

WHAT TO DO WHEN SEXUAL ABUSE IS SUSPECTED IN A PRE-PUBERTAL CHILD

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OBJECTIVES

Analyze a case of child sexual abuse and describe how to take the history, do the physical exam, determine appropriate testing and document the case.

Explain how to utilize a SANE/SAFE when child sexual abuse is suspected.

CASE

- A 9 year old prepubertal girl discloses that she was sexually abused by her grandfather.
- The last incident was 2 weeks ago and she describes that she had some blood in her underwear at that time but that she is no longer having genital pain and feels fine.
- The abuse has been ongoing for the last two years and the only reason that she told her teacher is that she is worried that her younger sister is now being abused as well.
- She describes hand to genital contact and denies any genital to genital contact.

EXECUTIVE DECISION MAKING SYSTEM



DOES SHE NEED A MEDICAL EVALUATION?

WHAT DO YOU THINK?

THE ANSWER IS....



REASONS TO DO AN EXAMINATION

- To reassure the child and family that the child is healthy
- To assess the medical needs of the child and to treat injuries, infections, and/or provide prophylaxis
- To assess and address emotional, social, mental health, and developmental needs of the child and family and provide crises intervention
- To refer for medical, mental health, or social issues
- To assess safety and intervene to prevent further abuse



DOES THIS CHILD NEED TO BE SEEN IMMEDIATELY?



<http://childabusemd.com/triage/triage-overview.shtml>

<http://www.champprogram.com/pdf/07-0402-Triage.pdf>

WHO SHOULD EVALUATE THIS CHILD?

- Primary care physician, NP or PA?
- Emergency Department doctor?
- Sexual Assault Forensic Examiner?
- Child Abuse Pediatrician?

SECOND OBJECTIVE...

- Explain how to utilize a SANE/SAFE when child sexual abuse is suspected.

SANE

- Model program for pediatric sexual abuse forensic evidence collection.
- Nurses work within practice parameters to examine, photograph and document history and findings.
- Reduces need for repeat examinations.
- Improves legal outcomes, medical treatment and possibly also psychological outcomes.



SANE



- Forensic evidence need must be considered early on and weighed with acute medical needs.
- History, Exam, Treatment, Documentation and Interpretation (Diagnosis) is still the role of the physician.

SANE: THINGS TO CONSIDER

- Forensic evidence in cases of significant physical abuse
- Order of exam/collection of specimens for culture and for evidence
- Even if >96 hours, might consider SANE for cases where there are findings

HISTORY

Complete history, including:

- Caregiver concerns related to sexual abuse
- Disclosures from child
- Behavioral concerns
- Reported perpetrator (child, adult, relative)
- Type of contact by reported perpetrator
- Date / time of last possible contact by perpetrator

**Do not discard clothing or clean patient
if forensic evidence collection is planned.**

<http://childabusemd.com/history/history-overview.shtml>

HISTORY OF GENITAL BLEEDING

- Trauma to genital area
- Rectal tears from constipation
- Urinary tract pathology or infection
- Genital tract disease pathology (infections, tumors, other)
- Skin Conditions
- Poor hygiene
- More complete differential:

<http://childabusemd.com/diagnosis/diagnosis-abuse.shtml#genital>

HOW TO DO THE PHYSICAL EXAMINATION

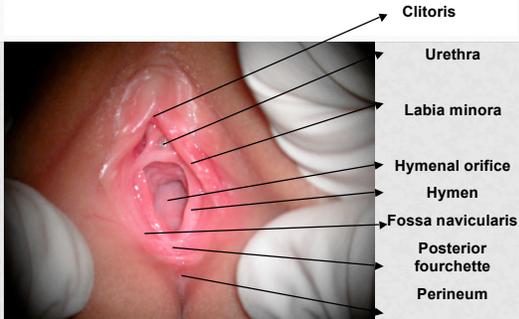


Physical

Complete physical examination, especially:

- Inspection of all body parts and thorough skin exam
- Oral examination (lip, tongue, buccal) to look for frenula tears, palatal petechiae, or dental injuries
- Complete genital examination to look for signs of acute injury or other abnormalities

NORMAL ANATOMY

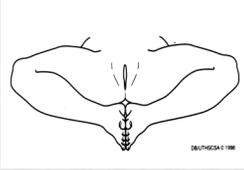


EXAMINATION TECHNIQUES

- Supine Frog-leg position
- Knee chest position
- Standing
- Lateral Decubitus
- Labial traction vs. Spreading

Supine Technique

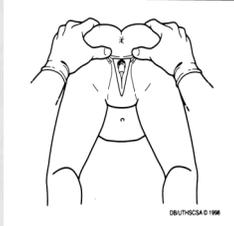
- Useful for prepubertal children and adolescents
- Patient can see examiner
- Not always optimal for relaxation of gluteal area
- Patient can "hold knees" for improved visualization



Reference: McCann JJ, Kerns DL. *The Anatomy of Child and Adolescent Sexual Abuse: A CD-ROM Atlas/Reference*. 1999; www.intercorpinc.com

Prone Knee Chest

- May be uncomfortable due to head down position
- May cause fear and anxiety
- View of rectum and vaginal area may be better than other positions
- Reflex dilation may be more apparent if position is held too long



Reference: McCann JJ, Kerns DL. *The Anatomy of Child and Adolescent Sexual Abuse: A CD-ROM Atlas/Reference*. 1999; www.intercorpinc.com

Supine

Knee/Chest



Standing

- Could be a position of comfort for patient
- Legs should be spread and back bent forward



Lateral Decubitus

- Position of comfort
- Patient can assist by holding onto knees
- Position commonly used for rectal examination



LABIAL TRACTION



Hymenal Configurations



Peri-hymenal and Peri-urethral bands



Bumps/Mounds/Tags



The 9 year old



- The last incident was 2 weeks ago and she describes that she had some blood in her underwear at that time but that she is no longer having genital pain and feels fine.
- She describes hand to genital contact and denies any genital to genital contact.

CONSULTS

- Hospital Social Work
- Gynecology consult if acute vaginal bleeding and possible need for EUA
- Surgery consult if significant rectal bleeding and potential for rectal perforation
- Dermatology Consult
- SANE (Sexual Assault Nurse Examiner) and Advocacy services



MIMICS

URETHRAL PROLAPSE, LICHEN SCLEROSIS AND FAILURE OF MIDLINE FUSION CAN BE CONFUSED WITH SIGNS OF GENITAL TRAUMA

STRADDLE INJURY

This is a common cause of bleeding after accidental trauma to the perineum. A good history should uncover this diagnosis.



DIAGNOSTIC TESTS

Routine tests:

- Dirty catch urine specimen or vaginal gen-probe for GC and Chlamydia
- Cultures for STI's – GC and Chlamydia cultures for anal specimens and a GC culture for pharyngeal specimen

TESTING AND TREATMENT

Medical Care	Hours				Weeks				Months			
	24	48	96	120	1	2	1	2	3	4	6	12
1 Acute & Follow-up Examinations					Follow-up Exam 1 to 2 weeks				Exam for physical and emotional well-being may be done at any time.			
2 Forensic Specimens Collection												
3 HIV Post-Exposure Prophylaxis & Testing		36 hours							Re-test 4-6 weeks	Re-test 3 months	Re-test 6 months	
4 Pregnancy Testing & Prevention		72 hours			Follow-up Serum βHCG 1 to 2 weeks							
5 STI Testing					Follow-up cultures 1-2 weeks				RPR, HIV 4-6 weeks	RPR, HIV, HCV 3 months	HCV 6 months	
6 STI Treatment					Treatment may be offered in the acute post-assault setting. Treatment decisions are guided by results of diagnostic testing.							
7 Drug Facilitated Sexual Assault Testing												

<http://www.champprogram.com/pdf/Testing-and-Treatment.pdf>

DIAGNOSTIC TESTS

Consider:

- CBC with platelets, LFTs, CMP Hepatitis B surface antibody and surface antigen, Hepatitis C antibody, HIV, and an RPR or VDRL
- Forensic Evidence Kit per SANE consult if last contact within 96 hours
- Stool guaiac for occult blood
- Urinalysis and urine culture if symptoms also consistent with UTI

DOCUMENTATION

- History obtained, from whom and to whom
- Physical findings with drawings and measurements
- Tests ordered and performed and results
- Impression: suspected abuse, physical exam consistent with the history...

Do not attempt to further interpret findings if there will be a child abuse consultation.

- Impact statement to be faxed to CPS or police

INTERPRETATION OF FINDINGS

Adams JA. Guidelines for medical care of children evaluated for suspected sexual abuse: an update for 2008. Curr Opin Obstet Gynecol. 2008 Oct; 20(5):435-41.

SUMMARY

Reviewed: how to take the history, do the physical exam, determine appropriate testing and document the case.

Role of SANE/SAFE when child sexual abuse is suspected.

Every child deserves a skilled medical exam when abuse is suspected.