism of trauma
  - What went where
- Assessment of sexual knowledge
- Health history
- GYN/Sexual history
- Review of systems
Post-Pubescent Sexual Assault Examinations

- May or may not include a speculum exam
  - Dependent upon assault history, victim’s sexual history and previous exam experience
- Don’t make assumptions as the advocate about what medical decisions will be made
  - Better to talk with child and parents about what options will be discussed, not provided
Post-Pubescent Treatment

- Standard panel of labs to assess for illness and STD
- Treatment for injuries
  - Pain medication, splints, sutures
- Acute illnesses
  - STD
- Self harm assessment
- Preventative Medications
  - Gonorrhea
  - Chlamydia
  - Hep B
  - ECP (72 hrs)
  - HIV prophylactics (72 hrs)
Emergency Contraception

- **RCW 70.41.350**
  - If not medically contraindicated, provide emergency contraception immediately at the hospital to each victim of sexual assault who requests it
- Be prepared to offer alternative ways of accessing Emergency Contraception
Pre-Pubescent Sexual Abuse Assessments

- Talk with caregiver alone
  - Abuse concern
  - Social history
  - Protectiveness
- Talk with verbal child alone
  - Why are you here to see me
  - Medical exception to hearsay
  - No education during investigation
    - Taint hearing
- Exam
- Developmental assessment
Pre-Pubescent Treatment and Labs

- STD testing if indicated by history
  - May be conducted at a different location

- Urinalysis
  - Rule out urine or infection as source of symptoms
  - GC/CT

- Confirmatory testing for court
  - Any positive STD results must be retested
  - STD diagnosis often isn’t admissible
Advocacy Responsibilities
Prior to an Assessment

• Referral for assessments and explaining why an assessment is important
• Explaining the general procedures and content of an assessment
• Helping parents understand children’s healthcare rights
  – Consent and confidentiality are often contentious issues
• Communicating with medical providers and patients about concerns, questions, and delays
• Don’t ever provide food or water
They said what !?!

Until an assessment is complete, children should not be exposed to conversations about sexual abuse

• Don’t introduce yourself as being a sexual assault advocate
• Don’t allow medical providers to talk to parents in front of children
• Once assessment is complete then talking to children about specifics should be based upon age and developmental understanding
Advocacy Responsibilities During an Assessment

- Advocacy is secondary during history
  - Interference may exclude medical exception to hearsay
- Age related considerations
  - Under/Over 10
- Addressing fears
- Support and comfort for child
  - Do not participate in physical assessment
- Helping parent focus and maintain composure
What do you mean my child is normal?

- Most children do not have any significant medical findings
  - Only 20% of children have medical findings
- This doesn’t mean that nothing happened
- Parent can have both positive and negative reactions to this information
- Explaining typical sexual offenses against children is important
Forensics

- Forensic evidence collection varies depending on history of assault and activities of child since the assault
- Many people expect forensic evidence collection
- Most forensics in cases of pre-pubescent children come from sources other than the child
- Don’t ever handle or accept forensic evidence
HIPPA Confidentiality

• *Protected health information (PHI)* is individually identifiable health information that is transmitted or maintained by a covered entity in any form or medium.
• For an individual or entity meeting the definition of a Business Associate, PHI may only be released if the covered entity has:
  – a business associate agreement with the individual/entity; or
  – a contract with the individual/entity containing language consistent with a business associate agreement
• Expect to have to put formal agreements in place in order to receive medical information
Mandated Reporting

- Advocates remain mandated reporting responsibilities even in a medical setting
- Just because the medical provider will be making a report doesn’t mean you don’t have to
- Follow agency protocol on reporting
Remember

- Know why the provider is doing what they are doing
- Avoid telling the patient what the nurse/provider will do
- Things in medical settings are often different than what we are used to as advocates
- Remember the wide variation in the provider’s experience and their training
- Always ask if you think something isn’t being covered