Opening Principles for the CAC

Professionals working to investigate, care for, interview, examine, treat, advocate for, and help children are doing this work because they have a passion to assist children who have been abused, to ensure their physical and emotional well-being, to prevent other children from being victimized, and to hold the perpetrators accountable.

The work we professionals do is driven by the desire to help children, and all of us deserve respect, admiration, and a spirit of cooperation.

Disclosure of child sexual abuse is a process that is not easy. Disclosures of child sexual abuse may happen in the acute time frame after assault, or may happen days, weeks, or years after the abuse has occurred. This may occur in a slow way as the child begins to trust that they will be believed and that they will not be blamed for what someone has done to them. Age, stage of development, and gender norms can also add to the difficulty of obtaining early and complete disclosures.

Denial of child sexual abuse is a strong impulse in survivor's families, communities, and institutions, and among the survivors themselves, who sometimes do not want to accept that they have been victimized.

A sexual assault medical evidentiary examination of a child is performed with respect for the child's age and developmental stage, and with the intention to avoid re-traumatization of the child survivor.

Laws and other important documents such as the California Medical Protocol for Examination of Sexual Assault and Child Abuse Victims, the Santa Clara County SART Protocol, and the San Jose Police Department's Standard Operating Procedures inform these examinations. This document seeks to resolve issues of misunderstandings related to practice requirements and need for clarity to inform alignment of practice.

This document is an internal working document to aid in the continuous quality improvement (CQI) of the services being provided to survivors at the CAC. We will plan on review of this agreement within 180 days or as laws and best practices change.

Working Definitions

"Acute" is the period within 72 hours for a child 11 and younger and within 10 days for a child age 12-17 of last sexual contact, when immediate examinations are indicated to collect and secure perishable evidence during the time it is available, to treat injuries—visible and non-visible—and to provide medication to prevent sexually transmitted infections, pregnancy, and other kinds of urgent treatment.

"Non-visible injuries" include physical symptoms that are present as described by the patient, but ae not visible to others. These symptoms include pain and tenderness that may be associated with emerging bruises, internal injuries, head trauma, and other conditions.

"Non-acute" is the period after the acute time frame, specific to the age group.

A "standard" examination is a medical evidentiary examination that is authorized by law enforcement, or DFCS in certain cases, and billed to law enforcement or DFCS respectively.

A "non-investigative report" (NIR) exam is a medical evidentiary exam that is defined under the Violence Against Women Act (VAWA) and may be provided to survivors 12 years and older at the survivor's request. These exams do not require authorization by law enforcement or parental/guardian consent. They are billed to law enforcement and cannot be billed to the survivor or survivor's insurance.

A "non-evidentiary medical" examination includes medical care only and may be performed for any survivor that elects to have medical treatment but declines evidence collection—or may be performed in the event a standard medical evidentiary exam is declined by law enforcement. Survivors 12 and older have the discretion to consent or decline medical and evidentiary care after sexual assault and intimate partner violence. This includes discretion regarding the timing of their care. Billing for non-evidentiary medical care is handled through the hospital billing process.

The "multi-disciplinary interview team" includes a law enforcement representative, a prosecutor, and a representative from the Department of Family and Children's Services.

"Survivor report" or "medical evidentiary report" refers to the record created to document components of the medical evidentiary exam, using a version of the appropriate Cal OES form, as determined by the qualified healthcare provider.

"Mandated report" includes the 920 or SCAR form required in cases when a survivor chooses not to report to law enforcement, or a medical evidentiary exam is not authorized.

Working Principles

At all times, the qualified healthcare providers who participate in SAFE programs, as defined in the penal code, are responsible for obtaining consent for the medical evidentiary exam, including consent for: the treatment of injuries, collection of evidence, collection of photographic images, and for any non-evidentiary medical care.

A standard medical evidentiary examination will be authorized and performed in all cases within 10 days of the last sexual contact when there is evidence to suggest that there was skin-to-skin contact, even if the evidence so far does not include penetration of the vaginal, anal, or oral area of the survivor, or touching of the penile, testicular, or breast areas. If the survivor, 12 years and older, is undecided at the time of exam whether to report to law enforcement, and the survivor requests an exam, a medical evidentiary exam will be performed as a non-investigative report.

Law enforcement will have a process for the speedy authorization of standard examinations for acute cases at the time of the initial disclosure or reported concern. This process may include the identification of an officer of the day 8-5 Monday through Friday, or an on-call detective after normal business hours, who can provide phone authorizations quickly, or authorization from patrol that responds to a call. Examples include, but are not limited to, cases where the child has

an oral, vaginal, penile, testicular, anal injury; redness, or discharge that raises concern or suggests sexual contact; or disclosures to a medical professional, law enforcement, or DFCS, which indicate a medical evidentiary examination is appropriate: including witnessed assault and survivor disclosure of recent assault.

Authorization for standard medical evidentiary examinations can also be obtained from law enforcement, whether acute or non-acute, when the multidisciplinary team consults with the medical team and they concur that a standard examination is indicated. These circumstances may include cases when the survivor's disclosure is limited to touching over clothes, or other circumstances of sexual contact or nature that has not been addressed elsewhere in this document. This consultation is envisioned to be communications between a law enforcement liaison sergeant or detective and a nurse or sexual assault forensic examiner, and will always include the Supervisor of the Sexual Assault Team in the DA's Office if a case has already been filed in court.

If medical or safety concerns necessitate urgent medical evaluation, pursuant to the California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims, the medical team should examine the patient without delay – best practice is within one hour – to assess medical status and, in the case of a standard medical evidentiary report, minimize loss or deterioration of evidence. This exigency may require consultation with the multidisciplinary interview team to coordinate care in relation to timing of the forensic interview.

Law enforcement representatives will reach out to the medical team as soon as possible after the initial disclosure or reported concern to ensure timeliness of medical evaluations and recommended medical treatment. If the course of law enforcement investigation may delay medical examination beyond the acute time frame for evidence collection or emergency medical treatment (specific to age group), patrol must elevate the case to the officer on call for urgent consultation. When any partner agency requests information about a case from law enforcement, the inquiry should be referred to the detective handling the case, or the law enforcement sergeant liaison.

A law enforcement liaison sergeant will be available to advise or answer questions from the medical team related to authorizations for examinations.

Considerations for the authorization of a standard medical evidentiary exam by law enforcement for both acute and non-acute pediatric cases are:

1. Pain/bleeding in vaginal, penile, oral or anal areas.
2. Risk of sexually transmitted infection (STI) due to nature of contact. Of note, many STIs do not present with symptoms.
3. Possibility of drug-facilitated sexual assault (DFSA), requiring timely blood and urine collection and medical evaluation.
4. Risk of unwanted pregnancy, requiring emergency contraception in the acute period.
5. Perpetrator exposed cases: evaluations of siblings or other child household contacts of abuse survivors, who have had contact with the same perpetrator.
6. Evidence of child pornography use by caregiver/household contact.
7. Patient/Parent Concern

a. Patient has distorted thoughts of body due to perpetrator manipulation
b. Initial disclosure causes concern that there is more information to be revealed

After every multi-disciplinary team interview at the Children's Advocacy Center, partners will contact the medical team before the child leaves the CAC, so that members of the medical team have the opportunity to meet with the child and caregiver at the CAC. First, the detective or other partner will provide a brief review of the case to the medical team. Then, members of the medical team will meet with the family or caregiver, and explain and offer medical options for the child. All survivors of suspected child sexual abuse will be given the option to have medical care. In the circumstance that a standard medical evidentiary exam is not authorized by law enforcement or DFCS, the medical provider will discuss options for medical care with the guardian and child, including a non-evidentiary medical exam that includes a physical exam, and indicated laboratory testing and medical treatment.

The types of examination are a standard medical evidentiary examination, a non-investigative report (NIR) and non-evidentiary medical exam.

If the child 12-17, who is at a SAFE response medical facility, requests a "standard" forensic examination, law enforcement will be called for authorization. The evidentiary portion of the examination will not begin until authorized by law enforcement.

If the child 12-17 requests and consents to a non-evidentiary medical or NIR examination, the survivor will be asked about the presence of law enforcement. If the survivor requests that law enforcement be present during the exam, dispatch will be notified immediately. Neither type of exam will be delayed or interrupted for law enforcement involvement so that medical care can be provided as soon as possible.

For all children 17 years and younger who request a non-evidentiary medical exam and injury, or findings consistent with sexual abuse are discovered during that exam – and the survivor wishes to report – law enforcement will be notified to seek telephone authorization for a standard medical evidentiary exam.

For all non-evidentiary medical exams, records will reflect medical care provided and will be held at the facility and subject to laws pertaining to the release of healthcare records. A mandated report will be completed.

For all children 17 years and younger who are seen at any SAFE response location, if there is a reasonable suspicion that the child has experienced child sexual abuse, physical abuse, or neglect, the medical provider will make a mandated report. The type of medical exam performed does not alter the requirement to make a mandated report, regardless of the kind of examination they receive.

- Standard medical evidentiary exams: Completion and submission of the appropriate 923, 925, or 930 form within two working days of the exam and a phone call to law enforcement as soon as possible completes the mandated reporting requirement.
- Non-investigative report and non-evidentiary medical examinations: Completion and submission of the 920 form within two working days of the exam—with the contact

information and required information the child (or caregiver) is able to provide—and a phone call to law enforcement as soon as possible, completes the mandated reporting requirement.

- If the child declines the presence of law enforcement, the medical team will perform the non-evidentiary medical examination or NIR, immediately make the mandated report by phone and then by paper record, including the case number provided by dispatch. Depending on the nature of the report, law enforcement may send representatives to a medical facility to investigate the crime immediately, which may include talking with family members, and making sure the child knows that law enforcement are available to talk with the child about the assault.

Training of medical team members, law enforcement, and all who work at the Children's Advocacy Center on these principles will occur in a timely way. Trainings of CAC partners will occur with regular periodicity, no less than annually. All trainings will be performed in tandem with the involved agencies.

All pledge to implement these principles in good faith and with mutual respect.