THE FIVE "P"s

The 5 P's is a guideline for which children benefit most from a medical examination after a disclosure of possible sexual abuse. Some of the indications have to do with identifying children who may have acute or healed injuries (pain, bleeding, etc.) while some of the indications have to deal with identifying children that may have infections or pregnancy as a result of sexual contact. Healed injuries and sexually transmitted infections can be identified many months after the last contact (without the victim being aware there is a problem). Teens disclosing prior abuse (even if they have initiated their own legal-consensual sexual activity) may still benefit from an exam to address pregnancy and infection issues in the non-acute period if disclosure was delayed.

Beyond addressing the health needs of the child, these indications are also important considerations in the investigation as well. If a child has disclosed an act that could have resulted in injury or infection and then is not referred for a medical evaluation, the child's disclosure may be made to appear less credible if the team did not consider the disclosure concerning enough to complete the evaluation for potential residual problems.

1. PENILE CONTACT or painful attempted penetration by any object

- Penile contact with the genitalia, anus or mouth of a possible victim poses a risk of a STD, whether or not penetration clearly occurred.
- Painful contact or an attempt to put a finger or object into the genital or anal area of a child suggests injury may have occurred.

2. PHYSICAL SIGNS AND SYMPTOMS

- Child displays sexualized behavior
- Presence of symptoms: Genital or anal pain, discharge, sores, bleeding, or painful urination are consistent with an injury or STD

3. PERPETRATOR-EXPOSED CHILDREN

- A victim's siblings or step-siblings who were exposed to the alleged perpetrator commonly have been sexually abused in spite of denials.
- Siblings of a child with a STD are often infected.
- Children of a suspected perpetrator often have been sexually abused and have their own reasons for denial.

4. PREDISPOSITION OF A CHILD TO DENY

Denial of sexual abuse when circumstances suggest it may have occurred is much more likely when a child:

- Is a relative or close associate of the suspected perpetrator, one the child (or family) may wish to protect.
- Is likely to bond with the alleged perpetrator: low self-esteem, trusting, naïve, little self-confidence, affection or approval-seeking, obeys others
- Has cause for fear and anxiety: history of physical abuse, spousal violence, or significant family dysfunction.
- Models the suspected perpetrator by displaying sexualized behavior

5. PARENT OR PATIENT CONCERNS (or gut feeling of investigator)

- Parent (guardian) or investigator remains concerned.
- All parents and child victims should be offered medical evaluations as history is sometimes incomplete and children who have suffered abuse often have unmet physical and mental health issues requiring assessment and referral.

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A medical evaluation should be performed by a professional with experience in child sexual abuse. It should also provide evaluation and treatment of such health problems as injuries, sexually transmitted diseases, pregnancy, unrealistic physical concerns of parents, and mental health needs of the child and family.

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