

Childhood Sexual Abuse 2002

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Maltreatment Overall

- 903,000 children known to CPS to be victims of child maltreatment
- 12.9 per thousand children in the US
- Sexual abuse: 11.5% of children were known to CPS to be sexually abused for a rate of 1.5 per thousand

Sexual abuse

- Is the involvement of developmental immature children or adolescents in sexual activities that they do not fully comprehend, to which they are unable to give informed consent, or that violate taboos of family relationships.

National center on Child Abuse and Neglect

- “Contact or interaction between a child and an adult when a child is being used for the sexual stimulation of that adult or another person.”

Sexual abuse

- May also be committed by another minor when that person is either significantly older than the victim or when the abuser is in a position of power or control over the child

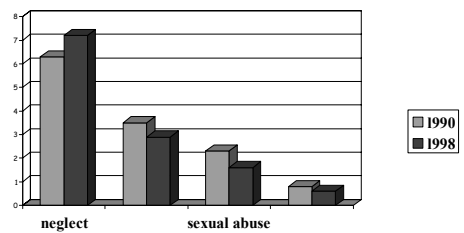
Sexual Assault

- **Defined as any sexual act performed by one person on another without that person’s consent.**

Sexual assault and Age

- Children ages 3 years or younger had a rate of .5 per thousand
- Children ages 12-15 years old had an incidence rate of 2.1 per thousand
- Children ages 16 and 17 year old had incidence rate of 1.2 per thousand
- Average age of female is 10.4 year (2.3 per thousand female)
- Male victim is 8.6 years (.6 per thousand male)

Rate of Child Maltreatment



Sexual abuse Categories

- Intrafamilial abuse
- Pedophilia
- Rape

Sexual abuse

- May include exhibitionism
- Fondling
- genital viewing
- Oral-genital contact
- Insertion of objects
- Vaginal or rectal penetration
- pornography

Sexual abuse

- Is known to the victim in 70-90% of
- 50% of cases involve a relative

EPIDEMIOLOGY

- **PREVALENCE RATES OF ADULTS REPORTING CHILDHOOD SEXUAL ABUSE VARY BY SAMPLING TECHNIQUE.**
- **RESEARCHER DISAGREE AS TO WHETHER THIS REFLECTS INCREASED WILLINGNESS OR TRUE INCREASED VICTIMIZATION OR BOTH**

Sexual abuse

- High estimate 20% of girls
- 9% of boys
- 1996, estimated 90,000 substantiated reports of sexual abuse made to Child Protective Services
- 700,000 females are raped each year
 - 61% of cases are younger than 18 year

History and Physical are not easy

- 3250 cases of childhood cancer each year
- 1,150 children less than 14 die of drowning
- 200,000 cases of acute diarrhea; 400 deaths/yr
- 200,000 and 300,000 cases of childhood sexual abuse



Childhood versus Adult sexual Assault

- Sexual abuse of children tends to longitudinal pattern of abusive contact over weeks, months or years prior to ending with discovery
- Perpetrator is frequently a trusted caregiver
- Physical violence is a much more common in adult sexual assault since the perpetrator manipulates the child's trust and the perpetrator desire to avoid discovery

Characteristics of Perpetrator

- No set of typical characteristics
- Sexual desire is not the prime motivator
- Perpetrator may need to exercise power and control
- 30% admit to abusing more than one child
- More than half the cases, the victims are younger than 12
- Sexual offenders are 7.5 times likely to be rearrested for new sexual offense when compared to those convicted of other crimes

Risk factors

- Children are most likely to be abused sexually during preadolescence.
- Girls are more likely to be sexually abused than boys
- Boys are less like to report abuse
- Sexual abuse victims are more likely to be isolated from peers

Family Risk factors

- **Poor parent-child relationships**
- **Poor relationships between parents**
- **Absence of protective parent**
- **Presence of nonbiologically related male in the home**

Longitudinal Progression of Child Sexual Abuse

- Engagement
- Sexual Interaction
- Secrecy
- Disclosure
- Suppression

Progression of Child Sexual Abuse: Engagement

- Engages child around nonsexual issues
- Becomes friend
- Meets psychological needs
- Develops relationship
- There is access and development of relationship

Progression of Child Sexual Abuse: Sexual Interaction

- Perpetrator manipulates the relationship developed in engagement stage
 - Includes age inappropriate sexual contact
 - Even if it does not progress to genital fondling, may have inappropriate sexual contact

Progression of Child Sexual Abuse: Secrecy

- Ensure access to the child
- Facilitate a continuation of sexual contact: secrecy is essential

Progression of Child Sexual Abuse: Disclosure

- Accidental disclosure
 - Third party observes participants and tells someone else
 - Sign of physical injury
 - Diagnosis of sexual transmitted disease: injury to the genital or anal area
 - Pregnancy occurs
 - Nonspecific behavior changes take place
- Purposeful
 - Consciously reveal the abusive activity

Progression of Child Sexual Abuse: Suppression

- The case may enter a suppression phase
- Caregivers may not want to deal with reality of disclosure
- Perpetrators, caregivers, or relatives may exert pressure on child that what happened is fantasy

Child Sexual Abuse Accomodation Syndrome

- Summit (1993)
 - Secrecy
 - Helplessness
 - Entrapment/accomodation
 - Disclosure
 - Retraction

TRAUMAGENIC DYNAMICS MODEL(Finkelhor & Brown, 1985)

Traumatic sexualization
Betrayal
Stimatization
Powerless

alters child's cognitive and emotional orientation

TRAUMAGENIC DYNAMICS MODEL

- Traumatic sexualization
 - Child's sexual feelings and attitudes are shaped in developmentally inappropriate and interpersonally dysfunctional manner
 - Sexual activity becomes associate with frightening memories in the child's mind

TRAUMAGENIC DYNAMICS MODEL

- Betrayal
 - Process in which the child learns that a trusted individual has caused him high, misrepresented moral standards or failed to protect him
 - Judgement is impaired when assessing future relationships with peers and adult

TRAUMAGENIC DYNAMICS MODEL

- Powerless
 - Process of disempowerment in which the child's sense of self efficacy
 - Coerced and manipulated by perpetrator
 - Manifest symptoms of fear and anxiety
 - Impaired coping strategies
 - Phobias
 - Nightmares
 - Hypervigilance
 - Clinging behavior
 - Various somatic complains

TRAUMAGENIC DYNAMICS MODEL

- Stigmatization
 - Self image between intertwined with negative connotation of words
 - Child may feel isolated as result of stimatization
 - Others may feel isolated and become depressed, attempt suicide, or engage in self destructive behavior

Clinical presentation

- Presentation of behavioral changes that are of concern
- Genital – Rectal complaints
- Specific disclosure of developmentally inappropriate sexual contact

CLINICAL PRESENTATION: Behavioral changes

- Sexual acting out and perpetrating sexual abuse on others are most specific behavioral indicators of past sexual victimization

Behavioral changes: possible indicator

- Clinging
- Temper tantrums
- Aggression
- Sleep disturbances
- Nightmares
- Appetite disturbances
- Neurotics or conduct disorder
- Promiscuity
- Prostitution
- Attempted suicide
- Phobias
- Withdrawal
- Depression
- Low self-esteem
- Self injury
- Social problems with peers
- Substance abuse
- School problems

Genital-Rectal or medical complaints: possible indicators of sexual abuse

- Genital, anal, urethral trauma
- Genital or anal bleeding
- Genital or anal itching
- Vulvitis or vulvovaginitis
- Anal inflammation
- Sexual transmitted disease
- Pregnancy
- Dysuria
- Recurrent urinary tract infection
- Abdominal pain

Genital-Rectal or medical complaints: possible indicators of sexual abuse

- Recurrent urinary tract infection
- Abdominal pain
- Headache
- Chronic genital or anal pain
- Foreign body in the vagina
- Enuresis
- Chronic constipation
- Painful defecation
- Encoporesis
- Bruises to the hard or soft palate

Impact of Childhood Sexual abuse

- Physical Impact
 - GI disorders
 - Gynecologic disorders
 - Somatization
- Mental health impact
 - Behavioral impacts
 - Posttraumatic Stress disorder
 - Interpersonal difficulties
 - Cognitive and emotional distortions

Sexual abuse versus sexual play

- Normal sexual play typically involve children of the same developmental age and gender
- Includes mutual agreement to participate
- Typically does not result in injury.

Disclosure

- Disclosure is a process
- Needs to have a trusted adult willing to listen and believe in a child's initial disclosure
- Fear, rejection, or punishment, self blame, embarrassment and coerced silence lead to incomplete and significantly delayed disclosure

Hearsay exception ruling

- During legal proceeding, state laws normally prohibits a person from repeating, in court statements made by someone outside the courtroom.

Forensic Questions

- Open ended question
 - “why did you come to the hospital today?”
- Focused question
 - Did something happen to you today?
- Direct question
 - Did a baseball bat do something to your leg today?

Forensic Questions

- Highly leading questions
 - Suggest information and then attempts to pressure agreement
 - Example, John touched you with penis, didn't he.

MEDICAL EVALUATION

- HISTORY



Interview

- Setting
- Neutral conversation
- Begin with least suggestive question and move up slowly
- Then move to why are you here today
- Use child's language for object

INTERVIEW

- Avoid words that point blame:
 - No: did you hurt your bottom
 - Yes: Did something hurt your arms
- Don't interrupt
- Have the child point to body parts and use those term
- If confused, say I'm mixed up. Could you tell me again how John hurt you

INTERVIEW

- **Never ask why a child did not tell.**
- **Questions regarding time or age are difficult for a child.**
- **Clear tell a child what is going to happen each step of the process.**
- **Don't continue to ask questions if the child is not talking.**

INTERVIEW

- Not an investigative interview
- Need to use information to assess, treat and report cases of suspected sexual abuse
- May need to separate caregiver and child but this is very individual
- Use the child's exact words in write up

Interview

- Get a medical history including psychiatric history
- Review of systems
- Family history
- Social history
- Developmental history
- Discuss specific parental concerns out of view of the child

Medical history

- **Psychosocial information must be included**
- **Non leading open ended question**
- **Use language that is easily understood by patient and consider repeating certain questions**

Performing the physical Examination

- Inform the patient and family of the need for a complete physical
- Allow pre-pubertal child to remain with parent during physical
- Document general appearance including any injury or bruising

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Vaginal columns

- Easily visualized column in the posterior wall
- Lateral columns also called intravaginal longitudinal ridges extend from 4-8 o'clock
- Anterior columns are common but not seen in this slide

Hymenal septum

- Need to make sure it is not a vaginal septum
- Slip saline moistened cotton tipped swab behind the septum laterally

Cribiform hymen

- Multiple openings

Labial agglutination

- adhesion of labia minora
- Chronic irritation in the area
- If fusion is significant, urine has hard time getting out.
- Places child at risk for UTI
- Next: after treatment

Healed diaper dermatitis

- circular genital lesions
- Hypopigmented with hyperpigmentation of the rims.
- Superficial and irregular, not consistent with cigarette burns

Lichen Sclerosus

- More common in post menopausal women
- hypopigmented well circumscribed area of atrophic skin around genital/anus: figure of eight distribution
- hypopigment skin and significant subepithelial hemorrhage typical for Lichen sclerosus
- Disease remits by self, topical short course steroids

Group A Beta hemolytic streptococcal vulvovaginitis

- Can have systemic symptoms: fever, malaise, abdominal pain
- Cultures are positive
- Oral antibiotics
- Can be recurrent

Verruca plana

- Verruca plana or flat wart is associated with human papillomavirus types 2 and 3
- 8 year with spina bifida and urinary incontinence
- Pseudoverrucous papules and nodules (PPPN) is in differential and biopsy may be needed to differentiate.

Urethral prolapse

- NOT CHILD ABUSE
- Can cause pain, bleeding and dysuria
- Made worse by valsalva
- Nonsurgical treatment unless lesion is necrotic or child has urinary retention

Imperforate hymen

- Result of abnormal embryogenesis
- Can be detected in new born
- Adolescent who has not had menarche but hematocolpos on exam
- Careful exam of hymenal orifice as part of the newborn examination

Congenital agenesis of vagina

- No opening: Mayer Rokitansky Kuster Hauser syndrome: presents with primary amenorrhea
- Need genotype
- Surgical repair depends on internal structure

Paraurethral cyst

- Most common in newborn
- Go away by themselves.
- Mass displace the urethra eccentric

Prolapsed ectopic ureterolcele

- Interlabial mass
- Not associated with child abuse but with collecting system duplication
- Urine stream is abnormal
- Aspiration relieves the obstruction and facilitates reduction of ureterocele

Inguinal hernia

- Indirect inguinal hernia occur much less frequently in girls
- 6 month old with painful erythematous inguinal mass
- May contain ovary as they did here
- Could be a testes (testicular feminization syndrome)

