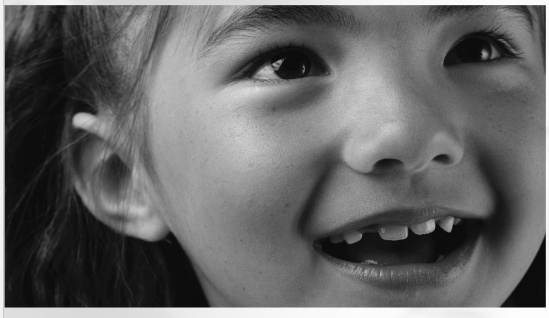

"I can tell you because you're a doctor": Understanding and responding to the "Disorder" of sexual victimization

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ROWAN UNIVERSITY - SOM CARES INSTITUTE

Disclosure

- Neither I nor any member of my immediate family has a financial relationship or interest with any proprietary entity producing health care goods or services related to the content of this CME activity.
- I do not intend to discuss an unapproved/investigative use of commercial products/devices.

Learning Objectives

1) The participant will learn the core elements of the clinical presentation of child sexual abuse and how to respond.
2) The participant will learn how to incorporate anticipatory guidance for the primary prevention of child sexual abuse as a component of routine pediatric care.
3) The participant will develop an understanding of the component parts of a medical examination when sexual abuse is of concern.

An Historical & Developmental Perspective on Medicine's Discovery of a "New Clinical Disorder"

What were the forces which created an environment to facilitate this discovery?

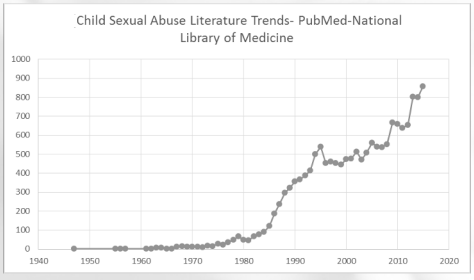
- C. Henry Kempe, MD, et al. **The Battered-Child Syndrome.** *JAMA.*1962;181(1):17-24.
- **Sexual abuse, another hidden pediatric problem**: The 1977 C Anderson Aldrich Lecture, *Pediatrics.* 1978 Sep; 62(3):382-9.
- Parallel developments in social work, mental health, rape crises movement, law
- AAP Section on CAN formed in 1989
- Subspecialty of Child Abuse Pediatrics established in 2010

Prevalence of the "Disorder" of Sexual Victimization

- Lifetime estimates of prevalence rates:
  - 1 in 4 girls
  - 1 in 8 boys
- Meta-analysis of 22 American based studies with national and regional samples found*:
  - Females 30%-40%
  - Males 13%

*Bolen RM, Scannapieco M. Prevalence of child sexual abuse: A corrective metanalysis. *Social Service Review.* 1999; 73(3): 281-313.

Child Sexual Abuse Medical Literature Trends: PubMed-National Library of Medicine



What you need to know but too embarrassed to ask about CSA.

An Historical & Developmental Perspective on Medicine's Discovery of a "New Disease"

Genitalia are placed under the microscope

"Where the telescope ends, the microscope begins. Which of the two has the greater view"

Victor Hugo, 1830

What is more likely to provide clarity and certainty to what a child might have experienced?

- Medical history
- Physical examination
- Laboratory tests
- Forensic evidence

Findings in Child Sexual Abuse

Forms of "evidence":

- Acute or healed genital anal and extra-genital findings of trauma following sexual contact
  - <5%
- Laboratory tests that are positive for Sexually Transmitted Diseases
  - 3-5%
- Forensic evidence
  - <1%
- Medical history providing an understanding of the sexually inappropriate contact
  - 90%

Who is this man?
What is his relevance to medicine?

Willie Sutton

Q: Why do you rob banks?

A: Because that's where the money is.

Sutton's Law: The idea of looking for the obvious, before going further a field, when diagnosing.

Why the importance of the medical history?

"the patient who comes to us has a story that is not told, and which as a rule no one knows of. Therapy only really begins when we understand that wholly personal story. It is the patient's secret, the rock against he is shattered. If I knew his secret story, I have the key to the treatment. The doctor's task is to find out how to gain that knowledge."

Carl Gustav Jung, 1961

Principles Guiding Obtaining and Preserving the Medical History/Verbal "Evidence"

- Manner in which the history is obtained will determine the admissibility of "verbal" evidence
  - Verbatim documentation of questions asked and the child's exact response
- Questions are crafted in a manner that are open ended
  - Continuum of suggestibility:
    Open ended → Focused → Specific → Leading
- Purpose of medical examination for diagnosis and/or treatment documented

Why is it important to understand the implications of the "Medical Diagnosis and Treatment Exception to the Rule Against Hearsay" ?

- Evidence, verbal or otherwise, is only as good as it's reliability and the opportunity to admit evidence into court
- Why does the Medical Diagnosis and Treatment exception exist?
  - Statement is considered reliable because the patient has an incentive to be truthful
- Requirements for exception to apply
  - The hearsay statement must describe medical history, past or present symptoms, pain or other sensations, or the cause or source of injury or illness, and
  - The patient must have some appreciation of the importance of telling the truth to the clinician. The patient's personal incentive to be truthful with the clinician is what makes this type of hearsay sufficiently reliable to be admissible in court, and
  - The patient's statement must be pertinent to the clinician's ability to diagnose or treat

Not the first step in making the diagnosis!

Prevention: Delivering Personal Safety Messages

What are the personal safety messages that we have routinely incorporated into well child care?

- Safe sleep
- Don't shake your baby
- Infant and child car safety
- Pool and water safety
- Bicycle safety
- Environmental safety: toxic chemicals, electrical hazards
- Fire safety
- Drugs and alcohol

"Every one of my doctors failed me"

Ghastine L, Kerlek AJ, Kopechek JA. Childhood sexual abuse: A call to action in pediatric primary care. *Pediatrics*. 2020 Sep; 146(3):e20193327. doi: 10.1542/peds.2019-3327. Epub 2020 Aug 4.

Does CSA prevention work?

1) Do children learn the concepts?
   - Children who undergo an educational program were 6 to 7 times more likely to demonstrate protective behaviors
2) Are there unintended consequences?
   - No increased anxiety, children not likely to misinterpret appropriate physical contact and make false allegations
3) Can offenders be foiled?
   - Uncertain, subjective perception of efficacy
4) Are other goals achieved?
   - Increased disclosure
   - Less self blame and better mental health outcomes
   - Reduction of potential harm and reduce occurrences

David Finkelhor. The prevention of childhood sexual abuse. *Future Child*. 2009 Fall; 19(2)169-94. doi: 10.1353/foc.0.0035.

What Parents Need to Know What Their Role Is in Messaging PSP

- Parents need to understand that children are most likely touched inappropriately by someone they will know, love and trust not by a stranger.
- Even though it is difficult for parents to imagine their child could be touched inappropriately, they need to message their children for the possibility that if something like that happens, what they can do.
- Parents have a natural opportunity when they supervise their child's bathing to educate their child about PSP.
- Reinforcing "no secrets" and "not their fault."

Delivering Personal Safety Message

1) At what age and how frequently should I be providing information about personal space and safety?

- Begin between 3 and 4
- Use bathing supervision time to reinforce messaging
  - Ask parent about co-bathing, routine genital care
- Primary health care providers should address at every annual health maintenance assessment

2) What messages/skills should I be providing to children and parents?

- Names of private parts
- Encourage child's age-appropriate independence in personal care
- Understanding Okay not Okay touching

Delivering Personal Safety Message

3) Where can my child learn about personal safety other than in the home?

- School, religious and youth-based programs are becoming more prevalent but increasingly personal safety is bundled into bullying, domestic violence and conflict resolution
- Talking about Touching
- Child Assault Prevention
- The Mama Bear Effect

4) Ask parent if they have spoken to their child about private parts and Okay not Okay touching and how they approached the topic.

5) Ask parent how many times they need to tell their child to brush their teeth, pick up their clothing, put on their seat belt.

How to Incorporate PSP Messaging During Annual Health Maintenance Assessment

- Introduce concept during annual HMA beginning at 3-4 years old.
- After all components of the physical examination are completed except for the child's private parts begin a discussion about age-appropriate general rules regarding body safety.
- Ask child if they know any rules about keeping themselves safe. Discuss car safety, bike safety, water safety.
- Ask child if they have a favorite bathing suit and describe.

How to Incorporate PSP Messaging During Annual Health Maintenance Assessment

- Explain that there is a special rule that has to do with the parts of the body covered by their bathing suit or underwear. Do they know the names for those parts? If hesitates may say some kids have silly names for those parts.
- Ask if they know who's allowed to touch their private parts.
- Ask what they would do if someone touched their privates in a way that was not okay.

How to Incorporate PSP Messaging During Annual Health Maintenance Assessment

- Ask if anyone has ever touched them in a way that not okay, uncomfortable or confusing.
- If they say no, consider asking if something like that happened would they tell me or would it be too uncomfortable or confusing to tell.
- Explain that you going to now take a look at their private parts and make sure all is healthy.
  - Child and parent must consent.
- Provide parent with age-appropriate educational materials that they can engage in role play with child reinforcing what to do if concern arises.

5 Ways to Promote Body Safety with Your Children

1) Use proper names for private parts
   - Language to communicate and be understood
2) Practice autonomy
   - Children have right to say "no" to unwanted touches even with people they know
3) Keep Private Private
   - Explain that the parts of the body covered by underwear or bathing suits are private and not meant to be shared with others
4) Don't Keep Secrets
   - Surprises are alright because they will be shared at the right time but keeping secrets can be unsafe.
5) Create a Body Safety Circle
   - The more adults in a child's life know and promote body safety, the better.

www.TheMamaBearEffect.org

Resources for Primary Prevention

AAP Bright Futures resources:

Sexual Behaviors in Young Children: What's Normal, What's Not?
https://www.healthychildren.org/English/ages-stages/preschool/Pages/Sexual-Behaviors-Young-Children.aspx

Sexual Abuse
https://www.healthychildren.org/English/safety-prevention/at-home/Pages/Sexual-Abuse.aspx
- *Do not use "Good Touch–Bad Touch" language, instead "Okay and not Okay" touches*

Resources for Primary Prevention

- Rudolph J, Zimmer-Gembeck MJ. Reviewing the focus: A summary and critique of child-focused sexual abuse prevention. *Trauma Violence Abuse*. 2018 Dec;19(5):543-554. doi: 10.1177/1524838016675478. Epub 2016 Oct 26. PMID: 27789611.
- https://www.nsvrc.org/sites/default/files/2012-03/Publications_NSVRC_Bulletin-Child-sexual-abuse-prevention.pdf
- https://www.cdc.gov/violenceprevention/childsexualabuse/fastfact.html
- Rudolph J, Zimmer-Gembeck MJ, Shanley DC, Hawkins R. Child sexual abuse prevention opportunities: Parenting, programs, and the reduction of risk. *Child Maltreat*. 2018 Feb; 23(1):96-106. doi: 10.1177/1077559517729479. Epub 2017 Sep 18. PMID: 28920456.
- http://www.stopitnow.org/ohc-content/tip-sheet-8

Are you ready for the challenges of online pornography, sexting and sextortion?

Providing parents with resources to understand risks of online activities. Children's and adolescents' interactions with the virtual world[1,2]

- Accessing pornography[3]
  - 66% of teenage males and 39% of teenage females viewed online pornography. Prevalence of viewing in children 10 and under unknown. Just ask!
- Sexting[4]
  - 15-20% of teens are sexting. Link between online solicitation, offline sexual assault and Commercial Sexual Exploitation of Children.
- Sextortion[5]
  - Pressure to produce sexual images, attempts to control victims with threats to expose images, threats carried out causing serious consequences.

References/Resources: Are you ready for the challenges of online pornography, sexting and sextortion?

1) https://www.consumer.ftc.gov/articles/0026-kids-texting-and-sexting#sexting
2) Horner G. Online sexual solicitation of children and adolescents. *J Ped Health Care.* 2020; 34(6):610-618.
3) Madigan S, Villani V, Azzopardi C, Laut D, Smith T, Temple JR, et al. Prevalence of unwanted online sexual exposure and solicitation among youth: A meta-analysis. *J Adol Health.* 2018; 63:133-14.
4) Strasburger VC, Zimmerman JD, Temple JR, Madigan S. Teenagers, sexting and the law. *Pediatrics.* 2019; 143(5) e20183183.
5) Wolak J, Finkelhor D, Walsh W, Treitman L. Sextortion of minors: Characteristics and dynamics. *J Adol Health.* 2018; 62(1):72-79.

Playing Doctor

Sexual play

- Sex play is common (66-80%)
- Occurs across childhood and not only in preschool
- Becomes concealed/covert in school-age children
- Occurs with children that are known already, including siblings and children of the same sex
- Many encounters are between children of the same sex
- If it is true sex play, then encounter is perceived as positive or neutral

National Center on the Sexual Behavior of Youth
www.ncsby.org

Sexual Behaviors in Children

TABLE 1 Examples of Sexual Behaviors in Children 2 to 6 Years of Age

Normal, Common Behaviors	Less Common Normal Behaviors[a]	Uncommon Behaviors in Normal Children[b]	Rarely Normal[c]
• Touching/masturbating genitals in public/private	• Rubbing body against others	• Asking peer/adult to engage in specific sexual act(s)	• Any sexual behaviors that involve children who are 4 or more years apart
• Viewing/touching peer or new sibling genitals	• Trying to insert tongue in mouth while kissing	• Inserting objects into genitals	• A variety of sexual behaviors displayed on a daily basis
• Showing genitals to peers	• Touching peer/adult genitals	• Explicitly imitating intercourse	• Sexual behavior that results in emotional distress or physical pain
• Standing/sitting too close	• Crude mimicking of movements associated with sexual acts	• Touching animal genitals	• Sexual behaviors associated with other physically aggressive behavior
• Trying to view peer/adult nudity	• Sexual behaviors that are occasionally, but persistently, disruptive to others	• Sexual behaviors that are frequently disruptive to others	• Sexual behaviors that involve coercion
• Behaviors are transient, few, and distractable	• Behaviors are transient and moderately responsive to distraction	• Behaviors are persistent and resistant to parental distraction	• Behaviors are persistent and child becomes angry if distracted

[a] Assessment of situational factors (family nudity, child care, new sibling, etc) contributing to behavior is recommended.
[b] Assessment of situational factors and family characteristics (violence, abuse, neglect) is recommended.
[c] Assessment of all family and environmental factors and report to child protective services is recommended.

Kellogg, ND. Clinical Report The Evaluation of Sexual Behaviors in Children. The Committee on Child abuse and Neglect. *Pediatrics.* 2009; 124(3): 992-998.

Sexual Behaviors in Children

- Kellogg, ND. Clinical Report The Evaluation of Sexual Behaviors in Children. The Committee on Child Abuse and Neglect. *Pediatrics* 2009; 124(3) 992-998.
- Friedrich WN, Davies WH, Feher E, Wright J. Sexual behavior problems in preteen children: Developmental, ecological, and behavioral correlates. *Ann N Y Acad Sci*. 2003 Jun; 989:95-104.
- Friedrich WN, Trane ST. Sexual behavior in children across multiple settings. *Child Abuse Negl*. 2002 Mar; 26(3):243-5.
- Friedrich WN, Fisher JL, Dittner CA, Acton R, Berliner L, Butler J, Damon L, Davies WH, Gray A, Wright J. Child sexual behavior inventory: Normative, psychiatric, and sexual abuse comparisons. *Child Maltreat*. 2001 Feb; 6(1):37-49.

Health Care Professionals' Barriers to Talking about Personal Space & Privacy (PSP)

1) Time, lack of reimbursement for time spent
2) Limited comfort addressing unpalatable topic
3) Uncomfortable responding to disclosure possibility of sexual victimization
4) Lack of confidence in CPS & LE

How I overcame my fear of talking to children.


PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS
"I Can Tell You Because You're a Doctor"
Marina A. Siskind
Pediatrics 2008;122;442
DOI: 10.1542/peds.2008-1416
The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://www.pediatrics.org/cgi/content/full/122/2/442
American Academy of Pediatrics

How I overcame my fear of talking to children about difficult issues.

- Lessons learned
  - Health care professionals are trusted by patients and caretakers
  - Children know what they experienced and I do not
  - If I didn't understand the clinical characteristics of sexual victimization I would never be able to take a history and make a diagnosis
  - How secrecy, stigmatization and shame impact complete disclosures
  - Know that when a medical history is appropriately obtained the medical history can be both therapeutic and diagnostic
    - Importance of addressing body worries and cognitive distortions
  - If child perceives the historian is uncomfortable or judgmental when engaging in history taking, the child will be less likely to be forthcoming.
  - How use of a whistling tea pot can contribute to rapport building and disclosure.

Factoid

It is inherently traumatic for children to have to recount the details of their experience and thus they should only have to tell it once.

- Basis for such?

Hershkowitz I, Terner A. The effects of repeated interviewing on children's forensic statements of sexual abuse. *Appl. Cognit. Psychol*. 2007: 21: 1131–1143.

Lamb ME, Hershkowitz I, Lyon, TD. Interviewing victims and suspected victims who are reluctant to talk. *APSAC (American Professional Society on the Abuse of Children) Advisor*. 2013; 25(4): 16-19.

Definitions of CSA

- Sexual assault involving physical force when the child is a victim - the rape model
- Sexual contact or interaction between a child and another person of any age in which the child's participation has been obtained through undue means such as threats, bribery, intimidation, enticement or coercion
- "The involvement of dependent, developmentally immature children and adolescents in sexual activities which they do not fully comprehend, to which they are unable to give consent or that violate the social taboos of family roles."

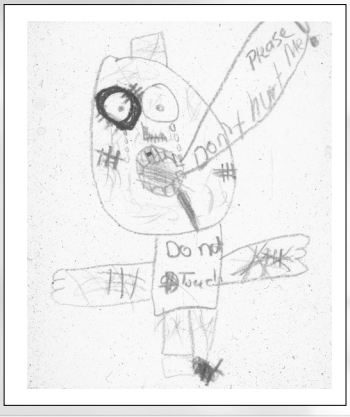
Kempe CH. Sexual abuse; another hidden pediatric problem: The 1977 C. Anderson Aldrich lecture. *Pediatrics*. 1978 Sep; 62(3): 382-9.

What is more likely to provide clarity and certainty to what a sexually abused child might have experienced?

- Medical history
- Physical examination
- Laboratory tests
- Forensic evidence

Purpose of the Medical Examination in Suspected CSA

- Diagnosis & Treatment of "Abnormality"
  - Acute and healed genital and anal trauma
  - Extra-genital trauma
  - Sexually transmitted infections
- Diagnosis & Treatment of "Normality"
  - Wellness
  - Altered body images
  - Specific and nonspecific worries
- Prosecutorial
  - Evidentiary collection
  - Purview of law enforcement



The Clinical Presentation of the "Disorder of Sexual Victimization"

- Dynamics of Sexual Victimization
  1) Engagement
  2) Sexual interaction
  3) Secrecy
  4) Disclosure
  5) Suppression

Engagement

- Access and opportunity
- Enticement
- Deception

Sexual Interaction

- Progressive sequence - variable rate
- Interaction most consistent with child's developmental age
- Exposure - fondling - oral genital- penetration
- *Most perpetrators have little intent to physically injure the child*

Sexual Interaction

- Genital exposure
- Observation of a child
- Kissing
- Fondling
- Masturbation
- Fellatio
- Cunnilingus
- Penile penetration of vagina and/or anus
- Digital penetration of vagina and/or anus
- Vulvar coitus
- Pornography

Sexual Interaction

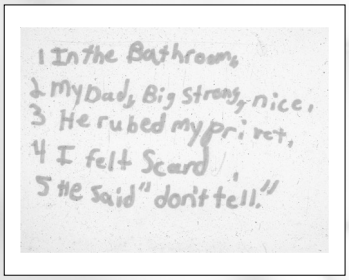
- Did the person who did this have a name for what he/she was doing?
  - Coercion, deceit, threats, rewards and/or bribery
- What was the first thing the person did that just didn't seem ok?
  - Details of the first inappropriate sexual interactions and the progression of the sexual contact over time.

Sexual Interaction

- Questions that elicit specific details surrounding sexual interactions with a focus on signs and symptoms that may have medical significance and provide insight into the potential for physical injury or contracting an STD.
  - When that (insert specific) happened how did that feel?
  - Effect feelings/body or both?
  - If physical discomfort, while/after or both?
  - Ever feel that sensation before/again?
  - Notice anything that made you know you were hurt?
  - Clean afterward?

Idiosyncratic Historical Details

- Body image concerns
- Age-inappropriate descriptions of sexual activities
- Post fondling dysuria
- Post sodomy burning
- Excited utterance



Secrecy Phase

- Primary task of perpetrator
- Eliminates accountability
- Enables repetition

Disclosure

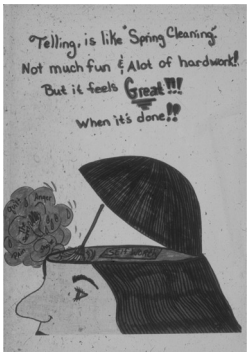
- Planned disclosure
- Accidental disclosure
- Elicited disclosure

Planned Disclosure

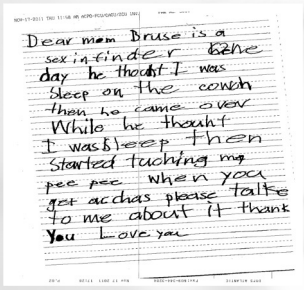
- Conscious decision to tell
- Reason for disclosure
- Child's expectation
- Planned intervention

Accidental Disclosure

- Neither the child nor the perpetrator prepared to share secret
- Revealed because of external circumstances
  - Sexually stylized behaviors
  - Spontaneous age-inappropriate statements
  - Observation by a third party
  - Ano-genital trauma
  - Sexually transmitted disease
  - Pregnancy

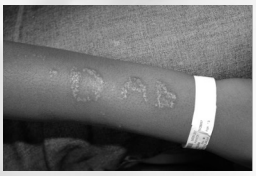


Disclosure


Dear mom Bruse is a sex in finder the day he thought I was Sleep on the cowch then he came over While he thought I was Sleep then Started tuching my pee pee when you get acchas please talke to me about it thank You Love you

Suppression Phase

- Limits access, interaction and information
- Increasingly abusive verbal threats by perpetrator
- "Ganging up" on child to recant
- Perpetrator undermines credibility of child



Immediate Examination Criteria

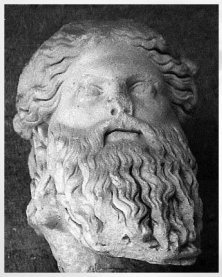
- Age-inappropriate sexual contact within 72 hours
- Genital trauma within 72 hours
- Possibility of a sexually transmitted disease
- Possibility of pregnancy

Deferred Examination Criteria

- Disclosure of age-inappropriate sexual contact greater than 72 hours
- *Uncooperative child*

Head to Toe Examination

Who is this Greek God?



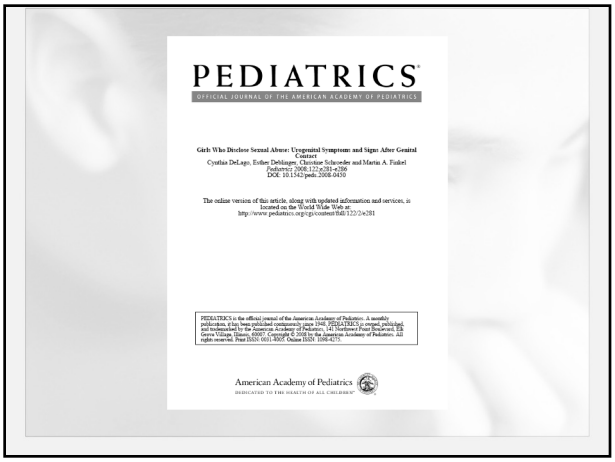
Hymen

Factoid:

- Girls are born without hymens
- Girls lose their hymens
- Hymens are injured during gymnastics, bicycle and horseback riding

Fact:

- All girls are born with hymens except in rare congenital disorders
  - Ambiguous genitalia
  - Distal vaginal agenesis
  - Transverse vaginal septum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Girls Who Disclose Sexual Abuse: Urogenital Symptoms and Signs After Genital Contact

Cynthia DeLago, Esther Deblinger, Christine Schroeder and Martin A. Finkel

Pediatrics; 2008;122;e281-e286

DOI: 10.1542/peds.2008-0450

The online version of this article, along with updated information and services, is located on the World Wide Web at:

http://www.pediatrics.org/cgi/content/full/122/2/e281

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American Academy of Pediatrics

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Clinical Issue: Determination of Virginity

Factoid:

- Women have bleeding with first intercourse
- A physician can tell with certainty if a women is a virgin

Fact:

Bleeding with first intercourse

- None 44%
- Slight 35%
- Moderate 9%
- Heavy 12%

Pain with first intercourse

- None 32%
- Slight 22%
- Moderate 15%
- Severe 31%

Kellogg ND, Menard SW, Santos A. Genital anatomy in pregnant adolescents: ''Normal'' does not mean ''nothing happened.'' *Pediatrics.* 2004;113: e67.

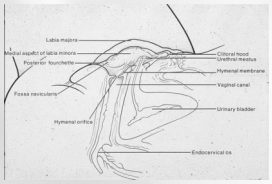
Whitely N. The first coital experience of one hundred women. *JOGN.* 1978 Jul-Aug; 7(4):41-5.

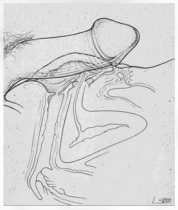
Clinical Symptoms and Signs

- **Girls**
  60% described ≥1 symptoms / signs
  - 53% genital pain
  - 37% dysuria
  - 11% bleeding
- **Caregivers**
  Symptoms / signs
  - 17% genital pain
  - 19% dysuria
  - 4% bleeding

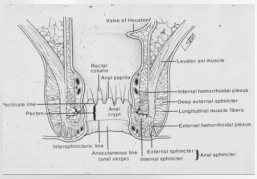
  24% sought medical care (n=38)
  - 12% during abuse period (n=19)

IN or ON: Reconciling Discrepancies

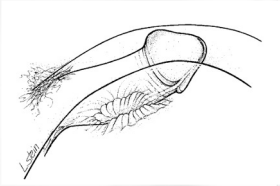




Anal Penetration



Midsagittal View of Anus



Dilation of Anal Sphincter with Downward Pressure by Convex Side of Penis

Formulating a Diagnosis: Basic Tenets

- Objectively state the facts
- Do not exaggerate the meaning of a particular finding
- Know the limitations of what can be said
- Do not commingle hearsay and clinician obtained history when formulating a diagnosis
- State limitations
- Presume that diagnosis will be challenged
- Make sure that every statement is defensible and rests on sound scientific footings

Common Case Scenarios

- Medical history/behaviors are clear and descriptive of inappropriate sexual contact but no physical diagnostic residual is present.
- Medical history/behaviors are clear and descriptive of inappropriate sexual contact with symptom-specific complaints reflective of genital and/or anal trauma.

Common Case Scenarios

- Medical history/behaviors are clear and descriptive of inappropriate sexual contact and physical diagnostic residual is present (i.e., acute/healed injuries, STD, other physical forensic evidence).
- Medical history/behaviors are suspicious and/or concerning that child either experienced something inappropriate and/or exposed to something inappropriate and the examination is without physical diagnostic residual.

If I can be of help: finkelma@rowan.edu