

Child Sexual Abuse: Recognition & Response

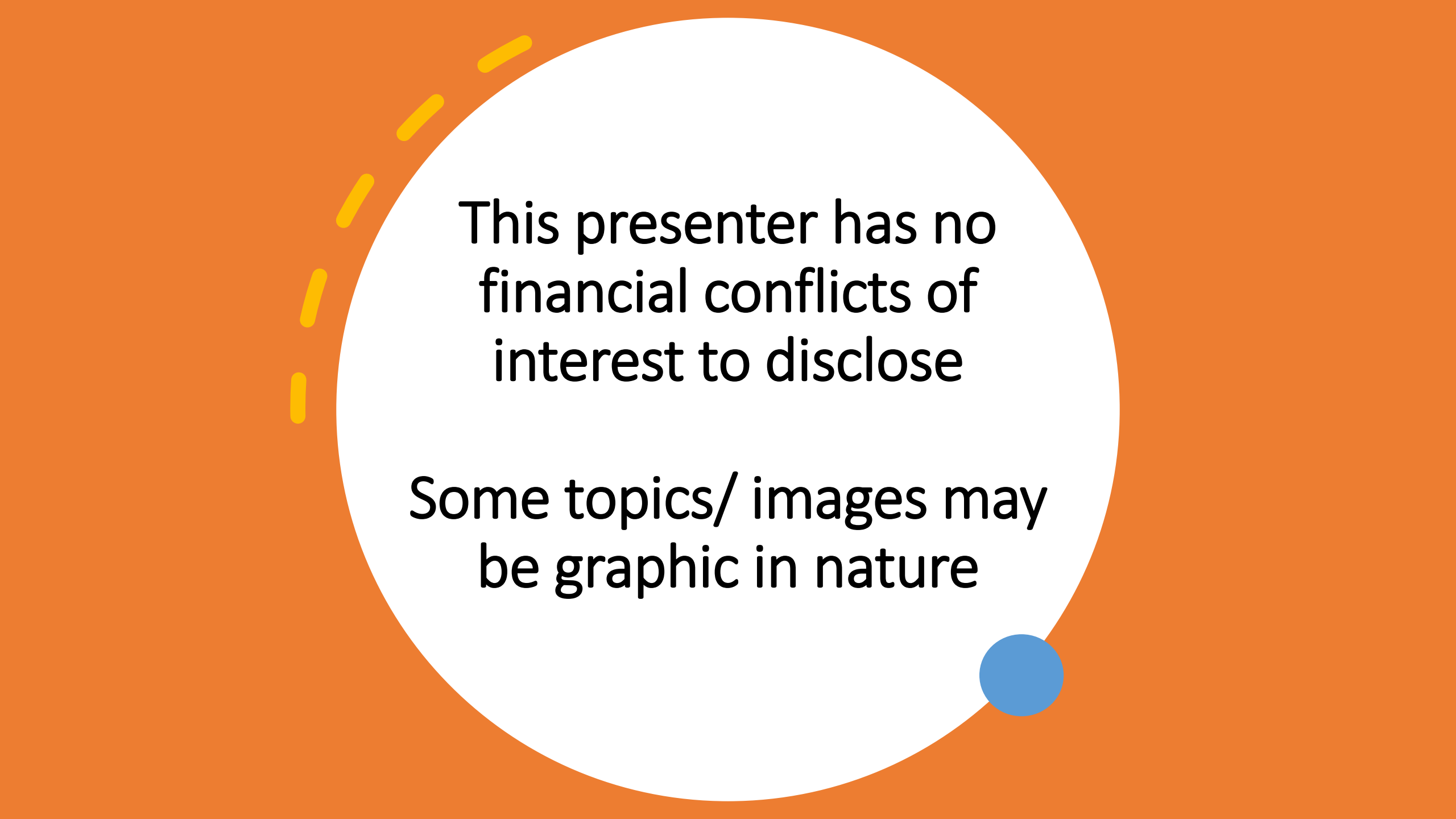
Akron Children's Hospital

Child Advocacy Center (CAC)

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This presenter has no
financial conflicts of
interest to disclose

Some topics/ images may
be graphic in nature

Objectives

- Define child sexual abuse
- Discuss the importance of medical exam in those patients with concern for sexual abuse
- Identify potential indicators of child sexual abuse
- Review referral process to CAC/ CARE Centers



Children At Risk Evaluation Center

and/or

Child Advocacy Center

Division of Child Protection and Child Abuse Prevention Purpose Statement



Provide evidence-based care to victims of child maltreatment and their families, collaborate with partner agencies to ensure the health and safety of children, and increase child abuse prevention awareness.

CARE Center 2025 Stats

Total Visits	2251
Sexual Abuse Exams	946
Physical Abuse Exams	209
Neglect Exams	18

Division of Child Protection and Child Abuse Prevention

ACH Owned and Operated

Akron CAC Center

Summit County

MV CAC Center

Mahoning County
Trumbull County
Columbiana County

Stark CAC Center

Carroll County
Tusc County

Affiliated County CACs / Programs

Portage CAC (pre 2016)

Tuscarawaras CAC* (pre 2016)

Ashtabula CAC (2019)

Wayne County
Homes County
Ashland County

Wayne CAC (2020)

Medina CAC 2025

Washington County CAC Dec 2025

Potentials

Richland/Crawford



Accredited through Ohio Network of Child Advocacy Centers (ONCAC)

Affiliate County services include:

- Store and Forward Telemedicine (local CAC must have the medical equipment, facilities, and qualified provider (APP or RN with SANE/PSANE experience)
- On-site exams by CARE Center provider or exams at ACH medical facility
- QA/PI/Peer Review Services only

Child Sexual Abuse

1 in 4 girls and
1 in 13 boys in the U.S.
are estimated to experience **child sexual abuse**

Source: CDC 2024

2025



National CAC Service Statistics

SEX of children referred:

212,981
MALE

329,361
FEMALE

4,102
UNDISCLOSED

8,689
UNKNOWN

365,140

CHILDREN SERVED

306,454

ALLEGED OFFENDERS

AGE of alleged child victims at first contact with CAC:

0 to 5 years	120,520	18 to 24 years	8,131
6 to 10 years	168,640	25 years plus	9,845
11 to 17 years	243,643	Undisclosed	6,959

RELATIONSHIP of alleged offender to child:

Biological Parent	97,334
Stepparent	20,385
Parent's Significant Other	20,192
Adoptive or Foster Parent	4,836
Other Relative	62,979
School Personnel or Volunteer	3,425
Other Staff or Volunteer in Care	2,003
Other Known Person	64,902
Stranger/Unknown Offender	8,932
Unknown Relationship	21,056

Child Sexual Abuse

Exposing genitals to a child

Exposing child to pornography

Using pornographic images or videos of children

Exposing child to masturbation

Forcing child to masturbate

Fondling/touching of breasts/genital/anal areas

Genital contact to mouth/vagina/anus

Obscene phone calls, text messages, or sexual digital interaction

Child Sexual Abuse

*AAP defines as:

Involvement of a dependent, developmentally immature child or adolescent in sexual activities that they do not fully comprehend, to which they cannot give informed consent, or that violate the social taboos of family roles

*Majority of victims are abused by someone they know, trust, and love

- Sexual abuse is often ongoing
- Disclosure is a process
- Most discuss weeks, months, and even years after the latest incident
- 1 in 5 never disclose

*Less than 12% of sexually abused children will have physical findings on exam

-20%-22% when examined acutely

ANY sexual activity involving a child aged 12 years or younger **MUST** be reported to the appropriate authorities!

Age of the other person does not affect the reporting obligation

Age Related Sex Offenses in Ohio


(See ORC §2907.04 - Unlawful Sexual Conduct with Minor)

Victim/Survivor's Age	Suspect's Age	Legal?	Penalty
Under 13 years old	18 or older	No	F1
13 years old	13-17	Yes**	--
	18-22	No	F4
	23 and older	No	F3
14 years old	13-17	Yes**	--
	18-23	No	F4
	24 and older	No	F3
15 years old	13-17	Yes**	--
	18	No	M1
	19-24	No	F4
	25 and older	No	F3
16 years old	13-17	Yes**	--
	18 and older	Yes**	--

*Even if a suspect does not violate an age related offense, if the sexual acts were forced or coerced, or the perpetrator is in a position of power over the victim, like a teacher, coach, parent and/or guardian, they are a violation of the law.

**The act is legal unless the act was forced, coerced, or the perpetrator is in a position of power over the victim, like a teacher, coach, parent and/or guardian.

This document in its entirety was published by the Ohio Alliance to End Sexual Violence (OAESV) through a Victims of Crime Act grant award administered by the Ohio Attorney General's Office



Potential Emotional Signs of Sexual Abuse

- Change in mood or personality
- Change in eating habits/appearance
- Voiding and stooling accidents
- Losing interest in activities or friends
- Excessive worry or fear
- Decrease in confidence level or self-esteem/image
- Self-harming behaviors
- Depression/Anxiety
- Suicidal ideation/attempt

Potential Signs of Sexual Abuse

- Increases the risk of developing posttraumatic stress disorder
- Social phobias
- More likely to need hospitalization for mental illness
- Higher risk of developing obesity
- Sexual problems
- Irritable bowel syndrome
- Fibromyalgia
- Sexually transmitted infections (STIs) and human immunodeficiency virus (HIV)
- More likely to develop addictions to tobacco, drugs, and alcohol

Concern for child abuse?

*****Ensure immediate safety**

Gather basic information- who, what, where, when

Photograph injuries

Avoid locking child into a written or recorded statement

Direct patient for medical care/ call social work

What is your responsibility when you learn someone has been sexually assaulted?

Ask open ended questions

Involve CSB where the child lives

Involve Law Enforcement where it happened

If assault happened within 72 hours (96 hours for pubertal child) send to ER

Suspect Abuse?

Per Ohio Revised Code (section 2141.421) and ACH policy #1128 any provider that has reason to suspect a child has been a victim of child maltreatment is **required** to make a report with appropriate statutory agencies

CARE Center Referral Process

1. **Any** suspicion of child abuse/neglect should be reported to appropriate statutory agencies
2. Make phone contact with the CARE Center/ CAC to discuss pertinent suspected abuse information, patient management, and to ensure an appropriately timed CARE Center evaluation
3. Referral completion in EPIC
4. Be sure to document contact with statutory agencies in the patient's EPIC chart. This should include the name of the agency, date and time of the call, and whom the referral was made
5. Please contact the CARE Center (330-543-4345) or Hospital Social Work (330-543-8830) for guidance should questions arise

Benefits of CARE Center Evaluation

Non-Biased

- No prior relationship to patient or perpetrator
- Neutral supportive environment

Medical model

- Interview is used for medical diagnosis and treatment
- Questions are directed for medical NOT investigational purposes
- Resources provided for victim and caregiver

Why is the medical model interview best?

- Repeat or additional interviews can be used against the victim
- The CAC interview is after the alleged situation has calmed down
- Delayed disclosures

The CARE Center/CAC takes the Multidisciplinary team approach

- Community members involvement, observe medical diagnostic interview
- Regular MDT meetings with counties for case follow up

Multi-Disciplinary Team (MDT) Approach

CARE Center/
CAC medical
staff

Child
Protective
Services

Law
Enforcement

Forensic
Interviewer

Mental Health
Agencies

Victim/ Family
Advocates

Specialized
County
Prosecutor's

Forensic Interview

The interviewer **MUST** be trained and experienced

The child should only be interviewed once

Never question the child in front of the parent and vice versa

Documentation of the “spoken word” is as important as the collection of physical evidence

Types of Consent

- **General consent to treat** occurs when an individual communicates (orally or in writing) their agreement to a proposed treatment or course of action.
- **Implied consent** may arise from the behavior of the individual who has authority to consent. In an emergency medical condition, consent to treat is implied to stabilize the medical condition when it is not feasible to delay treatment to obtain written consent.
- **Informed consent** requires express, written informed consent for the procedures/services described in the Medical Staff Informed Consent Policy.
- **Assent** minor's affirmative agreement to participate in a medical procedure or treatment

Status	Authority to consent	Status	Authority to consent	Status	Authority to consent
Biological mother	Yes	Adoption Agency (Public or Private)	Yes	Child Protective Services (CPS)	Yes
Biological father, married to mother	Yes	Divorced biological or adoptive parent	Yes	Foster parent	No
		Grandparent	Yes, with Grandparent Power of Attorney (POA)	<u>Court-Appointed Guardian</u>	Yes
Biological father, never married to mother	No, unless recognized by court		Yes, with Caretaker Authorization Affidavit	Guardian ad litem (GAL)	No, unless court ordered
Adoptive mother(s) or father(s)	Yes	Stepparent, significant others, relatives	No		

Sexual abuse
 Authority to
 consent
 policy
 #10045

Authority of other Persons to Consent to the Care of a Minor

Type of Care	Authority to consent	Type of Care	Authority to consent
STD testing & diagnosis	Yes	Neglect/Abuse	Yes
HIV testing	Yes		
Treatment of drug/alcohol related conditions	Yes	Contraception, pregnancy testing, prenatal care, etc.	Yes
Outpatient Mental Health Services	Yes, 14 and older	Abortion, under 18 & not emancipated	No
Sexual Assault Exam/investigation	Yes	Abortion, emancipated	Yes

Sexual abuse Authority to consent policy #10045

Authority of a Minor to Consent to their OWN Care

Medical Evaluations for Sexual Assault

Historical sexual assault

- Medical evaluation
 - Testing for STI/Pregnancy
 - Call social work/ assess child's safety
 - CAC follow up when appropriate
 - Counseling resources for Trauma Focused Cognitive Behavioral Therapy

Acute sexual assault

- Emergency department evaluation
 - Evidence collection
 - Social work first responder interview
 - Testing for STI/Pregnancy
 - Medications & treatment
 - CAC follow up when appropriate
 - Counseling resources for Trauma Focused Cognitive Behavioral Therapy

Colposcope



Physical Examination

1. Assess medical status and reassure child/parent of medical status
 - Head to toe physical exam with detailed genital exam at the end
 - Exam is not done if child resists (the child is NEVER restrained)
2. Test and treat for STI's
3. Test for pregnancy and offer emergency contraception
4. Identify and document injuries – old & new
5. Collect forensic evidence – if indicated
6. Reassure child and parent that the child's body is "normal" and healthy



Acute Sexual Assaults

Evidence collection kit necessary if:

- Within 72 hours of assault if patient is 12 years or younger (premenarcheal)
- Within 96 hours of assault if child is 13 years or older or has experienced menarche

Historical Sexual Assaults

Delayed disclosure

- Fear of consequences to themselves/ family
- Fear of retaliation
- May be dependent on for basic needs
- Fear will not be believed or supported
- Believe that the disclosure will disrupt the family unit

Suspected Sexual Abuse Signs

Physical confirmation of sexual abuse

- Hymen tear/transection
- Pregnancy
- Evidence collection kit positive for foreign DNA

Sexually Transmitted Infections

- Chlamydia/Gonorrhea
- Syphilis
- HIV
- Trichomoniasis
- Others: HPV (genital warts), Herpes

Treatment

Pubescent victims of acute assault:

- given STI prophylaxis and emergency contraception (if they consent to it)
 - same as adult protocol

Prepubescent victims of acute assault:

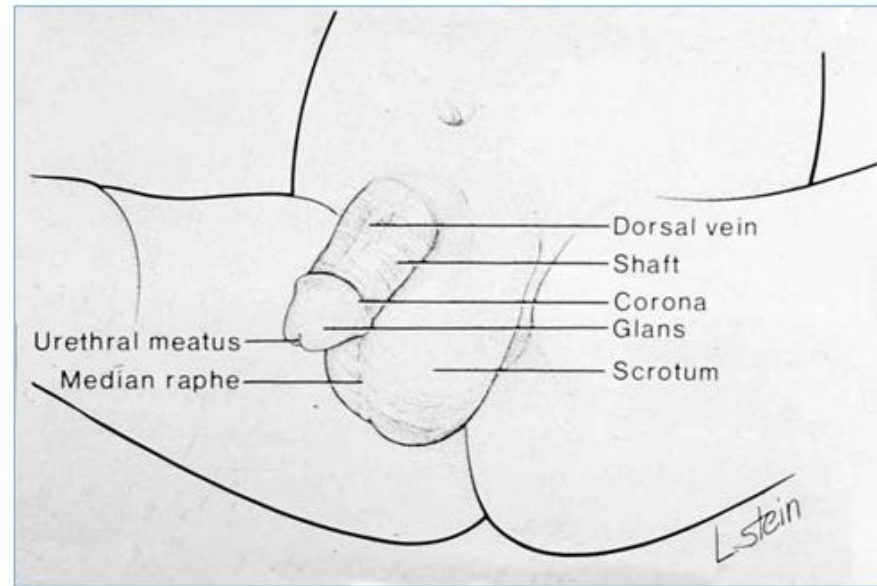
- not treated prophylactically
 - low risk of PID/epididymitis
 - if positive STI should re-culture before treatment

***** Children are always referred to counseling regardless of outcome *****

Anatomy



Anatomy



Anatomy- Newborn



Anatomy- 4-5 yrs



Anatomy- 9-10 yr old



Anatomy- Post pubescent /Adult



Anatomy



Irritative/non-infectious: erythema, inflammation, and fissuring of the perianal, perineal or vulvar tissues due to irritant dermatitis, including **Jacquet's dermatitis**

Inflammatory: aphthous ulcers, inflammatory bowel disease (anal fissures/prominent anal tags, rectal discharge), Behcets disease (painful ulcers)

Dermatologic conditions: **lichen sclerosus** et atrophicus, folliculitis, vitiligo, angiokeratomas, and hemangiomas

Immunologic causes: pyoderma gangrenosum (painful ulcers)

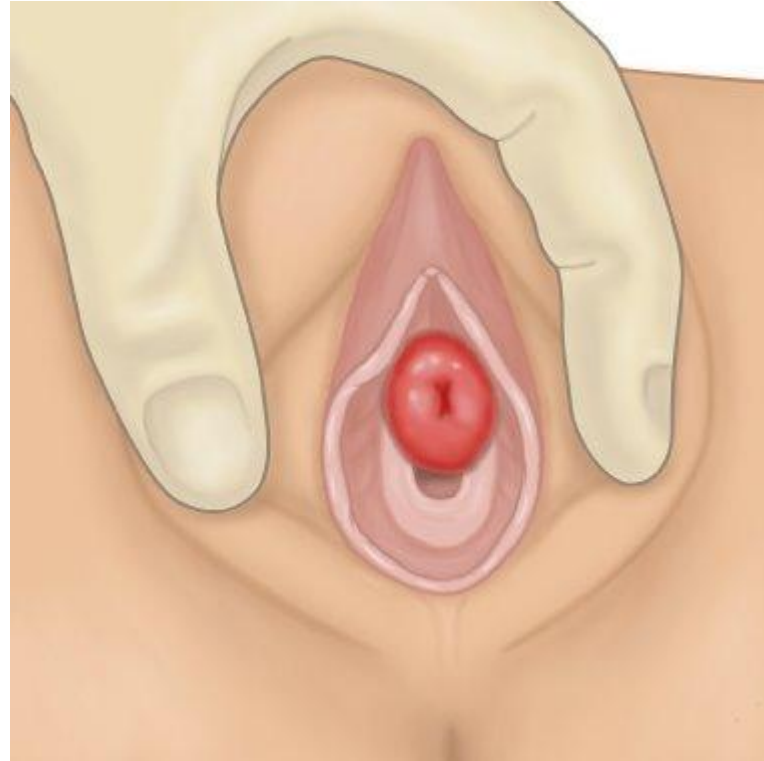
Multifactorial/idiopathic: **urethral prolapse**, rectal prolapse, anal funneling

Nonspecific
for sexual
abuse

Nonspecific findings



Imperforate Hymen



Urethral Prolapse

Nonspecific findings



Septate hymen

Nonspecific findings



Jacquet's dermatitis



labial adhesion

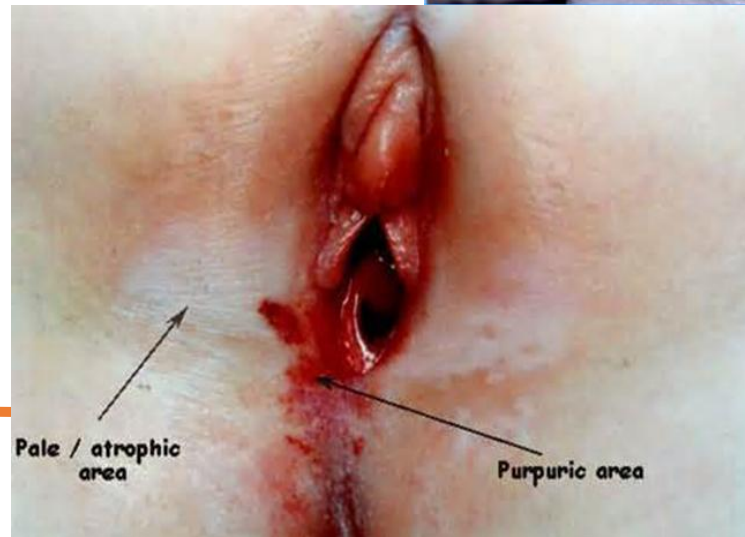


Straddle injury

Nonspecific findings



lichen sclerosis



Healed ano-genital trauma



3 year old



10 days after
initial exam



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Erythema, inflammation, fissuring of perianal, perineal, or vulvar tissues due to bacteria, fungus, virus or parasites that are transmitted by non-sexual means, such as Streptococcus Type A or Type B, Staphylococcus sp., Escherichia coli, Shigella or other gram-negative organisms

Genital ulcers caused by viral infections such as Epstein Barr Virus

Infections
NOT
Related to
Sexual
Contact

Infections Related to Both Non-Sexual and Sexual Transmission

Molluscum contagiosum in the genital or anal area. In young children, transmission is most likely non-sexual. Transmission from intimate skin-to-skin contact in the adolescent population has been described.

Condyloma acuminatum (**HPV**) in the genital or anal area.

Herpes Simplex Type 1 or 2 infections in the oral, genital or anal area diagnosed by culture or nucleic acid amplification test

Urogenital **Gardnerella vaginalis** (associated with sexual contact but also found in prepubertal and adolescent vaginal flora)

Urogenital Mycoplasma genitalium or ureaplasma urealyticum; while sexually transmitted in adolescents, prevalence and transmission of these infections in children not well understood

Infections Related to Sexual Contact

*****if confirmed by appropriate testing, and perinatal transmission has been ruled out**

Genital, rectal or pharyngeal *Neisseria gonorrhoea* infection

Syphilis

Genital, rectal or pharyngeal *Chlamydia trachomatis* infection

Trichomonas vaginalis infection isolated from vaginal secretions or urine

HIV, if transmission by blood or contaminated needles has been ruled out



Grooming

Pattern with purpose

- prepare, entice, coerce, or solicit

Desensitize the child

- allows for the offender to assess the child's willingness to cooperate

If discloses in the initial stages claims the touch was:

- affectionate

- accidental

- non-sexual

May provide child with gifts to ensure ongoing access to the child



Sextortion

Form of sexual exploitation where victim is coerced into

- **Giving sexual favors**
- **Money**

Other demands through threats involving sexual images, information, or abuse of power



Common Sexual Behaviors in Childhood

Preschool

- Exploring, touching, and/or rubbing private parts, in public and in private.
- Showing private parts to others.
- Trying to touch mother's or other women's breasts.
- Removing clothes and wanting to be naked.
- Attempting to see other people when they are naked or undressing.
- Asking questions about their own bodies and others' bodies and bodily functions.
- Talking to children their own age about bodily functions such as "poop" and "pee."

Young Children

- Purposefully touching private parts, occasionally in the presence of others.
- Attempting to see other people when they are naked or undressing.
- Mimicking dating behavior (such as kissing or holding hands).
- Talking about private parts and using “naughty” words, even when they do not understand the meaning.
- Exploring private parts with children their own age (such as “playing doctor,” “I’ll show you mine, if you show me yours,” etc.).

School-Aged	<ul style="list-style-type: none">• Purposefully touching private parts (masturbation), usually in private.
	<ul style="list-style-type: none">• Playing games with children their own age that involve sexual behavior (such as “truth or dare,” playing “family” or “boyfriend/girlfriend”).



EXPANDED
2015

UNDERSTANDING CHILDREN'S SEXUAL BEHAVIORS

What's Natural
And
Healthy



TONI CAVANAGH JOHNSON, Ph.D.

Signs and Symptoms Related to Trauma



Short- and long-term symptom:

- inappropriate knowledge of sexual behaviors
 - may be a learned form related to communicating with others
- sexually reactive behaviors
- problems maintaining peer relationships
- genital discomfort
- dissociation
- regressive behavior
- mood swings.



Child Abuse & Neglect

The physical and mental injury, sexual abuse, neglect, or maltreatment of a child under the age of 18, or intellectually disabled, developmentally disabled, or physically impaired person under twenty-one years of age, by a person who is responsible for the person's welfare.

Ambulatory Mandated Reporters

If there is a concern for abuse, neglect and/or maltreatment is identified, a referral must be made within 24 hours.





Ambulatory Areas

Contact your social worker and/or manager/supervisor to report the concerns. They should initiate contact with Protective Services and/or Law Enforcement.

Document

Document suspicion of abuse and/or neglect and observable evidence supporting this suspicion (caregiver/patient's statement, physical findings) in the patient's Electronic Health Record (EHR). Consider taking photos.





Suspicion While on ACH Campus

1. Call Public Safety immediately.
2. Notify social work, employee supervisor, and nursing supervisor.
3. Have patient evaluated by a Provider (within department or nearest emergency department).
4. Document & make appropriate referrals.



Resources

Social Work Department X38830
CARE Center X38453
Hospital Operator



Policy # 1128

Human Trafficking Resources

Human Trafficking Hotline

1-888-373-7888

text "BeFree" to 233733

National Center for Missing and Exploited Children (NCMED.org) for online exploitation

1-800-THE-LOST (1-800-843-5678)

CyberTipline: MissingKids.org


www.eyesupappalachia.org

www.love146.org

www.eyesupappalachia.org

www.shehasaname.org



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Sexual Abuse Prevention Resources

Amaze.org

Thorn.org

Commonsensemedia.org






Sextortion/ Internet Safety Resources

takeitdown.ncmec.org

NetSmartz: MissingKids.org

Thorn.org





Questions?
Do not hesitate to call
any of our CARE centers!

Akron Main Campus: 330-543-4345

Stark County : 330-451-1742

Mahoning Valley : 330-746-9150

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THANK YOU!!!

For your attendance and
participation 😊



Questions?