Going to the doctor

Information for families and young people on the medical care and assessment of suspected sexual abuse and assault.

As part of any investigation into the suspected sexual abuse of a child or adolescent, a doctor’s examination may be required.

Parents, children and adolescents all have their own questions and concerns about the procedures involved. This fact sheet will answer some of them. If you, or your child, or adolescent have other questions, you can ask either the person who arranges the appointment or the doctor who carries out the examination.

This fact sheet is written for the parents of a dependent child. Adolescents may prefer to read it for themselves. They may also prefer to be alone for the examination, or have a support person from outside the immediate family. Again, this can be discussed with the doctor.

Why does my child need to see a doctor?

The most important reason for a doctor’s examination is to help protect and reassure the child or young person about their health. A doctor can make sure that your child has no injury, infection or other physical problem that may require treatment. Usually, there are no such problems, but it is very important that the child or young person is reassured about that.

Additionally, an examination is an important part of the investigation of suspected sexual abuse. If there are physical signs of abuse, the examination can be used to support the child or young person’s evidence if the person who allegedly abused the child should ever be prosecuted in court.

Sometimes in very young children, parents or caregivers may have a suspicion that sexual abuse has occurred because of symptoms the child has (for example a rash in the genital area) or because of behaviours that the child has demonstrated. A doctor’s assessment is very important to evaluating these concerns.

What sort of doctor will my child see?

Doctors who see children or young people who may have been sexually abused require special training. There are skills involved in making a child feel comfortable and secure, and in examining for any infection, injury, or emotional problem.

Doctors who are able to perform examinations will either be a general practitioner, or a paediatrician (specialised children’s doctor). Most doctors will be members of DSAC, which stands for Doctors for Sexual Abuse Care. This is a professional organisation of doctors involved in education and support of doctors working in the field of sexual abuse.
What happens in the examination?

First, there must be time to talk. The doctor will need discuss what has happened to your child. Usually the doctor will start off talking to you alone to gather information and let you outline your concerns. The doctor must learn enough of the child's history to know what to look for, and will want to know about any medical problems or past illnesses or accidents your child may have, and about your child's world of family, pre-school or school. The doctor will not necessarily want to question the child directly, especially if this would upset or distress the child.

For some adolescents and older children, it may be necessary for some discussion to take place without you. This is done to help a child or young person talk about anything that may make them feel confused, embarrassed, or to blame in some way.

Part of the discussion will be explaining to the child or young person about the physical examination, and that it will include looking at the genital and anal areas - the "private parts". Cooperation of the child or young person is essential, and the child will be reassured if they are embarrassed or scared. To help a young child feel comfortable and safe the child may be examined on their parent’s lap.

Your consent is required for the examination, and in many centres a written consent form is signed to document this.

As in a normal medical examination, the doctor will examine the "whole" child. Height, weight and blood pressure may be taken; ears and mouth examined, and heart and lungs listened to.

Examination of the genital and anal areas in most cases requires "looking only". Sometimes a small, moistened cotton bud swab is used for infection screening (see below). Even in older girls who have reached puberty, an internal examination is very rarely needed. If it is necessary, the doctor will explain why. The instrument used is a speculum - the same instrument as that used to open the vagina to take a smear test. It is important that the speculum is the right size for the patient - small sizes are available if required, so there should be no real discomfort.

As it is not always easy to see the area well enough when just looking, a good source of light is needed (either a lamp or torch), and sometimes, it is necessary to magnify the genital and anal areas. In some cases this will be by a hand held magnifying glass, or in some centres a special instrument called a colposcope is used. If a colposcope is used, you and your child will be told about this before the examination, and shown how it is used. A colposcope may also allow for photos or a video recording of the genital area to be taken. This may sound strange, but photos or a video can provide an accurate record, such as an x-ray does, and avoid the need for a repeat examination if further expert opinion is required. All photos and videos are labelled anonymously and stored securely. Your consent is also needed for any photos or video recordings.

If a child or young person is seen within 72 hours of a possible sexual assault, a special medical examination kit may be used. The doctor will explain each section of this. It is merely a way of making sure that all possible laboratory (forensic) evidence is collected, and retained in an environment which will preserve it in case of future prosecution.
What tests are needed?

Infection screening for sexually transmitted infections (STI’s) may be required. Swabs from the throat, genital areas and anus are taken with special moistened cotton buds. Limited screening for STI’s can also be performed on a urine sample if needed. An adolescent girl may need to provide a urine sample if there is any possibility of pregnancy. A blood test may also be requested, for infection screening.

Will the examination hurt?

No. The examination described should not hurt. Swab taking and the use of a speculum (in older adolescents) may be a bit uncomfortable, but your reassurance and support can help minimise this. Cooperation of the child or young person is required at all stages, and nothing will proceed against their wishes. With adequate time to prepare and explain the examination, most children and young people will be relaxed enough to cooperate.

What genital (or anal) injuries are likely?

Most children have no physical injury to the genital or anal area. Some will have very minor findings, only recognisable to a doctor trained in dealing with child sexual abuse. Only in an acute and forceful situation, are there likely to be cuts and bruises seen.

The important thing to realise is that any injury can heal to normal. No child should worry that changes will be permanent or that others will know what has happened. Even if infection is present, prompt treatment will prevent later troubles from sexually transmitted infections. On occasion there may be fear that HIV/AIDS has been passed on to the child. This can be tested for, and followed up.

Can there be any permanent problems?

The most damaging effects are emotional. Without help, they may go on to affect the child in later life. For this reason, support for the child is extremely important. The examining doctor will make sure this is available. The Accident Compensation Corporation (ACC) will help with this, providing 16 support sessions through registered counsellors. As this is a very specialised area, your child should only see an approved counsellor who has experience in this work. You can find registered counsellors by region, including ACC-approved sexual abuse counsellors, at the ACC website. (link to website here). Often, parents and other family members need help, too. It is difficult for everybody close to the child to cope with their own feelings about what has happened. Please tell the doctor who sees your child, or your own doctor, about this so that your needs are met too.
Can I ask questions and discuss worries?

It is absolutely necessary that you do this. Questions and worries are expected in this situation. An older child or adolescent may need time to tell the doctor his or her own concerns alone. Please don’t resent this. It is normal. Parents are often confused, hurt, or angry and children often feel guilty, particularly if they did not tell what was happening to them at the time. Children and adults may have quite different responses to this situation.

Boys often worry that they may become homosexual as a result of abuse. This is not a realistic fear, but it doesn’t stop them worrying. In the same way, girls (and their parents) may worry about a loss of ‘virginity’, the possibility of pregnancy, or infection and later implications.

These worries need to be voiced. The examining doctor will be used to such questions, and is experienced in discussing issues of sex and the feeling and reactions that children and parents may have as a result of their experience. The most appropriate support for the child and the family can then be arranged.

What other agencies need to be involved?

Your area will have a specially trained team made up of members of the Police and Child Youth and Family (CYF) who are responsible for investigating sexual abuse (known as Child Protection Team CPT or Sexual Abuse Teams SAT). They will treat the information with strict confidentiality.

You may have already seen a member of the team. If not, a CPT/SAT member trained to interview children will be responsible for taking a history from your child, yourself, and if necessary, other family members.

It is important that the CPT/SAT is involved. Working in this way, the investigation, including the medical examination, is completed with the least distress to the child and family. In addition, CYF has statutory powers which, if needed, can be used to protect the child, while the police have the statutory powers to apprehend and interview the alleged offender. No family can deal with these responsibilities alone.

Who will be given information about the examination?

The examining doctor will write a report of the assessment and examination findings. If Child Youth and Family or the Police are involved in your child’s case they will be given a copy of the report. You can also request a copy of the medical report.

With your consent, a claim to the ACC which enables your child to receive support will be completed.

With your consent, the examining doctor will advise your family doctor (GP). We believe this is important because he/she is responsible for continuing care in the future. However, this is entirely your decision.

You have been through a very traumatic experience.

As doctors, we may not have shared that experience, but we do recognise its impact.

Please feel free to discuss or question any aspect of the treatment we can offer.