

The medical evaluation for possible child sexual abuse: When is it needed, who should provide it, what will be done and how to prepare the child?

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- **The objectives of the medical evaluation.**
 1. Medical treatment: To assess for and treat sexually transmitted infections, injuries and pregnancy.
 2. Forensic evaluation: To collect forensic evidence such as semen or saliva, and to document trauma.
 3. Psychological reassurance: To reassure the child that her/his body is healthy and that she/he is physically well.

- **A medical examination is required when the...**
 - abuse involved the child's genitalia or anus.
 - child has symptoms of vaginal or rectal pain, itching, burning, bleeding or discharge.
 - child or parent has concerns that can best be answered by an examining physician or nurse.
 - child would be reassured by an examination.
 - extent or type of abuse is unclear and may be clarified by an examination.

Many experts recommend that all children thought to have been abused should have a medical evaluation.

- **Indications for an emergent (immediate) or urgent (same day) evaluation:**
 1. The child should be seen as soon as possible if the abuse occurred within the past 72 hours *and* included sexual activities that may have left forensic material on the abuse victim's clothing or body. Forensic material includes semen, saliva, blood, skin or hair of the perpetrator's, or fibers or material from the crime scene. Examples of sexual activities that may leave forensic material include ejaculation, contact with the perpetrator's genitalia, licking, bleeding, biting, scratching or other similar acts within the prior 72 hours. The likelihood of recovering forensic material decreases with passing time. The child should not bathe or change clothing prior to the examination.
 2. The child is in pain, is bleeding, or is having other serious physical symptoms.
 3. The child is suicidal or threatening to harm him/herself.
 4. The child was assaulted/abused within the last 72 hours by a perpetrator with HIV or hepatitis.

- **Indications for an evaluation within a few days:**
 1. The child is having less serious symptoms such as discharge, pain with urination, or itching.
 2. The child or family is unwilling to wait because of anxiety, stress or other reasons.
 3. The child could be pregnant as a result of the abuse.

- **Indications for an evaluation within a few weeks:**
 1. Exclusion of the above indications.

- **Seek a medical examiner who has been trained in sexual abuse evaluations.**

In most situations, an examiner who has specific training in sexual abuse will provide a more complete and accurate evaluation compared to an examiner without such training. Clinics or other practices that specialize in child abuse evaluations are preferable to emergency departments or general practitioners. Urgent evaluations for forensic evidence collection or serious symptoms may require the use of the emergency department.

- **Prepare the child for the medical evaluation.**

Explain the evaluation process to the child and reassure him/her that the evaluation should not be painful. The evaluation for most children will include a medical history, a short general physical examination and an external inspection of the genitalia and anus. It is highly unusual for a pre-adolescent child to require an internal vaginal or rectal examination. Explain to the non-offending caregiver that the examination is different and less invasive than an adult pelvic examination. This preparation should reduce the child's and caretaker's anxiety and will contribute to a more comfortable and informative examination.

- **Provide to the examiner with helpful information.**

In order to avoid unnecessary and potentially detrimental repetitive questioning of the child, a detailed history should be provided to the examiner prior to the evaluation.

- **Questions that may be asked during the medical evaluation.**

The child, the parent, or both will be asked questions about the child's current health, past medical history, medications, recent behavior changes and about any current complaints or symptoms, information about possible earlier trauma or abuse involving the anogenital area, other problems in this area, and possible sexual activity. Questions about the alleged abuse may also be asked if a forensic interview of the child has not been done, or if the examiner was not given the history of the alleged abuse. In some cases, the examiner may need to ask the child specific questions about the abuse when the information is needed to determine the need for medical testing and treatment.

- **A description of the medical evaluation.**

Each examiner will have an individualized approach, which may include:

1. Dialog with the child and caretaker to "break the ice".
2. Specific questions about the child's medical history and the alleged abuse.
3. A brief physical examination.
4. External inspection of the genitalia and anus while the child is lying on his/her back.
5. External inspection of the genitalia while the child is kneeling, head down and rump up (girls only).
6. Vaginal speculum and digital exam (adolescent girls only).
7. Photographs or video recordings of the examination.
8. Collection of specimens for testing.
9. Concluding discussion with the child and the caregiver about the exam findings.

- **Tests that will be obtained during the medical evaluation.**

Depending on the examination findings and the history, tests for sexually transmitted infections and pregnancy may be obtained. These tests are discussed in detail in Chapter 41.

References:

1. Emans S. J.: Physical examination of the child and adolescent. *In* Evaluation of the sexually abused child: a medical textbook and photographic atlas. Edited by Astrid Heger and S. Jean Emans. New York, Oxford University Press, 1992.
2. Physical Examination and Laboratory Specimens. *In* A Practical guide to the evaluation of sexual abuse in the prepubertal child. Edited by Angelo P. Giardino. Newbury Park, California, Sage Publications, 1992.