The speaker has no conflicts of interest to disclose.

Objectives

1. Describe some of the adverse outcomes associated with child maltreatment.
2. Understand differences in the acute care of child vs. adolescent/adult individuals who have experienced sexual assault.
3. Evaluate findings from a qualitative study that describes the attitudes of Adult/Adolescent Sexual Assault Nurse Examiners regarding the possibility of training to care for younger (less than 2 years) children.
Child Sexual Assault

- Approximately 70,000 child victims of sexual assault are seen in hospital emergency departments (EDs) in the US each year.¹
- Often, EDs are the first point of care for children who have experienced sexual assault.²
- Saltzman conducted a review of the medical records from 66 EDs and findings indicated that among the children seen in EDs for treatment of sexual assault, 30.8% of the were between the ages of 0-9 years, and 34.7% were between the ages of 10-19 years.²

Adverse Outcomes of Childhood Maltreatment

- Somatic reactions
- Substance abuse
- Sexually transmitted infections (STIs)
- Sexual dysfunction
- Eating disorders
- Persistent patterns of fear and anxiety
- Sadness, depression
- Suicide
- Social maladjustment

Adverse Childhood Experiences (ACE) Study³

Mechanisms by which Adverse Childhood Experiences Initiative Health and Wellbeing throughout the lifespan.
MA Sexual Assault Nurse Examiners (SANEs):
A state-wide group of forensically trained, highly skilled nurses who respond to SANE designated hospitals (EDs, ICUs, or ORs) to care for patients, 12 years and older, who have experienced sexual assault.

MA Sexual Assault Evidence Collection Kits

<table>
<thead>
<tr>
<th>Adult/Adolescent Kit (MSA Eck)</th>
<th>Pediatric Kit (MA Pedi Kit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 12 years and older</td>
<td>• 11 years and younger</td>
</tr>
<tr>
<td>• In use since 1990 with many revisions over the years</td>
<td>• Developed over 7 years by multidisciplinary taskforce</td>
</tr>
<tr>
<td>• Protocols and documentation forms adapted from the SANE Program Protocols</td>
<td>• Focus on &quot;child friendly&quot; steps</td>
</tr>
<tr>
<td>• Approximately 900 kits annually</td>
<td>• Implemented statewide in 2006</td>
</tr>
<tr>
<td>• Approximately 50 kits annually</td>
<td>• Approximately 50 Kits annually</td>
</tr>
</tbody>
</table>

MA Adult & Adolescent Sexual Assault Evidence Collection Kit
The Research Question

How do Adult/Adelescent SANEs in Massachusetts feel about the possibility of expanding their role to include the care of children less than 12 years?

Methods

• Qualitative descriptive study
• 6 focus groups conducted in 5 geographical regions on Massachusetts between October-December 2011
• Inclusion criteria: Current certification as an A/A SANE in MA
• University IRB approval obtained

The SANE Participants

Age
Ethnicity
Education
SANE Experience
Pedi Experience
Specialization
Procedure & Data Analysis

- Certified A/A SANEs were invited to participate via an email invitation that explained the study
- Focus groups were audio-tape recorded; semi-structured interview guide was used
- Sampling continued until data saturation was met
- Audio tapes transcribed verbatim
- Content analysis

Attitudes

“I would be interested. Of course, I’d feel better kind of going through everything because obviously that’s not what we’re used to but I would definitely be interested.”

“I just can’t imagine taking care of a 5 year-old with something like that [sexual assault].”

“I have two young girls at home. I think it would be too hard for me.

“As much as we don’t like having to do a kit like this [on children] having the training and using all the resources that are out there to take care of this population is really important.”
Barriers

- "I have a lot of reservations about doing that. I have grandchildren that are young. It just feels like it’s associating what happens to somebody else’s child with your own feelings about your own children and I’ve never been a pediatric nurse and I feel like it’s more than I would want to do."

- "I think there are a lot of developmental things that are difficult to understand about children, especially traumatized children, where if you don’t have a lot of experience, I think that would be difficult."

Facilitators

"[I would need] a good review of the developmental anatomy... then a good precepting experience."

"I would need a lot of in-service or training on what you see, developmentally, in children... especially what you see in traumatized children. Also, I would want to be exposed to people who are very experienced [in treating children]."

"I think maybe some fake, mock kits, play off each other, just some certain examples. I think a day of that would be helpful."

Impact on Care

I think [the care] can only be better because my experience with the SANE Program is a level of commitment that really is unsurpassed."

"I think we have the knowledge base within the Adult/Adolescent Program and it just makes sense... it’s also helping our professionalism within the community to say we’re a resource for people of all ages."

"I think it would definitely improve [care]. I don’t see how it couldn’t... ultimately, once you do have something in place... not that an emergency room nurse can’t do a kit, it’s just that we do it better."
Future Implications

Findings will guide and inform programmatic decisions moving forward; and they will fill a gap in the research regarding pediatric sexual assault.

Thank you for your attention. Findings from this study will be published in an upcoming issue of the Journal of Emergency Nursing. Please feel free to contact me at: c.marchetti@neu.edu

Hope you enjoy the remainder of the Conference!

References


4. Marchetti, CA, Fantasia, HC, Molchan, L. Attitudes of Adult/Adolescent Sexual Assault Nurse Examiners and caring for younger patients. Journal of Emergency Nursing (accepted for publication on September 8, 2012)