Childhood Sexual Abuse
Health Management

What is Childhood Sexual Abuse?

The involvement of child in sexual activity to which the child does not consent, that it does not understand on the basis of his/her developmental stage, that violates the norms of society
The involvement of child in sexual activity where there is an imbalance of power on the basis of age, strength, assertiveness, wealth or status.

Behavioural signs

Sexualised behaviour
- Explicit sexual behaviour
- Excessive masturbation
- Masturbation in public

Change in behaviour
- Anger, aggression
- Depression, suicidal attempts
- Withdrawal or regression

Deterioration in school performance
Enuresis
Encopresis

Class 1 – Normal

Periurethral bands
Intravaginal ridges or columns
Erythema in sulcus
Hymenal tags, mounds or bumps
Elongated hymenal orifice in obese child
Ample posterior hymenal rim (1 – 2 mm)
Oestrogenic changes
Diastasis ani / smooth area in perianal midline
Anal tag / thickened fold in perianal midline

Class 2 – Non-specific

Erythema of vestibule
Increased vascularity of vestibule / hymen
Labial adhesions
Rolled hymenal edges
Narrow hymenal edge, at least 1 mm
Vaginal discharge
Anal fissure
Flattened / thickened anal folds
Anal dilatation with visible stool

Class 3 – Suspicious

Enlarged hymenal orifice
Posterior hymenal rim < 1 mm
Acute abrasion or laceration of labia or vestibule
Condylomata accuminata
Immediate anal dilatation with no visible stool
Immediate perianal venous congestion
Distorted, irregular anal folds

Class 4 – Suggestive

2 or more suspicious genital or anal findings
Scar or laceration of posterior fourchette with sparing of hymen Scar in perianal area

Class 5 – Clear evidence of penetration

Hymenal notch between 3 and 9 o'clock
Hymenal transection or laceration
Laceration of posterior fourchette extending to involve hymen
Scar of posterior fourchette with loss of hymenal tissue between 5 and 7 o'clock
Perianal laceration extending deep to external anal sphincter

No evidence of abuse

Normal examination, no history, no behavioural changes, no witness
Nonspecific findings with another aetiology and no history or behavioural change
Child considered at risk for sexual abuse, but gives no history and has nonspecific behavioural changes
"Sexual assault cannot be excluded"

Possible abuse

Class 1, 2 or 3 findings in combination with significant behavioural changes but child unable to give history of abuse
Condylomata or genital herpes in absence of a history of abuse and otherwise normal examination
Child has made a statement but this not consistent or detailed

Probable abuse

Child gives clear, consistent and detailed story
Class 4 or 5 findings with no convincing history of accidental penetrating injury
Culture proven infection with Chlamydia trachomatis in a prepubertal child over 3 years of age

Definite evidence of sexual abuse

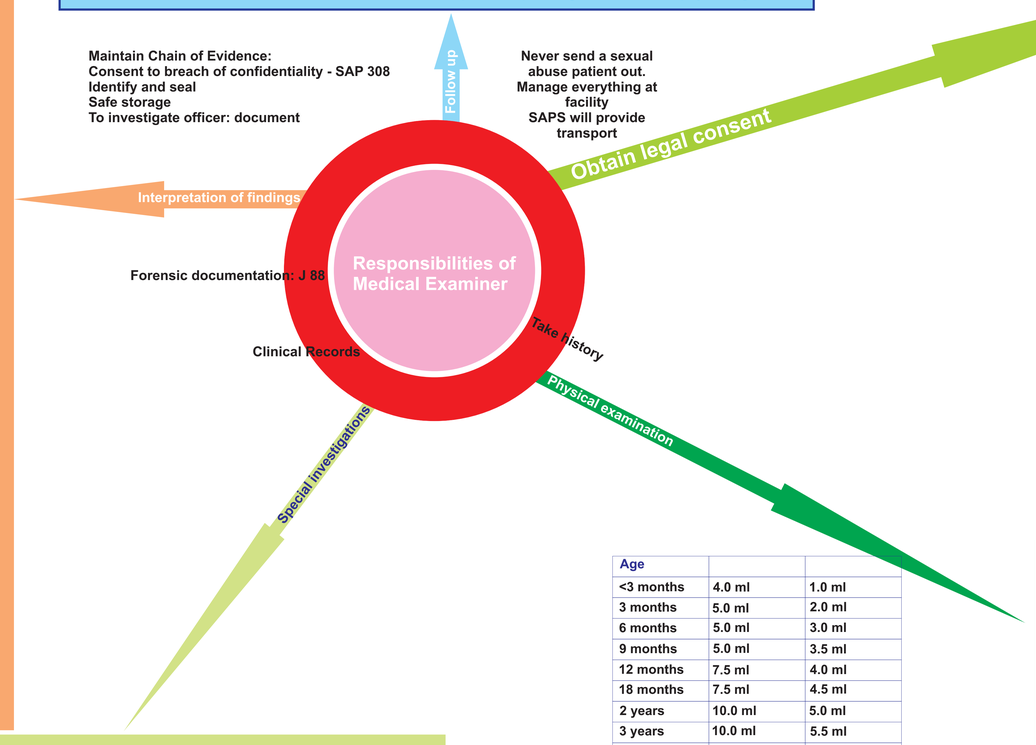
Finding sperm or seminal fluid in or on a child's body
Witnessed episode of sexual molestation
Non accidental, blunt penetrating injury to the vaginal or anal orifice
Confirmed infection with Neisseria gonorrhoea or Syphilis Pregnancy

Sexual abuse is defined by what the child says, compared with physical abuse which is defined by what one sees.

Follow-up-medium term

48 hours:
HIV Elisa result if rapid tests were discordant.
1- 2weeks:
Assessment and follow-up o f emotional wellbeing.
Check for physical complications of abuse:
Sexually transmitted infections.
Pregnoncy.
Results of boseline blood fests
3 months:
Repeat bloods to exclude syphilis, hepatitis or HIVI

Post-traumatic stress disorder or severe emotional sequelae require urgent referral to a psychologist.



Emotional Care

Prevent post-traumatic stress disorder (PTSD) by debriefing:
The earlier the better.
This is basically a process o f allowing t he child to talk about what has happened and how they feel about it.
Recognise PTSD: Warning signs include:
Disturbance in sleep patterns
Change in appetite
Development of separation anxiety.
Deteriorating school work.
General behaviour changes subsequent to the incident.
If any are present:
Consider on anxiolytic drug for somatic symptoms e.g.
Diazepam 2 mg po nocté for 10 - 14 days.
Refer for ongoing counselling

• Consent

- Consent of the child, irrespective of age (Ethical Standards)
- Legal consent for medical treatment: 14 years

Consent for surgery: 18 years
Consent from parent or legal guardian if at all possible
SAP 308:
Available from all police stations.
Must be signed b y the investigating officer
If no consent from parent or legal guardian, legal consent from magistrate or police officer (Criminal procedure Act s 335B)

SAP 308 provides consent for:
Examination
Collection of specimens
Investigation of specimens
Documentation of findings for judicial purposes
Photographs (extreme confidentiality)
Giving out the information for judicial purposes
Additional consent is required
Medical treatment
HIV testing: >12 years without assistance
< Under 12 with assistance
HIV PEP as the Drugs are not registered for prophylatic use

Pregnancy testing

Tanner staging: Thelarche

1. Pre-adolescent
2. Breast bud stage
3. Elevation breast and areola
4. Projection of areola to form secondary mound above level of breast
5. Areola recedes to same contour as breast and pigmented. *May still have secondary mound.*

Tanner Staging: Pubarche

1. Preadolescent – fine vellus hair
2. Sparse growth; long, slightly pigmented, downy hair
3. Darker, courser, curlier
4. Area covered greater than 3, not medial sides of thighs
5. Adult size and shape, medial sides of thighs

Tanner Staging: Male genitals

1. Pre-adolescent
2. Slight or no enlargement penis, testes and scrotum larger, scrotum reddened
3. Further enlargement scrotum and penis; descent of scrotum

Acute blunt injury

T: Tears/tenderness
E: Ecchymoses
A: Abrasions
R: Redness
S: Swelling

Consequenses

- Structural changes: (scarring dilatation)
- STD
- Pregnancy

Prophylaxis

Infections
Prescribe for all children presenting within 72 hours of the alleged incident
ATT 0,5 ml if skin or mucosal barrier is breached
Rocephin < 6 years 125 mg IMI stat.
> 6 years 250m9 IMI stat.
Flagyl 7mg/kg/dose tds for 7 days
Erythromycin 50mg/kg/day qid for 14 days.

HIV
(see Appendix 5)
All children presenting within72 hours of the alleged penetrative abuse need to be offered post-exposure prophylaxis (HIV-PEP)f or the preventioon f HIV infection
This entails:
Counselling the parents and older child about the risk of HIV transmission which is significantly higher in children than in adults.
A baseline HIV rapid-test
HIV-positive: refer HIV /AIDS services for possible treatment and care.
HIV-negative: eligible for HIV-PEP
Baseline b loods- LFT, U&E, F BC.
AZT 4 3TCoccording to weight bd for 28 days; if the child has sustained a breach of the genital, anal skin or mucosa, add a protease inhibitor. (see Appendix 6,.
HIV prophylaxis prescribed on the allegation of penetrative abuse NOT on the basis o f clinical findings.

Pregnancy prophylaxis
Based on pubertal development NOT a history of menarche (All girls with Tonner stage 3 or more thelarche.)
Do a Pregnancy test before prescribing of prophylaxis
Prescribe up to 7 days after abuse.
Ovral 28 2 tablets stat, and 2 after 12 hours.
Give 6 tablets in case the child vomits.
This dose of Ovral 28 mokes children nauseous so they must also get Maxolon
I0 mg po tds for at least 24 hours

Age		
<3 months	4.0 ml	1.0 ml
3 months	5.0 ml	2.0 ml
6 months	5.0 ml	3.0 ml
9 months	5.0 ml	3.5 ml
12 months	7.5 ml	4.0 ml
18 months	7.5 ml	4.5 ml
2 years	10.0 ml	5.0 ml
3 years	10.0 ml	5.5 ml
4 years	1 capsule	6.5 ml
5 years	1 capsule	7.0 ml
6 years	1 capsule	8.0 ml
7 years	½ tablet	9.0 ml
8 years	½ tablet	10.0 ml
9 years	½ tablet	11.0 ml
10 years	½ tablet	12.5 ml
11 years	2 capsules	14.0 ml
12 years	2 capsules	1 tablet
13 years	2 capsules	1 tablet

AZT
160mg/ m2/dose 12-hourly
Syrup: 10mg/ml
Tablet: 300mg
Capsule: 100 mg

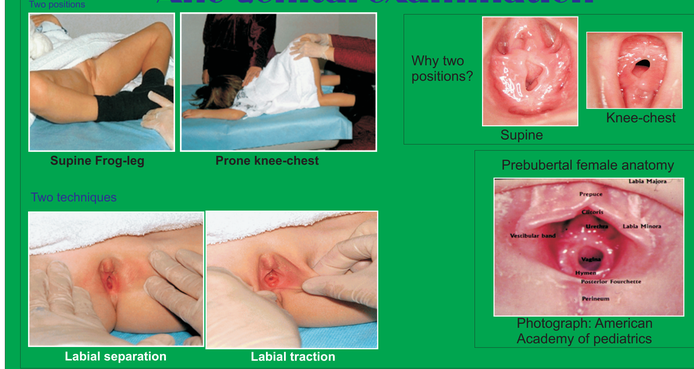
3TC
4mg/kg/dose 12-hourly
Syrup 10mg/ml
Tablet 150mg

Kaletra
4mg/kg/dose 12-hourly
Syrup 10mg/ml

Protease Inhibitor

Weight	Kaletra
5-6,9	1,5
12-14,9	2ml
15-16,9	2ml
17-19,9	2,5ml
29-24,9	3ml
25-29,9	3,5ml
30-34,9	4ml
35-40	5ml

Ano-genital examination



Referral for examination under anaesthesia:

Bleeding from anus or vagina
Lower abdominal pain
Multiple injuries
Possibility of foreign object used in assault
If no cooperation of child too small to understand risks and benefits of examination after
sufficient preparation in cases of urgency and re-appointment for preparation in cold cases

References:

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Photographs courtesy of Drs. D Kerns and J. McCann. Taken from the CD "The Anatomy of Child and Adolescent Sexual Abuse"
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