

## EDUCATION OF NON-EXPERT HEALTH CARE PROFESSIONALS REGARDING PEDIATRIC SEXUAL ASSAULT PROTOCOLS

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**ABSTRACT: RATIONALE:** Many health care professionals are unaware of evidence-based protocols for management of pediatric sexual assault. This leads to redundant questioning and physical examination. Health care workers must recognize red flags and know basic protocols for management. **OBJECTIVE:** To create an educational resource for Chantel's Place, the Peel Regional medical and forensic clinic for domestic violence and sexual assault, that improves knowledge among non-expert health care professionals regarding pediatric sexual assault protocols. **METHODS:** A seminar was created using information gathered from manuscripts, clinician interviews, and case reviews. One presentation was created for an interprofessional health care audience and another was created for emergency room staff

**RESULTS:** The interprofessional presentation was delivered once, and attained a positive response from participants. 96% of attendees agreed the session achieved its learning objectives, and 93% agreed the session was engaging and effective. Chantel's Place staff believe the format is reproducible. **DISCUSSION:** This feedback suggests this presentation format is an effective way to educate health care professionals on pediatric sexual assault protocols. **CONCLUSION:** The creation of a scalable educational resource for different health care audiences will allow Chantel's Place to promote evidence-based care and reduce emotional trauma for survivors of pediatric sexual assault.

**KEY WORDS:** Sexual Assault, Sexual Abuse, Pediatrics, Interprofessional Health Care, Health Care Education.

### RATIONALE

The World Health Organization (WHO) estimates the global prevalence of pediatric sexual abuse to be 20% in girls and 5-10% in boys (World Health Organization, 2006). The WHO defines pediatric sexual abuse as:

[...] the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not develo-

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mentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. (WORLD HEALTH ORGANIZATION, 1999, p. 15-16).

Pediatric sexual *assault* has the same definition, except that the perpetrator does not need to be in a relationship of responsibility, trust, or power over the victim (THE SUSPECTED CHILD ABUSE & NEGLECT PROGRAM, 2003). Statistics Canada reports that sexual assault in youth and children is the second most prevalent type of violence reported to police in that population, and that it is 1.5 times more prevalent than the rate of sexual assault in young adults (18 to 24). In 75% of cases, the perpetrators of this type of violence are someone known to the child (STATISTICS CANADA, 2008). As reported by the Public Health Agency of Canada, in 2008 there were 2,607 cases of substantiated sexual abuse aged 15 and under in the population (PUBLIC HEALTH AGENCY OF CANADA, 2010). Unfortunately, it is difficult to quantify the exact incidence with certainty due to underreporting rates. In Canada, it is thought that only 12% of sexual assault cases in the general population are brought to the attention of police (Statistics Canada, 2009). By extrapolating on the information above, one could estimate that there were over 21,000 cases of pediatric sexual abuse in Canada in 2008. Furthermore, this number only reflects *substantiated* cases. Heppenstall-Heger et al. explained that when a potential case of sexual assault is reported, there are usually no physical findings, and when there are, these findings tend to be nonspecific. It is common for there to be a delay between the occurrence of the assault and the time of patient presentation, by which point, injuries have usually healed (HEPPENSTALL-HEGER *et al.*, 2003). These reasons make it very difficult to acquire concrete evidence of the event. Heppenstall-Heger *et al.* found that in cases of acute sexual assault where injuries were observed, lasting physical findings were present only 14.6% of the time (HEPPENSTALL-HEGER *et al.*, 2003). Therefore, it is likely that the true annual incidence of pediatric sexual abuse in Canada is well over the 21,000 listed above.

At Trillium Health Partners in Mississauga, Ontario, Canada, the acute care of pediatric victims of sexual assault who present to the emergency room has a defined protocol designed to provide the most effective care, both medically and legally, to these individuals. Ideally, individuals should be referred in a timely manner to Chantel's Place, where a specially trained nurse provides one-on-one care in a safe environment for these children. Chantel's Place is one of 35 Ontario hospital-based programs funded by the Ministry of Health and Long Term Care to provide acute sexual assault and domestic violence services. Their mandate is to serve individuals:  $\geq 12$  years of age who have been recently sexually assaulted (12 days);  $\geq 16$  years of age who have incurred recent physical injuries as a result of domestic violence; and  $< 12$  years of age who disclose sexual abuse/assault. Here,

they provide survivors of sexual assault and domestic violence with medical and forensic assessment, prophylactic medication, safety planning, and social support services. There is also a separate and private room to conduct interviews should police involvement be required.

This service learning project focused on determinants of health surrounding cases of pediatric sexual assault. According to the AFMC Primer on Population Health, “traumatic experiences in early childhood shape personality and have a lasting impact on how a person views his world, how he relates to others, and how he interprets events” (The Association of Faculties of Medicine of Canada, 2011, Ch. 2). A pediatric sexual assault encounter, therefore, will likely have an effect on early childhood development. A 2014 study by Davidson and Omar showed the long-term psychological impact that sexual assault encounters can have on survivors. Higher rates of depression, post-traumatic stress disorder, abnormal stress responses, drug use and self-harm have all been documented in these children. Additionally, these individuals have shown that as they age, they are more likely to enter into abusive relationships and demonstrate higher levels of hospitalization and serious illnesses than age-matched populations (DAVIDSON; OMAR, 2014). A World Health Organization report on sexual assault explains that the medical history and forensic exam following a sexual assault can further traumatize a survivor (WORLD HEALTH ORGANIZATION, 2003). Chantel’s Place promotes the guidelines established by Adams *et al.* that state that the history and forensic exam should only be performed by a trained clinician who participates in annual continuing education (ADAMS *et. al.*, 2007). Chantel’s Place provides survivors across Peel Region with access to these trained medical professionals.

There are additional concerns to consider for health care professionals who encounter a victim of pediatric sexual assault. Poor history-taking skills can actually destroy a patient’s case, as children are very suggestible. If questions are asked the wrong way, then the child may provide the wrong answer, and those incorrect answers may have implications in court. That mistake would be the fault of the historian (THE SUSPECTED CHILD ABUSE & NEGLECT PROGRAM, 2010). Additionally, health care professionals need to understand that they have a legal obligation to report suspected cases of pediatric sexual assault to the local Children’s Aid Society, regardless if the information is considered confidential by professional standards (CHILD AND FAMILY SERVICES ACT, 1990). It is essential that professional health care workers who may come across cases of pediatric sexual abuse and assault receive the education necessary to know how to appropriately manage these situations.

## OBJECTIVE

The objective of this service learning project was to create an educational resource for Chantel's Place that could provide non-expert health care professionals with the information they need in order to know their role and responsibilities when a patient present with a potential case of pediatric sexual assault. The goal was to create a resource that: (i) included the most salient information for non-expert health care professionals regarding pediatric sexual assault protocols; (ii) could be adapted easily for a variety of health care audiences; and (iii) could be delivered readily by Chantel's Place staff. In doing so, we hoped to improve health care professionals' level of knowledge regarding this topic, which should have positive benefits on childhood development for victims of pediatric sexual assault.

## METHODS

This project was completed in association with Chantel's Place, the Peel Regional medical and forensic clinic for domestic violence and sexual assault. It is located within Trillium Health Partners in Mississauga, Ontario, Canada. Information was gathered from manuscripts, published sexual assault guidelines and manuals, and Statistics Canada. Additional information was obtained through case review sessions with specially trained nurses from Chantel's Place and the Suspected Child Abuse & Neglect (SCAN) clinic at The Hospital for Sick Children in Toronto, Ontario, Canada, and through interviews with front-line nurses (n=4), social workers (n=2), and physicians (n=1). The above sources were analyzed for important legal details and common themes, and this information was applied in a slideshow presentation format. Two presentations were created: one for emergency room staff, and one for an interprofessional health care audience.

The slideshow presentations contain information that was deemed as being the most prudent and useful for a 40-60 minute educational seminar of health care professionals. The first half of the presentation is built primarily as a didactic form of teaching, with opportunities for audience participation via sporadic audience-directed multiple choice questions. The audience members were given "clickers" that allowed them to electronically submit answers to questions that were posed, and the overall answer distribution was displayed on screen. The second half of the presentation involves case studies with preset questions that are designed to make seminar participants think deeper about the information they have just learned in the first half of the seminar. The seminar participants are separated into small groups for this part of the seminar, and seminar facilitators float between 1-2 seminar groups to help guide discussion.

The following is an outline of the educational seminar:

1. Definitions

1. Pediatric Sexual Abuse

## 2. Pediatric Sexual Assault

2. Incidence and Prevalence
3. Relevance for all Health Care Professionals
4. Possible First Presentations
5. Continuum of Care
  1. Cues and Red Flags
  2. Physical signs
  3. Emotional signs
  4. Behavioral signs
6. Developmental signs
7. Taking a History
8. What Patients and Parents Want to Know
9. Case Studies
10. Resources and Contacts

A sample case study with follow-up questions is included below: Norma is 16-years-old. This past Saturday she went to a friend's house party. She has known this friend for a couple of years. Norma brought her own alcohol and did not drink anyone else's alcohol that night. She did not realize how much she had to drink, nor how late it was. The buses were no longer running and she did not have money for a cab fare. Her friend told her she could stay over, so she did. In the morning she found her clothing removed, and that her friend was in the bed next to her, she believes she has been sexually assaulted. Today is Monday and she is at your office seeking support.

List the steps you would take.

What are your responsibilities in this scenario?

What kind of environment would be most helpful and supportive to her at this time? And questions to ask that would be helpful?

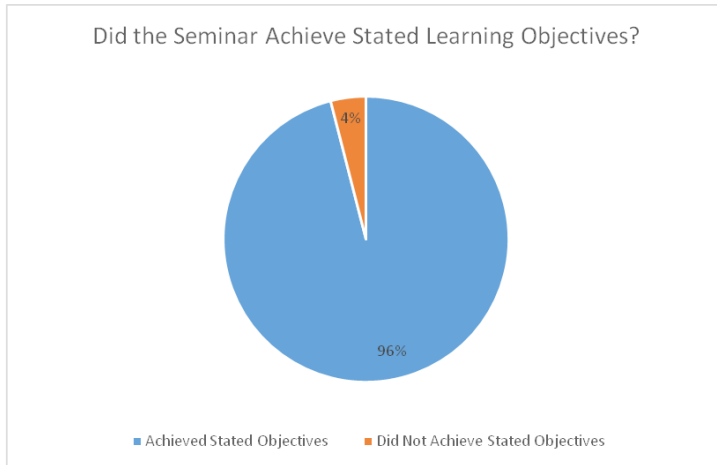
What are your own beliefs and values?

What are some of the myths that come to mind from this scenario?

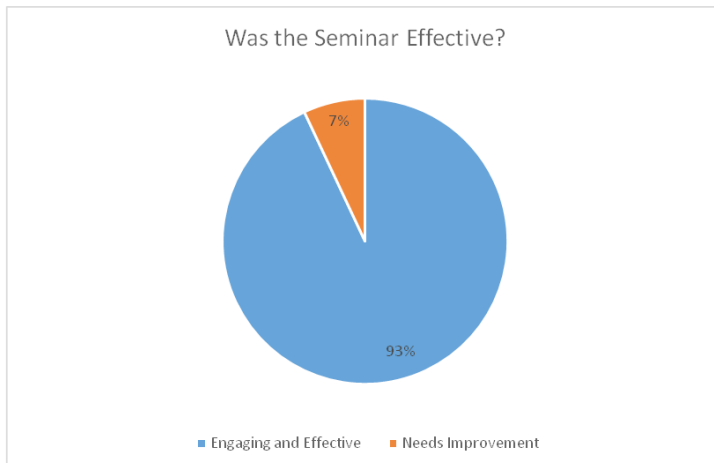
## RESULTS

The interprofessional seminar was delivered once, and attained a positive response from participants. The didactic portion of the presentation ran for a total time of 30 minutes with approximately 20 minutes of case-based discussion. A post-session survey was administered to all attendees of the presentation and

28 responses were received. Of the 28 attendees who completed the post-session survey, 96% agreed that the session achieved the stated learning objectives (Figure 1), and 93% agreed that the session was engaging and effective (Figure 2).



**Figure 1:** Seminar Participant Evaluation of Meeting Stated Learning Objectives



**Figure 2:** Seminar Participant Evaluation of Seminar Effectiveness

The seminar was considered to be a success, with one participant saying, “Great information. I felt like I learned the very basics of the things I should consider in assault situations,” and another saying, “The information itself [was most useful]. I didn’t know much of it beforehand.” A number of participants provided some constructive criticism as well as suggestions for improvement. One participant said “perhaps incorporate situations or real life examples to put a more

realistic context on the session”. Another participant provided a comment for improvement, suggesting “more clarification on different professions [interprofessional healthcare] roles.” Finally, one participant proposed the use of a “Take home Message” slide to help summarize the information provided.

Chantel’s Place staff have also agreed that the presentation format is reproducible. Additionally, a presentation was created and approved by Chantel’s Place staff designed for emergency room staff. The presentation was designed with the same overall format and incorporated minor changes to gear the education to an audience of people dealing with the more acute side of pediatric sexual assault/abuse. This presentation has not yet been piloted on an audience.

## DISCUSSION

The results show that participants drew important lessons from those taught and emphasized, and that they appreciated the presentation’s clinical relevance. This strong, positive feedback suggests that this interactive presentation format is an effective way to educate health care professionals on matters of obvious clinical relevance. These presentations will allow Chantel’s Place to promote its mandate and ensure pediatric survivors of sexual assault in Peel Region receive high-quality, evidence-based care. With the appropriate management of pediatric sexual assault and the widespread dissemination of this information, the goal is to reduce the emotional trauma for pediatric survivors of sexual assault.

The interprofessional health care audience was selected because cases of pediatric sexual assault can present in multiple settings. Children relate to different health care professionals in different ways, and it is equally as possible for a child to make a statement of abuse or assault to his or her physician, nurse, occupational therapist, physiotherapist, dentist, social worker, personal support worker, speech language pathologist, dietician, etc. In addition, cases of pediatric sexual assault may often be discovered as a result of a child exhibiting signs and symptoms of having been sexually assaulted, and not because the child makes an explicit statement of assault. The health care professionals above all must have the ability to recognize these signs and symptoms, because they may be the only health care professional that the child sees for months (KELLOGG, 2005). The emergency department was selected as another ideal audience for this seminar because the emergency department represents a common location for children to present after having been sexually assaulted (KELLOGG, 2005). For either audience, appropriate management is essential and education of these protocols can be targeted through the seminars that were created. Additional audiences that can be targeted include primary care physicians, law enforcement officials, and school teachers.

It is important to consider some of the limitations of this preliminary work. This project is still in its early phases and the seminar has only been administered once. It will be important to present the developed presentation to emergency room staff and attain post-survey data from this group of individuals to determine whether a similar response is seen. It must also be taken into consideration how the long-term success of this presentation is to be monitored. Though short-term success is being monitored by the post-seminar surveys, true success will be dictated by the effect the seminars have on improving the way seminar participants manage cases of pediatric sexual assault. Some potential ways of assessing long-term success include monitoring the rates of referral from Peel Region emergency departments to Chantel's Place, monitoring health outcomes of Chantel's Place patients who have been sexual assaulted, and asking Chantel's Place patients directly about their experiences with health care professionals (and other related professionals such as law enforcement and school teachers) that ultimately led to their referral to Chantel's Place.

For Chantel's Place, educational seminars were deemed as the first step in improving care for pediatric patients of sexual assault and abuse. Chantel's Place can look to build on this work by creating other educational initiatives that can be done in the community to ensure survivors of pediatric sexual assault receive evidence-based care. One example of this future work is to create a marketing campaign to educate citizens of Peel Region on the prevalence of pediatric sexual assault in the community, the dangers of having a low reporting rate, and the resources available to children and families in need. By empowering sexual assault survivors and making them aware of Chantel's Place and other resources available to them in the community, it might improve survivors' opportunities to have access to these resources. Until now, survivors have relied on their health care professionals' knowledge that Chantel's Place exists in order to get a referral; if the survivors themselves are aware of Chantel's Place, it could make a big difference in the care they receive.

## CONCLUSION

The educational seminar that was created over the course of this service learning project will provide Chantel's Place with a method of delivering key information to non-expert health care professionals regarding management of potential cases of pediatric sexual assault and abuse. The seminars have the approval of Chantel's Place staff, and have been used in practice on one occasion, with overwhelmingly positive feedback. There are still numerous considerations for measuring the long-term success of these seminars, and many other ways of educating a diverse set of audiences have been postulated as well. Overall, there is a hope that the continuing implementation of these seminars along with the



creation of additional educational initiatives will result in better care and better health outcomes for survivors of pediatric sexual assault and abuse.

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