Management of Childhood Sexual Abuse

Six easy steps

What you hear:
- Allegation of abuse by the child, a co-abused, the perpetrator or a 3rd party witness.
- Urinary tract symptoms, lower abdominal pain, vaginal discharge

What you see:
- Behavioural problems, sleep disturbance, sexualized language or behaviour

What you find:
- Genital/anal injuries, infections, structural changes

Suspect
1. The involvement of a child in sexual activity based on an imbalance of power
2. Requires confirmation by the child
3. Comprises 4 categories:
   - Unconfirmed suspicion
   - Mild / non-contact (verbal, exhibitionism, pornography)
   - Moderate / contact abuse (fondling)
   - Severe / penetrative (anal, oral or vaginal)

Investigate
1. All cases of suspected child abuse require 3 investigations:
   a. Risk assessment
   b. Criminal investigation
   c. Medical examination
2. These should ideally be done by a specialized multidisciplinary team

Investigation of a suspected criminal offence

Social workers:
- Risk assessment to evaluate the social circumstances of the child & his/her vulnerability to abuse
- Ideal party to coordinate holistic management of abused children

SA Police services:
- Investigation of a suspected criminal offence

Legal process:
- Prosecutor reviews input from all role-players in investigative step to assess chances of a successful prosecution
- Interest of the child must come first

Mental:
- Prevent post-traumatic stress disorder (PTSD) by "debriefing". The earlier the better.
- Look for PTSD - development of Sx following incident:
  - Sleep disturbance
  - Change in appetite
  - Development of separation anxiety
  - Deterioration in school performance
  - General behavioural change

Treat PTSD if suspected – refer to counselor / psychologist

Physical:
- Treat problems evident on presentation:
  - Acute injuries
  - Established complications – infections or pregnancy

Prevent physical sequelae:
1. Pregnancy:
   - Exclude pre-existing pregnancy
   - All girls with > stage 2 thelarche (Tanner staging)
   - Up to 7 days after the abuse
   - Ovral 28.2 stat & 2 after 12 hours
   - Maxolon 10 mg po tds for 24 hours
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2. Infectious:
   - ATT ½ cc IMI stat – if skin/mucous membrane broken
   - Sexually transmitted infections:
     - Rocephin 125 mg / 250 mg IMI stat
     - Flagyl 7mg/kg/dose tds for 7 days
     - Erythromycin 50mg/kg/day qid for 14 days
   - HIV:
     - Must have – if HIV test (rapid test is adequate)
     - Baseline bloods
     - AZT & 3TC according to weight
     - Add protease inhibitor if serious injury present

Ensure safety
- Understand process of abuse (Finkelhor):
  - Desire
  - Overcome internal inhibitions
  - Overcome external inhibitions
  - Overcome child – seduction or force

Ensure child safe from ongoing abuse
If possible separate child & perpetrator
Implement adequate supervision
  - Female
  - Safety in numbers

Hospital as a place of safety:
- Only admit children for medical reasons
- In rural areas one may have to use hospital as a place of safety but only as a last resort
- Need to consider admission on a Form 4, available from social worker or SAPS

Role of healthcare worker:
- J88:
  - complete at time of examination
  - must be completed regardless of interval between assault & examination
  - Sexual Assault Evidence Collection Kit (SAECK)

Create a protective environment:
- Ensure child safe from ongoing abuse
- If possible separate child & perpetrator
- Implement adequate supervision
  - Female
  - Safety in numbers

Familre reconstruction
The family is the child’s support system.
Keep the family intact & functional to minimize sequelae for the child.