

## Medical Findings in Suspected Child Sexual Abuse

(adapted from table by Adams et al 2018 *J Paed Adol Gynae* and aligned with RCPCH 2015 Physical Signs of Child Sexual Abuse)

For use as: Reference for completing individual examination CSA data forms

CSA peer review – separate sheets for each case discussed

<i>Put a <b>tick</b> or <b>question</b> mark in the boxes on the left for all <b>agreed</b> or <b>debated</b> findings per case at CSA peer review</i>	
CHI:	
<b>Section 1 – Physical Findings</b>	
<b>A. Findings documented in newborns or commonly seen in non-abused children. These findings are normal and unrelated to a disclosure of CSA.</b>	
<input type="checkbox"/>	1. Normal variation in appearance of the hymen
<input type="checkbox"/>	1a. Annular – hymenal tissue all around the vaginal opening including at the 12 o'clock position
<input type="checkbox"/>	1b. Crescentic – hymenal tissue is absent at some point above the 3 – 9 o'clock positions
<input type="checkbox"/>	1c. Imperforate hymen – hymen with no opening
<input type="checkbox"/>	1d. Microperforate hymen – hymen with 1 or more small openings
<input type="checkbox"/>	1e. Septate hymen – hymen with 1 or more septae across the opening
<input type="checkbox"/>	1h. Hymen with mounds, bumps or tags at any location on the rim
<input type="checkbox"/>	1i. Any cleft/notch in the anterior hymen (above the 3 and 9 o'clock location)
<input type="checkbox"/>	1j. Any superficial notch/cleft (<50% depth) in the posterior hymen (at or below the 3 and 9 o'clock location)
<input type="checkbox"/>	2. Periurethral or vestibular band(s)
<input type="checkbox"/>	3. Dilatation of the urethral opening
<input type="checkbox"/>	4. Diastasis ani (smooth area)
<input type="checkbox"/>	5. Anal and perianal skin tag(s) in midline (if found outwith the midline, abuse should be considered – RCPCH)
<input type="checkbox"/>	6. Visualisation of the pectinate/dentate line (junction of the anal and rectal mucosa) – may be continuous or interrupted and may resemble anal laceration (s)
<input type="checkbox"/>	7. Hyperpigmentation of the skin of labia minora or perianal tissues in children of colour
<input type="checkbox"/>	8. Normal midline anatomic features
<input type="checkbox"/>	8a. Groove in the fossa, seen in early adolescence
<input type="checkbox"/>	8b. Failure of midline fusion
<input type="checkbox"/>	8c. Median raphe
<input type="checkbox"/>	8d. Linea vestibularis (midline avascular area)
<b>B. Findings commonly caused by medical conditions other than trauma or sexual contact. These findings require that a differential diagnosis be considered as each might have several different causes.</b>	
<input type="checkbox"/>	9. Erythema of the genital or anal tissues
<input type="checkbox"/>	10. Oedema of the genital or anal tissues
<input type="checkbox"/>	11. Increased vascularity of vestibule or hymen
<input type="checkbox"/>	12. Labial adhesion/fusion
<input type="checkbox"/>	13. Friability of the posterior fourchette
<input type="checkbox"/>	14. Vaginal discharge that is not associated with an STI
<input type="checkbox"/>	15. Anal laceration (fissure) in context of symptoms and history of constipation
<input type="checkbox"/>	16. Peri-anal venous congestion
<input type="checkbox"/>	17. Anal dilatation in children with predisposing conditions such as constipation and/or encopresis, or children undergoing sedation/anaesthesia or children with impaired neuromuscular tone for other reasons e.g. at postmortem
<b>C. Findings due to other conditions that can be mistaken for abuse</b>	
<input type="checkbox"/>	18. Vulvovaginitis
<input type="checkbox"/>	19. Lichen sclerosis
<input type="checkbox"/>	20. Vulvar ulcer(s) such as aphthous or those seen in Behcet's disease
<input type="checkbox"/>	21. Urethral prolapse
<input type="checkbox"/>	22. Rectal prolapse
<b>D. These physical findings have been associated with a history of sexual abuse in some studies. Findings 24-26 should be confirmed using additional examination positions and/or techniques, or re-examined at follow up</b>	
<input type="checkbox"/>	23. Vaginal foreign body in prepubertal girl
<input type="checkbox"/>	24. Deep cleft/notch (>50% depth) in the posterior half of a non-fimbriated hymen
<input type="checkbox"/>	25. Complete or almost complete absence of posterior hymenal tissue in a prepubertal girl
<input type="checkbox"/>	26. a) Dynamic anal dilatation or b) immediate total anal dilatation of both internal and external sphincters. Child should be re-examined after emptying bowels if stool is present

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<b>E. Findings caused by trauma. These findings are highly suggestive of abuse even in the absence of a disclosure from the child unless the child and/or caregiver provides a timely and plausible description of accidental anogenital straddle crush or impalement injury or past surgical interventions that are confirmed from review of medical records. Findings that might represent healing injuries should be confirmed using additional examination positions and/or techniques.</b>	
27.	Acute trauma to genital /anal tissues
27a.	Oedema of the genital or anal tissues in context of a disclosure or other concerns about abuse
27b.	Acute laceration(s), abrasions or bruising of labia, vestibule, penis, scrotum or perineum
27c.	Acute laceration of the posterior fourchette or vestibule, not involving the hymen
27d.	Bruising, petechiae or abrasions on the hymen
27e.	Acute laceration of the hymen of any depth; partial or complete
27f.	Vaginal laceration
27g.	Anal or peri-anal bruising
27h.	Anal or perianal laceration with exposure of tissues below the dermis
28.	Residual/Healing injuries to genital/anal tissues
28a.	Scar of hymen, posterior fourchette or fossa (rare finding and difficult to diagnose unless an acute injury was previously documented at the same location)
28b.	Healed hymenal transection – defect in the hymen that extends to the base of the hymen
28c.	Anal or perianal scar particularly outside the midline are strongly suggestive of anal abuse in the absence of other convincing history or witnessed trauma- RCPCH
28d.	Signs of FGM or cutting such as loss of part or all of the clitoral hood, clitoris, labia minora, labia majora, or vertical linear scar adjacent to the clitoris

## Section 2 Infections

### A. Infections not related to sexual contact

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|-----|--|
| 29. | Vaginitis caused by fungi infections such as <i>Candida albicans</i> , or bacterial infections transmitted by non sexual means such as Strept type A or B, Staph, E.Coli, Shigella or other Gram –ve organisms, threadworm |
| 30. | Genital ulcers caused by viral infections such as EBV or other respiratory viruses   |

### B. Infections that can be spread by nonsexual as well as sexual transmission. Interpretation of these infections may require additional information such as mother's gynae history or child's history of oral lesions (HSV) or lesions elsewhere on the body (molluscum) which might clarify likelihood of sexual transmission

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|-----|--|
| 31. | Molluscum contagiosum in the genital or oral area            |
| 32. | Ano-genital Warts - Condylomata acuminatum (HPV)             |
| 33. | HSV type 1 or 2 infections in the oral, genital or anal area |

### C. Infections caused by sexual contact if confirmed using appropriate testing and perinatal transmission has been ruled out

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|-----|--|
| 34. | Genital, rectal or pharyngeal <i>Neisseria gonorrhoea</i> infection      |
| 35. | Syphilis   |
| 36. | Genital or rectal chlamydial trachomatis infection                       |
| 37. | <i>Trichomonas vaginalis</i> infection                                   |
| 38. | HIV – if transmission by blood or contaminated needle has been ruled out |

## Section 3 – Findings diagnostic of sexual contact

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|-----|-----------|
| 39. | Pregnancy |
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### Additional comments on case from peer review discussion