Policy offers tools for health care settings to help guard against sexual abuse of children

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Child sexual abuse by adults in positions of power in youth-serving organizations makes headlines with increasing frequency. There also are multiple examples of health care professionals who have sexually abused patients in their care, sometimes repeatedly.

With an increasing awareness of the scope of this problem in health care settings, the need for actionable advice for paediatricians is critical.

An updated AAP policy statement can help paediatricians prevent sexual abuse of children and guide the response to patients' disclosures of sexual abuse in health care settings.

Scope of the problem

U.S. data show 15% to 25% of girls and 5% to10% of boys will be victims of child sexual abuse, and this likely is an underestimate. Sexual abuse by health care providers is a subset of these cases and also is likely to be underreported.

Since the AAP published its first policy on child sexual abuse in 2011, cases with a large number of victims have made national and international news. Perhaps most recognizable is the case of USA Gymnastics team physician Larry Nassar, D.O. He victimized hundreds of girls and young women, sometimes with their parents in the exam room.

Protective strategies

The policy helps guide paediatricians with recommendations used in other youth-serving organizations, including approaches studied in a field of research called situational crime prevention. The guidance is meant to keep children safe from child sexual abuse by making the situation and the environment inhospitable to those who would attempt to sexually abuse a child in the health care setting.

A secondary effect of these recommendations is to protect health care providers from spurious allegations that can cause tremendous stress.

The most basic level of prevention is the initial screen for those working with children in a health care setting. Everyone who has contact with pediatric patients should undergo background screening for previous cases of child abuse in state registries and with former employers.

It is important to recognize, however, that a single background check is insufficient to ensure that a person will not perpetrate sexual abuse. Many perpetrators will go years without being discovered and have victimized many by the time they are caught.

Situational crime prevention also may include educating everyone in the medical facility about appropriate boundaries, chaperone policies and the responsibility to report concerns about patient abuse by staff members.

Increasing knowledge and awareness among parents, patients and providers about what an exam will entail and why it is necessary is important in any patient encounter. Talking with a caregiver and the patient to gain their consent/assent to sensitive parts of the exam is important in teaching body safety.

The use of chaperones in sensitive exams is critical. Because there is an inherent power dynamic between a health care provider and a patient or caregiver, the default position should be to include a chaperone in the medical exam or procedure. The chaperone must be a member of the health care team, never a family member.

Education on the dynamics of sexual abuse, highlighting the myths and realities of victim and perpetrator characteristics, and defining sexual abuse grooming are important ways to expand the number of potential safeguards in a child's environment.

Child sexual abuse should be a "**never event**" in a health care setting. By implementing the recommendations in this policy, paediatricians can protect the physical and emotional safety of children and vulnerable adults in their care.

If you have been affected by any of the issues raised in this Publication, you can contact Dignity4Patients, whose helpline is open Monday to Thursday 10am to 4pm.