

25th Annual Downstate Conference on Child Abuse

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Session E1 12:45-2:15

SEXUAL ABUSE FORENSIC EXAMINATIONS: FACTS & FINDINGS

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Who needs a medical evaluation?

- Any child reasonably believed to have been abused
- Any child with a positive disclosure or history
- Any child with significant concerns about their body

What is a Sexual Abuse Management (SAM) evaluation?

- A specialized medical evaluation to assess a child's physical and emotional health after sexual abuse. This examination includes a head-to-toe inspection of the child's body w/special consideration to the child's genitals. A lighted magnification source (colposcope) is used to assess the genital structures and photographs of the examination are taken

When should a child have an exam?

- Emergently or immediately if:
 - Child is not safe
 - Child was assaulted (genital contact) within 72 hours for evidence collection and pregnancy/HIV prevention
 - Child complains of significant pain or bleeding
 - Child threatens self-harm or harm to others
 - Child has parents with extreme anxiety
- Urgently (within 1-3 days) if:
 - Last contact was more than 72 hours ago but less than 2 weeks ago
 - Child has pain, bleeding, discharge or other symptoms related to abuse
- Non-urgent (anytime) if:
 - Assault/abuse last occurred over two weeks ago

Where should a child have an exam?

- Emergent/immediate exam in an emergency department. Pediatric specialty if possible. If symptoms need medical stabilization, go to closest ED. Child will be transferred to pediatric hospital once stabilized
- Urgent or non-urgent exams should be done in the SAM Clinic. Call for appointment
- Make sure child is seen by specialists providing this type of care

Why is a SAM evaluation performed?

- To assess for treatable injuries or illnesses
- To assess the child's physical and emotional health
- To treat symptoms
- To provide reassurance to the child and their caregiver
- To obtain forensic evidence of the abuse

Why is it "normal to be normal?"

- 94-96% of SAM evaluations are normal despite disclosure
- Type of contact does not always leave injury
- Time interval between last contact and disclosure
- Healing of genital area occurs rapidly, between 24-48 hrs
- Important that an investigation does not stop while waiting for a medical evaluation as the evaluation may most likely be "normal."

How is a 1 ½ hour examination conducted?

- Introductions and rapport building occur
- The caregiver is in the room with the child if the child wishes
- A medical history and consents to release information are obtained from the caregiver
- Explanations of the exam and the equipment are reviewed
- Head to toe physical with attention to the genital area
- Answering caregiver questions
- Things the examination is NOT:
 - It is not painful, stressful or torture
 - It is not like a female gynecology visit
 - The clinic does not hold children down or force them to cooperate and we do not sedate children in the clinic
 - The exam is not another forensic interview

What are anogenital findings?

- Normal variants (commonly seen in newborns or non-abused children)
 - Erythema
 - Labial adhesion
 - Vaginal discharge
 - Notch/cleft
- Indeterminate findings
 - Anal dilation
 - Vesicles/ulcers
 - Narrow hymen
 - Wart-like lesions
- Diagnostic findings
 - Complete hymen transection
 - Deep perianal lacerations
 - Some STIs
 - Sperm/pregnancy
- STI Classifications:
 - Possible STI:
 - HSV 1
 - Warts
 - Probable STI:
 - HSV 2
 - HIV
 - Definite STI:
 - Gonorrhea
 - Syphilis
 - Chlamydia
 - Trichomonas

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