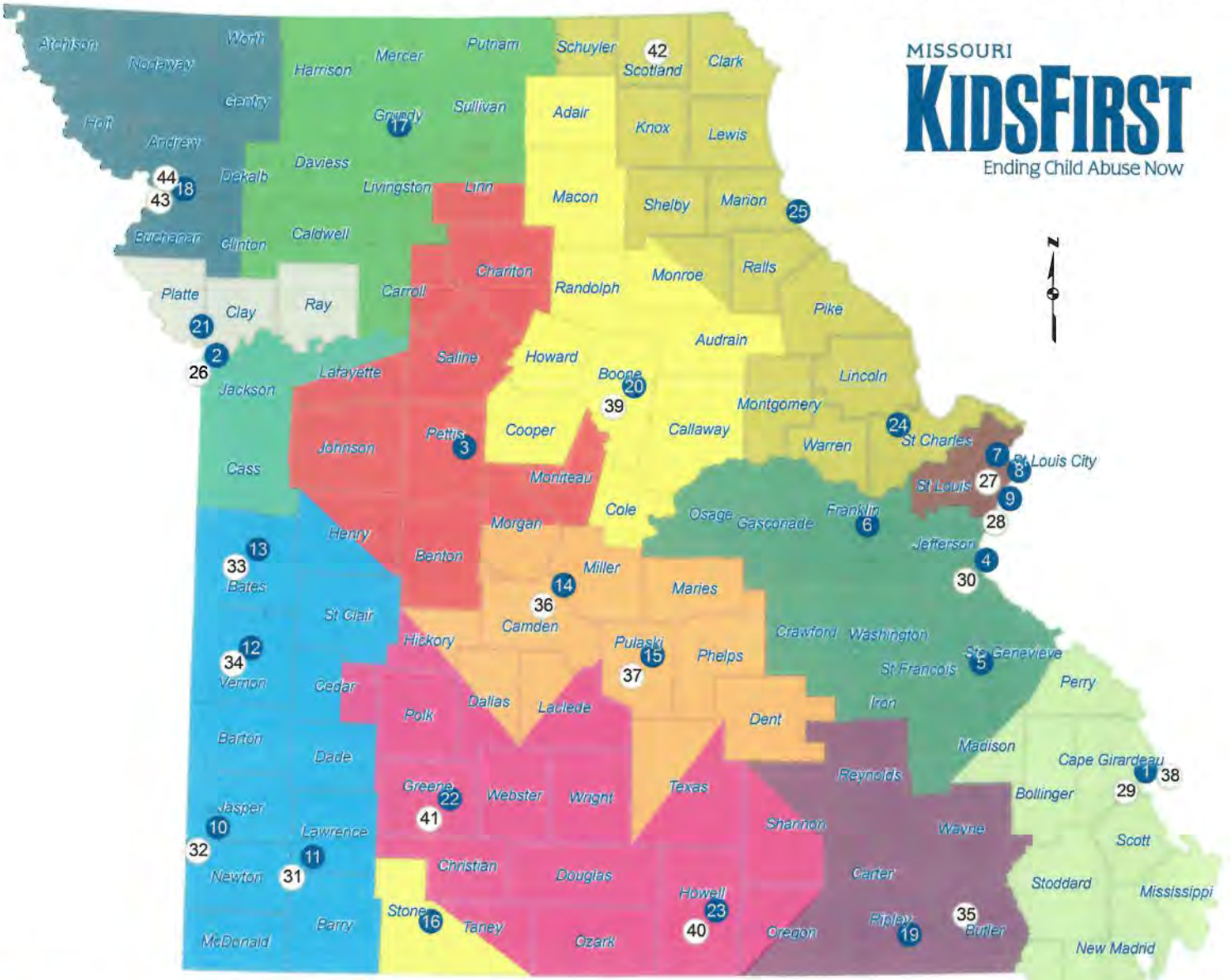
Missouri's Network of Child Advocacy Centers and SAFE-CARE Providers



CAC Sites

1 CAC SEMO-NASV, Cape Girardeau
2 CAC Child Protection Center, Kansas City
3 CAC Child Safe of Central Missouri, Sedalia
4 CAC Children's Advocacy Center of East Central Missouri, Festus
5 CAC Children's Advocacy Center of East Central Missouri, Farmington
6 CAC Children's Advocacy Center of East Central Missouri, Union
7 CAC Children's Advocacy Services of Greater St. Louis, UMSL Campus
8 CAC Children's Advocacy Services of Greater St. Louis, West Pine
9 CAC Children's Advocacy Services of Greater St. Louis, Kirkwood
10 CAC Children's Center of Southwest Missouri, Joplin
11 CAC Children's Center of Southwest Missouri, Pierce City
12 CAC Children's Center of Southwest Missouri, Nevada
13 CAC Children's Center of Southwest Missouri, Butler
14 CAC Kids Harbor, Osage Beach
15 CAC Kids Harbor, Too, St. Robert
16 CAC Lakes Area Child Advocacy Center, Branson West
17 CAC North Central Missouri Children's Advocacy Center, Trenton
18 CAC Northwest Missouri Children's Advocacy Center, St. Joseph
19 CAC Ozark Foothills Child Advocacy Center, Doniphan
20 CAC Rainbow House Regional Child Advocacy Center, Columbia
21 CAC Synergy Services, Inc., Parkville
22 CAC The Child Advocacy Center, Inc., Springfield
23 CAC The Child Advocacy Center, Inc., West Plains
24 CAC The Child Center, Inc., Wentzville
25 CAC The Child Center, Inc., Hannibal

Safe-Care Providers

26 SCP Children's Mercy Hospital, Kansas City, Dr. Jim Anderst and 8 additional providers
27 SCP St Louis Children's Hospital, St. Louis, Dr. Adrienne Atzemis and 6 additional providers
28 SCP Cardinal Glennon Children's Hospital, St. Louis, Dr. Tim Kutz and 4 additional providers
29 SCP SEMO-NASV, Cape Girardeau, Lori Blankenship
30 SCP Children's Center of East Central Missouri, Festus
31 SCP Children's Center of Southwest Missouri, Pierce City, Cathy Ingalls
32 SCP Children's Center of Southwest Missouri, Joplin, Susan Pumphrey and Anastasia Beezley
33 SCP The Children's Center of Southwest Missouri, Butler, Misty Tourtillot
34 SCP The Children's Center of Southwest Missouri, Nevada, Misty Tourtillot
35 SCP Poplar Bluff Pediatric Associates, Poplar Bluff, Dr. Claudia Preuschoff
36 SCP Kids Harbor, Osage Beach
37 SCP Kids Harbor, Too, St. Robert
38 SCP EBO MD, Cape Girardeau, Lisa Baker
39 SCP Rainbow House, Columbia, Dr. Holly Monroe
40 SCP The Child Advocacy Center South Central, West Plains, Celeste Williams
41 SCP The Child Advocacy Center, Inc, Springfield, Patricia Webb and 4 additional providers
42 SCP Scotland County Hospital, Memphis, Dr. Julia McNabb and Stephanie Henley-Pippert
43 SCP Mosaic Life Care, Internal Medicine and Pediatric Care, St. Joseph, Deborah White
44 SCP Children's Mercy-Mosaic Life Care, St. Joseph, Dr. Jim Anderst and Dr. Terra Frazier

CAC Service Areas

- SEMO-NASV
- CAC of East Central Missouri
- The Child Advocacy Center, Inc.
- Child Safe of Central Missouri
- Children's Advocacy Services of Greater St. Louis
- Children's Center of Southwest Missouri
- Child Protection Center
- Kid's Harbor
- Lakes Area CAC
- North Central Missouri CAC
- Northwest Missouri CAC
- Ozarks Foothills CAC
- Rainbow House
- The Child Center, Inc.
- Synergy Services

COMMUNITY ASSET BUILDERS, LLC

A Medically-Based Screening Protocol for the Medical Response to Child Sexual Abuse/Assault

All children who are suspected victims of child sexual abuse should be offered a timely medical evaluation by a provider skilled in performing such evaluations. The primary purpose of the medical evaluation is to identify, document, diagnose, prevent, and treat medical conditions and/or trauma (resulting from abuse and unrelated to abuse), as well as to assess issues related to patient safety and wellbeing. An additional purpose of the medical evaluation is to determine the appropriateness of trace evidence collection and, if indicated, to ensure that biologic trace materials are properly collected and preserved.

The Missouri Sexual Assault Forensic Examination-Child Abuse Resource and Education (SAFE-CARE) Network is a network of medical providers who have received specialized training in the medical evaluation of child maltreatment. These SAFE-CARE providers can provide comprehensive, state-of-the-art medical evaluations to alleged child victims in a child-friendly setting and will frequently collaborate with local agencies responsible for child maltreatment investigations.

To find a SAFE-CARE Provider serving your community, call 800-TEL-LINK (800-835-5465). TEL-LINK is the Missouri Department of Health and Senior Services' toll-free information and referral line for maternal and child health care. TEL-LINK is answered weekdays from 8:00 a.m. to 5:00 p.m. Central Standard Time. Recorded messages are taken at other times; these calls will be returned during normal business hours.

A medically-based screening process can guide health providers and community partners in determining whether a child requires an immediate medical examination by an emergency health provider, mental health provider, or social worker. A child who does not require emergency services will be more effectively served by being offered a medical evaluation by a SAFE-CARE Network provider during regular clinic hours.

While most child victims of sexual abuse/assault do not require emergency medical evaluations, reasons for emergency medical examinations include, but are not limited to:

- The alleged assault may have resulted in the transfer of trace biological material *and* occurred within the previous 3 days (or other locally determined interval up to 7 days).
- The alleged assault may have placed the child at risk for pregnancy *and* occurred in the previous 5 days.
- The child complains of pain in the genital or anal area.
- There is evidence or complaint of anogenital bleeding or injury.

Reasons for emergency mental health or social interventions include, but are not limited to:

- Intervention is needed emergently to assure the safety of the child.
- The child is experiencing significant behavioral or emotional problems that could make the child a danger to themselves or others.

The Child Abuse Medical Resource Centers share responsibility of training, support, and mentoring of medical professionals working with child physical and sexual abuse issues. Medical providers in need of expert consultation or patient transport may call the 24-hour access lines maintained by these Resource Centers for assistance:

St. Louis Children's Hospital: Children's Direct Access Line 800-678-HELP (800-678-4357)
SSM Cardinal Glennon Children's Medical Center: Access Center 888-229-2424
Children's Mercy Hospital Kansas City: 800-GO-MERCY (800-466-3729)

CHILD SEXUAL ABUSE/ASSAULT SCREENING PROTOCOL FLOW CHART

A child has disclosed sexual abuse, abuse was witnessed, or there is other credible concern that a child was sexually abused.

Make a Child Abuse/Neglect Report to Missouri Children's Division **800-392-3738**

Could the contact have resulted in transfer of biologic evidence?

Yes → Is it possible that the contact occurred in the last 3 days (or other locally agreed time interval up to 7 days)?

Yes → Emergency medical care, to include possible trace evidence collection and possible prophylactic medications, should be provided in the nearest appropriate facility. Contact local SAFE-CARE provider to determine appropriate follow-up care.

No → Is the child at risk of pregnancy?
- female with signs of pubertal development (such as breast development) *and*
- penile-vaginal contact is suspected

No → Is it possible that the contact leading to that pregnancy risk occurred in the last 5 days?

Yes → Emergency medical care, to include possible offer of pregnancy prophylaxis, should be provided in the nearest appropriate facility. Then contact local SAFE-CARE provider to determine appropriate follow-up care.

No → Is the child experiencing symptoms of pain or bleeding?

Yes → Emergency medical care should be provided in the nearest appropriate facility. Then contact local SAFE-CARE provider to determine appropriate follow-up care.

No → Is the child displaying behavioral or emotional problems that put themselves or others in danger?

Yes → Emergency mental health care should be provided in the nearest appropriate facility, which may be a medical facility. Then contact local SAFE-CARE provider to schedule a comprehensive sexual abuse medical evaluation.

No → Is an emergent intervention needed to assure the safety of the child?

Yes → Emergency social intervention should be provided in the nearest appropriate facility, which may be a medical facility. Then contact local SAFE-CARE provider to schedule a comprehensive sexual abuse medical evaluation.

No → Contact your local SAFE-CARE provider to determine if and/or when a scheduled comprehensive sexual abuse medical evaluation is recommended.

ADDITIONAL INFORMATION

A child has disclosed sexual abuse, abuse was witnessed, or there is other credible concern that a child was sexually abused.

Victims of child sexual abuse present for medical care in many different ways. Some children will tell someone they trust about the abuse. A child does not have to repeat the disclosure to a medical provider to be offered appropriate medical care. A provider must remember that children frequently do not disclose all aspects of the abuse immediately. Some children do not disclose sexual abuse but other credible evidence is obtained or found, such as a witness disclosure or photographs of abuse are found. Providers should use the best and most complete information available in determining the need for emergency medical services.

Frequently, a concerned adult will request a medical evaluation for sexual abuse because of non-specific indications (such as a behavior change) or a strong distrust of a specific person or people in the child's life. These medically-based screening guidelines will still apply for this patient population, but decisions to perform acute medical interventions should be based on more specific indications that an abusive event has occurred.

Make a Child Abuse/Neglect Report to Missouri Children's Division.

If a child has disclosed sexual abuse, sexual abuse was witnessed, or there is some other credible reason to believe that a child was sexually abused, then a mandated reporter must report the case to Missouri Children's Division as directed by Missouri Revised Statute 210.115. It is not the reporter's responsibility to prove that abuse has occurred prior to making a report. In fact, delaying a mandated report to perform an independent investigation may result in criminal charges and civil liability.
The Children's Division Child Abuse and Neglect Hotline Unit (CA/NHU) accepts reports of suspected child abuse, neglect, or exploitation. Reports are received through a toll-free telephone line, which is answered seven days a week, 24 hours a day. The toll-free number is 800-392-3738. Persons calling from outside Missouri should dial 573-751-3448.

Trace Evidence Collection:
Could the contact have resulted in transfer of biologic evidence?
Is it possible that the contact occurred in the last 3 days (or other locally agreed time interval)?

Indications that trace evidence collection may provide forensically valuable information include:

1. Debris or body fluid is visible on child's body or clothing, -or-
2. The contact included possible body fluid (semen, blood, saliva) or debris transfer,
    a. This includes (but is not limited to) a perpetrator licking, biting, or using genitals to touch a child anywhere on their body.
    b. Remember that a child may not disclose or have knowledge of all details of an abusive act; therefore, do not use an assumption of "no ejaculation" or "no penetration" as a reason to defer trace evidence collection.

    -or-
3. *Acute* genital injury indicating an abusive event is detected during physical examination, regardless of history provided.

Local Child Abuse Multi-Disciplinary Teams (MDTs) composed of local representatives from law enforcement, Children's Division, Child Advocacy Centers, and medical providers will determine how long after an alleged sexual abuse event trace evidence collection will be recommended. Each MDT will use information from local crime laboratories to assist in determining how likely it is that trace evidence collection may lead to a forensically relevant positive result.

When determining how long after an alleged abusive act trace evidence should be collected, use your local MDT agreed upon interval, which may range from 1-7 days, depending on the age of the child and the nature of contact.

1. After 24 hours, the likelihood of obtaining trace evidence from a young child's body is low.
2. It is well established that trace evidence collection from anywhere on or in a child is never indicated past 7 days.
3. Clothing and bedding from a scene may yield positive results even years after the crime has occurred. Encourage law enforcement investigators to collect evidence from the scene or clothing as soon as possible.

Is the child at risk of pregnancy?
Is it possible that the contact leading to that pregnancy risk occurred in the last 5 days?

Pregnancy prophylaxis is available and should be offered to females who meet the following criteria:

1. History of menarche or has a Sexual Maturity rating (breast or pubic hair) of 3 or greater, *and*
2. Suspected penile-vaginal contact, with or without a history of penetration, condom use, or ejaculation, *and*
3. Contact occurred in the previous 5 days.

Is the child experiencing symptoms of pain or bleeding?

Current anogenital pain or bleeding may represent a traumatic injury from sexual abuse/assault or other medical condition which requires emergency medical intervention. A history of distant anogenital pain or bleeding, now resolved, typically does not require emergency medical care; but that historical information should be communicated to the medical provider responsible for the scheduled comprehensive medical evaluation.

Is the child displaying behavioral or emotional problems that put themselves or others in danger?

An appropriate medical or mental health provider should evaluate any concern that a child's behavior or emotional state represents a danger to themselves or others (including but not limited to suicidal/homicidal thoughts). Emergency care may include crisis counseling, mental health evaluation, and/or treatment plan.

Is an emergent intervention needed to assure the safety of the child?

A child victim of sexual abuse should be protected from possible perpetrators during the investigation. If a child remains at risk for sexual abuse, Missouri Children's Division and local law enforcement should be notified to evaluate the circumstances and establish a safety plan.

Background: The SAFE-CARE Advisory Council provides guidance regarding services, education, networking, quality assurance, and consultation. Advisory Council members include professionals from nursing, medicine, social work, and child advocacy centers.

The SAFE-CARE Advisory Council has developed these recommendations to comply with Missouri Revised Statutes Section 334.950.4: "The SAFE CARE network shall develop recommendations concerning medically based screening processes and forensic evidence collection for children who may be in need of an emergency examination following an alleged sexual assault. Such recommendations shall be provided to the SAFE CARE providers, child advocacy centers, hospitals and licensed practitioners that provide emergency examinations for children suspected of being victims of abuse."

References:

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Floyed RL, Hirsh DA, Greenbaum VJ, Simon HK. Development of a Screening Tool for Pediatric Sexual Assault May Reduce Emergency-Department Visits. Pediatrics. (2011) 128:221-226

Girardet R, et al. Collection of Forensic Evidence From Pediatric Victims of Sexual Assault. Pediatrics. (2011) 128:233-238.

Mollen CJ, Goyal MK, Frioux SM. Acute Sexual Assault: A Review. Pediatric Emergency Care. (2012) Vol 28(6):584-590.

Thacheray JD, Hornor G, Benzinger EA, Scribano PV. Forensic Evidence Collection and DNA Identification in Acute Child Sexual Assault. Pediatrics. (2011) 128:227-232.