

# Childhood Sexual Abuse Health Management

## 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

## Interpretation of Findings

### Classification of Ano-genital Findings

#### 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

#### 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

#### Class 3 – Suspicious

- Enlarged hymenal orifice
- Posterior hymenal rim < 1 mm
- Acute abrasion or laceration of labia or vestibule
- Condylomata acuminata
- Immediate anal dilatation with no visible stool
- Immediate perianal venous congestion

#### 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

### Assessment of Likelihood of Child Sexual Abuse

#### 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

Take into account history Witness reports and special investigations

## Follow-up-medium term

- 48 hours: HIV Elisa result if rapid tests were discordant.
- 1- 2weeks: Assessment and follow-up of emotional wellbeing. Check for physical complications of abuse: Sexually transmitted infections. Pregnancy. Results of baseline blood tests
- 3 months: Repeat bloods to exclude syphilis, hepatitis or HIVI
- Post-traumatic stress disorder or severe emotional sequelae require urgent referral to a psychologist.

Responsibilities of Medical Examiner

## Investigations

- Rapid test for HIV.
- Baseline blood tests: syphilis hepatitis
- Pregnancy test in girls with Tanner stage 3 or more thelarche.
- Culture of discharges

## Emotional Care

Prevent post-traumatic stress disorder (PTSD) by debriefing: The earlier the better.  
 This is basically a process of allowing the 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

## 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
4. Further enlarged; scrotum darkened
5. Adult size and shape, scrotum ample, penis almost reaches to bottom of scrotum

## 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: Dubarche

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

The absence of evidence is not evidence of absence of Child Sexual Abuse

## Acute blunt injury

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

## 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:

McKerrow NH: Step-by-step Guide for the Management of Sexually Abused Children, Dept of Paediatrics, Pietermaritzburg Metropolitan Hospital  
 Photographs courtesy of Drs. D Kerns and J. McCann. Taken from the CD "The Anatomy of Child and Adolescent Sexual Abuse"  
 Adams A, Kaplan RA Starling SPMehta NH Finkel MA, Botash AS, Kellog ND, Shapiro RA: Guidelines for Medical care of Children Who May Have Been Sexually Abused J Pediatr Adolesc

## 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 250mg 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 within 72 hours of the alleged penetrative abuse need to be offered post-exposure prophylaxis ( HIV-PEP) if the prevention of 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 bloods- LFT, U&E, F BC.

AZT 4 3TC according 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 of 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 makes children nauseous so they must also get Maxolon

10 mg po tds for at least 24 hours

Age	4.0 ml	1.0 ml
<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		Protease Inhibitor	
Weight	Kaletra	Weight	Kaletra
5-6,9	1,5	12-14,9	2ml
15-16,9	2ml	15-16,9	2ml
17-19,9	2,5ml	17-19,9	2,5ml
29-24,9	3ml	29-24,9	3ml
25-29,9	3,5ml	25-29,9	3,5ml
30-34,9	4ml	30-34,9	4ml
35-40	5ml	35-40	5ml



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