

Parents May Help Providers in Identifying Child Anxiety during Sexual Abuse Examination

Scribano PV, Hornor G, Rhoda D, Curran S, Stevens J. Multi-informant assessment of anxiety regarding ano-genital examinations for suspected child sexual abuse (CSA). Center for Child and Family Advocacy at Nationwide Children's Hospital, Columbus, OH.

Summary

Parents may be a good source for determining how emotionally distressed their child is before and after a suspected sexual abuse medical exam. These are the findings of a study from the Center for Child and Family Advocacy (CCFA) at Nationwide Children's Hospital.

“The medical examination of suspected sexual abuse is often described as an anxiety producing experience,” said Philip V. Scribano, DO, MSCE, CCFA medical director. “However, the ability to measure this emotional response in the clinical setting can be challenging. Accurate assessment of patient anxiety to determine the actual prevalence of anxiety in this population, and, to appropriately identify patients who are anxious, can offer the clinician helpful information to tailor the clinical approach to these patients.”

Dr. Scribano and additional members of the Center for Child and Family Advocacy conducted a study to describe and compare children's anxiety immediately preceding and immediately following the medical assessment, including the ano-genital exam. One hundred seventy-five children between the ages of 8 and 18 years and their accompanying parent completed the MASC-10 immediately preceding the physical examination. The MASC-10, developed from the Multidimensional Anxiety Scale for Children, is a self-report and parent-report instrument designed to measure a child's overall anxiety. The pairs again individually completed the measure after the exam was finalized. During the examination, the medical examiner completed the Genital Examination Distress Scale (GEDS), a previously published instrument for medical providers to evaluate child distress with this procedure.

Findings showed that the majority of children (83%) did not report clinically significant anxiety as a result of their medical evaluation. Additionally, parents' interpretation of their child's anxiety level was modest, compared to the child's own anxiety measures. When comparing the medical examiner's observations of the child's emotional distress to the child's report, this was not correlated as strongly as the parent.

“Our study indicates that, while the optimal approach is still to evaluate anxiety symptoms directly from a child, parent report may be adequate in identifying these symptoms,” said Dr. Scribano. “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. Future efforts which target interventions to address this emotional response in sexual abuse examinations could be achieved using this validated measure of anxiety in children.”

Abstract

OBJECTIVE: Given the commonly held belief that physical examinations for child sexual abuse (CSA) are very distressing, our primary objective was to evaluate anxiety during these assessments using the Multidimensional Anxiety Score for Children (MASC-10). A second objective was to compare self-reported anxiety to parental report using the MASC-10 and to medical provider's rating of emotional distress using the Genital Examination Distress Scale (GEDS).

METHODS: Child/parent dyads completed the MASC-10 prior to the evaluation and were retested at the completion of the medical exam. GEDS assessment occurred during the medical exam.

RESULTS: One hundred seventy-five subject dyads were enrolled and were predominantly female (77%), Caucasian (66%), accompanied by mother (90%), and receiving Medicaid (57%). A significant subgroup of children reported clinically significant levels of anxiety at the pre-examination assessment (17.1%) and post-examination assessment (15.4%). However, most subjects reported low anxiety at both pre- and post-examination assessments. Both child and parent report demonstrated less anxiety, on average, post-examination compared to pre-examination scores. Reduced anxiety was measured with a mean pre-T-score=55.8 versus mean post-T-score=53.1 ($p<.001$). Correlation coefficients for pre-T-scores and post-T-scores of child/parent dyad were 0.3257 ($p<.0001$) and 0.3403 ($p<.0001$). A small correlation was noted between child reported anxiety and medical provider observation using the GEDS for pre-exam (0.1904, $p=.01$), and post-exam (0.2090, $p=.02$).

CONCLUSIONS: Our research indicates that the majority of children are not severely anxious during medical evaluations for CSA. In addition, the MASC-10 shows promise as an instrument to assess anxiety from the ano-genital examination in CSA because it could be quickly completed by most patients and their parents, indicated a wide range of anxiety levels, and demonstrated some sensitivity to change. While parent report may identify some child anxiety, parent and provider report should not be substitutes for the self-report of children's anxiety during this medical evaluation.

PRACTICE IMPLICATIONS: A practical, quick, validated measure of anxiety can be used in the setting of CSA evaluations to identify anxiety in this population.

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