Child sexual abuse

Update on Medical Aspects

Cindy Brown, MD
Mission Children’s Hospital
Asheville, NC
Objectives

• Genital examination
  – Techniques
  – Findings

• Examiners

• Sexually transmitted infections
THE GENITAL EXAM OF CHILDREN
How is the genital exam performed?

• Component of a complete physical
• More detailed than genital exam during routine physicals
• Genital exam
  – Exam positions
  – Techniques
Genital exam

- Genital exam positions

Supine, frog leg
Genital exam

• Genital exam positions

Knee-chest

AAP Visual Diagnosis of Child Abuse
Genital exam

• Genital exam positions

Dorsal lithotomy (adolescents)
Genital exam

- Techniques

Labial separation

Labial traction
Was this an adequate genital exam?

Report should describe:

• Positions and techniques used
• Findings - normal and abnormal
• If positive anal or genital finding:
  – Confirmed using additional exam positions and/or techniques
  – Photographs/video recordings reviewed by an expert
INTERPRETING GENITAL EXAM FINDINGS

Evolution
HYMEN QUIZ

Which hymen is normal?

A

B
HYMEN QUIZ

What percent of sexually abused children will have diagnostic anogenital findings?

A. 5%
B. 20%
C. 65%
D. 80%
Why are genital exam usually normal?

• The contact did not cause tissue trauma, or
• If tissue trauma occurs:
  – Injury heals very rapidly
  – Delayed disclosure
Interpreting Anogenital Findings

Exam finding $\mathbf{X} = \text{Sexual abuse}$

Diagnostic significance of genital exam findings has evolved in published literature
Interpreting Anogenital Findings

Multiple normative studies have been done in the past 3 decades

Diagnostic anal or genital exam findings are uncommon in child sexual abuse

Most sexually abused children have normal genital exams
Basic genital anatomy

- Urethral opening
- Vaginal opening
- Hymen
- Labia
- Posterior fourchette
Interpreting Anogenital Findings

• Size of the opening
• Variations
• Medical examiner
Size of the opening

- Difficult to measure precisely
- Exam techniques matter

Labial separation

Labial traction
Size of the opening

• Significant overlap between abused and non-abused children

A large hymenal opening is non-diagnostic of penetration
Interpreting Anogenital Findings

- Size of the opening
- Variations of normal
- Medical examiner
Variations of Normal Shapes

- Multiple anatomic shapes are possible

- Annular
- Crescentic
- Cribiform
- Septate
- Microperforate
- Imperforate
Adam’s classification

• Consensus opinions by experts
• Revised several times – 2015 latest
Interpreting Anogenital Findings

- Normal variants
- Findings caused by medical conditions
- Conditions mistaken for abuse
- Findings with no expert consensus
- Adam’s classification
  - Table #3: Approach to Interpretation of Medical Findings in Suspected Child Sexual Abuse

Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused
Adams, JA
journal of Pediatric and Adolescent Gynecology 2015
A few examples
Interpreting Anogenital Findings

• Size of the opening
• Variations of normal
• Medical examiner
Medical Examiners

- Lack education on genital anatomy
- Myths are common
  - Medical providers
  - Lay population
  - Perpetuated by media
Medical Examiners

- Advanced training and experience in child abuse
- MD, DO, NP, PA
- SANE-P – sexual abuse
- Child Abuse Pediatrics – pediatric subspecialty
- Child Medical Evaluation Program (CMEP)
  - Specialized examiners in North Carolina
Medical Examiners

• What matters?
  – Training
  – Clinical experience
  – Continuing education
  – Knowledge of the literature

• Photodocumentation
  – Recommended by AAP, NCA, and IAFN

• Expert peer review of photographs

American Academy of Pediatrics, National Children’s Alliance, International Association of Forensic Nurses
Medical Examiners

• Terminology raising concerns
  “No hymen”
  “The hymen is missing”
  “Interrupted hymen”
  “Marital introitus”
  “Intact hymen”
  “Virginal hymen”
SEXUALLY TRANSMITTED INFECTIONS
STIs

• Testing methods have changed
STIs

• Testing methods have changed
• Cultures – previously the “gold standard”
STIs

• Testing methods have changed
• Cultures
• NAAT (nucleic acid amplification tests)
  – Detects genetic material of infecting organism
  – Acceptable in adolescents
  – Confirmatory testing needed in prepubertal children
**TABLE 1. Implications of Commonly Encountered Sexually Transmitted Diseases (STDs) for the Diagnosis and Reporting of Sexual Abuse of Infants and Prepubertal Children**

<table>
<thead>
<tr>
<th>STD Confirmed</th>
<th>Sexual Abuse</th>
<th>Suggested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea*</td>
<td>Diagnostic†</td>
<td>Report‡</td>
</tr>
<tr>
<td>Syphilis*</td>
<td>Diagnostic</td>
<td>Report</td>
</tr>
<tr>
<td>HIV§</td>
<td>Diagnostic</td>
<td>Report</td>
</tr>
<tr>
<td>Chlamydia*</td>
<td>Diagnostic†</td>
<td>Report</td>
</tr>
<tr>
<td>Trichomonas vaginalis</td>
<td>Highly suspicious</td>
<td>Report</td>
</tr>
<tr>
<td>Condylomata acuminata*</td>
<td>Suspicious</td>
<td>Report</td>
</tr>
<tr>
<td>(anogenital warts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herpes (genital location)</td>
<td>Suspicious</td>
<td>Report</td>
</tr>
<tr>
<td>Bacterial vaginosis</td>
<td>Inconclusive</td>
<td>Medical follow-up</td>
</tr>
</tbody>
</table>

* If not perinatally acquired.
† Use definitive diagnostic methods such as culture or DNA probes.
‡ To agency mandated in community to receive reports of suspected sexual abuse.
§ If not perinatally or transfusion acquired.
|| Unless there is a clear history of autoinoculation. Herpes 1 and 2 are difficult to differentiate by current techniques.
Summary

• Know the examiner - review CV

• Report documentation
  – What genital examination techniques were used?
  – How were findings documented?
  – Were abnormal findings reviewed by an expert?

• Sexually transmitted infections
  – What testing was used?
  – Were positive results in prepubertal child confirmed?
  – Were other transmission routes considered?
Thank you

Cindy Brown, MD
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Asheville, NC