Medical Evaluation for Child Sexual Abuse

Cathy Baldwin-Johnson MD FAAFP
Marg Volz RN CPNP
Alaska CARES
Providence Health Services Alaska

What Is Normal & How Do We Know?

What do we know about exam findings?

- The majority of children with a history of sexual abuse have normal examinations
- Children's injuries heal amazingly well and quickly
- There are many findings that mimic abuse

Why are most exams normal?

- Delay in disclosure
- Delay in seeking evaluation
- Rapid healing
- Types of abuse
- Elasticity of vagina, hymen, anal sphincter
- Child perception of events

Normal to be normal:

- Adams et al Pediatrics 1994
  - 236 children with perpetrator conviction for SA
    - 63% penile-genital contact
  - Photos reviewed blindly, classified normal to abnormal scale 1 – 5
  - Genital
    - 28% normal
    - 49% nonspecific
    - 9% suspicious
    - 14% abnormal
  - Anal
    - 1% abnormal

Normal to be normal:

- Berenson et al Am J OB/Gyn 2000:
  - 192 prepubertal children w/hx penetration & 200 denying abuse
  - vaginal discharge more frequent in abused children
  - transection, perforation, deep notch in 4 abused children
  - no differences in labial agglutination, increased vascularity, linea vestibularis, friability, perineal depression, hymenal bump, tag, intravaginal ridge, external ridge, band, superficial notch

Normal to be normal

- Kellogg et al Pediatrics 2004
- "Normal does not mean nothing happened"
- 36 pregnant adolescents presenting for sexual abuse evaluations
- 2/36 (6%) definitive findings of penetration
  - Complete cleft posterior rim
- 64% normal/nonspecific
  - Normal variation, shallow notch, apparent enlarged opening with normal hymenal rim
- 22% inconclusive
  - Lack of consensus, unable to determine from photo
- 8% suggestive
  - Deep notch posterior rim, scar

Normal to be normal:

- McCann et al Pediatrics 2007
  - 239 prepubertal and pubertal girls (4 months to 18 years) with hymenal trauma
  - Majority due to sexual abuse
  - Hymenal injuries healed rapidly with no residual
    - except with more extensive lacerations
  - No significant difference in healing process in 2 groups

Purpose of the Medical Evaluation

- Evaluate **health and safety** of the child
- **Diagnosis and treatment**
- Find and **document** acute and healed injuries
- Find, document and collect **forensic evidence**
- **Interpret any findings**

Purpose of the Medical Evaluation, continued

- Look for **medical conditions** that can be confused with abuse
- Evaluate for **unmet health needs**
  - Medical home, immunizations, counseling
- **Normalize** the ano-genital area
- **Reassurance** for child and family
- Recommendations and referrals as needed

Medical Exam Includes:

- **Specific questions about medical history, symptoms, abuse history if necessary**
- **General physical**
  - Evaluate overall health and well being of child.

Medical Exam, continued

- **Photographs and/or video recordings of exam**
- **Collection of specimens (forensic, diagnostic)**
- **Anogenital exam**
  - **With aid of colposcope (or other magnification)**
  - **Different positions**

Medical Exam, continued

- **External only for pre-adolescent**
  - Vaginal speculum, bimanual exam, STD testing for adolescents
- **Children have right to say no:**
  - *"Empowered children are cooperative children"*
  - Encourage/allow participation

Recommended for Exam:

- Child friendly environment
  - Toys, distracters
- Complete head to toe exam
  - Normal exam equipment
- Colposcope with camera (35 mm, digital, video)
- Camera for physical abuse findings
- Lab supplies
- Other supplies (swabs, etc.)

Anogenital findings may be:

- Normal
- Normal variants (congenital)
- Abnormal but not abuse
  - Infection
  - Accidental trauma
- Abnormal due to abuse
- Abnormal but nonspecific (can't tell)

Guidelines for Medical Care of Children Who May Have Been Sexually Abused

- Adams, Kaplan, Starling, Mehta, Finkel, Botash, Kellogg, Shapiro
- J Ped & Adol Gynecology June 2007
- Approach to interpreting physical and laboratory findings in suspected CSA
- **Update for 2008: Current Opinions in Ob/Gyn October 2008**

Sexual Abuse Exam Techniques

- Evaluation of sexual maturity stage, anatomy, rashes, lesions, evidence of trauma
- Different positions, use of traction help show different areas of anatomy better
- Colposcope helps magnify, illuminate, document

Sexual Abuse Exam Techniques

- Explaining the exam
- Discussing photography
- Deciding who should be present
- Gaining cooperation
- Distraction techniques
- Strategies for young children vs. adolescents

Positioning and Traction

Other Techniques

- Calgi swab or small cotton or dacron swab
- Foley bulb
- Saline

Toluidine blue

- Stains nucleus of cells
  - Top layer of epithelial cells dead, no nucleus present
- Highlights denuded epithelium
- Will not interfere with other testing
- Not usually recommended with child exams
  - Stings
  - Too many non-specific findings

The Hymen: What It Is

- A rim of tissue around the vaginal opening (rarely, covers entire opening)

What It Is Not

- “Intact” vs. “Not Intact”
- Congenitally absent
- Something that requires “breaking” or tearing for penetration to occur (“virginity check”)

The Role of Estrogen

Normal Genital Exam Findings

Findings documented in newborns or commonly seen in nonabused children

Normal Variants: Examples

- Periurethral or vestibular bands
- Intravaginal ridges or columns
- Hymenal bumps, mounds, tags, septation, notches/clefts (anterior half)
- Linea vestibularis
- Shallow/superficial notch/cleft in inferior rim of hymen
- Congenital variants: crescentic, annular, redundant, septate, cribriform, microperforate, imperforate

Configurations

Boys

- More anatomy

Normal findings in boys

- Hyperpigmentation of circumcision site
- Median raphe (raised dark or light line along penis & scrotum)

Anal Findings

Non-abusive anal findings

- Hemorrhoids, fissures, tags
- Venous pooling
- Congenital:
  - Failure of midline fusion
  - Diastasis ani

Non-Specific and Indeterminate Findings

Findings commonly caused by other medical conditions

- Erythema (redness)
- Increased vascularity (prominent blood vessels)
- Labial adhesions
- Vaginal discharge (infectious and non-infectious causes)
- Friability (easy bleeding/tearing) of posterior fourchette
- Excoriations, bleeding, vascular lesions

Indeterminate findings

- Insufficient or conflicting data
- May support child's clear disclosure if given but interpret with caution if no disclosure

Examples

- Deep notches/clefts hymen 4 – 8:00 (not transection)
- Deep notches or complete clefts 3 & 9:00
- Smooth non-interrupted rim of hymen <1mm wide, confirmed

Vaginal foreign bodies

- **May cause persistent odor and/or discharge**
- **Be suspicious of abuse but not diagnostic**

Nonspecific male findings

- Infection
- Erythema (redness)
- Eczema
- Accidental trauma

Anal Findings

Commonly caused by medical conditions

- Hemorrhoids, fissures, tags
- Venous pooling
- Congenital:
  - Failure of midline fusion
  - Diastasis ani
- Infection
  - Yeast
  - Strep
  - Pinworms

Commonly caused by other medical conditions

- Flattened anal folds
  - May be due to relaxation of external sphincter OR
  - Swelling of perianal tissues
    - Infection
    - Trauma
- Anal dilatation <2 cm (AP dimension) w/ or w/o stool visible

Indeterminate anal findings

- Marked, immediate anal dilation >/=2cm in absence of other pre-disposing factors
  - Chronic constipation
  - Sedation
  - Neuromuscular condition

Indeterminate STI's

- Genital or anal condyloma (confirmed)
- Herpes 1 or 2 in anal or genital area with no other indicators of abuse

Accidental and Inflicted Trauma

Diagnostic of sexual contact

- Pregnancy
- Sperm identified in specimens taken directly from child's body

APSAC Advisor Summer 2005

Findings diagnostic of trauma and/or sexual contact

- Support disclosure of sexual abuse if given
- Highly suggestive of abuse even in absence of disclosure
  - Unless clear, timely, plausible description of accidental injury

Acute trauma to external genital/anal tissues

- Acute laceration/bruising
  - labia
  - Penis or scrotum
  - perianal tissues
  - perineum
- Fresh laceration posterior fourchette not involving hymen
  - May be accidental injury, consensual sexual activity

Residual/healing injuries

- Hard to assess unless acute injury seen in same place
- Perianal scar (rare)
  - Consider Crohn's, accident, medical procedure
- Scar posterior fourchette or fossa
  - Differentiate from linea vestibularis, labial adhesion

Anal Findings

Injuries indicative of blunt force trauma

- (Can be seen from severe abdominal/pelvic compression, i.e. MVA)
- Acute partial or complete laceration of hymen
- Bruising on hymen
  - In absence of infection, coagulopathy
- Perianal laceration extending deep to external sphincter
- Healed hymenal transection 4 – 8:00
- Missing segment of hymen inferior rim
  - Confirmed

STI's

- "Confirm mucosal contact with infected and infective bodily secretions, contact most likely to have been sexual in nature"

Certain STD's

- Gonorrhea
  - Confirmed culture outside neonatal period
  - Genital, anus, throat
- Syphilis
  - Perinatal transmission ruled out
- Trichomonas
  - Child older than one
  - ID by culture or wet mount
- Chlamydia
  - Genital or anal
  - Child older than 3
  - Cell culture or other CDC approved method
- HIV
  - Perinatal, blood product, needle contamination ruled out

Other Findings

Sexual abuse findings in boys

Sexual abuse of the oral cavity

The Medical Report

Report format

- Medical-legal information:
  - Re: “Legal name” first, middle, last
  - DOB
  - Patient ID# (hospital)
  - (Law enforcement case number)
  - Date of exam
  - Exam requested by: name and agency

“SOAP”

"SOAP" Format: "Subjective"

- Reason for the evaluation:
  - Evaluation for sexual or physical abuse
- Historical information from:
  - Child interview
  - Parent/guardian
  - Discussion with police, OCS, all others providing history
  - Review of available reports and records

"Objective": Exam

- Physical examination:
  - General description of appearance
  - Vital signs, weight, height
  - HEENNT
  - Breasts
  - Chest
  - Heart
  - Abdomen
  - Extremities, skin
  - Anogenital

"Objective": Diagnostic Testing

- Lab tests
- Imaging studies
- Forensic testing

Medical Exam Documentation

- Forms and/or dictation
- Drawings or traumagrams
- Photos
- Identification Cards

"Assessment" (Impression):

- History or disclosure by child of:_____

  OR
- No history or clear history given by child BUT:
  - Events were reported observed by:____
  - Child exhibits concerning behaviors
  - Child has concerning symptoms

Assessment, continued:

- Medical examination reveals:
  - Normal exam: no signs of acute injury or healed/healing trauma OR
  - Indeterminate findings of _____ which could be caused from abuse or other mechanisms including medical problem
  - Findings highly suggestive of abuse (supportive of disclosure)
  - Definite evidence of abuse, sexual contact, penetrating trauma
  - Need consultation/testing/re-evaluation

Explaining normal findings

- Physical examination does not demonstrate any residual to her history history of _____
  - Which would be expected in light of:
    - history provided
    - time elapsed
    - etc.
- A normal exam can neither confirm nor negate sexual abuse

("It's normal to be normal")

"Plan"

- Recommendations:
  - Counseling by trained/experienced therapist
  - Medications given
    - STD prophylaxis NOT RECOMMENDED for prepubertal children
  - Re-examination in 2 weeks for STD's, resolution of trauma
  - Any other conditions which require treatment, follow-up
  - Safety issues addressed