Task Force on the Prevention of Child Sexual Abuse

Meeting Minutes
Date: Wednesday, October 12, 2016
9:00 am- 10:00 am

Members present:
Russel Hunter, Washoe County S.H.A.R.E. Program Coordinator
Kathleen Backman, Child Abuse Survivor, Advocate and Writer
Christina Hall, Rape Crisis Center
Rebecca LeBeau, Child Assault Prevention
Kristy Oriol, NNADV
Trisha Baird, Tahoe Safe Alliance
Elena Espinoza, Department of Health and Human Services
Amanda Haboush-Deloye, Prevent Child Abuse Nevada
Kim Kandt, SNHD
Kirby Stolzoff, PCANV
Jill Tolles, Candidate for Assembly
Mari Parlade, Clark County Department of Family Services
Douglas Fraser, MD University Medical Center
Dineen McSwain, UMC Trauma Program Coordinator
Kristen MacLeod, MD Washoe County Children's Advocacy Center
Sandra Cetl, MD Southern Nevada Children's Advocacy Center

1) Introduction of Panelists:
    a) We welcomed our panelists, Dr. Sandra Cetl from the Southern Nevada Children's Advocacy Center, Dr. Kristen MacLeod from the Washoe County Children's Advocacy Center, and Dr. Douglas Fraser from the University Medical Center's Trauma and Burn Center.
2) Questions for Panelists:
    a) To begin, panelists described the examination process and their involvement in investigations.
        i) Dr. Cetl explained that examinations fall under two situations: an acute situation or a non-acute situation. An acute situation is when a child discloses sexual abuse or someone suspects child sexual abuse (CSA), and the examination takes place within three-five days of the suspected abuse. A non-acute situation is when the suspected abuse may have happened weeks, months, or years before the examination. Acute examinations only differ from non-acute examinations by the use of evidence kits, as physical evidence is unlikely to be found in non-acute situations.
        ii) Dr. Cetl described the process in Southern Nevada. The examinations begin by the child's clothing being removed in a developmentally appropriate way, then there is a genital examination by manipulating the skin around the genitals with photo documentation by a DSL camera with forensic equipment. The child will

be tested for any infections, sexually transmitted or not. All the information is then forwarded to law enforcement.

iii) For Washoe County, Dr. MacLeod explained that the process is the same except they use a video recorder with a magnifier and light.

(1) Dr. MacLeod also discussed the availability of examiners for Northern Nevada. There are three people available for emergent exams: Dr. MacLeod herself, a nurse practitioner, and a registered nurse.

iv) As a trauma surgeon, Dr. Fraser is involved during situations with serious injuries that involve surgical intervention either through the ER or being brought-in for a consultation.

b) Panelists discussed efforts to not further traumatize the child during the examination.

i) Dr. MacLeod emphasized that the photos captured from the video do not include any faces and are unlabeled. The photos are burned onto a DVD with no identification. One copy of the DVD is sent to the Child Advocacy Center (CAC) and a second is sent to a lockbox at the District Attorney's in case of fire or other disaster.

ii) Dr. Cetl has had all the physicians and nurses in the Sunrise Hospital ER trained in SANE (Sexual Assult Nurse Examiner) though they are not certified.

iii) Dr. Cetl and Dr. Macleod agreed that distraction has been shown to be the best method to avoid further traumatizing the child.

iv) University Medical Group and Sunrise Hospital work together in order for professionals to go where the child is and avoid moving them around as much as possible.

c) Panelists were asked to speak on the training they have received on CSA, whether required or sought after, and what training is available to physicians in training.

i) Dr. Cetl discussed how sexual abuse, especially child sexual abuse, is still a stigmatized topic in medical school. Examining children's genitals and the legal process for CSA cases are intimidating to practitioners.

ii) Along with the unease people feel surrounding CSA, it benefits individual practitioners more to have a shift at the ER versus being on call for CSA examinations.

iii) Dr. MacLeod was required to train in child abuse procedures as part of her residency.

iv) Family practice students do complete shifts at the CAC as part of their residency training.

v) There is no pediatric residency school in Nevada and there was no designated CAC until this past April so the availability of trainings is limited. As well there is a conflict between confidentiality and the district attorney's office when medical students become involved with child sexual abuse investigations.

vi) Dr. Fraser was unsure of the requirements for general practitioners but there is none included in general surgery training; his education comes from on the job experience.

For More Task Force Information:

Website: http://nic.unlv.edu/pcan/CSATaskForce.html **Phone number:** (702) 895-5053
Email Address: csaptaskforce@unlv.edu

d) Panelists commented on what training they believe should be required for training physicians.
    i) Dr. Cetl wishes the Board of Education would include more content on child sexual abuse on the pediatric board exam.
        (1) Nurse practitioners, family practice physicians, and physician assistances have no required training for child sexual abuse.
    ii) Dr. MacLeod spoke on present discussions taking place for a potential certificate program in child sexual abuse. Also UNLV has recently developed new residency programs, as well as programs in the works in northern Nevada. This is an opportunity to require training.
    iii) Dr. Cetl commented that although physicians are mandated reporters there is no way to enforce that this practice is upheld. She suggests that legislation not just mandating reporting but enforcing following procedure would be beneficial.
        (1) Dr. MacLeod commented that there seems to be comfort with recognition but what comes after is unfamiliar to practitioners. She suggests increased training to avoid "knee-jerk" reactions.
    iv) Dr. MacLeod suggested that placing CSA under the ethic requirements will help substantial physicians' involvement. A clearinghouse website with available trainings could also increase ease of access and interest.
e) Panelists discussed the process for becoming SANE certified and the barriers that prevent more people from participating.
    i) The International Association of Forensic Nurses finds instructors for the SANE training which can be taken in Nevada or elsewhere.
    ii) Dr. Cetl holds the training in Sunrise Hospital and a nurse from California comes to provide a 40 hour training.
    iii) Up in the north, the course is taken in Sacramento provided by the California Clinical Forensic Training Center.
    iv) The revised SANE-A (Sexual Assault Nurse Examiner Adult/Adolescence) examination has a new pass rate of 40% which had discouraged some from pursuing certification.
f) Panelists discussed the types of situations where surgical intervention may be needed.
    i) According to Dr. Fraser, any evidence of injury is recorded even if no intervention is needed. Typical surgical intervention include repairing lacerations, general anesthesia, and rectal injuries for younger children.
g) Panelists reviewed the investigation process and any inhibitors.
    i) Dr. Fraser laid out the investigation process for surgeons involved. The initial examination is held for acute situations; good documentation of the physical findings must be recorded. The operative report is prepared as part of testimony. A SANE nurse photographs and documents all materials relevant.
    ii) For the south, regardless of what hospital the patient is at, Dr. Cetl is brought in. She works closely with the Clark County District Attorney. Doctors are involved along with the heads of other medical agencies. Dr. Cetl fields all questions on

child sexual abuse and general child abuse. A multi-disciplinary team is assembled as experts.

h) Panelists were asked what actions the Task Force can take to help benefit them in their endeavors.
   i) Dr. MacLeod stated these key points for the Task Force to work towards:
      (1) Formal requirements for CSA training in family practice and nursing.
      (2) Continuing education requirements.
      (3) Help build connections with rural counties, finding local champions to advocate and gain trust in those communities.
      (4) Identify and prevent potential young perpetrators.
   ii) Dr. Cetl added the need to remove the stigma against talking about abuse or genitals, especially using proper terminology. She urges that demystifying it will ease the process on all levels.

3) Updates Regarding the Standards Process:
   a) The proposed content standards has gone through several revisions. The Curriculum Standards subgroup met with Shannon LeNeve, CCSD Coordinator for health and physical education, to revise the proposed standards to fit with current health educations standards.
   b) Jill Tolles has met with representatives from WCSD to review proposed content standards.
   c) Vickie Blakeney has distributed the content standards to the superintendents of rural school districts for review and feedback.
   d) The draft of the content standards will be sent out to the full Task Force for review along with a companion piece, Recommendations for Curriculum Content, which is a more detailed document to assist with developing curriculum and selecting programs.
   e) Once feedback is received from the state school district the final version of the content standards will be complete and ready to be presented to the Board of Education.
   f) The Task Force is planning to present the proposed content standards to the Board of Education meeting on **November 10th**. Any Task Force members who would like to attend the meeting is welcome to come.
4) Action Steps to Take Before Next Meeting:
   a) **PCANV Staff** will send out the date and time of the Board of Education meeting to the Task Force.
   b) **PCANV Staff** will send out the content standards draft to the Task Force for review.
   c) **Task Force members** will email in what they want to learn about for the next panel discussion. Next meeting will be in Dec/Jan.
5) **Next Meeting Date: TBD**

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