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Optimizing Atraumatic Emergency Care in Child Sexual Abuse

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ABSTRACT

Child sexual abuse has been identified as a common problem. According to the United States Department of Health and Human Services, in 2010 it was estimated that child victims of sexual abuse accounted for 9.2% (69,368) of the 573,794 children under the age of 12 years who were the victims of maltreatment. The emergency department (ED) is often the point of entry into the healthcare system for child sexual abuse victims, which adds to the resource burden of this department nationwide. The purpose of this evidence-based project was to develop a best-practice screening tool for medical providers to guide the care of the sexually abused female child and also to assess their educational preparation to care for this population. Ajzen's Theory of Planned Behavior and Rogers' Diffusion of Innovations Model guided this project at a large multi-center hospital system in Indiana. A critical appraisal of the literature was conducted to establish best-practice. To determine if implementation of a screening tool into the electronic health record changed medical provider practice, a matched case-control study design was applied. Education on best-practice recommendations was presented for nurses and medical providers. Pre- and post-intervention data were collected from medical records of female pediatric patients examined in the ED for sexual abuse and reviewed to determine the necessity of an anogenital exam. The odds of receiving an anogenital exam were greater prior to the implementation of the screening tool (OR 16; AR 75%). These findings support that a screening tool intervention decreased unnecessary anogenital exams in these female children. A survey of the medical providers was completed demonstrating 64.9% reporting no training to care for this vulnerable population of children. A Pearson Chi-Square was calculated to compare MD and PA providers educational preparation in the area of child sexual abuse ($\chi^2 = 12.067$, $df = 1$, $p < .001$) demonstrating more preparation in the MD group. Enhanced educational preparation in best-practice care would benefit all medical providers caring for these children in various settings.

Keywords: child sexual abuse, screening tool, emergency department