Child Protection: A Guide for Navigating a Disclosure of Sexual Abuse in Rhode Island Amid the COVID-19 Pandemic

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INTRODUCTION

While there are well-established public health benefits to social distancing, isolation, and quarantine in order to prevent SARS-CoV-2 (COVID-19) transmission, there may also be unintended consequences for children; these include increased rates of child abuse and exposure to intimate partner violence.[1–3] Families are struggling with mental health, financial stressors, isolation, and worries about illness, while also losing protective social supports like family, friends, day care, and schools.[2–6] Children are also not having frequent contact with friends, neighbors, teachers, and counselors to whom they most frequently disclose child maltreatment,[7] leaving them in an especially vulnerable situation during this pandemic. Therefore, it is even more important that healthcare providers be prepared to support children and adolescents who are in unsafe situations or who disclose child maltreatment.

Child sexual abuse is a challenging and upsetting topic, which can be difficult to navigate. In addition to supporting the child and non-offending caregiver, physicians are asked to make important clinical decisions while also satisfying reporting requirements to law enforcement and/or child protective services. These decision points are not always straightforward and can be complicated by reporter and provider interpretation (or misinterpretation) of the laws, previous positive or negative experiences reporting, and biases.[8–10] Here we offer a guide to support physicians as they traverse these conversations and approach disclosures of child sexual abuse.

DEFINITIONS

- **Sexual Abuse:** When a child is engaged in sexual activity to which they are not able to understand or give consent. This includes sexual contact, child pornography (including online solicitation), and sex trafficking.[11]
- **Sexual Abuse Laws:** In Rhode Island, children less than 14 years of age cannot consent to sex. Children who are 14 and 15 years of age can only consent to sex with children between the ages of 14 and 17. Children 16 and 17 years of age are able to consent to sex with persons 14 years of age and above (including adults).[12,13]

PREVALENCE

It is estimated that approximately 1 in 5 girls and 1 in 10 boys will experience sexual abuse before age 18.[14–16] The National Child Abuse and Neglect Data System (NCANDS) reports over 58,000 (8.6%) children in the United States were identified by Child Protective Services (CPS) to have experienced child sexual abuse in 2017[17] and, in 2018, CPS identified a total of 121 victims of child sexual abuse in Rhode Island.[7] While 121 indicated cases is too many, this number may also be falsely reassuring.[18–20]

REPORTING LIMITATIONS

Since these numbers are taken from NCANDS, they only include cases 1) that were reported to CPS; 2) where CPS decided there was enough information to start an investigation; and 3) where, after the CPS investigation, there was sufficient evidence to substantiate sexual abuse. These numbers also excludes cases which would be investigated by law enforcement and not CPS; for example, when the offender is not a primary caretaker or someone who lives in the home (i.e. a grandfather the child visits once a week). In Rhode Island, CPS does investigate cases where the suspected sexual abuse was by a household member, a caregiver, another minor, a teacher, or a licensed day care worker. Other reasons for cases of sexual abuse to be underreported include, but are not limited to: 1) not all children disclose sexual abuse during childhood; 2) if a child does disclose, the family may not report it or believe the child; 3) due to perceived negative repercussions, some children may recant a true disclosure which then may not be indicated by CPS; and 4) CPS may investigate, but may not have enough evidence to indicate sexual abuse. Including all forms of maltreatment nationally, approximately 40–50% of cases are screened out for investigation and only about 20% of investigations are substantiated.[7,17]

DISCLOSURES

A disclosure of sexual abuse refers to communicating a sexual abuse experience to family, friends, health care providers, or other authorities.[21] Most children do not disclose sexual abuse until months or years after the first incident, often due to embarrassment, guilt, confusion, or fear. Since about a third of sexual abuse is by a family member who the child may love, the decision to disclose becomes even more complicated.[16,19,21] Younger children, around preschool age, usually disclose spontaneously, while school-aged children tend to be more cautious about when and to whom they disclose.

Disclosures are often not a single event, but an ongoing process. Children may start by providing a small piece of information initially and, with time, may share more details or stop sharing depending on their perceived response to their disclosure. It is not uncommon for children who are not believed or who feel their disclosure caused negative effects within the family (upset family members, loss of income, arrests, etc.) to recant a true disclosure of sexual abuse. It is, therefore, important for providers of all levels of training to respond to these circumstances thoughtfully and with care.

WHEN A CHILD OR ADOLESCENT DISCLOSES TO YOU

1. While conversations about sexual abuse are best had in person, many visits are occurring via telehealth during the COVID-19 pandemic. If the patient is alluding to an experience of abuse or if you have concerns of abuse, consider offering an in-person appointment as this may make the conversation easier and help the child feel safer. It takes courage to decide to tell a medical provider about sexual abuse, so if the child decides to disclose during a telehealth meeting, listen to them.

2. During the disclosure, the most important thing you can do as a health care provider is listen and support the child. Avoid asking any unnecessary questions and try not to interrupt the child as they are speaking to you. The most important pieces of information to try and gain include 1) if the event occurred within the last 72 hours (for STI prophylaxis and forensic evaluation); 2) who the offender is and their relationship with the child; 3) the nature of the sexual abuse ("what went where"); and 4) in which town(s) the event(s) occurred. An example of a common, unnecessary question includes asking how many times the abuse has happened in the past as this would not change our next course of action and, in cases of chronic sexual abuse, the child often doesn't know how many times it occurred, leading the child to guess or give inaccurate information.

3. Throughout the conversation, be mindful of your own emotions and non-verbal reactions (i.e. facial expressions). Children are looking to your response to gauge how others will react. Remain supportive, nonjudgmental, and keep your face neutral.

4. As you are listening, take notes if you are comfortable. You can tell the child that you are taking notes to help you remember because what they are saying is important. If you do not have the opportunity to take notes during the disclosure, write them down immediately afterwards, especially key quotes. This will help as you convey the history to other professionals such as law enforcement or child protective services.

5. After the child has shared their experience, validate the child's choice to share this with you. Acknowledge that sharing these experiences can be difficult.

WHEN THE CAREGIVER TELLS YOU ABOUT THE DISCLOSURE

- Talk to the caregiver away from the child, especially if the child is less than 14 years of age. Speaking about concerns for sexual abuse in front of younger children can make obtaining a clear disclosure from the child later more difficult. This will also demonstrate to the caregiver the importance of them not discussing their concerns around the children at home. It is also important to communicate this directly to the caregiver as many well-intentioned caregivers will continue to ask their child questions.
- If a child less than 14 years of age has already disclosed sexual abuse to their caregiver, the general medical provider does not have to talk to the child about the sexual abuse. Children between the ages of 3 and less than 14 should be referred to the Children's Advocacy Center (CAC) possibly for a forensic interview with the goal of having the child disclose as few times as possible. The medical provider can still speak with the child about their health and concerns related to their disclosure (genital exam, infections, mental health, etc.).
- For an adolescent age 14 and above who makes a disclosure to their caregiver, the medical provider can speak to the adolescent usually without the caregiver present to address their questions and concerns. It is important the provider focuses on the adolescent's health (infections, pregnancy, genital exam, mental health, etc.). The adolescent may also have age-appropriate questions about mandatory reporting, law enforcement, safety, school, etc. which the provider can address if able or defer to other professionals (i.e. child abuse pediatrician, law enforcement advocate, child protective services, social worker, etc.).
- These guidelines still apply when a caregiver is concerned for sexual abuse and no disclosure has been made.

WHEN THERE IS CONCERN FOR AN ACUTE SEXUAL ASSAULT[22]

Consider sending the child to the emergency department if:

- The assault occurred within the last 72 hours and there was transmission of bodily fluids (i.e. saliva, semen, vaginal secretions, or blood). This allows for a forensic evaluation with a forensic evidence kit to be offered.
- There are any injuries associated with the abuse, such as genital bleeding, genital pain, or inflicted bruising (i.e. suction ecchymosis "hickies"). These injuries can be documented in the emergency department, including photo documentation.
- The child is interested in STI/HIV post-exposure prophylaxis and it cannot be administered outpatient.
  - Post-pubescent patients can be offered prophylaxis for gonorrhea, chlamydia, and trichomonas following an acute sexual assault (pre-pubescent patients do not need this intervention immediately given their low risk for STI complications (i.e. PID) and the medical legal implications of positive STI testing in this age group).
  - Post-pubescent females can be offered pregnancy prophylaxis up to 5 days following a sexual assault (depending upon the medication).
  - All children, regardless of age and sex, can receive HIV post-exposure prophylaxis up to 72 hours after the sexual assault depending on the risk factors of HIV transmission and ability to take medications consistently for 28 days.
- There are concerns for suicidality or potential harm of others.
- There is need for immediate safety planning by police and DCYF, which cannot be facilitated in the clinic.

If none of the above, conduct your exam as you usually would, including evaluation for safety at home, screening for possible domestic minor sex trafficking, and referring to appropriate counseling to address the sequelae of the event. Any pertinent lab work such as STI testing and pregnancy test should be ordered as well.

PHYSICAL EXAM AND WORK-UP CONSIDERATIONS

- If the child is not experiencing any symptoms and the abuse/assault is not acute, it is appropriate to defer the genital exam to a child abuse pediatrician to minimize the number of genital exams for the child.
- If concerned for other signs of maltreatment, such as physical abuse, an exam can be conducted. Any signs of physical maltreatment should be documented, including photo documentation, if possible.
- Depending on the form of abuse, consider ordering blood testing for HIV, syphilis, Hepatitis B and C, as well as urine/oral/anal testing for gonorrhea, chlamydia, and trichomonas.

WHEN TO CALL DCYF

Everyone in Rhode Island is a mandatory reporter for child maltreatment, which includes sexual abuse. The Department of Children, Youth, and Families (DCYF) should be contacted if the child lives in Rhode Island and the possible offender is one of the following: parent or guardian, household member, minor (child less than 18 years of age), teacher, or licensed day care worker. To report to DCYF, you should contact the hotline at 1-800-RI-CHILD. When you call, include the child's name, birthdate, caregivers' names and birthdates, detailed address (including apartment or floor number), phone number, who lives in the home address, and any information you have about the person about whom you have the concern. When you call DCYF, it is important to provide clear and objective information related to the concern including from whom the information was obtained. If there is an immediate safety concern, this should be clearly stated to DCYF. As a mandatory reporter, you are protected from liability as long as you are reporting in good faith and provide objective information (Rhode Island General Law 40-11-4). If there is concern for abuse or neglect and you fail to report, you can be charged criminally with a misdemeanor (Rhode Island General Law 40-11-3.2).

Physicians and nurse practitioners who physically examine a child and make a report to DCYF are also required to file a PRE (physician report of exam). PREs must be completed using the physical form and are only available through DCYF, so it is important that all physician and nurse practitioner offices make arrangements to have them on-hand and in stock. The PRE also allows a physician or nurse practitioner to place a child into DCYF custody if there is an imminent safety risk to the child.[23]

If the child does not live in Rhode Island, the provider should contact the DCYF equivalent in the appropriate state.

WHEN TO CALL THE POLICE

As a mandatory reporter, you are also required to report allegations of criminal sexual abuse to law enforcement. Typically, cases involving only children less than 10 years of age (i.e. an 8 year old inappropriately touching a 6 year old) are reported to DCYF and not to the police. The police will investigate all cases of child sexual abuse no matter what the relationship between the child and the alleged offender. The report should be made to the police department in the city where the sexual abuse occurred. If it is clear the abuse occurred in Rhode Island, but the city is unclear, a report can be made to the Rhode Island State Police.

When the concern is a child sending or receiving naked photos, child pornography, online solicitation etc. to an unknown person online this can be reported to the local police or appropriate state ICAC (Internet Crimes Against Children) task force.

WHEN TO CALL THE AUBIN CENTER

- The Lawrence A. Aubin Sr. Child Protection Center at Hasbro Children's Hospital has a specially trained child abuse medical provider on-call 24/7. They can be reached Monday-Friday 8:30am-5pm at 401-444-3996 or through the hospital operator at 401-444-4000 after business hours. The Aubin Center provider can answer questions regarding mandatory reporting, disclosures, examinations, sexual assault, whether to send the child to the emergency department etc.[24]
- The Aubin Center also provides scheduled medical evaluations for children/adolescents when there is concern for sexual abuse. The services include visits with a child abuse provider, a specialized and comprehensive medical exam, forensic evidence collection when appropriate, STI testing, family support and education, and referral information for ongoing trauma-focused therapy.[24]
- Services at the Aubin Center continue to be available with the pandemic.

MENTAL HEALTH RESOURCES

Children and adolescents who experience sexual abuse are at increased risk of repeat victimization and negative effects on their mental health.[25–27] Evidence shows that one of the most important factors that help in their long-term success is access to appropriate mental health services, particularly trauma-focused cognitive behavioral therapy.[28,29] There are many providers across Rhode Island who specialize in trauma-focused therapy for children, and continue to provide services through the pandemic (though some services are limited in terms of in-person support and daily availability):

- The Child Advocacy Center at Day One for services and referrals: 401-421-4100 x143
- The Providence Center: 401-276-4020
- The Inner You Counseling Center: 401-773-7116
- North American Family Institute (NAFI): 401-921-8700
- Gateway Behavioral Health: 401-553-1031
- St. Mary's Home for Children: 401-353-3900
- Family Service of Rhode Island: 401-331-1350

With the advent of the COVID-19 pandemic, it has become increasing important for medical providers to be aware of the increased stressors on families and risk to children. Some of our patients reside in increasingly unsafe environments, surrounded by stressors and without their usual support figures, requiring us to be prepared to counsel and refer properly, if a disclosure of sexual abuse were to arise. While navigating disclosures of child sexual abuse can continue to be difficult, we hope this resource can serve as a guide in these circumstances, outlining key steps and key resources you can utilize to guide your patients to the best environments for safety and healing. Despite the pandemic, the Aubin Center, Child Protective Services (DCYF), local police, the Children's Advocacy Center, and many local centers for trauma-focused cognitive behavioral therapy, continue to provide services and are available for support. With your presence and these continued services, we can work together to serve our patients, not only now through this pandemic, but also afterwards in a world where child abuse is still a common, underreported, undertreated issue.

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