Understanding the Medical Evaluation of the Sexually Abused Child

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- Medical Forensic Exams for child, teen and adult victims
- Specialty trained nurses
- Victim Advocates
- Conference Rooms
- Interview rooms with recording capabilities
- Therapists
Child Sexual Abuse

The involvement of children or adolescents in sexual activities they do not understand, to which they cannot give informed consent, or that violate social taboos. Kempe 1978

Who is a child? Anyone under 18 years old.

Convention on the Rights of a Child 1990
Child and Adolescent Sexual Abuse

Self Reported:

Female 1 out of 5
Male 1 out of 13

91% of child sexual abuse is perpetrated by someone the child or the child’s family knows. cdc.gov

Only 1/3 of victims ever report.
Male victims least likely to report.

WHO, 2006
Child Sexual Abuse

- Molester usually holds a position of power
- Molester is careful not to “hurt” the child
  - Physical findings are subtle or nonexistent !!!!!!
  - Victim may recant story as family disintegrates !!!!!

Frequently occurs over an extended period of time with a conditioning phase
Child Development and Sexual Behaviors
Normal Child Sexual Behaviors

Kellogg 2009

Normal

- Viewing peer or sibs genitals
- Masturbation
- Showing genitals to peers/sibs
- Standing too close
- Trying to view adult nudity
- Behaviors are transient and distractible

Less Common

- Masturbating in public despite discouragement
- Touching peer/adult genitals
- Tongue kissing
- Crude mimicking of sexual acts
- Disruptive sexual behaviors
- Behaviors are transient and less distractible
Normal Sexual Development

Similar in age, size, and development

Voluntary

Sexual behaviors are limited in type and frequency

Usually Distractible
Concerning Sexual Behaviors
Kellogg 2009

- Disruptive
- **Not** easily distractible
- *Explicit* sexual imitation
- **Age Difference** >4 years
- Involve **Force**
- Involve **Discomfort** or anxiety
- Involve an **Animal**
Risk Factors for CSA

- 90% Perps are male
- 70-90% are known to the kids
- Female victim
- Living away from one parent
- Emotionally distant mother
- Disability 5.5x increased risk
- Mother with history CSA??

Timing is Important

- If **24 hours** have passed and the child has been bathed and changed then **no urgent exam is needed**...

- **Exception to that rule:** *pain, bleeding or discharge*

- **Up to 72 hours after**...

  *Call the CAC. We may want to see the child ASAP. After 72 hours, an exam may be scheduled non emergently.*
Disclosure dynamics

- Why did they wait to tell?
- If it had really happened, they would have told me.
- Why didn’t they show emotion during the disclosure?
Why Do Kids Disclose?

- Top reasons for disclosure
  - Accidental observation or suspicion
  - Protection of a sibling or peer
  - Feel safe/parental support

London 2008
Delayed disclosure is “normal” too.

- Interviewed 3220 adults about childhood rape experiences
- 288 described rape (9 %)
- 28 % of this group made their first disclosure when asked as part of this study

- Smith DW, Child Abuse and Neglect, Feb 2000
Disclosure of Abuse

- Children are less likely to disclose (more likely to delay disclosure)
  - Older children,
  - Abuse happened within the family,
  - Fear negative consequences
  - Feel that the abuse was their fault.

Barriers to Disclosure

- 191 children 3-18 years of age who disclosed in a forensic interview
  - Threats made by the perpetrator (e.g., the child was told (s)he would get in trouble if (s)he told),
  - Fears (e.g., the child was afraid something bad would happen if (s)he told)
  - Lack of opportunity (e.g., the child felt the opportunity to disclose never presented),
  - Lack of understanding (e.g., the child failed to recognize abusive behavior as unacceptable),
  - Relationship with the perpetrator (e.g., the child thought the perpetrator was a friend).

Reasons for delay in disclosure

- (Average delay = 2.3 years)
  - Fear of perpetrator 34%
  - Fear of getting in trouble 21%
  - Fear of not being believed 13%
  - Fear of effects on family 10%
  - Fear of perpetrator getting in trouble 8%
  - Did not know it was wrong 2%
  - Liked it 2% Embarrassed 2%
  - No reason cited 8%

Kellogg and Menard, Child Abuse & Neglect, 2003;27.
Why do Kids Recant?

- Top Risk factors for retraction
  - Male victim
  - Unsupportive non-offending parent
  - Young age
  - Parent is perpetrator
  - Family Pressure
Recantation

**Less likely to recant**
- Initially removed from home post-disclosure
- Initially separated from sibling’s post-disclosure.
- Family members (other than the nonoffending caregiver) expressed belief in the children’s allegations.

**More likely to recant**
- Family members (other than the nonoffending caregiver) expressed disbelief in the allegations
- Visitations with the alleged perpetrator were recommended at their first hearing.

Outcome Mediators

1) Maternal Support
2) Developmental or Psychiatric Problems
3) Prior stressful life events
4) Severity and Duration of assault
5) Parental Depression
6) Parental Stress reaction
7) +/-Offender Relationship
Who should receive a Forensic Exam?

Any child or adolescent in which there is a “reasonable suspicion” of abuse
Purpose of the Medical Exam

- Objectively assess the concern/complaint
- Ascertain if there is evidence of abuse
- Determine if there is another explanation
- Assess the health consequences
- Treat medical problems
- Provide support for the family
- Set the patient on a path to HEALING!
Benefits of the Medical Exam

- Parent/Child is reassured that his/her body is whole and OK
  - Dispels myths about virginity
  - Allows child and family to better cooperate with investigation
- Treatment of Medical Conditions
- Mental Health and Suicide Risk assessment
- Testing for STI’s is still important
  - 50% of Trichomonas is asymptomatic
Medical Exam

Remember:
No child is ever forced to have an examination
The Medical Exam
The Truth about Hymens

- The Hymeneal opening should not completely cover the vaginal opening.
- Hymens do not “pop”.
- Hymens should not be described as “intact”, marital or virginal.
- No female has ever been born without a hymen.
- Virginity is a state of mind.
The Female Anatomy
Medical Examination

Location of Findings:

• Face of a clock is used
• The face of the clock does not change with position
• Helpful when describing findings to colleagues, on the telephone and in court
What do we know?

- Over 90% of children with a history of sexual abuse have normal examinations.
- **Complaint of pain, bleeding or discharge is important**
- Accidental trauma *can* happen.
- Children’s *injuries heal rapidly* and amazingly well.
- There are many findings that mimic abuse.
- *Special exam techniques and equipment are frequently needed.*
What Do we Know?

- Normal Exams Do Not Mean Nothing happened!!!
  - Kellogg 2004: 34/36 pregnant teens normal exams
  - Heppenstall-Heger 2003 and McCann 2007: Most injuries heal rapidly and completely
What don’t we know?

- Exactly what object caused an injury
- When it occurred once an injury has healed
- Who did it
- How many times it happened
True or False

- We stick things inside the kids
- Our exams hurt
- We can tell if there has been penetration by looking at the hymen
- Penetration always causes injury
- We sometimes cause injury on our exams
What do We Find? Normal Varients

- Birthmarks
- Progressive Perianal Venous Congestion
- Perianal Fissure
- Hygiene Issues, Friable Posterior Fourchette
- Untreated Medical Conditions
  - Scabies/lice
  - Lichen Sclerosis
What Do we Know?

- **Bleeding, Discharge and Pain are important!**
- Injuries Heal Rapidly and often completely
- The rate of findings triples if we see a kid in <72 Hours
Question:

- Should you wait to interview the suspect and child until the medical team has done an exam?
Correct Answer?

- A) Yes, because if penetration has occurred there should be injury/findings
- B) No, because medical exams are always “Normal”
- C) Yes, because the medical history will show me whether or not the child is lying
- D) No, because only 5% of abused kids have medical findings consistent with trauma on exam
Medical Exam Findings

Always Remember…

“It’s normal to be normal”
Child Sexual Abuse

Questions?

Call Us!
Sexual Assault Examination

For Adult exams (18 and over)
- If you are in need of a sexual assault exam for an adult 18 and older, please call Crisis Support Services:

6:00 AM-6:00 PM: 775.742.2596
6:00 PM-6:00 AM: 775.742.5266

Children 17 and Under
- If you are needing to schedule a sexual assault exam for a child 17 and under Mon-Fri 8:00 AM-5:00 PM, please call 775.284.2750
Ask to speak with Lola who will schedule the exam.
Urgent sexual assault examinations for a child 17 and under that occur after hours:

Please call CAC on call number: 775.527.4647 (on call CAC DA will call Crisis Support Services to dispatch nurse and victim advocate if victim’s age is 13-17; if 12 years of age and under please call Becky, Debbi, and Christina)

Please Note:

-A victim advocate will be provided by the CAC for all sexual assault exams for children 17 and under unless after hours.
# Medical Triage for Acute Exams

## Critical and Acute Cases
- Should be seen no matter time of day or night
- Need to be seen in a medical facility
- Require an evidence collection kit
- May require lab tests

## Urgent and Non Urgent
- Can wait until business hours
- Can be seen at the Child Advocacy Center
- Most likely will not require evidence collection
- May require lab tests
Questions?

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