Understanding and Responding to Suspected Child Sexual Abuse: meeting the diagnostic and therapeutic needs: part 1

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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.
A historical & developmental perspective on medicines discovery of a “new disease”

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

- 1962 C. Henry Kempe, MD paper: The Battered Child Syndrome in Pediatrics paved the way
- 1978 Kempe paper: Sexual abuse another hidden pediatric problem, Pediatrics
- Parallel developments in social work, mental health, rape crises movement, law
- American Academy of Pediatrics, Section on CAN formed in 1989
- American Board of Pediatrics recognizes child abuse as a subspecialty in 2009 leading to board certification

A historical & developmental perspective on medicines discovery of a “new disease”

- **Describing a new clinical entity**
  - observations of clinical cases by individual physicians
  - grouping of cases with similar symptoms into classes leads to recognition of clinical entities
  - pursuit of treatment modalities
  - evaluation of therapeutic efficacy

  "The scientist takes off from the manifold observations of predecessors, and shows his intelligence, if any, by his ability to discriminate between the important and the negligible, by selecting here and there the significant stepping stones that will lead across the difficulties to new understanding. The one who places the last stone and steps across to the terra firma of accomplished discovery gets all the credit. Only the initiated know and honor those whose patient integrity and devotion to exact observation have made the last step possible”

  Zinsser, 1940
A historical & developmental perspective on medicines discovery of a “new disease”

- Physicians begin to conduct examinations of alleged child sexual abuse victims
  - motivated by desire to understand the medical sequel to sexual abuse
  - grapple with the interpretation of findings
  - search for ways of improving visualization
  - searching for ways to preserve and objectively document observations

- Wading into unchartered waters
  - Any physician examining a child for sexual abuse in decades of the late 70’s and early 80’s was a pioneer
    - few colleagues to validate observations
    - minimal literature to guide physicians
    - no diagnostic criteria
A historical & developmental perspective on medicines discovery of a “new disease”

- Child protection and law enforcement communities seek alliance with medicine
  - doctors share observations amongst colleagues and develop study groups sporadically around country
  - doctors share observations with colleagues at increasingly frequent conferences on child abuse
  - doctors show willingness to learn from colleagues in child protection, mental health and law

- Core of “Experts” surface
  - Requisites to becoming an expert
    - Willing to examine a patient who is alleged to have been sexually abused
    - Overcome genitaphobia
    - Developing working knowledge of sexual victimization and willing to take history from child victim
    - Willing to enter the lions den to defend basis on which diagnosis is based
A historical & developmental perspective on medicines 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
Prevalence of the “Disease” 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%

New trends

- Increasing international awareness of child sexual abuse
- Increasing number of countries have explored and/or implemented reporting of suspected child maltreatment
- Emerging literature addressing the issue of CSA harkens an awakening and acknowledgement that CSA is a worldwide problem
- Child on child sexual abuse
- Sex trafficking is recently “discovered”
Child Sexual Abuse Medical literature trends: PubMed-National Library of Medicine-United States
Adverse childhood experiences are the most *basic and long-lasting* cause of health risk behaviors, mental illness, social malfunction, disease, disability, death, and healthcare costs. www.AceStudy.org
Adverse Childhood Experiences Studies; ACE’s

ACE Score vs Suicide attempts and Depression
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.”

What is the gold standard for the best outcome following an investigation?

- Prosecution?

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

- Medical history
- Physical examination
- Laboratory tests
- Forensic evidence
Who is this man?
What is his relevance to medicine?
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%
- Signs and symptoms that are diagnostic of sexual contact in girls obtained by history
  - 37% of girls who experience genital contact will experience dysuria (hurting when peeing) temporally related to sexual contact reflective of acute genital trauma
Principals 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
• Characteristics important to assessing the reliability of medical history
  - Spontaneity
  - Consistency of statements
  - Child’s affect and emotion when statement made
  - Play or gestures that collaborate the child’s statement
  - Statements that reflect developmentally unusual sexual knowledge
  - Idiosyncratic details of disclosure
  - Cognitive distortions of experience
  - Child’s belief that disclosure might lead to their own punishment

Myers, EB, Legal Issues in the Medical Evaluation of Child Sexual Abuse, in Finkel MA, Giardino AP, eds; Medical Evaluation of Child Sexual Abuse, 2009 AAP

Finkel MA, Alexander RA. Conducting the Medical History, J Child Sex Abuse, 2011;20:5,486-504
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
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 the evidence

- 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
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
Medical Model of Diagnosis: tried, true and applicable to the diagnosis of CSA ...

• Understanding pathophysiology of a disease entity

• Understanding the clinical expression of a disease

• Developing clinical skills in eliciting medical history

• Formulation of a preliminary diagnostic impression

• Integration physical examination findings with laboratory tests and medical history into a diagnosis

The “Disease of Sexual Victimization”
Not the first step in making the diagnosis!
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?


Taking the medical history

The whistling tea pot analogy:
I can tell you because you’re a doctor
Taking the medical history

- Anticipate fears and anxiety of child & parent
- Explain and demystify the examination
- Two way dialogue: a conversation
- Build rapport through asking questions and sharing of information
  - I talk to a lot kids just like you every day..
  - Why did you decide to tell?
  - Hard to tell? Why hard for you?
  - How did you feel after you told?
  - Whose fault do you think it was?
  - Worries, concerns about their body?
  - If you could say something to or ask the person that did something what would you want to ask then or tell them?
  - What do you want to happen now that you told?
The clinical presentation of the “Disease of Sexual Victimization”

- Dynamics of Sexual Victimization
  - 1. Engagement
  - 2. Sexual interaction
  - 3. Secrecy
  - 4. Disclosure
  - 5. Suppression
  - 6. Recantation


Engagement

- Access and opportunity
- Enticement
- Deception
Engagement: obtaining historical details

- Who was the person(s) who did something that just didn't seem ok, felt uncomfortable or was confusing?
- How do you know this person(s)?
  - What were the circumstances that allowed access? Caretaking role of individual?
Engagement: obtaining historical details

• When was the first/last time something happened?
  – With young children who cannot provide specific date’s questions then try to relate an experience to an important life event such as a birthday, starting or ending school, a family trip, before or after a holiday help narrow the time.

• Happen once or more than once? Why did it stop?
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
Please do not hurt me. Do not touch.
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.
- When a child answers “no” to a question, consider a follow-up question such as;
  - If something like that happened would you tell me or would be too difficult or embarrassing to tell me?
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 bother while/after or both?
  - Every 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
1. In the Bathroom.
2. My Dad, Big Strong, nice.
3. He rubbed my privot.
4. I felt Scared.
5. He said "don't tell."
Secrecy Phase

- Primary task of perpetrator
- Eliminates accountability
- Enables repetition


Secrecy: continued

- Child persuaded or pressured to maintain secret through:
  - Rewards
  - Embarrassment
  - Fear of punishment
  - Fear of abandonment or rejection
  - Threats

- Elicit statements made to the child regarding secrecy, threats, intimidation and/or child's perceived consequences of disclosure
  - Did the person who did this want you to tell?

- *Anticipatory guidance: substitute surprises for secrets*
If your heart feels like this,

Don't be afraid to talk to someone. There will always be someone with you.

You need to talk to someone.
Dr. Tinkel,

I want to thank you for checking my child. I feel relieved knowing that she is fine, and being able to trust her school.

I wasn't completely honest with you. I'm sorry, but when you asked me if I was abused child, I didn't want my boyfriend to know, not even my husband knows. This is something I thought I'd take to my genie, my older brother. Messed me up mentally a long time ago, I guess memories will always haunt me. Is this why I'm so frightened for my daughter, I constantly worry, I'm afraid she won't tell me, just like I never told my parents, rather through threats or for feeling ashamed. She is so helpless, she can't tell very well all I have to go on is her actions. I don't even want her to go through the filthly feelings I felt, how can I protect her.
It is hard to write on paper feelings that have been building up for so long. When I was still in my home the things my father said and did to me are unforgiveable. He made me feel ugly, unworthy of anybody’s love except for his. I got to the point where I didn’t want to look at myself in the mirror and I didn’t want others to look at me either because I felt that they thought the same way. I remember thinking “was I bad, did I do something to deserve this?” I blamed myself. I tried to be the perfect daughter in hope that he would treat me like a daughter. I feel no love for him because everything I believed a father should be was taken away and turned into filth. He tried to control me like a robot. I didn’t want to believe that a daddy could do this to his little girl. All I want is for him to feel the shame I felt. I never want to see him again.
Disclosure:

- Planned disclosure
- Accidental disclosure
- Elicited disclosure


Finkel MA. Children’s disclosure of child sexual abuse. Pediatric Annals. 2012;41:12
Dear Diary,

How the hell will my uncle be a pervert if my mom never believes me? My mom thinks I'm lying. Everyone thinks I'm lying. If people think I'm committing suicide, will they keep thinking?
Disclosure: Accidental

- 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: Purposeful

- Conscious decision to tell
- Reason for disclosure
- Child’s expectation
- Planned intervention
Dear mom, Bruce is a sex finder. One day he thought I was sleeping on the couch, then he came over. While he thought I was sleeping, he started touching my pee pee. When you get older, please talk to me about it. Thank you. Love you.
Disclosure: Obtaining details

- Most kids never tell about those kinds of experiences why did you decide to tell?
- What do you want to happen now that you told?
- Most kids find it difficult to tell about those kinds of experiences what made it so difficult for you to tell?
- How do you feel now that you told?
- If you could say something to the person who did that what would want to tell them?
- Whose idea was it to do this stuff?
Telling is like 'Spring Cleaning'.
Not much fun & A lot of hardwork!
But it feels Great!!!
When it's done!!
Suppression Phase

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

- Children removed from the home, including separation from siblings, allowing visitation with alleged perpetrator must be considered in evaluating risk for recantation.
- Family members who believe children may provide a buffer to risk of recantation.
- Disbelief from other family members is associated with recantation.
- External support following disclosure can protect against recantation.

Defendant’s Version:

In the middle of June, my stepdaughter started to walk in on me while I was in the tub or shower she always wanted to stay up after the other children went to bed. One even she ask me to rub her back as I was rubbing her back she rolled on to her side I kept on rubbing her back while I was watching TV she then rolled on to her stomach as she did my hand went across her breast. The next week all the kids went to bed I was in the living room watching TV it was a "R" rated movie. While I started to masturbate as I was masturbating my stepdaughter came out of the bedroom I did not (see) her come out. She then sit down on the couch next to me and put her hand around my pennis (penis) and tried to jerk it up and down. I told her to stop it and go to bed and she did. The next week or so she ask me to stay up after the kids went to bed> I told her no I was laying on the sofa in my under were (underwear) I had a hard pennis (penis) watching T.V. I was masturbating my stepdaughter came out and knelt next to the sofa she took my pennis in her had and kissed it she ask me if I were mad at her I told her to stopped and she did so she went back to bed.
False allegations

- Most allegations are not false
- False allegations do occur at negligible rates between 2-5%\(^a\)

The term “false allegations of child sexual abuse” can refer to the following situations:

- A child explicitly makes a false allegation of sexual abuse
- Parents or neighbors harbor suspicions that turn out to be unsubstantiated upon investigation, whether sexual abuse has been alleged by the child or not.
The term “false allegations of child sexual abuse” can refer to the following situations:

• The allegations are the result of inadequate investigation methods.

• A child has been sexually abused but lies about the abuse and even denies it.


b: Cyr Development, False allegations of child sexual abuse. Université de Montréal and Guy Bruneau, École nationale de police du Québec.

"I Can Tell You Because You’re a Doctor"
Martin A. Finkel
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