

# MEDICAL EVALUATIONS FOR CHILD SEXUAL ABUSE

## A 3-part presentation

Module Developed by:

Adrienne Cognata BSN,RN, SANE-A,SANE-P,MEI

Dena Nazer MD

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Medical evaluations are an important part of the multidisciplinary child sexual abuse investigation and are the standard of care for children.

This session will provide an overview of the medical evaluation and most importantly how to work as a team to advocate, protect and provide care for children using a trauma sensitive approach.

2

## Main Learning Objectives:

Understand	Discuss	Understand
Understand the role of the medical evaluation as part of the multidisciplinary team evaluation.	Discuss the importance of a medical forensic examination to the health, welfare and healing of the child.	Understand why, when, how, and where the evaluations of child sexual abuse are conducted.

3

## Main Learning Objectives:

Determine	Understand	Gain
Determine when, how, and by whom a Sexual Assault Evidence Kit to be obtained.	Understand the Children's Advocacy Center model and the importance of the medical team.	Gain better understanding of common presentations, medical findings and the absence of findings through multiple clinical scenarios.

4



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Questions to answer...	<b>WHY</b> do children need a medical exam when sexual abuse is suspected?
	<b>WHEN</b> do children need to be examined? ASAP or can they wait?
	<b>HOW</b> are the medical evaluations done? Are they traumatic? What would they show?
	<b>WHERE</b> do children need to be examined? Emergency department? or Child Advocacy Center?

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We will  
answer  
the  
MOST  
IMPORTANT  
question ...

---

**WHY** do children need a medical exam when sexual abuse is suspected?

---

**WHEN** do children need to be examined? ASAP or can they wait?

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**HOW** are the medical evaluations done? Are they traumatic? What would they show?

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**WHERE** do children need to be examined? ED or CAC?

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# MEDICAL EVALUATIONS FOR CHILD SEXUAL ABUSE Part 1

Module Developed by:

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Dena Nazer MD



**RETHINKING**

*LET'S RETHINK:  
A  
REALLY QUICK  
REVIEW  
OF DEFINITIONS*

9



**RETHINKING**



WHO IS A CHILD?

10



A PERSON UNDER 18 YEARS OF AGE

11



RIGHTS  
AND TREATMENT OF CHILDREN

12



## WHAT DO CHILDREN NEED?

13

### Concrete, Basic Needs



Home



Food



Clothing



Utilities



Health  
care



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## Children's Basic Needs: Safety - *Supervision/Monitoring*

Protection from: physical toxins: poisons, guns, fire



In the home



Outside the home


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CHILDREN NEED TO FEEL SAFE IN THE HOME  
AND NEED TO BE PROTECTED FROM EMOTIONAL TOXINS

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**RETHINKING**



A RIGHTS-BASED FOCUS ON CHILD PROTECTION & HEALTH EDUCATION

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## United Nations Convention on the Rights of the Child

- First legally binding international convention to affirm human rights for all children (November 1989).
- Every person under the age of 18 has rights, no matter who they are, where they live or what they believe.

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# CHILD PROTECTION LAW



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## Legal Protection: a Right for Children

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.”

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A RIGHTS-BASED FOCUS ON CHILD PROTECTION & HEALTH EDUCATION

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## A Child Rights Approach to Child Protection

- Major paradigm shift in core values & practices
- Respect and promotion of human dignity and physical and psychological integrity of children as rights bearing individuals rather than primarily as “victims”
- Children have a right to be heard and to have their views taken seriously & must be respected systematically in all decision-making processes and their empowerment and participation should be central to child protection strategies and programs

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**PROTECTION** of child  
from maltreatment

to

**PROTECTION & PROMOTION**  
of child survival, physical, mental, social,  
moral and spiritual health, well being,  
development, personal security, dignity, and  
indeed all their rights.



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EVERY CHILD DESERVES TO GROW UP WITH SAFE, STABLE, AND NURTURING  
RELATIONSHIPS.

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## Definition of Child Abuse



"Child abuse" means **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

Child Protection Law



## Child Maltreatment



Refers to six types of victimization against children:

- Physical Abuse
- **Sexual Abuse**
- Emotional Abuse
- Emotional Neglect
- Physical Neglect
- Educational Neglect

Child Protection Law





# SEXUAL ABUSE IS AN ADVERSE CHILDHOOD EXPERIENCE

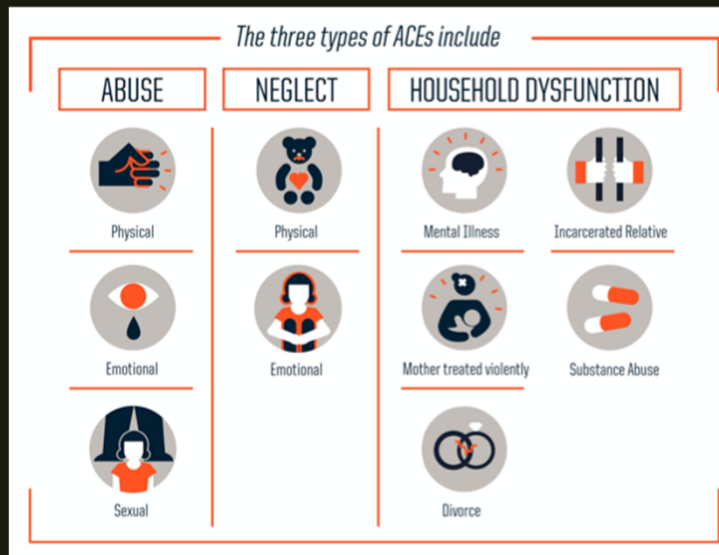
## ADVERSE CHILDHOOD EXPERIENCES (ACES)



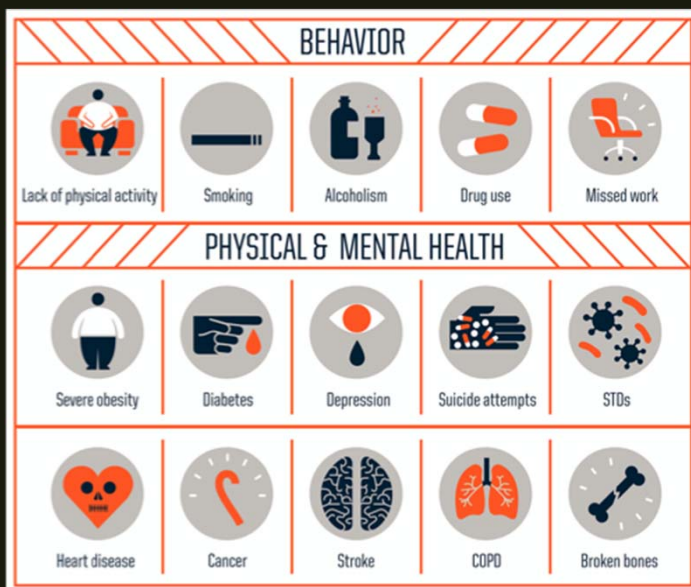
ACEs, are potentially traumatic events that occur in childhood

According to the ACES study, the rougher your childhood, the higher your risk for later health problems.

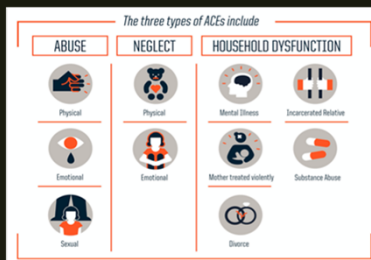
Focus on safe, stable, and nurturing relationships and change the paradigm from simply identifying ACEs to promoting resilience



## Adverse Childhood Experiences (ACES)



## INCREASED HEALTH RISKS



# Definitions

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## 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

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## Types of Child Sexual Abuse

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>■ Sexual contact/penetration of vagina, anus, mouth</li><li>■ Fondling or touching</li><li>■ Exposing oneself or masturbating in front of a child</li><li>■ Engaging or promoting a child's sexual performance</li></ul> | <ul style="list-style-type: none"><li>■ Using a child to produce pornography</li><li>■ Exposure to developmentally inappropriate 'sexualized' material through electronic media</li><li>■ Sex trafficking</li></ul> |
|--|---|

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WHEN DO WE  
SUSPECT  
SEXUAL ABUSE

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## Sexual Abuse is suspected when..

### Child discloses (most common)

Delayed disclosure is common

Child exhibits significant behavior change, especially sexualized behavior

Child complains of genital discomfort, genital bleeding or other medical symptoms

Child is diagnosed with sexually transmitted disease

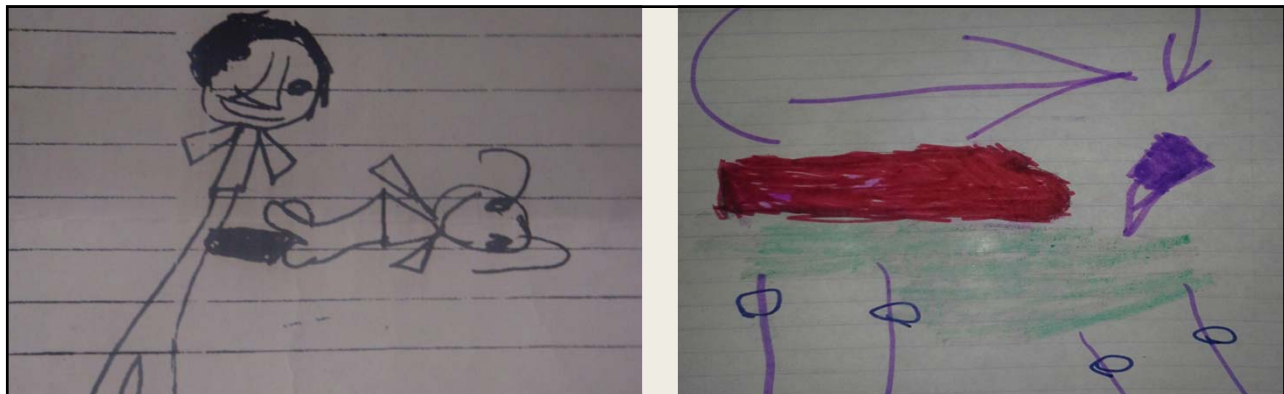
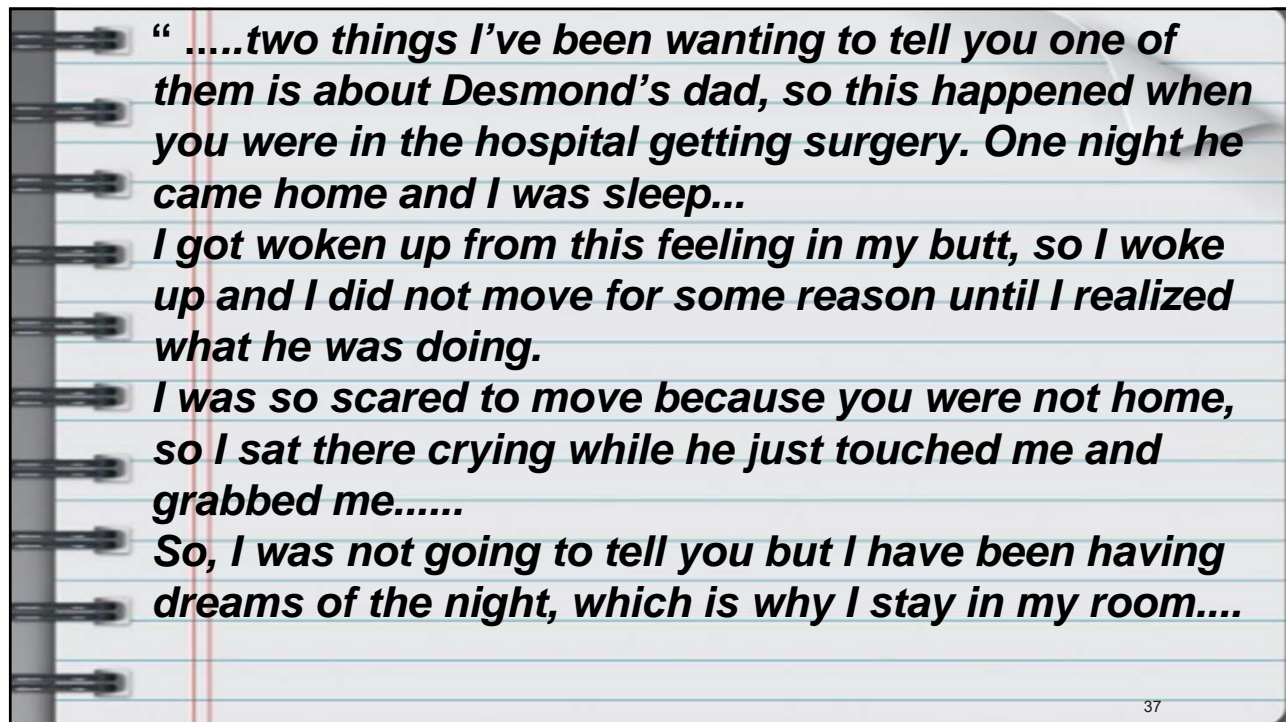
Sexual abuse is witnessed

Child is pregnant

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## Drawings

- Children with a history of sexual abuse are more likely to include genitalia in their drawings.
- Not diagnostic.
- Please be careful and don't interpret!



## QUESTIONS TO ANSWER

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### Questions to answer...

**WHY** do children need a medical exam when sexual abuse is suspected?

**WHEN** do children need to be examined? ASAP or can they wait?

**HOW** are the medical evaluations done? Are they traumatic? What would they show?

**WHERE** do children need to be examined? Emergency department? or Child Advocacy Center?

40

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**T**EAM  
**E**FFORTS  
**A**CHIEVE  
**M**IRACLES

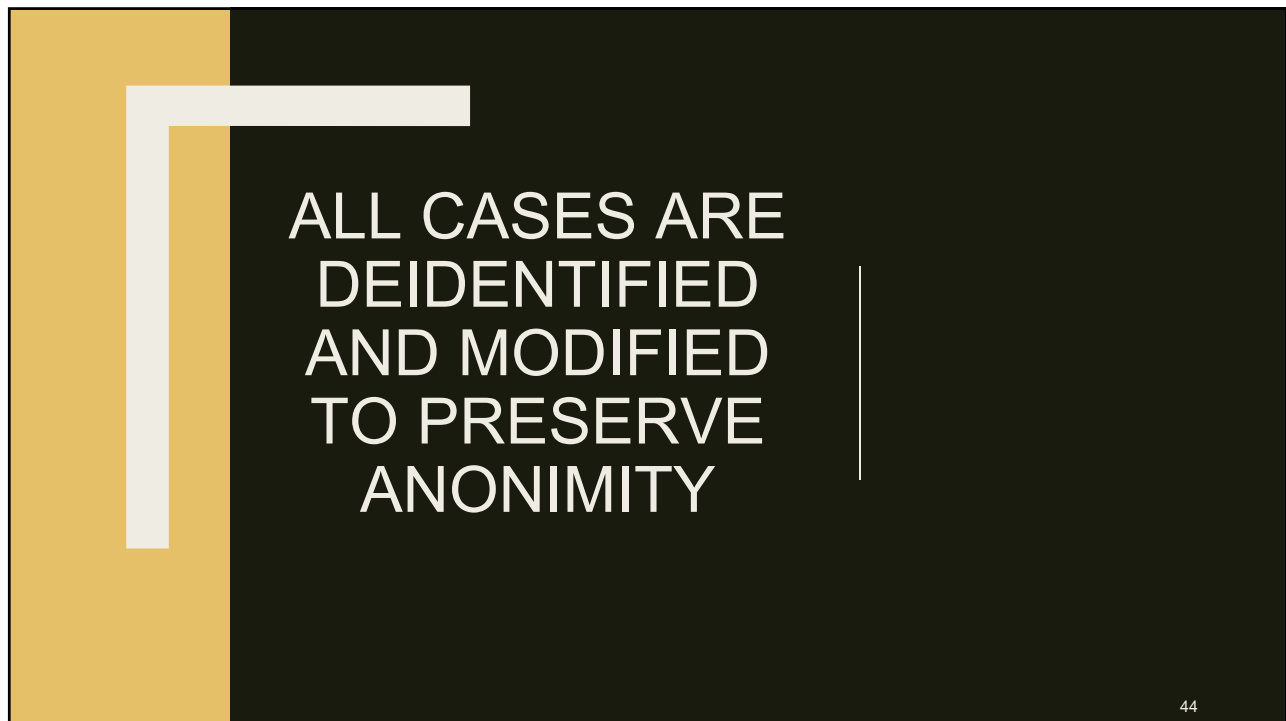
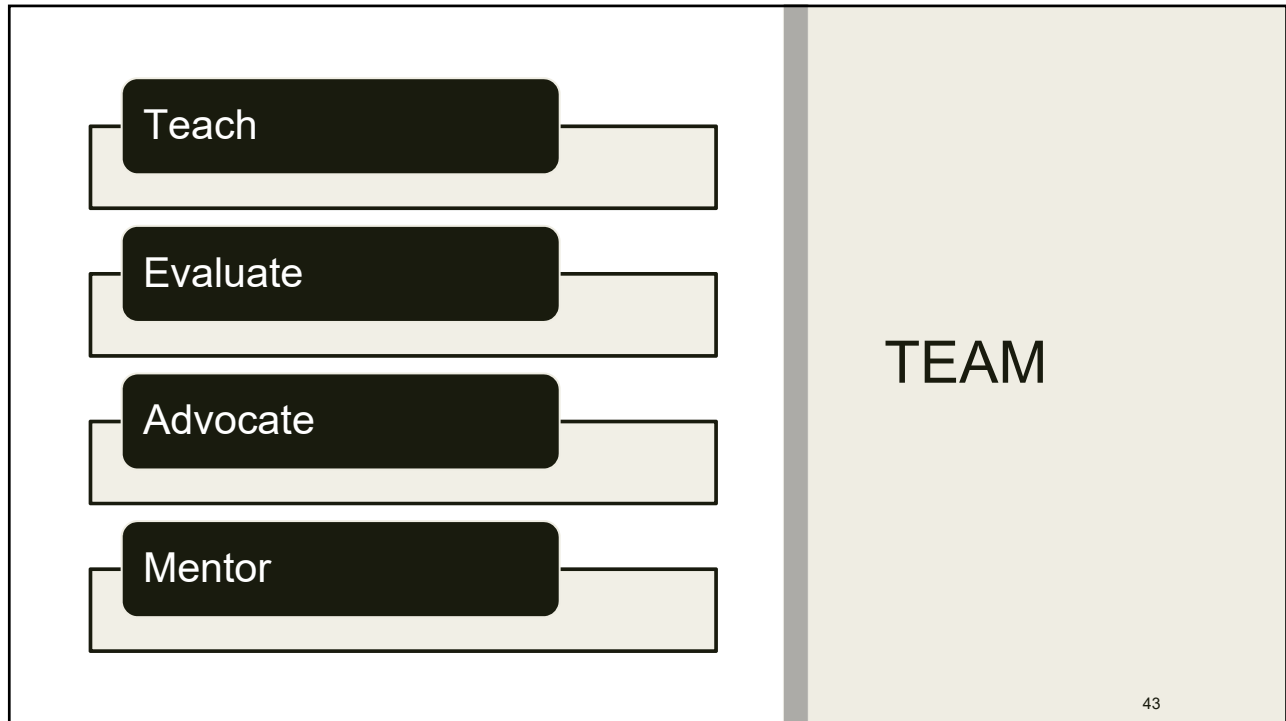
**T** Timely  
**E** Effective  
**A** Accurate  
**M** Motivate

**T** Together  
**E** Everyone  
**A** Achieves  
**M** More

**T**rain  
**E**ducate  
**A**tttract  
**M**otivate

#94767052

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**WHY** do children need a medical evaluation?





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## Iris


Iris is a 6 year old girl who disclosed at school that Steve, her mother's boyfriend, did "nasty things to her". She stated "he put his boy thing in my girl thing". The last time Steve was at her home was 3 months ago.

1. Why?
2. When?
3. Where?
4. How?

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<b>EVALUATION OF SUSPECTED CHILD SEXUAL ABUSE REQUIRES A MULTIDICIPLINARY TEAM</b>	Child Advocacy Center staff
	Forensic interviewers
	Victim Advocates
	Law Enforcement
	Child Protective Services
	Prosecutors
	Mental Health providers and therapists
Medical Providers	



## Evaluation of Children

Medical evaluations  
are a component of  
the team evaluation

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 caregiver
- 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



## WHY do children need a medical exam?

- Address patient's concerns about physical health that may arise subsequent to abuse.
- Detect signs of STI.
- Identify injuries outside of the anogenital region
- Recognize signs of self-injurious behaviors
- Collect forensic evidence.





## The Role of the Medical Team:

- Provide a comprehensive child and family focused, culturally sensitive pediatric abuse/neglect evaluation
- Advise investigating agencies when asked
- Liaison between medical system and CPS / Law Enforcement
- Consultants to courts and judicial systems
- Medical and Community resource for child abuse and neglect issues

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## Iris

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

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A NORMAL  
EXAMINATION DOES  
NOT RULE OUT  
SEXUAL ABUSE

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## 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.*

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## Normal does not mean “nothing happened”!

- A retrospective case review of 36 pregnant adolescent girls who presented for sexual abuse evaluations was performed to determine the presence or absence of genital findings that indicate penetrating trauma.
- Only 2 of the 36 pregnant had definitive findings of penetration.

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## Is there still value to examining children non- acutely?

**ABSOLUTELY**  
Yes

- , Documentation of healed injuries, if present
- , STI tests
- , Assessment of other related health risks
- , Reassurance about bodily integrity
- , Referral for trauma counseling
- , Therapeutic benefit to the child





**MISCONCEPTION:  
YOU CAN TELL IF A  
CHILD HAS BEEN  
SEXUALLY ABUSED BY  
DOING A GENITAL  
EXAM.**

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**MISCONCEPTION**  
*You can tell if a  
child has been  
sexually abused by  
doing a genital  
exam.*

It's normal to be normal

Abnormal genital findings are not common in sexually abused girls

More emphasis should be placed on documenting the child's description of the molestation, and educating prosecutors that, for children disclosing abuse: "It's normal to be normal."

Joyce Adams et al. Pediatrics 1994;94: 310-317

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**MISCONCEPTION:  
YOU CAN TELL BY  
LOOKING AT A  
HYMEN IF THE  
FEMALE IS A VIRGIN**

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**Misconception**  
*You can tell by  
looking at a  
hymen if the  
female is a virgin*

The examination of the hymen for purposes of determining a female's "virginity" has no clinical or scientific value.

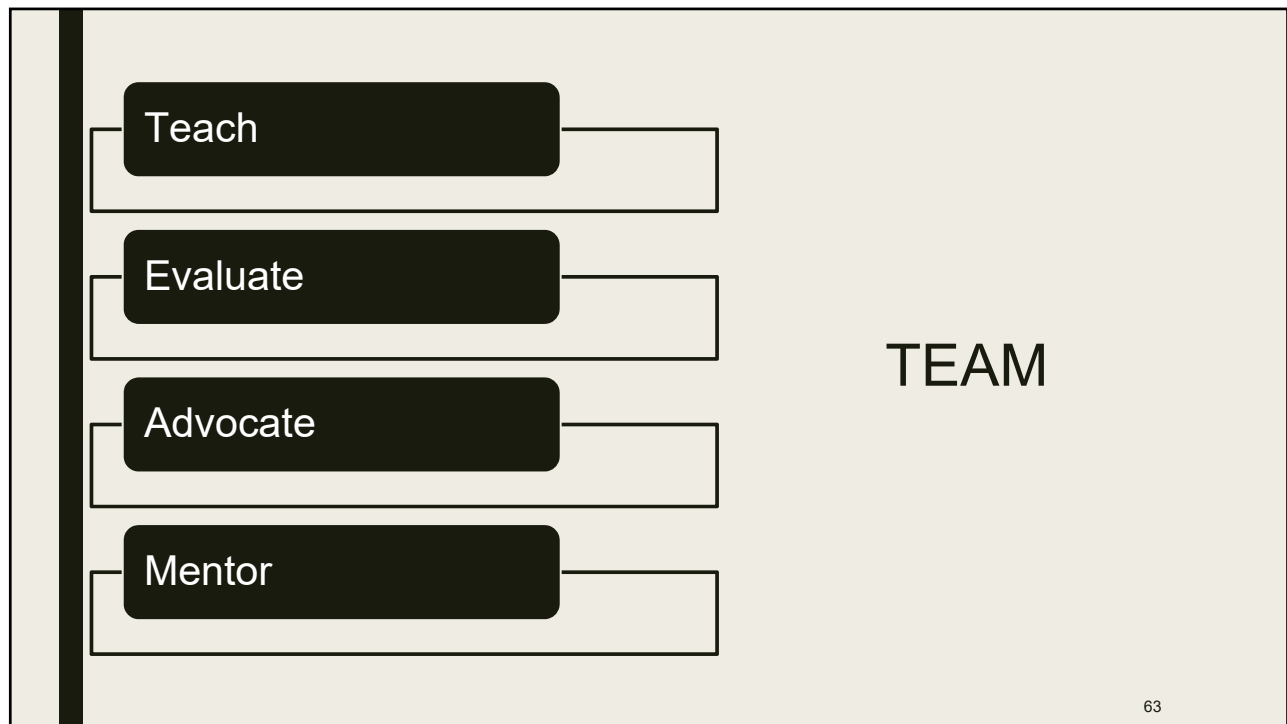
The use of such examinations within any context attempting to determine a female's sexual status is in violation of basic medical and legal standards.

Consequently, health professionals requested to perform hymen examinations for purposes of determining a woman's "virginity" should refuse to do so.

Physicians for Human Rights (May 2015, *Sexual Violence*)

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# MEDICAL EVALUATIONS FOR CHILD SEXUAL ABUSE part 2

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## Blossom

Blossom is a 15-year-old child. She disclosed to her school teacher, "Steve raped me on Sunday".

Today is Tuesday.

- Why?
- When?
- How?
- Where?

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## WHEN do children need a medical evaluation?



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**Acute Exam:** As soon as possible if child presents close to the time of the incident

Within 120 hours in Michigan

- , Need for post-exposure prophylaxis for STIs, including nPep HIV (within 72 hours) and pregnancy.
- , Possible Forensic Evidence Collection
- , Pain or bleeding of the genital/ rectal area
- , Physical abuse cases involving serious injuries (fractures, burns, head trauma,...)

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**Non-acute Exam:** When disclosure is delayed, exam can be arranged

Disclosure more than 120 hours  
(often days to months to years after the incident)

- , Acute injuries are not expected to be present and there is no evidence to be collected
- , Child is asymptomatic
- , Siblings may also need to be evaluated

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## Educate Blossom to:

- Refrain from: changing clothing, washing, brushing teeth, eating, or drinking and immediately head to the ER
- Bring ALL clothing she was wearing during time of contact
- Collect urine in clean container

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## WHO conducts the medical evaluations?



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## Practitioners Who Provide Medical Examinations

Emergency Department Physicians

Family practitioners/Pediatricians

Midlevel providers (NP, PA, Midwives)

Registered Nurses

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## Practitioners Who Provide Sexual Assault Medical Forensic Exams (MFE)

### **Child Abuse Pediatricians (CAPs):**

Pediatricians with specialized training and skills in evaluating children who may be a victim of abuse or neglect.

### **Forensic Nurse Examiners (FNEs):**

Sexual Assault Nurse Examiners (SANEs)  
Sexual Assault Forensic Examiners (SAFEs).

### **SANEs/SAFEs:**

Registered Nurses who have completed specialized education and clinical preparation in the Medical Forensic care of the patient who has experienced sexual assault or abuse. Nurse examiners provide care to, and collect evidence from, survivors of sexual violence.

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## Consent

- , Informed consent and assent
- , Explain the exam process to ensure informed consent.
- , Tailor the process so it is developmentally and linguistically appropriate for the child and parent/guardian
- , Empowering and supporting decisions

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## Blossoms Medical History

Patient States “ On Tuesday I was at my friend from school - Steve's house and became dizzy after trying his lemonade, I awoke with Steve on top of me. Steve was raping me, I could not move , I was so scared.”

Patient defines “raping me” as “Steves penis was inside of my vagina he also was kissing my neck and boobs”



## Sexual Assault Evidence Kit



- Up to 120 hours post contact
- No charge for exam (MCL 333.2157)



## Drug Facilitated Sexual Assault (DFSA) kit Urine and Blood for Toxicology

Amnesia (consider strangulation)

Loss of bowel/bladder control (consider strangulation)

Unexplained nausea or vomiting

Feeling "drunk" with little ETOH consumption

Slurred speech

Blurry vision, fatigue or drowsiness

Dizziness, light headedness



## Exam Provider: Notices

### Notices prompted by the kit:

"The patient has been told that he or she is not required to participate in the criminal justice system or cooperate with law enforcement as a condition of receiving treatment and/or evidence collection."

"Information about SAFE Response and examination payment options has been explained to the patient (provided in the kit)."



FBI-DOJ (03/2016)  
MICHIGAN STATE POLICE, Forensic Science Division  
Page 1 of 10

AUTHORITY: MCL 333.21027, MCL 750.663(1)(b)  
COMPLAINT: Voluntary

### PATIENT EXAMINER INFORMATION

Patient Name: \_\_\_\_\_ MR/CASE Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Date of Examination: \_\_\_\_\_ Time of Examination: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Ethnicity/Race: \_\_\_\_\_

A. Information for Patient (health provider review with patient)  
Patient has signed appropriate consent for treatment provided by the health facility (not included here):  
The patient has been told that she or he is not required to participate in the criminal justice system or cooperate with law enforcement as a condition of receiving treatment and/or evidence collection. MCL 750.663(1)(b)  
Patient understands that receiving an exam, treatment, and/or evidence collection is voluntary and that she/he may stop the exam at any point in time and still receive medical attention if the patient chooses.  
The patient has received a copy of the booklet "Important Health Information for You" (provided in kit).  
Information about SAFE Response and examination payment options has been explained to the patient (provided in kit).

### MEDICAL HISTORY

B. General medical history  
Allergies: \_\_\_\_\_  
Current medications (including contraceptives): \_\_\_\_\_  
General medical history: \_\_\_\_\_ Last tetanus immunization: \_\_\_\_\_  
Disability (Yes/No): \_\_\_\_\_ (Yes, comments: \_\_\_\_\_)  
Recent treatments, including last (50/1% exam, describe): \_\_\_\_\_  
Bergman's procedure/side: \_\_\_\_\_  
Last menstrual period: \_\_\_\_\_ Vaginal deliveries with previous 6 months? (Yes/No): \_\_\_\_\_ Date: \_\_\_\_\_  
Consensual coitus in last 96 hours? (Yes/No): \_\_\_\_\_ If yes, condom used? (Yes/No): \_\_\_\_\_  
C. History of chief complaint/assault  
Date of Assault: \_\_\_\_\_ Time of Assault: \_\_\_\_\_  
Brief history of assault (include loss of memory or lapses of consciousness and/or alcohol/drug use): \_\_\_\_\_



## Informed release or storage of the sexual assault evidence kit

FSD-097 (10/2014)  
MICHIGAN STATE POLICE, Forensic Science Division  
Page 10 of 10

### D. Authorization for Release to Law Enforcement or Storage Without Release to Law Enforcement

#### INFORMATION ABOUT RELEASE FOR PATIENTS (Health provider review with patient)

- You do not have to sign this release and you are not required to release the evidence kit, information, or other items listed below.
- You have the right to revoke this release at any time, provided you do so in writing to the health provider. However, once the evidence kit, information, or other items listed below have been transferred to law enforcement, the health provider can no longer get them back.
- If you decide to release the evidence kit and information listed below, it can be reviewed by the law enforcement agency, the prosecuting attorney, the Michigan State Police Forensic Laboratory, or laboratory. These organizations are not health care providers covered by federal health privacy rules.
- If you decide not to release the evidence kit, this health provider is required to store the evidence kit for a minimum of one year. However, under very rare circumstances your health provider may be required to release the sexual assault evidence kit to law enforcement without your permission (for example, court order).
- You may ask the health provider to inspect or receive a copy of any records disclosed under this release.

## Complete choice A or B with the patient

### COMPLETE AND INITIAL CHOICE A OR B

#### A ☐ PATIENT WISHES TO RELEASE THE SEXUAL ASSAULT EVIDENCE KIT AND SELECTED ITEMS

I, \_\_\_\_\_ (Name of Patient) authorize \_\_\_\_\_ (Name of Healthcare Facility Providing Exam) to disclose and release the following items noted below with my initials for the purposes of criminal investigation and to assist in the prosecution of the person or persons responsible for the crime. This authorization expires one year after the date of release. Items released to the below recipients during that one year period can be used until the final adjudication of the criminal case.

I authorize the release of the following information and items: (patient initial each)

- Sexual assault evidence kit contents and included record
- Urine and/or blood for toxicology
- Photographs
- Clothing/Other \_\_\_\_\_

Recipients of my health and medical information and items:

- Law Enforcement Agency (name of agency if known) \_\_\_\_\_
- Prosecuting Attorney's Office for County of (name of county if known) \_\_\_\_\_
- Michigan State Police Forensic Laboratories or Other Appropriate Forensic Laboratory \_\_\_\_\_

OR

#### B ☐ PATIENT DOES NOT WISH TO RELEASE THE SEXUAL ASSAULT EVIDENCE KIT AT THIS TIME

- The sexual assault evidence kit will be stored until (date minimum of one year): \_\_\_\_\_ (Patient initials)
- If you decide to release the evidence kit prior to the above date, you should contact (instructions for contacting provider) \_\_\_\_\_

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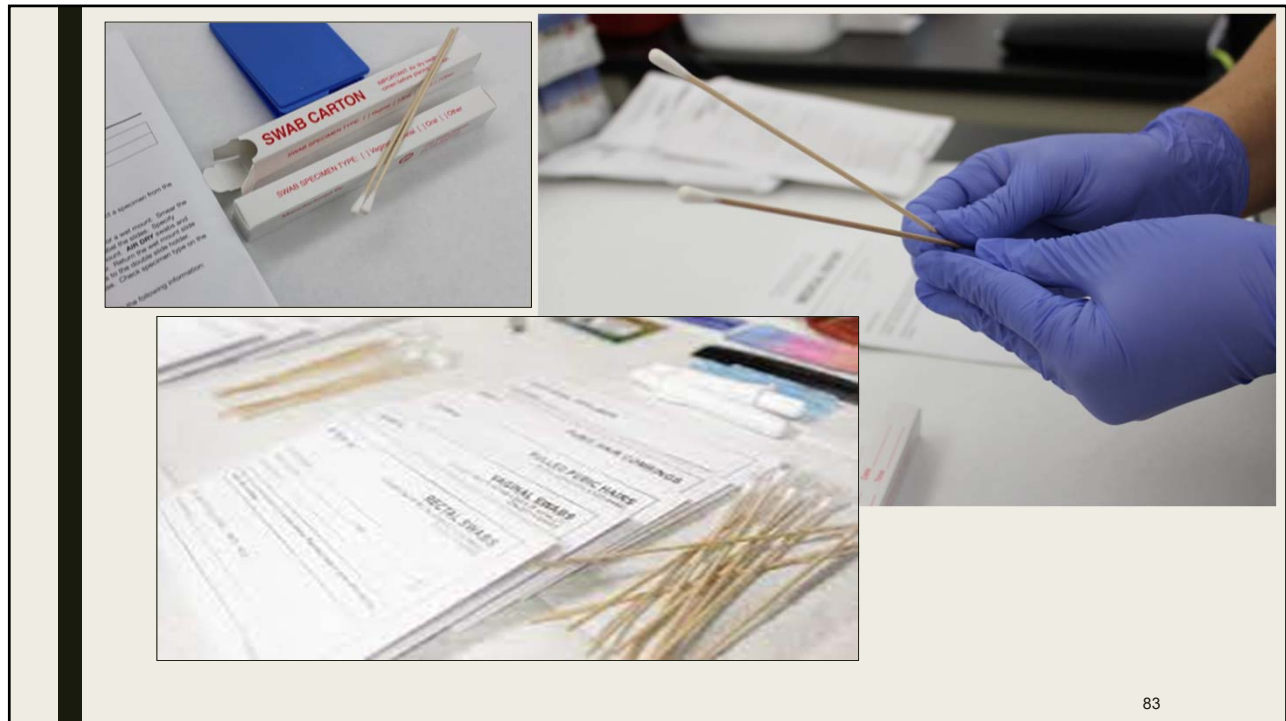
## MFE Instruments


- Alternate Light Source (ALS)
- Camera
- Ruler (mm)
- Colposcope
- Catheter Balloon
- Toluidine Blue dye (TB dye)
- Speculum with light (only post-pubertal)
- Anoscopes with light

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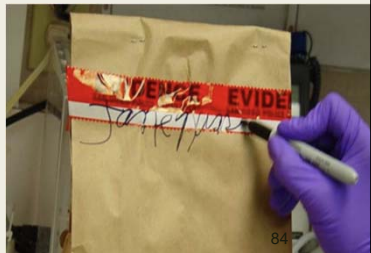




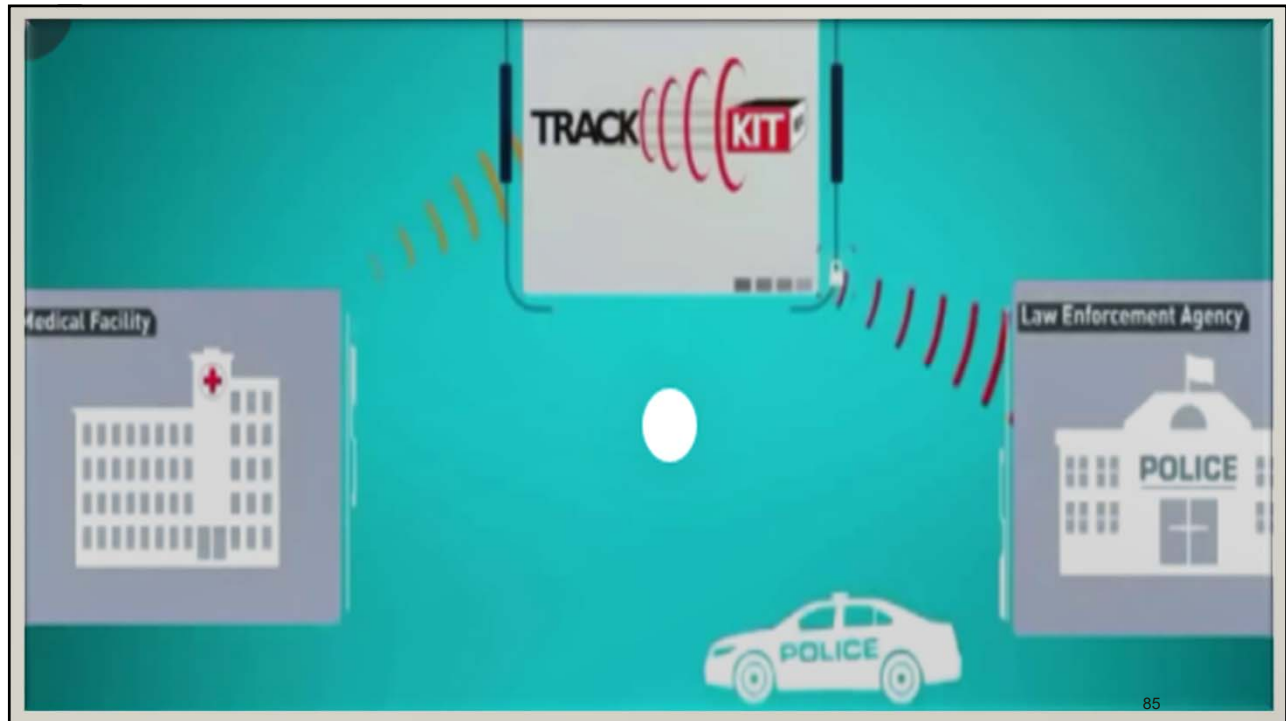


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V  
I  
D  
E  
N  
C  
E

- Clothing/underwear
- Blankets
- Stuffed animals/ toys
- Car seats
- Diapers



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## Discharge Planning

- STI testing/prophylactic treatment
- Safety planning
- Coordinate CPS and law enforcement
- Community resources ( Advocacy)
- Counseling referrals patient/family
- Medical follow up and Treatment plan



## What a Medical Forensic Exam (MFE) is .....

- . Trauma Informed
- . Ensure health, well-being, and safety
- . Promote healing, empowering, believing/ not blaming
- . Evaluate, document, diagnose, and address medical conditions resulting from abuse or that may coexist
- . Initiate medical treatment and therapeutic interventions
- . Avenue to address safety and crisis intervention needs of the child
- . Education for child and family

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## What A Medical Forensic Exam(MFE) Is Not

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Restrictive

---

Forceful

---

Invasive

---

Painful

---

Traumatic

---

Without consent/assent of the child

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WHY WOULD  
INJURIES **NOT** BE  
FOUND EVEN IF  
THE CHILD IS  
EXAMINED  
ACUTELY?

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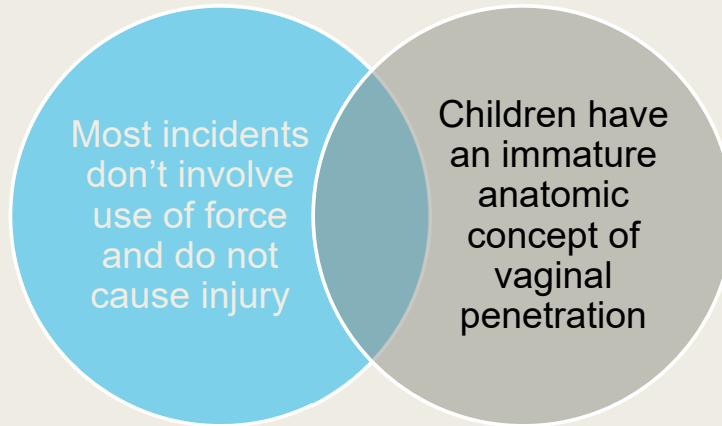
Why would injuries **not** be found even if  
the child is examined acutely?

Most incidents  
don't involve use  
of force and do  
not cause injury

90

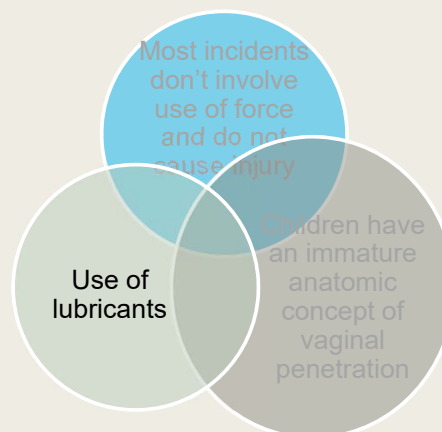


Why would injuries **not** be found even if the child is examined acutely?



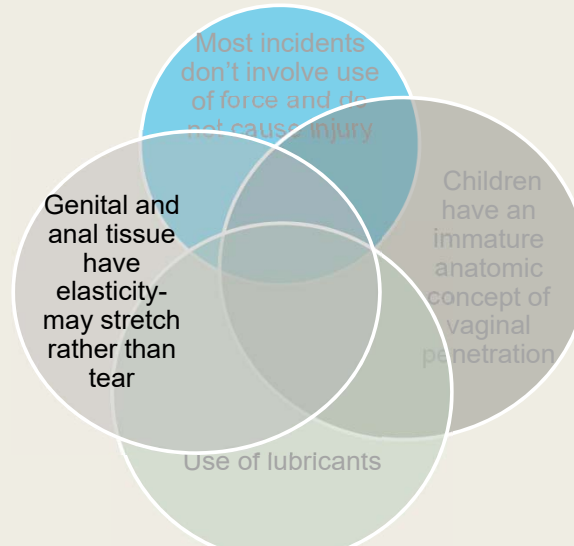
91

Why would injuries **not** be found even if the child is examined acutely?



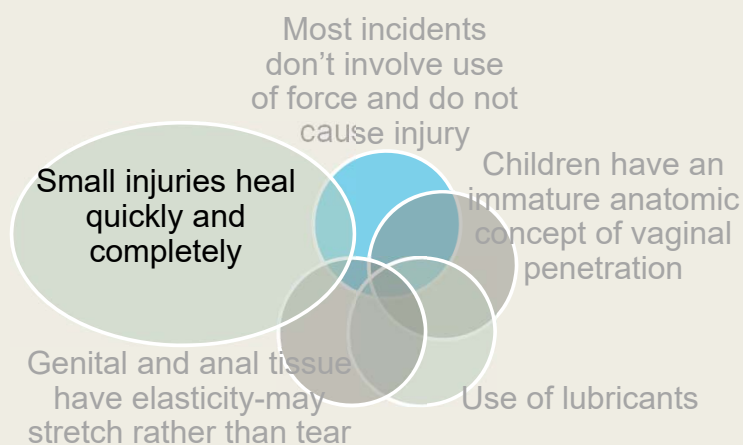
92

Why would injuries **not** be found even if the child is examined acutely?



93

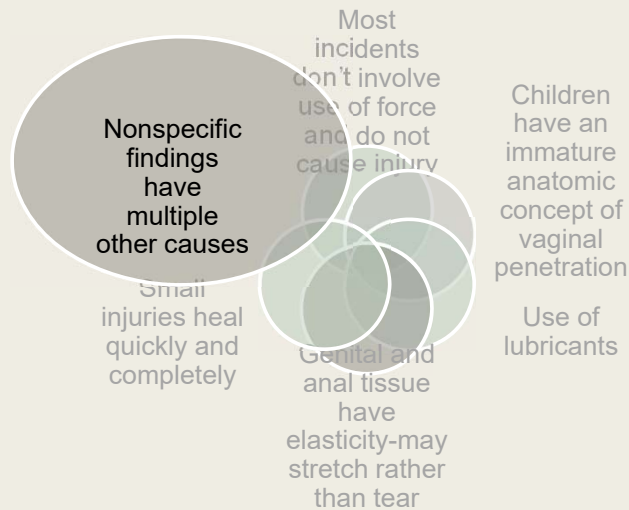
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94

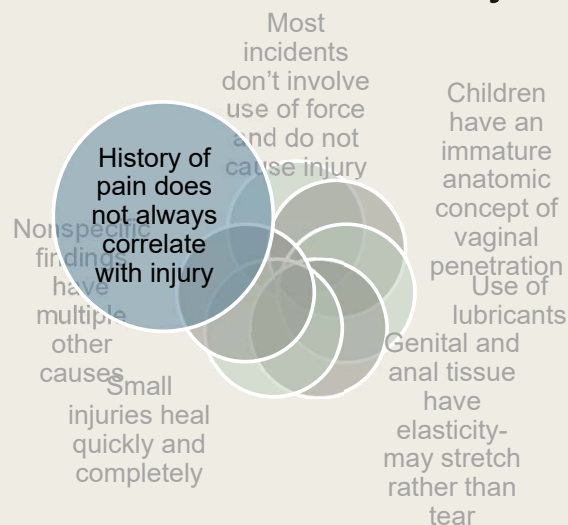


## Why would injuries **not** be found even if the child is examined acutely?

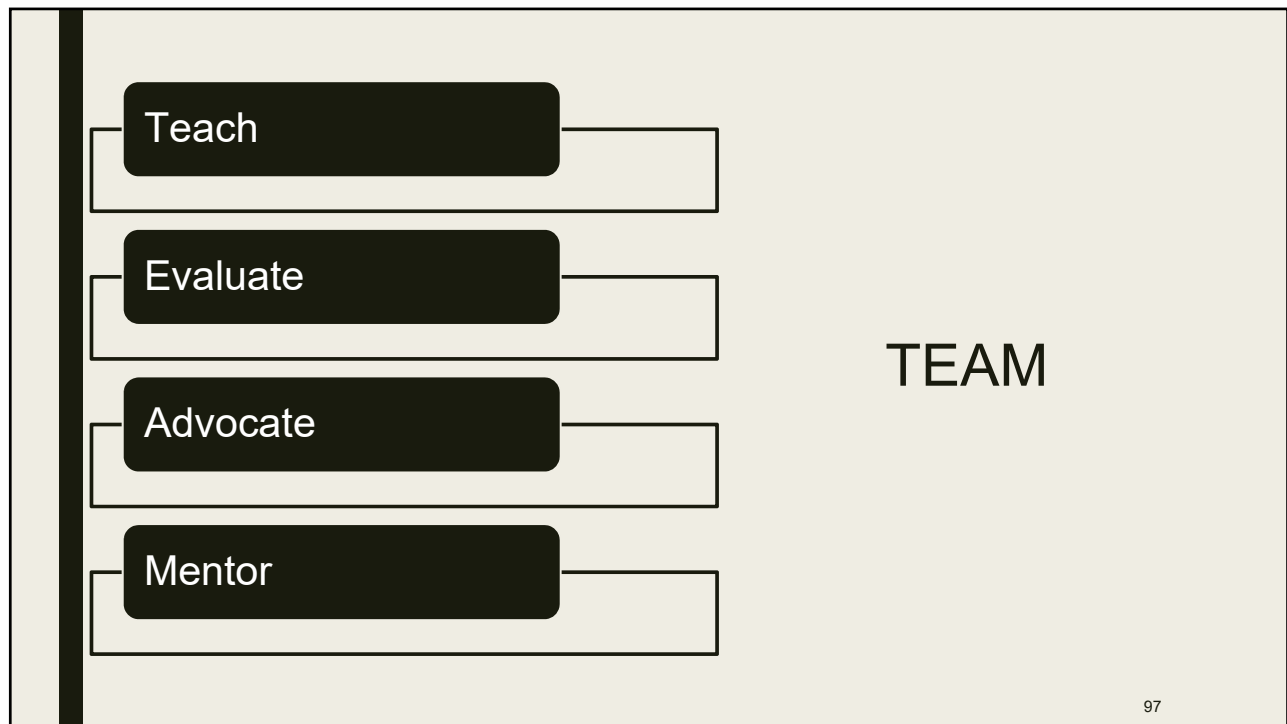


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## Why would injuries **not** be found even if the child is examined acutely?



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## Basil

Basil is an 8-year-old boy with sexualized behavior

- ... *Masturbating in public*
- ... *Touching genitals of younger siblings*
- ... *Imitating intercourse with younger cousins*
- ... *Inserting coat hangers and objects in his anus*

- Why?
- When?
- **How?**
- Where?

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## HOW are medical evaluations conducted?



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## Components of a Medical Forensic Evaluation

- Medical History
- Physical examination
- Laboratory testing (certain cases)
- Treatment planning
- Report suspected child abuse
- Forensic evidence collection (certain cases)
- Discharge planning



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MYTH:  
A MEDICAL  
HISTORY IS A  
FORENSIC  
INTERVIEW

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## MYTH: A Medical History is a Forensic Interview

Medical History: A collection of information about the patient that includes current **medical** data, the patients past **medical** history, and relevant **health** information to help the care provider tailor **diagnoses and treatment** to the patient

Forensic Interview: A component of comprehensive child sexual abuse investigation Fact-finding process to obtain information from child about reported abusive events . (Michigan Protocol)

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## Medical History

A collection of information about the patient that includes current **medical** data, the patients past **medical** history, and relevant **health** information to help the care provider tailor **diagnoses and treatment** to the patient

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# Medical History

- Caretaker
- Patient
- Emergency Department (ED)
- Local health care providers
- Law enforcement
- Protective services
- Child Advocacy Center

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## 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 reported perpetrator

, useful in assessing the patient's risk for STIs.  
 , Asking about ongoing contact and assessing child safety.

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## Social Concerns:

Identify household members.

Consider other children in the household

Domestic violence

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

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## Review of Systems

- Dysuria ( pain when urinating)
- Anogenital pain
- Bleeding
- Discharge, or itching
- Constipation
- Enuresis, and/ or encopresis (wetting themselves or having accidents)
- Age of menarche and last menstrual cycles

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## Behavioral symptoms

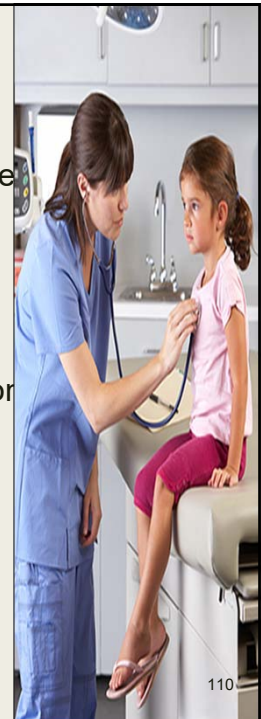


- Suicidal ideation that require immediate mental health intervention
- Sleep disorders
- Sexualized behavior
- Nightmares, anxiety, or depression
- Reports of school failure
- Sexual history (including previous abuse and consensual sexual activity)

109

## Conducting Head to Toe Medical Forensic Exam

- Inspect/palpate body surfaces- head to toe
- Examine ears, eyes, nose and mouth
- Assessment of the subtle symptoms of strangulation
- Detailed ano-genital
- Possible Evidence collection



110

# Physical Examination



- Sexual development (tanner stage)
- Oral cavity is examined carefully for signs of injury to the teeth and soft tissues.
- Skin injuries such as bruises, burns, scars or rashes on the skin are documented
- Other forms of abuse/neglect may coexist

111

## Physical Examination

Each exam is tailored to the specific circumstance. The patient is ultimately in control

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.

Can have a positive psychological impact on patients.

Opportunity for education and resources

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## Coexisting Medical Concerns

Problems unrelated to sexual assault are identified frequently

- Dental caries/ cavities
- Hygiene issues
- Decreased visual acuity (need for eyeglasses)
- Self injurious behaviors
- Heart murmurs
- Scabies
- Urinary tract infections
- Otitis media (ear infection)

113

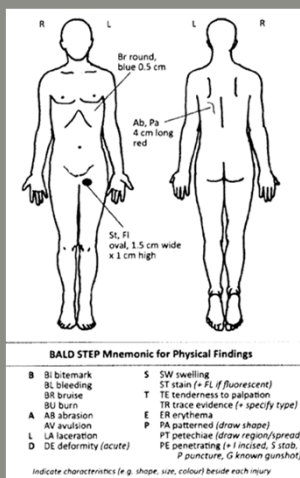


114

# HOW DO WE DOCUMENT OUR EXAMS?

115

## Body Surface Trauma Documentation

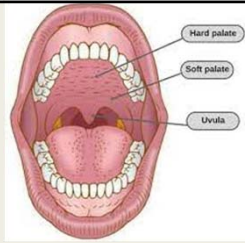


, Note anatomic location

, Describe injury (including pain and discomfort): size, location, pattern and color

, Photograph both presence and absence of injury, any substances (hair, skin)

116



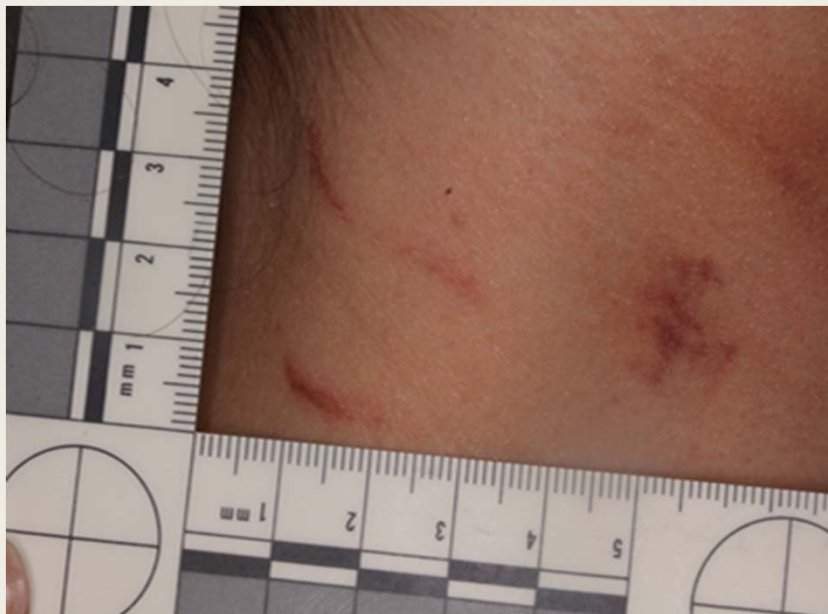
Multiple round red abrasions, scattered 3mm across soft palate.



117



Right lateral neck 2.5 mm x 2mm round purple and red bruise  
4mm linear red abrasions above a 2mm linear red abrasion to the lateral neck



118

## EXAMPLES OF CLINICAL FINDINGS

119



120





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123

## Beginning the Genital Exam



124



## FROG LEG POSITION

125



## KNEE CHEST POSITION

126



## Basil

Basil is an 8-year-old boy with sexualized behavior

- ... *Masturbating in public*
- ... *Touching genitals of younger siblings*
- ... *Imitating intercourse with younger cousins*
- ... *Inserting coat hangers and objects in his anus*

- Why?
- When?
- **How?**
- Where?

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**MISCONCEPTION:**  
IF A CHILD IS  
PERPETRATING ON  
ANOTHER CHILD AND  
DEMONSTRATING  
SEXUALIZED BEHAVIOR,  
THEY MUST HAVE BEEN A  
VICTIM THEMSELVES.



## Sexual Behaviors in children

- Most children engage in some sort of sexualized behavior during their childhood.
- This behavior may range from normal & developmentally appropriate to abusive and violent.
- The knowledge of age-appropriate sexual behaviors can assist in differentiating normal sexual behaviors from sexual behavior problems.

## Normal sexualized behavior

- Often associated with:
  - ... *Exploration and curiosity - by looking and touching*
  - ... *May be part of exploring gender roles or pretend career roles*
- Most frequent behaviors:*
  - Self-stimulating behaviors
  - Looking at people when nude or undressing
  - Behaviors related to personal boundaries



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## Normal sexual behaviors in ages 6-12

- Similar actions as 2-5-year-old children, but not as high percentages
- Increase in:
  - ... *Interest in the opposite sex*
  - ... *Knowledge about sex*
  - ... *Wanting to watch TV nudity*



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## Concerning sexualized behaviors

2-12 yrs old rarely:

- ... *Put mouth on genitals*  
*Ask to engage in sex acts*
- ... *Masturbate with object or insert objects in vagina/anus*
- ... *Make sexual sounds touch animal genitals*
- ... *Imitate intercourse*

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## Abuse and neglect

- Physical abuse & sexual abuse of children are both associated with sexual behavior problems.
- Sexual behaviors are associated with numerous situational and familial factors, including sexual abuse, physical abuse, & neglect.

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## Sexual Abuse Correlation



- Sexually abused children display more sexual behaviors with greater frequencies than do non-abused children
- There is no 1 specific sexual behavior that is indicative of sexual abuse.
- Not all sexualized behaviors are caused by abuse

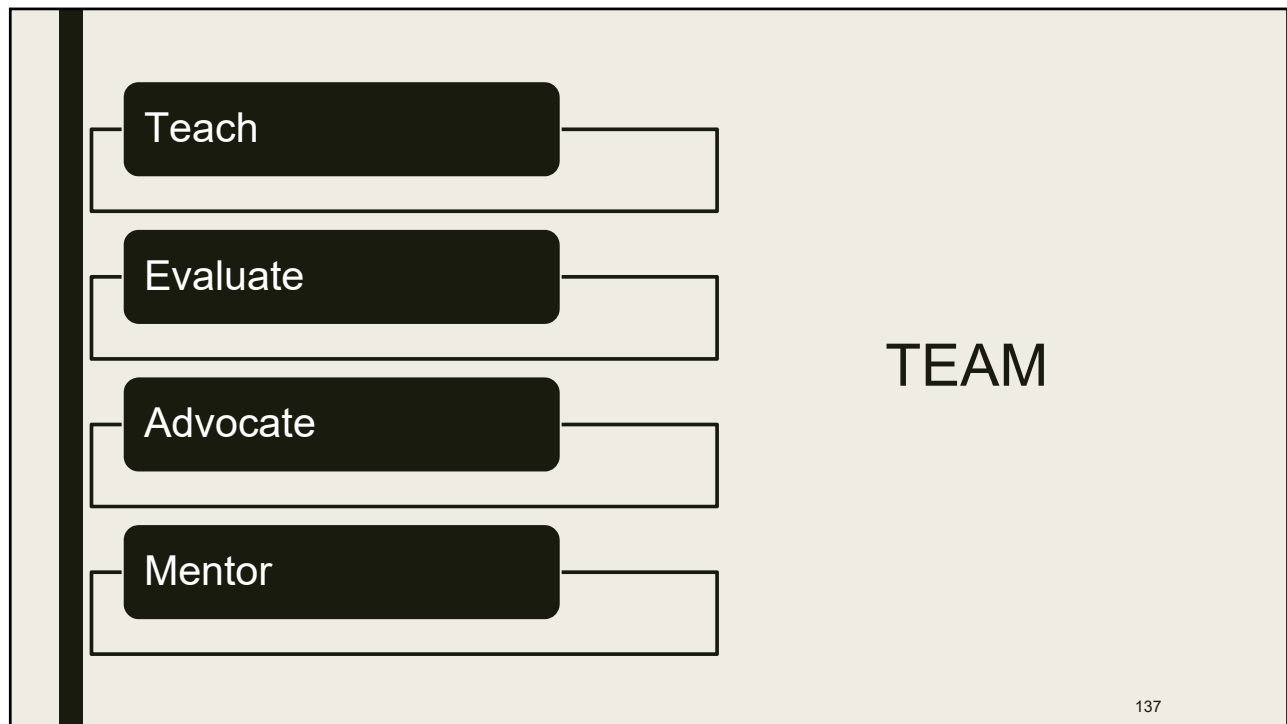
135

## When to Evaluate?

TABLE 2. **Abnormal Sexual Behavior**

• Puts mouth on sex parts.	• Makes sexual sounds.
• Asks to engage in sex acts.	• Engages in kissing with the tongue.
• Masturbates with object.	• Undresses other people.
• Inserts objects in vagina/anus.	• Asks to watch explicit television.
• Imitates sexual intercourse.	• Imitates sexual behavior with dolls.

136



The slide features a dark background with a large, stylized yellow L-shaped graphic on the left and a grey L-shaped graphic on the right. The title "MEDICAL EVALUATIONS FOR CHILD SEXUAL ABUSE part 3" is centered in white, bold, sans-serif capital letters. Below the title, the text "Module Developed by:" is followed by the names "Adrienne Cognata BSN,RN, SANE-A,SANE-P,MEI" and "Dena Nazer MD" in a smaller white font.

MEDICAL EVALUATIONS FOR  
CHILD  
SEXUAL ABUSE  
part 3

Module Developed by:

Adrienne Cognata BSN,RN, SANE-A,SANE-P,MEI  
Dena Nazer MD



## Susan

Susan is a 13-year-old child who presents to the emergency department 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. She was located by the police and has been in residential care for the past 2 weeks.

- Why?
- When?
- How?
- Where?





## Susan

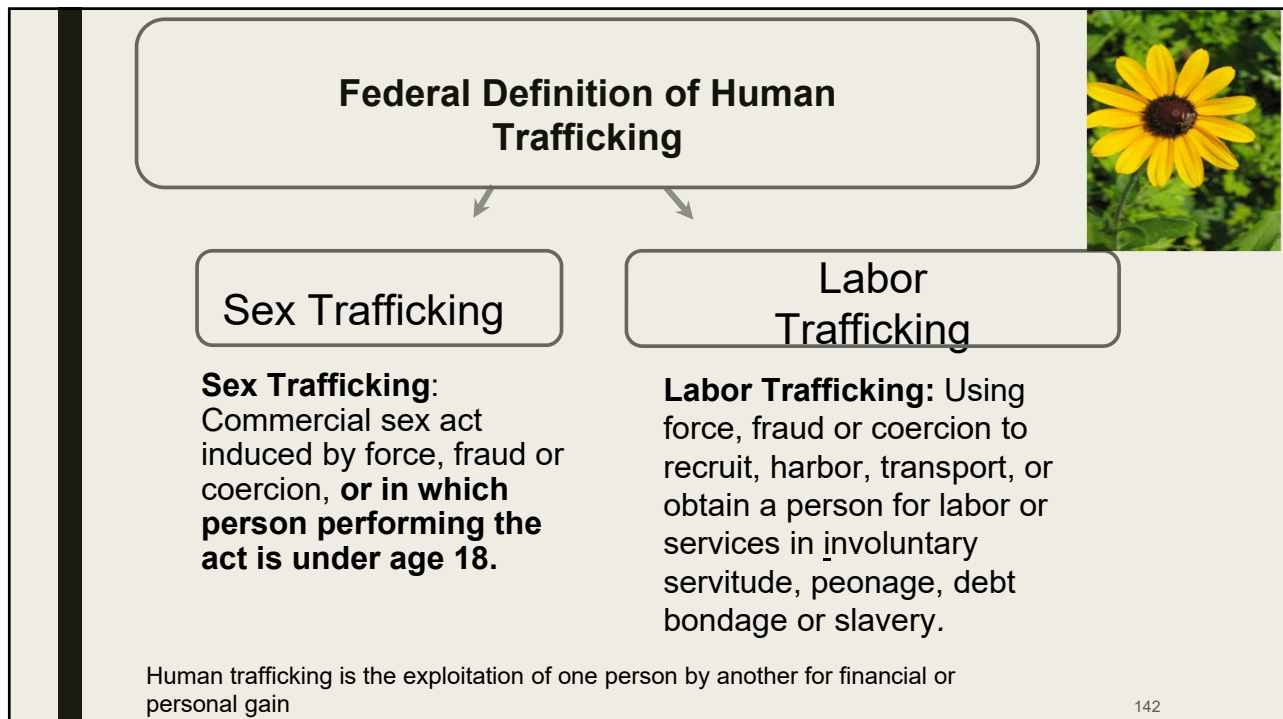
Susan is a 13-year-old child who presents to the emergency department with vaginal discharge.

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.

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## Children as Victims of Sex Trafficking

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

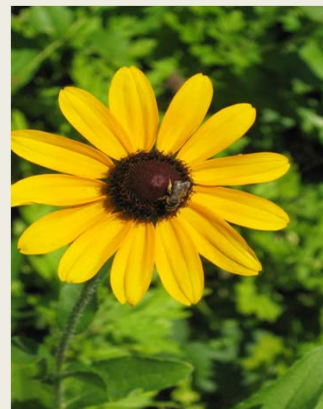
### Don't have to show

- Force
- Fraud
- Coercion

**Minors cannot consent to commercial sex acts**

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## WHERE are medical evaluations conducted?



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## Locations where the evaluation can take place (depending on your count)



EMERGENCY  
DEPARTMENT (ACUTE  
<120 hours)  
SANE



Children's Advocacy  
Center / Child Abuse  
Pediatrician  
(NON-ACUTE  
>120 hours)



PEDIATRICIANS AND  
OTHER PROVIDERS

145



## Susan

Susan is a 13-year-old child who presents to the emergency department with vaginal discharge.

She missed her last 2 periods.

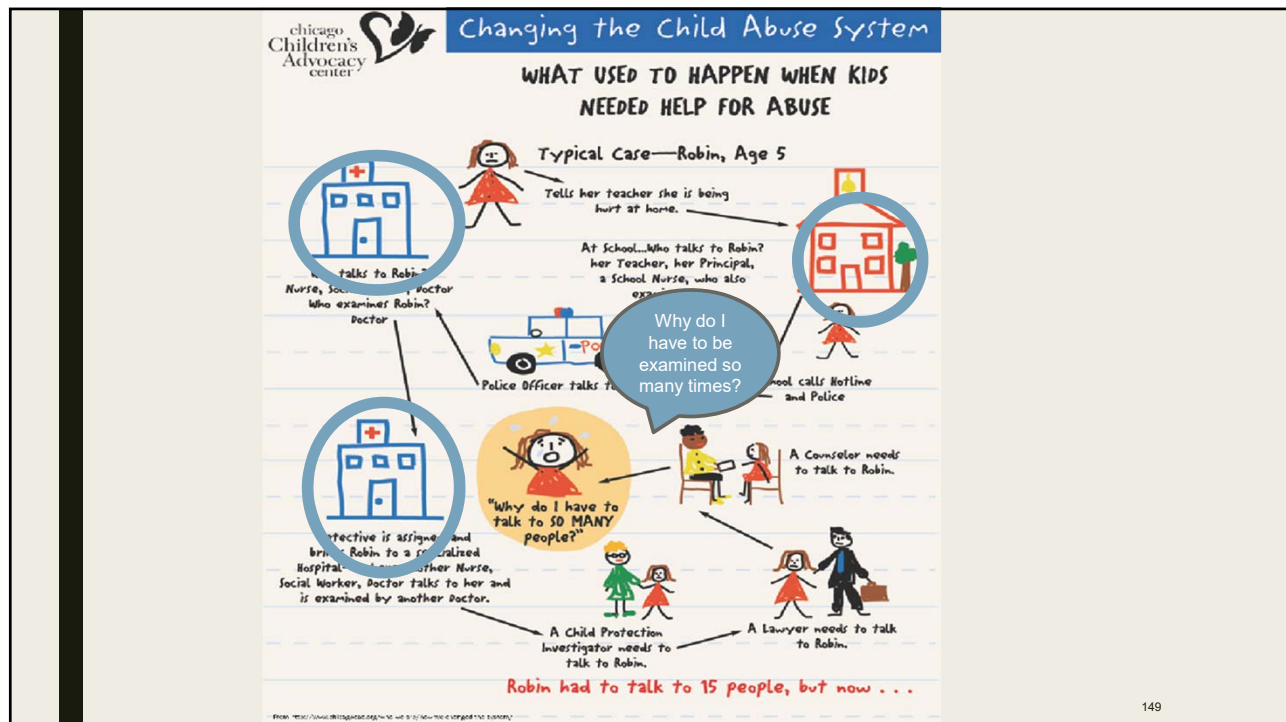
She states she is sexually active with multiple partners including her 30-year-old boyfriend and his friends.

She ran away from home and her boyfriend is providing her a place to stay. She was located by the police and has been in residential care for the past 2 weeks.

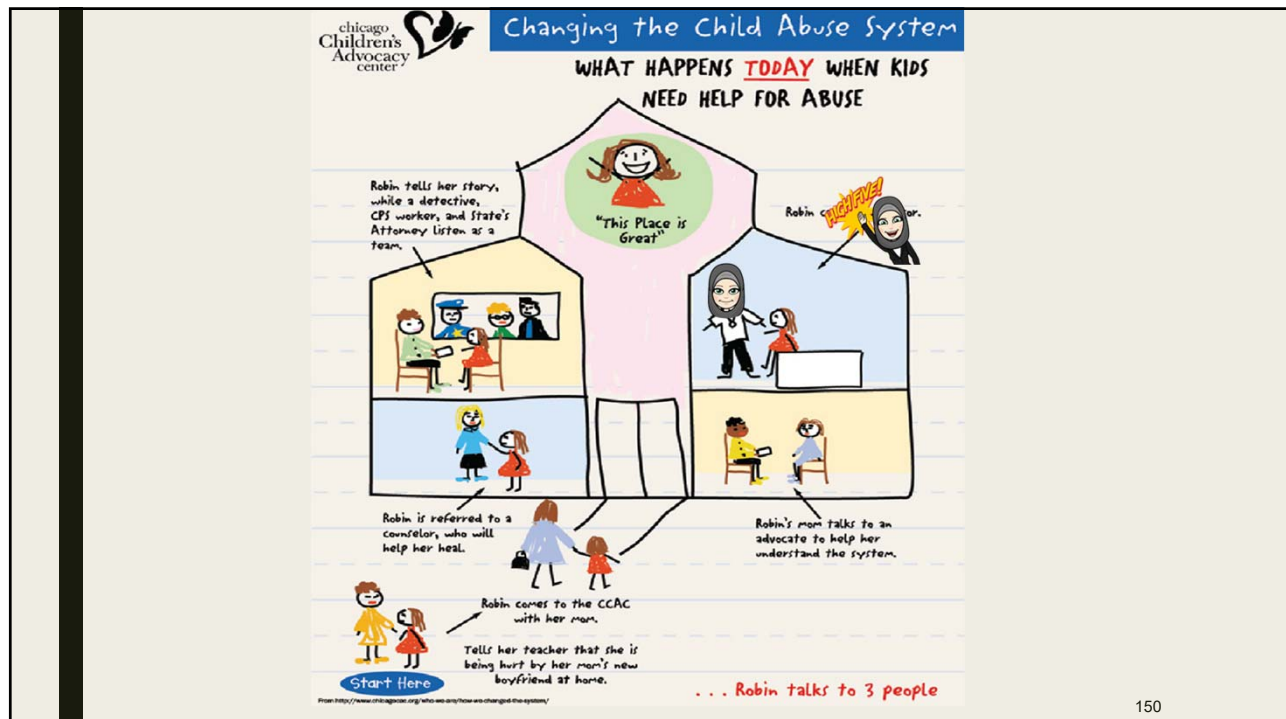
- Why?
- When?
- How?
- Where?

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## Services provided at the CAC

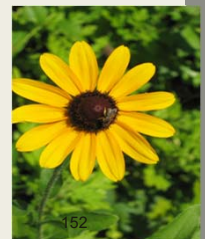
- Forensic interviewing
- **Medical evaluations**
- Advocacy services
- Counseling services
- Therapy
- Outreach and prevention

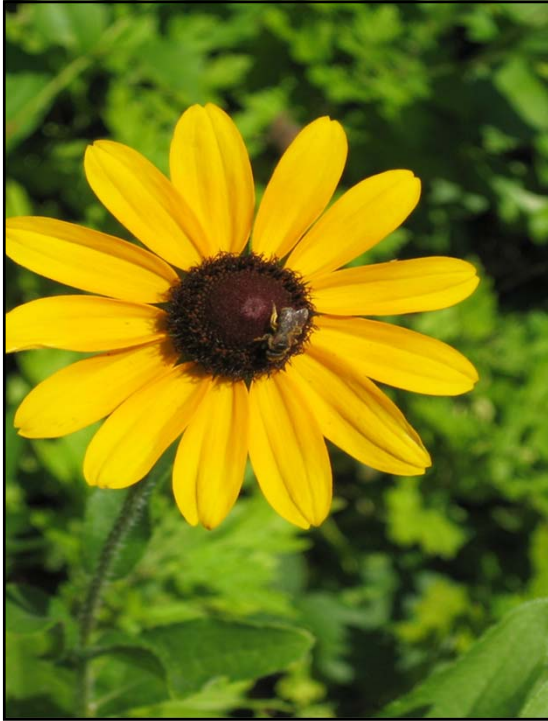


What if the child already had a medical exam?

Consider a 2<sup>nd</sup> exam in the following circumstances:

- , The child has a sexually transmitted infection
- , Concerning medical finding
- , The child refused to complete full medical exam





- Susan is worried about the exam being traumatic and is scared to have the exam performed!

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IS THE EXAM  
A TRAUMATIC  
EXAM?

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BASIL AND BLOSSOM HAD THEIR EXAM  
BUT SUSAN IS ASKING SPECIFICALLY  
ABOUT THE GENTIAL EXAM AND WHAT  
IS DONE AND DOCUMENTED?

155



HOW DO  
WE  
DOCUMENT  
OUR  
EXAMS?

156



## Colposcopes



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## 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

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## Susan

Susan had a complete anogenital examination performed and she did well. The exam showed a complete transection of the hymen at the 5 o'clock position. What does this mean and how are exams documented?

159

## Types of Medical Findings

TABLE 3. **Physical Findings**

Indicative of trauma	Vaginal, hymenal, perineal, or anal lacerations or contusions; complete or healed transections of the hymen between 4 and 8 o'clock; bite marks; oral palate abrasion; <del>oral</del> oral frenulum
Indicative of sexual contact	Semen, sperm; syphilis (not acquired at birth); gonorrhea; human immunodeficiency virus infection (not acquired at birth or by intravenous route); pregnancy
No consensus regarding specificity for sexual abuse	Herpes, deep notch of the hymen, anal dilation, genital or anal warts
Normal variants	Perianal or hymenal skin tags, superficial notches of the hymen, diastasis ani, intravaginal ridges
Other medical conditions, including those that can be confused with sexual abuse	Vaginitis, labial adhesions, anal fissures, lichen sclerosus et atrophicus, rectal prolapse, urethral prolapse, molluscum contagiosum

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## Review

### Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018



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<sup>2</sup> Department of Pediatrics, University of Arkansas for Medical Sciences, Little Rock, Arkansas

<sup>3</sup> Department of Pediatrics, Division of Child Abuse, University of Texas Health Science Center, San Antonio, Texas

#### ABSTRACT

Most sexually abused children will not have signs of genital or anal injury, especially when examined nonacutely. A recent study reported that only 2.2% (26 of 1160) of sexually abused girls examined nonacutely had diagnostic physical findings, whereas among those examined acutely, the prevalence of injuries was 21.4% (73 of 340). It is important for health care professionals who examine children who might have been sexually abused to be able to recognize and interpret any physical signs or laboratory results that might be found. In this review we summarize new data and recommendations concerning documentation of medical examinations, testing for sexually transmitted infections, interpretation of lesions caused by human papillomavirus and herpes simplex virus in children, and interpretation of physical examination findings. Updates to a table listing an approach to the interpretation of medical findings is presented, and reasons for changes are discussed.

**Key Words:** Child sexual abuse, Sexually transmitted diseases, Medical findings

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## Susan

- Susan was tested for STI
- Her results were positive for gonorrhea

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## When do we test for STI in cases of sexual abuse?

- Child has experienced vagina, anal, or oral contact
- Child has been abused by a stranger
- Child has been abused by a perpetrator known to be infected with an STI or is at high risk for being infected
- Child has a sibling or other relative in the household with an STI
- Child lives in an area with a high rate of STI in the community Child has signs or symptoms of an STI
- Child has already been diagnosed with one STI

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

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





## What to do next...

- IN MICHIGAN THIS CASE NEEDS TO BE REPORTED TO CHILD PROTECTIVE SERVICES
- Explain reporting obligations to the patient
- Provide options while keeping in mind the patient's age and immigration status
- Know the local organizations that help survivors of trafficking – governmental, non-governmental, international
- In U.S., provide the National Human Trafficking Resource Center (NHRTC) hotline number: 1-888-3737-888

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Housing

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Food, clothing, School etc.

---

Interpreter services

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Emotional support

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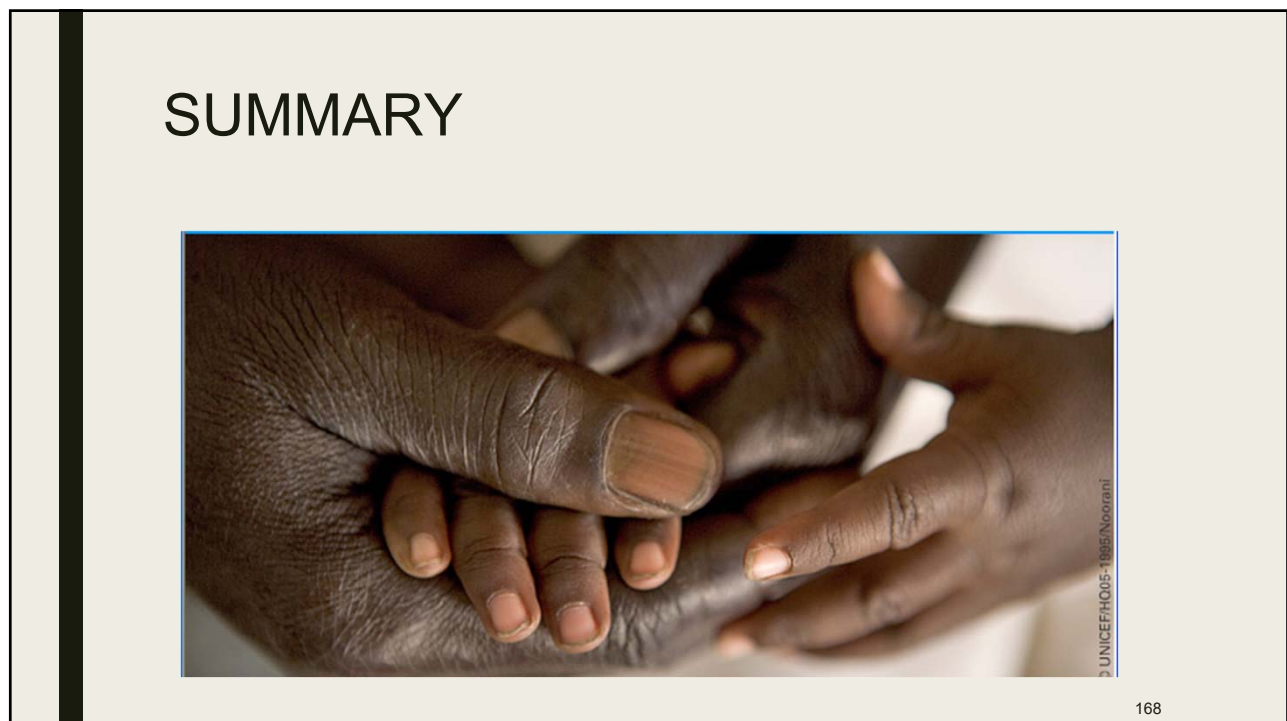
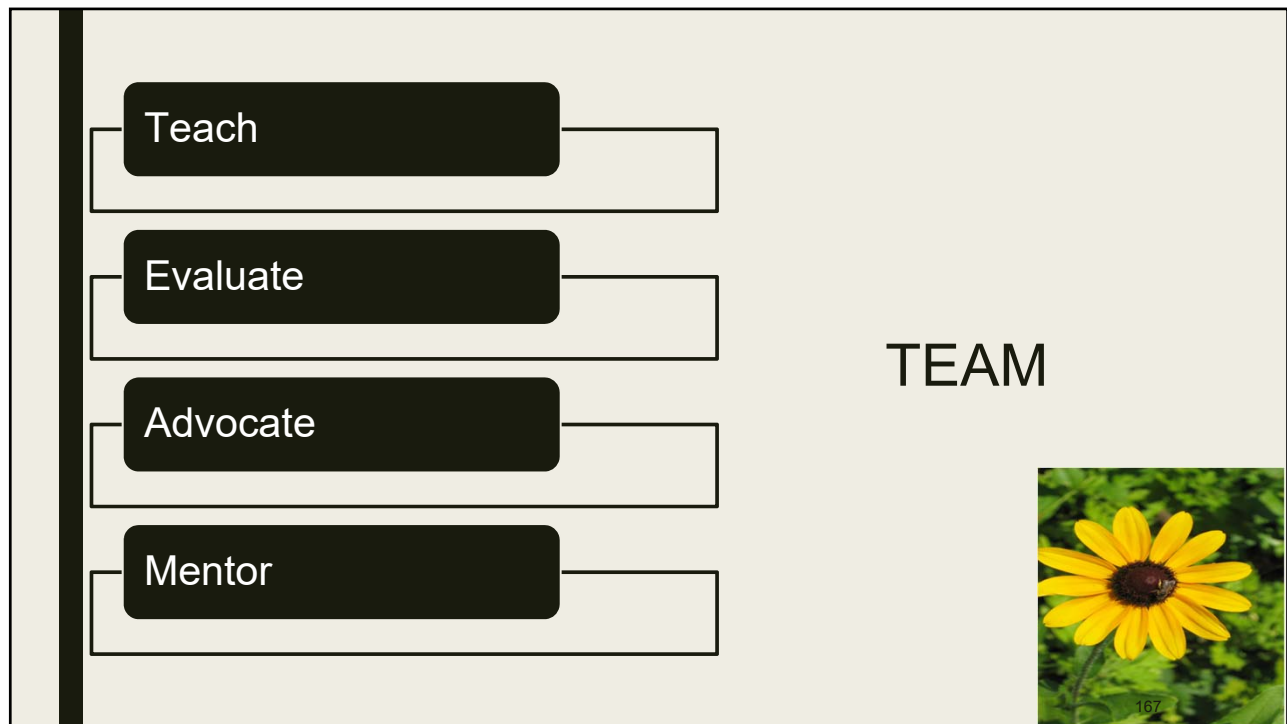
Mental health care



## COMPLEX NEEDS OF VICTIMS

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## 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.

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### TEAM

Teach

Evaluate

Advocate

Mentor

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**WHY:** The medical evaluation is an essential part of the multidisciplinary team evaluation  
It's normal to be normal

171



**WHEN:** if the child was sexually abused/ assaulted within the last 120 hours, an acute exam needs to be done

172



**HOW: very gently!**  
Sexualized behaviors may  
need further evaluation

173



**WHERE**  
Children may present  
with STI.  
Always remember the  
siblings!

When human trafficking is  
suspected in children, we do  
not need to show force, fraud,  
or coercion.

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