Child Sexual Abuse
“Experts” and “Providers”

What does the literature say, what’s happening in the field, and applications to practice in Canada

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Learning Objectives

At the end of this session, participants will be able to:

1. describe the roles and expectations of medical “experts” and medical “providers” in pediatric sexual abuse

2. Develop processes for peer review and quality improvement activities
Roles of health care professionals in child maltreatment  
Block and Palusci 2006

• All health care providers
  – Prevention
  – Recognition
  – Mandated reporting
  – Referring for further assessment, intervention

• Primary care nurse, NP, MD
  – All of above and:
    • Physical examination
    • Knowledge of red flags
    • Initial medical testing as needed
    • May have additional roles as below
Roles of health care professionals in maltreatment? Block and Palusci 2006

• Pediatrician
  
  – All of above and:
    
    • Consultation, teaching
    • Work through targeted differential diagnosis with appropriate medical evaluation
    • Awareness of, and assessment for impacts of abuse
    • Medical treatment, referrals and consultation as needed
    • Opinion where appropriate

• Child Maltreatment Consultant Pediatrician/“Expert”
  
  – All of above and:
    
    • In-depth knowledge of relevant literature
    • Clinical expertise, especially in complicated cases
    • In-depth understanding of the child protection, family/civil court and criminal justice systems
    • Other activities – development of practice guidelines, educational/training programs, research, advocacy, QI
Medical evaluation of SA requires specialized skills and training

Kellogg, 2005

• Forensic implications of interviewing
• Anogenital anatomy
• Mimics of anogenital trauma and STIs
• Experience identifying accidental and nonaccidental trauma
• Specialized and unique exam techniques
Medical evaluation of child sexual abuse requires specialized skills and training

• Physicians and residents have difficulty labelling normal prepubertal genital anatomy
  • Knowledge of anatomy improved with training, but accurate interpretation of findings remained poor  Botash, 2005

• Physicians attending child abuse conference: little experience with exams, more likely to mistake normal variants as abuse  Adams, 1993

• ER physicians more likely to mistake normal exam/ mimic for abuse  Makaroff, 2002

• History more likely to change interpretation of genital examination findings with less experienced clinicians  Paradise, 1999
Diagnostic Accuracy in CSA
Adams 2012

• Diagnostic accuracy associated with:
  • Formal training/certification
    • Child abuse fellowship
    • Child abuse pediatrician
  • Up-to-date with literature
    • Read The Quarterly Update
  • Membership in the Ray Helfer Society
  • Experience
    • Higher total number of exams
    • Higher number of exams per month
  • Participation in case reviews with an expert at least quarterly using photodocumentation

• Reduced diagnostic accuracy associated with
  • < 5 examinations per month (except for CAP)
Diagnostic Accuracy in CSA
Adams 2012

• 5 or more examinations per month may be required for ongoing competency in interpreting medical and laboratory findings in children evaluated for SA by clinicians other than those specializing in Child Abuse Pediatrics

• Case of examiners not meeting these criteria should be reviewed by a more experienced specialist medical provider to improve the accuracy of child sexual abuse medical evaluations
EXPERTS VS PROVIDERS
In Canada

EXPERTS
- Child Abuse
- Paediatricians
- Nurse Practitioners – specializing in pediatric sexual abuse/assault
- SANE - P

PROVIDER
- Pediatricians/Physicians
- Nurse Practitioners
- SANE- P
- SANE - A
SANE - P

• 4 day SANE-P training offered in Canada & US
• Most see patients with a physician
• Some SANE-P at an advanced level may see independently – should be involved in peer review
• Collecting history, completing exam (with MD), collect forensic evidence
• Most are not providing opinions re: findings
• Cases should be reviewed by team and expert
Pediatric sexual assault nurse examiner care: Trace forensic evidence, ano-genital injury, and judicial outcomes

Gail Horner, RNC, DNP, CPNP, SANE-P, Jonathan Thackeray, MD, Philip Scribano, DO, Sherry Curran, MS, and Elizabeth Benzinger, PhD

Nationwide Children’s Hospital, Columbus, Ohio
Conclusions

• Addition of P-SANE program resulted in improved detection and documentation of ano-genital injury, evaluation and documentation of pregnancy status, testing for GC & CT.

• More exams performed by P-SANE yielded a higher detection rate of physical findings consistent with SA

• SANE-P care was comparable to PED physicians in the yield of positive trace forensic evidence and judicial outcomes
WHAT IS AN EXPERT?
- CLINICAL AND LEGAL DEFINITIONS
Medical Expert – clinical definition
Norman, 2005

• Expertise = mastery of clinical reasoning skills
  • Problem solving, decision making judgment
  • Concepts/literature in medical education, sociology, cognitive psychology

• Components of expertise
  • Knowledge
  • Forms/representations of knowledge
  • Use a combination of strategies
  • Use exemplars
Qualifications of medical provider in CSA

Established expert:

- Considerable experience in medical eval using colposcope and photodocumentation
- Involved in academic pursuits in field – research, books, book chapters
- Speaking regularly at national conferences on medical eval of CSA
Roles of the consultant “expert” in medical evaluation of suspected sexual abuse/assault

What are the roles?
1. Consultation, recommendations, treatment
2. Diagnosis/opinion
3. Referrals for mental health intervention

Who are the interested parties?
1. Child
2. Family
3. Society
4. Other health care professionals
5. Child protection/family court system
6. Law enforcement/criminal justice system

Documentation to meet requirements of interested parties
Medical expert – legal definition

• A health care professional qualified, by reason of skill, knowledge, education, or training to testify on a particular medical area
Medical expert opinion in court

- To explain scientific matters that may or may not be understood by jurors and judges
- Standards of admissibility
- Judge determines whether to admit medical expert evidence – threshold, gatekeeper
  - Qualifications
  - Relevance
  - Reliability
  - Canada – Mohan
  - US – relevance/reliability – 2 main standards – Daubert and Frye

- Must be qualified
Expert Evidence - Canada

• *Regina v. Mohan* (1994, SCC)
  – Judge serves as gatekeeper, allows evidence that is reliable, refuses irrelevant, prejudicial, not based on scientific foundation
  – Lawyers educate judge about quality and reliability of expert evidence in voir dire
  – Admission subject to four criterion:
    • Relevance
    • Necessity in assisting the judge/jury
    • Absence of any exclusionary rule
    • Properly qualified expert
  – Pretest of a scientific foundation
Medical expert opinion in court

• Daubert
  – 1993 case – Daubert vs Merrell Dow Pharmaceuticals Inc
  – Used in federal courts and some state courts
  – Reliability – 4 criteria
    • Theory or technique can be tested
    • Theory or technique subjected to peer review or publication
    • Known or potential error rate of theory
    • General acceptance in scientific community
  – Jury determines weight of testimony
  – Judge focuses on reasoning/scientific validity, not conclusion
AAP

"pediatricians who are inexperienced in evaluating children suspected of child abuse or neglect should be cautious of providing an expert opinion because of the devastating outcome of a wrongful conviction based on inaccurate testimony. This is a high risk area for expert testimony and even experienced professionals have been engaged in controversy"
AAP recommendations:

• Physicians who serve as expert witnesses have an obligation to present complete, accurate and unbiased information

• Strategies for improving quality of medical expert testimony include
  
  – Strengthening qualifications for serving as a medical expert
  – Educating pediatricians about standards for experts
  – Providing more specific guidelines for physician conduct throughout the legal process
AAP recommendations

Qualifications:

- Limit participation as medical expert to areas of genuine expertise
- Current license
- Certified by relevant board
- Actively engaged in clinical practice in area testifying or updated competence
- Most of time not devoted to expert witness work
AAP recommendations

• Standards of testimony:
  – Provide expertise regardless of source of request
  – Ensure access to all relevant documents
  – Not exclude relevant information for any reason
  – Comfortable with testimony regardless of whether used by prosecution or defense
  – Take all precautions to ensure expert work is relevant, reliable, honest, unbiased and based on sound scientific principles
  – Know that transcripts are public records
  – Contractual agreements between experts and lawyers should be fair, accurate, complete and objective
  – Compensation reasonable and commensurate with time and effort and market value, not contingent on outcome of case
Qualifications of medical provider in CSA
Adams, 2007

- Criteria for those responsible for interpretation of findings, diagnosis and treatment of suspected SA
  - One of a variety of health care professionals
  - Formal medical training in medical evaluation of CSA,
    - didactic education, practical experience conducting exams, mentoring by established expert in the field
  - Familiarity with current published research and guidelines
  - Can demonstrate substantial experience and proficiency in medical exam and clear understanding of DD/mimics
  - System for consultation with established expert
Qualifications of medical provider in CSA

Adams, 2007

• Medical providers encouraged to participate in:
  • Ongoing education
  • Ongoing peer review
  • Quality assurance activities
  • Collaboration with multiD team
  • Regularly available to testify in court
  • Active role in community response
Child Abuse Medical Provider Program
New York State
www.champprogram.com

Mentors:
• certified by the American Board of Pediatrics in child abuse pediatrics
• child abuse experts
• active providers of child sexual abuse evaluations
• practice in CHAMP Centers of Excellence, settings that can provide educational experiences for medical professionals.

Faculty
• physicians, nurse practitioners or physician’s assistants trained in the evaluation of suspected child sexual abuse
• work with Mentors on a child abuse team
• help provide the educational experiences for medical professionals who have completed the Evaluating Child Sexual Abuse coursework and have applied for an observership in order to become a faculty member
Criteria for mentors

• MD, NP or PA with 5 years broad-based pediatric experience, minimum 50% full time professional activity in CSA

• Number of cases evaluated of a volume to keep skills current and to provide teaching opportunities (approx 200 cases/yr, 4 per week)

• CSA evals in appropriate facility and model of care
Child Abuse Medical Provider Program New York State - outdated
champprogram.com

• Currently active in at least 2-3 of:
  • Helfer society
  • Affiliated with teaching hospital
  • Member of multiD team
  • Category 1 credits or equivalent on topic of child abuse
  • Publish in scholarly journal or professional publication on CSA topic within past 2 years
  • Present at national or regional conference on CSA topic within past 2 years
• Have taken or familiar with online version of Evaluating Child Sexual Abuse course
Providers vs experts

- Providers are MD, NP or PA with pediatric experience who have taken coursework and completed a mentorship
- Competence in CSA evaluation
- Taking training does not qualify for board certification, not make an expert
- Coursework and mentorship provides basic medical info needed to care for SA children
Photodocumentation

• Strongly encouraged especially if findings are abnormal
• Eliminates need for repeat exam
• Used for peer review to enable an objective opinion for both experienced and inexperienced providers

• Can still do case/peer review even if photos have not been taken
Case Reviews

• Review of cases to discuss with team
• Purpose is for general review, continuing education
• Participants
  • Local medical providers
  • Local experts/consultants (if available)

• Ie. Network Webex sessions
Peer Review

• Regular review of cases, diagnosis and treatment plan to obtain consensus among peers
• Participants:
  • Local medical provider
  • Local experts
  • Outside experts

• Orillia peer review, York central peer review, Sickkids peer review
Quality improvement activities

Randomly selected charts to ensure standard of practice are being followed
GROUP DISCUSSION
Questions?

Do you describe yourself as an “expert” or a “provider” in pediatric sexual abuse/assault?

Who is your local/regional expert and how do you define your respective roles?

What do you need to do to maintain expertise?
Questions

What process do you have in place for case review, peer review & expert consultation?

If you do not have a process in place how can you work towards developing one?

What strategies can we develop to ensure consistent & competent practice for “experts” and “providers” across the country?