



# Child sexual abuse

## Update on Medical Aspects

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# Objectives

- Genital examination
  - Techniques
  - Findings
- Examiners
- Sexually transmitted infections

# **THE GENITAL EXAM OF CHILDREN**

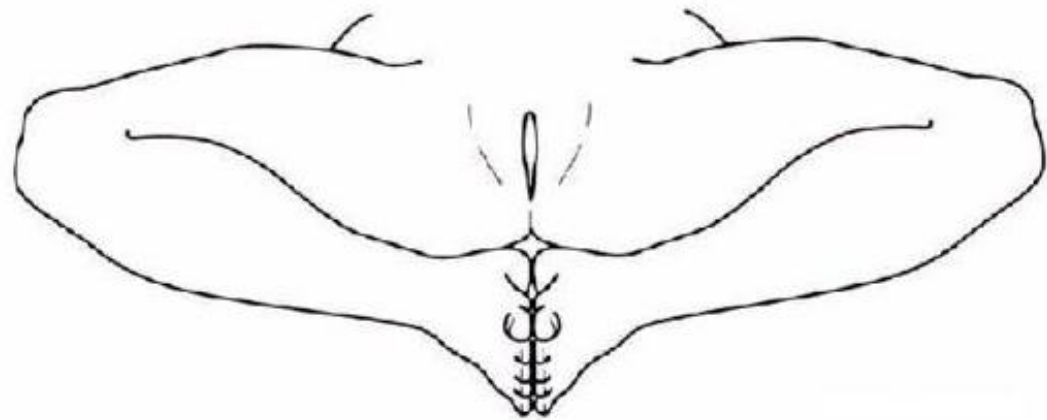
# How is the genital exam performed?

- 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

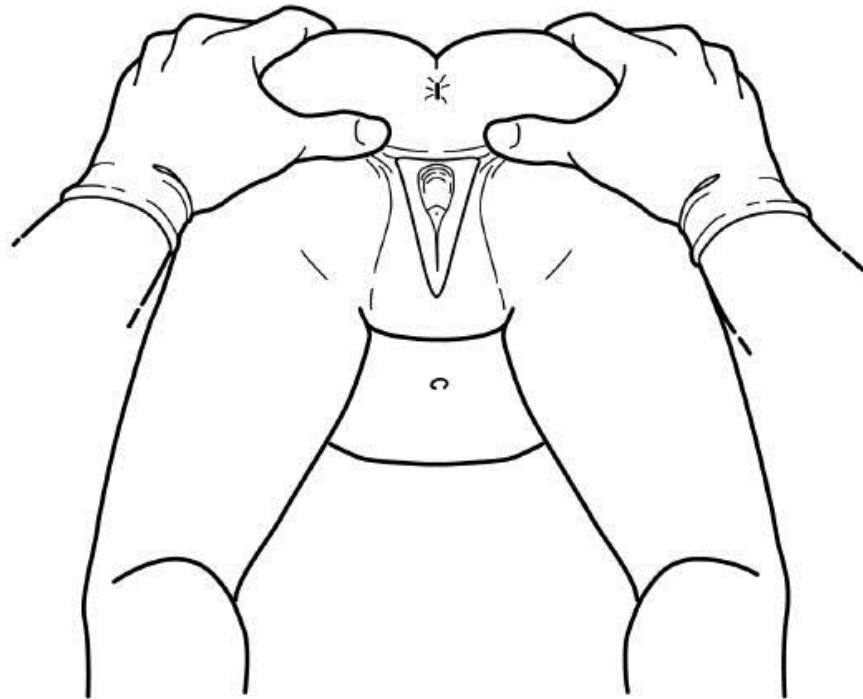


DB/UTHSCSA © 1998

# Genital exam

- Genital exam positions

Knee-chest



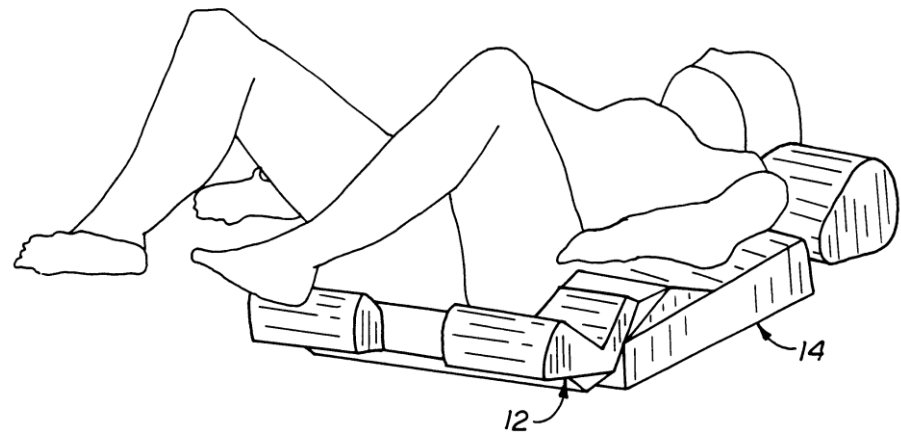
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AAP Visual Diagnosis of Child Abuse

# Genital exam

- Genital exam positions

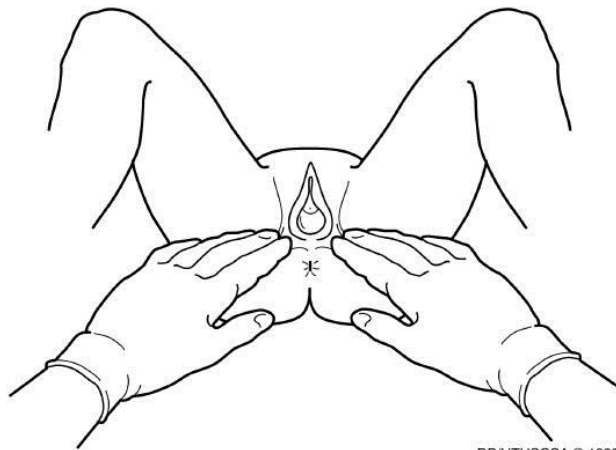
Dorsal lithotomy  
(adolescents)



# Genital exam

- Techniques

Labial separation



DB/UTHSCSA © 1998

Labial traction



DB/UTHSCSA © 1998



# Was this an adequate genital exam?

Report should describe:

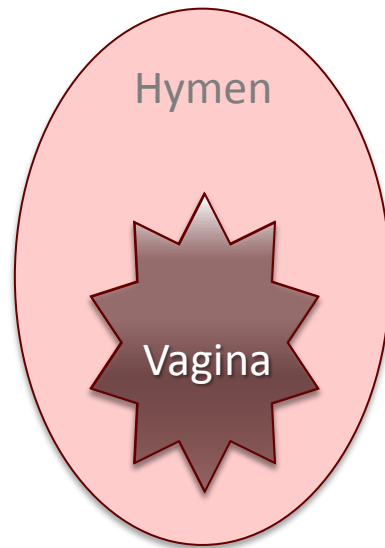
- Positions and techniques used
- Findings - normal and abnormal
- If positive anal or genital finding:
  - Confirmed using additional exam positions and/or techniques
  - Photographs/video recordings reviewed by an expert

Evolution

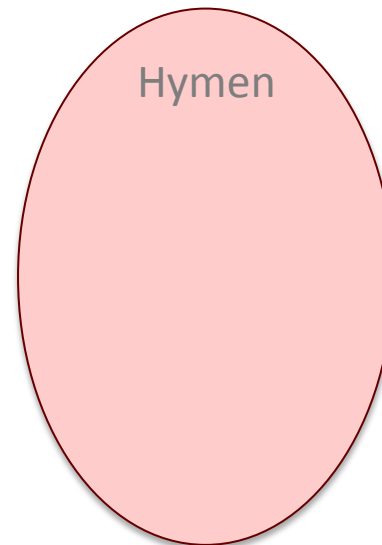
# **INTERPRETING GENITAL EXAM FINDINGS**

# HYMEN QUIZ

Which hymen is normal?



A



B

# HYMEN QUIZ

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

# 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 X = Sexual abuse

Diagnostic significance of genital  
exam findings has evolved in  
published literature

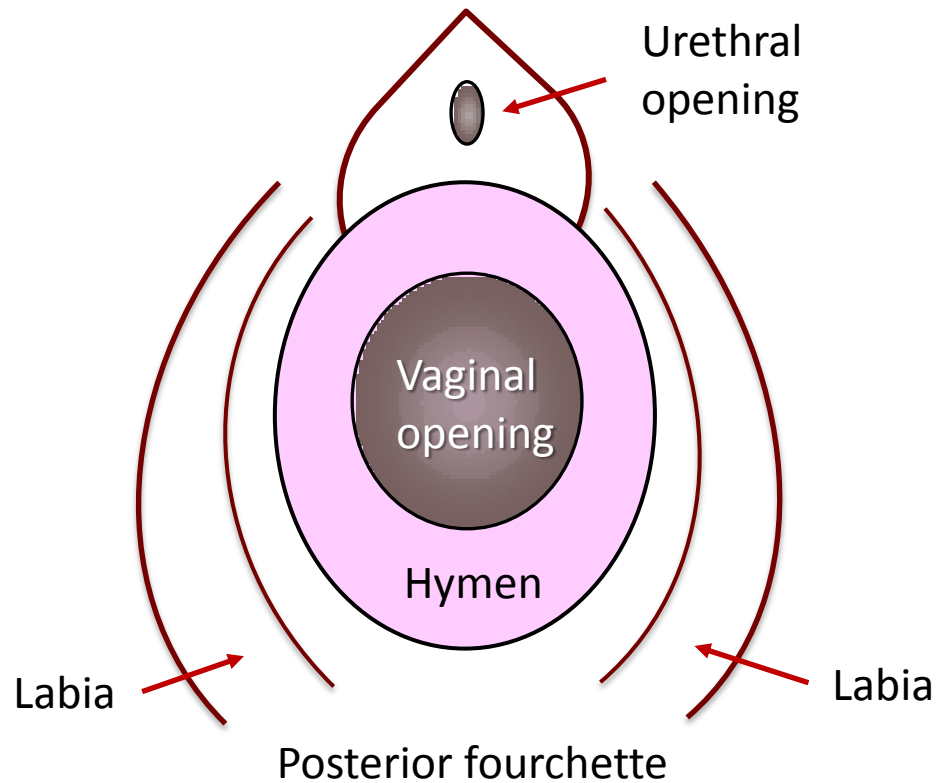
# Interpreting Anogenital Findings

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



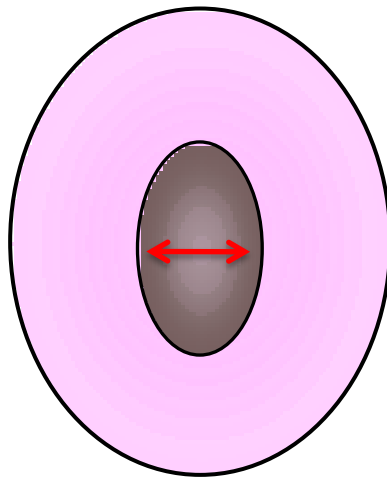


# Interpreting Anogenital Findings

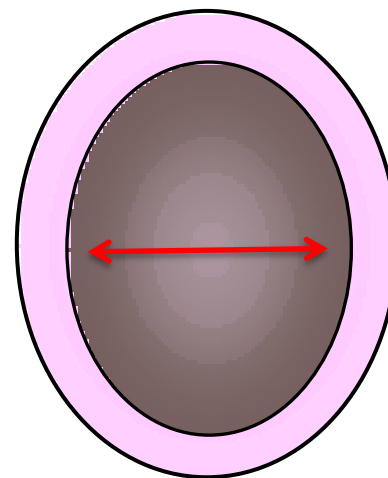
- Size of the opening
- Variations
- Medical examiner

# 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

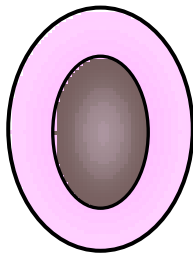
A large hymenal opening is  
non-diagnostic of penetration

# Interpreting Anogenital Findings

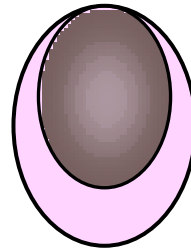
- Size of the opening
- Variations of normal
- Medical examiner

# Variations of Normal Shapes

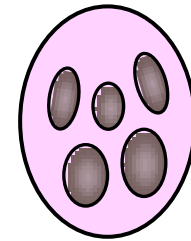
- Multiple anatomic shapes are possible



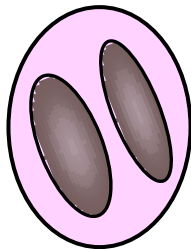
Annular



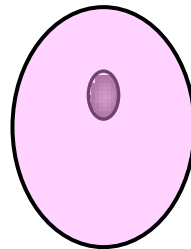
Crescentic



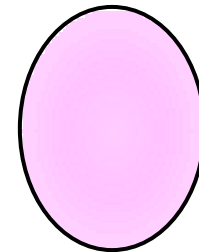
Cribiform



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”

Testing and Interpretation

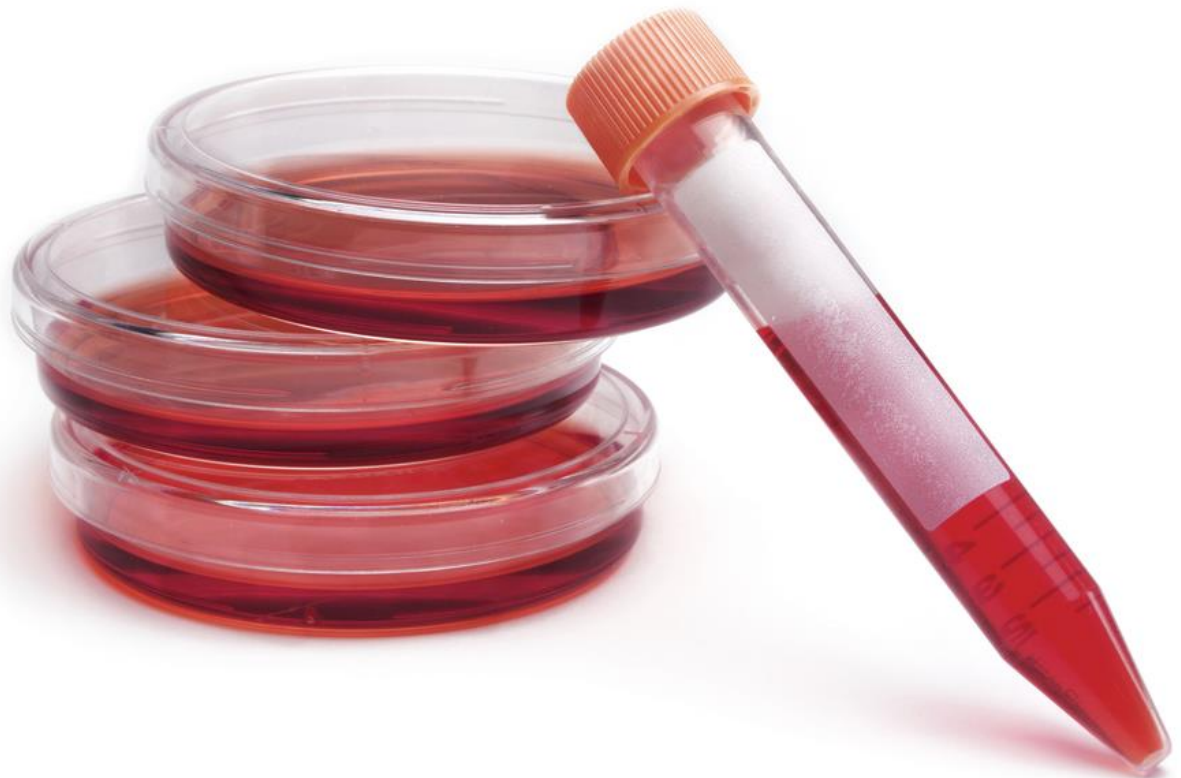
# **SEXUALLY TRANSMITTED INFECTIONS**

# STIs

- Testing methods have changed

# STIs

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- 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

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

\* 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

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