Introduction

- The evaluation and treatment of child sexual abuse involves multidisciplinary collaboration.
- This presentation will focus on the medical evaluation’s role in the full assessment of children suspected of being sexually abused.
- It will include case scenarios of children who present for an evaluation and how the presence or the absence of findings contributes to the diagnosis.

Objectives

- Recognize the medical component as part of the multidisciplinary evaluation and how it contributes to the final assessment.
- Know why, when, where and how the medical evaluation is conducted for a child when sexual abuse is suspected.
- How to interpret the presence or lack of physical findings.
Who is a child?

A “Child” is a person under 18 years of age.

*Michigan Child Protection Law*

*A person’s a person, no matter how small.*

— Dr. Seuss

- Every child and young person under the age of 18 has rights, no matter who they are, where they live or what they believe in.

- These rights are protected by an agreement between almost all countries.

A Right for Children: Legal Protection

- States are required to take “all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parents, legal guardians, or any other person who has the care of the child.”

Child Abuse

Harm or threatened harm to a child’s health or welfare that occurs through non-accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child’s health or welfare or by a teacher, a teachers aide, or a member of the clergy.
Sexual Abuse

- Occurs when a child is engaged in sexual activities that:
  – he or she cannot comprehend
  – is developmentally unprepared
  – cannot give consent, and/or that violate the law or social taboos of society
- Sexual activities may include:
  – all forms of oral-genital, genital, or anal contact
  – Forms that do not include contact e.g. pornography

Types of Child Sexual Abuse

- Exposing oneself or masturbating in front of a child
- Fondling or touching of the sexual zones
- Sexual penetration of vagina, anus, mouth by other objects
- Engaging or promoting a child’s sexual performance
- Using a child to produce pornography
- Rape, sodomy, engaging a child in sexual activity
- Virtual: Exposure to developmentally inappropriate ‘sexualized’ material through electronic media
- Sex trafficking /tourism

Sexual Abuse

- Sexual penetration which includes sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person’s body or of any object into the genital or anal openings of another person’s body.
- Accosting, soliciting or enticing a minor child to commit, or attempt to commit, an act of sexual contact or penetration
- Knowingly exposing a minor child to any of the above acts.
When to Suspect Child Sexual Abuse

- Child discloses intentionally or unintentionally to parent, teacher, other trusted adult or friend
- Sexual abuse is witnessed by someone
- Sexual abuse is suspected because the child
  - Exhibits significant behavior change, especially sexualized behavior
  - Complains of genital discomfort, genital bleeding or other medical symptoms; anogenital injuries
  - Diagnosed with sexually transmitted disease, pregnancy

Drawings

- Children with a SA history were more likely to include genitalia in their drawings.
- Not diagnostic of SA in and of itself.
Child-Perpetrator Relationship: Who sexually abuses children?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>0-6 Years</th>
<th>7-12 Years</th>
<th>13-17 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stranger</td>
<td>12.7%</td>
<td>7.6%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Known nonrelative</td>
<td>38.8%</td>
<td>29.8%</td>
<td>55.1%</td>
</tr>
<tr>
<td>Other relative</td>
<td>29.6%</td>
<td>32.1%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Boyfriend/husband</td>
<td>0.0%</td>
<td>1.5%</td>
<td>20.6%</td>
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<tr>
<td>Brother</td>
<td>8.5%</td>
<td>9.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Father/stepfather</td>
<td>15.5%</td>
<td>19.1%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

Saunders (1999) Percentage of victims in age groups at first child rape by relationship of perpetrator to victim

Perpetrating the Sexual Abuse

- Single event or multiple
- Offenders may gradually sexualize the relationship with the child over time
- Repeat offenders calculate approach

Short Term Experience for the Child Victim

- Pain, injury, bleeding during the abusive acts as well as during healing or none of the above
- Infection
- Behavioral changes
  - School performance/discipline
  - Fears
  - Family disruption
  - Disturbance of sleep, appetite, toileting
Consequences of Sexual Assault

Reproductive consequences
- Pregnancy, HIV, other infections
- Loss of sense of control over own sexuality - less likely to use contraception

Mental Health Consequences
- Depression, PTSD, suicide, behavior problems

Social Well Being
- Loss of honor and self-esteem
- Risk of alcohol/substance abuse

CASES
Spring is a 6 year old girl who disclosed at school that Ronell, her mother’s boyfriend, did “nasty things to her”. She stated “he put his boy thing in my girl thing”.

1. Why?
2. When?
3. Where?
4. Has this child been sexually abused?
Summer

- Summer is a 12 year old girl who was visiting her aunt’s house. She stated she fell off her bike and started bleeding in her privates. She denies sexual abuse. She is examined by the emergency department physician who determined that her hymen is “not intact”.
  1. Why?
  2. When?
  3. Where?
  4. Has this child been sexually abused?

Autumn

- Autumn is a 13 year old girl who presents with vaginal discharge. She missed her last 2 periods. She states she is sexually active with multiple partners including her 30 year old boyfriend and his friends.
- She ran away from home and her boyfriend is providing her a place to stay.
  1. Why?
  2. When?
  3. Where?
  4. Has this child been sexually abused?
Winter

Winter is a 4 year old girl. Her mother noticed redness of her genital area when she came back home from visiting her father. She also noticed she is masturbating in public, imitating intercourse with younger siblings, and inserting small toys in her vagina.

1. Why?
2. When?
3. Where?
4. Has this child been sexually abused?
EVALUATION OF SUSPECTED CHILD SEXUAL ABUSE REQUIRES A MULTIDISCIPLINARY TEAM (MDT)

MDT Representatives include:

- Child Protective Services
- Child Advocacy Center staff
  - Forensic interviewers
  - Victim Advocates
- Mental Health providers and therapists
- Medical Providers
- Law Enforcement
- Prosecutors
Objectives

- WHY do children need a medical evaluation?
- WHEN do we examine children?
- HOW are medical evaluations performed?
- WHERE should I refer for an evaluation?

WHY do children need a medical evaluation?
Evaluation of Children

- Medical evaluations are a component of the team evaluation
- The medical evaluation is an important part of the clinical and legal process when child sexual abuse is suspected.
- All children who are suspected victims of child sexual abuse should be offered a medical evaluation

WHY do children need a medical exam?

- To obtain the medical history from the child and/or guardian
- To obtain the medical history from the child
- To identify and document elements of abuse
- To diagnose and treat medical conditions resulting from abuse
- To diagnose and treat medical conditions resulting from other causes

Recommendations for medical providers

- Obtain a medical history from the child patient for the purpose of diagnosis and treatment
- Develop skills in the use of examination positions and techniques for the best assessment of anogenital findings
- Know the differential diagnosis of entities confused with sexual abuse, to avoid an incorrect diagnosis
- Remain current in the state of the art and science of child sexual abuse medical evaluation and treatment
- Obtain high quality, interpretable photodocumentation of examination findings
- Develop a peer review system to have all abnormal cases reviewed by an expert provider
- Teach MDTs that all children benefit from a medical evaluation by a qualified provider
- Provide court testimony that is objective, fact-based, educational, and clear for medical and non-medical audiences
WHEN do we examine children?

- Emergency
- Urgent
- Non-urgent
- Follow up

Indications for emergency evaluation

- Medical, psychological or safety concerns such as acute pain or bleeding, suicidal ideation, or suspected human trafficking
- Alleged assault that may have occurred within the previous 72 hours (or other state-mandated time interval: 120 hours in Wayne County) necessitating collection of trace evidence for later forensic analysis
- Need for emergency contraception
- Need for post-exposure prophylaxis (PEP) for STIs including Human Immunodeficiency Virus (HIV)
### Indications for urgent evaluation

- Suspected or reported sexual contact occurring within the previous 2 weeks, without emergency medical, psychological or safety needs identified

### Indications for non-urgent evaluation

- Disclosure of abuse by child, sexualized behaviors, sexual abuse suspected by MDT, or family concern for sexual abuse, but contact occurred more than 2 weeks prior without emergency medical, psychological or safety needs identified

### Indications for follow-up evaluation

- Findings on the initial examination are unclear or questionable necessitating reevaluation
- Further testing for STIs not identified or treated during the initial examination
- Documentation of healing/resolution of acute findings
- Confirmation of initial examination findings, when initial examination was performed by an examiner who had conducted fewer than 100 such evaluations
WHERE should I refer the child for an evaluation?

Locations where the evaluation can take place

- ACUTE (URGENT)
  - <120 hrs
  - Wayne County Sexual Assault Forensic Examiner (acute)
  - WC-SAFE

- NON-ACUTE (NON URGENT)
  - >120 hrs
  - Kids TALK CAC
What is a Children’s Advocacy Center?

- A child-friendly facility in which law enforcement, child protection, prosecution, mental health, medical and victim advocacy professionals work together to investigate abuse, help children heal from abuse and hold offenders accountable.

- The National Children’s Alliance is the national accrediting body for Children’s Advocacy Centers (CAC).

- There are 777 CAC’s throughout communities in the U” and 25 accredited CAC’s in Michigan.
Services

- Forensic interviewing
- Medical evaluations
- Advocacy services
- Counseling services
- Therapy
- Outreach and prevention

Case Review

A formal process in which multidisciplinary discussion and information sharing regarding the investigation, case statues and services needed by the child and family occurs.

- All members of the multidisciplinary team participate and refer cases.
- Supports informed decision making.
- Recommendations are developed and communicated for implementation.
REFERRAL CRITERIA:

- Children 0-17 years of age
- Non-acute sexual abuse (the last incident of sexual abuse was 120 hours or more prior to the examination)
  - A report of penile or digital penetration of the vagina or anus.
  - A report of oral sexual contact.
  - Findings of or suspicions of sexually transmitted infections.
  - No active genital bleeding or pain, or emergent medical needs
  - Siblings are examined when appropriate

Referrals

Suspected sexual abuse

>120 hours after last incident

No acute bleeding or excessive pain

Child need to be referred to Kids-TALK for an interview and possibly a medical evaluation and other services

What if the child already had a medical exam?

Consider referral to Kids TALK clinic and a 2nd exam in the following circumstances:
- The child has a sexually transmitted infection
- Concerning medical finding
- The child refused the medical exam
WC SAFE

- Services provided 24/7
- Services are provided up 120 hours post assault/abuse
- Law enforcement and/or CPS must be involved before WC SAFE will accept a referral
- CRISIS PAGER NUMBER: 313-430-8000

HOW are medical evaluations conducted?

Components of the Medical Evaluation

As for other pediatric complaints:
- History
- Physical examination
- Laboratory testing (certain cases)
- Treatment planning
- Forensic evidence collection (certain cases)
- Report suspected child abuse
Medical History

- Accompanying caretakers should be supportive
- History should be obtained separately from
  - other professionals
  - child’s caretakers
  - child.

History From Caretakers

- Information about the timing and nature of the suspected abuse
  - decisions about STI testing, prophylactic treatments, and forensic evidence collection
- Information provided about the alleged perpetrator
  - useful in assessing the patient’s risk for STIs.
  - Asking about ongoing contact and assessing child safety.

Review of Systems

- Dysuria
- Anogenital pain
- Bleeding
- Discharge, or itching.
- Constipation
- Enuresis, and/or encopresis
Behavioral Symptoms

- Suicidal ideation that require immediate mental health intervention.
- Reports of school failure
- Sleep disorders
- Nightmares, anxiety, or depression
- A history of other abusive or consensual sexual activity should be obtained.

Review of Systems

- Age of menarche and date of last menstrual period.
  - Assessment of pubertal development
  - Symptoms of pregnancy
  - Possibility of menstrual bleeding during physical examination.

Social Concerns:

- Identify household members.
- Consider other children in the household
- Caretakers’ response to a child’s disclosure
  - Supportive and believing
  - Openly disbelieving of a child’s disclosure
  - When a caretaker allows further contact between a child and the suspected perpetrator
Physical Examination

General Exam

Most children become comfortable and cooperative with a medical provider who takes time to build rapport.

Reassurance helps children:
- The exam is not painful
- Answer questions honestly
- Perform the exam gently

Physical Examination

- NOT limited to the anogenital region.
- A comprehensive head to toe examination is indicated.
Physical Examination

- Prepare the child prior to the exam
- Explain to the child and reassure the parents we will not perform a speculum exam
- Examine the child head to toe reassuring her that her body is normal
- Exam should be non-threatening and therapeutic

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Physical Examination

- The oral cavity should be examined carefully for signs of injury to the teeth and soft tissues.

- Skin injuries such as bruises and bite marks should be identified and documented carefully.
Physical Examination

- Problems unrelated to sexual assault are identified frequently
  - dental caries
  - decreased visual acuity
  - heart murmurs
  - Scabies
  - Urinary tract infections
  - otitis media
Anogenital Examination

- Physical examination should not cause added trauma.
- Explanations to parents and the child before, during, and after the examination can ease stress.
- Supportive, nonoffending caretakers also can be comforting to the child.

Anogenital Examination

- Can have a positive psychological impact on patients.
- It is important to know the appropriate terminology for the genital structures.

Beginning the Genital Exam
Prone Knee Chest Position

Colposcopes

- Provide magnification and lighting.
- Allow for still or video recording of the examination.
- Allows for the child and parent the option to view the exam when connected to a screen.
- Facilitates peer review of images and videos with out the need for re-examining the child.
Normal Exam Findings

supine
labial
separation

[Diagram of normal exam findings with labeled parts: Mons pubis, Clitoris, Urethra, Frenulum of clitoris, Skene's gland orifice, Hart's line, Labium majus, Labium minus, Vagina, Bartholin's gland orifice, Posterior fourchette, Posteriorintroitus, Anus, Hymenal ring]
Normal Exam Findings

Labia minora
Urethral meatus
Vagina as seen through hymenal opening
Hymen
Posterior fourchette

Clock Position Reference
Hymen Orifice Diameter

The hymenal orifice is the opening to the vagina through the hymenal membrane

- Horizontal/vertical diameter measurements of prepubertal children are available
- Measurements vary with age, relaxation, exam technique
- Hymen diameter: not a reliable indicator of abuse by itself

McCann (1990), Berenson (1992)

Male Genitalia

Types of Medical Findings

- Normal findings and variants of normal
- Injuries from abuse or accidents
- Abnormal findings that are not abuse-related
CASES: WHY? WHEN? WHERE? HOW?

find the answer

http://www-personal.umich.edu
Spring is a 6 year old girl who disclosed at school that Ronell, her mother’s boyfriend, did “nasty things to her”. She stated “he put his boy thing in my girl thing”.

1. Why?
2. When?
3. Where?
4. Has this child been sexually abused?

Her physical examination including her ano-genital examination is completely normal. How could this be?
Interpretation of findings

Findings Documented in Newborns or Commonly Seen in Non-abused Children
- Normal variants
- Findings commonly caused by medical conditions other than trauma or sexual contact
- Conditions Mistaken for Abuse

Findings With No Expert Consensus on Interpretation with Respect to Sexual Contact or Trauma

Findings Caused by Trauma and/or Sexual Contact
- Acute trauma to external genital/anal tissues, which could be accidental or inflicted
- Residual (healing) injuries to external genital/anal tissues
- Injuries indicative of acute or healed trauma to the genital/anal tissues
- Infections transmitted by sexual contact, unless there is evidence of perinatal transmission or clearly reasonably and independently documented but rare non-sexual transmission
- Diagnostic of sexual contact

A NORMAL EXAMINATION DOES NOT RULE OUT SEXUAL ABUSE

It’s Normal to be Normal
- Only a small percentage of children have signs of genital or anal injury upon examination.
  - no injury was sustained due to the nature of the physical contact
  - the contact involved penetration of tissues that stretched without being injured
  - the contact resulted in injuries that healed by the time the child was examined.
Children have an immature anatomic concept of vaginal penetration. Most incidents don't involve use of force and do not cause injury. Genital and anal tissue have elasticity—may stretch rather than tear. Small injuries heal quickly and completely.

Nonspecific findings have multiple other causes. History of pain does not always correlate with injury.

Use of lubricants is a concern.

Yes

• Documentation of healed injuries, if present
• STD tests
• Assessment of other related health risks
• Reassurance about bodily integrity
• Referral for trauma counseling

Summer

http://www.personal.umich.edu
Summer

- Summer is a 12 year old girl who was visiting her aunt’s house. She stated she fell off her bike and started bleeding in her privates. She denies sexual abuse. She is examined by the emergency department physician who determined that her hymen is “not intact”.

1. Why?
2. When?
3. Where?
4. Has this child been sexually abused?

Straddle Injuries

INTACT

NOT INTACT
Autumn

- Autumn is a 13 year old girl who presents with vaginal discharge. She missed her last 2 periods. She states she is sexually active with multiple partners including her 30 year old boyfriend and his friends.
- She ran away from home and her boyfriend is providing her a place to stay.
  1. Why?
  2. When?
  3. Where?
  4. Has this child been sexually abused?

Autumn

- Her physical examination reveals a thin child with multiple bruises on her arms and legs
- Her anogenital examination is normal
- Her labs are positive for gonorrhea.
- Pregnancy test is positive
Children as Victims of Sex Trafficking

- The USE of any child <18 for sexual purposes in exchange for cash or in kind favors.

**Don't have to show**
- Force
- Fraud
- Coercion

**Minors cannot consent to commercial sex acts**

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**What is Commercial Sexual Exploitation?**

Sexual activity involving a child in exchange for something of value
- Child treated as a commercial, sexual object
- A form of violence against children
- Child abuse – must be reported
- Child is the victim not the criminal
- Coercion, fraud and violence not necessary to make the diagnosis

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**Implications of Sexually Transmitted Diseases in Children Infants and Pre-pubertal Children**

<table>
<thead>
<tr>
<th>STD</th>
<th>Confirmed Sexual Abuse</th>
<th>Suggested Action</th>
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</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 infection</td>
<td>Diagnostic</td>
<td>Report</td>
</tr>
<tr>
<td>If not prenatally or by transfusion</td>
<td>Diagnostic</td>
<td>Report</td>
</tr>
<tr>
<td>C trachomatis *</td>
<td>Diagnostic</td>
<td>Report</td>
</tr>
<tr>
<td>T vaginalis infection</td>
<td>Highly suspicious</td>
<td>Report</td>
</tr>
<tr>
<td>C acuminata infection*</td>
<td>(anogenital warts)</td>
<td>Suspicious</td>
</tr>
<tr>
<td>Herpes simplex (genital location)</td>
<td>Suspicious</td>
<td>Report unless there is a clear history of autoinoculation</td>
</tr>
<tr>
<td>Bacterial vaginosis</td>
<td>Inconclusive</td>
<td>Medical follow up</td>
</tr>
</tbody>
</table>

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Only 2 of the 36 subjects had definitive findings of penetration.

Winter

- Winter is a 4 year old girl. Her mother noticed redness of her genital area when she came back home from visiting her father. She also noticed she is masturbating in public, imitating intercourse with younger siblings, and inserting small toys in her vagina.

1. Why?
2. When?
3. Where?
4. Has this child been sexually abused?
Sexualized Behavior

Most children will engage in sexual behaviors at some time during childhood. These behaviors may be normal but can be confusing and concerning to parents or disruptive or intrusive to others. Knowledge of age-appropriate sexual behaviors can assist in differentiating normal sexual behaviors from sexual behavior problems.

More about Behaviors

- Sexualized behaviors are most concerning but must be distinguished from normal sexual behaviors of children.
- Other behavior changes may be nonspecific:
  - Sleep, appetite, toileting
  - Fears, sadness
  - Aggressive or overly submissive behavior
When to Evaluate?

- Sexual behaviors in children range from normal and developmentally appropriate to abusive and violent.
- If the behavior is intrusive, hurtful, and/or age-inappropriate, a more comprehensive assessment is warranted.

Normal, Common Behaviors

- Touching/masturbating genitals in public/private
- Viewing/touching peer or new sibling genitals
- Showing genitals to peers
- Standing/sitting too close
- Trying to view peer/adult nudity
- Behaviors are transient, few, and distractable

Less common normal behaviors

- Rubbing body against others
- Trying to insert tongue in mouth while kissing
- Touching peer/adult genitals
- Crude mimicking of movements associated with sexual acts
- Sexual behaviors that are occasionally, but persistently, disruptive to others
- Behaviors are transient and moderately responsive to distraction

Assessment of situational factors (family nudity, child care, new sibling, etc) contributing to behavior is recommended.
Uncommon Behaviors in Normal Children

- Asking peer/adult to engage in specific sexual act(s)
- Inserting objects into genitals
- Explicitly imitating intercourse
- Touching animal genitals
- Sexual behaviors that are frequently disruptive to others
- Behaviors are persistent and resistant to parental distraction

Assessment of situational factors and family characteristics (violence, abuse, neglect) is recommended.

Rarely Normal!

- Any sexual behaviors that involve children who are 4 or more years apart
- A variety of sexual behaviors displayed on a daily basis
- Sexual behaviors associated with other physically aggressive behavior
- Behaviors are persistent and child becomes angry if distracted

Assessment of all family and environmental factors and report to child protective services is recommended.

Winter

- History of sexual abuse at age 3
- Poor compliance to therapy and counseling
- History of sexual abuse at age 5 by different perpetrator
- Birth of new sibling
- Mother has a new boyfriend
- Family moved in to the boyfriend’s house
Summary

- In the majority of cases, a child's statement is the strongest evidence that abuse has occurred.
- Physical examination is normal in the majority of sexual abuse victims.
- Accurate, evidence-based interpretation of physical and laboratory findings is essential.

Contact Information:

Kids-TALK Children’s Advocacy Center
40 East Ferry Street
Detroit, MI 48202
Tel: 313-833-2970.

Dena Nazer: dnazer@med.wayne.edu