

JOINT POSITION STATEMENT

CHILD ABUSE MEDICAL PROVIDERS/ OREGON NETWORK OF CHILD ABUSE INTERVENTION CENTERS

and

OREGON ATTORNEY GENERAL SEXUAL ASSAULT TASK FORCE: MEDICAL FORENSIC COMMITTEE

STANDARD OF PRACTICE FOR COLLABORATION OF SANES AND CHILD ABUSE MEDICAL PROVIDERS FOR ACUTE CHILD AND ADOLESCENT SEXUAL ASSAULT IN OREGON

Introduction: This joint position statement was developed to provide an agreement of collaboration for the Oregon child abuse medical community and Sexual Assault Nurse Examiners who are specially trained to examine, collect evidence and document findings in victims of acute sexual assault. The development of this document is an effort to provide a standard of care for the sexually assaulted child or adolescent by utilizing a consistent and collaborative approach in Oregon.

Definitions:

SATF: Attorney General Sexual Assault Task Force

SANE: Sexual Assault Nurse Examiner

Child: Birth through 14 years of age

Adolescent: 15 through 17 years of age

Acute Sexual Assault: “ Acute anogenital injury or bleeding thought or believed to be secondary to sexual abuse, or sexual abuse that has occurred generally within the 72 hours preceding an examination, but may be up to 96 hours and which necessitates documentation and may necessitate collection of forensic evidence”¹

CAIC: Child Abuse Intervention Center

Quality Assurance: A system for evaluating performance, as in the delivery of services or the quality of products provided to consumers, customers or patients.²

OSBN: Oregon State Board of Nursing

IAFN: International Association of Forensic Nurses

MDT: Multi-disciplinary Child Abuse Team

Background:

1. Child abuse is a specialized field of medical expertise involving the evaluation and management of children who have been sexually, physically or emotionally abused or neglected. As of 2007, there are 19 child abuse intervention centers in Oregon. Acute child and adolescent sexual assault constitutes a minor proportion of child abuse, yet requires an immediate response for the purpose of addressing urgent medical needs, documentation of injuries and forensic evidence collection. Forensic interviews are only to be conducted by interviewers who have been trained in forensic interviewing techniques of children and adolescents at variable stages of development. These interviews are crucial in the evaluation of the sexually abused child and adolescent, are often extensive and are ideally performed in the non-acute setting.
2. The current response to acute child and adolescent sexual assault in Oregon differs widely from county to county. The response depends on county protocols, provider training, provider availability and access to child abuse providers.
3. Through the SATF, Oregon SANEs receive training in forensic evidence collection and documentation of findings for those patients aged 15 and over with concerns of acute sexual assault. SANE certification is obtained through the SANE Certification Commission. SANEs in some counties in Oregon are additionally being requested to provide or assist in the forensic examination

of children presenting to emergency departments who have been sexually assaulted. A survey of Oregon SANEs in 2006 revealed that 16 of 39 responding to the survey had been requested to provide acute child sexual assault examinations in the emergency department.³ The majority of Oregon SANEs currently in practice have not received training in the physical examination of child victims of sexual assault.

4. The OSBN published a policy statement in 2003 regarding the RN Scope of Practice as a SANE, which clearly delineated training requirements, competencies, clinical requirements, preceptor requirements and supervision. This policy identified requirements for both age groups; 1) Older Adolescents & Adult Patients, and 2) Pediatric Patients.⁴
5. Oregon has established two separate guidelines for the medical evaluation of acute sexual assault in children:

Recommended Medical Guideline: Acute Sexual Assault Emergency Medical Evaluation for the State of Oregon—Older Adolescents \geq 15 years)/Adults (2004, Revised 2005); published by SATF: Medical Forensic Committee

CARES Northwest Recommended Medical Guideline for Acute Sexual Assault Emergency Medical Evaluation: Child/Adolescent (\leq 14 years) (2004); published by CAMI in *Oregon Medical Guidelines for Evaluations of Sexual Abuse in Children and Adolescents*

6. The presentations, histories and examinations of acute sexual assault of children differ significantly from those of adolescents. Ensuring that acute sexual assault examinations of patients in both age groups are consistent and standardized may help avoid situations where differences in training leads to adverse outcomes for a child, as has occurred in other states. It is thus imperative and in their best interest for children and adolescents to be examined by providers who are appropriately trained, using approaches and guidelines that are established and utilized statewide. This ensures the provision of standardized and consistent information to MDT members who are involved in various aspects of child and adolescent sexual assault cases in Oregon.
7. This issue demands a collaborative approach between child abuse medical providers and SANEs who may be involved in the examinations of acute sexual assault of both children and adolescents. This Joint Position Statement developed by child abuse medical providers, the Network of Child Abuse Intervention Centers and the Medical Forensic Committee of the SATF represents current standard of practice in Oregon.

We agree with the following recommendations regarding the role of SANEs in the medical-forensic examination of acute child and adolescent sexual assault:

Scope of Practice:

1. All examiners must practice within their legal scope of practice as established by the Oregon State Board of Nursing & the Oregon Board of Medical Examiners. It is outside of the SANE scope of practice to make determination of a diagnosis, or to determine if findings or forensic evidence is consistent with sexual assault.⁴

Training:

2. SANEs involved in the examination of adolescents must complete Oregon SANE training and obtain certification by the SANE Certification Committee, of the Oregon SATF.
3. Additionally, SANEs who will be examining children must complete a SANE-P (SANE-Pediatric) training course or its equivalent. SANE-P certification must be done through the IAFN, and all certification standards be met.⁵ In addition, Oregon standards (numbers 4-7 below) must also be met.
4. The most current Oregon Medical Guidelines for the Evaluation of Sexual Abuse in Children and Adolescents must be completely reviewed.¹
5. SANE-Ps are required to review pertinent medical literature as referenced in the Oregon Medical Guidelines for the Evaluation of Sexual Abuse in Children and Adolescents.¹

6. SANE-Ps must identify their local or referring CAIC and arrange to observe at least 5 sexual abuse examinations of children or adolescents performed by child abuse medical examiners. This is in addition to the IAFN requirements for observation of child examinations.
7. As per the Oregon State Board of Nursing, demonstration of clinical competence is essential. If a clinical component is not part of the training program, the RN must have a period of preceptored clinical practice, adequate to gain and demonstrate competence in the required skills.⁴

Quality Assurance and Case Review:

8. Acute child and adolescent sexual assault examinations performed by SANEs are reviewed together with staff from the designated CAIC for Quality Assurance. This process is in addition to the Quality Assurance requirements of the institution where the examination is provided. It is not the role of medical providers at CAICs to supervise SANE examinations, unless the SANE is employed by the CAIC. (OSBN policy statement requires on-site supervision of SANEs by a physician or nurse practitioner)⁴
9. The role and extent of the medical interview done by the SANE during the child or adolescent acute sexual assault examination will be determined by the standards and forensic interview protocols outlined by the local or referring CAIC.
10. Written and photo-documentation of the anogenital examination and other pertinent findings are recommended for all medical examinations. The use of handheld digital photography with magnification is acceptable if the use of a colposcope (digital or 35mm) is unavailable. This documentation will be kept in the patient record and will be forwarded to the CAIC for review and quality assurance.

Maintenance of Competency:

11. SANE-Ps participate in regular case review with child abuse examiners and participate in yearly child and adolescent sexual abuse/assault trainings to ensure maintenance of competency. This continuing education is in addition to that required for SANE or SANE-P maintenance of competency. Per OSBN policy, this continuing education is in addition to the RN's employer's responsibility to establish a system that documents how clinical competence was demonstrated and maintained.⁴
12. At least 6 acute sexual assault exams, including both child and adolescent should be done per year for maintenance of skills.

References:

1. Reichert, S et al. (eds.) Oregon Medical Guidelines for Evaluation for Sexual Abuse in Children and Adolescents. 2nd ed. Salem: Oregon Department of Justice, Crime Victims' Assistance Section, CAMI Program, 2004.
2. Stedman's Medical Dictionary, 2004.
3. Purvis, J. Acute Child Sexual Abuse Examinations in Oregon. Presentation: National Child Abuse & Neglect Conference. Portland, Oregon, April 24, 2007.
4. Oregon State Board of Nursing; Policy Statement: Registered Nurse Scope of Practice as a Sexual Assault Nurse Examiner. Apr. 2003. Accessible at <http://www.osbn.state.or.us/OSBN/pdfs/policies/Sane.pdf> Accessed June 15, 2007.
5. IAFN – Pediatric Educational Guidelines for Sexual Assault Nurse Examiners. Accessible at <http://www.iafn.org/about/aboutHome.cfm>. Accessed June 30, 2007.

Signed by representatives of the Oregon Attorney General Sexual Assault Task Force, the Oregon Network of Child Abuse Intervention Centers, and members of the Oregon Medical Training group, representing the Oregon child abuse medical provider community. Jan 21, 2008

Review date: 1 year