

# Pediatric Clips

Child presents with possible sexual abuse —  
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Pediatric Clips from The Children's Medical Center are quick reviews of common pediatric conditions.

The Children's Medical Center is the region's pediatric referral center for a 20-county area. As the only facility in the region with a full-time commitment to pediatrics, Children's offers a wide range of services in general pediatrics as well as in 35 subspecialty areas for infants, children and teens. We welcome your inquiries about services available — call 937-641-3666 or e-mail marketing@childrensdayton.org.



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## CASE: CHILD WITH POSSIBLE SEXUAL ABUSE

You are in the middle of a busy afternoon in the office. Your next patient is Brittany, a 7-year-old female here today for problems at school.

As you greet Brittany, her mother asks if she can speak to you alone. She tells you that Brittany disclosed to a classmate that

her uncle touches her privates. Brittany described digital-vaginal and genital-genital contact. The last contact with the uncle was two weeks ago, when Brittany visited her cousins.

Brittany was diagnosed three months ago with ADHD. This was

based on a history of disruptiveness and trouble staying focused at school. Mother also recalls that in the past Brittany has complained of dysuria and genital pain. She is asymptomatic today.

How would you manage this patient?

## CASE DISCUSSION

Children brought to a medical provider because of concerns of child abuse do not lend themselves to a quick office visit. However, by systematically considering specific issues, the provider can expeditiously address the child's health and safety. These issues are the child's medical and mental health needs, the risk to the child, and the provider's reporting obligations.

Because most children with a history of sexual abuse have a normal physical examination, the most important information is the history. After suspected sexual abuse is reported to the authorities, a trained investigator will interview the alleged child victim. Therefore it is okay for the provider to take a secondhand history.

Physicians are required by child abuse reporting laws in every state to report suspected child abuse and neglect to a child protective services (CPS) agency, which investigates such allegations. In a case like the one above when a child is brought to you and abuse has been disclosed, you are responsible for contacting CPS. Contact information for all county CPS agencies in Ohio can be obtained from the Public Children Services Association of Ohio (<http://www.pcsao.org/>).

While sexual abuse of children is a crime in all states, whether law enforcement will investigate an individual case generally depends upon a clear allegation/disclosure and if a suspect is identified.

Diagnostic physical findings of sexual abuse are observed in only about 5% of victims, even with a history of penetration and when examined relatively soon after the abuse.<sup>1,2</sup> Therefore, a normal genital examination does not contradict a history of sexual abuse.

There are several potential explanations for this lack of physical findings.<sup>3</sup> For example,

- child sexual abuse usually escalates gradually in severity and involves nonviolent acts;
- certain types of sexual abuse (eg, genital fondling) are likely to leave no residual physical findings;
- a child's unsophisticated understanding of sexual acts may lead to misinterpretation of acts such as simulated intercourse;
- a child may perceive pressure on the hymen or anus as penetration;
- due to estrogen stimulation in adolescence, the hymen changes and becomes thicker and more elastic in nature;

- the anal opening also has elasticity;
- children's injuries heal quickly and amazingly well; and
- as hymenal injuries heal they become less distinct and recognizable.

The genital examination should only be done after providing an explanation and preparing both the child and parent. Most referral centers use photocolposcopy for magnification of the external anogenital structures and documentation of the examination. Knowledge of prepubertal female anatomy is essential for accurate recognition and interpretation of findings.

Deferring the genital examination may be an option in the case described above, since the child's last contact with the alleged perpetrator was two weeks ago and she is asymptomatic. One may consider referral to a child abuse specialty clinic when:

- a) you are unable to complete or are uncomfortable performing a genital examination;
- b) abnormal or uncertain findings are noted; and/or
- c) follow-up for suspected infection or trauma is needed.

Continued

Continued from the front.

Forensic evidence collection is recommended for cases in which there has been sexual contact within the previous 72 hours or in patients with acute injuries. This is best accomplished by referral to a pediatric emergency department.

Sexually transmitted diseases (STDs) are uncommon among child abuse victims. Indications for testing depend upon a variety of factors, including genital discharge and abnormal exam findings. In post-pubertal female victims, the possibility of pregnancy must be considered. Children seen for sexual abuse often have significant behavioral problems, so the provider should be prepared to provide referrals. In the case presented above, one may want to reconsider the diagnosis of ADHD given the new history of sexual abuse.

Multidisciplinary team evaluations have been shown to increase the accuracy of assessment and the likelihood that a child and family receive needed services.<sup>4</sup> The most recent advancement in the multidisciplinary approach is the children's advocacy center (CAC). A CAC is a centralized, child-oriented facility for child interviews, multidisciplinary investigation and consultation, and treatment services for victims and families. CARE House in Montgomery County is one of approximately 500 full and associate member centers accredited by the National Children's Alliance.

## REFERENCES

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3. Finkel MA, DeJong AR. Medical findings in child sexual abuse. In: Reece RM and Ludwig S, eds. *Child Abuse: Medical Diagnosis and Management*. 2nd ed. Philadelphia: Lippincott Williams & Wilkins; 2001.

4. Jaudes PK, Martone M. Interdisciplinary evaluations of alleged sexual abuse cases. *Pediatrics*. 1992;89:1164-1168.

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## FEATURED SPECIALIST



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## CARE CLINIC

The CARE clinic provides medical examination and follow-up for cases of suspected or alleged child maltreatment. To make a CARE clinic referral and schedule an appointment, call CARE House at 937-512-1670. CARE clinic appointments take place at The Children's Medical Center of Dayton.

## CONTACT INFORMATION

To contact Dr. Hicks call 937-641-3453. To make a referral to CARE clinic call 937-512-1670.



For further information about The Children's Medical Center of Dayton or its specialists contact us at 937-641-3666 or [marketing@childrensdayton.org](mailto:marketing@childrensdayton.org).



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