Consultations due to suspected child and adolescent sexual abuse at the Department of Gynecology of a children's hospital: pre- and intra-COVID-19 pandemic

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ABSTRACT

Introduction. It has been suggested that the social isolation due to the coronavirus disease 2019 (COVID-19) may increase the incidence of child and adolescent sexual abuse (CASA).

Objective. To compare the incidence and characteristics of medical consultations made to the Department of Gynecology due to CASA before and during the COVID-19 pandemic.

Materials and methods. Descriptive, observational, and comparative study about suspected CASA events occurred during the COVID-19 pandemic compared to those occurred in the previous year at a tertiary care children's hospital.

Results. One hundred and twenty-two medical consultations due to suspected CASA were recorded; 78 before and 44 during the pandemic. In both groups, the most common reason for consultation at the hospital was an account of CASA and, at the Department of Gynecology in particular, the external genitalia examination. Most subjects had a normal physical examination. There was a higher prevalence of STI in the pandemic group. In addition, there were also more hospitalizations and police reports for victims protection in this group. The abuser was known to the victim in almost 90% of cases in both groups.

Conclusions. During the pandemic, the total number of medical consultations to the Department of Gynecology decreased so the percentage of those due to suspected CASA was higher. However, the presence of severe lesions, STIs or pregnancy did not change.

Key words: *child and adolescent sexual abuse, pandemics, COVID-19, sexually transmitted diseases.*

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INTRODUCTION

Child and adolescent sexual abuse (CASA) is a felony defined by the the involvement of a child or an adolescent in sexual activity that he or she does not fully comprehend and is unable to give consent to.[1]

Considering other health crises and the little evidence available about the crisis caused by the new severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), children and adolescents may be more exposed to sexual violence and unintended pregnancy.[2-4]

Argentina established a preventive and mandatory social isolation policy to reduce COVID-19 dissemination for 8 months. Restrictions included closing schools and limiting health care to emergencies. Both schools and hospitals play a key role in detecting CASA and in protecting children and adolescents.[3,6]

The purpose of this study was to compare the incidence and characteristics of medical consultations made at the Department of Gynecology due to CASA before and during the COVID-19 pandemic.

POPULATION AND METHODS

This was a descriptive, observational, and retrospective study. The medical records of patients aged 0-18 years referred to the Department of Gynecology of Hospital Garrahan due to suspected CASA over 2 periods were reviewed. Two periods were defined: prepandemic, from March

1st , 2019 to October 31st, 2019, and pandemic, from March 1st, 2020 to October 31st, 2020. No case exclusion or selection criteria were defined.

The study was approved by the Ethics Committee. The study variables were collected separately from identifying data:

- Age.
- Hospital area where CASA suspicion arose.
- Reason for consultation at the hospital and at the Department of Gynecology.
- Preexisting conditions and intellectual disability.
- Initiation of sexual intercourse.
- Gynecological findings according to Adams' 2018 classification (*Supplementary material*).
- Other variables: relationship with abuser, hospitalization, and police report.

Patients were classified into 2 groups: girls, up to 12 years old and adolescents from 13–18 years. This grouping was defined for consistency with the Argentinean Civil Code which states that people aged 13 and up may consent to sexual intercourse.[7] However, in practice, such boundary is not as strict due to individuals progressive autonomy.

Medical approach to children and adolescents was comprehensive and met current legal framework.

Data were recorded in an Excel® spreadsheet and input in the STATA 12.0® software for analysis.

Descriptive statistics were included in frequency tables and summary statistics with a 95% confidence interval (CI); comparisons between periods were done using the χ^2 test and with a p value < 0.05 was considered significant.

RESULTS

A total of 122 medical records were reviewed; 78 corresponded to group 1 (pre-pandemic or G1) and 44, to group 2 (pandemic or G2).

Table 1 includes the data about the incidence of medical consultations in both periods.

During the pandemic, the total number of medical consultations to the Department of Gynecology decreased so the percentage of those due to suspected CASA was higher.

Both groups were made up of girls (G1: 72% and G2: 79.5%) and female adolescents (G1: 28% and G2: 20.5%), and there were no statistical differences between them. Age was similar in both groups, with an average of 8.7 years (± 4.5) in G1 and 8.3 years (± 4.2) in G2.

CASA events were suspected at the walk-in clinic (38/78 G1, 27/44 G2), the hospitalization ward (28/78 G1, 7/44 G2), and the ER Department (12/47 G1, 10/44 G2). A statistically significant difference was observed in the number of referrals from the hospitalization ward ($p < 0.05$).

The reasons for medical consultation upon hospital admission are summarized in *Table 2* and those to the Department of Gynecology, in *Table 3*.

A preexisting condition was observed in 20/78 patients in G1 and in 6/44 in G2 ($p = 0.120$). Of them, 10 and 1 patients, respectively, had intellectual disabilities ($p = 0.035$). Diagnoses included chronic non-progressive encephalopathy, mental retardation, or Down syndrome.

Physical findings based on Adams' 2018 classification are described in *Table 4*. Non-severe lesions included a normal physical examination , lesions not caused by trauma, infections unrelated to sexual contact or infections transmitted both otherwise as well as sexual contact. The remaining findings were defined as severe. No significant differences were observed in terms of severe lesions (11/78 G1 versus 5/44 G2).

Table 5 describes other analysis variables.

The overall prevalence of STIs was 15.6%. Syphilis (7/78 versus 2/44), herpes (2/78 versus 4/44), and human papillomavirus (HPV) (1/78 versus 3/44) were diagnosed in G1 and G2, respectively. None of these children and adolescents had had sexual intercourse.

A total of 68 accounts of abuse were recorded. Among known abusers, 22/37 G1 and 12/24 G2 were relatives; 6/37 G1 and 6/24 G2, in-laws; and 9/37 G1 and 6/24 G2, non-family members (neighbor, driver, family friend).

TABLE 1. *Data about the incidence of consultations in both periods*

Analyzed variable	G1 (pre-pandemic)	G2 (pandemic)
Consultations to the Department of Gynecology	3139	992
Suspected CASA cases recorded	78 (2.5%)	44 (4.4%)

CASA: child and adolescent sexual abuse.

It is worth noting that only 7/40 patients who made an account of abuse had a physical finding in G1 and 7/28, in G2.

DISCUSSION

CASA is a severe, highly prevalent event at a national and worldwide level. According to the World Health Organization (2016), 1 in every 5 females and 1 in every 13 males stated that they had suffered CASA.[8] In Argentina, the most recent published figures correspond to the period between October 2019 and September 2020 and indicate that 3249 children and adolescents were victims of sexual violence, a figure probably highly underestimated.[9]

The pandemic brought about an overall socioeconomic and health crisis that resulted in increased risk factors for individuals exposed to

TABLE 2. *Reasons for consultation at the hospital due to suspected CASA in both periods (N = 122)*

Reason for consultation upon admission to the hospital	**G1 (pre-pandemic) N = 78 N (%)**	**G2 (pandemic) N = 44 N (%)**
Account of children and adolescent abuse	30 (38.5)	17 (38.6)
Miscellaneous (suicide attempt, abdominal pain, syncope)	25 (32)	16 (36.4)
Paroxysmal attacks	12 (15.4)	1 (2.3)
Gynecological signs and symptoms	5 (6.4)	7 (15.9)
Suspicion by a family member	6 (7.7)	3 (6.8)

CASA: child and adolescent sexual abuse.

TABLE 3. *Reasons for consultation to the Department of Gynecology by period (N = 122)*

Reason for consultation	**G1 (pre-pandemic) N (%)**	**G2 (pandemic) N (%)**
Examination of external genitalia	64 (82)	35 (79.5)
Vaginal discharge	1 (1.3)	2 (4.6)
Genital lesions	7 (9.0)	6 (13.6)
Genital bleeding	4 (5.1)	1 (2.3)
Scheduled checkup	2 (2.6)	0 (0)

TABLE 4. *Physical findings based on Adams' classification (2018) by period (N = 122)*

Categories of physical findings based on Adams' classification (2018)	**G1 (pre-pandemic) N = 78 N (%)**	**G2 (pandemic) N = 44 N (%)**
Normal physical examination or lesions caused by conditions other than trauma	64 (82)	32 (72.7)
• No lesions	59 (75.6)	27 (61.4)
• Non-specific lesions	5 (6.4)	5 (11.3)
Lesions caused by trauma and highly suggestive of abuse:	3 (3.8)	2 (4.5)
• Complete hymen cleft	3 (3.8)	2 (4.5)
Infections not related to sexual contact or that can be spread by nonsexual as well as sexual transmission:	3 (3.9)	7 (15.9)
• HPV	1 (1.3)	3 (6.8)
• Herpetic vesicles	2 (2.6)	4 (9.1)
Infections caused by sexual contact:	7 (9)	2 (4.6)
• Syphilitic lesions	1 (1.3)	1 (2.3)
• Positive syphilis serology	6 (7.7)	1 (2.3)
Findings diagnostic of sexual abuse:	1 (1.3)	1 (2.3)
• Pregnancy	1 (1.3)	1 (2.3)

HPV: human papillomavirus.

CASA.[10] An association between CASA and food and housing insecurity has been documented. Specialized bibliography demystifies the belief that the family is a privileged setting of care. An increase in child abuse has been reported globally associated with social isolation.[11] It has been noticed that CASA reports may reduce due to the closing of systems that help to unmask situations of abuse.[12] According to national reports, intra-family and/or sexual violence against children and adolescents increased 48% during the lockdown.[13]

Hospital Garrahan is a tertiary care children's hospital. During the pandemic, scheduled appointments were interrupted so there was a generalized decrease in medical consultations. This was also observed in the Department of Gynecology, where there were 69% less consultations. Therefore, the incidence of consultations due to CASA doubled.

Victims account was more frequent than gynecological signs or symptoms as the reason for consultation.

A significant difference in the number of referrals from the hospitalization ward was estimated, with a higher number during the pandemic. The reasons for hospitalization were generally severe situations potentially related to abuse, such as psychomotor agitation, paroxysmal attacks, suicide attempts, among others.

During the pandemic, a statistically significant reduction was observed in the number of medical consultations for children and adolescents with preexisting conditions because they were probably considered at risk for severe COVID-19 complications. More patients with intellectual disabilities consulted in the pre-pandemic period. This is a vulnerability factor for CASA (greater psychological dependence, fewer communicational skills, a need for hygiene assistance, and confusion between affectionate and abusive contact).[14-16]

It has been reported that usually only 10% of CASA victims show physical findings that allow to make a diagnosits of certainty.[17] In our study, as in the bibliography, most physical examinations were normal or found non-specific results. This may be related to the type of sexual contact in the pediatric population (touching without penetration) and the widely disseminated statement that a normal physical examination does not rule out CASA.[18,19]

The presence of STIs in the abused pediatric population is usually uncommon (5% and 8%).[20] In this study, the prevalence was, alarmingly, much higher.

The purpose of an interdisciplinary approach is to provide patient support and to establish protection measures. Hospitalization, which is usually a last resource, was necessary in a large part of the sample.

The minor's CASA account is one of the resource elements for diagnosis. It should never depend on the presence of physical lesions.[16] The account rates was similar in both groups, although there may have been more barriers for disclosure during the preventive and mandatory social isolation policy (abuser in a position of power, social isolation, lack of opportunities for CASA disclosure, and feelings towards the abuser).[21]

According to worldwide statistics, 75-90%

TABLE 5. *Other analysis variables by period (N = 122)*

Variable	G1 (pre-pandemic) N = 78 N (%)	G2 (pandemic) N = 44 N (%)
Findings of STIs	10 (12.8)	9 (20.5)
Hospitalization	23 (29.5)	17 (38.6)
No indications of CASA other than initial suspicion	24 (30.8)	9 (20.5)
Complaint made by health care staff	29 (37.1) 6/29 (20.7)	20 (45.5) 3/20 (15)
Account of CASA	40 (51.3)	28 (63.6)
Known	37/40 (92.5)	24/28 (85.7)
Pregnancy resulting from CASA	1 (1.3)	1 (2.3)

STIs: sexually transmitted infections; CASA: child and adolescent sexual abuse.

of CASA events are committed by relatives or close persons, which is consistent with our case series.[20,22]

In relation to police reports in Argentina, CASA is currently a criminal offense subjected to public prosecution.[23] During the pandemic, the percentage tended to increase. Such variable is not easy to analyze because multiple factors are involved in the need to make a report: a validated account, certain or highly suspicious findings, and the presence of other signs of violence.

A question that remains unanswered is whether the opening of activities and the possibility of completing health controls will result in an increased detection of abuse situations suffered during the pandemic.

A limitation of this study is the small number of patients which, in some cases, is not enough to assign a statistical significance to the difference. However, the study has a high descriptive value and makes a contribution to the scarce bibliography available on this topic.

CONCLUSIONS

During the pandemic, the total number of medical consultations to the Department of Gynecology decreased so the percentage of those due to suspected CASA was higher. No significant differences were observed between both groups in terms of the severe lesions, STIs or pregnancy. Most of the sample did not evidence physical findings. The prevalence of STIs was high. Most abusers were known to their victims. ■

REFERENCES

1. World Health Organization. Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva: WHO; 2017. [Accessed on: January 27th, 2020]. Available at: https://www.who.int/reproductivehealth/publications/violence/clinical-response-csa/en/
2. Carlis M, Aprile M, Barcos A, Barros, et al. Cuando el tapabocas no protege: pandemia y abuso sexual en las infancias. *Red Sociales*. 2020; 07(2):38-45.
3. Alianza para la Protección de la Infancia en la Acción Humanitaria, Nota técnica: Protección de la infancia durante la pandemia de coronavirus. Versión 1. Marzo de 2019. [Accessed on: January 27th, 2020]. Available at: https://alliancecpha.org/en/system/tdf/library/attachments/the_alliance_covid_19_brief_version_1_es.pdf?file=1&type=node&id=37184
4. Comisión Económica para América Latina y el Caribe (CEPAL), Oficina Regional para América Latina y el Caribe del Fondo de las Naciones Unidas para la Infancia (UNICEF), Oficina de la Representante Especial del Secretario General sobre la Violencia contra los Niños. Violencia contra niñas, niños y adolescentes en tiempos de COVID-19. Noviembre 2020. [Accessed on: January 27th, 2020]. Available at: https://www.unicef.org/lac/media/19611/file/violencia-contra-nna-en-tiempos-de-covid19.pdf
5. Decreto 297/2020. DECNU-2020-297-APN-PTE. Aislamiento social preventivo y obligatorio. Boletín Oficial de la República Argentina, Ciudad de Buenos Aires, Argentina, 19 de marzo de 2020. [Accessed on: January 27th, 2020]. Available at: https://www.boletinoficial.gob.ar/detalleAviso/primera/227042/20200320
6. Dave H, Yagnik P. Psycho-social impact of COVID-19 pandemic on children in India: The reality. *Child Abuse Negl*. 2020; 108:104663.
7. Soubies ME, Muñoz M. Guía sobre derechos de adolescentes para el acceso al sistema de salud. Buenos Aires: Secretaría de Gobierno de Salud, Ministerio de Salud y Desarrollo Social de la Nación; 2018, [Accessed on: August 25th, 2020]. Available at: https://www.argentina.gob.ar/sites/default/files/guia_sobre_derechos_de_adolescentes_para_el_acceso_al_sistema_de_salud.pdf
8. Organización Mundial de la salud. Maltrato infantil: Datos y cifras. Junio 2020. [Accessed on: July 28th, 2020]. Available at: https://www.who.int/es/news-room/fact-sheets/detail/child-maltreatment
9. UNICEF, Programa Las Víctimas Contra Las Violencias, Fundación Red por la Infancia. Un análisis de los datos del Programa "Las Víctimas Contra Las Violencias" 2019-2020 y del impacto de la campaña "De los chicos y las chicas #SomosResponsables". 2020. (Serie violencia contra niñas, niños y adolescentes, nº 8). [Accessed on: July 28th, 2020]. Available at: https://www.unicef.org/argentina/media/9576/file/Las%20V%C3%ADctimas%20contra%20las%20Violencias%202019-2020.pdf
10. Peterman A, Potts A, O'Donnell M, Thompson K, et al. Pandemics and Violence Against Women and Children. Working Paper 528. Washington, DC: Center for Global Development; 2020. [Accessed on: May 25th, 2020]. Available at: https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children
11. Dahal M, Khanal P, Maharjan S, Panthi B, Nepal S. Mitigating violence against women and young girls during COVID-19 induced lockdown in Nepal: a wake-up call. *Global Health*. 2020; 16(1):84.
12. Humphreys KL, Myint MT, Zeanah CH. Increased Risk for Family Violence During the COVID-19 Pandemic. *Pediatrics*. 2020; 146(1):e20200982.
13. Argentina. Ministerio de justicia y Derechos Humanos. Llamados atendidos sobre violencia familiar - línea 137, 2020. [Accessed on: January 28th, 2021]. Available at: http://datos.jus.gob.ar/dataset/linea-137-victimas-de-violencia-familiar/archivo/b51a8d55-73f8-4aec-a367-4088022df7eb
14. Chejter S. Abusos sexuales y embarazo forzado en la niñez y adolescencia: lineamientos para su abordaje interinstitucional. Ciudad Autónoma de Buenos Aires: Secretaría Nacional de Niñez, Adolescencia y Familia. Plan Nacional de Prevención del Embarazo no Intencional en la Adolescencia; 2018. [Accessed on: August 25th, 2020]. Available at: https://www.argentina.gob.ar/sites/default/files/abusos_sexuales_y_embarazo_forzado._lineamientos._anexo.pdf
15. Berlinerblau V, Nino M, Viola S. Guía de buenas prácticas para el abordaje de niños/as adolescentes víctimas o testigos de abuso sexual y otros delitos. Protección de sus derechos, acceso a la justicia y obtención de pruebas válidas para el proceso. Ciudad Autónoma de Buenos Aires: UNICEF-ADC; 2013. [Accessed on: August 25th, 2020]. Available at: https://www.unicef.org/argentina/sites/unicef.org.argentina/files/2018-04/proteccion_Guia_buenas_practicas_web.pdf
16. Crawford-Jakubiak J, Alderman E, Leventhal J, et al. Care

of the Adolescent After an Acute Sexual Assault. *Pediatrics*. 2017; 139(3):e20164243.
17. Hernández Ragpa L, Valladolid Urdangaray A, Ferrero Benéitez OL, Díez Sáez C. Sexually transmitted infections in the context of a sexual assault. *Enferm Infecc Microbiol Clin (Engl Ed)*. 2019; 37(3):187-94.
18. Shrier L. Infecciones de transmisión sexual: clamidia, gonorrea, enfermedad inflamatoria pélvica y sífilis. In: Emans S, Laufer M (eds). Ginecología en la infancia y la adolescencia. 6.ª ed. Philadelphia: Lippincott Williams & Wilkins; 2013. Pages 325-48.
19. Adams JA, Farst KJ, Kellogg ND. Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018. *J Pediatr Adolesc Gynecol.* 2018; 31(3):225-31.
20. Jenny C, Crawford-Jakubiak J. Committee on Child Abuse and Neglect, American Academy of Pediatrics. The evaluation of children in the primary care setting when sexual abuse is suspected. *Pediatrics*. 2013; 132(2):e558-67.
21. Tener D, Marmor A, Katz C, Newmann A, et al. How does COVID-19 impact intrafamilial child sexual abuse? Comparison analysis of reports by practitioners in Israel and the US. *Child Abuse Negl*. 2021; 116(Pt 2):104779.
22. Organización de las Naciones Unidas. Los niños deben ser protegidos de la pedofilia y el abuso exacerbado por la pandemia del coronavirus. 2020. [Accessed on: May 28th, 2020]. Available at: https://news.un.org/es/story/2020/04/1472542
23. Ley Nº 27455. Boletín Oficial de la República Argentina, Ciudad de Buenos Aires, Argentina, 25 de octubre de 2018. [Accessed on: August 25th, 2020]. Available at: https://www.argentina.gob.ar/normativa/nacional/ley-27455-315663

SUPPLEMENTARY MATERIAL

Classification of anogenital physical findings related to child and adolescent sexual abuse

Physical findings	Infections	Findings diagnostic of sexual abuse
Normal	Not related to sexual contact.	Pregnancy
Commonly caused by medical conditions other than trauma or sexual contact.	Can be spread by nonsexual as well as sexual transmission. Interpretation of these infections might require additional information.	Semen identified in forensic specimens taken directly from a child's body.
Due to other conditions, which can be mistaken for abuse and others, with no expert consensus.	Caused by sexual contact, if confirmed using appropriate testing, and perinatal transmission has been ruled out.	
Caused by trauma and highly suggestive of abuse. May be acute or residual.		

Source: Adapted from Adams JA, et al.[19]