

Non-abused preschool children's perception of an anogenital examination[☆]

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Abstract

Objective: An anogenital examination is usually part of the standard medical assessment in children evaluated for suspected sexual abuse, and the emotional impact on the child has been studied. The primary aim of this study was to assess non-abused preschool children's responses to an anogenital examination.

Method: One hundred and fifty-eight children (119 girls), aged 5–6 years old, were recruited by self-selection from a town community in Norway. After a full medical “top-to-toe” examination, including an anogenital examination with use of a colposcope, the children were asked for their reactions to different parts of the examination. The instrument used was a Faces Rating Scale with five faces, ranging from smiling to crying. Parents and nurses also completed questionnaires regarding their perceptions of the children's reactions.

Results: The results from the self-report scales showed that only 7.7% of the children rated the anogenital examination as somewhat negative, but the children rated the anogenital part of the examination as significantly more distressing than the examination of their ears and mouth. Microbiological swabbing from the anogenital area was most frequently mentioned as something the children disliked. Complementary data from the parents supported the children's responses regarding the anogenital part, but also emphasized the importance of good preparation and a “child-friendly” atmosphere when performing the examination.

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Conclusions: Most preschool children, who have no history of sexual abuse do not find an anogenital examination traumatic if the examination is well planned and performed by experienced professionals in a supportive atmosphere. © 2007 Elsevier Ltd. All rights reserved.

Keywords: Child sexual abuse; Anogenital examination; Children's perception; Non-abused children

Introduction

An anogenital examination (AGE) is usually part of the medical assessment in evaluations of child sexual abuse, and the emotional impact on the child has been discussed. Concern has been expressed that the examination itself may be frightening and traumatic, causing further distress. Health care providers may hesitate to perform such an examination when faced with the possibility of causing emotional trauma, even in well-child evaluations (Balk, Dreyfus, & Harris, 1982; Botash, 1997; Jaudes & Zimo, 1992; Lentsch & Johnson, 2000; Norwegian Board of Health, 1993; Yordan & Yordan, 1997). However, assumptions that the examination would retraumatize the sexually abused child have not been confirmed by research. The majority of sexually abused children do not seem to experience the AGE as traumatic (Berenson et al., 2000; Gully, Britton, Hansen, Goodwill, & Nope, 1999; Lazebnik et al., 1994; Palusci & Cyrus, 2001; Steward, Schmitz, Steward, Joye, & Reinhart, 1995; Waibel-Duncan, 2001; Waibel-Duncan & Sanger, 1999). Several authors, however, focus on the importance of the “child friendliness” of the medical setting (Britton, 1998; De San Lazaro, 1995; Dubowitz, 1998; Gully et al., 1999; Lawson, 1990; Lazebnik et al., 1994; Lynch & Faust, 1998; Palusci & Cyrus, 2001; Saywitz, Goodman, Nicholas, & Moan, 1991; Steward et al., 1995; Waibel-Duncan, 2004; Waibel-Duncan & Sanger, 1999).

To date, there is no research regarding the emotional impact of an AGE on non-abused children; such studies, however, would provide helpful comparative data (Berenson et al., 2000; Britton, 1998; Gully et al., 1999). Therefore, the aim of the present study was to explore how non-abused children perceived their own anogenital evaluation experience. Based on previous studies of abused children and our own clinical experience, the hypothesis was that such children do not find it traumatic if performed in a child-friendly atmosphere. Additionally, by including the parents' perceptions of the examination, we hoped to expand knowledge of which factors are of importance to the children (and the parents) to create a comfortable atmosphere for the examination.

Methods

Subjects

The present study was part of a larger study designed to investigate anatomy and microbiology in non-abused preschool children. After approval from the Regional Committee for Medical Research Ethics of Central Norway, letters of invitation and informed consent forms were sent to the parents of all boys born between 1st January and 31st December 1992 ($n = 1,042$), and all girls born between 1st January 1992 and 23rd September 1994 ($n = 2,731$), living in the city of Trondheim, Norway. Informed consent to participate was received for 358 children, which comprised 10.6% of the boys and 9.1% of the girls (see Myhre, Berntzen, & Bratlid, 2001, for additional information about the recruitment procedure). The present study included about half of these children, because it started at a later stage.

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