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Child Sexual Abuse in Boys: Implications for Primary Care

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ABSTRACT

Child sexual abuse occurs in both girls and boys. The public is more aware of the occurrence of sexual abuse in boys, but boys who experience sexual abuse are not always detected because of disclosure concerns. The sequelae of child sexual abuse in boys can lead to risky health behaviors and psychological problems later in life. Primary care nurse practitioners can screen and identify child sexual abuse in their patients. This article discusses recent evidence on child sexual abuse in boys, provides clinical practice guidance for its identification, and recommends referral sources and follow-up visits.

Keywords: boys, child sexual abuse, identification, primary care, referral

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Scandals reported in the United States media have raised public awareness that both girls and boys are targets of child sexual abuse (CSA).[1,2] There is no single definition of what constitutes CSA. The main feature is an adult (or peer) forcing or coercing a child into sexual activity through physical contact (eg, intercourse, attempted intercourse, oral-genital contact, or fondling of genitals directly or through clothing) and/or through noncontact abuse, such as exposing children to adult sexual activity or pornography and the use of children for prostitution or pornography.[3] The Youth Risk Behavioral Surveillance System 2011 survey of high school students reported 4.5% of boys said they were forced to have sexual intercourse at some time in their lives.[4] Even though noncontact and nonpenetration acts occur more frequently than penetration alone, it is important to note that these acts are not mutually exclusive, and boys usually experience multiple types of CSA over extended time periods.[5] Sexual abuse may not be the only abuse occurring for a child. Children who experience CSA have a 4 times higher prevalence of physical abuse, maltreatment, and neglect than children who did not experience CSA (odds ratio = 4.19; 95% confidence interval, 3.81-4.61).[6] For the purpose of this article, children will be conceptually defined as being less than 18 years old, but the discussion will focus on prepubescent children.

PREVALENCE AND DISCLOSURE

There is debate over the prevalence of sexual abuse of males.[7] The Centers for Disease Control and Prevention[8] reports 1 in 6 males and 1 in 5 females are sexually abused before the age of 18. The accuracy of prevalence rates is limited by disclosure of abuse. Boys tend to disclose less often than girls,[9] which has limited the delineation of the problem. One study found girls are more likely than boys to have their abuse substantiated (66.9% [girls] vs 50.8% [boys]). This may further present a barrier for boys to disclose CSA.[10] Schaeffer et al[11] studied children ages 3 to 18 years old to identify reasons for their disclosure (32% sample boys, n = 191). These children decided to disclose if they had nightmares, if others asked them if they were sexually abused, or if there was direct evidence to the abuse (eg, witnessed by others). They reported that threats made by the perpetrator, fear, lack of opportunity and/or understanding, and an existing relationship with the perpetrator were barriers to their disclosure. Malloy et al[12] found younger children (ages 5-9) mostly mentioned disclosing to their mothers or grandparents, whereas older children (ages 10-13) mostly disclosed to peers

or teachers and told more than 1 person (n = 204). Over one half of the children cited a television show or school presentation on sexual abuse as their motivator to disclose their own abuse. Only 4% of children disclosed to stop the abuse.

Sequelae of CSA

CSA can lead to a wide range of risky behaviors and mental health problems. Schraufnagel et al[13] found men with severe CSA (eg, recurrent and/or penetrative) had an earlier age of first consensual sex, an earlier age of first intoxication, and a higher number of vaginal sex partners in their lifetime (n = 280). A meta-analysis found adolescent boys who were sexually abused were almost 3 times more likely to have multiple sexual partners, 2 times more likely to have unprotected intercourse, and almost 5 times more likely to have pregnancy involvement than boys not sexually abused.[14] This puts the child at an increased risk of sexually transmitted diseases, including hepatitis C and human immunodeficiency virus.

The Adverse Childhood Experiences Study is a large cohort study examining the impact of numerous adverse childhood experiences, such as CSA, on health behaviors and outcomes in men (defined as over 18 years old with a mean age of 56 years old). These data indicate that 16.0% (n = 7,970 men) experienced CSA, and over 40% of the reported type of abuse was intercourse.[15] Men who experienced CSA had a 2-fold increased risk of attempting suicide; increased risks of alcohol problems, family, and marriage problems; illicit drug use; and current depression than men who did not report CSA. Men who were sexually abused as children had a 3-fold increased risk of perpetrating intimate partner violence than men who were not abused.[16] These studies show the importance of early identification and treatment of boys who are sexually abused to possibly decrease the risks of these problems later in life.

Nurse practitioners (NPs) are in a key position to facilitate the identification, referral, and treatment of boys who experience CSA. The purpose of this article is to provide guidance for primary care NPs to recognize sexual abuse in their male children and adolescent patients. The early identification of CSA in boys may reduce the risk of psychological distress in these children and maladaptive behaviors later in life.

SCREENING

There is some controversy over screening for CSA. Most of this controversy is based on a lack of data to support improved outcomes with screening. The US Preventive Services Task Force[17] stated all providers need to observe for physical and behavioral signs and symptoms possibly associated with abuse or neglect. They did find fair to good evidence that interventions reduce harm to children when child abuse or neglect has been assessed. A recent update by the US Preventive Services Task Force in 2013[18] found a small amount of evidence on how primary care settings can prevent maltreatment in children who have no obvious signs of abuse or neglect so they were unable to make a recommendation for or against providing interventions to prevent maltreatment. Primary care NPs can incorporate a routine question during a child's interview, such as "Has anyone touched you in a way you didn't like?"[19] NPs can tell children they ask all their patients, boys and girls, this question, which may ease the children's feelings of being singled out or different.

ASSESSMENT

A complete medical history is the cornerstone of any patient encounter. NPs need to conduct a careful health history that includes a developmental, social, medical, and family assessment. "Who is with your child when you are not with them?" is an important question for all caregivers. Careful attention to changes in behavior, loss of milestones, school refusal, and risk-taking behaviors need to be included in the history.

Behavior Changes

Parents or caregivers may raise concerns about their children and possible CSA based on the boys' observed sexual behaviors. It is important to note that changes in sexual behavior may result from other factors besides CSA, including environments that are more sexually open, changes in environment (such as a new sibling), and family dysfunction and stress.[20] Jenny et al[21] recommended addressing parent concerns about CSA by excluding the child from the

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