

EVALUATION AND TREATMENT

Recognizing Invasive Genital Care Practices: A Form of Child Sexual Abuse

-by Nancy Berson and Marcia Herman-Giddens

Until we published "Harmful genital care practices: A type of child abuse" (Herman-Giddens and Berson, 1989), the literature had not addressed harmful genital "hygienic" care by parents or caregivers. Our paper described what we defined as abnormal and harmful genital care practices in 17 case studies of children who were referred to the Duke Child Protection Team for evaluation of possible child sexual abuse. The invasive and abusive practices included painful washing of the child's genitalia, sometimes with vaginal or anal penetration, frequent and ritualistic or compulsive inspection of the genitalia, application of inappropriate creams and medicinal preparations, and enlistment of unnecessary medical intervention for alleged genital or urinary problems.

One purpose of the article was to help professionals become aware of these practices, their abusive nature, and their harmful impact on children. The reaction to the article was surprising and instructive. Professionals from fifteen different countries requested reprints, and several wrote of similar experiences with patients. However, the most enlightening and confirmatory responses came from lay people--women who had experienced harmful genital care as children. One woman wrote:

"Between the ages of five and eleven, I was subjected to the following procedure by my mother during my daily bath: Forcing me to stand in the tub, mother would scrub my crotch briskly with soapy hands, forcing the labia apart. She would then insert her forefinger several times into my vagina, introducing as much soap as possible. I remember distinctly the peculiar look on her face during the ritual.... In looking for a therapist, I would appreciate a copy of your paper.... I have met with a good deal of disbelief, you understand, and find it difficult to state my case aggressively."

Another woman described similarly painful experiences:

"I endured 'bathroom days' "

Those were the times that I was called into the bathroom to be 'washed'. Being washed consisted of lying on my mom's lap and having my labia separated and being 'washed' quite painfully and prolonged. What will never fade from my mind is the feeling of utter hopelessness and helplessness, the feeling of being less than everyone.... I now weigh over 400 pounds. You'd think I would have discovered that I am safe now."

The feedback received from these letters raises the issue of our continuing failure to recognize this type of intrusive behavior as abusive.

Unfortunately, we too often think of sexual abuse as perpetrated by men, not women. Although men may sexually abuse children under the guise of "genital care," in our experience women are more commonly the perpetrators. Although no one actually knows the extent of abuse by females, especially by mothers, Diana Russell's 1983 study found only 1% of the women stated that their sexual abuse was perpetrated by their mother. The actual rate is probably much higher and continues to be studied by researchers. Nicholas Groth contends that women offenders are able to disguise their abusive behavior in the form of childcare (Vanderbilt, 1992).

One of the difficulties in assessing inappropriate hygienic care is the dearth of research on what constitutes "normal" genital care in typical families. In addition, a review of the literature, pediatric textbooks, nursing textbooks, and current popular child care books reveals that guidelines for parents on appropriate genital care are sorely lacking and focus mainly on circumcision of infant boys (Berson, 1993).

To begin to identify this type of abuse, it is necessary for the professional to feel comfortable asking pertinent questions in relation to the genital care provided to children. For parents believed to be using age-appropriate practices, it is sufficient to ask if they have questions or concerns regarding their child's genital care during the child's annual physical exam. On the other hand, for parents or caretakers suspected of sexual abuse or abusive genital care practices, the following should be asked in some form as a part of the assessment process:

1. Does your child have symptoms of dysuria, urine retention, excessive retention, excessive masturbation, or swollen and red genitals?
2. Do you feel that it is necessary to wipe your child's genitals after he/she urinates or has bowel movement? (For children over four years of age.)
3. Describe how you bathe your child.
4. How frequently do you bathe your child?
5. Specifically describe how you bathe your child's genitalia. Describe the position of your child during this time. While bathing your child's genitalia, do you use soap? Do you use a washcloth? Do you use your hand? Do you insert a finger or object into your child's vagina or anus as part of washing your child?
6. After bathing or at other times, do you feel the need to inspect your child's genitalia or underwear?
7. If "yes" to 6, where do you inspect the child (on the bed, in the tub, on your lap)? After inspecting your child's genitalia do you ever find it necessary to re-wash your child in this area?
8. Does your child have any genital odors that are bothersome to you?

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9. Do you ever have to use any creams or medications on your child's genital or anal area?
10. Do you find yourself worrying about your child's genitals being clean?
11. Do you use enemas on your child? If so, how frequently? Why does the child need enemas? What is the composition of the solution, soap, medicine, etc.? Is the solution hot, cold or warm? Do you use enemas for yourself?
12. Do you have to give your child laxatives? Why does your child need them? What kind? What dose?
13. Does your child ever ask you to clean or examine his or her genitals?

Sound clinical judgment is required during an assessment which takes into account such contextual variables as age appropriateness, medical necessity, and cultural practices.

During the child's interview, the questions listed above should also be asked of the child. It is often easier for the child and parent in their respective interviews to demonstrate the washing or care by using dolls. It is helpful to have a small cloth and plastic tub available. Other inappropriate practices which may need exploring are inspection by the parent for "normal maturation," medical procedures performed on the child by the parent, and repeat-

edly seeking medical care for the child for constipation, vaginal discharge or other anal or genital symptoms when there is no medical confirmation of the problem

It is important to note that not all of the practices referred to in the questions above are necessarily abusive. These behaviors become a concern when they are intense, prolonged, frequent, or compulsive. Sound clinical judgment is required during an assessment which takes into account such contextual variables as age appropriateness, medical necessity, and cultural practices.

Intervention

Due to lack of research in the area of invasive genital care, little is known to date about how to prevent or intervene in these behaviors effectively. It is probable that the interventions would differ according to the "driving force" behind these practices. In our experience, the underlying cause of these behaviors may include parental obsessive-compulsive disorders, the sexual use of the child under the guise of genital care, and lack of appropriate knowledge by the parent. With regard to the latter, we have experienced some apparent success in helping mothers when specific and concrete instructions are provided regarding appropriate care. These instructions include, but are not limited to, asking the mother to refrain from inspecting the child's genitals daily, inserting her finger or wash cloth in the vaginal area, inspecting the child's underwear for odor or staining in front of the child, and wiping an older child's anus after a bowel movement. There are few medical conditions which

require enemas; therefore, the use of enemas should occur only by or under the direction of a medical provider. The majority of the mothers with whom we have worked appear comfortable in accepting these instructions. Several mothers have commented that it was more difficult to refrain from these invasive practices than they anticipated.

The child's responsibility for personal hygiene is also addressed during treatment. Structured play therapy can be helpful during therapeutic sessions with the child. The goal of the child's treatment is to help empower the child to take care of his/her own hygienic needs. In extreme cases of compulsive or deliberate behaviors by the perpetrator, little is known about effective intervention, and prevention of invasive genital practices. It is essential that professionals begin to explore these critical issues routinely as a part of the overall assessment process.

References

- Berson, N. (1993). Genital hygiene: Implications for social work practice. Unpublished master's essay. School of Social Work, University of North Carolina, Chapel Hill.
- Herman-Giddens, M., Berson, N. (1989). Harmful genital care practices in children: A type of child abuse. *Journal of the American Medical Association*, 261(4), 577-9.
- Russell, DE. (1983). The incidence and prevalence of intrafamilial sexual abuse of female children. *Child Abuse and Neglect*, 7(1):133-146.
- Vanderbilt H. (1992). *Incest Learns*. February.

Author's note: We are grateful to the women who wrote to us regarding their childhood experiences. They taught us a great deal.

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