

Caring for Child Sexual
Abuse Victims

GAL Conference
November, 2007

We'll Discuss

- History of the Medical Response to CSA
- Guidelines for medical care
- Basic research on physical findings
- Evidentiary issues in CSA

“the incest taboo has been
present from the “dawn of
culture”.

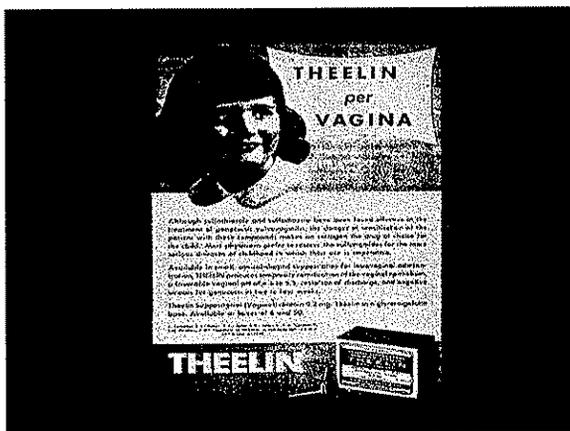
Levi-Strauss 1969

Ambroise Tardieu Brings Hope

- 1870's French Pathologist Ambroise Tardieu wrote the remarkably accurate and essentially first modern medical descriptions of both child physical and child sexual abuse.
- Tardieu described and analyzed over 900 cases of the sexual abuse of both boys and girls. His drawings of genital findings are extremely accurate and hold up well even in the "colposcopic age".

Freud Helps Bring a New Age of Ignorance and Denial

- Freud's abandonment of the Seduction Theory in favor of the Oedipal Complex helped to bring on nearly a century of general medical denial of CSA
- Through the 1970's childhood gonorrhea serves as a metaphor for medical denial



A Chronology of Reawakening

- 1978: C. Henry Kempe ... "hoped to stimulate broader awareness among pediatricians about the problem of sexual abuse".
- 1982: Suzanne Sgroi published a handbook which would serve as a rebuke for the medical community for burying its head in the proverbial sand.
- 1980's: the colposcope was used and the hymen was discovered
- 1980's and 1990's: physicians joined with legal officials to find evidence
- 2003: Child Abuse Pediatricians began to reframe the discussion as medical care

Guidelines for Medical Care of Children Who May Have Been Sexually Abused

Journal of Pediatric and Adolescent Gynecology Volume 20, Issue 3, June 2007

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I. The Medical Evaluation:

- All children who are suspected victims of child sexual abuse should be offered a medical evaluation. The timing and detail of the examination should be based on specific screening criteria developed by qualified medical providers.

The goals of the medical evaluation are:

- To obtain the history from the child and/or guardian
- To consider alternative explanations for a concerning sign or symptom
- To identify and document evidence of abuse
- To diagnose and treat medical conditions resulting from abuse
- To diagnose and treat other medical problems
- To assess the health consequences

Goals.....

- To assess the child's safety
- To reassure the child and family
- To obtain or refer for counseling if indicated
- To document findings in such a way that information can be effectively and accurately presented in legal settings, if required
- To help to ensure the well being of the child

The Medical History:

- Any medical evaluation for suspected child sexual abuse should involve obtaining a medical history for the purpose of diagnosis and treatment.
- While there is no clearly superior model for obtaining history, there are certain principles and competencies that must be acknowledged.

Documentation

- Any statements made by the child to the healthcare provider must be recorded in detail, since careful documentation has the potential to obviate the need for multiple interviews.

Timing of the Examination

- The timing, location and provider of the medical examination should be chosen so that a skilled evaluation is conducted, acute injuries and/or other physical findings are documented, and biologic trace materials are preserved. A medically-based screening process can determine the need for an emergency evaluation and where or when non-emergency examinations should be conducted.

Reasons for Emergency examinations include but are not limited to :

- The child complains of pain
- There are signs or complaints of bleeding or injury
- The alleged assault occurred within the previous 72 hours (or other state mandated time interval) and the transfer of biological material may have occurred and will be collected for later forensic analysis.
- Medical intervention is needed emergently to assure the health and safety of the child

Physical Exam Documentation

- As with the medical history, physical examination findings must be carefully and thoroughly documented in the medical record. Photographic still and/or video documentation of examination findings is strongly encouraged, and is particularly important if the examination findings are thought to be abnormal.

Examination Techniques

- Appropriate and minimally invasive examination techniques are required. The use of conscious sedation is rarely indicated and should be used only when the medical benefits clearly outweigh the potential risks..

Examination Techniques

- A speculum examination of the vagina is not indicated during the sexual abuse examination of the pre-pubertal child.

The Child Sexual Abuse Medical Provider:

- The provision of medical care to victims of child sexual abuse is becoming increasingly specialized. Fellowships for training these specialists are growing in number. The need for special techniques and competencies is clear.

The Exam

- **The likelihood of positive physical findings in a documented case of child sexual abuse--with penetration--is less than 5%**

Ely 2006 Consensus Conference

NCA Standards for Medical Evaluation

A case control study of findings resulting from sexual abuse:

Berenson, AB et al, Am J Obstet Gynecol. Vol 42. No. 4 April 2000 pp. 82-834

Summary of Findings

- Case control study
- 194 Abused with history of penetration
- 200 who denied abuse
- Vaginal discharge observed more frequently in abused
- Findings of hymenal transection, perforation, or deep notch observed in four of abused children.

Findings Found Equally in Abused and Nonabused Children

- Labial agglutination
- Increased vascularity
- Linea vestibularis
- Increased friability
- Perineal depression
- Hymenal bump, tag, band, superficial notch, or external ridge
- Longitudinal intravaginal ridge

Genital Anatomy in Pregnant Adolescents: "Normal" Does Not Mean "Nothing Happened"

Kellogg, N. et al. *Pediatrics*, Jan. 2004; 113(1):e67-e69

- **Retrospective case review**
 - 36 adolescents pregnant at time of or shortly before SA examination
 - Age range 12.3-17.8 years
 - 1 adolescent pregnant with 2nd child
 - 1 adolescent had miscarriage and D&C prior to exam
 - 1 adolescent had abortion prior to exam
 - Review of colposcopic slides
 - Reviewers blinded to medical history other than pregnancy status

Interpretation of Images by Reviewers

- **Nonspecific**
 - Included variations of normal anatomy and hymenal configurations, notches through <50% of hymenal rim, apparently enlarged openings
- **Suggestive evidence**
 - Deep notches in posterior hymen, scars
- **Definitive evidence**
 - Cleft extending to base of hymen
- **Inconclusive=lack of consensus**

Results

- *82% of exams were normal/nonspecific
- *11% of findings were suggestive
- *7% of findings were definitive for penetrating trauma
 - *When inconclusive category eliminated
- Average time between last sexual contact and exam was 3.1 mo. for normal group and 1 mo. for definitive group.
- 56% pregnancies were result of sexual abuse
- 56% of adolescents had bleeding with first coitus

Study Conclusions

- Despite definitive evidence of sexual contact (pregnancy), only 2 of 36 adolescents had findings diagnostic of penetrating trauma.
- Reasons for lack of genital findings
 - Penetration does not result in visible tissue damage
 - Acute injuries occur but heal completely
- Investigation/prosecution of sexual abuse cases must focus on history.

Research Summary:

- Few vulvar or hymenal findings are indicators of sexual abuse in prepubertal girls.
- These findings are rarely seen in children examined for concerns of sexual abuse.
- Findings strongly indicative of sexual abuse were observed in <5% of abused children.
- The genital exam is unlikely to diagnose SA.
- The child's history is still the most important part.
- Need to understand the child's perception of the abuse.

Why Are Exams Normal?

- Nature of assault may not be damaging
- Perception of "penetration" may be in error
- Disclosure may be delayed days to years after assault
- Complete healing can occur
- The hymen can "grow" as puberty progresses, masking prepubertal injuries

EVIDENTIARY ISSUES

Expert Testimony

If scientific, technical or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training or education, may testify thereto in the form of an opinion or otherwise.

Federal Rule of Evidence 702



Abnormal Becomes NI

Makotoff, Shapiro CAN 26: 1235

- 46 prepubertal girls have non-acute genital exam called abnormal by ER docs
- 32 (70%) were normal when examined by doc experienced in child abuse
- 8 (17%) showed clear evidence for abuse
- 4 (9%) findings were non-specific
- 2 (4%) had findings seen more often in SA but not diagnostic for SA

WHY?

- Lack of experience and training
- Changing interpretation of findings
- Tendency to overcall
- Do not want to miss abuse

Ladson S, Johnson CF, Doty RE. Do physicians recognize sexual abuse? *American Journal of the Diseases of Children*. 1987;141:411-415

- Surveyed 129 primary care physicians
- % Incorrectly identified structures:
 - hymen 41%
 - labia majora 39%
 - labia minora 24%
 - urethra 22%
 - clitoris 11%

Lentsch KA, Johnson CF. Do physicians have adequate knowledge of child sexual abuse? The results of surveys of practicing physicians. *Child Maltreatment*. 2000;5:72-78

- Surveyed 166 primary care physicians
- % Incorrectly identified structures:
 - hymen 38%
 - labia majora 21%
 - labia minora 17%
 - urethra 28%
 - clitoris 6%

HEARSAY

- **Common Law:**
 - An out-of-court statement offered to prove the truth of the matter asserted.
- **Federal Rules of Evidence:**
 - "a statement, other than one made by the declarant while testifying at the trial or hearing, offered in evidence to prove the truth of the matter asserted." [rule 801(c)]

HEARSAY (CONT)

- Hearsay is not admissible unless the requirements of one of the hearsay exceptions are satisfied.

"Firmly Rooted" Hearsay Exceptions

- **Medical Diagnosis and Treatment**
- **"Tender Years" Exceptions**
 - credibility
- **Excited Utterance**

Corroborative Evidence

- **Generic Stress Indicators**
 - School Problems
 - Personality Changes

Corroborative Evidence

- **Sexualized Behavior**
 - French Kissing
 - Oral Sexual Behavior
 - Masturbating with an object/ insertion
 - Requesting Sex Acts/Pornography
 - Imitating Sex – Acts or Sounds
 - Acting Out Sex with Dolls/Toys

Corroborative Evidence

- **STI's**
 - GC & Syphilis
 - Chlamydia
 - HSV
 - HPV (warts)

Victim Credibility

- Delayed Reporting
- Recantation
- Inconsistency
- Developmental Expectations

Victim Credibility

- Direct Testimony Regarding a Victim's Credibility is Generally not Admissible
