

Margaret's Secret **Sexual Abuse**

Pedicases

Objectives

- Discuss the signs and symptoms of child sexual abuse.
- List important elements of the history and physical exam when sexual abuse is suspected.
- Discuss indications for filing a report of suspected child sexual abuse to a child protective services agency and the components of a CPS investigation.

Part I: Introduction

Margaret is a 5-year old girl who comes to your office for evaluation of genital discomfort and bedwetting.

Current History:

Her mother has noticed irritation and redness of child's vulvar area during the last week and that she has been wetting the bed for the past two weeks after having been fully toilet trained. She tells you that Margaret has had no vaginal discharge or bleeding, and has otherwise been healthy.

Mother denies that Margaret has had any urinary frequency, urgency, or day time wetting. She reports some dysuria. When you ask if there have been any changes in child's behavior, Margaret's mother appears distressed and she asks to speak to you alone. Margaret is reluctant to leave the room without her mother but finally accompanies your assistant to the play area.

Part I: Introduction

Mother tells you that, for the past week, Margaret has seemed unusually anxious. She has been reluctant to separate. The teacher reported that Margaret seems withdrawn, and somewhat hesitant about joining in activities that used to be her favorites. You find out that the family returned two weeks ago from a visit with Margaret's aunt and uncle. Three days into the visit, Margaret refused to stay alone with her uncle stating to her mother that "*I don't like Uncle Bob.*" Margaret's mother found these statements concerning but when she asked further questions, Margaret refused to elaborate.

Past Medical History:

You check back in your notes and find that up to this point, Margaret's behavior and development have been entirely normal.

Part II: Next Steps

Additional History:

Margaret's mother denies that Margaret has been using any new soaps, bubble baths, or lotions. Margaret has never had prior urinary tract infections. There have been no recent psychosocial stressors in the home. Up to this point, Margaret had been doing well at school. There have been no changes in Margaret's appetite, but she has recently had problems falling asleep.

Part II: Next Steps

Physical Exam:

You find Margaret in the playroom and invite her back into the exam room. As you re-enter the room, your nurse informs you that Margaret's urine is negative for leukocyte esterase, nitrites, and glucose. You have Margaret's mother sit next to her on the exam table. She tolerates the general physical examination well. The neurological examination is normal. Margaret becomes somewhat anxious during the genital exam. Margaret's anal area and hymen appear completely normal. She has slight vulvar erythema. No discharge is present. You end the exam just as Margaret begins to cry, *"I don't like people to touch me there."*



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Lippincott, Williams & Wilkins; Wolters Kluwer, 2012



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Part III: Epilogue

- You refer Margaret and her family for a forensic interview at a local child advocacy center. During the interview, she discloses that her Uncle Bob *“put his finger in my pee-pee and it hurt. He told me it was our secret and not to tell. I don’t like him.”* A report of suspected child sexual abuse is filed on Margaret's behalf and the case is subsequently referred to the District Attorney's office. As part of the safety plan put into place by CPS, visits with child's uncle are stopped. Margaret is referred for longer term counseling, and her behavioral symptoms gradually resolve.
- You see her back at a follow-up visit in 6 weeks and she appears to be doing well. Her enuresis has resolved.