New Guidance From the American Academy of Pediatrics on Protecting Children From Sexual Abuse in Health Care Settings

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The American Academy of Pediatrics (AAP) recently released an updated policy statement focused on child sexual abuse in health care settings. Published in the AAP's journal Pediatrics, the statement aims to help parents, caregivers, and health care professionals prevent sexual abuse under the guise of medical care, as well as guide how medical professionals and institutions respond to young patients’ abuse disclosures.

What's New

The statement supersedes the AAP's original policy, which was published in 2011 and reaffirmed in both 2015 and 2020. Research on preventing child sexual abuse has advanced substantially over the past decade, which was a main driver behind the updated edition, according to Antoinette Laskey, MD, MPH, MBA, the statement’s lead author and chair elect of the AAP’s Council on Child Abuse and Neglect.

The update provides additional prevention strategies and a robust look at common misconceptions about child sexual abuse. It offers concrete recommendations beyond basic background checks for pediatricians and other health care professionals who interact with patients aged 18 years or younger. It also addresses recent cases in health care settings, including that of Larry Nassar, the former physician for both Michigan State University and the USA Gymnastics team, who has been accused of abusing at least 265 girls in his care between 1992 and 2014.

Why It’s Important

“Patient safety is everyone’s responsibility, and institutions need policies to screen, train, and evaluate such issues,” Kenneth Feldman, MD, a clinical professor of pediatrics at the University of Washington, wrote in an email. “It’s good, through means such as this revised policy, to regularly remind providers of their responsibilities,” added Feldman, who coauthored the 2011 statement.

There are also some publicized reminders, like the Nassar case—one of the more high-profile child sexual abuse incidents involving a health care professional. Even though Nassar’s case is well known, the public’s awareness of it makes it an outlier.

“Much of such abuse is hidden,” said Feldman, a general pediatrician who was medical director of the Safe Child and Adolescent Network at Seattle Children’s Hospital from 1983 to 2010. “Research tends to be limited to legally evaluated cases, which may be the most overt or ones that are fortuitously recognized.”

Despite the lack of research on child sexual abuse that occurs specifically in health care settings, Laskey noted that such abuse is more widespread than may be realized. The Nassar case is “only one example of something that’s happened in many different health care settings around the country,” she said in an interview.

She also said that sparse data on child sexual abuse in health care settings make it difficult to determine the most common perpetrators and who’s most likely to be abused in these spaces. “Sexual abuse can happen anywhere, anytime that the conditions exist of a person in a position of power who is inclined to perpetrate a crime against a vulnerable individual,” she noted.

Examination Protocols

Establishing guidelines for medical examinations may mitigate abuse, according to the statement. For example, if a child’s sensitive areas, such as the anogenital region, require examination, the patient should be able to provide consent and should be given privacy to disrobe and drape. The statement also stresses that cultural and religious norms may factor into which body parts are considered sensitive. Health care professionals should wear gloves during anogenital examinations, which should only be conducted in a formal clinical environment.
Health care professionals also need training on how to discuss genital examinations with both the patient and the patient’s family. “We should help children know about body safety and use the exam as a teaching opportunity,” said Laskey, who is a professor of pediatrics at The University of Utah and the division chief of the Center for Safe and Healthy Families at Intermountain Primary Children’s Hospital. “When we, as a society, create euphemisms for our private parts and we don’t talk about our private parts, we create secrecy and shame that allows sexual abuse to go hidden for much longer.” Instead, she noted, “We should use appropriate language and clear communication about what we’re doing and why.”

Preventing Abuse
Screening and background checks are conventional methods of preventing perpetrators from working in health care settings. However, the statement emphasizes that such protocols, although necessary, are inadequate on their own.

In addition to background checks, the policy suggests that health care institutions should establish explicit expectations for examinations, hygiene care, or medical procedures involving sensitive areas and should require such expectations to be covered during onboarding training for new employees. All employees within the realm of children’s health care—including individuals who don’t provide care directly—should receive training, which may also include how to recognize and defuse inappropriate behavior.

This behavior can involve grooming strategies, which the statement defines as occurring “when the perpetrator performs actions that increase the parent’s and/or child’s trust and dependence on the perpetrator while gradually obtaining the child’s accommodation to sexual contacts.” Grooming behavior may involve repeated, unsupervised contact, for example, or touching children in a seemingly innocuous manner on the shoulder or thigh before advancing to contact that’s more overt in nature.

Health care institutions should not provide justification for abusive actions, like labeling the behaviors as normal or as minor transgressions. Clear language about abuse is also warranted. For example, the statement advises using direct language during employee onboarding, such as, “The safety of children in our care is paramount. We do not tolerate inappropriate behavior, boundary violations, or sexual abuse of children in our care.”

“In almost every case of sexual abuse of a child by a health care provider, there were systems and institutional failures, coupled with individual enablers who indirectly facilitated the abuse,” noted Anderst, who also directs the child abuse and neglect division at The Children’s Mercy Hospital.

Guidance for Chaperones
The presence of chaperones during medical examinations can reduce the possibility of abuse or false claims of abuse. A 2011 AAP policy statement on chaperoning, which was reaffirmed in 2018, is in the process of being updated.

In the meantime, the new policy about child sexual abuse recommends that a chaperone should be present during any examination deemed to be sensitive in nature, including inspection of the breast and anogenital areas. It may also be appropriate to involve chaperones during nonsensitive examinations of patients at heightened risk of child sexual abuse, such as those who are unconscious or heavily sedated, intoxicated, developmentally impaired, or have a history of trauma. Chaperones don’t necessarily need to be the same gender as the patient, according to the statement; however, if the patient has a gender preference, the request should be respected.

Use of a chaperone should be discussed with both the patient and the patient’s family. For the safety of both patients and health care professionals, chaperones shouldn’t be related to the patient, per the recommendations.

“The role of a chaperone is as much to protect a patient as it is to protect a provider from a spurious allegation,” Laskey said. “If the only other person in the room besides you and the patient is a family member, there’s an inherent conflict of interest in that situation. Having another medical professional there who knows what’s appropriate and acceptable keeps everyone safe.”

Debunking Myths
According to the statement, health care personnel should be educated about myths related to child sexual abuse. “If we can dispel the myths, we can be much better at recognizing when something doesn’t feel right, or look right, or sound right,” Laskey said.

The policy notes common myths about the characteristics of perpetrators and the children they abuse. These myths include:

- Only girls experience child sexual abuse.
- Only men are perpetrators of child sexual abuse, and they are easily identifiable.
- Children often lie about being abused.
- If children are abused, they will tell someone.
- Physical contact is always an element of child sexual abuse, and physical evidence of the incident will exist.

The statement also proposes other educational topics for health care professionals, including laws and policies, children’s behavioral responses to abuse, perpetrator grooming behaviors, methods to prevent abuse, and how to report incidents of abuse.

Responding to Abuse Claims
To mitigate trauma, the recommendation advises maintaining confidentiality for both children and health care professionals involved in child sexual abuse allegations. Institutions should internally investigate claims of sexual abuse, and if warranted, report abuse or misconduct to state medical boards. Police and child protective services should investigate allegations as well. Importantly, health care professionals must be aware that they are legally required to report suspicions of child abuse.

The policy provides suggestions for reporting and managing sexual abuse cases:

- Accusations should be managed efficiently and quickly.
- During an investigation, accused employees should receive confidential counseling.
- Patients who experienced abuse by staff should be offered both counseling and treatment from health care professionals specialized in child sexual abuse.

“Overwhelmingly—health care providers, pediatricians—we care about our patients,” Laskey said. “There isn’t danger behind every corner. What this policy is meant to do is keep everybody as safe as we can by reducing opportunities for sexual abuse.”

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Conflict of Interest Disclosures: Dr Feldman reported evaluating and providing medical-legal consultations in cases of possible child abuse. Dr Laskey reported that she is the editor of a textbook on child abuse medical diagnosis and management published by the American Academy of Pediatrics and provides expert testimony in child abuse cases, for which her employer The University of Utah is paid. No other disclosures were reported.

Note: Source references are available through embedded hyperlinks in the article text online.