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Sexual Abuse in Children & Adolescents-Up to Date?

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ACCEPTED MANUSCRIPT

EDITOR'S WORKSHOP SEXUAL ABUSE IN CHILDREN & ADOLESCENTS-UP TO DATE?

Let's look at the historical perspective, 30 years ago increased awareness of "child sexual abuse" occurred. (1) How to approach obtaining a history from the child and integration of medical knowledge has progressed well, all of which has resulted in healthcare providers becoming increasingly knowledgeable regarding modus operandi for acute encounters as well as understanding the long term sequela. (2) One key advance has been the Convention on the Rights of the Child reported approximately 25 years ago. (3)

We then continue to peruse the literature and early on find our Mini Review lead author front and center, Dr. J. Adams. Her dedication to the cause, education of clinicians and familiarity with sexual abuse, educating us regarding normal variations, nonspecific changes, i.e. no sexual abuse, and acute trauma or infectious states, *viz.* sexually transmitted diseases related to the exam process. (4,5) We are introduced to guidelines and recommendations established in 2007. (6) We learn of collaboration among the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics. (7) New research is shared with us and the effect on evaluation and interpretation concisely conveyed. (8)

The literature conveys the "threshold" for reporting, i.e. low, and no need "to have proof for sexual abuse" but only a "reasonable concern". (9) Those in training have expressed a feeling of inadequate education and there is evidence of inconsistency interpreting hymen photo's and there was lack of uniformity with regard to the examination process; the assessment included pediatrics, family medicine and emergency medicine residents. (10,11)

Methods of child interviewing have merited support from the National Institute of Child Health and Human Development (NICHD) Investigative Protocol and the American Prosecutors Research Institute, The American Professional Society on the Abuse of Children and the American Academy of Child and Adolescent Psychiatry. (5) The basic points include open-ended questions, use of appropriate language and conduct such in a child friendly environment. (5) This has been an expanding work in progress over the past 20 years. (5).

Drs. Newton and Vandeven have brought attention to a sentinel article, again with our guest Mini-Review lead author, published in 1994 conveying "contrary to early medical opinion, it's normal to be normal", all of which resulted in development of a classification system for medical (child sexual abuse) findings. (5, 12)

Key aspects of the exam include:

Child Friendly Environment
Child Feel in Control of Examination Process
Never Force the Exam-Parent or Guardian May Assist
Examine in Three Positions-Maximizes Evaluation: Supine-Knee chest-Sitting
Speculum Not Required in Awake Prepubertal Child (13)

Overall the incidence of child sexual abuse is 1.8 per 1000 or 135,300 children annually are victims according to a National Incidence Study on Child Abuse and Neglect. (14) In addition, 5%-25% of adults have reported being sexually abused as a child. (15) The long term consequences of childhood sexual

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