
**Background**- The medical examination of suspected sexual abuse is often an anxiety producing experience, however, the ability to measure this emotional response in the clinical setting can be challenging. Accurate assessment of patient anxiety to this type of procedure can improve patient compliance and provide opportunity for tailored interventions.

**Objective**- To evaluate emotional distress of the ano-genital examination in suspected sexual abuse assessments using the Multidimensional Anxiety Score for Children (MASC-10) pre- and post- exam, and; To compare self-reported anxiety to observed parental report using the MASC-10 and observed medical provider report using the Genital Examination Distress Scale (GEĐS).

**Design/Methods**- A prospective cohort of consecutive subject (ages 8-18 years) child/parent dyads were enrolled immediately following a forensic interview but prior to the medical examination. Subjects completed the MASC-10 prior to the examination in the exam room, and re-tested at the completion of the medical examination while in the play area/lobby. Medical provider GEĐS assessment occurred during the medical exam. Comparisons of pre- and post- exam MASC-10 T-scores were made and agreement between child- parent and child-medical provider were calculated.

**Results**- One hundred forty six subjects were enrolled. Subjects were: predominantly female (78%), Caucasian (66%), and receiving Medicaid (57%). Age was 11.8 years +/- 2.78. Most (84%) were accompanied by mother. A reduction in anxiety was reported by subjects with a mean pre-T score=55.0 vs. mean post-T score= 52.6 (p<.001). Correlation coefficients for: pre- T scores of child/ parent dyad was 0.3719 (p<.0001), and post- T scores of child/parent dyad was 0.4076 (p<.0001). There was only fair correlation of child reported anxiety to medical provider observation using the GEĐS for pre-exam (0.1194, p=.0166), and post-exam (0.2241, p=0069).

**Conclusions**- The MASC-10 shows promise as an instrument to assess changes in anxiety as a result of the ano-genital examination in suspected sexual abuse. Parent report may be adequate in identifying child anxiety, whereas, a previously published instrument for medical providers (GEĐS) does not provide as strong a correlation to the child’s self-report of anxiety. Future efforts to target interventions to address this common emotional response can be achieved using these instruments.