Management of the sex abused child

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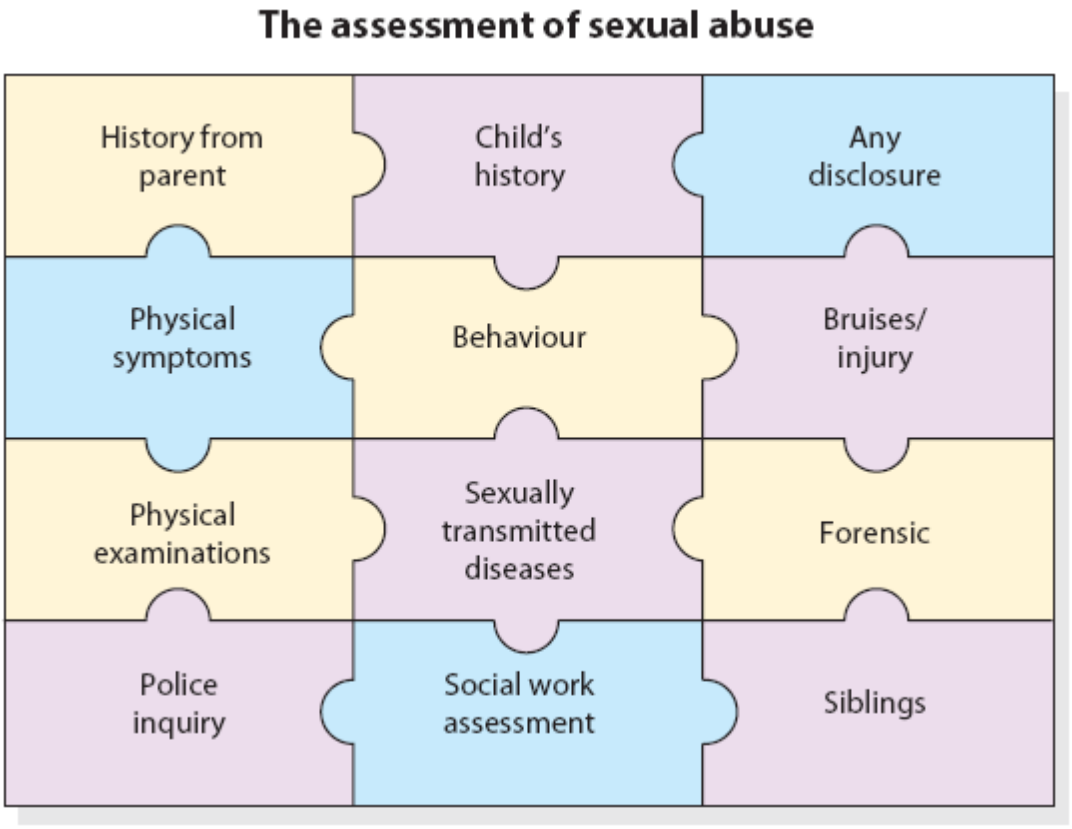
Prevention of Child Abuse and Neglect

An important aspect of prevention is that many of the efforts to strengthen families and support parents should enhance children's health, development, and safety, as well as prevent child abuse and neglect. Medical responses to child maltreatment have typically occurred after the fact; preventing the problem is preferable. Child health care professionals can help in several ways. An ongoing relationship offers opportunities to develop trust and knowledge of a family's circumstances. Astute observation of parent-child interactions can reveal useful information.

Parent and child education regarding medical conditions helps to ensure implementation of the treatment plan and to prevent neglect. Possible barriers to treatment should be addressed. Practical strategies such as writing down the plan can help. In addition, anticipatory guidance may help with child rearing, diminishing the risk of maltreatment. Hospital-based programs that educate parents about infant crying and the risks of shaking the infant may help prevent abusive head trauma.

Screening for major psychosocial risk factors for maltreatment (depression, substance abuse, intimate partner violence, major stress), and helping address identified problems, often via referrals, may help prevent maltreatment. The primary care focus on prevention offers excellent opportunities to screen briefly for psychosocial problems. The traditional organ system–focused review of systems can be expanded to probe areas such as feelings about the child, the parent's own functioning, possible depression, substance abuse, intimate partner violence, disciplinary approaches, stressors, and supports. Obtaining information directly from children or youth is also important, especially given that separate interviews with teens have become the norm. Any concerns identified on such screens require at least brief assessment and initial management, which may lead to a referral for further evaluation and treatment. More frequent office visits can be scheduled for support and counseling while monitoring the situation. Other key family members (e.g., fathers) might be invited to participate, thereby encouraging informal support. Practices might arrange parent groups through which problems and solutions are shared.

Child health care professionals also need to recognize their limitations, providing referral to other community resources when indicated. Finally, the problems underpinning child maltreatment, such as poverty, parental stress, substance abuse, and limited child-rearing resources require policies and programs that enhance families’ abilities to care for their children adequately. Child health care professionals can help advocate for such policies and programs



Sexual abuse

In suspected sexual abuse, information from different sources needs to be pieced together.

Recognition

The child or young person may:
• tell someone about the abuse
• be identified in pornographic material
• be pregnant (by legal definition this is due to sexual abuse for a girl under the age of 13 years)
• have a sexually transmitted infection with no clear explanation (but some sexually transmitted infections can be passed from the mother to the baby during pregnancy or birth).

Physical symptoms

• Vaginal bleeding, itching, discharge
• Rectal bleeding.

Behavioural symptoms

• Soiling, secondary enuresis
• Self-harm, aggressive or sexualised behaviours, regression, poor school performance.

Signs

- There are few clearly diagnostic signs of sexual abuse on examination. This is because sexual abuse of children often comprises touching or kissing or other activities that do not involve significant physical force. Furthermore, the genital area heals very quickly in young children,so signs may be absent even a few days after significant trauma. Forensic material also decays rapidly.
- Examination of children suspected of having been sexually abused requires a doctor with specific expertise and training, facilities for photographic documentation, sexually transmitted infection screening and management and, where indicated, forensic testing. Forensic testing of swabs from the child or his/her clothing/bedding may reveal DNA from the sperm of the perpetrator

Investigation

- In physical abuse, fractures in young children may not be detectable clinically and X-rays are required to identify them. Bruising overlying a fracture is rarely seen on presentation. A full radiographic skeletal survey with oblique views of the ribs should be performed inall children with suspected physical abuse under 30 months of age. Some lesions may be inconspicuous initially but, if indicated, become evident on a repeat X-ray 1–2 weeks later. Other medical conditions which need to be considered and excluded in suspected child abuse are:
- • Bruising – coagulation disorders Mongolian blue spots on the back or thighsFractures – osteogenesis imperfecta, commonly referred to as brittle bone disease. The type commonly involved with unexplained fractures is type I, which is an autosomal dominant disorder, so there may be a family history. Blue sclerae are a key clinical finding and there may be generalised osteoporosis and wormian bones in the skull (extra bones within skull sutures) on skeletal survey.
- • Scalds and cigarette burns – may be misinterpreted in children with bullous impetigo or scalded skin syndrome.
- Where brain injury is suspected all children require:

• An immediate CT head scan followed later by a MRI head scan
• A skeletal survey to exclude fractures
• An expert ophthalmological examination to identify retinal haemorrhages
• A coagulation screen.

Management

- Abused children may present to doctors in the hospital or to medical or nursing staff in the community. They may also be brought for a medical opinion by social services or the police. In all cases, the procedures of the local safeguarding children board should be followed. The medical consultation should be the same as for any medical condition, with a detailed history and full examination. It is usually most productive when this is conducted in a sensitive and concerned way without being accusatory or condemning.

Any injuries or medical findings should be carefully noted, measured, recorded and drawn on a body map and photographed (with consent). The height, weight and head circumference (where appropriate) should be recorded and plotted on a centile chart. The interaction between the child and parents should be noted. All notes must be meticulous, dated, timed and signed on each page.

- Treatment of specific injuries should be instigated and blood tests and X-rays undertakenIf abuse is suspected or confirmed, a decision needs to be made as to whether the child needs immediate protection from further harm. If this is the case, this may be achieved by admission to hospital, which also allows investigations and multidisciplinary assessment. If sympathetically handled, most parents are willing to accept medical advice for hospital admission for observation and investigation. Occasionally, this is not possible and legal enforcement is required. If medical treatment is not necessary but it is felt to be unsafe for the child to return home, a placement may be found in a foster home.
- When dealing with any child suspected of having been abused, the safety of any other siblings or children at home must be considered; the police and/or social services should be alerted to any concerns. In addition to a detailed medical assessment, evaluation by social workers and other health professionals will be required. A strategy meeting and later a child protection conference may be convened in accordance with local procedures. Members may include social workers, health visitors, police, general practitioner, paediatricians, teachers and lawyers. Parents attend all or part of the case conference. Details of the incident leading to the conference and the family background will be discussed. Good communication and a trusting working relationship between the professionals are vital, as it can be extremely difficult to evaluate the likelihood that injuries were inflicted deliberately and the possible outcome of legal proceedings. The conference will decide:

• whether the child should be provided with a Child Protection Plan and under what category
• whether there should be an application to the Court to protect the child
• what follow-up is needed.

Why is child protection so difficult?

Child protection:
• goes against the assumption that parents usually have their children's best interests at heart
• can involve confronting parents who may be manipulative or aggressive
• requires detailed evaluation of the history and examination to identify inconsistencies and interpret subtle findings
• depends on genuinely good multi-professional teamwork and respect of colleagues