Medical evaluations in cases of suspected child sexual abuse: referrals and perceptions

Emma Davies, Senior Lecturer, School of Education and Social Sciences, Auckland University of Technology; Fred Seymour, Senior Lecturer in Clinical Psychology, Department of Psychology, University of Auckland, Auckland.

Abstract

Aims. To explore referrals to medical evaluations and children's and primary carers' experiences of those evaluations in Auckland.

Methods. Semi-structured interviews were conducted with children and young people who had made clear disclosures of sexual abuse, their primary carers and the social workers involved.

Results. More than 90% of children alleging penetration or attempted penetration were referred for a medical evaluation, but less than two thirds of children alleging oral genital or digital contact abuse were referred. Although the majority perceived the medical practitioners positively, many also commented on the distressing nature of the examinations, the photographs of children's genitalia and lack of preparation for those examinations.

Conclusions. The findings highlight the need for improved preparation of children and their primary carers for medical evaluations. Ongoing discussion between referring agents and medical practitioners is desirable to ensure protocols are updated and adhered to.


It is widely accepted that medical evaluations are an important component of the management of suspected child sexual abuse. Such evaluations are conducted primarily for the protection of children, to reassure children and their primary carers that the children are not irreversibly damaged and to diagnose and treat genital trauma and infection. They are conducted also to collect evidence for the protection of children, and to help prosecute the alleged offenders, although clear evidence of sexual abuse is found in only a minority of cases. In New Zealand, protocols exist between the statutory child protection service (Child, Youth and Family) and health providers, recommending that medical evaluations are conducted in all cases of alleged child sexual abuse involving genital contact.

Concerns have been raised in other countries that have such protocols that many children who meet the criteria for referral are in fact not referred. One reason may be fear that children will be negatively affected by such examinations, particularly the genital and anal examinations, which are most likely to evoke sensations similar to those during the abuse. The limited available research on this suggests, however, that most cope well with the evaluations and few experience intense distress. Past negative medical experiences of any nature, or lack of adequate preparation for the examination, exacerbate negative experiences.

This article stems from a larger study exploring children's and primary carers' experiences of child sexual abuse investigation and criminal court processes, including experiences of police, statutory social workers and evidential interviewers. It explores referrals to medical evaluations and children's and primary carers' experiences of those evaluations in Auckland.

Methods

Interviews were conducted with children and young people aged 6-15 years who had made disclosures of sexual abuse, and their primary carers (usually mothers). Interviews were also conducted with statutory social workers involved in those cases. Approval was given by The University of Auckland Human Subjects Ethics Committee.

Children and primary carers were invited to participate in the study by evidential interviewers (those responsible for conducting forensic interviews) or police from Child Abuse Teams, from September 1996 to March 1998. The interviewers and police officers sought permission from the primary carers to be contacted by an interviewer of their choice (Pakeha, Moari, or Samoan), who then sought informed written consent from carers and informed assent from children. It is not known how many families were asked to participate, therefore it is impossible to calculate the refusal rate.

Interviews with children and primary carers usually took place in the participants' home. Occasionally, at participants' request, they took place at the University of Auckland. The interviews with social workers took place by phone. The semi-structured interview schedules for children and their primary carers included sections about contact with social workers, evidential interviewers, police officers, health practitioners conducting medical evaluations, and the overall process. Interviews with social workers included questions on the duration and nature of the alleged abuse, the relationship between the child and the alleged perpetrator and whether or not the child was referred for a medical evaluation. Interviews averaged 90 minutes for primary carers, 30 minutes for children and fifteen minutes for social workers. All interviews were transcribed and subjected to a content analysis.

Results

Characteristics of the sample. In all, 124 primary carers and 51 (35%) of the total 145 child complainants involved were interviewed. Of the primary carers, 103 (83.1%) were mothers, five (4.0%) were fathers and 16 (12.9%) were guardians (eg aunts, grandparents). 92 (74.2%) described themselves as Pakeha (Caucasian), 17 (13.7%) as Pacific Island, 12 (9.7%) as Moari and three (2.4%) Asian. Of the 51 children interviewed, 35 (68.6%) were Pakeha, 11 (21.6%) were Pacific Island, three (5.8%) were Moari and two (3.9%) were Asian. Twelve (8.3%) of the 145 child complainants were 3-4 years old when they disclosed abuse, 96 (66.2%) were 5 to 12 years old, 38 (26.2%) were 13-15 years old. Of all cases, 109 (75.1%) were female. The perpetrator was male in 143 (98.6%) of cases.

Interviews with social workers and police officers revealed details about the allegations. Of the 145 cases, 29 (20%) involved allegations of penetration of the vagina or anus. A further 20 (13.8%) alleged attempted penetration as the ‘worst’ offence. Oral genital contact was the most intrusive abuse alleged by 26 (17.9%) and digital contact by 65 (44.8%). The remaining allegations were of non-contact abuse.

Referrals to medical evaluations. Information from interviews with social workers revealed that 103 (73%) of child complainants were referred for medical examinations, including 27 (93.1%) of those alleging penetration, nineteen (95%) of those alleging attempted penetration, sixteen
(61.5%) alleging oral genital contact and 42 (64.6%) alleging digital contact.

Comments by primary carers indicate that not all referrals eventuated in medical evaluations. In some cases, primary carers said a referral was made but they or their child or both decided they would not proceed as it would be too distressing. In total, 78 (53.8%) children completed medical examinations.

Perceptions of reasons for referral. Primary carers, whose children had undergone a medical evaluation, were asked: “Why did [the child] see a doctor?” Seventeen of these 65 primary carers (26.1%) said that the main reason for the medical was to find out what had happened, 20 (30.8%) said it was as a check-up and seven (10.8%) took their children for medical evaluations because of a medical problem (pain or bleeding). When asked if the medical was conducted for evidential reasons, 42 (64.6%) primary carers said ‘yes’, eleven (16.9%) said ‘no’ and twelve (18.5%) did not know.

21 children who underwent medical evaluations were interviewed. They were asked: “Why did you see the doctor?” 10 (47.6%) said that the main reason was for a check-up, five (23.8%) because something was wrong, four (19.0%) did not know why and two (9.5%) said the results were to be used as evidence for the police.

Satisfaction with medical staff. Primary carers were asked: “How do you think the doctor and nurse treated your child?” and “How did the doctor and nurse treat you?”, and children were asked: “What were the doctor and nurse like?” Responses were classified as ‘positive’, ‘mixed’ or ‘negative’. 53 (81.3%) of primary carers described their own treatment as positive, seven (10.9%) as mixed and five (7.8%) as negative. Treatment of their children was described as positive by 60 (92.2%), mixed by two (3.1%) and negative by three (4.7%). Of the 21 children interviewed who had a medical examination, 15 (71.4%) described their experience as positive, five (23.8%) as mixed and one as negative.

Children who had a medical examination were asked: “Afterwards, how did you feel?” Nine (42.9%) said that they felt reassured, six (28.6%) said they felt no different, five (23.8%) said they felt worse and one (4.8%) said she did not remember.

Children’s negative comments about the medical examination highlighted a perceived lack of choice and a lack of realistic preparation. Some children were particularly concerned that photographs of their genitalia were taken; a concern also echoed by some primary carers. Some felt they had no real choice about this and were worried who could see the photographs. Other concerns of a few primary carers were their being questioned repeatedly, lack of information and long delays before the medical examination, all of which may indicate a lack of effective co-ordination between statutory social workers and medical professionals. A few primary carers also commented on inaccessible staff at weekends and a lack of follow-up after the medical examination.

Discussion

Our findings are consistent with other studies indicating that not all cases of alleged child sexual abuse are referred for medical evaluation.1,16 While almost all children alleging penetration or attempted penetration were referred, there was a lower referral rate for children alleging oral genital or digital contact abuse.

Primary carers’ and children’s positive comments about medical evaluations emphasise the importance of information giving, sensitivity of staff and giving the child some control of the process-factors previously identified.11,12,14,17-20 While the majority of children and primary carers perceived the staff positively, many commented on the distressing nature of the evaluations. This is also similar to findings elsewhere.11,21

It is of concern that a quarter of primary carers perceived the medical examination as a way to find out what happened. This indicates the need for referring agents and/or medical staff to provide more effective preparation for the medical examination and clearer information during debriefing afterwards.

Finally, although photo-documentation is seen as an important component of the examination (to allow for peer review and to possibly avoid another medical at a later stage,1,22), it is essential that children and their primary carers understand the purpose of the photographs and who might see the photographs. In this way, they could make informed choices about whether or not to proceed with this component of the examination.

In conclusion, this study shows that not all children who meet the criteria for referral for medical evaluations are actually seen, a result similar to that found elsewhere.1,9,10 This may be because of referring agents’ preconceived notions about the usefulness of these evaluations,9,21 or because of perceived additional trauma caused,17 or both. Ongoing discussion between referring agents and medical practitioners is desirable to ensure appropriate protocols are in place and adhered to.

Acknowledgements. Financial support was from the Health Research Council, The Ministry of Social Policy and The New Zealand Law Foundation. We also wish to thank the children and families that took part; the social workers, members of the advisory group who made this research possible, and the additional interviewers Pepe Pesoe and Vi Woolf.

Correspondence. Dr Emma Davies, School of Education and Social Sciences, Auckland University of Technology, Private Bag 92006, Auckland 1020. Fax: (09) 307 9698; email: emma.davies@aut.ac.nz