

Child sexual abuse. Patient characteristics and management from the emergency department

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None

Background: Family conflicts may be one of the reasons for the increase in visits for suspected child sexual abuse in Emergency Departments. The aim of the study was to report the characteristics of the children who present to Emergency Department with suspected sexual abuse.

Methods: Retrospective review of all the children evaluated for suspected sexual abuse in the Emergency Department during the first seven months of 2004.

Results: A total of 48 patients were attended two for acute sexual abuse. The mean age was 6.8 years (SD 3.6 years), 42 were girls. Physical examination was normal in 85.4%. The study was completed in the Multidisciplinary Abuse Unit in 37 patients; 25 of when had divorced parents. In 10 girls sexual abuse was established. All rapists were men, mainly relatives of the children. No differences were found in the diagnoses of abuse, patient sex, normal physical examination or the divorced state of the parents.

Conclusions: Confirmation of suspected sexual abuse in the Emergency Department is difficult. Most cases do not require immediate intervention and cooperation with a Multidisciplinary Abuse Unit is necessary. One third of child abuse suspicions are confirmed. The victims are mainly girls and the aggressors are usually persons close to the children. [Emergencias 2008;20:173-178]

Key words: Sexual child, abuse. Emergency Department. Violence.

Introduction

From a medical point of view, sexual abuse is a form of infantile mistreatment, defined as the participation of a child in sexual activities which he/she can not understand, for which the child is not prepared due to his/her development and to which the child can not give consent^{1,2}. Although this has always existed, in recent years sensitisation to the subject has risen and has acquired greater clinical and social importance leading to an increase in the number of cases declared³ as well as the proportion of patients arriving to the emergency department (ED) for suspicion of sexual abuse. An important part of these latest cases seems to be related to disagreements between the progenitors of the minor during divorce or separation procedures, a conflict of the child with one of the parents, psychic disorders of the progenitor or the set-

ting of a separation with problems related to living and visitation rights and may trigger unfounded charges. This type of consultation seems to markedly rise during the weekends or vacation periods creating professional unease. It must be kept in mind that the evaluation of abuse is not easy and diagnosis presents legal implications affecting not only the victims and their families but also the professionals who make the diagnosis⁴. The impossibility of defining the veracity of the clinical history on an ED visit in most cases implies the need to establish protocols of action with the aim of ensuring the protection of the minor against possible new abuse and an adequate study of all the cases.

The aim of this study was to describe the results of the study of a group of children evaluated in the ED for suspicion of sexual abuse, taking into account the possible presence of a situation of parent separation.

Methods

A retrospective study of all the children evaluated for possible sexual abuse in the ED from January 1 to July 31, 2004 was performed. The variables related to age, sex, via of arrival (spontaneous, referral from another healthcare centre, police accompaniment), date of the visit (weekday, days prior to public holiday, bank holiday), physical findings and need for emergency care of all the patients.

According to the protocol^{1,4} (Figure 1), the acute cases, defined mainly as those which occur less than 72 hours after the aggression, were immediately assessed together with the forensic physician who initiated the pertinent legal actions. In addition, these and all other cases were referred to the Functional Unit of Abuse to Minors (FUAM) of our centre. Our hospital is a reference centre for Catalonia in relation to abuse to minors and this unit has been operational

since 1992. The FUAM is made up of two paediatricians, two infant psychologists and one social worker and receives support from the technical secretary of the Department of Paediatrics. When necessary, this unit receives collaboration from other hospital departments such as gynaecology, dermatology or the laboratory. Multidisciplinary assessment of the patient is what determines the diagnostic conclusion which is reported to the family and the pertinent authorities. A consensus conclusion is made with four diagnostic possibilities⁴, divided into two groups^{1,3}: 1) no diagnosis of abuse: no abuse and compatible abuse and 2) diagnosis of abuse: very probable abuse and definite abuse (Table 1).

Data regarding the final medical conclusion and the situation of marital separation of the parents were collected in all the cases in which the FUAM completed the study.

The data obtained were stored and processed in a specific relational Microsoft Ac-

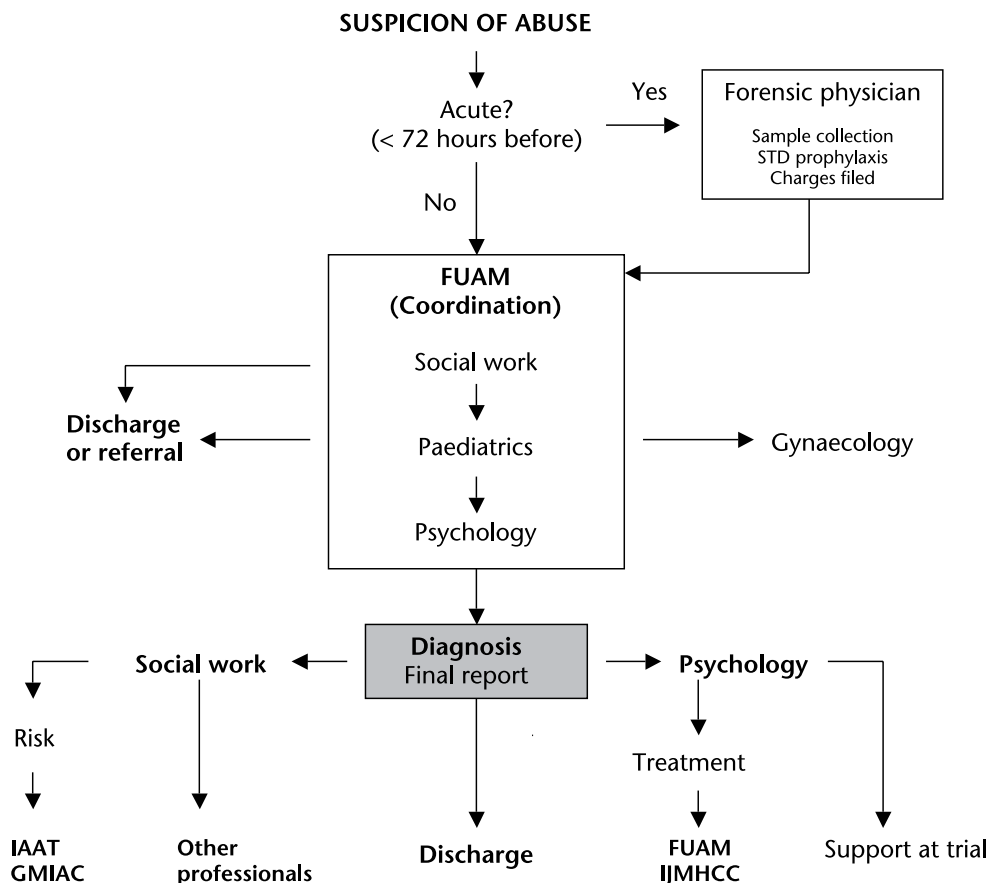


Figure 1. Protocol of action for consultations of sexual abuse in the ED and follow up in the Functional Unit of Abuse to Minors (FUAM). STD: sexually transmitted diseases. IAAT: Infant and Adolescence Assistance Team. GMIAC: General Management of Infant and Adolescence Care. IJMHC: Infant-Juvenile Mental Healthcare Centre.

Table 1. Classification of the diagnostic conclusion of the consultations for sexual abuse

Conclusion	Definition
1. No diagnosis of abuse	
No abuse	No indications of any type of abuse activity
Compatible abuse	The findings may be explained by abuse but also by other causes.
2. Diagnosis of ABUSE	
Very probably abuse	Anamnesis, physical examination or psychologic study or several of these together lead to suspicion of sexual abuse in the absence of objective definitive proof of the same (sexually transmitted disease, pregnancy...).
Abuse or definite sexual contact	Definitive objective proof is present.

cess database. Quantitative and categorical variables were tabulated and were later analysed with the SPSS 12.0 statistical programme basically using the Kolmogorov-Smirnov tests for the study of data distribution and quantitative data were compared with the Student's t and Mann-Whitney U tests and qualitative data with the Chi-square test, contingency tables and the Fisher exact test. *P* values < 0.05 were considered significant and those between 0.05 and 0.1 as trends.

Results

During the study period 48 cases were attended for suspicion of sexual abuse in the ED, representing 0.1% of the 41,590 visits performed, with an average of two consultations weekly.

The mean age of the patients was 6.8 years (SD 3.6 years) ranging in age between 1.5-16.8 years, and 42 (87.5%) were girls. Figure 2 shows the distribution according to age and sex.

Thirty-five (72.9%) children spontaneously came to the ED accompanied by a relative, 10 (20.8%) were referred from another healthcare centre and 3 (6.3%) arrived with the police.

Eleven (22.9%) children were attended on a public holiday and 5 (10.4%) on the day before a holiday.

Physical examination was normal in 41 cases (85.4%). Of the 7 which were altered, hymen rupture was present in two, perianal rupture in another two, vulvovaginitis by *Trichomonas vaginalis* in one, vulvar erythema in one and perianal fissure in the remaining case.

Two patients (4.2%) consulted for acute sexual abuse and required urgent assistance while the remaining cases were attended for events occurring before the 72 hours prior to the visit.

After the first assessment in the FUAM, 9 patients were discharged (18.7%): 4 for unfounded suspicion (one presented perianal fissure in relation to constipation) and 5 for study in another centre (one presented condylomas). Three of the first cases and 4 of the second cases were children of separated parents. During the follow up period, 2 patients (4.2%) did not return and the study could not be completed and this was reported to the pertinent authorities.

The FUAM performed a complete study in 37 patients, 25 of whom (67.6%) had separated parents.

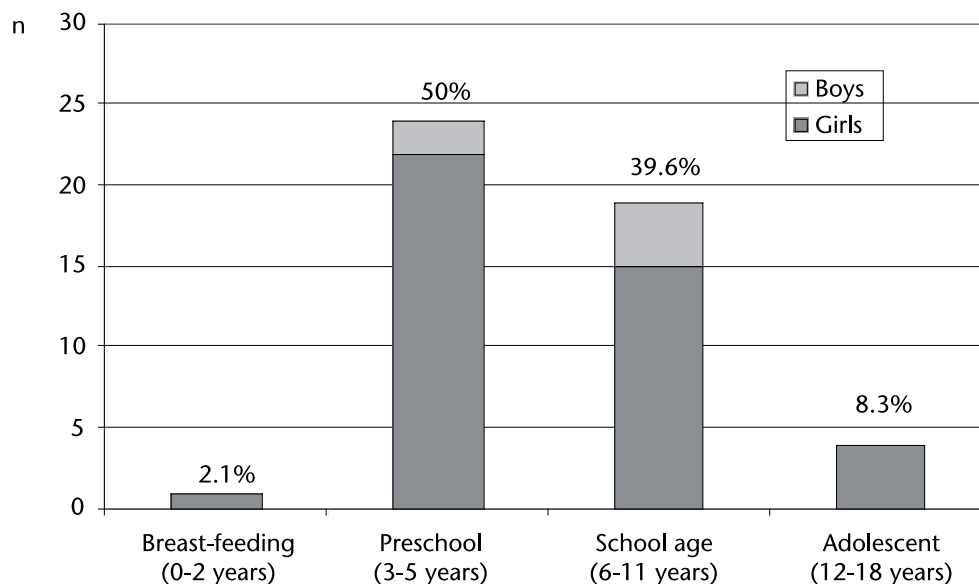
**Figure 2.** Distribution by sex and age (n = 48).

Figure 3 shows the relationship of the child with the supposed aggressor.

The final medical diagnostic conclusion of these cases was:

- Group 1. Low probability of abuse in 27 cases (73%): no abuse in 24 cases (64.9%) and compatible abuse in 3 cases (8.1%).

- Group 2. High probability of abuse in 10 cases (27%): very probable in 8 casers (21.6%) and definite sexual contact in 2 cases (5.4%).

In the group of no abuse, three children had physical findings in the ED (condylomas, vulvar erythema and vulvovaginitis) attributed to causes other than abuse. Among the 10 diagnosed with abuse, 2 presented hymen rupture and the remainder of the cases presented a normal physical examination but the report of the child following psychological evaluation was considered credible.

One hundred percent of the cases diagnosed with abuse were girls aged between 4 and 16 years. Their mean age demonstrated a trend to being higher than that of the remaining patients studied (8.6 versus 6 years of those without diagnosis: $p=0.05$). All the aggressors were men, mainly relatives of the patients (Figure 3).

In Group 1 of the patients diagnosed with no abuse, the percentage of separated families was 70.4% while in Group 2, diagnosed with abuse, parent separation was 60% ($p = NS$).

No statistically significant differences were found between the conclusion of abuse and patient sex or in the method of arrival to the ED or the presence of a normal physical examination or the situation of separation of the parents (24% in children of separated parents versus 33.3% in those not separated). Neither were differences found between attendance to the ED on holidays and the day before a public holiday of parents separated or not.

Discussion

This study provides a first approach to the situation of consultations for sexual abuse in paediatric EDs in our country. The number of visits attended during the study period supports the need for well established protocols for the assessment this type of patients as well as their diffusion for the knowledge of all paediatricians.

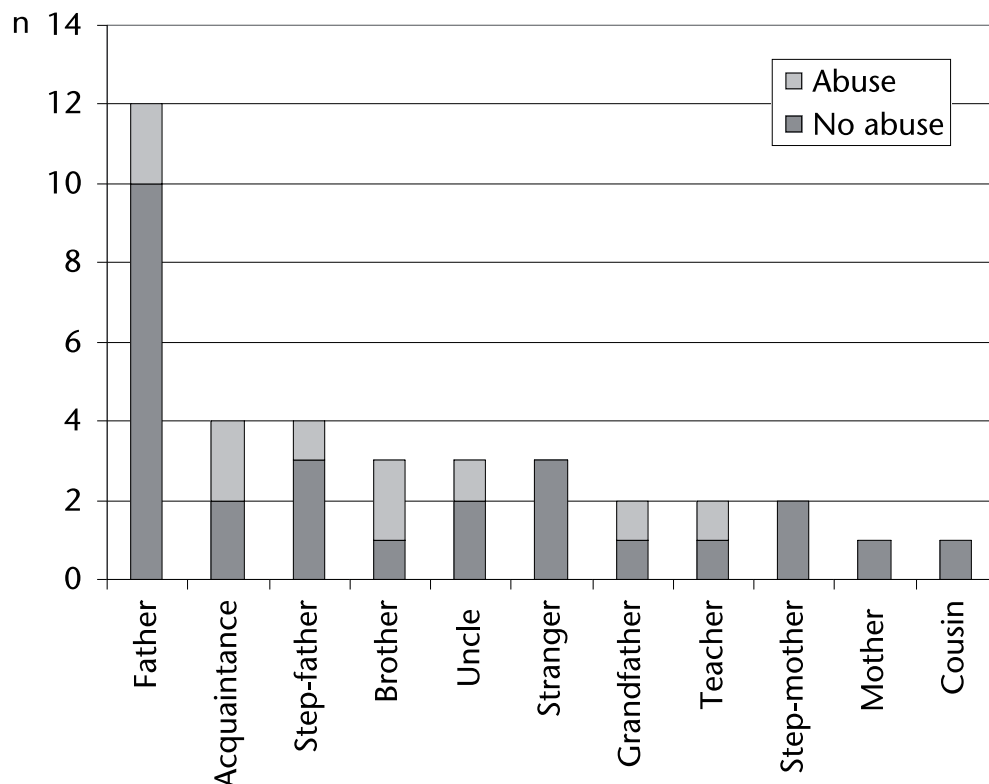


Figure 3. Relationship between the patient and the supposed aggressor, differentiating the diagnostic conclusion of abuse (n=37).

The diagnosis of sexual abuse is difficult and more so in children. Anamnesis is the main source of information due to the scarce results of physical examination (demonstrated in this study) and complementary tests^{2,5}. When abuse is not acute, the evaluation should ideally be carried out from the beginning (first ED visit) by professionals who are experts in this field and avoid the repetition of questions and examinations which may be detrimental to the child. The suspicion of sexual abuse is generally obtained within very complex situations in which the children are surrounded, their families and their circumstances and assessment by multidisciplinary teams is essential. Both paediatricians and psychologists as well as social workers have a fundamental role⁶ in these teams and they are key to the collection and accompaniment of the families during the study, the socio-familial evaluation of the patient and the coordination of external professionals. The final diagnosis is not the fruit of the criteria of a single professional but rather is a consensus agreement achieved following the evaluation of the different specialists. All this evaluation requires time and the type of personnel which are not available in the ED. Thus, considering the frequency of consultations for sexual abuse, patients should be given the possibility of referring the patients to specialised units to ensure assessment. Children from other centres suspected of receiving sexual abuse should also be referred to these units to thereby avoid inappropriate consultations to the ED (21% of the sample) which are already overcrowded.

In this study most of the consultations to the ED were for suspicion of non acute abuse and as such the ED physician only acted as a link between the family and the FUAM which, after the first visit, showed that 10.4% of the children were already under study in other centres for the same reason. This is of great interest since the detection of this situation avoided the duplication of evaluations which may have been detrimental to the child involved. It is of note that most of these consultations, as well as those catalogued as "unfounded" and "no abuse" involved the children of separated parents in a much higher proportion to that existing in our society, estimated at 30%, leading to the conclusion that, in many cases, the consultations were used for objectives other than those related to the child but rather to the litigation procedures of the parents. This supports the cautious intervention³ of the emergency service professionals who must avoid making pressured diagnoses and entering in the polemic of the pro-

genitors. Although it was observed that a high percentage of consultations were made by children of separated parents, it was not demonstrated that these consultations were concentrated more on holidays or vacation periods. This data may have simply been a subjective observation of the emergency physicians, or the small sample size and short study period did not allow this observation to be demonstrated.

On analysing the cases in which FUAM achieved a diagnosis, it was observed that in almost one third of the cases the suspicion of abuse was supported and all were girls. The predominance of abuse in female patients has been described in different series^{3,9,10} with overlapping ages at which this is detected. Likewise, the aggressors were mostly known by the victims and were all males, which have also been reported by other authors³. However, on comparing the proportion of consultations for abuse confirmed on diagnosis with another study carried out by FUAM³, this was much lower (27% versus 45%), while the proportion of separated parents was higher (67.6% versus 46%). As previously insinuated, it should be asked whether these two findings are related, if the conflicts between the parents facilitate the emission of unfounded suspicions and these are more frequent in the ED due to the haste in obtaining a report more than in determining the situation of the child.

In conclusion, the following points are of note. The characteristics of the visits to the ED often make it difficult to achieve a definitive diagnosis. In general, they are consultations which do not require immediate action. These consultations may arrive any day of the week and coordinated action with specialised multidisciplinary units is essential to avoid the duplication of studies and to determine the veracity of the suspicions. This is confirmed in practically one third of the patients. Girls are the main victims and on most occasions the aggressor is a person close to the child. In a large number of diagnoses the greater frequency of consultations for sexual abuse in children of separated parents is not reflected. However, the emergency physician should be cautious and carry out the study and follow up of all cases.

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Abuso sexual infantil. Características de las consultas y manejo desde el servicio de urgencias

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Introducción: Los conflictos familiares podrían ser una de las causas del incremento de las consultas a urgencias por sospecha de abuso sexual. El objetivo de este trabajo es describir las características de los niños valorados en urgencias por sospecha de abuso sexual.

Método: Revisión retrospectiva de los casos valorados durante los primeros 7 meses de 2004.

Resultados: Se atendieron 48 consultas, dos por abuso agudo. La edad media fue de 6,8 (SD 3,6 años), 42 fueron niñas. En el 85,4% la exploración física fue normal. Se completó el estudio en la Unidad multidisciplinar específica en 37 pacientes, 25 tenían a los padres separados. En 10 niñas el diagnóstico fue de abuso. Todos los agresores fueron hombres, principalmente familiares. No se hallaron diferencias entre la conclusión de abuso y el sexo del paciente, la presencia de una exploración física normal y la situación de separación de los padres.

Conclusiones: En urgencias es difícil evaluar adecuadamente las consultas por abuso sexual. La mayoría no requieren actuación inmediata, y es imprescindible la actuación coordinada con Unidades multidisciplinarias especializadas, que confirman un tercio de los casos. Las niñas son las principales víctimas y el agresor, una persona conocida. [*Emergen- cias* 2008;20:173-178]

Palabras clave: Abuso sexual. Urgencias. Maltrato.