

Has This Child Been Sexually Abused?

Responding to Concerns in the Office & ED

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Takeaways:

- Behavioral and/or physical symptoms that should raise concern for sexual abuse
- Common medical conditions and normal variants commonly confused with sexual abuse
- How to respond
- Where to turn for help

How Children Tell Us

- Physical and behavioral signs often the first indicators
- BUT –
 - NO SINGLE DIAGNOSTIC INDICATOR
 - Often multiple possible explanations

Behavior Changes

What is normal child sexual behavior?

- Exploratory
- Spontaneous
- Intermittent & balanced with curiosity about all things
- May leave the child embarrassed but not fearful or anxious

Children who molest:

- Sexual behaviors frequent and pervasive
- Sexuality and aggression closely linked
- Use coercion to gain participation (bribery, trickery, force)
- Problems in other areas of lives

Tony Cavanaugh Johnson: "Understanding Your Child's Sexual Behavior: What's Natural and Healthy"

Behavioral signs that should raise concern for sexual abuse:

- Direct statements
- Sexualized behavior or language inconsistent with age/development
- Behavioral changes
 - Withdrawal
 - Aggression
- Substance abuse

Behavioral signs, continued

- Multiple mental health problems:
 - Conduct disorders
 - Depression +/- suicidality
 - Anxiety
 - PTSD (ADHD)
 - Eating disorders
 - Other forms of self harm
 - Sexual perpetration on others

Symptoms

Physical signs:

- **Pregnancy**, especially preteen/early teen
 - ASK about baby's father!
- **Genital or anal trauma, bleeding, discharge, pain, infections**
- Recurrent UTI-type symptoms
- Chronic abdominal/pelvic pain
- New encopresis/enuresis (medical conditions ruled out)

Exam findings

Group A strep infections

- May have fever, malaise, abdominal pain, concurrent strep throat
- Common cause of vaginal discharge in pre-pubertal children
- Identified by culture (and RSS)
- Treated with antibiotics
- Not an STI

Common causes of red bottoms in children

- Group A strep
- Candida
- Contact dermatitis
- Poor hygiene
- Pinworms

Lichen sclerosus

- A great mimic of trauma
 - But exam stays the same without treatment
- Likely auto-immune
- Usually disappears with puberty
- In post-menopausal women a risk for vulvar cancer
- Treated with high-potency topical steroids

What do we know about exam findings?

- The majority of children with a history of sexual abuse have normal examinations
 - $\leq 5\%$ have definitive findings
- Children's injuries heal amazingly well and quickly
- There are mimics (and accidents)

Common Parent Misperceptions About Perpetrators

- I know him/her
- He/she would never do this
- My child doesn't act afraid of him/her
- He did it to me but he wouldn't touch his granddaughter

The Reality About Perpetrators:

- 90+% known to child
- 90% + male
- Juvenile perpetrators (20+%)
- 70% perpetrators have 1 – 9 victims
- 20% have 10 – 40 victims
- Serial child molester: as many as 400 victims in lifetime

Parent Misperceptions About Disclosure

- My child would tell me
- I would know

The Reality About Disclosure:

- 60-80% of child abuse victims fail to disclose until adulthood
- Mean delays from 3-18 years
- Some may never disclose
- Leads to:
 - Poly-victimization
 - Lack of treatment

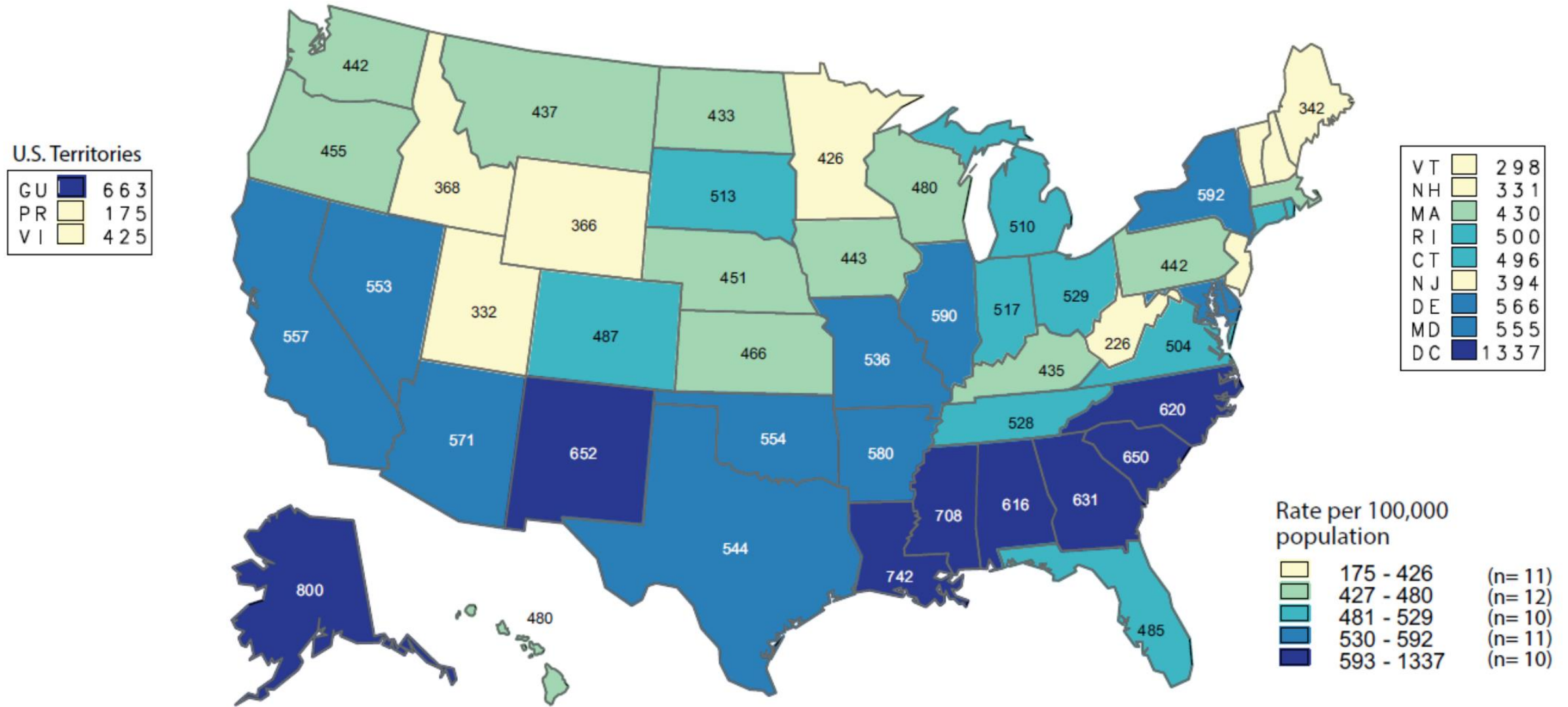
AAP & CDC Guidelines

Infection Confirmed	Evidence for Abuse	Suggested Action (if no perinatal acquisition)
N. Gonorrhea	Diagnostic	Report
Syphilis	Diagnostic	Report
HIV	Diagnostic	Report
Chlamydia T.	Diagnostic	Report
Trichomonas V.	Highly suspicious	Report
Condyloma A.	Suspicious	Consider report
Genital HSV	Suspicious	Report (unless autoinoculation)
BV	Inconclusive	Medical follow-up

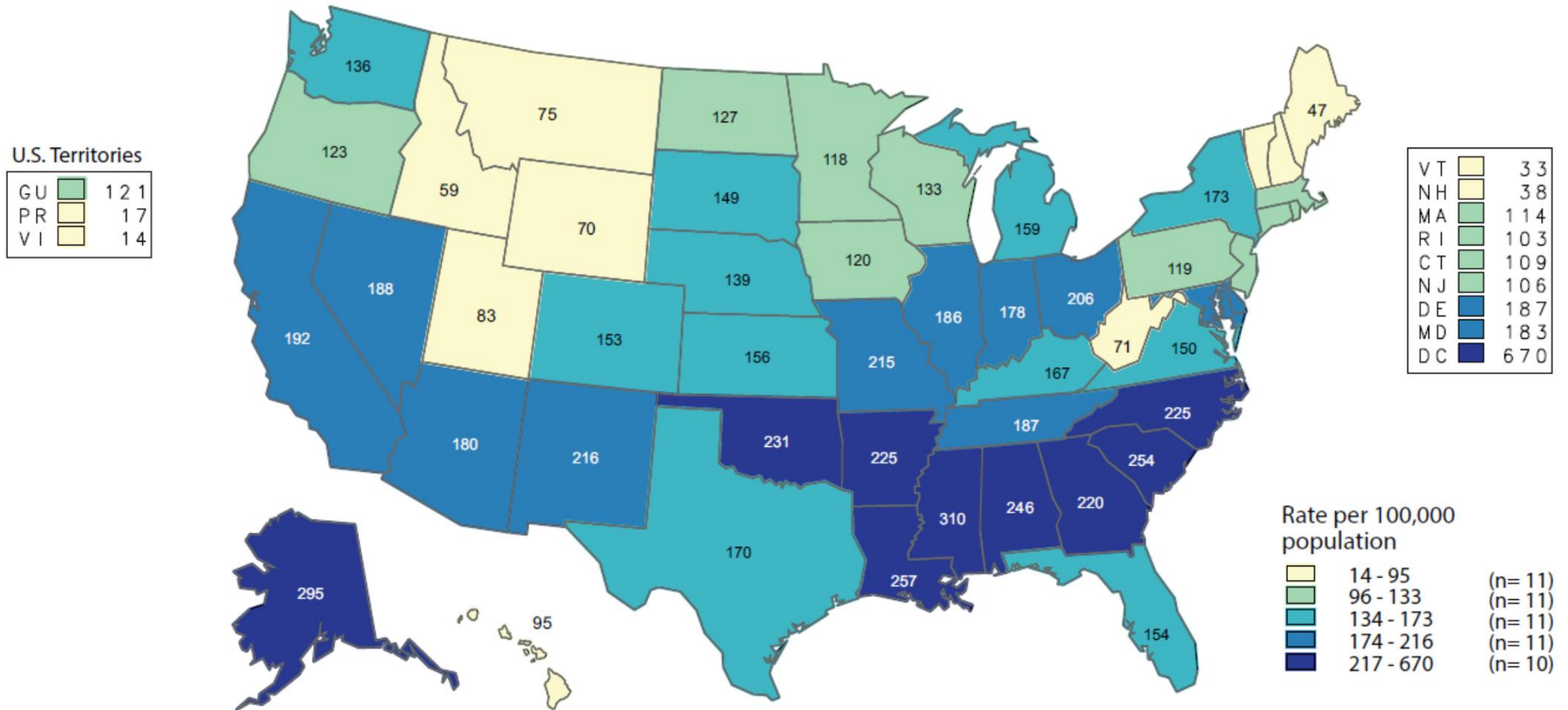
Recommendation:

- Have a low threshold for urine STI testing if symptoms, another STI, concerns
 - Non-invasive
 - Dirty catch
 - High sensitivity & specificity
 - High rates in state

Chlamydia — Rates of Reported Cases by State, United States and Outlying Areas, 2017 - CDC



Gonorrhea — Rates of Reported Cases by State, United States and Outlying Areas, 2017 - CDC



ANATOMY!

...because we really aren't taught enough about pediatric GYN anatomy...and there's research to prove it.

The Misunderstood Hymen

What It Is

- A rim of tissue around the vaginal opening
 - Rarely, covers entire opening (imperforate)
- Elastic much of lifespan
 - Think scrunchy

What It Is Not

- “Intact” vs. “Not Intact”
- Congenitally absent
- Something that requires “breaking” or tearing for penetration to occur (“virginity check”)

The Role of Hormones

Configurations

- Annular
- Crescentic
- Septate
- Cribriform
- Imperforate
- Tags & bumps

Boys

...can be sexually abused too

Genital findings are rare

Bottoms

Again, findings are rare. Think about the size of poops...

A Plea

The joys of EMR: WNL

- Within Normal Limits
- OR
- We Never Looked

Why you should routinely look at kids'
bottoms

(If you are a health care provider that is)

- Good medical care
 - Identification of congenital abnormalities
 - Recognition of medical problems
 - Recognition of possible abuse
- So you are comfortable with what's normal and what's not
- Normalizes body parts for children and families
- Opportunity for personal safety discussion & education

So we don't let our own discomfort
contribute to the secrecy & shame of
child sexual abuse

What to do...

...if you suspect child sexual abuse

Health care provider role

- Recognize concerning behaviors & symptoms
- If current symptoms, look
- Have a low threshold for urine STI testing
- Don't hesitate to consult your local experts (we really don't mind)
- Report suspected abuse

Reporting suspected abuse

- You don't have to know for sure
- ***...have reasonable cause to suspect that a child has suffered harm as a result of child abuse or neglect***
- You have civil and criminal immunity for good faith reporting

Penalties for not reporting:

- *A person who fails to comply with the provisions of [AS 47.17.020](#) or 47.17.023 and who knew or should have known that the circumstances gave rise to the need for a report, is guilty of a class A misdemeanor.*

How to report:

- Office of Children's Services: 1-800-478-4444
- Appropriate law enforcement agency
 - APD: 786-9800 or 911
 - Local police department
 - Local AST
 - Remember that child sexual abuse is a crime

Child Advocacy Centers

- Multidisciplinary: OCS, LE, medical, mental health, advocacy, care coordination
- Based on national model
- In most hub communities in Alaska
- Exams on site or through linkage agreements
 - MDs, ANPs, PAs, forensic nurses
 - Often also see kids for other forms of maltreatment

Services

- Forensic interview
- Comprehensive medical evaluation
- Forensic evidence collection when indicated
- Photo-documentation of exam findings
- Advocacy
- Evaluation and referral for services
- **Counseling – regardless of legal or other outcomes, these kids and their families need support**

Very helpful article (and FREE!)

- Jenny et al. “The evaluation of children in the primary care setting when sexual abuse is suspected.” Clinical Report from the AAP; Pediatrics 2013
- E-mail me if you don't want to search:
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