



# International Association of Forensic Nurses Chapter Meeting

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# Top 10 things you need to know when working with pediatric victims of sexual abuse.



# #10 Remember the child's comfort and medical needs.

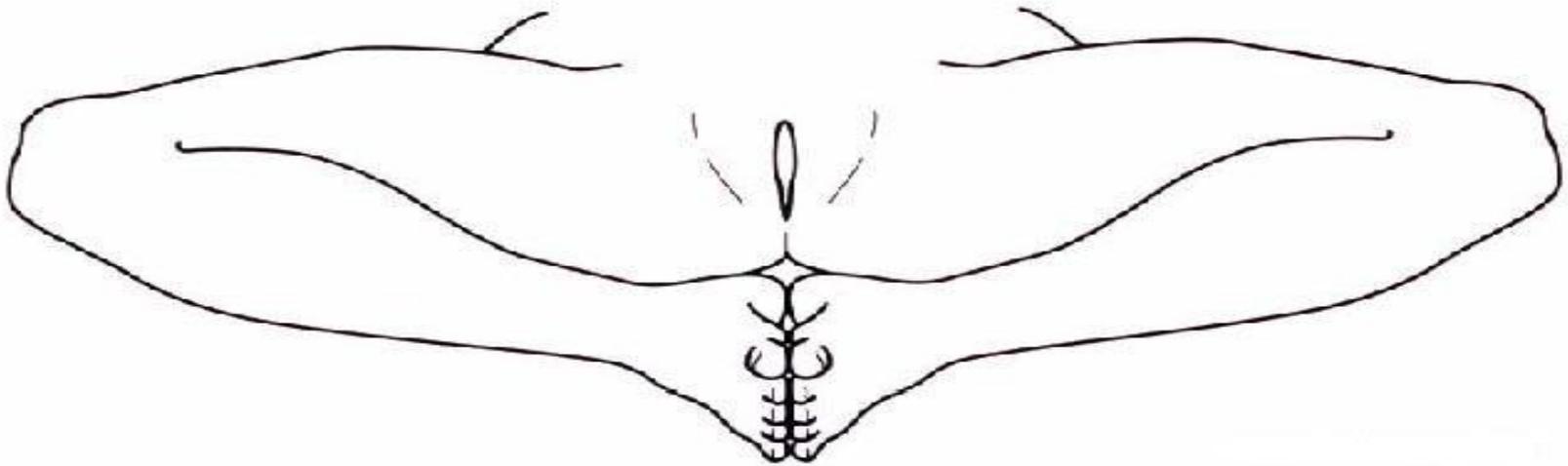
- Don't let the forensic needs overshadow the need for symptom relief.
- If it is a late disclosure, schedule for a time when the child is well rested
- Suggest sitz bathes, and OTC analgesics if the child is having pain.

# #9 Visualization is everything.

- Best position
- Using a swab when appropriate
- Using Saline to float open the hymen
- Distraction techniques

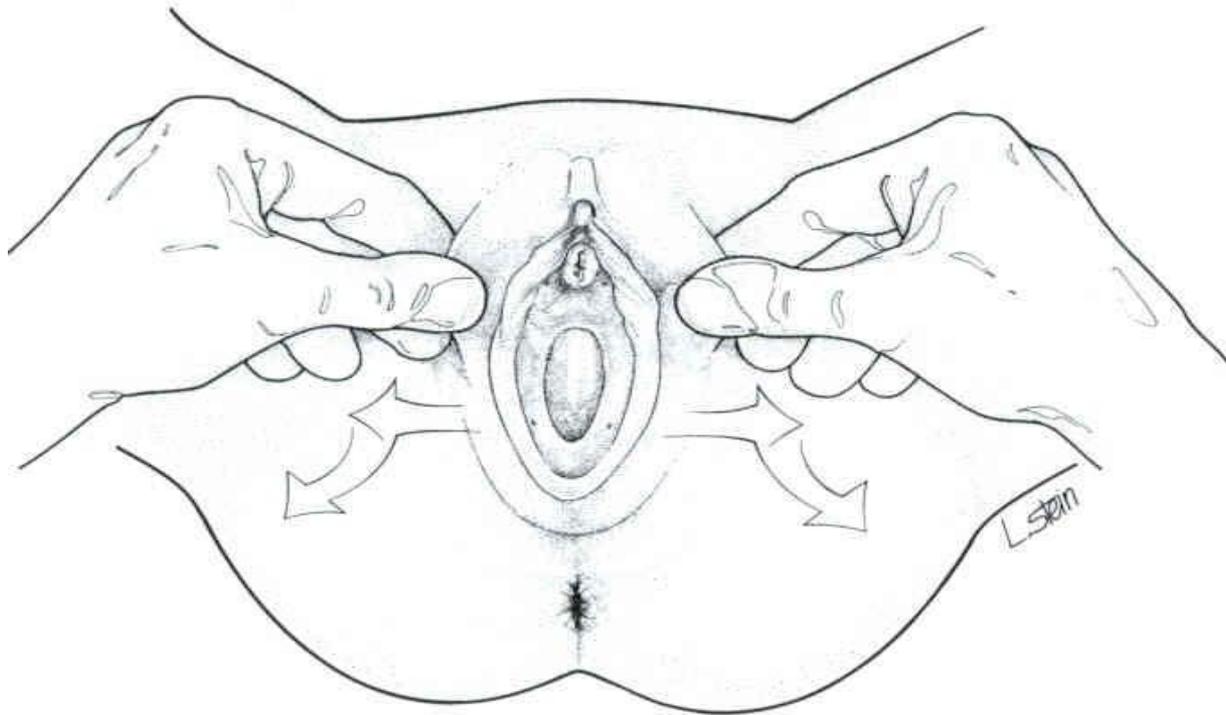
# Supine Frog-Leg

- For most pre-pubertal girls

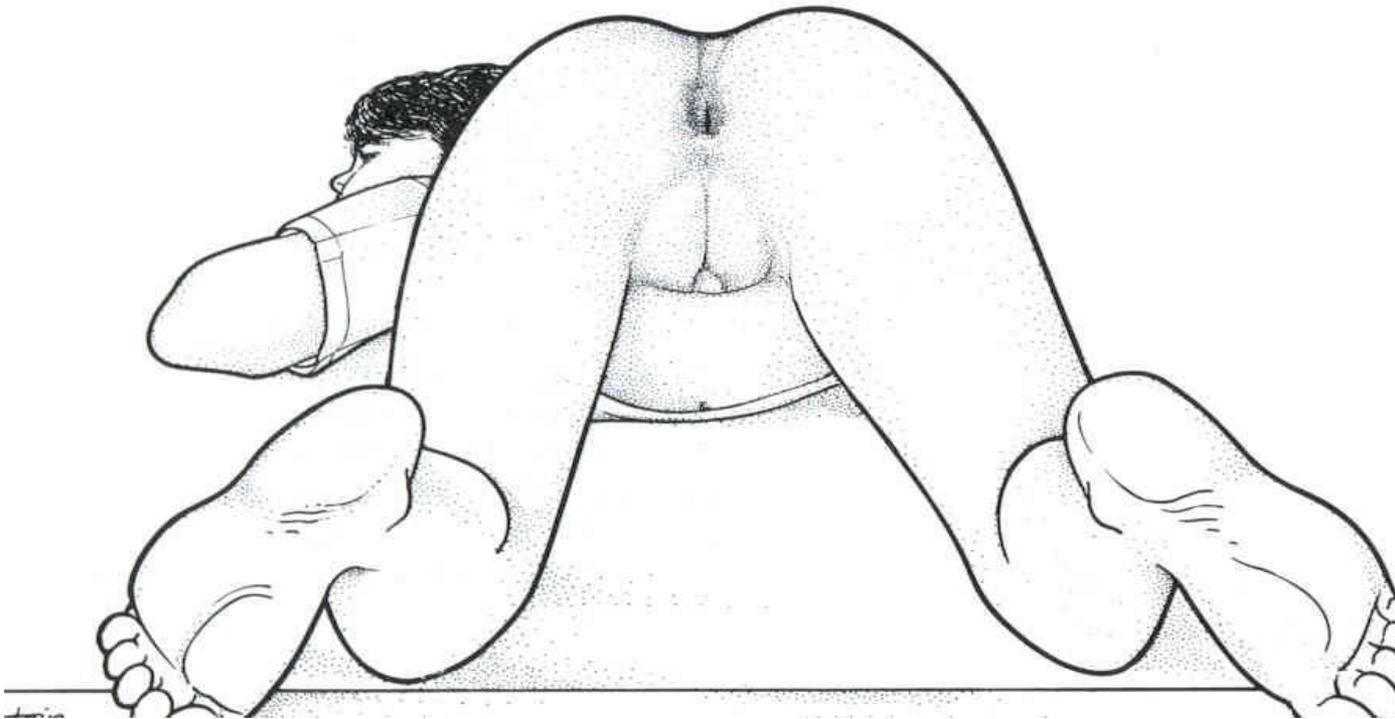


DB/UTHSCSA © 1998

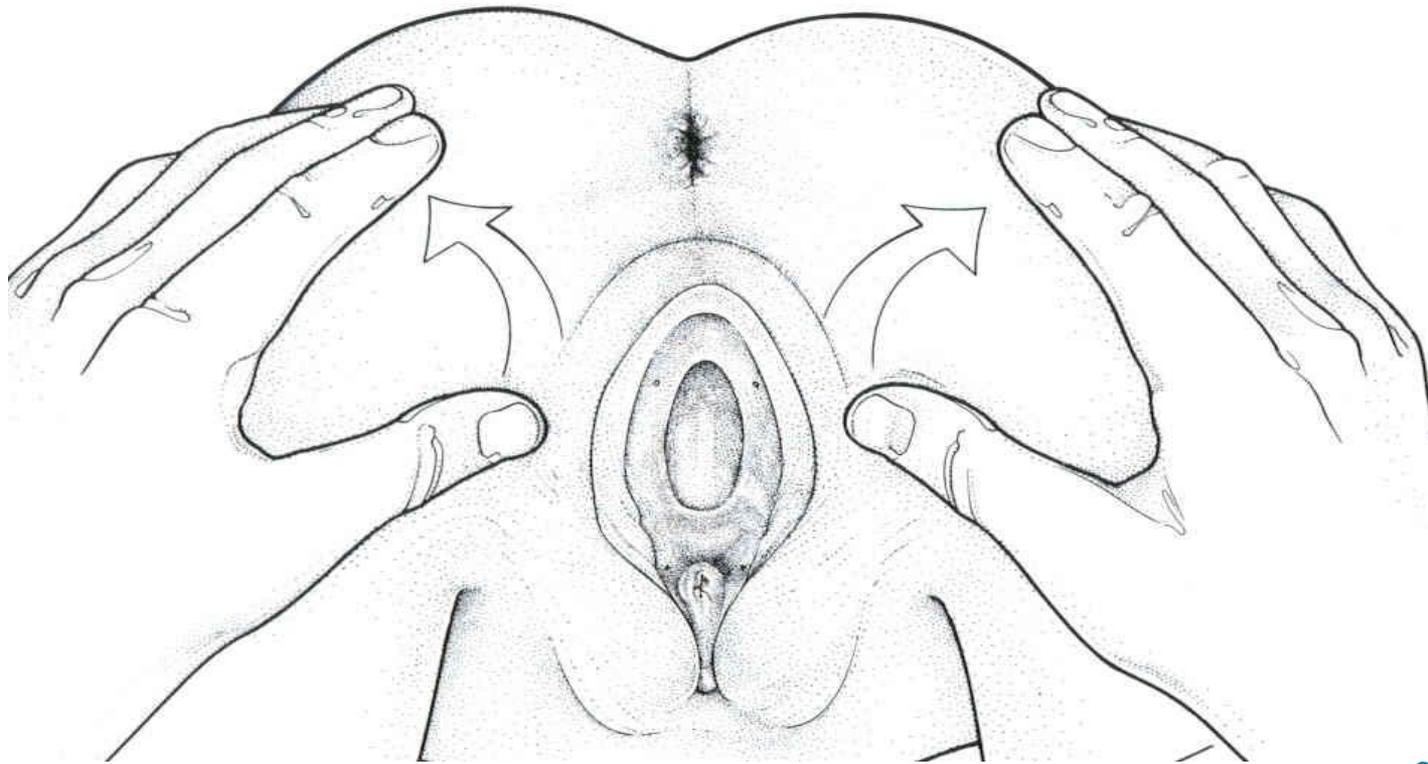
# Traction



# Prone Knee Chest



# Holding in Prone Knee Chest



## # 8 Male victims need exams to

- At risk of infection
- May have injury
- Need reassurance

# #7 When is STI testing indicated.

- Determined on an individual basis.
- When one STI is present, test for all.
- Test the vagina (urine), throat, and rectum.

# Factors that should make you consider testing:

- Child has experienced penetration\* or has evidence of recent or healed penetrative injury to genitals anus, or oropharynx.
- Child has been abused by a stranger
- Child has been abused by a perpetrator known to be infected with an STD or at high risk for STD.

(Jenny,C et al Pediatrics 2013)

- Child has a sibling, other relative, or another person in the household with an STD.
- Child lives in an area with a high rate of STD in the community
- Child has signs or symptoms of STDs
- Child or parent requests STD testing.

(Jenny,C et al.Pediatrics 2013)

## #6 It's normal to be normal.

- Many types of sexual contact do not pose a risk of injury
- The hymen is very elastic
- Late disclosure is the rule. Injuries heal.
- Over time, hormones affect the appearance of the hymen.
- The anus is a sphincter. It is meant to dilate.
- Perpetrators aren't stupid.

**#5 When things look different, it doesn't mean it's abnormal.**

# Lichen sclerosus

- White atrophic skin in an “hourglass” pattern around the vestibule.
- Superficial hemorrhages after minor trauma.
- Child may report itching or pain



# Prolapsed urethra

- May present with bleeding, pain, dysuria.
- Mass can be friable
- Most common in prepubescent black females



# Group A Strep

- Same type of Strep that causes Strep throat and impetigo
- May be spread by contaminated nasopharyngeal secretions
- Possible transmission with oral-genital contact?
- Very red, tender rash, possible discharge
- Treatment is same as for strep throat



## # 4 Size doesn't matter.

- The size of hymenal opening does not matter.
- Absence of hymenal tissue is an indicator of abuse.
- A transection that extends to the base is an indicator of abuse.

# #3 Late disclosure is the rule in CSA

- Children may not know the contact is wrong because it is coming from someone they know and trust.
- Children are afraid no one will believe them.
- Children are afraid they will get in trouble
- They are threatened with harm to themselves or their loved ones.

## #2 In Children, their body is rarely the source of evidence.

- DNA is more likely to be found on the child's clothing.
- Don't forget the bed linens.
- Ask if anyone was taking pictures.

**The # 1 think you need to know if you are evaluating children for sexual abuse is:**

**The value of peer review!**

# Purpose of Peer Review

- Education
  - Infrequent or abnormal findings
  - Terminology
  - Evolving research
- Stimulates conversation on SA topics
- Improve performance
- Provide credibility
- Ability to build consensus in the field

# Health Provider Standards

If the exam is abnormal due to findings suggestive or diagnostic for abuse, the exam photos should be routinely reviewed by an expert in child abuse pediatrics

## AAP Guidelines Guidelines

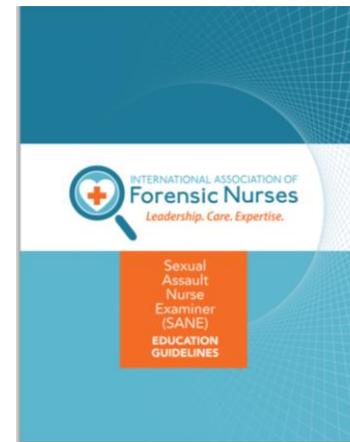


## NCA Guidelines



Standards for Accredited Members  
Revised  
2008

## IAFN



# Diagnostic Accuracy



- 2012 Adams (CAN 2012)
- Medical professionals assessed on 20 cases based upon multiple factors
- Highest diagnostic accuracy in:
  - Child abuse pediatricians
  - Professionals who:
    - regularly perform 5 or more pediatric exams per month
    - review cases with an expert
    - keep up to date with current research

• Adams, J., Starling, S., Frasier, L., Palusci, V., Shapiro, R., Finkel, M., Botash, A. (2012) Diagnostic accuracy in child sexual abuse medical evaluation: Role of experience, training, and expert case review. *Child Abuse and Neglect* 36, 382-392.

# References

Smith,TD, Raman,SR, Madigan,S,Waldman,J,Shouldice,M J Pediatric Adolec Gyncol 31 (2018) 79-83

Adams,J. Starling,S, Frasier,L, Palusci,V, Shapiro,R,Finkel,M, Botash,A. (2012)Diagnostic accuracy in child sexual abuse medical evaluation: Role of experience, training, and expert case review. *Child Abuse and Neglect* 36, 382-392.