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Which sexual abuse victims receive a forensic medical examination? The impact of Children's Advocacy Centers[☆]

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Abstract

Objective: This study examines the impact of Children's Advocacy Centers (CAC) and other factors, such as the child's age, alleged penetration, and injury on the use of forensic medical examinations as part of the response to reported child sexual abuse.

Methods: This analysis is part of a quasi-experimental study, the Multi-Site Evaluation of Children's Advocacy Centers, which evaluated four CACs relative to within-state non-CAC comparison communities. Case abstractors collected data on forensic medical exams in 1,220 child sexual abuse cases through review of case records.

Results: Suspected sexual abuse victims at CACs were two times more likely to have forensic medical examinations than those seen at comparison communities, controlling for other variables. Girls, children with reported penetration, victims who were physically injured while being abused, White victims, and younger children were more likely to have exams, controlling for other variables. Non-penetration cases at CACs were four times more likely to receive exams as compared to those in comparison communities. About half of exams were conducted the same day as the

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reported abuse in both CAC and comparison communities. The majority of caregivers were very satisfied with the medical professional. Receipt of a medical exam was not associated with offenders being charged.

Conclusions: Results of this study suggest that CACs are an effective tool for furthering access to forensic medical examinations for child sexual abuse victims.

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Introduction

Forensic medical examinations are an important part of a comprehensive response to the investigation of suspected child sexual abuse, both to insure appropriate care for the child and to support legal decision-making. Many professionals recommend that all reported child sexual abuse victims have a medical evaluation (Adams et al., 2007; De Jong & Rose, 1989; Finkel & De Jong, 2001; Heger, 1996; Kerns, Terman, & Larson, 1994). Practice regarding forensic medical examinations for sexual abuse allegations seems to be changing dramatically. Heger and colleagues report that "an international revolution in the process and protocols for evaluating sexually abused children" is taking place, including the increased involvement of medical professionals in these cases (Heger, Ticson, Velasquez, & Bernier, 2002, p. 654). They note that many children now have access to Children's Advocacy Centers with medical experts.

Children's Advocacy Centers (CACs) are multidisciplinary organizations that investigate child abuse. An increase in the use of forensic medical examinations (exams) effected by CACs seems plausible, because access to exams is an integral standard in CACs, and the number of CACs has grown tremendously. Membership in the national CAC organization, the National Children's Alliance, has grown from 22 in 1992 to over 650 accredited or associate centers in 2007 (National Children's Alliance, 2007). This study thus serves both to evaluate the implementation of an important CAC standard and to assess the use of forensic medical exams for reported child sexual abuse victims more generally.

Forensic medical examinations

There are three purposes of exams. They can help identify medical evidence to prosecute the offenders (Britton, 1998; Kerns et al., 1994), screen for injuries and medical conditions and initiate medical treatment, and reassure victims and parents about the child's physical well being (Britton, 1998; Hanson et al., 2001; Heger & Emans, 1992; Kerns et al., 1994). Even in the absence of medical evidence, exams can support prosecution because it preempts defense claims that evidence collection is insufficient without an exam (see American Prosecutors Research Institute, 2004). Also, when the alleged perpetrator is guilty and medical evidence is lacking, the exam can engage a doctor or nurse in the case who can provide expert testimony to explain this lack of evidence to judges and juries.

A number of studies indicate that more experienced medical examiners and those with child sexual abuse assessment experience provide higher quality and more consistent decision-making than those with less experience, pediatricians or family practice residents (Adams & Wells, 1993; Brayden, Altemeier, Yeager, & Muram, 1991; Paradise et al., 1997; Paradise, Winter, Finkel, Berenson, & Beiser, 1999). Forensic examiners need to know how to conduct a specialized exam, including using a colposcope (which

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