

BOOST CYAC WEBINAR SERIES

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# Sexual Abuse in Young Children

## Understanding the medical evaluation at your CAC/CYAC

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# Faculty/Presenter Disclosure

- ▶ Relationships with commercial interests:
  - **Grants/Research Support:** nil
  - **Speakers Bureau/Honoraria:** nil
  - **Consulting Fees:** legal
  - **Other:** Funding from Department of Justice Canada for development of a Child & Youth Advocacy Center
  
- ▶ Some images /content may be upsetting. Please feel free to take a break if needed and debrief
  
- ▶ Please do not photograph slides.

# Learning Objectives

- ▶ Understand the value of genital examinations and forensic evidence collection
- ▶ Identify normal genital anatomy & examples of common prepubertal genital findings
- ▶ Review documentation and interpretation
- ▶ Provide appropriate care to victims of sexual abuse

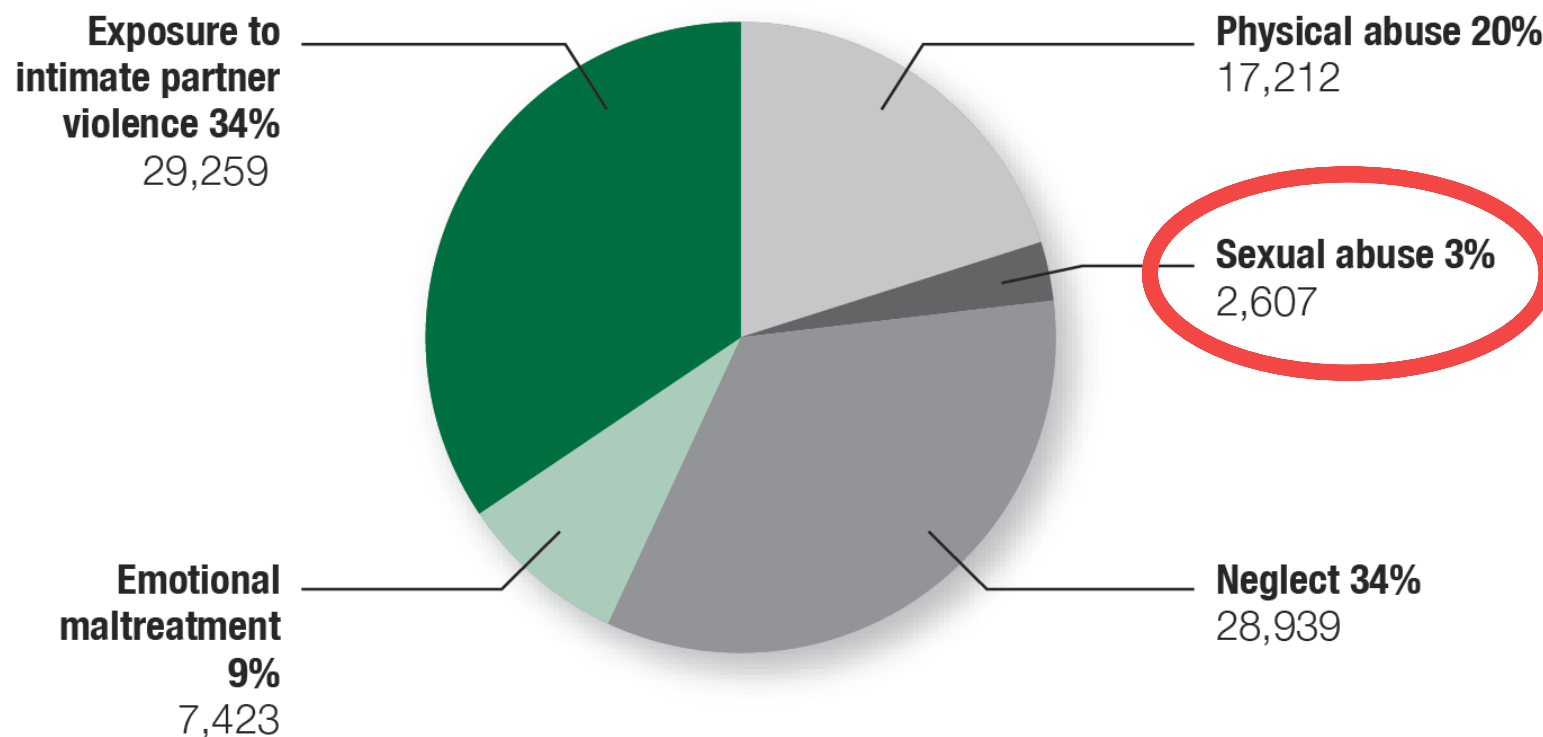
# Definition of Sexual Abuse

“A child is engaged in sexual activities that the child cannot comprehend, for which the child is developmentally unprepared and cannot give consent, and/or that violate the law or social taboos of society.”

(AAP 1999)

**Spectrum of activities from sexual assault  
to less intrusive forms of abuse**

**FIGURE 5:** Primary Category of Substantiated Child Maltreatment in Canada in 2008\*



**Canadian Incidence Study of Reported Child Abuse and Neglect – 2008**

\* Total estimated number of substantiated investigations is 85,440, based on a sample of 6,163 substantiated investigations.

# How common is child sexual abuse?

- ▶ Ontario survey, **11 % of women** and **4% of men** reported a history of severe sexual abuse during childhood
- ▶ “When you were growing up, did any adult ever do any of these things to you against your will?”
  - threatened to have sex with you?
  - touched the sex parts of your body?
  - tried to have sex with you or sexually attacked you?

# How common is child sexual abuse?

▶ Ontario survey 11% of women and 4% of

## REMEMBER

The Adverse Childhood Events Studies (ACES) arose from the study of an adult obese cohort. The unifying feature was childhood sexual abuse.

**Childhood trauma is an important predictor of downstream adversity.**

- touching the sex parts of your body:
- tried to have sex with you or sexually attacked you?

# Presentation of Sexual Abuse

- ▶ Specific disclosure (family, social services, police)
- ▶ Medical complaint:
  - genital or rectal
  - bleeding, dysuria, discharge, redness, STI
- ▶ Concerning behaviors
  - sexual acting out
  - sexual perpetration on others
  - sleep disturbance, depression, promiscuity, change in appetite, substance abuse
- ▶ Emergency Department / medical clinic



# History of allegation

- ▷ Often provided by social services or Police after interview or initial investigation
  - time and date of alleged s/a
  - last known or possible contact
  - description of event(s)
  - duration
- ▷ Symptoms
  - pain, bleeding, discharge
  - prior or ongoing?
- ▷ Past medical history
  - meds, menstrual hx, prior sexual activity
- ▷ Characteristics of perpetrator
  - age, infections, IV drug use, previous history of abuse

# History of allegation

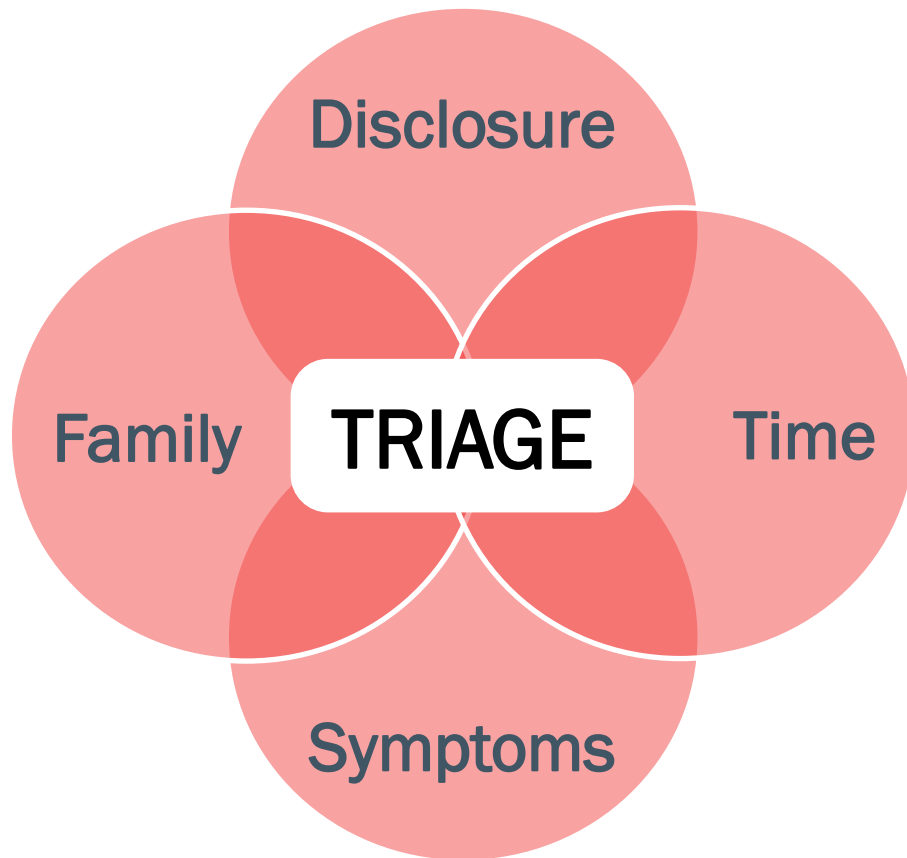
## **REMEMBER**

The forensic interview is a specific piece of the investigation

The health care provider should obtain information that is required for establishing a care plan.

- ▷ Past medical history
  - meds, menstrual hx, prior sexual activity
- ▷ Characteristics of perpetrator
  - age, infections, IV drug use, previous history of abuse

# How quickly should this child be examined?



- ▶ Attempt to see families in the most comfortable, comprehensive manner
- ▶ Attempt to limit unnecessary genital exams
- ▶ Attempt to limit multiple examinations
- ▶ What options are available in your community? CYAC?

# How quickly should this child be examined?

## REMEMBER

A disclosure of sexual abuse is an “emergency” for families. This does not always mean it is a **medical or social emergency.**

- ▶ Attempt to limit multiple examinations

Symptoms

# How can I help you today?

- “ You’ll be able to tell after the exam if she has been abused, right?”
- “ She is so angry all the time. What can I do?”
- “ Why does she have discharge in her underwear?”
- “ My child looks ‘broken open’. Someone must have touched her.”

# How can I help you today?

“ You’ll be able to tell after the exam if she has

## REMEMBER

It is important to set realistic expectations for families, caregivers, social services and police

“ My child looks ‘broken open’. Someone must have touched her.”

# Management & Outcome

- ▶ Guided by history and physical exam
- ▶ Testing for conditions such as UTI, STI
- ▶ Treatment for conditions identified
- ▶ **Referrals** (i.e. mental health, pediatrics, gynecology)
- ▶ Reporting or re-reporting to social services as indicated

# Female Examination



# Female Examination

- ▶ General physical exam
- ▶ Documentation of skin injuries
- ▶ Tanner (sexual maturity) stage of breast and pubic hair
- ▶ External genitalia
  - apply traction, visualize hymen and vaginal opening
  - note shape of hymen
  - describe rim and edges of hymen
  - note any bruising, laceration, discharge or bleeding
- ▶ Anus and buttocks

# Female Examination

## ▶ General physical exam

### **REMEMBER**

A speculum examination in a prepubertal child is never indicated.

If there is undiagnosed bleeding the child needs an EUA.

- describe rim and edges of hymen
- note any bruising, laceration, discharge or bleeding

## ▶ Anus and buttocks

# Set yourself up for success

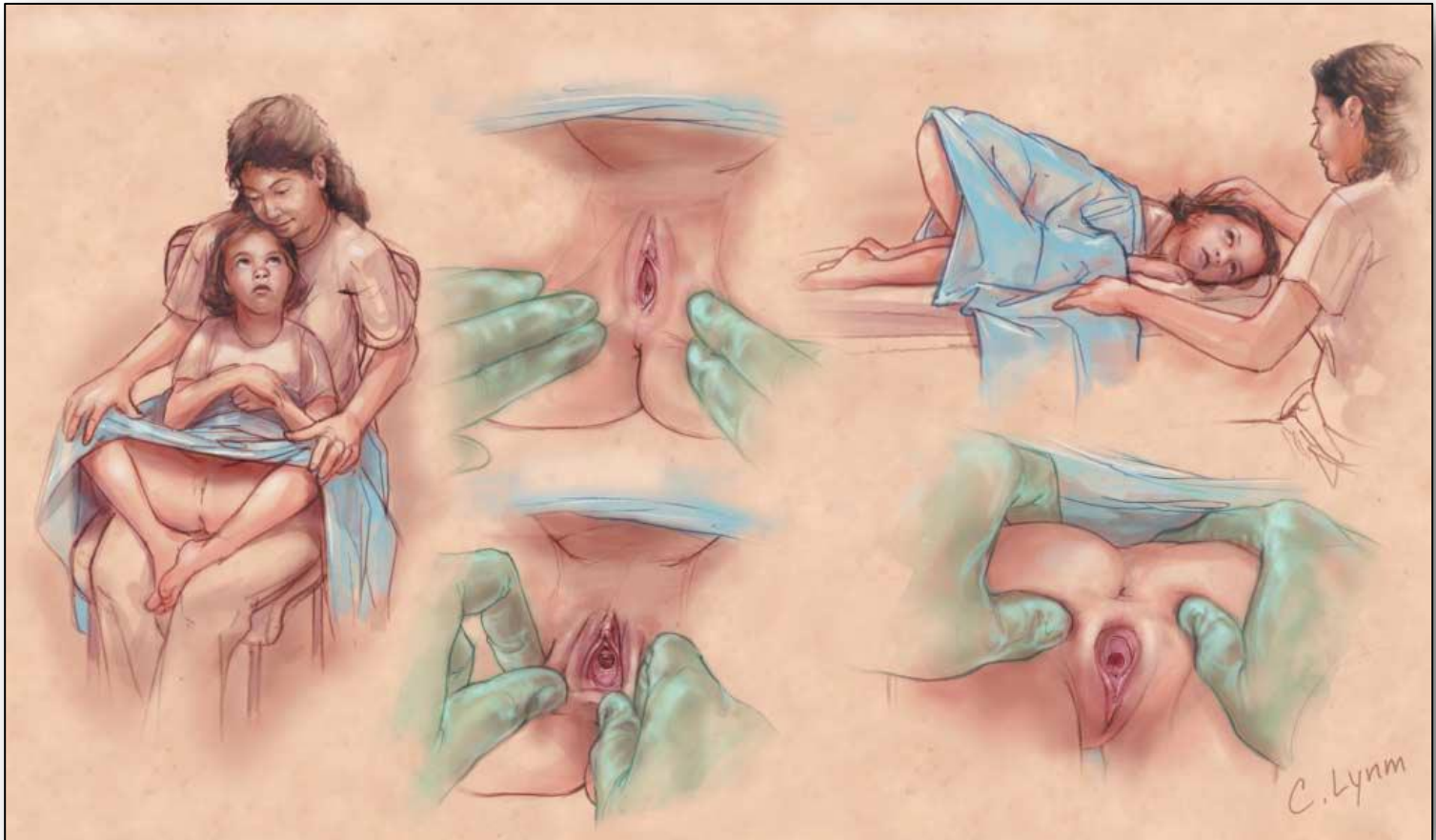
- ▶ Consider examining infants and toddlers in caregiver's lap
- ▶ Respect privacy in school-aged children and adolescents
- ▶ Be aware of who the child wants in the room
- ▶ Explain what you're doing as you go in appropriate terms
- ▶ Build rapport
- ▶ Provide reassurance that the exam is not painful
- ▶ Answer questions honestly
- ▶ Perform the exam gently

# Beginning the Genital Exam

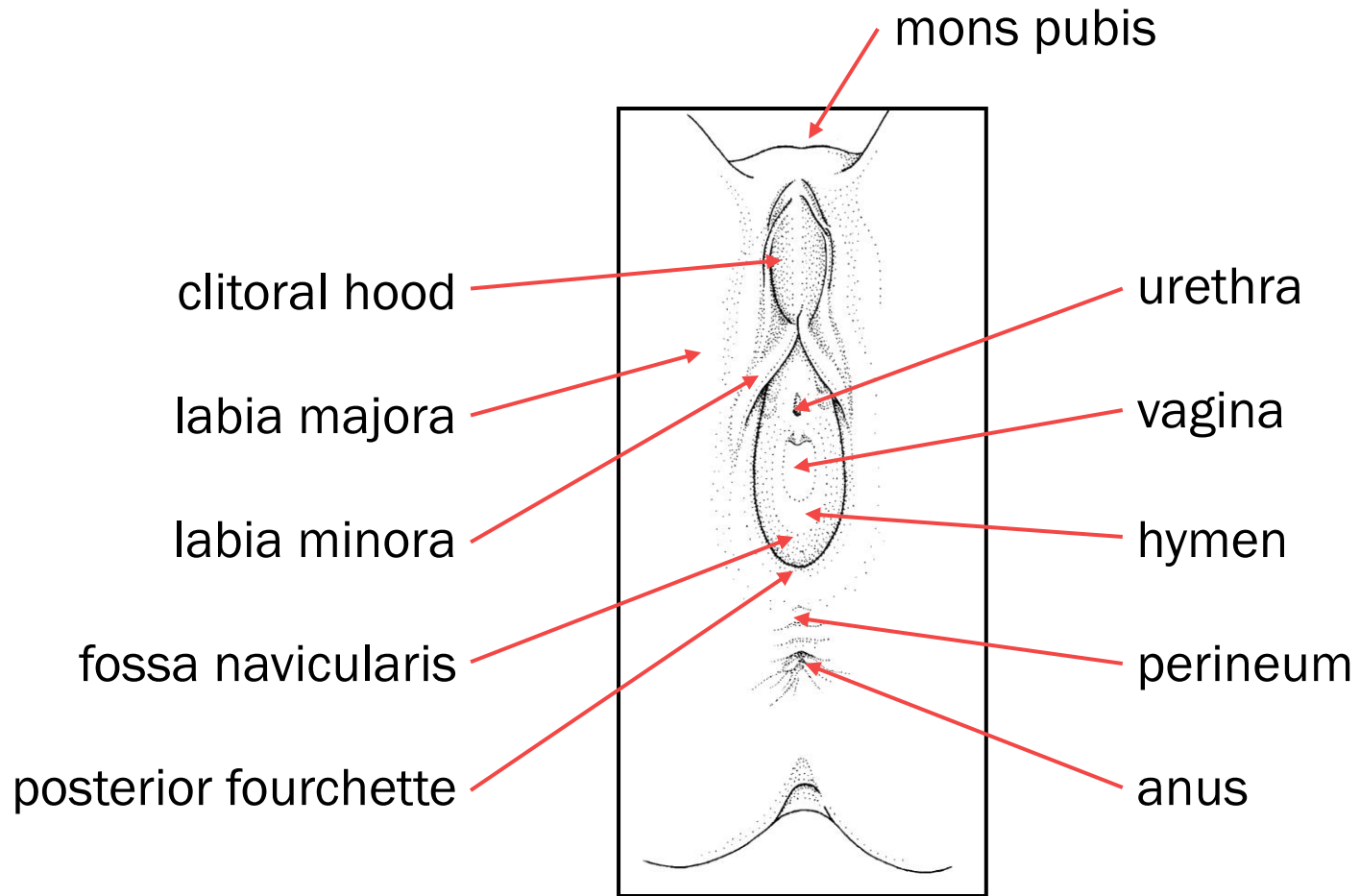


- ▶ Prepubertal children can be examined in a supine frog-leg position
- ▶ Adolescents should be examined in lithotomy position

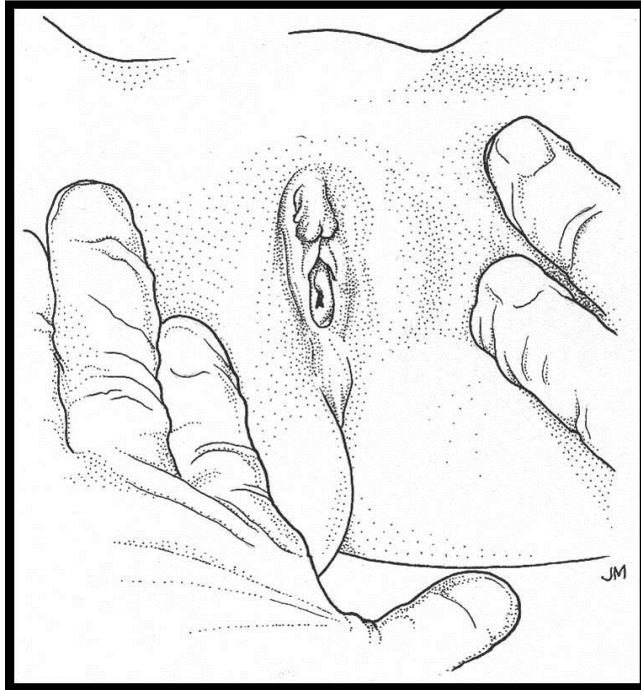
# Options for positioning to maximize visualization



# Anatomy Review



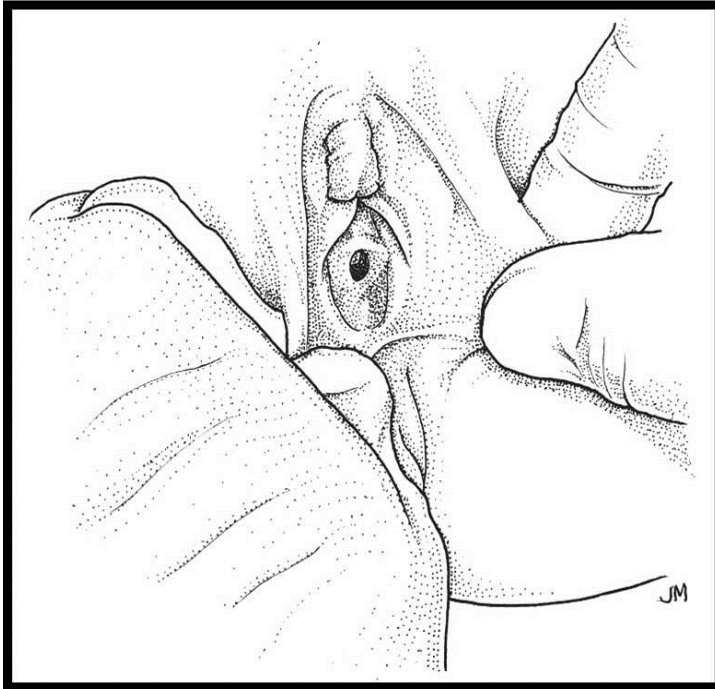
# Supine labial separation



- ▶ Start with supine labial separation.
- ▶ Spread the labia majora gently apart to view the vestibule.



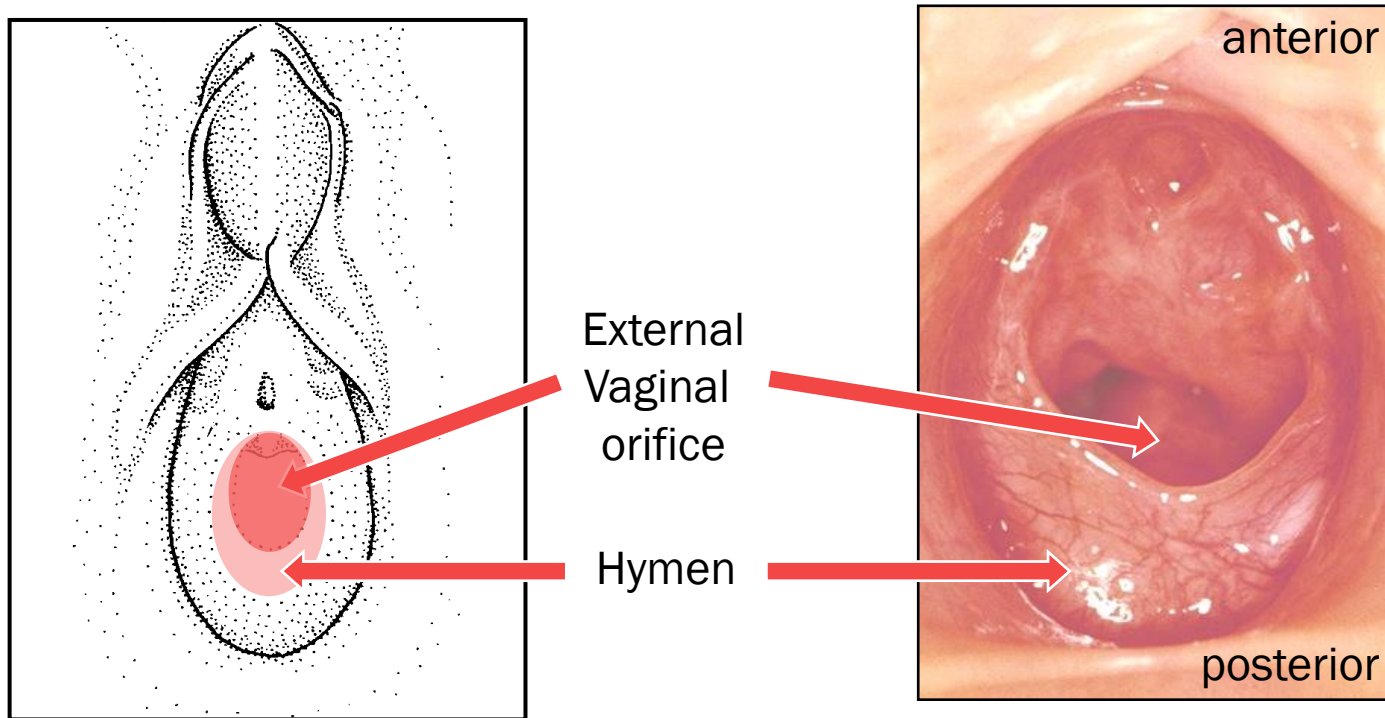
## Supine labial traction



- ▶ Supine labial traction is the next step, because the hymen stretches around the vaginal opening.
- ▶ The labia are grasped on both sides in a gentle pinch. Draw them forward and down.

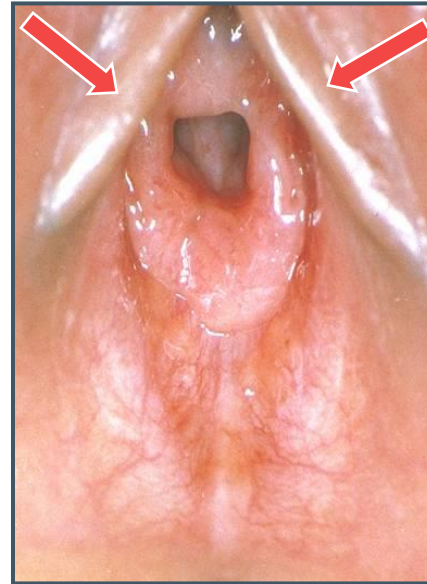
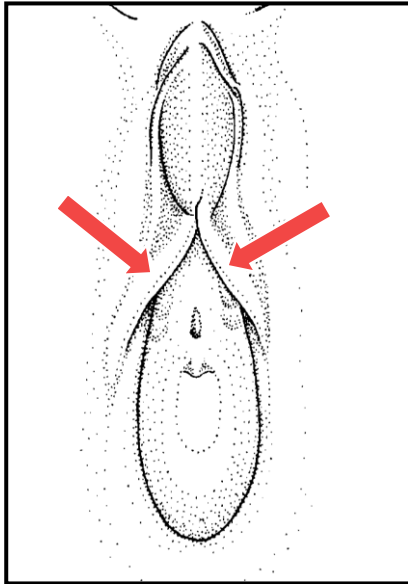


# Hymen

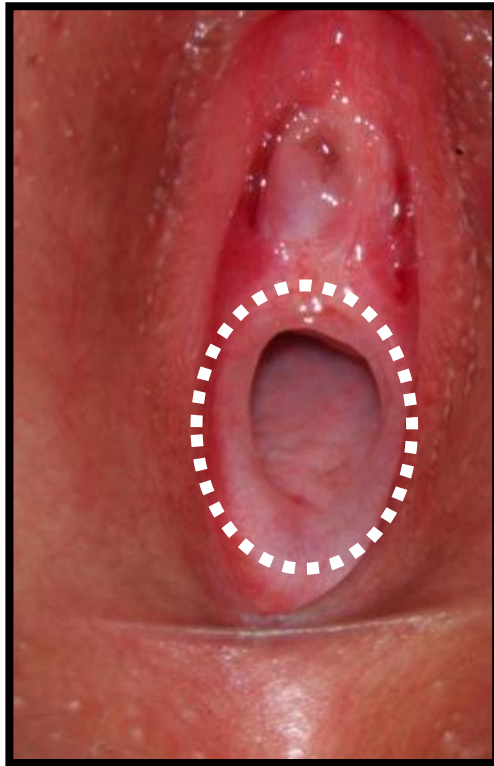


- ▶ Membrane that surrounds the vaginal orifice
- ▶ There is a wide anatomic variation in the appearance of the hymen

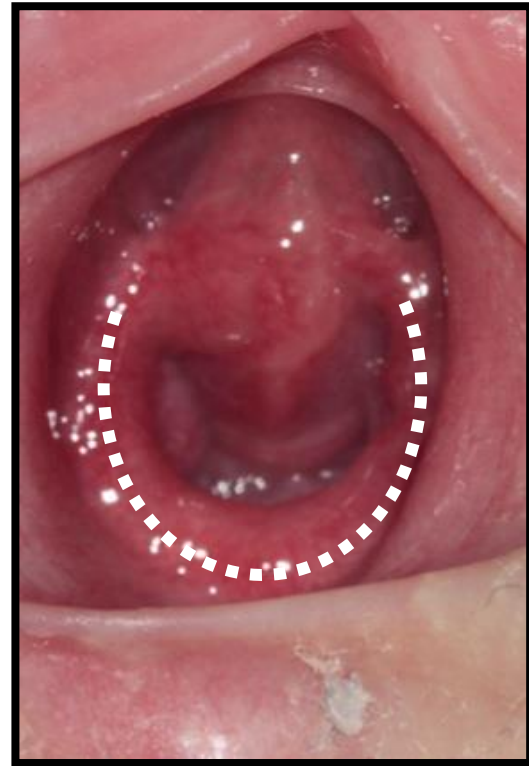
# The Hymen is seen after separation & retraction



# Most Common Hymen Types

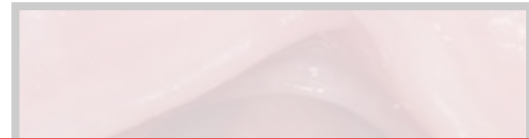
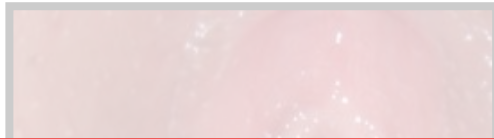


Annular



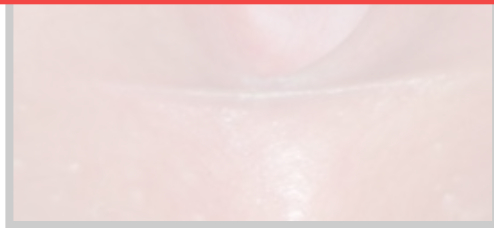
Crescentic

# Most Common Hymen Types



## **REMEMBER**

The hymen is not a solid membrane that is “broken open” or “popped” with penetration.



Annular

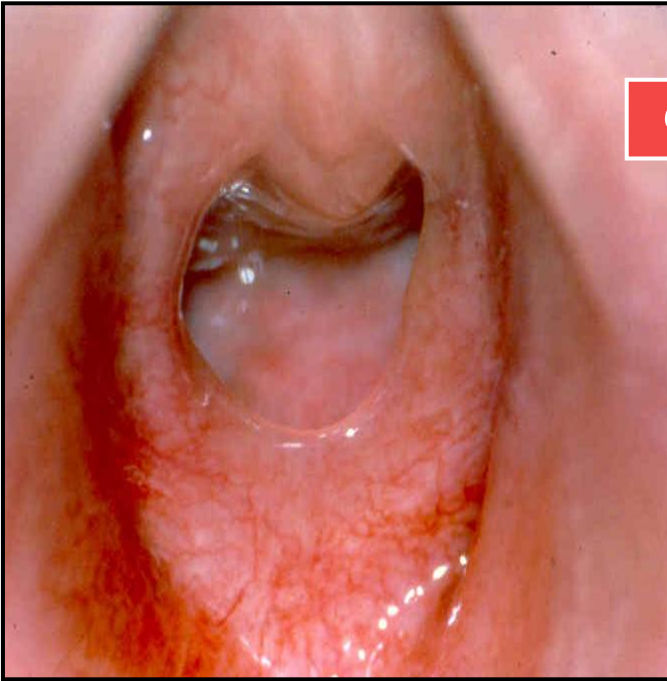


Crescentic

# Hymen Characteristics

- ▶ After noting the hymen configuration, note:
  - ▶ **Edges**  
Smooth vs any bumps, notches, lacerations
  - ▶ **Rim**  
The width of the hymenal tissue; normal amount of tissue (normal rim) vs narrow or wide.

All of these variations are normal.



estrogen



## Prepubertal

- ▶ sensitive
- ▶ well vascularized
- ▶ pale

## Pubertal

- ▶ little sensation
- ▶ redundant and elastic
- ▶ red

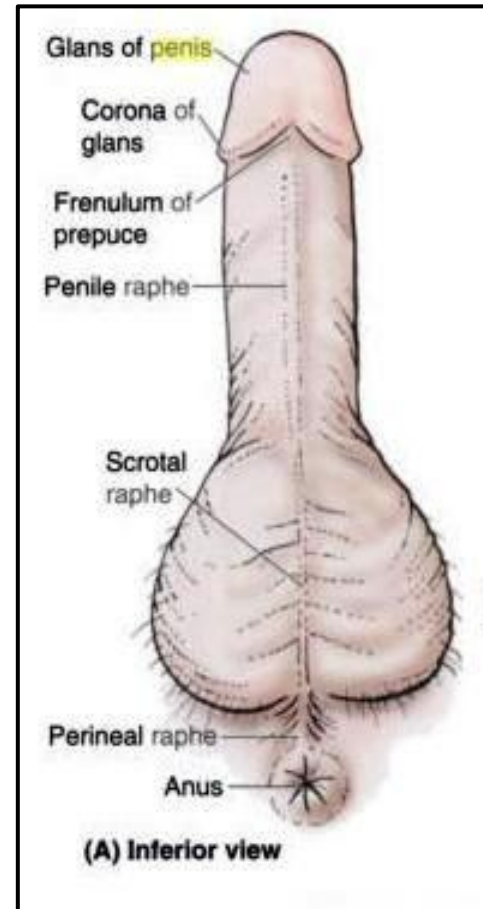
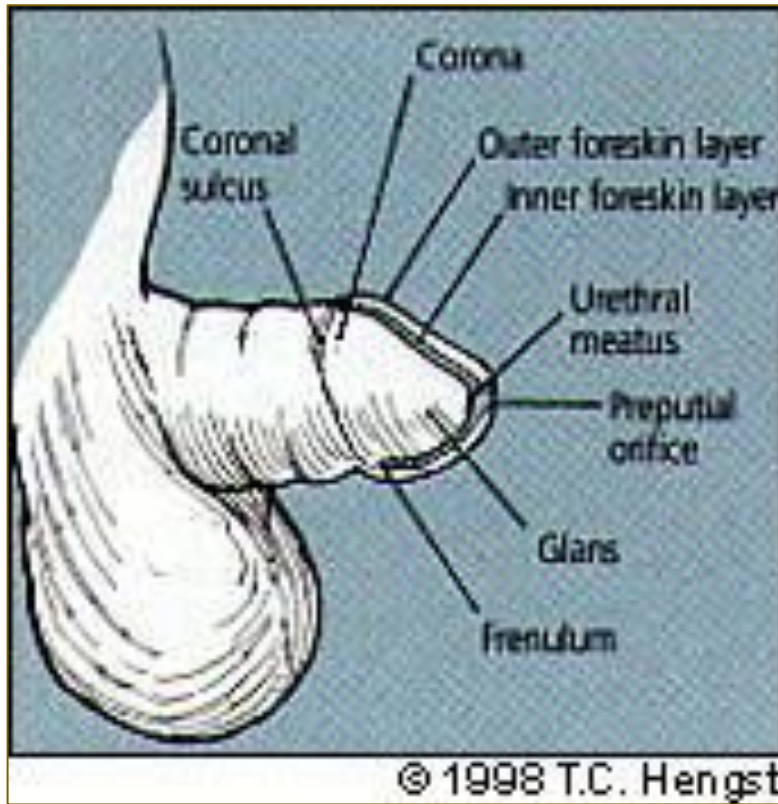
# Male Examination

# Male Examination

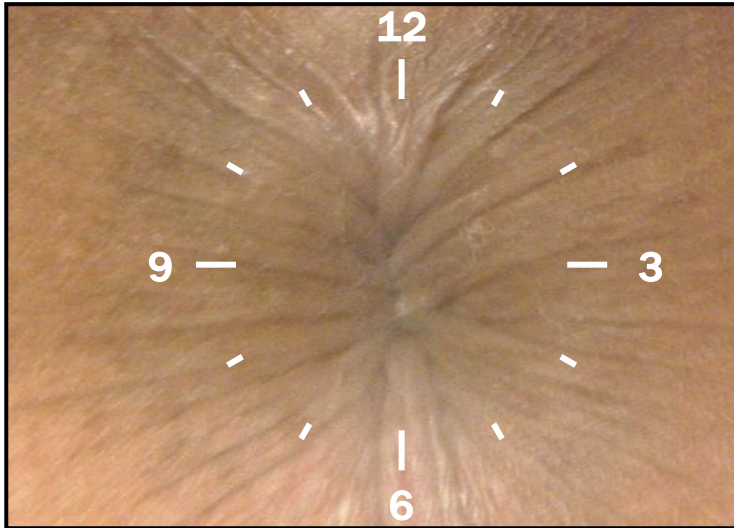
- ▶ Note Tanner stage (sexual maturity) of pubic hair & genitals
- ▶ External evaluation of the penis, testicles and scrotum, anus
- ▶ Signs of injury
  - ▶ bruising, laceration, discharge or bleeding



# Male Genitalia



# Anus/Anal Orifice



- ▶ The superimposed face of a clock can also be used to describe anal findings, with 12 o'clock pointing upwards towards the patient's head.
- ▶ Look for bruising, fissures, lacerations, discharge or bleeding.
- ▶ A digital rectal exam is not done in these cases.

# Case “A”

- ▶ 4 year old girl told her mother that Uncle touched her “pee-pee” and asked her to touch his
- ▶ The girl is having no trouble voiding, and there is no history of bleeding or discharge
- ▶ Mom “examined” her and thinks she looks “red and broken open”
- ▶ Social services and police want the girl examined ASAP to confirm allegation before they proceed

**How should you proceed?**

# Findings on Exam

- ▶ Adams, J., et al. Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused. *Journal of Pediatric and Adolescent Gynecology*, 2016. 29(2)
- ▶ Heger, A., et al., Children referred for possible sexual abuse: medical findings in 2384 children. *Child Abuse & Neglect*, 2002. 26
- ▶ Andherst, J., N. Kellogg, and I. Jung, Reports of repetitive penile-genital penetration often have no definitive evidence of penetration, in *Pediatrics*. 2009.
- ▶ Adams, J., et al., Examination Findings in Legally Confirmed Child Sexual Abuse: It's Normal to be Normal. *Pediatrics*, 1994. 94(3)

# Findings on Exam

- ▶ Adams, J., et al. Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused. *Journal*

## **REMEMBER**

In **85-95%** of cases where there is a disclosure of abuse, the genital findings are normal or non-specific.

- ▶ Adams, J., et al., Examination Findings in Legally Confirmed Child Sexual Abuse: It's Normal to be Normal. *Pediatrics*, 1994. 94(3)

# Why are most exams normal?

- ▶ Many types of abuse leave no physical evidence
- ▶ Mucosal injuries heal rapidly
- ▶ Many findings have multiple possible etiologies
- ▶ Child's concept of "penetration" difficult to appreciate
- ▶ Medical findings are more likely if:
  - ▶ Bleeding occurred after incident
  - ▶ Recent assault
  - ▶ Pain occurred at the time of the incident

# Why are most exams normal?

- ▶ Many types of abuse leave no physical evidence

## **REMEMBER**

A normal exam does not preclude the possibility of sexual abuse.

- ▶ Medical findings are more likely if:
  - ▶ Bleeding occurred after incident
  - ▶ Recent assault
  - ▶ Pain occurred at the time of the incident

## Mini-Review

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# Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused



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<sup>10</sup> Department of Pediatrics, Eastern Virginia Medical School; Children's Hospital of The King's Daughters, Norfolk, Virginia



# Practical Implications

- ▶ Findings diagnostic of trauma/sexual contact are rare even with disclosure of penetrative events
- ▶ Typically, findings are more strongly associated with symptoms and historical factors
- ▶ The absence of findings does not rule out sexual abuse
- ▶ Positive finding = consult with expert/colleague

# Triage case “A”

- ▶ Less urgent referral
- ▶ The examination will most likely be normal or non-specific and not helpful for investigation
- ▶ Examination will possibly diminish anxiety
- ▶ Recommend that the child be interviewed first
- ▶ Explain rationale and findings to family, police and social services

# Triage case “A”

- ▶ Less urgent referral

## **REMEMBER**

Child sexual abuse allegations are most typically substantiated based on history and not physical exam.

- ▶ Explain rationale and findings to family, police and social services

# Examination Case “A”



- ▷ erythema of vestibule
- ▷ crescentic hymen
- ▷ smooth edges
- ▷ normal rim

**DX: VULVOVAGINITIS**

# Case “B”

- ▶ A 6 year old brought to ED after having been found alone at home by social services
- ▶ She has blood in her underwear and told the social worker that a man hurt her pee hole yesterday

# Case “B” Triage

- ▶ Attempted assault within last 48 hours - acute
- ▶ Pain and bleeding reported
  - ▶ ? physical findings
- ▶ Immediate assessment required in an ED

## Forensic evidence findings in prepubertal victims of sexual assault. *Pediatrics*. Christian et al.(106) 2000.

- ▶ 273 children <10 years with SAEK were reviewed
- ▶ some evidence in 24.9%, all seen within 44 hours
- ▶ > 90% with positive SAEK seen within 24 hours
- ▶ > 24 hours ALL evidence was from clothing
  - \* *except 1 hair*
- ▶ No positive swab for blood after 13 hours and semen after 9 hours

# Sexual Assault Evidence Kit (SAEK)

- ▶ Medicolegal examination whose purpose is:
  - ▶ help identify perpetrator/location
  - ▶ demonstrate occurrence of s/a
  - ▶ evidence for police (apprehension/prosecution)
  - ▶ requires informed consent
  - ▶ can be frozen
- ▶ Intrusive undertaking, so consider...
  - ▶ Time: low yield after > 72 h pubertal
  - ▶ Miscellaneous: shower, b.m., new clothes, eaten
  - ▶ History of assault: penetration /attempted
  - ▶ Examination: injury



# Sexual Assault Evidence Kit (SAEK)

- ▶ Medicolegal examination whose purpose is:
  - ▶ help identify perpetrator/location

## **REMEMBER**

In situations of acute sexual assault, if a SAEK is to be collected, law enforcement must be on site to maintain chain of custody.

**Consult with a local SANE team if available.**

- ▶ Miscellaneous: shower, b.m., new clothes, eaten
- ▶ History of assault: penetration /attempted
- ▶ Examination: injury

# Case “C”

- ▶ A mother brings her 2 year old daughter to your office because “her opening doesn’t look normal”
- ▶ The child has just returned from a weekend visit with her father and mother wonders if he “did something to her”
- ▶ The girl has recently become more tearful when dropped at her father’s for visits

# How would you proceed?

- ▶ Presentation is non-specific
- ▶ No prior concerns about father
- ▶ Mother had a personal history of sexual abuse
- ▶ How would you proceed?

# Examination Case “C”



# Resolved labial fusion



# Resolved labial fusion



## REMEMBER

Labial fusion is a common finding in prepubertal girls. It is not a traumatic injury. Treatment is indicated if there are recurrent infections or voiding difficulties.

# Take Home Messages

- ▶ Varied spectrum and consequently there are varied presentations of sexual abuse
- ▶ History is critical in making a diagnosis and management plan
- ▶ Majority of examinations are normal or non-specific
- ▶ Familiarize yourself with local resources and social services protocols