

## Child Sexual Abuse \_

### A. Knowledge

Definitions of child sexual abuse

Both male and female children involved

Prevalence/incidence

Detection of abuse

Historical disclosure

STD

Alteration in behavior of child

Vaginal/rectal/urinary symptoms/trauma

Pregnancy

Psychological/sexual disturbance

HIV

Chronic recurrent abuse vs. recent/acute presentation

Single incidents (rape) vs. ongoing incest

How to obtain a sensitive, appropriate history

Ask only open ended questions, calmly

Use child's words

Offer safety (but never promise what you can't deliver!)

Get specific details

Use of anatomically correct dolls, line drawings,

Videotapes

Offer follow up including psychological treatment and protection

Behavioral review of systems

Speak with family members individually

Support and protect the person reporting abuse: may become a victim

Speak explicitly about what has happened

Physical exam

Avoid use of force

Usually normal

Emphasize entire PE not just genitals: associated

Physical abuse?

Tanner stage

Inspection

Size of hymenal opening

External genital exam using magnification (otoscope, colposcope): knee chest position, frogleg (supine) position

Colposcopic findings: scarring, tears, trauma to

genitals/rectum, etc.

Cultures

STD's: GC, chlamydia, syphilis, HIV

Consider use of prepackaged "rape kit" to gather legally valid evidence when history suggests abuse within 72 hours of exam.

Such kits contain swabs for the police lab, combs for pubic hair samples, culture materials

Child psychosexual developmental stage and effect of sex abuse on child

Infants/toddlers

Children

Teens

Father-daughter incest

Other forms of abuse

Social factors associated with abuse

Occurs in all social strata

Frequent association with powerful/dominant male parent or male figure in household

Substance abuse/alcohol abuse

Under/unemployment and financial stress

Poverty

Social isolation

Sexual deviation

Emotional and physical deprivation

History of sex abuse in perpetrators history

Ineffectual/passive parents may permit abuse to occur

Family dynamics of incest

Potential Effects on Child

Poor self image

Depression

School failure

Social withdrawal

Poverty of peer interactions

Abnormalities in psychosexual development: neuroses, borderline personality, disturbance in psychosexual orientation

Follow up and long-term sequelae

"Traumagenic" model

Powerlessness

Sense of inadequacy

Vulnerability

Sense of betrayal/loss of trust

Post traumatic stress syndrome

Stigmatization

Acknowledge heterogeneity of outcomes

Outcome depends on:

Length of time abused

Violence of abuse

Perpetrator - relationship to victim

Form of abuse e.g., fondling vs. penetration

Intervention strategies

Psychological

Medical treatments as required

Relationship to child/other pornography

B. Skills

Interviewing techniques including not asking leading questions

Patients education skills

Communication skills

Documentation skills, appropriate reporting and completion of forms

Testifying in court

Performing an adequate thorough exam

C. Attitudes

Respect for vulnerable status of sexually abused child

Sensitivity to needs of child, family, "whistle blower"

D. Barriers

Burnout of health care providers

Provider's emotional reactions and denial of possibility of sexual abuse may interfere with objective management of case

Personal/emotional attitudes concerning sex and sexuality

Economic barriers to seeking care

Poor understanding of patient's language

Sexist attitude may prevent recognition

Family and social barriers to disclosure, i.e., economic dependence on perpetrator

E. Advocacy

- Legal advocacy: willingness to appear in court
- Political advocacy to increase resources for treatment of abused children and their families
- Support laws prohibiting publication/distribute of child pornography
- Fight ongoing efforts to decriminalize pedophilia as "consensual sex" between adults and children

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