Evaluating Potential Child Sexual Abuse in the Office Setting

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• James L. Lukefahr, M.D. has no relevant financial relationships with commercial interests to disclose.

“The good writer borrows;
The great writer steals.”

--Oscar Wilde

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How sexual abuse of prepubertal children presents in primary care

1. Child directly discloses sexual abuse (to a parent, teacher, friend—or to you!)
2. Abnormal genital findings (discharge, bleeding, rash)
3. Child demonstrates perceived sexualized behavior
4. Parental concern for abuse in the context of family conflict (divorce, separation)

1. Child discloses sexual abuse

Your role:
- Report to CPS
- Complete exam, including genital inspection, for condition that may need immediate treatment.
- Is child injured (needs immediate treatment or ER referral)? Otherwise refer to ChildSafe (or your local CAC if outside San Antonio area).
- When was last contact? (if <96 hr, refer to ER)
- Is child safe to go home (is perpetrator there?)

1. Child discloses sexual abuse

Talk to the child privately.
- In most communities—don’t take detailed history.
- Do take a medical history so you’ll know where to refer the child and how fast.
- Ask child what happened—use open-ended questions.
- Do you hurt anywhere? Did you have any bleeding?
- When was the last time this happened?
2a. Abnormal genital exam findings without symptoms

- Asymptomatic, abnormal finding noted on well child exam or exam for another reason.
- Abnormal finding brought to doctor's attention by a caregiver (“She's too red/she's too open down there.”)
- Uncommon for sexual abuse to actually present this way, but you still have to address your concern and the family's concern.

Your role:
- Take a history. Other indicators of abuse?
- Careful genital examination
- Depending on diagnosis & level of concern for abuse: refer to Center for Miracles, ChildSafe, local CAC, or to pedi Gyn
- Decide whether to report to CPS

Examination Techniques - Female Genitalia

Labial separation—good for inspection of labia and vestibule.
Examination Techniques
Female Genitalia

Labial traction—necessary to examine hymen & other midline structures.

2b. Abnormal genital exam findings 
with symptoms (prepubertal)

- Vaginal discharge
- Genital bleeding
- Blisters
- Rash

Your role:
- Take a history. Other indicators of abuse?
- Obtain cultures or bloodwork as indicated.

Non-abusive causes of abnormal genital exam findings 
with symptoms

- Vaginal discharge:
  - Nonspecific vulvovaginitis
  - Foreign body
- Genital bleeding
  - Foreign body
  - Accidental trauma (usually affects labia and/or medial thighs—not midline structures)
  - Urethral prolapse

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Non-abusive causes of abnormal genital exam findings with symptoms

- Blister
  - Unusual: EBV, Behcet disease, Crohn’s.
  - Systemic symptoms often present.
- Rash
  - Hygiene issues
  - Lichen sclerosus
  - Candida (unusual in non-diapered kids)
  - Group A Strep, Shigella
  - Pinworms
Vulvovaginitis (due to Group A Strep)

Non-abusive causes of abnormal genital exam findings with symptoms

Lichen sclerosus

2b. Abnormal genital exam findings with symptoms

Your role:
- If not abuse, treat as indicated
- If indicated, refer to pedi subspecialist (Derm, Gyn)
- If you suspect abuse:
  - Report to CPS
  - Refer to Center for Miracles, ChildSafe, local CAC
3. Child demonstrates a perceived sexualized behavior

- Common reason for referral: an adult is concerned when a child exhibits a sexualized behavior, like:
  - Masturbation
  - Looking at others’ genitals

- These can indicate sexual abuse, but—
- Many sexualized behaviors are part of normal child development.

Normative sexual behaviors

- Sexual behaviors that are observed in children who do not have risk factors for abuse, and that are developmentally appropriate and expected
- Wide range of prevalence (<1% to 60%) and frequency for each type of behavior

Normative sexual behaviors: ages 0-2

- First few months of life: infants touch genitalia, experience erections.
- Age 1½ to 2½:
  - Toilet training. More aware of anatomy; focus on control of bodily functions; associate touching genitals with pleasure.
  - Realize that touching genitals makes adults nervous; quickly learn to touch themselves in private.
Normative sexual behaviors: 
age 2-5

- **High** prevalence/frequency behaviors (25-60%)
  - Touches genitals/anus (at home > in public)
  - Touches mother’s breasts
  - Viewing/touching peer's or new sibling's genitals
  - Trying to view peer/adult nudity
  - Displaying genitals to other children or adults
  - Behaviors are transient, occasional, and distractible

(Friedrich et al., 1998; Kellogg & COCAN, 2009; Hornor 2004)

Privates in Public

Concerning sexual behaviors: 
age 2-5

- **Low** prevalence/frequency behaviors (<1.5%)
  - Asking peer/adult to engage in specific sexual act(s)
  - Actual insertion of objects into genitals or anus
  - Oral-genital contact
  - Explicit imitation of intercourse
  - Touching animal genitals
  - Sexual behaviors that are frequently disruptive to others
  - Sexual behaviors that are resistant to parental distraction

(Friedrich et al., 1998; Kellogg & COCAN, 2009; Hornor 2004)
Quick guide to sexual behaviors in preschool children

*M-U-S-T*: Normal to *M*asturbate with:
- Urination or
- when *S*ressed or
- when *T*ired.

*If a behavior is:*
- *Obsessive* (Takes the place of other activities)
- *Persistent* (Keeps on even when corrected) *or*
- *Explicit* (Mimics sexual intercourse) -- *I*t is a problem behavior.

If looks could kill....

Normative sexual behaviors: ages 6-9

- *High* prevalence/frequency behaviors (14-40%)
  - Touches genitals at home
  - Tries to look at people when they are nude
  - Stands/sits too close to others
  - Touches mother's breast
  (Friedrich et al., 1998, Hornor 2004)
Concerning sexual behaviors:
ages 6-9

- Low prevalence/frequency behaviors (8-14%)
  - Very interested in opposite sex
  - Knows more about sexual topics
  - Tries to look at pictures of nude people in books or on television
  - Talks about sexual topics
  - Dresses like opposite sex
  - Masturbates with hand

(Friedrich et al., 1998; Hornor 2004)

How to get your parent’s attention…..fast

**Relationship between abuse and sexual behavior problems**

Among children ages 6-12 diagnosed with sexual behavior problems:

- History of sexual abuse: 38-48%
- History of physical abuse: 32-48%
- History of emotional abuse: 29-39%
- History of neglect: 16-18%

(Silovsky & Niec, 2002; Bonner et al., 1992)
Family dysfunction contributes to sexual behavior problems

Number and frequency of sexual behavior problems in children increases with number of family stresses involving:
- Intimate partner violence
- Up to 68% of children with SBPs have witnessed IPV
- Parent incarceration
- Deaths of family members
- Illnesses requiring hospitalization of family members

3. Child demonstrates a perceived sexualized behavior: summary

- Sexualized behaviors are common among all children, but…
- Behaviors that are aggressive or explicit are rare in non-sexually-abused children.
- Abnormal sexualized behaviors may indicate risks other than (or in addition to) sexual abuse: family violence, family stresses.
- Frankly sexual behaviors or persistently worrisome behaviors should be reported to Child Protective Services.

4. Parental concern for sexual abuse in the context of parent conflict (divorce, separation)

- Very difficult situation for primary care clinician.
- Sometimes involves repeated appearances in the office with allegations of abuse.
What does the literature say?

- Canadian data: 1/3 of maltreatment allegations among separated parents are unsubstantiated (= 2/3 were confirmed!), but only 4% were intentionally false. (Trocme, 2005)

- Philadelphia: children were younger in cases involving separated parents (5.4 vs 7.8); allegations substantiated less often but still confirmed in 2/3 of cases. (Paradise 1988)

4. Parental concern for sexual abuse in the context of parent conflict (divorce, separation)

- Your role:
  - Keep the focus on the child.
  - Don't get embroiled in parents' issues—what would you do in any other case?
    - Obtain a history; examine the child
    - Report to CPS
    - Refer to Center for Miracles, ChildSafe, or local CAC if indicated.

Repeated allegations of abuse

Your role:

- Insist that the parent contact CPS.
- Refer to Center for Miracles, ChildSafe, or local CAC.
- Refer child and parent to qualified psychologist or psychotherapist.
  - Not all therapists are trained in dealing with sexual abuse and related issues.
  - Parent may have unresolved issues from their own abuse history.
1. Reporting to Child Protective Services:
   Statewide hotline: 1-800-252-5400
   Online reporting: http://www.txabusehotline.org

2. Contacting Center for Miracles
   (Drs. Kellogg, Lukefahr, Narang):
   210-704-3800

3. ChildSafe (Alamo Children’s Advocacy Center):
   210-675-9000

Conclusions

- A child’s disclosure of sexual abuse should always be taken seriously and referred to authorities.
- Abnormal exam findings and reports of abnormal genital findings are unusual ways of sexual abuse to present, but still need to be evaluated—may be due to non-abusive condition needing treatment.
- Many sexualized behaviors are developmentally normal. Abnormal behaviors may indicate sexual abuse, or may indicate important family stresses.
- Sexual abuse allegations during divorces or separations should be taken seriously. Referral to authorities and/or mental health consultants is usually indicated.