



International Centre
FOR MISSING & EXPLOITED CHILDREN

The Medical Evaluation in Child Sexual Abuse/Exploitation

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Outline

What is the medical evaluation?

Why do an exam on these children?

Who needs an exam?

When is an exam needed?

Who should conduct the exam?



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What Does A Medical Evaluation Involve?

- History from caregiver (and other sources)
- Information from child
- Head-to-toe physical exam
- Detailed anogenital exam
- Sexual assault evidence kit
- STI testing (+/- give medications)
- Conversation with the child, then with parent



Kellogg, AAP, 2008; APSAC 2013



Why Do An Exam?

- Document recent injury or scarring
- Identify infections
- Identify disease or other processes
- Reassure the child and parent

Patient assent is critical!!!



**THE VAST MAJORITY OF CHILDREN
PRESENTING TO SEXUAL ABUSE CLINICS
WILL HAVE NORMAL OR NONSPECIFIC
ANOGENITAL EXAMS.**

It's normal to be normal.

Exam Findings in Child Sexual Abuse

Over 2,000 pts referred for possible CSA

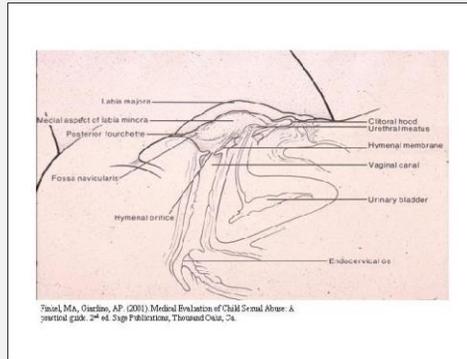
3 months to 14 years old

96% of children had normal exams

Only 6% of girls reporting penetration had abnormal findings (1% of boys)

How can you have a normal hymen in CSA?

Type of abuse may not involve penetration



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Elasticity of hymen

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Estrogenization



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Delay in disclosure



Many victims do not tell until they reach adulthood. Many don't ever tell.



Healing of Hymenal Injuries

239 girls, 4 mo to 18 yo

Accidental and inflicted injury

Left NO residual, except deep lacerations; no scar tissue seen

Petechiae	Resolved 48-72 hours
Abrasions and mild bruising	~3-4 days
Marked bruising	May last ~11-15 days
Blood blister	May last >30 days



8 hours



2 weeks



And STI's are pretty unusual...

Incidence ~2-4% for Gonorrhea/Chlamydia in young children (U.S.)

Much higher in adolescents, but they may be sexually active



So, why do the exam??

First step of healing process

- There are other kids out there just like you
- Your body is normal
- Your privates look just like any other child your age.

Reassurance of parents



Answering Questions, Providing Reassurance



You: “Do you have any questions for me?”

Child: “Yes, just a few...”

6 year old girl: “Am I going to have a baby?”

11 year old girl: “Will I ever be able to have children?”

13 year old boy: “Does this mean I’m gay?”

15 year old girl: “I’m not a virgin anymore, am I?”

15 year old boy: “Since I let this happen, I must be weak, right?”

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What’s on Their Mind?

Guilt, shame, self-blame

Virginity

Sexuality implications

Physical health (pregnancy, scarring, disfigurement)

Confusion, anger (“Why is everyone so excited? I love him! I wanted to have sex!”)

What else?

“I am very glad I came, because when I talk to someone I can usually forget about the things that have happened to me.”

CPC PATIENT, 2009

“Today’s visit helped me a lot. And thank everyone for wasting their time for me.”

CPC patient, 2009

Isn't it stressful for the child?

Thorough preparation

Child has control

No pain

“Just looking on the outside”



So, who needs a medical evaluation?



So, who needs a medical evaluation?

(Virtually) *Any* child who is suspected victim of sexual abuse (recent or remote).*



When does the child need to be examined?

A child should be evaluated the same day if:

Assault is (or may have) occurred w/in 96 hours**

Child complains of signs/symptoms

- Injury
- Infection

Child has unrelated medical issues

There are concerning social issues



A child should be evaluated within the next few days if,

There is a history of remote abuse (>96 hours) and no signs/symptoms

Child is the sibling of a CSA victim, or has had contact with AP (and has no signs/symptoms)



Screening Questions for Triage

When did the assault (or most recent abuse) occur?

Is the history unclear? Is there reason to believe it occurred within 96 hours?

What type of sexual contact is reported?

Does the child have abdominal pain, anogenital pain, bleeding, discharge, etc?

Are there unrelated medical problems that require ED attention?

Are there concerns for child's IMMEDIATE safety?



Who should do the exam?

Ideally, a provider trained in maltreatment evaluations.

Challenges for Untrained Providers:

They are often reluctant to do exam

May not recognize anatomy and document injuries accurately

May not see an injury (suboptimal exam)

Often not familiar with guidelines on conducting evaluations (rape kits, STI testing)



Challenges for Untrained Providers:

May not correctly interpret exam
'findings'

Often overcall 'findings'

Usually not familiar with current research
on sexual abuse

Limited documentation, with few details



Challenges for Untrained Providers

No reassurance of child (healing process)

May not provide needed referrals to family

May not give adequate follow up

Unwilling and inexperienced witness



To conclude:

Virtually all children need the option of a medical exam performed by a trained professional.

Not all children need an exam immediately.

The benefits are not only related to the investigation, but to the child's well being.





THANK YOU.

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