

Pediatric SART response to “SAN JOSÉ SEXUAL ASSAULT RESPONSE AND STRATEGY REPORT”

NOVEMBER 12, 2019

Mary Ritter, Pediatric SART Team Examiner and Coordinator
Center for Child Protection, Santa Clara Valley Medical Center

We appreciate the opportunity to be part of this discussion .

PEDIATRIC SART RESPONSE:

- See Review of Pediatric SART at VMC - past and present – and recommendations below
- Pediatric SART clinic at the Center for Child Protection at Santa Clara Valley Medical Center is a strong proponent of the establishment of a **Child Advocacy Center** in Santa Clara County. We consider that most of the issues listed in this Pediatric SART response will be addressed by a fully accredited Child Advocacy Center (CAC).
- Pediatric SART clinic has recommendations about improving access for children to forensic medical and non-forensic medical examinations at VMC. We recommend that **all children** reported for child sexual abuse concerns be given the opportunity to have a forensic medical or non-forensic medical child sexual abuse examination at the Pediatric SART clinic. See Pediatric SART Recommendation in the Review of Pediatric SART at VMC below.
- Center for Child Protection is interested in **increased use of state-of-the-art child interview techniques** as required for accreditation as a CAC. This includes the evidence-based NICHD Child Interview Protocol and the Thomas Lyons 10-Step Interview Protocol, developed from the NICHD protocol. Interviews should be done by professionals trained in the technique with ongoing periodic peer and quality assurance review of individual interviews. Interviews of young children (3 to 6-year old children) are especially challenging and should only be done by highly trained, peer reviewed interviewers. Our referrals at the Pediatric SART clinic indicate that many of the children reported for possible child sexual abuse are very young. Research indicates that interviewers trained in the NICHD protocol who do not get regular peer review of their interviews were ultimately less effective than non-trained interviewers.
- Training about the influence of trauma is very important. It is a good thing that law enforcement officers and all investigators and service providers are trained to provide **trauma-informed care**. We applaud work to get that done.
- Center for Child Protection encourages **increased involvement of sexual assault advocates** (YWCA, Community Solutions, Victim Services from DA Office), especially early in investigations. YWCA or Community Solutions advocates are always present at Pediatric SART examinations. It is often the first time the family has met an advocate, even though the investigation began much earlier. Victims and families who don't get a Pediatric or Adult/Adolescent SART examination may never meet an advocate.
- The Santa Clara County Child Abuse and Prevention Commission (CAPC) Child Sexual Abuse (CSA) Task Force is very interested in the outcome of the intervention by SJPd and

YWCA in the Oak Grove and East Side Union School Districts for **prevention and intervention** among middle school and high school youth. The CAPC CSA Task Force has recommended and created an RFP for grant for provision of prevention and intervention in young children, younger than middle schoolers. We hope that more can be done to intervene with preschool and school age children. The Pediatric SART clinic get more referrals about 3-year-old and 4-year-old children than any other age group. Parents and children need tools to prevent child sexual abuse!

Review of Pediatric SART at SCVMC – past and present – and recommendations for the future

The Pediatric SART team is a component of the Center for Child Protection at Santa Clara Valley Medical Center. We provide medical examinations and treatment for children referred to the Center for Child Protection for evaluation of child sexual abuse.

- In 32 years (from 1987 to the present), the Pediatric SART team has evaluated around 6500 cases.
- In the 1990s, 500-600 children were referred every year for exams. SJPD referred about 25% of those cases, or 100-125 per year. I don't know what the incidence of child sexual abuse investigated by SJPD was in the 1990s, but my sense was that nearly all reported cases of child sexual abuse were referred to the Pediatric SART team for evaluation.
- At present, we are doing evaluations on approximately 110-120 children per year. That includes children being investigated by all the jurisdictions in Santa Clara County. SJPD is the largest of those jurisdictions. I don't have exact percentages, but I believe that between $\frac{1}{4}$ and $\frac{1}{2}$ of these, between 27 and 55 cases per year, are being investigated by SJPD. The rest have been reported to other agencies. Again, I don't know the incidence of child sexual abuse reports to SJPD in recent years. According to the data presented by the SJPD, there were 2581 cases of adult and pediatric sexual assault reports between the years 2013 and 2018, or 36 cases per month in the 6-year time period. If $\frac{1}{3}$ or $\frac{1}{2}$ of those cases involved children, that would be 12 to 18 cases per month, or 144-216 cases per year, well under the 27 to 55 cases we are evaluating for SJPD each year now. These numbers should be verified.
- The Pediatric SART team sees all children under 12 years of age, for both acute (less than 72 hours) and non-acute evaluations.
- Pediatric SART sees 12 to 18-year old teens for non-acute evaluations. The Adolescent/Adult SART team at SCVMC sees 12 to 18-year-old youth for acute evaluations up to 10 days after the alleged assault.
- Pediatric SART sees more 3- and 4-year old children than any other age group. The average age of the children seen by the Pediatric SART Team is 6 to 7 years of age. Our average Pediatric SART patient is young!
- 10-20% of children seen by the Pediatric SART team have made disclosures of recent (less than 72 hours) sexual assault. An exam is done by the Pediatric SART team as soon as possible for evidence collection and medical evaluation. An Advocate from YWCA or Community Solutions is always there to begin the process of advocacy and counseling for both the child and family.

- 80-90% of children seen by the Pediatric SART team have disclosed sexual abuse greater than 72 hours after the event. Those evaluations are scheduled electively in the Pediatric SART clinic. The examination looks for signs of healed trauma, sexually transmitted diseases, or pregnancy. These physical examinations are often normal, likely reflecting healing which has occurred after any prior trauma. Patient and family can be reassured, meet an advocate, have their questions answered about any possible injuries and infections, and discuss and begin the process of emotional healing and counseling.
- California state law prohibits billing forensic medical examinations to a victim or to the victim's insurance. Forensic examinations must be billed to the jurisdiction asking for the examination. Therefore, we must determine whether any case we are seeing has been referred to law enforcement, and whether law enforcement is in agreement to pay for a forensic medical examination. If the law enforcement agency is not going to authorize a forensic medical examination, we can then offer a medical examination billed to victim's insurance.
- In the 1990s, police detectives and patrol officers called the Pediatric SART team directly to refer cases, both acute and non-acute.
- Currently, acute cases are referred by patrol officers who respond to acute situations. SAIU detectives infrequently call to refer cases that didn't get acute exams. Most non-acute exams are referred by physicians or the SPARK foster care clinic or after staffing of Child Interview Center referrals. The Pediatric SART clinic then verifies by telephone call to law enforcement that the case has been referred to law enforcement, and whether a Pediatric SART exam will be authorized. If authorized by law enforcement, it is done and billed to law enforcement. If not authorized by law enforcement, but requested by family, it is done and billed to insurance.
- **Pediatric SART Recommendation:** The Pediatric SART team at Center for Child Protection would like to be part of discussion about ways that all children reported to law enforcement for child sexual abuse concerns would have the opportunity to have a child sexual abuse medical examination. This could be accomplished by having the law enforcement investigator call the Pediatric SART team directly, especially when timeliness is essential. Otherwise, parents could be given the Pediatric SART team phone number, especially if the forensic evaluation is not being authorized. Of those cases received by phone calls from parents, some would be authorized forensic medical examinations, verified by the Pediatric SART team who would call the law enforcement agency to ask about authorization. Other cases might not be authorized (i.e., young child with unclear disclosure, other vague disclosures) but could have a medical examination at their discretion, billed to insurance. In this way, all children and families could have access to the community experts in the field of medical evaluation of child sexual abuse, get questions answered, and begin the process of emotional healing. We see this as a very likely outcome with the establishment of a Child Advocacy Center in Santa Clara County. We are **strong** proponents of a CAC! In the meantime, we would like to see movement now toward facilitating access to Pediatric SART exams for all, even before the CAC is established.
- Again, our expectation is that these Pediatric SART recommendations will become realities with the establishment of a fully accredited Child Advocacy Center in Santa Clara County.