Myths & Realities About Child Sexual Abuse

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Photo Credits

- American Academy of Pediatrics *Visual Diagnosis of Child Abuse* CD-ROM
- Frank Netter series
- The Children's Place files
- Baldwin/Johnson family

MYTHS

1. **Stranger danger**
2. **Kids always tell**
3. **Sexual abuse = intercourse**
4. **The exam will tell**
5. **The exam is invasive & traumatic**
6. **If the exam has no forensic value, it has no value**

Myth #1

Stranger Danger

Perpetrator characteristics:

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

www.darkness2light.org; Elliott, CAN, 5 579fwd

Parent Misperceptions

- I know him/her
- He/she would never do this
- They don't act afraid of him/her

Myth #2

Kids Always Tell

How Children Tell

- Physical and behavioral signs often the first indicator

Physical Signs:

- **Teen pregnancy, especially early**
- **Genital, anal, urethral trauma, bleeding, or discharge**
- **Genital infections or sexually transmitted diseases**

Physical Signs *(cont.)*

- Recurrent urinary tract infection-type symptoms
- Complaints of pain or itching in genital area
- Chronic or recurrent abdominal, genital, anal, pelvic pain

Behavioral Signs:

- Direct statements about abuse
- Behavioral changes
- Sexualized behavior or language inconsistent with age or development
- Appetite disturbances

Behavioral Signs *(continued)*:

- Psychiatric problems including conduct disorders; depression; Post-Traumatic Stress Disorder; suicidal behavior
- Sleep disturbances
- Withdrawal or guilt

Behavioral Signs *(cont.)*

- **Temper tantrums, aggressive behavior**
- **Alcohol and/or substance abuse**
- **Promiscuity, prostitution**
- **Enuresis and/or encopresis (bladder/bowel accidents) -- new**
- **Sexual perpetration to others**

What is normal child sexual behavior?

- Exploratory in nature
- Characterized by spontaneity & lightheartedness
- Interest in sex is 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)

Children who molest:

- Impulsive, compulsive, aggressive quality to many of their behaviors, including sexual behaviors
- Problems in all areas of their lives

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

The Disclosure Process

- **May tell only after they feel safe**
  - **Custody issues**

The Disclosure Process

- **Young children:**
  - **Accidental more likely**
  - **Behaviors raise concern**
  - **Language barriers**

The Disclosure Process

- **Older children:**
  - **Purposeful decision**
  - **May tell out of anger, protection**
  - **Will tell their friends first**

Why don't kids tell?

- Child may not perceive as abusive.
  - May lack sexual knowledge
  - May lack vocabulary to describe
  - May be disguised as a game

  40% of sexually abused children who had been through court process did not appreciate that they were being sexually abused when it first started. (Sas & Cunningham 1995)

Why don't kids tell?

- Children are often groomed for sexual abuse
- Sexual abuse usually progresses in phases
  - Engagement
  - Harmless touch
  - Sexual touch
  - Secrecy and isolation

Why don't kids tell?

- Children are often not believed
  - May seek help/understanding at time least likely to get it
    - Adolescent: Rebel or super-achiever
  - Tentative/incomplete disclosure common
    - "Testing the waters"
  - Initial reaction critical
    - In one small study only 17% of STD + children with unsupportive parents disclosed (c/w 43%)

Why don't kids tell?

- Secrecy:
  - "Everything will be all right as long as you don't tell"
  - Child given power to destroy family or keep together
    - Guilt, chaos, stress
      - child taken out of home instead of perpetrator
    - Recantation common
      - confirming adult beliefs that children lie about sexual abuse

Why don't kids tell?

- Children are vulnerable
- Child usually has a relationship with the perpetrator

Why don't kids tell?

- Helplessness:
  - Children expected to be obedient and affectionate with adults entrusted with their care
  - Same source for love/affection and fear/pain
  - No option but to accept/survive
  - "Stranger danger" fallacy

Other reasons children may not tell:

- Embarrassment and shame
- Avoidance coping
- Fear of consequences
  - Threats to self, parent, siblings, pets, etc.
  - Getting in trouble
  - Perpetrator getting in trouble

Cross Cultural Issues Affecting Disclosure

- Language barriers
  - Includes differences in body language
- Impact on family, tribe, village
- Distance from/lack of resources
- Distrust
- "Normalization" (and resignation)

Working with cross cultural issues

- Understand and respect potential barriers
- Develop local relationships
- Respect cultural differences
  - Be aware of our own cultural biases
- Use trained translators where needed

Parent Misperceptions

- My child would tell me
- I would know

Myth #3

Sexual Abuse = Intercourse

What Are Sexual Offenses Against Children?

"Nontouching" sexual offenses include:

- **Indecent exposure/exhibitionism**
- **Exposing children to pornographic material**
- **Deliberately exposing a child to sexual acts**

"Touching" sexual offenses include:

- **Fondling**
- **Making child touch adult's sexual organs**
- **Any penetration of a child's vagina or anus – no matter how slight, by any object that does not have a valid medical purpose**

"Sexual exploitation" is also an offense and includes:

Engaging a child or soliciting a child for the purpose of prostitution

Using a child to film, photograph, or model pornography

What are the differences between rape and child sexual abuse?

- **Rape:**
  - **Acute**
  - **Violent**
  - **Forensic and physical evidence present**
  - **Victim may be seen more quickly**
  - **Victim more likely to be viewed as competent historian by virtue of age**

Differences, continued

Child sexual abuse:

Chronic

Nonviolent USUALLY

No or limited forensic and physical findings

Victim rarely seen acutely

Accuracy of history questioned

Developmental issues

Myth #4

The Exam Will Tell

What the medical exam CAN'T do

- Tell exactly what caused the injury
- Tell when the injury occurred once it has completely healed
- Tell how many times it happened
- Tell who did it (unless forensic or DNA evidence)

How does the medical examiner help the team?

- Assist with developmental issues with interview
- Perform comprehensive medical evaluation
- Identify and document any findings
- Gather forensic evidence if present
- Perform diagnostic testing
- Provide an assessment and interpretation of symptoms and findings

How does the medical examiner help the team?

- Answer questions
- Provide expert witness testimony
  - Why the exam is normal!
- Health care provider often viewed as neutral or positive by child and family
- Child may disclose or clarify during exam
- Help assess the child's safety
- Make recommendations for treatment, referrals, etc.

What do non-medical folks need to know?

- Have realistic expectations of what the exam may or may not show
- Understand basic exam terminology, techniques
- Know when the child needs an exam (urgency/triage)
- Know who to call/consult for exam decisions
- Prepare and support parents and child through the exam process
  - Reinforce NOT TRAUMATIC

What do we know about exam findings?

- The majority of children with a history of sexual abuse have normal examinations
- Children's injuries heal amazingly well and quickly
- There are many findings that mimic abuse

Why are most exams normal?

- Delay in disclosure
- Delay in seeking evaluation
- Rapid healing
- Types of abuse
- Elasticity of vagina, hymen, anal sphincter
- Child perception of events

Warning: Anatomy ahead!

Myth #5

The Exam Is Invasive and Traumatic

Parent Misperceptions

- Sexual abuse exam = speculum
- Child will need to be restrained

Who needs an exam?

- New National Children's Alliance Standard: ***All children who are suspected victims of child sexual abuse should be offered a medical evaluation. Medical evaluations should be required based on specific screening criteria developed by skilled medical providers or by local multidisciplinary teams which include qualified medical representation.***

Some Exam Criteria

- Verbal statement of SA by child
- Observation of maltreatment
- History of skin to skin contact
- Concerning symptoms: anal or genital bleeding, pain, discharge
- Safety concerns
- Medical referral for indicators of SA

Other Exam Indications:

- Symptoms out of proportion to history
- Not sure of history (preverbal child)
- Concern best answered by medical provider
  - Reassure child
  - Reassure family
- Remember incomplete disclosures are common

Medical Exam Includes:

- **Specific questions about medical history, symptoms, abuse history if necessary**
- **General physical**
  - Evaluate overall health and well being of child.

Medical Exam, continued

- **Photographs and/or video recordings of exam**
- **Collection of specimens (forensic, diagnostic)**
- **Anogenital exam**
  - **With aid of colposcope (or other magnification)**
  - **Different positions**

Medical Exam, continued

- **<u>External only</u> for pre-adolescent**
  - **Vaginal speculum, bimanual exam, STD testing for adolescents**
- **<u>Children have right to say no</u>: *"Empowered children are cooperative children"***

Anogenital findings may be:

- Normal
- Normal variants (congenital)
- Abnormal but not abuse
  - Infection
  - Accidental trauma
- Abnormal due to abuse
- Abnormal but nonspecific (can't tell)

Sexual Abuse Exam Techniques

- Evaluation of sexual maturity stage, anatomy, rashes, lesions, evidence of trauma
- Different positions, use of traction help show different areas of anatomy better
- Colposcope helps magnify, illuminate, document

The Hymen: What It Is

- A rim of tissue around the vaginal opening (rarely, covers entire opening)

What It Is Not

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

Normal Genital Exam Findings

Findings documented in newborns or commonly seen in non-abused children

Normal Variants: Examples

- Periurethral or vestibular bands
- Intravaginal ridges or columns
- Hymenal bumps, mounds, tags, septation, notches/clefts (anterior half)
- Linea vestibularis
- Shallow/superficial notch/cleft in inferior rim of hymen
- Congenital variants: crescentic, annular, redundant, septate, cribriform, microperforate, imperforate

Findings commonly caused by other medical conditions

- Erythema (redness)
- Increased vascularity (prominent blood vessels)
- Labial adhesions
- Vaginal discharge (infectious and non-infectious causes)
- Friability (easy bleeding/tearing) of posterior fourchette
- Excoriations, bleeding, vascular lesions

Normal findings in boys

- Hyperpigmentation of circumcision site
- Median raphe (raised dark or light line along penis & scrotum)

Nonspecific male findings

- Infection
- Erythema (redness)
- Eczema
- Accidental trauma

Non-abusive anal findings

- Hemorrhoids, fissures, tags
- Venous pooling
- Congenital:
  - Failure of midline fusion
  - Diastasis ani
- Infection
  - Yeast
  - Strep
  - Pinworms
- Accidental trauma

Myth #6

If The Exam Has No Forensic Value, It Has No Value

Purpose of the Medical Evaluation

- **Diagnosis and treatment**
- Ensure health and safety of the child
- Find and document acute and healed injuries
- Find, document and collect forensic evidence
- Interpret any findings

Purpose of the Medical Evaluation, continued

- Look for medical conditions that can be confused with abuse
- Evaluate for unmet health needs
  - Medical home, immunizations, counseling
- Normalize the ano-genital area
- Reassurance for child and family
- Recommendations and referrals as needed

Children are different

- Rate of return for evidence from child's body rapidly diminishes (low yield after 24 hrs., different from adolescents and adults)
- Much higher yield from crime scene (bedding, towels, clothing, etc.)
  - Importance of scene investigation
- Use of sexual assault evidence kits

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