

# Pediatricians Have Role in Talking with Children About Abuse

Unfortunately, sexual abuse experiences in childhood are all too common. Nancy Kellogg, MD, FAAP, believes pediatricians can play an important role in helping sexually abused children talk about their abuse.

She will address this sensitive topic in her session “Earning Trust, Sharing Secrets: How to Help Children Talk About Their Sexually Abusive Experiences” (F1145) today at 5:00 pm in Room 244-245 of the convention center.

“I think we’ve relegated some of this responsibility to other investigators or community agencies,” said Dr Kellogg, Division Chief and Professor of Pediatrics, Division of Child Abuse Pediatrics at UT Health Science Center at San Antonio. “This talk is going to be a point by point guidance for pediatricians on what to say and do when talking with their patients about sexually abusive experiences or just trying to screen for sexual abusive experiences in children.”

Pediatricians may find the topic difficult to broach with younger children, but research shows that the median age of child sexual abuse victims is 9 years of age, necessitating conversations with children in elementary and middle school.

Dr Kellogg plans to show a few video clips of a simulated interview. One will feature a younger child who has not been sexually abused to show pediatricians how they can approach the topic and let that child know that the pediatrician is one of those people they can talk to about all sorts of topics from bullying to sexual abuse.

“I think the biggest challenge is that this is a very sensitive topic,” said Dr Kellogg. “It is difficult to know how to begin to broach it with the child and certainly when to bring it up.”

The other video clip will feature an adolescent and will demonstrate what to do when your patient tells you they’ve



Nancy Kellogg, MD, FAAP

been sexually abused, how to handle that disclosure and what to say.

Children are generally more comfortable talking to their pediatrician, who they view as a neutral source of strength, says Dr Kellogg. They fear their parents’ reaction and feel

responsible for the anxiety and despair that family members have when they find the child has been sexually abused.

“It can actually be easier to tell the pediatrician because it is the pediatrician’s job to take care of the child’s health and safety. Children understand what doctors do, and I think this is just extending that role a little further so the children understand that pediatricians can listen and help,” said Dr Kellogg.

Dr Kellogg hopes that pediatricians attending the session will feel more comfortable screening children for possible sexual abuse even when there are no indicators and also be able to handle any type of disclosures children make. In

addition, she said that pediatricians could take an active role in educating those in the community and schools in how to encourage children to disclose abuse when it happens.

“Knowing the types of things that keep children from telling is beneficial not only for pediatricians but also community agencies and schools that work with kids,” she said. “I think pediatricians can spread the word and help others gain the skills they need to effectively talk with children and promote the disclosure of sexually abusive experiences.”

Dr Kellogg is also presenting “Evaluation of Sexual Behaviors in Children” (F3032) at 8:30 am on Monday in Room 338-339 of the convention center. This session will help pediatricians identify their important role in providing anticipatory guidance to parents and identifying children with abnormal sexualized behaviors who may need referral to mental health professionals and social service agencies. ✦