The Physical Examination for Child Sexual Abuse:
What does it prove?
Is it important?
Does it hurt?

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Varying terminologies: child sexual abuse vs. child sexual assault

- Legal definition
- CPS definition
- Medical definition
- Mental health definition

Medical and mental health: sexual assault refers to acute presentation (within 72-96 hours); sexual abuse refers to non-acute presentation or used as a global term.
Making a medical diagnosis of child sexual abuse

• As with legal process: based primarily on child’s outcry. Children rarely fabricate allegations of sexual abuse—detailed, consistent outcry is most important aspect of medical diagnosis.

• Exam findings are usually normal or nonspecific
Making a medical diagnosis of child *physical* abuse

- Child is often non-verbal, especially in serious physical abuse cases.
- Usually only one adult witness--often not interested in telling the truth.
- Thus, medical findings are often key to the investigation.
Why have special facilities to examine children and teens after sexual abuse or assault?

- Supportive, well-trained examiners
- Reassuring environment
- Calm, unhurried demeanor
- Minimize discomfort; exam usually *noninvasive*
- Accurate, legible documentation
- Magnification
- Photodocumentation
- *Noninvasive* testing for STDs usually possible
Exam technique:
Colposcope allows for noninvasive, magnified exam with photodocumentation.

Colposcope lens stays 12 inches away from patient.
Acute sexual assault:
The forensic evidence collection kit
Acute sexual assault: Physical findings in adolescent girls

<table>
<thead>
<tr>
<th>Degree of injury</th>
<th>None</th>
<th>Swelling/redness</th>
<th>Bruise/abrasion</th>
<th>Tears</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labia majora/minora</td>
<td>50%</td>
<td>23%</td>
<td>17%</td>
<td>10%</td>
</tr>
<tr>
<td>Posterior fourchette/fossa</td>
<td>36%</td>
<td>10%</td>
<td>14%</td>
<td>40%</td>
</tr>
<tr>
<td>Hymen</td>
<td>61%</td>
<td>26%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Anus/rectum</td>
<td>87%</td>
<td>2%</td>
<td>3%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Adams 2001: 214 teen girls examined within 72 hr
Sexual abuse/assault in teens: Interpreting physical findings

Kellogg et al:
36 pregnant teens:
Only 2 had definitive physical findings of genital injury.
The study included one girl who had given birth but still had normal genital findings!
Sexual abuse in young children: Interpreting physical findings

Heger et al (2005):
2384 children (age 14 or younger) examined at the LA County CAC over a 6 year period: 96% had normal or nonspecific findings
Sexual abuse and assault: Expert consensus, evidence-based interpretation of physical findings


- Normal findings
- Nonspecific findings
- Clear evidence of genital trauma

- Agreement with expert consensus most likely when examiner has had formal training, is more experienced, and regularly reviews cases with other experts.
Sexual assault of children: What about evidence collection?

Young et al (2006)
- 80 children and adolescents seen in ER for acute SA.
- Evidence collection was positive in 20% of cases.
- 13 of 16 positives were in adolescents.
- In the 3 positive prepubertal children, all evidence was found on clothing or linen.
- No positives if presented after 24 hours.

Girardet et al (2011)
- 277 kits analyzed by Houston PD Crime Lab
- 20% tested positive by DNA
  - 75% older than 10 years old
  - 14 < 10 years old
    - 5 positive body swabs (7-95 hours after assault)
    - 9 positive nonbody DNA recoveries (clothing, debris)
- No correlation between exam findings and DNA recovery
Why are most exams normal?

1. Anogenital tissues are designed to heal quickly!
2. After puberty, genital tissues (including the hymen) are much more flexible.
3. Adolescents are usually sexually assaulted by someone they know. Stranger assault, use of brute force, restraint are uncommon as compared to sexual assault of adults.
4. Many types of contact do not cause major tissue injury: eg, fondling, digital penetration, penetration that does not pass beyond the hymen.
5. Children typically delay disclosure for days or weeks.
6. Familial perpetrators typically seek ongoing contact with their victims, avoid overtly painful acts
Sexual abuse and assault:
If most exams are normal, why do them?

1. Opportunity to assess victim’s mental health
2. Aids the healing process: Many victims think their bodies are abnormal, that ‘people can tell’ what happened.
3. Detecting sexually transmitted infections (7% overall—higher in teenagers)
4. Rare significant injury that needs repair.
5. Bodily fluid evidence collection in acute cases
6. Hearsay exception: children & teens sometimes disclose to doctor or nurse but not to forensic interviewer
Conclusions

• Most exams after child sexual abuse and even adolescent sexual assault will have normal or nonspecific physical findings.
• Normal exam does not mean “nothing happened.”
• Forensic evidence after acute assault in young children is usually found on clothes or sheets; most positives obtained within 24 hours.
• Many reasons why sexual abuse/assault victims should be examined.
• Exams for sexual abuse/assault usually noninvasive and cause minimal discomfort.
• Best exams are by experienced personnel in appropriate settings.