PEDIATRIC SANE:
Partnering to Provide Comprehensive Care to Child and Adolescent Victims of Sexual Abuse and Assault

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Nationwide Children’s Hospital
Emergency Department
Center for Family Safety and Healing

Objectives
• 1. Describe the role of the pediatric sexual assault nurse examiner
• 2. Describe the role of the child advocacy center
• 3. Understand the multidisciplinary care of the acute pediatric sexual abuse/assault patient

Pediatric SANE Team
• Gail Hornor, RNC, DNP, CPNP, SANE-P (coordinator)
• Teri Warnimont, RNC, P-SANE
• Rosie Zeno, RN,CPNP, SANE-P
• Kat Cox, RN, CPNP, SANE-P
• Lindsey Eckles Hoffman, RNC, SANE-P
• Melody Brown, RNC, P-SANE
• Joely Cook, RNC, P-SANE
• Katie Doughty, RNC, CPNP, P-SANE
• Lisa Heston, RNC, P-SANE
• Shelly Miller, RNC, P-SANE
• Jessica Hollar, RN, P-SANE
• Courtney Rowe, RNC, P-SANE

Administrative Team
• Randy Smith, RN – Emergency Department Program Director
• Ellen McManus, M.D. – Medical Director Pediatric SANE Program
• Jonathan Thackeray, M.D. – Medical Director Center for Family Safety and Healing

Pediatric SANE Program
• Partnership
  • Center for Family Safety and Healing
  • P-SANE Nurses
  • Emergency Department
### History of Childhood

- Ancient Egypt
  - Family oriented society
  - Murder of infant and children heinous
  - Sibling incest by age 10 to 12
  - Prepare male children for sexual activity
  - Intercourse between adults and prepubertal children forbidden
- Ancient Greek society
  - Children sacrificed without meaning
  - Females killed as infants and sexually abused as girls
  - Homosexual exploitation of boys accepted
- Roman Empire
  - Depraved in the disdain of women
  - Abuse of children
  - Torture of slaves
  - Father and husband – undisputed power and control
- Byzantine Empire (324 – 1452 A.D.)
  - Ripe with child sexual abuse
  - Premature marriages, child prostitution, pedophilia, and incest

### History of Childhood

- Victorian era (1837 – 1901)
  - Many children neglected as well as physically and sexually abused
  - Rape and incest documented by physicians
- 1920s to 1960s
  - Decline of feminism
  - Unclear definitions of violence and neglect
  - Focus on economic conditions
  - Medical literature tended to deny incest, talked about incest in other cultures, or discussed incest as the product of sexually lax communities or families with poverty, alcoholism, and poor education

### History of Sexual Abuse

- 1970s America began to recognize and address the problem of sexual abuse
- Medicine, law enforcement, and child protective services began investigating sexual abuse on a more widespread basis
- 1980s concern regarding system-induced trauma from sexual abuse investigations
  - Multiple interviews
  - Unskilled exams

### Child Advocacy Centers

- First CAC established 1985
- Community-based, child-focused, culturally competent, multidisciplinary team approach to investigation, treatment, management, and prosecution
  - Medicine
  - Child protective services
  - Law enforcement
  - Prosecution
  - Mental health
- Nearly 700 in the United States
- National Children’s Alliance
  - Associate
  - Accredited / Developing
  - Affiliated
  - Chapters
Child Advocacy Center
- Multi-disciplinary team
- Cultural competency and diversity
- Forensic interviews
- Victim support and advocacy
- Medical evaluation
- Mental health
- Case review
- Case tracking
- Organizational capacity
- Child-focused setting

Child Advocacy Centers
- Historically involved in the investigation of:
  - Child sexual abuse
  - Non-acute

Acute Sexual Abuse/Assault
- Care given in Emergency Department
  - Attending ED physician / resident without specialized sexual abuse training
  - Long wait times
  - Inconsistent care
  - Frequent need for second exam
  - Poor coordination of services for after care

Sexual Assault Nurse Examiner (SANE)
- Developed to address inadequacies in the care of sexual assault victims
- SANE programs have existed in the U.S. for over three decades
- Proliferated in the past 10-15 years
- Over 500 SANE programs in the United States

SANE
- Registered nurses who have had additional education and training in sexual abuse/assault evidence collection and examination documentation
- International Association of Forensic Nurses
  - SANE – A
  - SANE - P

SANE
- Collection of forensic evidence
- Recognition and documentation of trauma
- Expert testimony
- Adult and adolescent
- Pediatric
  - Growth and development
  - Prepubertal genital anatomy
  - Dynamics of child sexual abuse
  - State laws regarding mandatory reporting of child abuse
Child Sexual Assault Findings: A Knowledge Assessment of Sexual Assault Nurse Examiners

- Hornor, Scribano, & Hayes (2008)
  - Recognizing normal prepubertal female genitalia
  - Recognizing abnormal prepubertal female genitalia
  - Knowledge of relationship between STIs and sexual abuse

Questionnaire

- Mailed to 412 SANE programs in the U.S. and Canada
  - Department of Justice, Office for Victims of Crime website
  - 27 programs declined no longer had SANEs or currently not examining pediatric patients
  - 166 programs participated (43%)

Demographics

- Age
  - <30 6 (3.7%)
  - 30-40 44 (27%)
  - 41-50 74 (45%)
  - >50 38 (23%)
- Number years as RN
  - 0-5 9 (6%)
  - 6-10 15 (9%)
  - >11 139 (86%)
- Number years as SANE
  - 0-5 89 (55%)
  - 6-10 58 (38%)
  - >11 16 (10%)

Proportion (%) of Providers Who Correctly Identified Genitalia Anatomic part

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<tr>
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<tbody>
<tr>
<td>Anus</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
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<tr>
<td>Clitoris</td>
<td>91%</td>
<td>91%</td>
<td>99%</td>
<td>64%</td>
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<td>Fourchette</td>
<td>88%</td>
<td>91%</td>
<td>91%</td>
<td>57%</td>
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<td>Minora</td>
<td>81%</td>
<td>81%</td>
<td>78%</td>
<td>72%</td>
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<tr>
<td>Urethra</td>
<td>60%</td>
<td>58%</td>
<td>58%</td>
<td>60%</td>
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<tr>
<td>Vagina</td>
<td>89%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>Hymen</td>
<td>59%</td>
<td>59%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>Overall</td>
<td>84%</td>
<td>81%</td>
<td>77%</td>
<td>60%</td>
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Demographics

- Education
  - AD 41 (25%)
  - Diploma 19 (12%)
  - BSN 62 (38%)
  - MSN 31 (19%)
  - BS 7 (4%)
  - MS 3 (2%)
- Practice setting
  - ED 98 (61%)
  - CAC 15 (9%)
  - Pediatric ED 7 (4%)
  - Other 42 (26%)

Demographics

- SANE practice
  - Children 95 (58%)
  - Adolescents 160 (98%)
  - Adults 151 (92%)
- No. pediatric patients per month
  - 0-5 104 (66%)
  - 6-10 15 (10%)
  - >10 19 (12%)
Sexually Transmitted Infections

<table>
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<tr>
<th>STI</th>
<th>SANE</th>
<th>PNP</th>
<th>MD (1987)</th>
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<tr>
<td>GC</td>
<td>100%</td>
<td>99%</td>
<td>95%</td>
<td>92%</td>
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<tr>
<td>Chlamydia</td>
<td>99%</td>
<td>84%</td>
<td>39%</td>
<td>73%</td>
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<tr>
<td>RPR</td>
<td>96%</td>
<td>84%</td>
<td>92%</td>
<td>85%</td>
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<tr>
<td>Herpes</td>
<td>93%</td>
<td>75%</td>
<td>57%</td>
<td>85%</td>
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<tr>
<td>Trich</td>
<td>98%</td>
<td>61%</td>
<td>37%</td>
<td>57%</td>
</tr>
<tr>
<td>HIV</td>
<td>73%</td>
<td>42%</td>
<td>34%</td>
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<tr>
<td>HPV</td>
<td>79%</td>
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Nationwide Children’s Hospital

- History of care to child and adolescent victims of sexual abuse / assault
- Non-acute care given in out-patient clinic setting by child abuse physicians / nurse practitioners
- Acute care given in Emergency Department by attending ED physicians / residents
Nationwide Children’s Hospital

- 1980s Child Abuse Program/Family Development Clinic
  - Little to no involvement with acute sexual abuse/assault (care in ED)
- 1990s Child Advocacy Center
  - Began reviewing care given in ED for acute sexual abuse/assault
- 2004 Center for Child and Family Advocacy
  - Active participant in care for acute victims of sexual abuse/assault
- 2012 Center for Family Safety and Healing

Nationwide Children’s Hospital

- Nationwide Children’s Hospital
  - Child Assessment Center
  - Family Support Program
  - Fostering Connections
  - Nurse Family Partnership
  - Help Me Grow
  - Advocacy and Education
  - Adult Domestic Violence Services
  - Home-Based Behavioral Health Team

Partner Agencies

- CHOICES
- Franklin County Children’s Services
- Columbus Police Department
- Franklin County Prosecutor’s Office

Child Assessment Center

- Multidisciplinary Team
  - Forensic Interviewer (NCH)
  - Mental Health Specialist (NCH)
  - Medical provider (NCH)
  - CPS
  - Law enforcement
  - Prosecutor/victim witness advocate
- 1500 patient per year
- Reporting concerns of sexual and/or physical abuse in approximately 60% of cases

Child Assessment Center

- Team meeting
- Forensic Interview
- Psychosocial assessment
- Physical examination
- Team meeting
- MDT members individually meet with caregivers
Child Assessment Center

- Acute sexual abuse/assault care
  - Patient presents 0500-1700

Interview Room

Play Areas

Recognition of Need for Pediatric SANE Program

- Efforts between ED and CFSH which identified need for program
- Benefits included
  - Program which enables two clinical programs to integrate
  - Less redundancy in care with quality improvement
  - Greater patient satisfaction with attention to wait times, quality of assessment and treatment support
  - Utilizes child abuse pediatrics expertise to support PSANEs role (clinical and forensic)

Child Sexual Abuse/Assault

- Early 2000s
  - Preliminary discussion within Emergency Department regarding developing pediatric SANE program
  - Resistance from child abuse program
- 2003
  - ED hires SANE coordinator
  - Nurses express interest/begin training
  - Program development begins
- 2004
  - New ED SANE coordinator hired
  - Linkage between P-SANE program and Center for Family Safety and Healing strengthened by virtue of dual role of ED SANE coordinator
Pediatric SANE Program

- Began seeing patients in Emergency Department fall of 2005
- Partners in care
  - Pediatric SANE program
  - Emergency Department
  - Center for Family Safety and Healing

Nationwide Children’s Hospital
P-SANE

- Requirements and training
  - Registered nurse
  - Attend 40 hour didactic pediatric/adolescent SANE training in Cincinnati
  - Minimum of two full clinics at CAC (10-15 cases)
  - On-call with P-SANE preceptor for 5-more cases (until learner and preceptor are both comfortable with learner’s ability)
  - Demonstrated competency: evidence collection and colposcopy with photo documentation

Role of Pediatric SANE

- Case collaboration
  - Discuss child history of abuse with social worker
  - Discuss plan of care with ED attending physician
- Patient/family education
  - Meets with patient/family
  - Explains evidence collection and exam
  - Discusses plan of care
  - Clarifying sexual abuse/assault history
- Physical assessment
  - Head to toe assessment
  - Photo and written documentation of non-genital injuries
Role of Pediatric SANE

- Ano-genital examination
  - Colposcope
  - Written and photo documentation
  - Evidence collection
  - Maintain chain of custody
  - Acute sexual abuse/assault care
    - STI/pregnancy testing
    - Drug facilitated sexual assault testing
    - Medication prophylaxis
    - Emergency contraception
    - Post exposure prophylaxis for STIs

- Coordinates referrals for care
  - FACES clinic
  - Mental Health Therapy
  - Other related medical care
    - Pregnancy
    - Birth control
    - Genital warts

- Completes documentation and notifies CAC of exam
- Collaborates with law enforcement, CPS, and prosecutors

Role of Pediatric SANE

- Court Testimony
  - Fact witness
  - CAC provider expert testimony
  - ED social worker
  - ED attending does not testify

- Setting for emergent care
  - Abuse/assault within 72-96 hours
  - Abuse/assault greater than 72 hours with physical symptoms

- ED social worker
  - Triage patients
  - Interviews regarding abuse/assault concern
  - Notifies CPS/law enforcement
  - Notifies P-SANE if:
    - ED attending physician requests colposcope documentation
  - ED attending physician
    - Collaborates with SANE regarding plan of care
    - Visualizes ano-genital exam

Role of Child Advocacy Center

- Medical provider
  - Reviews all SANE written and photo documentation
  - Provides diagnostic impression of exam as part of SANE assessment on ED record
  - On-call consultation of all hospital services including SANE
- Provides medical follow up as needed
  - Second opinion exam
  - Testing/medications
- Court testimony
  - Expert interpretation of ano-genital exam
- Family Support Program
  - Specialized, trauma-focused therapy

- Follow up phone consultation to all SANE patients
  - STI testing results
  - Answer questions
  - Complete link to counseling
  - Ensure medical needs are met
  - Complete patient satisfaction questionnaire
- Quality/Education
  - Peer review
  - Journal club
  - Call schedule

Role of Emergency Department

- Setting for emergent care
  - Abuse/assault within 72-96 hours
  - Abuse/assault greater than 72 hours with physical symptoms
- ED social worker
  - Triage patients
  - Interviews regarding abuse/assault concern
  - Notifies CPS/law enforcement
  - Notifies P-SANE if:
    - Child gives history regarding evidence collection
    - Other historical concerns for acute sexual abuse/assault
    - ED attending physician requests colposcope documentation
- ED attending physician
  - Collaborates with SANE regarding plan of care
  - Visualizes ano-genital exam
SANE Call Schedule

- Provide SANE services to ED
  - Monday-Friday 1700-0500
  - Weekends and holidays 0500-0500
- Call expectations
  - 3 shifts per month
  - 1 weekend/holiday shift per month

NCH Pediatric SANE Program

- Utilization
  - 2006 – 108 patients
  - 2007 – 130 patients
  - 2008 – 129 patients
  - 2009 – 138 patients
  - 2010 – 148 patients
  - 2011 – 173 patients
  - 2012 – 169 patients

Pediatric Sexual Assault Nurse Examiner Care: Trace Forensic Evidence, Ano-genital injury, and Judicial Outcomes (2012)

<table>
<thead>
<tr>
<th></th>
<th>Pre-P SANE</th>
<th>P-SANE</th>
<th>P value</th>
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<tbody>
<tr>
<td>Positive forensic evidence kit</td>
<td>34 (26%)</td>
<td>55 (27%)</td>
<td>0.807</td>
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<tr>
<td>Positive semen</td>
<td>32 (24%)</td>
<td>39 (19%)</td>
<td>0.302</td>
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<tr>
<td>Positive amylase</td>
<td>6 (5%)</td>
<td>16 (19%)</td>
<td>0.233</td>
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<tr>
<td>DNA perpetrator</td>
<td>13 (38%)</td>
<td>24 (44%)</td>
<td>0.615</td>
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<tr>
<td>Ano-genital physical finding</td>
<td>27 (20%)</td>
<td>70 (34%)</td>
<td>0.006</td>
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<tr>
<td>Pregnancy</td>
<td>62 (47%)</td>
<td>120 (59%)</td>
<td>0.03</td>
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<td>Chlamydia/GC</td>
<td>108 (80%)</td>
<td>194 (95%)</td>
<td>&lt;0.0001</td>
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<td>Judicial outcome</td>
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<tr>
<td>Charges filed</td>
<td>50 (38%)</td>
<td>88 (43%)</td>
<td>0.339</td>
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<tr>
<td>Indicted</td>
<td>47 (36%)</td>
<td>94 (41%)</td>
<td>0.307</td>
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<tr>
<td>Plead / found guilty</td>
<td>38 (29%)</td>
<td>67 (33%)</td>
<td>0.336</td>
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NCH SANE

Patient Benefits

- Ability to provide 24/7 care with examiner trained in sexual abuse/assault
- Decreased need for re-examination of patient
- Improved quality of care
- Decreased length of stay for patients
- Improved link to mental health counseling
- Improved communication among interdisciplinary team members

ED Benefits

- Decrease time of direct patient care to ED physicians and nurses
- Decrease court testimony by ED physicians and nurses
- Increased reimbursement for care

CAC Benefits

- Ability to provide 24/7 care to acute sexual assault/abuse patients
- Same protocol/same standard of care for all patients at NCH
- Significantly decreased the need for follow-up exams/STI testing/medication prophylaxis
Contact Information

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References


References