

E11 Child Sexual Abuse of Boys: A Six-Year Retrospective Analysis

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Learning Overview: After attending this presentation, attendees will better understand the features of Child Sexual Abuse (CSA) perpetrated on male victims.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by providing tools to recognize a form of sexual abuse that is often difficult to identify.

The prevalence of CSA is dramatically high: in Europe it is estimated to be 13.4% for girls and 5.7% for boys.¹ However, the number of male victims is certainly underestimated for several reasons. Boys are usually abused by a caregiver, so they are not prone to disclose the abuse because of the strong affective bond between victim and perpetrator. Boys are also more reluctant to disclose the abuse for fear of reprisal or shame for being labeled as homosexual. Genital injuries are reported in less than 10% of the male victims, and few of them have been reported as highly suggestive of abuse.²⁻⁴ The excellent healing capacity of children's tissues allows even serious genital lesions to go undetected even a few days after the trauma. Since the phenomenon is perceived as rare and few case series are available, literature about sexually abused boys is very limited and physicians have few tools to reach a correct diagnosis.^{5,6}

In order to contribute to the knowledge of the topic, this study reports on the data collected from 2012 to 2017 in the multidisciplinary "Bambi" unit of the Pediatric Hospital "Regina Margherita" in Turin, Italy, composed by different health care providers trained in the assessment of child abuse. Among the 1,042 cases managed in this period, 494 were suspected cases of CSA. In 95 cases (19.2%), the victim of the suspected CSA was a boy. The cases highly suggestive of CSA were reported to the Judicial Authority (73 cases=77% of the suspected cases). For this group, the mean age of the boys was 6.9 years (range 2.5–15 years). Regarding the geographical origin of the victim's family, Italian children were predominant (51 cases), followed by Latin American (10 cases), African (7 cases), and eastern European (5 cases). In cases in which data was available, the family status analysis identified the same number of divorced and non-divorced parents (27 cases in both groups), while a small percentage of children resided in a community or with a foster family (7 cases). The most frequent suspected perpetrators were, with the same frequency, fathers and extra-familial people (both responsible for 33.8% of the cases), followed by other family members, such as victims' siblings (9.2%); 31.5% of the boys presented anogenital findings. These were mostly non-specific (erythema of the anal or genital tissues, 17 cases; anal fissures, 7 cases); only 2 cases revealed a finding highly suggestive of abuse (perianal laceration) and 87.7% of the boys did not present any skin injury. In the remaining cases, bruises and excoriations were observed in 6 cases, scars in 2 cases, and lacerated injuries in 1 case. In the suspicious cases managed by the "Bambi" unit in which, instead, the hypothesis of CSA was excluded after a careful multidisciplinary assessment (22 cases), the prevalence of negative anogenital inspection was slightly higher (77.2%). All the findings were non-specific (erythema, 1 case; anal fissures, 1 case; both, 2 cases; condyloma acuminatum transmitted by nonsexual contact, 1 case). There were no extra-genital skin lesions and the boys were older (mean age 7.9 years).

Despite the rarity of genital lesions in boys, health care providers must consider CSA as a possible differential diagnosis, especially when there is a disclosure or anomalous behavior of the child or the explanation of injuries by the caregivers is not consistent with the clinical findings. On the other hand, physicians who evaluate suspected cases of CSA must be familiar with pediatric diseases, pre-existing malformations, or "toilet trauma" that can resemble injuries caused by CSA in order to avoid over-reporting. For this reason, a multidisciplinary assessment conducted by a pediatrician, medical examiner, psychologist, and, eventually, urologist is recommended. This presentation provides attendees with better information concerning CSA perpetrated on male victims, which has not been extensively studied.

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