

Pediatric Best Practices

Prioritizing Safety from Sexual Abuse



Pediatric and family practitioners are presented with an amazing opportunity to reduce the risk of child sexual abuse through regular visits with parents and children starting at infancy. In the 2021 Parental & Caregiver Perspectives on Child Sexual Abuse research report, 91.5% of participants responded that they “agree” or “strongly agree” that pediatricians should be addressing sexual abuse prevention.

We know that child sexual abuse is an epidemic in our society, with 1 in 4 women and 1 in 6 men being survivors; an issue that is increasing in complexity. Child victimization is on the rise in great part due to exploitation via social media, and the effects of pornography on the developing minds of children. As much as 35-40% of child sexual abuse is perpetrated by juveniles, further increasing the urgency to promote healthy boundaries and behaviors.

91.5% of participants responded that they **“AGREE”** or **“STRONGLY AGREE”** that **pediatricians** should be addressing **SEXUAL ABUSE PREVENTION.**



Lack of exposure to prevention education and societal discomfort are two main reasons why parents do not learn about this issue and take sufficient action to reduce risk for abuse. Too often, abuse prevention efforts are postponed until children enter grade school, yet we know children under the age of 6 are at serious risk. Most sexual abuse is perpetrated without detectable physical signs, with many children not disclosing abuse for month or years.

1. Parental Education is Essential

Before a child is even able to speak, there are steps parents can take to build a protective environment for children. Educating caregivers in abuse prevention and minimizing the number of people who are involved in private interactions: diaper changes, bathing, and other caregiving tasks.

Body safety messages can begin when children are toddlers:

- a. Using the proper names for genitals provides children with the language to communicate without shame or embarrassment,
- b. Teaching the concepts of “private parts” and situations where it is appropriate to have and give others privacy.
- c. Encouraging children to manage their own self-care of private areas, (e.g. wiping themselves after using the toilet)
- d. Promoting privacy within the family when adults or other siblings are using the bathroom, in their room with the door closed, are changing clothes etc.
- e. Consent is also an important value that can empower children to know they have bodily autonomy, encouraging families not to force affection and to vocalize for children who cannot verbally express or feel confident to speak up when someone is interacting with them in a way that does not feel comfortable, safe, or wanted.



When these concepts are normalized within the home, behaviors that do not conform to this standard can help children identify situations that may be or become inappropriate.

As much as **35-40%** of child sexual abuse is perpetrated by **juveniles.**



Over **90%** of those who commit abuse are people **KNOWN and TRUSTED** by the child.

2. Providing access to evidence-based abuse prevention resources within the practice setting - waiting rooms, exam rooms, pediatric website, newsletters, and takeaways, caregivers will grow in confidence that this once 'taboo' topic is an essential part of positive parenting.

3. Being prepared to dispel myths and misconceptions of how child sexual abuse is perpetrated and the consequences of abuse on children:

- a.** Over 90% of those who commit abuse are people known and trusted by the child, often family or those in a position of trust - many of which are also juveniles. This issue affects families of all demographics - no community or family is immune.
- b.** If children are taught to feel embarrassed or ashamed of their bodies and private parts in general, they may be less likely to disclose abuse, out of fear they may be blamed. Ensuring children that they are never to blame and that we will believe them is an essential message to be communicated often.
- c.** Child sexual abuse does not just affect girls, boys are in fact less likely to disclose abuse, which may be due to the fact that they are less likely to be considered a victim and for many, experiencing sexual abuse carries a societal or cultural sense of shame.

- d. Some may believe that a child will tell right away if they've been abused, or that there would be obvious signs. However, disclosing sexual abuse is often very uncomfortable for children; it is helpful for parents to have 'body safety check-ins' with their children on a regular basis, especially if they have spent time alone with others. Parents know that even the simple messages "brush your teeth, pick up your clothing or buckle your seatbelt" can't be told to a child once but must be repeated over time to be effective - the same is true for body safety.
- e. Some perceive tweens and teens as being more capable of protecting themselves from abuse, but in reality may fear the consequences of disclosing abuse because they more clearly understand the potentially negative impact. Online safety to prevent exposure to pornography is essential for any and all children who are given access to the internet, social media, and online games. This is the new 'stranger danger' of our age with the anonymity of cyberspace making it even more difficult to track predators down. Even the savviest of parental settings can fail to prevent inappropriate content and communication with potential predators.

Online safety to **PREVENT** exposure to pornography is **essential** for any and all children given access to the **INTERNET, SOCIAL MEDIA AND ONLINE GAMES.**

- f. Children with disabilities or other diagnoses that require the child to have specialized therapies, assistants, and transportation needs are at an increased risk for abuse. Professionals and organizations that work with children should be able to clearly and openly share their abuse prevention training and protocol at the request of parents, if they are not publicly available. Extra steps may be needed to help empower children who may have communication challenges.

4. An annual physical exam provides an excellent opportunity for the doctor to discuss the concept of "okay" and "not okay" touching. Explaining to children that a physical exam of their body is necessary for their health with their parent(s) present to observe, asking for permission and explaining why the exam is being performed, can help children grow in understanding that people should treat their bodies with respect.



5. Encouraging families to build a Body Safety Circle™: identifying three to five trusted adults in a child's life they can speak to if they ever have a question or concern. These people should know they are trusted with this task and are knowledgeable or given access to information to educate them on the issues. We recommend that at least one of these people be someone who is not related to the child, such as a school teacher, babysitter, parent of a friend, etc. Children should know that people within their Body Safety Circle - even their parents, should respect the rules of body safety and if there is an issue, to speak to the other people in their circle.

6. Reinforce the importance of not keeping any secrets. Even seemingly innocent or happy secrets can be part of the "grooming" process of predators to bond with a child and distance them from protective adults. When safe adults encourage secrets, it can make it more difficult for children to discern when a secret is not safe. Surprises are situations that are only kept quiet temporarily. Reinforce that if children are unsure if something is a secret or surprise, they should ask a grown up in their Body Safety Circle™.

Of course, everything that parents and caregivers should know cannot be covered during a visit, but it is a valuable opportunity to start a conversation and encourage parents to learn more. Prevention efforts

also potentially reduce future visits for the myriad of health problems that present as a side effect of abuse, from insomnia, migraines, eating disorders, self-harming, substance abuse, pregnancy, STDs, digestive issues, and more.

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SECRETS.



Collaborating with local child advocacy centers and building connections to improve abuse prevention, response, and healing resources are invaluable to providing a practice environment that puts the health, safety, and wellness of children first and foremost.

Order your Free Pediatric Kit for your
Pediatric or Family Practice at:
TheMamaBearEffect.org/Pediatrics

Produced by The Mama Bear Effect in cooperation with
Dr. Martin Finkel DO, FACOP, FAAP of the Child Abuse Research
Education Services Institute

Other resources:

- Association For the Treatment of Sexual Abusers: atsa.com
- Know Your IX: knowyourix.org
- Healthy Children: healthychildren.org
- National Center on Sexual Behaviors in Youth: NCSBY.org
- National Child Traumatic Stress Network: nctsn.org
- Safe Kids Thrive: SafeKidsThrive.org
- Stop it Now: StopitNow.org
- Zero to Three: ZeroToThree.org



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