

## INTEGRATING ETHICAL PRINCIPLES TO GUIDE PHYSICAL THERAPY PRACTICE IN THE CASE OF CHILD SEXUAL ABUSE: A CASE REPORT.

### Hypothesis / aims of study

The prevalence of child sexual abuse is estimated to range from 8 to 31% for girls and 3 to 17% for boys worldwide. Children who have been subject of sexual abuse often present with numerous, distressing short and long-term effects that require comprehensive treatment within multiple disciplines. One such effect is fecal incontinence. Studies have demonstrated a significant correlation between fecal incontinence and physical, sexual, and emotional abuse. This case reflection captures an unfortunate situation that presented at a physical therapy clinic; it highlights the ethical concerns regarding the case, as well as the course of action taken by the physical therapist involved.

### Study design, materials and methods

A ten-year-old boy presented to physical therapy with a diagnosis of fecal incontinence, which cyclically occurred throughout the school year. Symptoms reportedly worsened when school was in session and improved with breaks from school. Throughout the course of treatment sessions, the patient and his mother disclosed that he and two of his male peers had engaged in penetrative sexual intercourse during school and they were then suspended from school. The school had notified the authorities, all parents and guardians of the involved children, and the school psychologist, and the children were referred to a Sexual Assault Nurse Examiner. Many questions arose regarding the next course of action – discontinuing treatment. In New York, USA, teachers and health care providers are “mandated reporters” when abuse is suspected. As this case had already been reported, the physical therapist maintained open communication with the detective assigned to the case as well as the referring physician. The primary dilemma with this case became: should physical therapy treatment continue if symptoms only present when the patient is in the abusive environment? Additionally, regardless of continuation of physical therapy treatment, what further referrals needed to be made, how did the limited education level of the family and the young age of the patient play a role in this, and were there other factors, social or environmental, contributing to the children’s knowledge of sexuality and urge to perform these acts at such a young age.

### Results

Based on the cyclical nature of this patient’s symptoms, with key components appearing to be attendance at school and interaction with certain peers, physical therapy was discontinued. Multiple factors played a role in the decision making process, guided by the ethical principles and clinical judgment within the therapist’s scope of practice and level of expertise. In this specific circumstance, the patient had not been in school for two weeks and was demonstrating improvements with reduction in overall number of episodes of fecal incontinence. Improvements in symptoms seen in these two weeks did not correlate with prior progress noted with previous treatment. Minimal gains towards continence control had been made in physical therapy prior to the child having time away from school. In his case, refractory fecal incontinence was thought to be the result of sexual abuse, as there is a strong correlation between psychological stress and altered defecation [1]. These findings were discussed with the child and his mother in a manner in which they were able to understand. As the patient is a minor and his mother presented as undereducated they required more support to understand the complexity of the physical therapist’s plan for continuing versus discontinuing current care. Ultimately, the patient and mother agreed that treatment should focus on psychological and psychosocial versus musculoskeletal impairments. At the point of discharge from physical therapy an investigation was ongoing at school, upon the school’s decision the child had been suspended from school indefinitely, and no further decisions had been made in regard to expanding his treatment within other disciplines.

### Interpretation of results

This case demonstrates the importance of approaching a situation from a holistic perspective and understanding the appropriateness of treating a patient whose symptoms are environmental in nature. It also highlights the need for utilizing guiding principles of practice described in the code of ethics for the physical therapist. Collaborating with additional health care professionals and legal disciplines established best practice and care for the patient.

### Concluding message

Per the Code of Ethics for the Physical Therapist, Principle 3B: “Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values” [2]. The four principles of western medical ethics include autonomy, beneficence, non-maleficence, and justice [3]. **Beneficence** is a leading principle in the framework of such a situation whereas the patient and guardian are of low socioeconomic and educational status, likely struggling to navigate our health care systems, making it difficult for them to determine and obtain the best options for treatment. It is our ethical duty to educate our patients at a level they will understand, respecting their **autonomy**, subsequently acting in the best interest of the patient. Other ethical values relevant to this case include respect for persons and truthfulness and honesty. Decisions regarding continuation of treatment must be made on an individual basis encompassing all contributing factors to the symptoms and limitations, keeping the patient’s well being and quality of life in the forefront.

### References

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2. American Physical Therapy Association. Code of Ethics for the Physical Therapist. 2009. Available at: [http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/Ethics/CodeofEthics.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf).
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Disclosures

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