APPROACH TO CHILD SEXUAL ABUSE & MANAGEMENT OUTLINES

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Introduction

Child sexual abuse (usually by a family member) or assault (usually by a stranger) and sexual interference are common problems [1]. The prevalence of child abuse is 12-13% (8% for boys and 18% for girls) worldwide [2]. This article deals with the relevant points which will help in the physical examination of sexually abused child. The focus of the article is on the physical findings of abuse, its not at all dealing with the psychiatric consequences.

Definition of chid sexual abuse

It is the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, and to which they are unable to give informed consent, or that violate the social taboos of family roles [3].

Medical history taking

A proper history taking plays very vital role in the diagnosis of an abuse. History should be taken

under the following headings-

1) General
2) Pediatrics
3) Gynecological

Overall history should cover all the relevant physical, social and emotional parameters as required for the diagnosis of abuse. A proper history helps in eliciting that what would have been gone wrong and the examiner comes to know that what physical examination should be performed.

Attitude of the examiner should be open, calm and friendly so that child can trust the examiner and history should be elicited properly. Child's reaction to the examination depends on associated anxiety for the procedure, previous exposure to doctors, developmental stage of the child and severity of abuse suffered. Usually a child cooperates during examination as long as it is gently conducted.

More time is required for the extraction of history and then for the proper physical examination. The whole procedure takes less than 1 hour. Ideally abused child should be examined by a doctor at once for recording the biological evidences of the abuse.

Consent

As always, physical examination should only be done after taking consent from the child and her parents after proper explanation of the procedure.

Examination must be focussed on assessment of perineum including external genitalia, vaginal introitus, hymen, anus, and surrounding areas. If more time is lapsed since abuse, injuries in the area become less visible as the tissue undergoes rapid healing.

Acute abuse cases

If child is having bleeding then it should be managed by emergency interventions. Vaginal examination and palpation of anal or vaginal region are not indicated.

Chronic / Old abuse cases

Child should be seen by the physician as early as possible, but not always as an emergency. Examination may require sedation or general anaesthesia.

Physical examination

Physical examination of whole body should be done, to avoid focus on the anogenital region so that other body parts should not be overlooked [4, 5, 6].

The physical examination gives following important findings –

On inspection

Local examination consists of three different methods and techniques while the child is suitably positioned [7,8,9,10] .

1) in lateral decubitus position
2) in knee chest position
3) in supine position

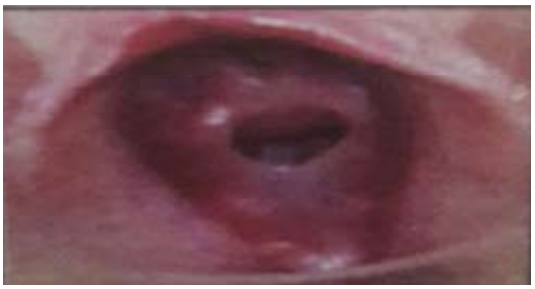
Techniques mentioned above increases the chances of extraction of positive findings. Above mentioned techniques are also important if the examiner wants to classify according to Adam's classification for proof of abuse [11,12].

All injuries visible on body must be suspected and should be documented [13]. One more important standard technique to follow is the use of colposcope as it gives the benefit of proper lighting and magnification. It also provides the idea of injuries to the second examiner and limits the requirement for repeating follow up examination [4, 5, 6, 8, 11, 12, 14, 15].

Examination of external genitalia

The appearance depends upon the constitutional, hormonal factors and mostly on the age of the victim. In early life (neonatal period) due to effect of estogen hormone the hymen appears pinkish in colur and bulging. With further development, resting phase for hormones come and it changes to semilunar form.

Figure 1
A semilunar hymen with intravaginally visible longitudinal ridges and mild periurethral dilatation



Source-Herrmann B, etal. 2nd edition, Heidelberg, Berlin, Newyork , Springer Vales; 2010.

Adam's classification

This classification is the main guideline for suspected cases of child abuse [2].

Adam's class 1-Normal findings or findings with a medical explanation other than abuse

Adam's class 2- Findings of unclear significance that arouse the suspicion of sexual abuse

Adam's class 3-Findings of injury that establish the diagnosis of sexual abuse [16].

This classification has been consensually and continually updated and further developed, most recently in 2011 [11, 16].

Initially most of the findings which were misinterpreted as proof of abuse are taken as normal findings now a days such as injury to hymen which may occur due to exercises; i.e. stretching, jumping, splits [9, 17, 18, 19].

The medically documented fact that penetrating abuse may not be associated with any subsequently abnormal findings must be known and understood by the treating personnel and the government authorities like police, prosecutors [2].

Normally the examination findings in child abuse cases are normal. Abuse may be chronic or acute. The use of the term "virgointact" is obsolete nowadays [20, 21, 22].

Examination findings

Local examination

The findings in such cases are very much influenced depending upon the age of child, self defence offered by child, degree of force applied and the object used and frequency of the abuse [23].

There are some findings that are significantly correlated with the diagnosis

1) Bleeding per vaginum
2) Pain in anogenital region

In presence of above findings it should be matched with the time lapsed since the event of abuse[2].

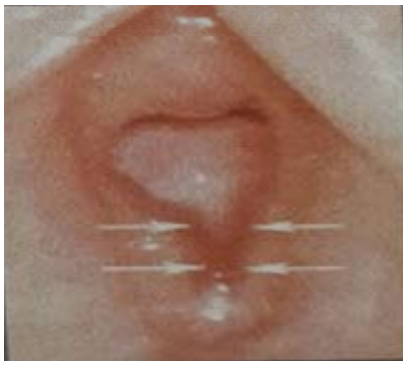
Local examination in female child

In most of the cases, interference at vaginal introitus produces the tear in the posterior area of hymen. The injuries varies from simple erythema and abrasions, deep contusions to severe injuries i.e. peneterating. Usually the breech in the continuity of peripheral edge of hymen occurs between 3 and 9 O'clock positions while examining in supine position. Best seen in knee-chest position, these injuries are mostly due to penetration (penis

or similar objects). Such trauma results in a 'V' shaped injury which gradually assume the shape of 'U'.

Even deep injuries of hymen in prepubertal phase heals fully[23].

Figure 2
Complete notching at 6 O'clock [arrow]- an Adams class3 finding



Source-Herrmann B, etal. 2nd edition, Heidelberg, Berlin, Newyork , Springer Vales;2010.

Definitive diagnosis

Often child abuse is diagnosed with the help of-

1) Multi professional child protection team assessment
2) Specified above mentioned criteria
3) Information obtained from the child

Definitive evidences that sexual intercourse has taken place are Adam's class 3 findings and demonstration of the abuser's DNA and pregnancy [11].

Management

All cases of child and adolescent abuse should be managed delicately after the history in elicited and physical examination is done with collection of all samples required for further examination.

Investigation

Routine blood investigations (Hb%, DC, TLC, ABORh typing), routine and microscopic urine examinaiton, vaginal swab culture and sensitivity if needed should be performed.

Treatment

Treatment can be outlined in following steps .

a) Treat local injuries

In acute assault cases sometimes vulval or vaginal hematomas, vaginal tear occurs, anal sphincter tone even gives way or 3rd degree perineal tear occurs. If so, hematoma should be drained and tear should be repaired under anaesthesia with catgut (0,1) or Vicryl (2,0) suture.

b) Treat superficial injuries of local area

Abrasions and small hematomas heal completely in 3-4 days, while larger hematomas takes 10-14 days and skin takes around 28-30 days to heal completely.

c) Emergency contraception

Emergency contraception should be offered to all perimenarchal child as ovulation starts even before menarche.

d) Prevent sexually transmitted diseases

Sexually transmitted diseases are rare(1-4%), but sometimes this is the only indication of sexual abuse. If specific lesions, vaginal discharge are present then screening is to be done. Demonstration of gonorrhoea, syphilis, HIV is considered as definite evidence of sexual contact if perinatal infection or history of blood transfusion can be ruled out.

e) Treat injuries to surrounding structures

Urinary bladder and anogenital injuries should

be tackled with multidisciplinary approach involving expert opinion from a urologist and general surgeon respectively.

Conclusion

Primary care practitioners are pivotal to evaluation of child sexual assault and abuse. Family physician can briefly explore the history of alleged interference, examine for physical findings of abuse or assault and can refer the child or adolescent to most appropriate higher centre for timely intervention.

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Our Vision

Harmonious existence between male and female leading the mankind towards ultimate bliss

Our Goals

INDIAN INSTITUTE OF SEXOLOGY BHUBANESWAR (IISB)

- *Aims to facilitate the integration of knowledge and expertise across various disciplines like medicine, psychology, sociology, law and ethics for greater understanding of complexities of human sexuality*
- *Aims to adequately address the individual sexual problems and social issues*

Objectives

- *To bring experts of different disciplines to a common platform for sharing of knowledge and views on human sexuality*
- *To promote research on human sexuality*
- *To impart training on 'Sexology' and strengthen the discipline of 'Sexual Medicine'*
- *To encourage medical professionals to choose 'Sexual Medicine' as a career*
- *To create public awareness on human sexuality and gender issues*
- *To advocate any social change for betterment of mankind*