The Medical Evaluation of Pediatric Sexual Abuse
SCAO-CWS training
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Today’s Objectives

- What should a medical evaluation for Pediatric Sexual Abuse involve?
- Examine common misconceptions about pediatric sexual abuse using a question/answer format and photographic examples.
- Address questions and concerns.

Disclosure

No financial interests or incentives to report.

Darn It !!!
References

Some amusing, informative and helpful images from Google

Many slides from unremembered sources from 20 years of learning.

References

Child Abuse Medical Diagnosis & Management 3rd edition
Robert Reece

Jones R. Childhood vulvovaginitis and vaginal discharge in practice.

Visual Diagnosis of Child Abuse
American Academy of Pediatrics

Why do we do sexual abuse evaluations?

To look for injuries
To assess for the risk of infection
Reassure the child/parent
What is a sexual abuse evaluation?

History-
  patient
caregiver
  others if applicable

Physical Examination
  head-to-toe

Laboratory Testing

Who needs a sexual abuse evaluation?

A child who has made a disclosure of abuse.
Someone caring for a nonverbal child has significant concerns for abuse.
A child has signs and symptoms of abuse.
A child is witnessed being abused.
A child is photographed or recorded being abused.
Concerning behavior.
Other........

What do sexualized behaviors mean?

Normal, common behaviors:
  Touching/masturbating in public/private
  Looking at or touching peer or new sibling genitals
  Showing genitals to peers
  Tries to view adult nudity

Behaviors are few, and reflect inquisitiveness and normal curiosity.
What do sexualized behaviors mean?

Less common behaviors:
- Rubbing body against others
- Insert tongue in mouth during kissing
- Touching peer/ adult genitals
- Crude mimic of movements associated with sexual acts

Behaviors that may indicate exposure to sexual acts/materials.

What do sexualized behaviors mean?

Uncommon behaviors that raise concern:
- Asking peer/adult to engage in specific sexual acts
- Inserting objects into genitals
- Explicit imitation of intercourse
- Touching animal genitals

Behaviors are persistent and resistant to parental distraction and should prompt evaluation.

Who does the sexual abuse exam?

- Emergency Department at Hospital
- SANE-P
- Primary Care Providers
- Child Abuse Pediatricians (6)
What is the most important part of the evaluation of possible abuse?

The child’s disclosure!

What is the child trying to tell us?

- Context sensitive
- Relative meaning for age or developmental level
- Skill of the individual asking the questions
- Importance of asking the right question
- “Listen” to verbal and non-verbal responses
- Some things are just plain strange!

Avoid suggestive/leading questions

Review context in which the allegations arose

Examine alternative hypotheses (medical)
Crawford Decision

Testimony by a medical professional that questioning the child is necessary to diagnose and treat any injuries, and that such diagnosis and treatment is their primary mission, may help to establish that the primary purpose of the questioning was not to preserve testimony for trial, but rather to provide appropriate medical treatment, thereby permitting the statements to be admitted.

www.aequitasresource.org/The_Prosecutor's_Resource_Crawford.pdf

Crawford Decision

What we ask and why.

Normal Genital Anatomy
* Soapbox

Encourage families to give the private parts a name!

- anatomical
- functional
- amusing

Avoid negative references.

- “nasty spot”
- “bad place”

What’s a hymen?

https://www.youtube.com/watch?v=1IkXim4wevC

What is said in the video that is erroneous?
What’s a hymen?

Slang-Cherry or virginity

Types of hymens:
- annular
- crescentic
- cribiform
- sleeve-like
Is the opening too large?

Absence of the hymen cannot and does not exist on an embryologic basis as a sole congenital anomaly. It may be absent in the presence of other major urogenital anomalies of which the least significant concern is the presence or absence of the hymen. Older reports in the literature have not been verified by modern studies.
Why is the hymen bumpy?

What do hymenal clefts mean?
- Shallow vs complete
- Hill vs valley
- Is it in the midline?
- Not specific if anterior arc

Is a white mark a scar?
- Midline defects
- Residua of trauma
Do all injuries form scars?

No!

Why is it bleeding?

- Accidental Trauma
- Foreign body
- Hemangiomas/vascular malformations
- Urethral prolapse
- Hematuria
- UTI
- Lichen sclerosis
- Hormonal influences
- Tumors
- Infections
- Abuse

What do “red bottoms” mean?

- Vulvovaginitis in children
- Vulvovaginitis is the most common gynecologic complaint among young children
What do “red bottoms” mean?

Childhood vulvovaginitis and vaginal discharge in general practice
Objective. This study aims to examine the etiology, clinical features and response to treatment of childhood vulvovaginitis in general practice.
Method. A longitudinal survey of consecutive premenarchal patients presenting with vulvovaginitis and/or vaginal discharge in the course of normal consultations with a general practitioner was conducted in a semi-rural, group general practice with 11,000 patients.

Results. Non-specific vulvovaginitis with mixed bacterial flora, associated with poor hygiene and atrophic vaginal mucosa, was the commonest cause; specific bacteria were found in 10 out of 42 cases, including six of Streptococcus pyogenes. No Candida was isolated. No evidence of sexual abuse nor foreign body was found.
Conclusion. Childhood vulvovaginitis is not uncommon in general practice, is usually associated with mixed growth of fecal organisms, and is seldom due to serious causes such as sexual abuse or foreign body.

How do we describe the medical findings?

Old system
- Normal findings
- Nonspecific findings
- Concerning for abuse
- Clear evidence of blunt force contact or penetrating trauma
How do we describe the medical findings?

New system
   Normal findings
   Indeterminate findings  
      (insufficient or conflicting data from research)
   Findings diagnostic of abuse

What is the Overall Assessment?

Conclusion based on the history, disclosure and examination.

   No medical evidence of abuse at this time
   Possible abuse
   Probable abuse
   Definite evidence of abuse or sexual contact

Making a Diagnosis


CLINICAL DIAGNOSIS BY HISTORY ANALYSIS

By Roscoe R. Graham, M.D.

Toronto

Ladies and Gentlemen,

The object of this discussion class is to attempt the evaluation of symptoms and physical signs as presented in a well-taken history. As the term proceeds, we shall find that, despite having no elaborate laboratory results in these histories, it is possible to elaborate a correct working diagnosis in well over ninety per cent of instances. Hence the first essential is the ability to take a good history, embracing negative as well as positive information, and the second, the proper interpretation of the information obtained.
Making a Diagnosis

The contribution of the medical history for the diagnosis of simulated cases by medical students

The correct diagnosis was made after obtaining the history in 43 students (71.7%), while it was made after physical examination in 11 students (18.3%) and after obtaining laboratory data in 6 students (10.0%).

These results are similar to those of previous research on physicians, so the importance of taking a good history and clinical reasoning was confirmed.

If they were abused will we see something?

Nature of sexual abuse in young children
lick, kiss, touch, rub

Accommodation of the anal opening
penis size vs stool size

Penetration of the sexually mature child

It’s Normal to be Normal
Normal Does Not Mean Nothing Happened.

Is she a virgin?
It isn’t rape if she consented, is it?

Age of consent in Michigan is 16

Some laws take into consideration the "age difference" between both people involved. The more years there are between the adult and the minor, the more serious the offense. Special consideration and age restrictions exist where a relationship involves a person of authority over a minor; this includes but is not limited to, teachers, coaches, assistant coaches, or tutors. This age of consent is often cited as 18.

What is Child Pornography?

A crime.

Child porn is a form of sexual abuse to children.

Pictorial evidence of a crime.

Child porn amplifies and broadcasts the original act of abuse.

It substantially aggravates the original offense

Can a child abuse themselves?

Sexting- is a term created by the media referring to sending sexually explicit text messages or visual images of ones self to another individual.
Don’t adult men abuse little girls and adult women abuse little boys?

Majority of cases involve a adult male perpetrator and minor female
Fastest growing category is child on child perpetration
Increasing numbers of cases involve adult female participation and acquiescence.

What if the child was sexually promiscuous or seductive?

The child is always the victim.
Seductive or promiscuous behavior might be the result of sexual abuse.
A common characteristic of the abuser is the capacity for rationalizing and shifting the blame for their illegal, unacceptable, and inappropriate behavior.

What if it is a custody issue?

 Doesn’t mean it didn’t happen!
Child Maltreatment Resources

Center for Child Protection
@ Helen DeVos Children’s Hospital
545 Michigan NE
Suite 203
Grand Rapids, MI
(616) 391-1242 daytime
on call pager (616) 479-5858

Questions?

Deb's Answers