

Scribano PV, Hornor G, Rhoda D, Curran S, Stevens, J. Predictors of the Emotional Response to the Ano-Genital Examination of Suspected Sexual Abuse. Oral presentation at the Ray E. Helfer Society Meeting, Portland, OR, 2007.

Background- The medical examination of suspected child sexual abuse (CSA) is often an anxiety producing experience, however, the ability to measure this emotional response in the clinical setting can be challenging. The ability to identify patients with increased anxiety may improve success in the evaluation and offer opportunity to intervene.

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 determine possible predictors of moderate to severe anxiety.

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 GEDS 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. Independent predictors of anxiety were identified from child and parent report.

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 ($p<.0001$). Independent predictors of anxiety included: high risk abuse types, child with chronic illness requiring repeated medical visits, child with cognitive disability, older subjects, and history of family violence exposure.

Conclusions- Predictors of moderate to severe anxiety (report of cognitive disability, prior experience with medical care, chronic medical diagnoses, and exposure to family violence) can be identified prior to a CSA evaluation. Identifying predictors of anxiety in this setting may offer opportunity to target interventions to reduce this symptom in selected patients.