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

*Put a **tick or question** mark in the boxes on the left for all **agreed or debated** findings per case at CSA peer review*		
CHI:		
Section 1 – Physical Findings		
A. Findings documented in newborns or commonly seen in non-abused children. These findings are normal and unrelated to a disclosure of CSA.		
■	1.	Normal variation in appearance of the hymen
	1a.	Annular – hymenal tissue all around the vaginal opening including at the 12o'clock position
	1b.	Crescentic – hymenal tissue is absent at some point above the 3 – 9 o'clock positions
	1c.	Imperforate hymen – hymen with no opening
	1d.	Microperforate hymen – hymen with 1 or more small openings
	1e.	Septate hymen – hymen with 1 or more septae across the opening
	1h.	Hymen with mounds, bumps or tags at any location on the rim
	1i.	Any cleft/notch in the anterior hymen (above the 3 and 9 o'clock location)
	1j.	Any superficial notch/cleft (<50% depth) in the posterior hymen (at or below the 3 and 9 o'clock location)
	2.	Periurethral or vestibular band(s)
	3.	Dilatation of the urethral opening
	4.	Diastasis ani (smooth area)
	5.	Anal and perianal skin tag(s) in midline (if found outwith the midline, abuse should be considered – RCPCH)
	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)
	7.	Hyperpigmentation of the skin of labia minora or perianal tissues in children of colour
■	8.	Normal midline anatomic features
	8a.	Groove in the fossa, seen in early adolescence
	8b.	Failure of midline fusion
	8c.	Median raphe
	8d.	Linea vestibularis (midline avascular area)
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.		
	9.	Erythema of the genital or anal tissues
	10.	Oedema of the genital or anal tissues
	11.	Increased vascularity of vestibule or hymen
	12.	Labial adhesion/fusion
	13.	Friability of the posterior fourchette
	14.	Vaginal discharge that is not associated with an STI
	15.	Anal laceration (fissure) in context of symptoms and history of constipation
	16.	Peri-anal venous congestion
	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
C. Findings due to other conditions that can be mistaken for abuse		
	18.	Vulvovaginitis
	19.	Lichen sclerosis
	20.	Vulvar ulcer(s) such as aphthous or those seen in Behcet's disease
	21.	Urethral prolapse
	22.	Rectal prolapse
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		
	23.	Vaginal foreign body in prepubertal girl
	24.	Deep cleft/notch (>50% depth) in the posterior half of a non-fimbriated hymen
	25.	Complete or almost complete absence of posterior hymenal tissue in a prepubertal girl
	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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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.		
	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		
	29.	Vaginitis caused by fungi infections such as Candida albicans, 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		
	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		
	34.	Genital, rectal or pharyngeal Neisseria gonorrhea infection
	35.	Syphilis
	36.	Genital or rectal chlamydial trachomatis infection
	37.	Trichomonas vaginalis infection
	38.	HIV – if transmission by blood or contaminated needle has been ruled out

Section 3 – Findings diagnostic of sexual contact		
	39.	Pregnancy

Additional comments on case from peer review discussion