



CARE FOR KIDS



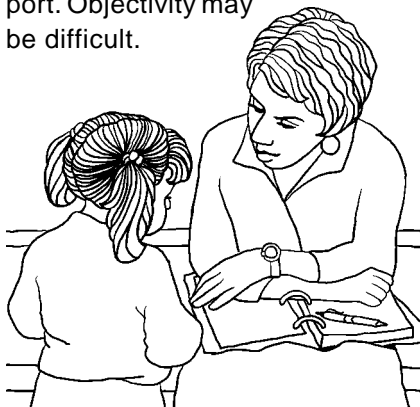
Early & Periodic Screening, Diagnosis & Treatment

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Child Sexual Abuse and the Primary Care Provider

Kathleen Opdebeeck, MD

Primary care providers often perform the exam that first raises suspicions that a child has been sexually abused. When this happens, the provider must act in a way that may appear to conflict with their roles of family advocacy and support. Objectivity may be difficult.



How many children are sexually abused?

By age 18:

- 12% to 25% of all girls
- 8% to 10% of all boys

Pediatric Review
Vol. 17, 1996

Often it is a child's behavior that suggests abuse. A health care provider needs to be knowledgeable about typical child behavior at various developmental levels. In children, behaviors that are cause for concern include:

1. Anxiety, fearfulness, withdrawal
2. Sexual play or sexual acting out not appropriate for developmental level
3. Sleep disturbances
4. Somatic complaints
5. Change in school performance
6. Low self esteem, depression, self-injurious behavior

Providers also need to be aware of family issues such as domestic abuse, substance abuse, interpersonal boundary issues, and divorce or separation of the parents (see "Factors that Place Children at Risk," *EPSDT Care for Kids Newsletter*,

winter 2003). Information about training resources related to diagnosis and treatment of child sexual abuse can be found on page 5.

The medical examination

Most physicians formulate an initial diagnosis based on the patient's history. They then perform a medical examination, and use what they learn to refine that diagnosis. But in child abuse cases, diagnostic criteria may be flawed.

Most children do not spontaneously disclose sexual abuse. When a child who may have been sexually abused is seen in a primary care physician's office, the physician should be supportive, ask open-ended non-leading questions, and not draw hasty conclusions. Both the child and the parent should be prepared in a calm and reassuring atmosphere. A hostile, crying mother will upset the child and affect the physician's objectivity.

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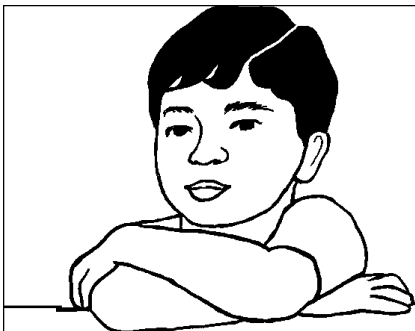
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It is important that all alleged victims of child sexual abuse have a medical exam. A complete general exam should be performed first. Then a genital exam should be carried out to look for signs of trauma or infection that need urgent treatment.

During the medical exam:

1. Identify and treat injuries
2. Screen for infections and pregnancy
3. Give anticipatory guidance as appropriate to the developmental level of the child
4. Reassure the child; for example, that they are normal, that they are not to blame, that they are virgins
5. Document findings for court use

Physical findings of sexual abuse are often nonspecific or absent. Molestation may not produce injuries. Injuries may be superficial and heal in a few days. Even if penetration has occurred, there may be no physical evidence. Some variations may be normal or nonspecific. Small areas of irritation or abrasions on the external genitalia may be diagnosed as sexual abuse when they are really the result of poor hygiene, diaper irritation, scratching, or bubble baths.



Results of a physical examination will be within normal limits in 80% of child victims of sexual abuse.

Pediatrics, 1994

Physical indicators and sexual abuse

Health care providers are working to standardize the terms that describe the physical indicators of sexual abuse. These indicators can be categorized as:

Category 1 - NORMAL

Category 2 - NON-SPECIFIC

- Redness, inflammation
- Labial adhesions
- Small fissures, bruises or lacerations in the genital or perianal region
- Vaginal discharge

Physical findings that should raise concerns of sexual abuse

Category 3 - SPECIFIC

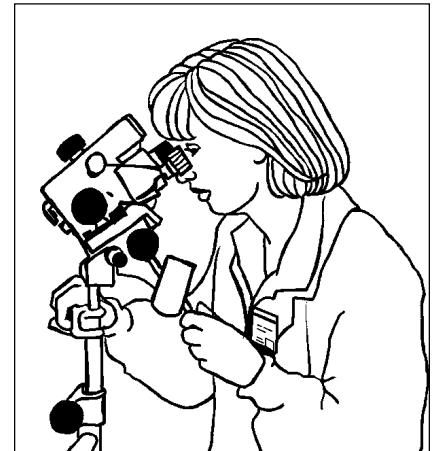
- Unexplained vaginal or perianal injuries or bleeding
- Unexplained recurrent pain in the genital or perianal area
- Recurrent vaginal or urinary tract infections
- Healed lacerations of the hymen or vaginal mucosa
- Enlarged hymeneal opening
- Venereal disease (confirmed by lab), sexually transmitted infections

Category 4 - DEFINITIVE

- Pregnancy
- Sperm

Colposcopy

A colposcope is a special microscope that is used to examine cervical and vaginal tissue. It looks like a pair of binoculars mounted on a stand, and has its own light source. A still or video camera can be used with it during an examination. Use of a colposcope requires training and experience or misdiagnosis may occur.



Colposcopy is very effective for examinations related to sexual abuse. It is non-invasive, and can be used to document injuries in a way that permits later review by peers, as well as by the examiner prior to court proceedings. It can also eliminate the need for additional examinations of an already distressed child.

A clear discussion of diagnostic issues, with colposcopic photographs, can be found online in "Evaluating the Child for Sexual Abuse" (American Academy of Family Physicians, w.aafp.org/afp/20010301/883.html). Protocols for the physical examination of child sexual assault victims should be followed to gather biological trace evidence such as epithelial cells, semen, and blood; and to maintain a chain of evidence (see "Care

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of the Adolescent Sexual Assault Victim,” American Academy of Pediatrics, [w.aap.org/policy/re0067.html](http://www.aap.org/policy/re0067.html)).

The forensic interview

Diagnosing sexual abuse requires both knowledge and experience. A primary care provider is often wise to arrange to have a trained professional carry out a forensic interview of a child who may have been sexually abused. To arrange for a forensic interview, contact:

- The local abuse investigative unit of the Iowa Department of Human Services if you suspect abuse by a caretaker
- Local law enforcement if you suspect abuse by someone who is not the child’s caretaker



Forensic interview goals:

- Talk with a child in a sensitive and developmentally appropriate manner
- Obtain and fully document accurate information that will enable health care, criminal justice, and child welfare systems to act in the best interests of the child

A professional forensic interviewer will tailor the interview to the age and developmental level of the child. They will ask open-ended questions, will not lead the child, and will accurately record the conversation. Interviews will usually be videotaped so the child does not have to repeat the interview over and over.

If the child’s history and physical examination support a diagnosis of sexual abuse, discuss the referral process with the parent and child in a calm non-threatening manner. Lack of cooperation can lead to problematic evaluations and follow-up, and to increased difficulties for the child and family. The law requires you to orally report child sexual abuse to the Department of Human Services within 24 hours of noticing it. If the child may be in danger, you must also report the suspected abuse to law enforcement. The oral report to DHS must be followed-up with a written report within 48 hours.

It is also important that children and families who have experienced sexual abuse be referred for psychological counseling. Children who have been sexually abused may experience guilt, humiliation, a sense of helplessness, anger. Adult offenders are motivated to deny or minimize their behavior for fear of losing family, home, jobs, freedom, and reputation. Non-offending spouses feel shock, betrayal, anger, guilt, and self-blame. For this child and this family, emotional and mental health care is essential. Your regional child protection center (see “Iowa Child Protection Resources, below) can direct you to counseling services.

Resources

Evaluating the Child for Sexual Abuse, American Academy of Family Physicians, <http://www.aafp.org/afp/20010301/883.htm>

Care of the Adolescent Sexual Assault Victim. American Academy of Pediatrics, <http://www.aap.org/policy/re0067.html>

Iowa Child Protection Resources

Cedar Rapids

Child Protection Center
St. Luke’s Hospital
319-369-7908

Davenport

Quad City Child and Family
Medical Resource Center
563-421-7160

Des Moines

Regional Child
Protection Center
Blank Children’s Hospital
888-972-4453
515-241-4311

Iowa City

Child Assessment Clinic
University of Iowa Hospitals
and Clinics
319-353-6128

Sioux City

Child Advocacy Center
Mercy Hospital
800-582-0684
712-279-2548

Legal Issues, Child Sexual Abuse, and Primary Care Providers

Christine O. Corken, Assistant Dubuque County Attorney

The prosecution of child sexual abuse is a key component of our promise as a society to protect our children.

The benefits of teamwork in prosecuting child abuse are well established. The success of multidisciplinary teams made up of law enforcement, primary care providers, school personnel, and the Department of Human Services (DHS) begins with the enforcement of mandatory reporting requirements.

Mandatory reporting

Mandatory reporters in Iowa must orally report child abuse to DHS within 24 hours of noticing it. If the child appears to be in imminent danger, the reporter must also notify law enforcement. Within 48 hours of filing an oral report, a mandatory reporter must file a written report with DHS. (For a list of people in Iowa who are mandatory reporters in Iowa, see page 5.)

Defining abuse

The Iowa Department of Human Services has specific legal authority to conduct investigations of child sexual abuse as defined below:

- **Child abuse** - Non-accidental physical injury or sexual abuse of a child that results from the act or omission of a caregiver
- **Sexual abuse** - Sexual contact with, or penetration of, the genitalia of either party
- **Child** - A person younger than 18
- **Caretaker** - A person responsible for the care of a child. This may be a parent, guardian, foster parent, other relative, any other

person who lives with the child, or who provides care for the child but does not live with the child.

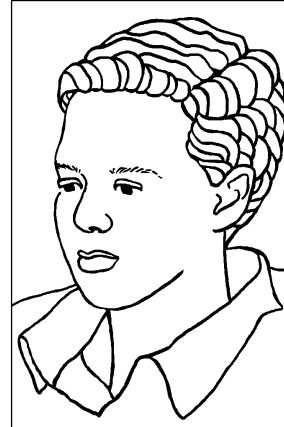
Independent of the mandatory report requirements above, other Iowa laws also protect children from sexual abuse. Under these laws, sexual abuse is defined as:

- Forcible sexual contact with a child of any age
- Consensual sexual contact with a child under the age of 14
- When a minor 14 or 15 years old has sexual contact with a person four or more years older, with a member of the same household, with a close relative (by blood or affinity to 4th degree), or with a person who is in a position of authority over the child

Indecent Contact with a Child and Lascivious Acts with a Child are further crimes defined as follows:

- The perpetrator is older than 18
- The child is younger than 14
- Fondling with sexual intent occurs of specified areas of a child's body, with or without the child's consent

If DHS does not have jurisdiction over a case that is reported to them, they must report the suspected abuse to law enforcement. When DHS has jurisdiction, they must tell the parents about the allegations of abuse within 5 days of the report. If doing so would create a danger to



the child, DHS will get a waiver from the court so that they are not required to notify the parents.

DHS can also conduct a home visit. If they are refused access to the child, the court can give them authority to

see the child without parental permission. DHS also has authority to visit the child's school. Parents do not need to provide prior permission, and schools are required to cooperate. In addition, DHS can remove a child from the home, or impose a no contact order to prevent the abuser from coming into the home or having contact with the child.

The role of the health care provider

The medical exam is an important component of an allegation of child sexual abuse. It is important for you as a health care provider to carefully document both the child's history and the physical exam.

Documenting information

During the investigation of a child abuse report, DHS or law enforcement personnel will gather physical and documentary evidence, and will observe and interview the child, the perpetrator, and others. For this reason, carefully document any information that the child provides to you as part of the diagnosis and treatment

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Iowa Mandatory Child Abuse Reporters

are required by law to report abuse

Iowa Mandatory Child Abuse Reporters include:

- **School employees**, licensed; certified **para-educators**, **coaches**
- **Social workers**: DHS, public, and private
- **Mental health professionals**, **counselors**
- **Peace officers**
- **Psychologists**, certified
- **Film and photographic print processors**, commercial
- **Employees and operators of:**
 - **Child care centers**, licensed
 - **Day care homes**, registered, group and family
 - **Iowa Department of Human Services**
 - **Grant programs** for family development, self-sufficiency
 - **Foster care facilities**, licensed or approved
 - **Head Start programs**
 - **Health care facilities**, public and private, medical and dental, including physicians, physician assistants, nurses, etc.
 - **Juvenile detention** or shelter facilities
 - **Mental health centers**
 - **Substance abuse programs and facilities**

TRAINING RESOURCES

The centers listed below provide training and education services for professionals who deal with child sexual abuse. Training can be tailored to specific audiences.

Child Advocacy Center

Mercy Hospital, Sioux City 712-279-2548
w.mercysiouxcity.com/services/child/offerings.shtml

Regional Child Protection Center

Blank Children's Hospital, Des Moines 515-241-4311 or 800-972-4453
w.blankchildrens.org/body.cfm?id=160

Child Protection Program Educational Services

UI Hospitals and Clinics, Iowa City 319-384-6308
w.uihealthcare.com/depts/childrenshospitalofiowa/childprotection/educationalservices.html

Child Protection Center Professional Consultation and Training Services

St. Luke's Hospital, Cedar Rapids 319-369-7908 or 800-444-0224, ext. 7908
w.stlukescr.org/body.cfm?id=288



Talking with Children about Sexual Abuse

Eighty percent of sexually abused children do not show physical signs of abuse. This means that what a child tells you about abuse is very important. The information you gather as part of diagnosis and treatment may be admissible in court, so document questions and answers carefully and verbatim. When you talk with a child about abuse, be friendly, non-judgmental, and sensitive to the child's mental state.

To prepare for the interview

- Be prepared to take careful notes.
- Have only the child and the interviewer in the room.
- Sit at the same level as the child.
- Begin with general questions about friends, family, sports.
- Listen. Be patient. Give the child time to tell you what happened.

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To get an idea of the child's developmental level:

- *Determine how well they understand basic concepts – numbers, colors, spatial referents.*

Can you tell me what color this is? How many brothers and sisters do you have? Is that book beside or beneath the toy?

- *Ask questions to learn whether the child knows the difference between reality and fantasy.*

Who is your favorite TV hero? Does Harry Potter live in our town?

- *Use drawings or other visual aids to assess how well the child understands the human body.*

What is this? Do you have one of these? What do you do with it? What do grown-ups do with it?"

Use questions that:

- *Are open-ended and not leading.*

What happened? Who was there?

- *Allow the child to tell you what happened.*

Do you like hugs? Are there ways you don't like to be touched? Has anyone ever touched you that way?

- *Let the child know they are the expert.*

Can you tell me about this? I need your help to understand.

- *Invite the child to fill in the details.*

And then what? Could you tell me more about that?

- *Ask the child to verify the information.*

Let's see, you told me that [repeat the child's statement]. Is that right?"

- *Encourage them to correct you when necessary.*

You're right, I got that mixed up, but now I think I understand.

- *Encourage them to tell you when they don't know the answer.*

Sometimes this is confusing, I know. It's OK to say, "I don't know," "I don't understand," "I don't remember."

- *Help the child stay focused on what really happened.*

Don't say, "let's make believe," "let's pretend," "imagine if."

- *Gently investigate alternatives.*

Sometimes a big kid or a grown-up will help a little kid practice what to say. Did anybody help you?

Sometimes someone gets really, really mad at somebody else, and makes up stories to hurt them. Have you ever done that?"

- *When you have gathered the child's history, tell them how much you appreciate their help.*

You did a really good job of helping me to understand. Thank you.

If you suspect that sexual abuse has occurred, you are required by law to contact the Iowa Department of Human Services (800-362-2178) within 24 hours. For a child in imminent danger, call 911.



Legal Issues, Child Sexual Abuse, and Primary Care Providers (continued from page 4)

process. Such well-documented information can often be used in court, and the child may not have to testify again. If the child does testify, this documentation can be used to support their testimony.

When you examine the child, it is wise to talk with the child separately from accompanying adults. Children are often embarrassed when asked about sexual acts performed on or by them. Having a parent or other caretaker present can raise the specter that somehow the child has done something wrong, that they need to be ashamed, or that they may face repercussions. Regardless of who the perpetrator is, children are generally more comfortable talking about sexual acts outside the presence of their caretakers.

Caretakers should also be interviewed separately from the child. The information they provide should likewise be carefully documented, because at the time of the original interview the identity of the abuser may be unknown. If an accompanying adult is, in fact, the perpetrator, health care personnel may need to testify to what was said.

The forensic interview. A second component of a medical exam may be a forensic interview to specifically gather information for use in a court of law. Regional child protection centers can link you with professionals who are skilled in conducting

such interviews. Contact information for these centers is provided on page 3, "Iowa Child Protection Resources."

Testimony by this mental health professional may include the child's statements if these are gathered for purposes of diagnosis or treatment. Forensic interviews should be videotaped so that the child need not face multiple interviews. The interview can provide important evidence;

It is important for you as a health care provider to carefully document the child's history and the physical exam.

furthermore, it presents the child in a comfortable setting, responding to questions asked by a trained professional. This can make it easier for jurors and judge to assess the child's body language, demeanor, and physical condition. In addition, a videotaped interview by a forensic professional may eliminate the need for a trial, as offenders who view such videotapes are more likely to plead guilty.

Confidentiality. Mandatory reporters, including health care providers, are given a waiver of confidentiality when they report child abuse. The law says that when a child's injuries or their cause is under investigation by the court, legal protections related to "privileged communications" with health care or mental health professionals do not apply.

Liability. As mandatory reporters, health care and mental health professionals also have "good faith immunity"; that is, freedom from liability for a report of suspected abuse that is reasonable in light of circumstances.

On the other hand, a mandatory reporter who fails to report suspected abuse is subject to criminal prosecution, as is a person who knowingly makes a false report of abuse.

A prime function of any community is the protection of its children. The cooperation of professionals from health care, DHS, and law enforcement is central to the successful prosecution of abuse. The better we understand our specific roles in this process, and the more information we share, the safer our children will be.



Resources

Child Abuse: A Guide for Mandatory Reporters – w.janela1.com/vh/docs/v0001240.htm

Code of Iowa, Chapter 709, Sexual Abuse – w2.legis.state.ia.us/IACODE/1999/709/

Iowa Child Welfare Law – w.dhs.state.ia.us/icwl/Homepage/home_page.htm

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If you have questions about **billing**
related to EPSDT Care for Kids services, please call
Provider Services: **1-800-338-7909**

If you have questions about **clinical issues**
and EPSDT Care for Kids services, please call
1-800-383-3826

Please note: Due to budget restraints, the *EPSDT Care for Kids Newsletter* is sent to offices and organizations, rather than to individuals. **The newsletter is also available online at <http://www.medicine.uiowa.edu/uhs/epsdt/>.** Readers are welcome to photocopy or download material from the newsletter to share with others. If you wish to reproduce material from the newsletter in another publication, whether print or electronic, please obtain permission prior to publication by contacting the editor. Please include the following acknowledgment with reprinted material: Reprinted by permission of the Iowa *EPSDT Care for Kids Newsletter*.

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