

Child Sexual Victimization

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Objectives

- Understand why most substantiated victims of child sexual abuse have normal hymenal and anogenital examinations
- Highlight current AAP and CDC standards of care for STI screening, confirmation and treatment of a prepubescent child compared with a teen engaged in consensual sexual activity
- Reflect on whether a child victim needs an emergent medical examination in an Emergency Department (ED) versus a scheduled examination by PCP or Child Abuse Pediatrician
- Highlight 3 conditions often mistaken for sexual abuse (the “open” vagina/thin hymen, symptomatic urethral prolapse, and lichen sclerosis)

“It’s Normal to be Normal”



7 year old with Gonorrhoea

- “[Adult male friend of father] put his private part **in** my private part...It hurt....He said don’t tell or you are going to die.”
- Hymen and anus free of injury, including a continuous hymenal rim.
- Vaginal discharge (+) for Gonorrhoea
 - Culture and NAAT positive

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 - **“Its Normal to be Normal”** Adams 1994
 - **Among children evaluated for child sexual abuse or assault, only a minority of anogenital examinations, typically 7% or less, have physical findings at the time of examination** Al-Jilaihawi, Borg, Jamieson, & Hodes, 2018; Smith, Raman, Madigan, Waldman & Shouldice, 2018; Gallion, Milam & Littrell, 2016; Heger, Ticson, Velasquez, & Bernier, 2002; Berenson et al., 2000.

“It’s Normal to be Normal”

1. Hymen or Anal Openings not penetrated.

Penis between the labia of the vagina.

Penis in the gluteal cleft (between the two halves of the buttocks).

7 year old with Gonorrhoea

- “[Adult male friend of father] put his private part in my private part...It hurt....He said don’t tell or you are going to die.”

Vulvar Coitus

Finkel, MA, Giardino, AP. eds. 2009, *Medical Evaluation of Child Sexual Abuse: A practical guide*, 3rd Ed. Elk Grove Village, IL: American Academy of Pediatrics, pg. 85

- Penile contact without hymenal penetration
 - Between labia in a sexually naïve child
 - Hymen is recessed
 - downward pressure may cause pain if undersurface of penis touches the hymen



FIGURE 3.18

Penis placed between labia minor penetrating into the vaginal vestibule, demonstrating the anatomical relationship of a penis to genital structures in vulvar coitus.

“It’s Normal to be Normal”

1. Hymen or Anal Openings not penetrated.
2. Hymen or Anal Opening penetrated, but injury did not occur.

2. Hymen or Anus was penetrated, but injury did not occur.

- Physical injury may or may not occur depending on the size of penetrating object relative to hymenal or or anal opening
 - Penis or multiple fingers vs. single finger

Heppenstall-Heger et al., 2003

- Lubricant

Pregnant Teens with Normal Hymens

Kellogg ND. 2004; 113:67-69

- 36 pregnant teens presenting for forensic interviews
 - 20 of 36 pregnant teens disclosed rape
 - Only 2 of 36 teens had hymenal changes diagnostic of penetration

Normal examination in a 13-year-old adolescent pregnant with her second child.



Nancy D. Kellogg et al. Pediatrics 2004;113:e67-e69

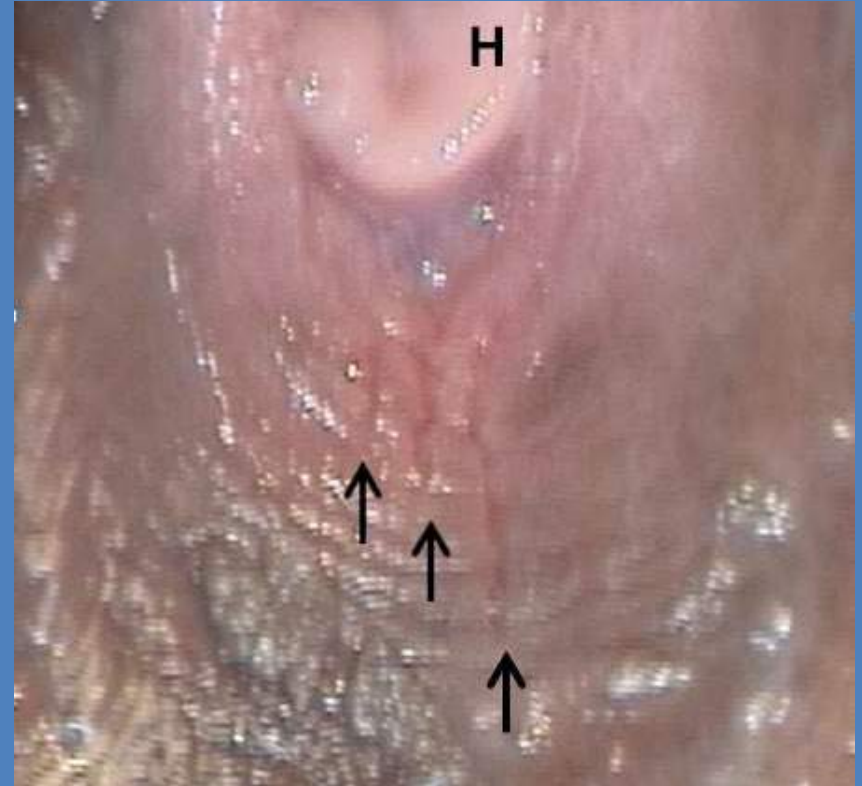
“It’s Normal to be Normal”

1. Hymen or Anal Openings not penetrated.
2. Hymen or Anal Opening penetrated, but injury did not occur.
3. Hymen or Anus was penetrated, injury occurred, and was missed during exam.

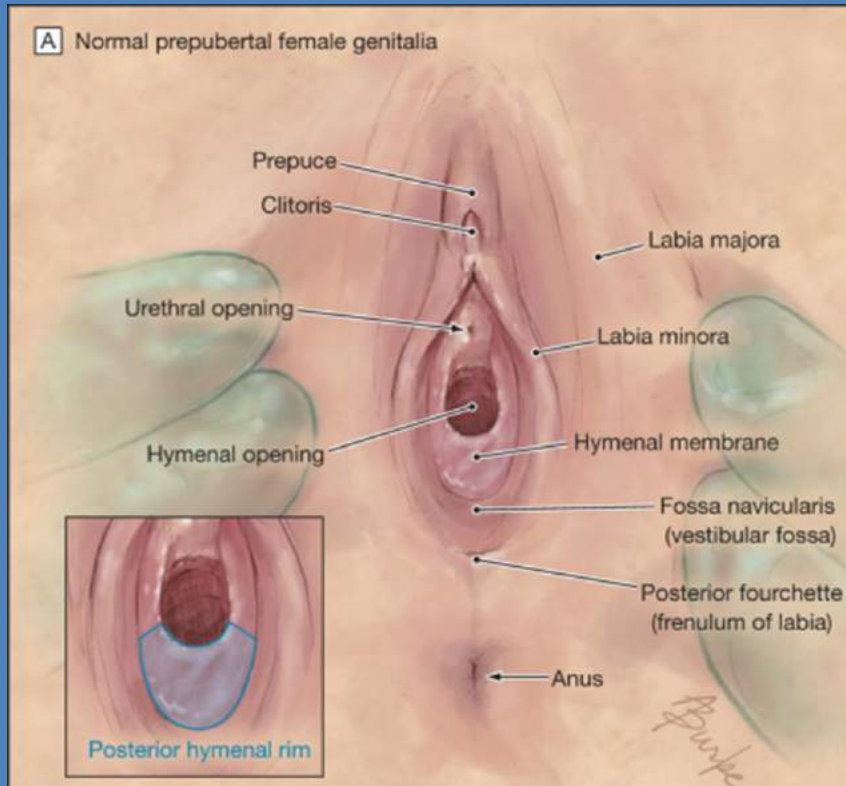


Posterior Fossa Lacerations

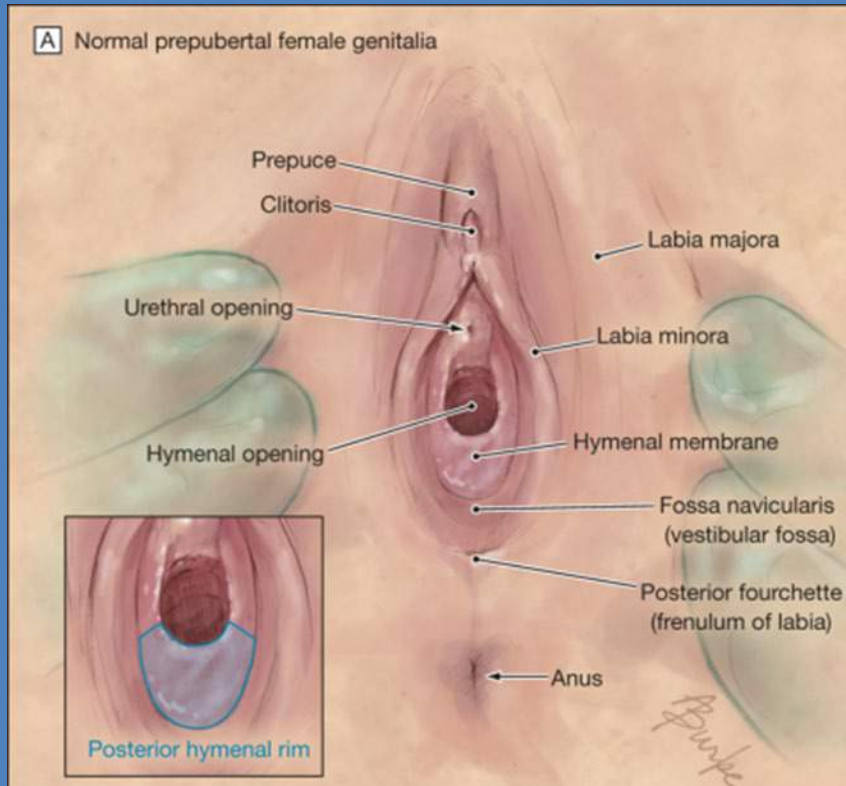
- 15-year-old with dysuria and vaginal pain hours after penile-vaginal assault.
- Estrogenized hymen (H) showed no acute injury.



Possible limitation - Supine Only Exam!



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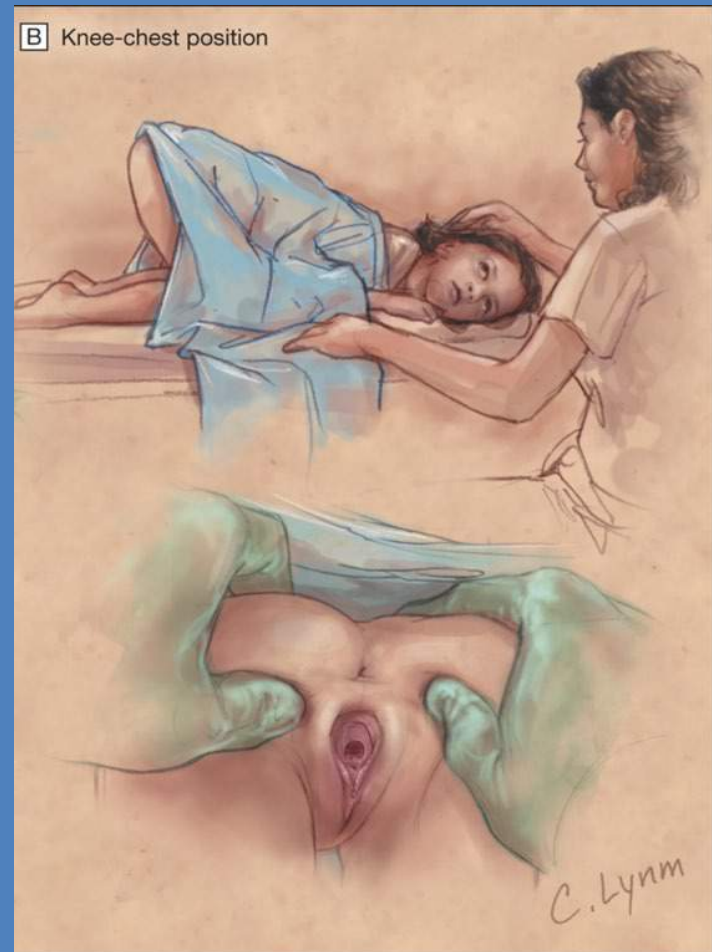
Posterior hymenal transection confirmed in prone knee chest





Prone Knee Chest

- Superior visualization of hymenal findings caused by penetrating sexual trauma McCann, Voris, & Simon, 1992.
- Excellent for anal inspection



“It’s Normal to be Normal”

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2. Hymen or Anal Opening penetrated, but injury did not occur.
3. Hymen or Anus was penetrated, injury occurred, and was missed during exam.
4. Injury may have healed by the time of exam.

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- Most genital injuries heal completely, and without scar formation
 - Usually within 3 weeks
 - Often within 3 days when small or superficial
- Hymenal scarring is not seen
- Deep or extensive *non-hymenal* injuries may heal with scar formation

McCann, Voris, & Simon, 1992

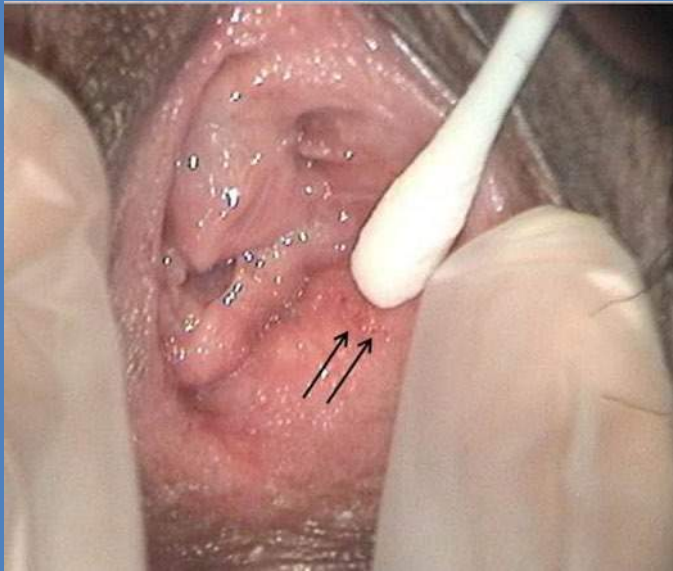
Heger, Ticson, Velasquez, & Bernier, 2002

McCann, Miyamoto, Boyle, & Rogers, 2007

Heppenstall-Heger et al., 2003

McCann, & Voris, 1993

2 similar aged children seen within 72 hours of sexual assault



Young Child with Abnormal Anal Exam

- Believed to have been sexually assaulted 5 days prior to exam.
- Healing laceration with surrounding swelling on initial exam.



No scarring and re-pigmentation by second exam (13 days after assault).



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STI screening

Jenny & Crawford-Jakubiak, 2013;

CDC Assault and Abuse and STDs - 2015 STD Treatment Guidelines

- Penetration of genitals, anus, or oropharynx
- Abuse by a stranger
- Abuse by a perpetrator known to be infected with a STI or at high risk for STIs (e.g., intravenous drug abusers, men who have sex with men, persons with multiple sexual partners and/or a history of STIs)
- Sibling, another relative, or another person in the household with a STI
- Community with a high rate of STIs
- Has signs or symptoms of STIs (e.g., vaginal discharge or pain, genital itching or odor, urinary symptoms, and genital lesions or ulcers)
- Has already been diagnosed with one STI
- Requests STI testing

Sexually Transmitted Infections

- 8% or less of children age 13 years or younger evaluated for various forms of sexual abuse or assault have one or more STIs Girardet et al., 2009; Kelly, & Koh, 2006
- Nucleic Acid Amplification Tests (NAAT) are more sensitive in **prepubescent** children than cultures
- If NAAT is positive, the result should be confirmed using a new sample and a different NAAT targeting a different DNA sequence
- **NO TREATMENT UNTIL CONFIRMATORY NAAT TESTING IS SENT!**

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What would you do?

12yo F presents to your office for a well child check. During a HEADSS assessment, she admits that she is feeling suicidal because her uncle has been touching her private parts for the last 2 years.

Urgent (e.g. Same Day) Exam

- Mental health emergency (e.g., suicidal ideation)
- Acute genital or non-genital pain, bleeding, or injury
- Signs or symptoms of a sexually transmitted infection (STI)
- Meets criteria for HIV or other STI post-exposure prophylaxis
- Meets criteria for pregnancy prophylaxis
- Imminent danger or flight concerns (e.g., suspected human trafficking)
- Uncertainty about whether child will return for a scheduled examination
- Acute episode of sexual victimization with potential for transfer of biologic secretions
- Presentation within jurisdiction mandated time interval for forensic evidence collection
- Other unusual circumstances

What would you do?

Mom brings in 5yo M after he disclosed that his penis was touched by dad's girlfriend last month. The child has no complaints today and hasn't been with dad's girlfriend since that time.

Scheduled Exam

- No emergency medical, mental health, or safety needs and outpatient clinic follow-up is likely
- Sexual victimization outside of mandated time interval for forensic evidence collection
- Sexualized behaviors and/or participation in developmentally inappropriate activities
- Concern for non-acute victimization in an asymptomatic child
- Another child in the household or other close child contact with an STI
- Need for linkage with community based mental health and/or other resources

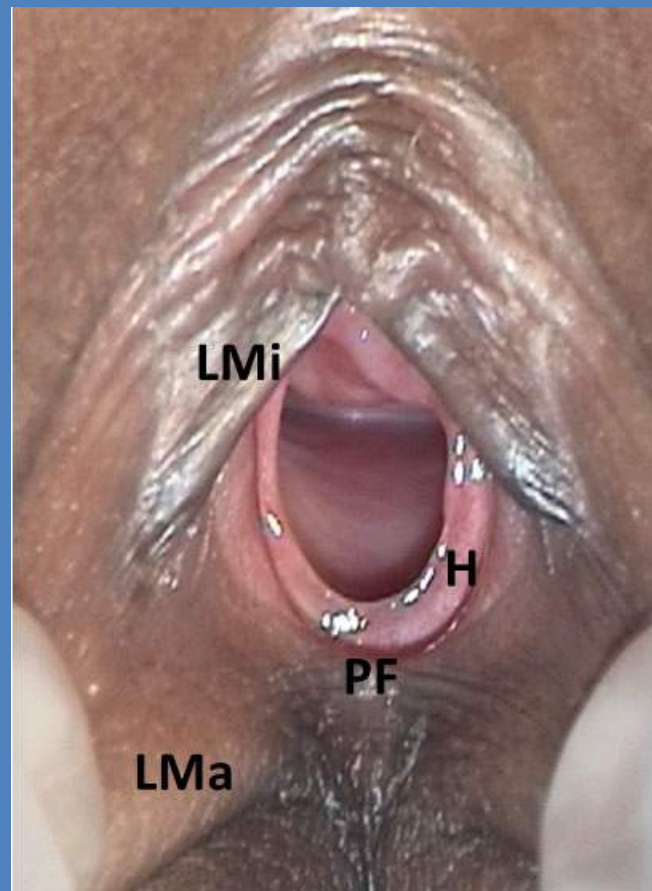
Second or Follow-up Examination

- Initial examination by an inexperienced clinician or clinician who requests a second opinion
- Equivocal findings (e.g., a potential medical mimic that cannot be ruled out with a single exam)
- STI testing not done during initial examination, or need for tests of cure
- Need for repeat testing for STIs or pregnancy (e.g. if prophylaxis was not offered or tolerated)

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Brought in by mother with complaint –
when she returned from Dad's house, her vagina
looked "more open" What do you do?



A child with bleeding, dysuria, or difficulty urinating.
You see this on exam. What do you do?



A child with vaginal itching and dysuria. You see this on exam. What do you do?



Medical Consultation

- Child & Adolescent Protection Center
 - 202-476-4077/4073
 - Help with triage, appointments to see clinical SWs or Child Abuse Pediatricians
- Emergency Department
 - 202-476-LIFE (5233)
 - 111 Michigan Avenue NW is suggested site

Reporting Suspicion of Abuse

Unknown Jurisdiction of Occurrence
Or Out of State Reporting

1 800 4 ACHILD
1 800 422 4453

District of Columbia' Child
and Family Services Agency

202 671 SAFE
202 671 7233

Prince George's County's CPS

301 909 2450

Montgomery County's CPS

240 777 4417

Baltimore County's CPS

410 853 3000

Arlington VA CPS

703 228 1500

Additional CME opportunities

- EVALUATING CHILD SEXUAL ABUSE

<https://www.champprogram.com/courses.asp?course=15> (online)

12 AMA PRA Category 1 Credits™

- AAP's Council on Child Abuse and Neglect

<https://www.aap.org/en-us/about-the-aap/Councils/Council-on-Child-Abuse-and-Neglect/Pages/Educational-Opportunities.aspx>

Questions?



Thank
you

