Board Review: Sexual Abuse

There are 32 content specs you should know

Know that sexual abuse should usually be reported to law enforcement and must be reported to a child protection agency.

January 2015
A 2 year old girl is brought to your clinic because her mother noticed blood in her underwear this morning. She has otherwise been doing well, and she recently has been toilet trained. Findings on physical examination, including the hymen and external genitalia, are normal. There is a small amount of purulent, blood discharge at the vaginal introitus.

Of the following, the MOST likely cause of her bleeding is

A. Penetrating trauma
B. Precocious puberty ← Would see other signs such as thelarche
C. Sarcoma botryoides ← Form of rhabdomyosarcoma, grapelike mass
D. Urethral prolapse ← Would see doughnut shaped mass

Vaginal foreign body
Is it, or isn’t it?

• Differential for vaginal bleeding in preadolescent girl varies with age
  • Maternal estrogen in neonates
  • Foreign body in toddlers and older children
• May present with nonspecific physical or emotional complaints
  • Unexplained abdominal pain, encopresis, school failure, sleep disturbance

• *Know that a complaint of genital pain may infrequently indicate sexual abuse*
  • *But could be infection!*

Nonspecific symptoms alone are not diagnostic
Question #14

Which of the following is a TRUE statement about sexual abuse:

A. 50% of sexual abuse victims retract their statement of abuse

✓ The hymen can remain undamaged after penetration

C. In the majority of cases, sexual abuse perpetrators are strangers

D. Sexual victimization is more common among boys than girls

E. Forensic evidence commonly is found on swabs collected from the bodies of prepubertal children up to 72 hours
General facts:

- Sexual abuse occurs when a child is engaged in a sexual situation (+/- physical contact)
  - 25% retract statements at some time
- **Recognize that most perpetrators of sexual abuse are known by the child before the abuse occurs**
  - Relatives, family friends, neighbors, community volunteers
- **Understand the age and gender distribution of sexual abuse**
  - 2.4/1,000 US children under age of 18 years (brought to attention)
  - More common in females than boys
    - Boys are less likely to disclose sexual abuse; possibly victimized more
  - Teenagers have highest rates
    - Older adolescents likely victimized during social encounters
    - Younger adolescents likely victimized by a member of extended family
Question #17

An 18-year-old adolescent comes to your office for her pre-college health supervision visit. She tells you that she is especially concerned about dating safety issues and sexual assault because a friend recently was assaulted.

Of the following, you are MOST likely to counsel her that

A. Alcohol use is commonly associated with date rape

B. Forceful verbal resistance is ineffective in avoiding rape

C. Most assailants are not known to their victims

D. Most sexual assaults take place outdoors in public places

E. Sexual assailants are easy to recognize

verbal resistance along with physical resistance and fleeing are associated with rape avoidance

↑ Most are planned and occur in victim’s or perpetrator’s house

↑ Are usually young and married!
Risk Factors

- Dating violence includes sexual assault, physical assault, emotional abuse

- Risk factors for adolescent dating violence include
  - Use of alcohol or other drugs (adolescent use > adult use)
  - Previous history of physical abuse*, interpersonal violence, or forced sex
  - Family violence/abuse
  - Minority race
  - History of pregnancy
  - Partner of the same sex
  - Poor academic performance

  Recognize that the absence of a protective parent from the home increases the risk of sexual abuse

- Physical disabilities
- Adolescence
- Aggressive personality
Question #12

Sexual abuse should be considered in the differential diagnosis for all of the following scenarios EXCEPT:

A. 4 year old boy attempts to perform sex act on 4 year old girl at recess
B. 7 year old girl withdraws socially and develops enuresis
C. 15 year old girl exhibits promiscuous behavior
D. 5 year old girl becomes clingy and fearful of leaving her mother

✓ All of the above
Among the following reported behaviors, the one MOST suspicious for sexual abuse in a 4-year-old child is:

- A. Humping classmates in preschool
- B. Running around the home nude at bath time
- C. Periodic touching of his or her own genitalia while at home
- D. Taking off underwear in preschool
- E. Trying to observe a parent undressing

The correct answer is A.
Appropriate vs Inappropriate Behaviors

- Transient behavior is common among children who have not been abused: undressing in front of others, touching one’s own genitals, trying to look at others undressing
- Abnormal behaviors: coercing others to engage in sexual acts
- *Know that an explicit description and imitation of adult sexual behavior by children may indicate either victimization or observation of sexual acts (not fantasy)*
  - May engage siblings or peers
- Differential diagnosis sexual behavior problems: exposure to violence, emotional abuse, neglect, conduct disorder, witnessing sexual acts, exposure to sexual materials
Question #4

You suspect that a 5-year-old girl has been sexually abused. Confirmation of the diagnosis is more likely to come from:

A. Appropriate interview of the child

B. Forensic evidence

C. Parental reports

D. Physical examination of the genitalia

E. Vaginal culture
The most reliable way to conduct an interview with a 5-year-old child who claims her stepfather has sexually abused her is to:

A. Assure that several interviewers obtain consistent results
B. Insist that the interview be videotaped
C. Interview the girl with her mother present
D. Simply invite the child to tell her story without specific prompting
E. Use anatomically correct dolls routinely

Correct answer: D.
Getting the History

• Sources of information: other professionals, child’s caretakers, and the child
  • Statement made before evaluation, caretakers may be asked about the child’s disclosure, information about alleged perpetrator

  • *Understand techniques for obtaining information from a child suspected of being sexually abused* (Can be successful in those as young as 3 or 4)

  • *Know that in suspected sexual abuse, the first detailed interview of a child is diagnostically critical*

  • *Know that when sexual abuse is suspected, the child should be interviewed alone*
Getting the History

- Know why to avoid repetitive interviewing of an allegedly sexually abused child
  - Creates rote quality to responses, increases likelihood of leading questions, increases chance of learned responses, is unnecessarily stressful, increases chances of inconsistency/retraction
  - http://www.nationalchildrensalliance.org

- Recognize that verbatim statements by a child may qualify as evidence in a criminal court (re sexual abuse)
  - Open-ended questions are preferred

- Obtain info for all ROS, behavior, psychological (school failure, sleep disorders, sexually reactive behaviors, nightmares, anxiety, depression)
Getting the History

• Recognize the advantages/disadvantages of anatomically correct dolls for interviewing
  • Advantage: the child who is nonverbal can point
  • Disadvantage: risk of over-interpretation

• Recognize that drawing of genitalia by a child may indicate sexual abuse
  • More likely than those with no sexual abuse
  • But it is not diagnostic!
Performing the physical exam

- Know how to conduct a physical examination for suspected sexual abuse
- It's head to toe!
- Do not cause added trauma
- A normal exam does not rule out abuse
- Sedation?
- Acceptable examination positions

Question #8

Although the majority of sexually abused girls have normal findings on examination of the genitalia, in some cases, there are findings indicative of trauma. The examination finding that is MOST strongly indicative of sexual abuse in a 6-year-old girl is:

A. A periurethreal band
B. Anal skin tag
C. Bruising of the labia minora
D. Labial adhesions
E. Perianal warts
Physical Exam Findings

- **Know which physical complaints can lead to a diagnosis of sexual abuse (genital discharge, genital pain)**

- Normal hymen can have a variety of configurations; crescentic and annular

- **Recognize the physical findings that are consistent with**

  - Figure 2. The unestrogenized hymen of a school-age child.
  - Figure 3. Thick, estrogemized adolescent hymen.
Know that labial adhesions, vulvar erythema, and anal tags are not signs of abuse
Perianal redness, fissures, venous congestions or pooling are not specific to abuse

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Collecting Evidence

- **Know that evidence of seminal fluid is infrequently found in sexually abused children**
  - Found in 25% of prepubertal patients
  - Studies showed more likely to be collected from clothes and household objects

- **Know that seminal fluid is unlikely to be found/persist beyond 72 hours in a sexually abused child**
  - Rarely seen on swabs collected after 24 hours
  - Disclosures of sexual abuse are delayed, medical attention sought outside the acute period, making evidence less likely
Question #10

An 8-year-old girl reports chronic sexual abuse by her mother’s boyfriend. Which of the following results of the physical examination and laboratory tests is most specific for the diagnosis of sexual abuse?

A. Herpetic lesion on her lower lip
B. Two peri-anal warts
C. Urine nucleic acid amplification test positive for *Chlamydia trachomatis*
D. Wet mount positive for *Gardnerella vaginalis*
E. Wet mount positive for *Trichomonas vaginalis*
Question #21

Which of the following findings are considered diagnostic of sexual abuse in a prepubescent female?

A. Clue cells on wet prep
B. Culture positive for gonorrhea
C. A notch in the anterior hymen with generalized erythema
D. A complete transection of the posterior hymen

Both B and D
Know that labial adhesions, vulvar erythema, and anal tags are not signs of abuse
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Sexually Transmitted Diseases and Abuse

- Know that the presence of a sexually transmitted disease may indicate sexual abuse
- Know the incidence of sexually transmitted disease associated with sexual abuse (5% of sexually abused children contract an STI)
- Know that sexually transmitted disease in a prepubertal child is presumptive evidence of sexual abuse
- Know that a chlamydial infection may be acquired from the mother at birth and persist
Sexually Transmitted Diseases and Abuse

- **Know which microbiologic tests are helpful in documenting suspected sexual abuse**
  - Understand the importance of using only gold standard tests to diagnose sexually transmitted diseases in children because of the legal issues involved
    - HIV, Syphilis, Hepatitis B, wet mounts, PCR for HSV
    - Rectal, male urethra, vagina, urine → can be tested for GC/CZ
    - Confirmed trachomatis, gonorrhea, syphilis → diagnostic of sexual abuse when perinatal and rare nonsexual transmission excluded
    - HIV → diagnostic if perinatal, transfusion or needle stick routes ruled out
    - Trichomonas is highly suspicious
    - BV can be unrelated to sexual abuse
- Anogenital warts and genital HSV are suspicious
Sexually Transmitted Diseases and Abuse

- **Know the current recommendation for antibiotic prophylaxis for prepubertal and adolescent sexual assault victims**
  - GC, CZ, Trich, BV investigated within 72 hrs

### Table 1. Recommended Prophylactic Medications for Adolescent Victims of Sexual Assault

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<th>Condition</th>
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<td>Ceftriaxone 250 mg intramuscularly, 1 dose OR Cefixime 400 mg orally, 1 dose</td>
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<tr>
<td><em>Chlamydia trachomatis</em></td>
<td>Azithromycin 1 g orally, 1 dose OR Doxycycline 100 mg orally, twice daily for 7 d</td>
</tr>
<tr>
<td>Trichomoniasis and bacterial vaginosis</td>
<td>Metronidazole 2 g orally, 1 dose</td>
</tr>
<tr>
<td>Hepatitis B virus</td>
<td>Begin or complete hepatitis B immunization if not fully immunized</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Emergency contraception</td>
</tr>
<tr>
<td>HIV</td>
<td>Consider characteristics of the assailant, type of exposure, as well as the risks and benefits of prophylaxis (see text)</td>
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Source: ref 34.
Beyond the history and exam

• Recognize that sexual abuse can recur even when families are receiving treatment

• Recognize the importance of not assigning blame to the victim in helping families cope with sexual abuse

• Caretaker’s response to child’s disclosure is important
  • Concern when caretaker openly disbelieving of child’s disclosure and when caretaker allows further contact between a child and suspected perp
Total Specs Covered Today: 67!
Good job everyone!