Non acute Sexual abuse

Ruth Skelton
Designated Dr Bradford

Sexual Abuse

Over 90% of sexually abused children were abused by someone they knew (NPSCC 2011)

Scenarios

7yr Amy vulval irritation,

oe hymen looks abnormal

8 yr Betty persistent conjunctivitis

chlamydia in eye swab

4 yr Callum Mum sees anogenital warts

14 yr Angel recent wetting soiling, staying out missing school. Glued to phone.

Sexual Abuse – History

Disclosure

Behaviour changes - Disclosure

withdrawal (elective mutism)/ aggressive

Self harm

Signs CSE

sexualised behaviour ? Normal

Medical

Wetting / Soiling / soreness / bleeding

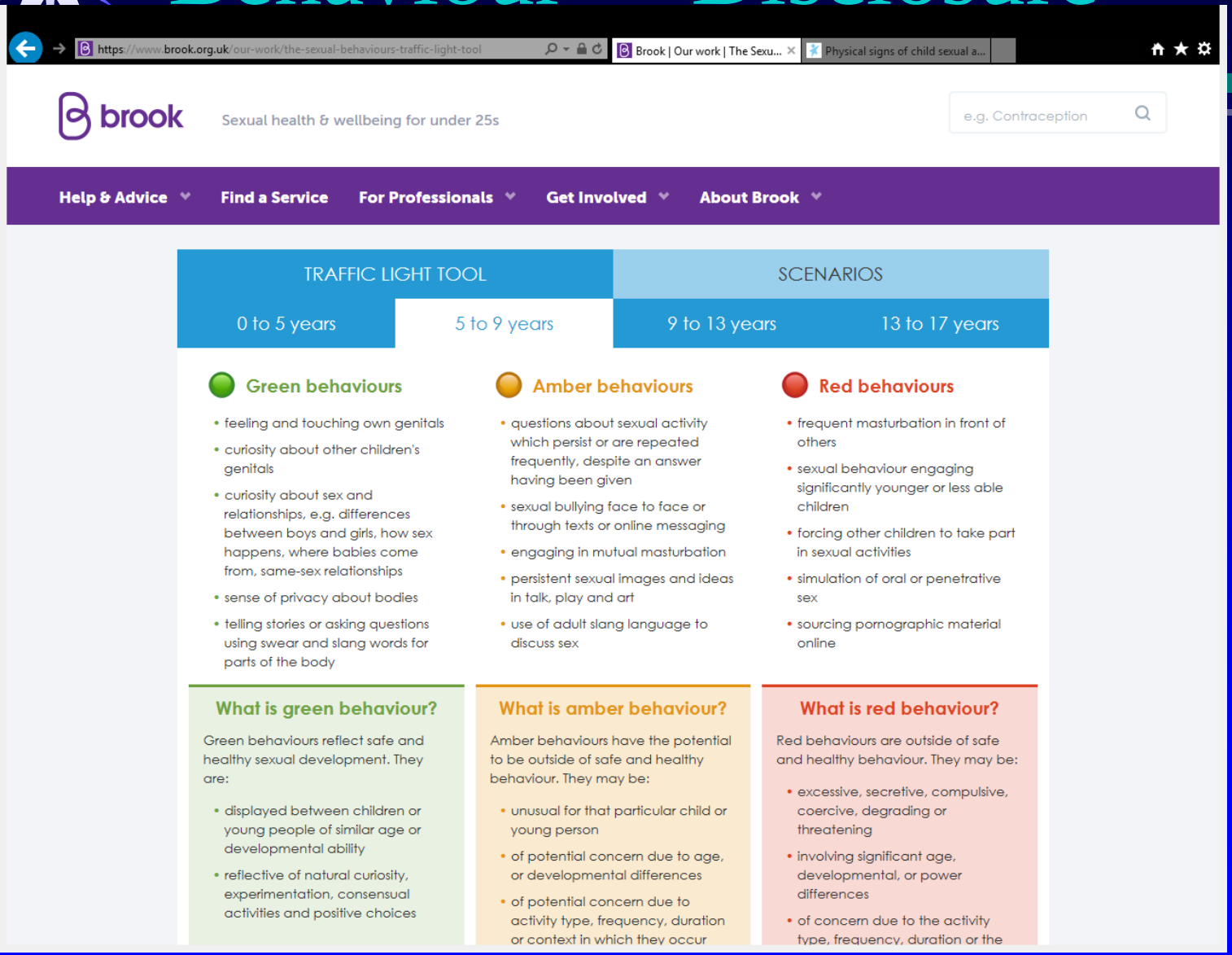
Disclosure

- Be ready / Listen
- Do not judge, Allow to talk
- Believe the child
- No leading questions
- Record in child's words

Few disclose

- Dont see it as "abuse",
- CSE – perpetrators control

Behaviour = Disclosure



Enuresis

7 year Adam

Primary nocturnal enuresis

No flags

“Normal”

Immaturity

Enuresis

13 yr old Angel,

Starts wetting day and night

Urine clear,

Refer school nurse WNB appointment x2

Withdrawn and quiet

Reluctant to go home after school.

Enuresis 13 yr Angel

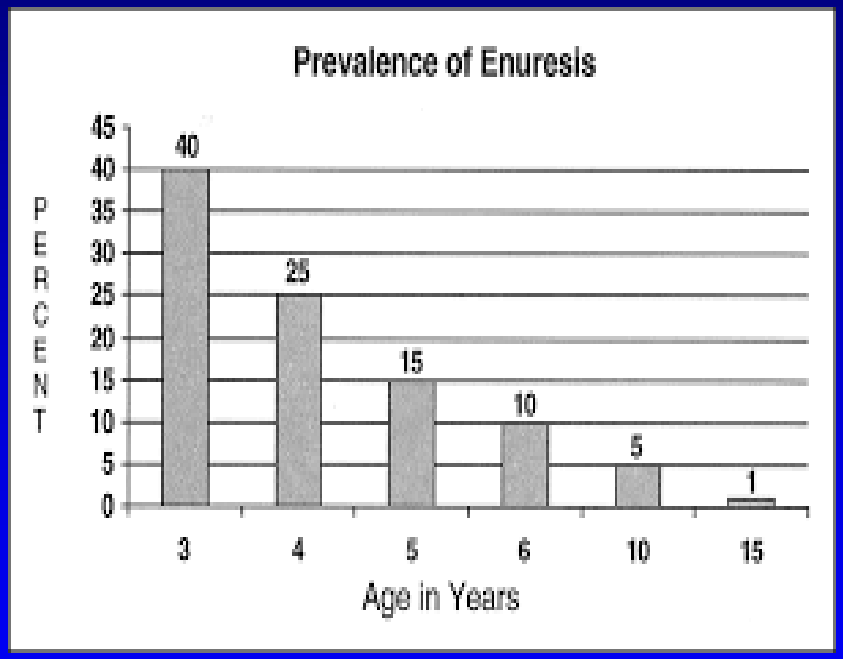
Secondary daytime wetting

Possible causes ?

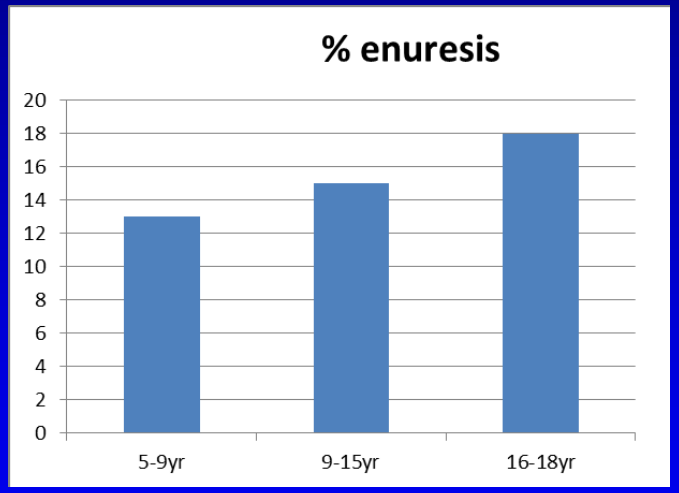
- Medical
- Psychosocial inc abuse

- Reluctant to go home after school.
- CSE

Prevalence enuresis



Study 1280 children disclosed CSA

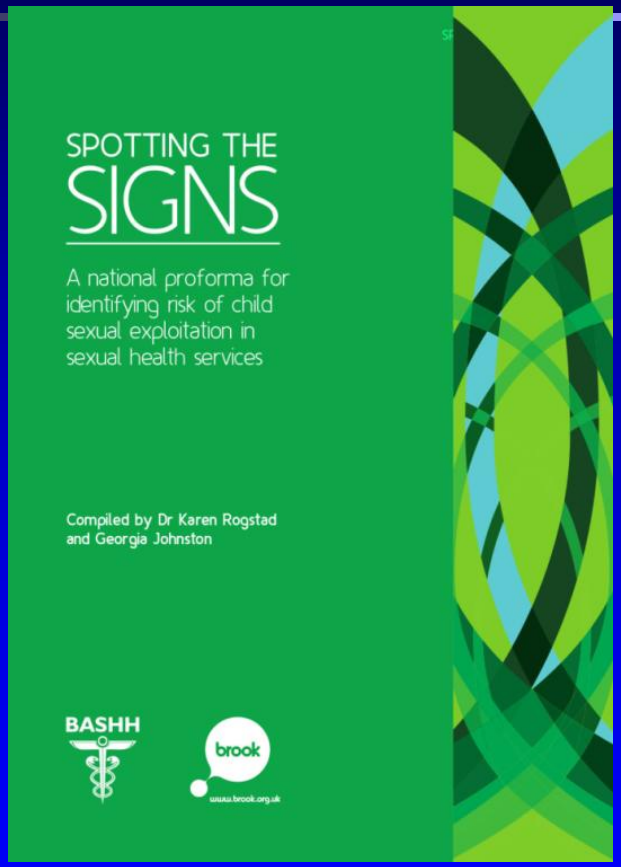


Enuresis CSA / CSE

Red Flags

- Older child
- Wetting Secondary / Day time / Persisting / urgency + soiling
- self neglect
- Poor Engagement / social issues / attendance
- Look for signs of CSE
- (medical causes)

Sexual exploitation

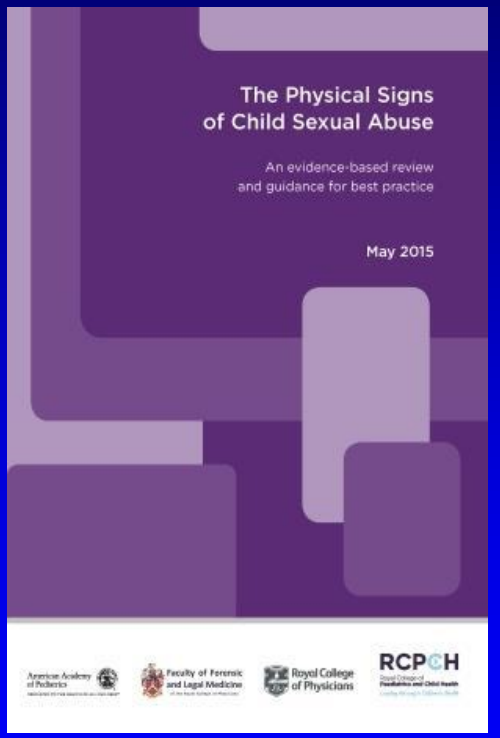


Incontinence Effects / issues

Increases vulnerability to abuse

- Emotional trauma
  - bullying / isolation
- Neglect
  - Missing medical causes – kidney damage
- Pain, soreness, Skin problems,
- Keep perpetrator away
- Having sex – honeymoon cystitis

Examination



Effect of medical

Should not be traumatic to Child

Literature: child usually finds it helpful not traumatic if properly prepared & less anxious after

Study Film helped

video for professionals

Centre of expertise on child sexual abuse

Signs of CSA

Physical abuse / bruising

Infections common / STI / AG Warts,

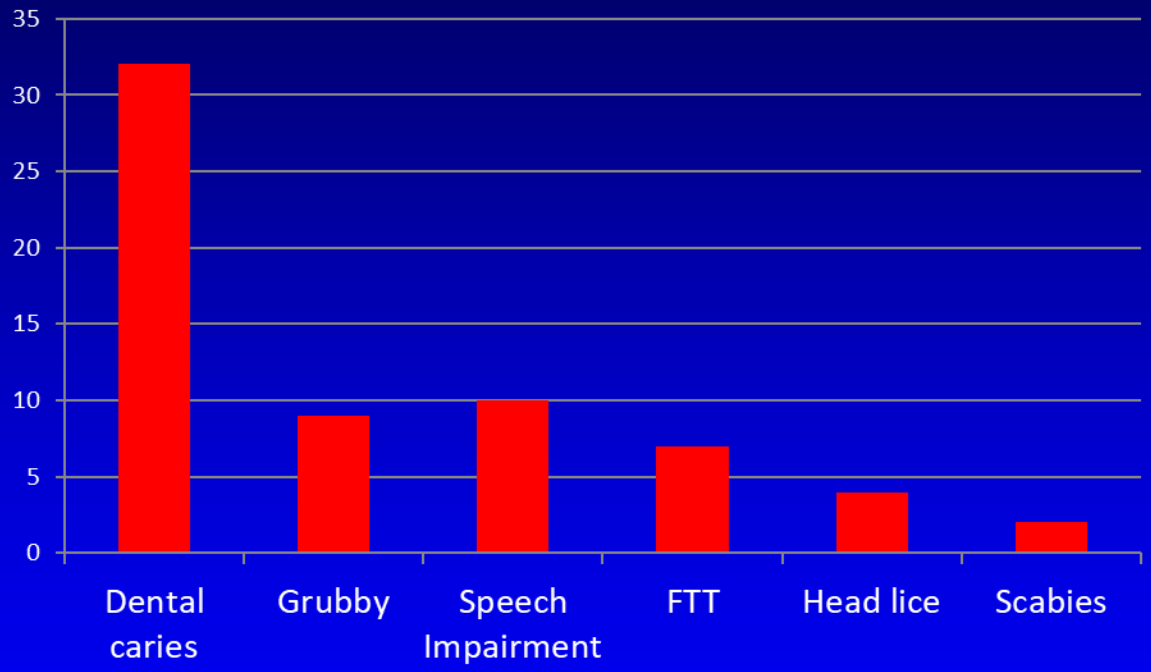
Anogenital findings

Non acute abuse ? Medical

AAP 2015 guidance for paediatricians re CSE

- Assess and treat acute and chronic conditions
  - overall health, **vit D, imms - HPV**
  - mental health
  - **Dental** health
  - Pregnancy, STIs, HIV, hepatitis
- screening alcohol, **drugs**

Medical CSA ; neglect



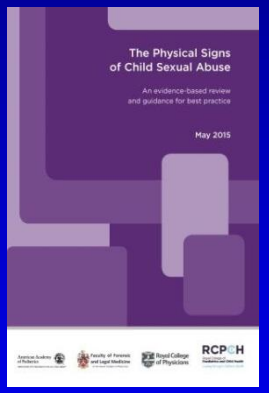
Rachel Westwood Freya Stanley Catherine Turner

“Normal Findings” Studies

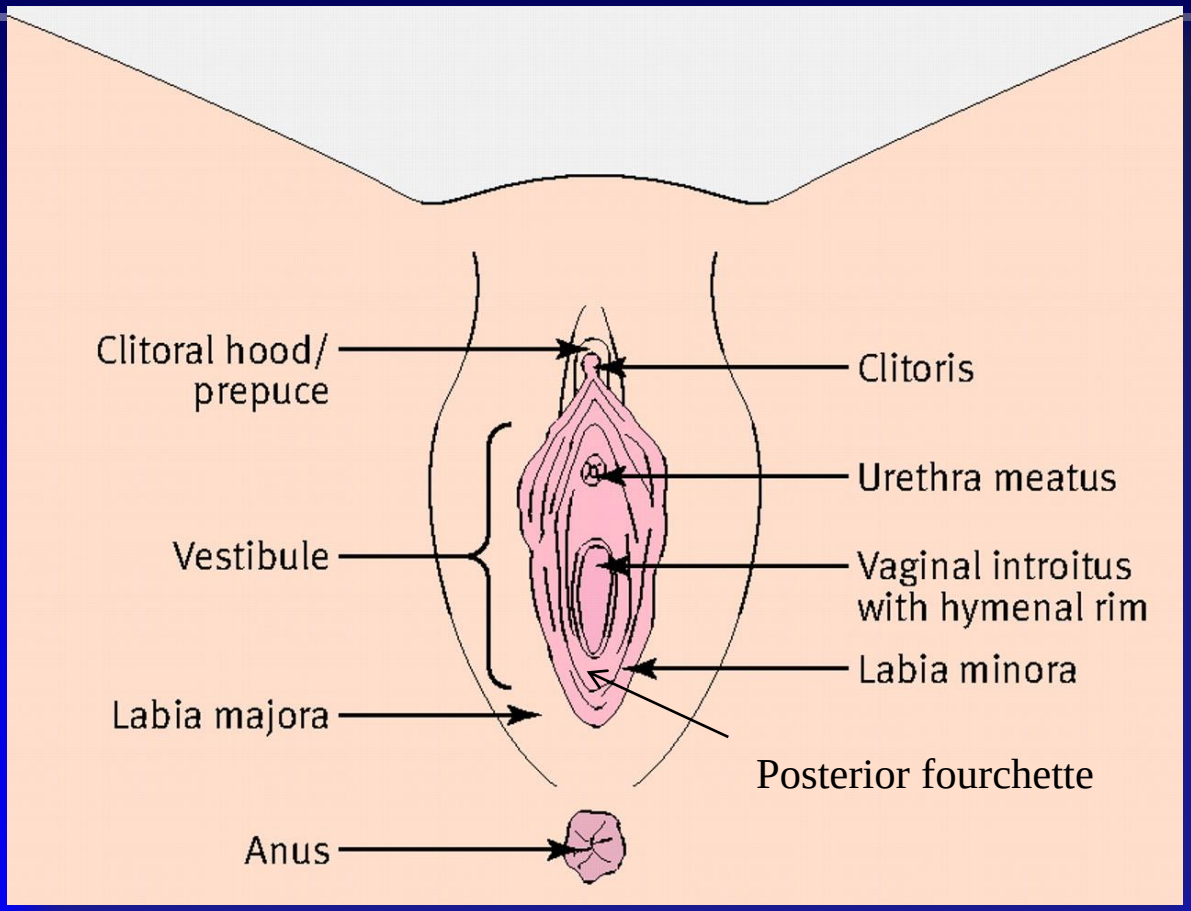
How would you find a “normal “ control group

Studies

- Paid for assessment
- Volunteers through schools
- Normal children having anaesthetic ?



Normal female genitalia



Hymen

Hymenal band

Gp referrals for abnormal hymen almost always normal / normal variation

7 yr Amy

GP saw for soreness irritation

Gp thinks hymen looks abnormal

referred to SC

No other flags

Normal Hymen

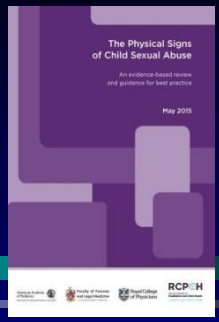
Bump

from vaginal ridge

Normal Hymen Prepubertal

- Annular
- Crescenteric
- Fimbriated
- sleeve

Hymen



? Abnormal hymen in isolation

likely normal variation

Size / opening ; non discriminatory for sexual abuse

(Gaping, enlarged - abandon)

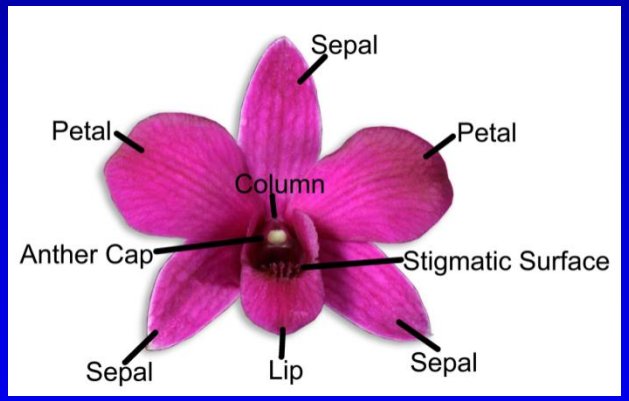
No evidence congenital absence hymen (2 studies)

Abnormal : Loss of posterior hymen / fresh laceration - penetrative abuse

Puberty

changes in genitalia with puberty

- Ph -Normal flora / infections **thrush**
- Septae / “petals”
- Not sensitive
- Mucous glands
- Stretchy / accommodating



Post Pubertal hymen

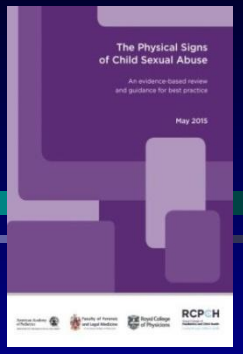
Myths

You may break your hymen

- while trying to climb over a fence & falling on a projective substance.
- Engaging in sports activities like bicycling, horse riding, high jumping, seesaw, etc.,
- Masturbating using fingers or a large object like a vibrator or candlestick
- Using instruments by doctors during surgical operation.
- Douching without care.

ALL NOT TRUE

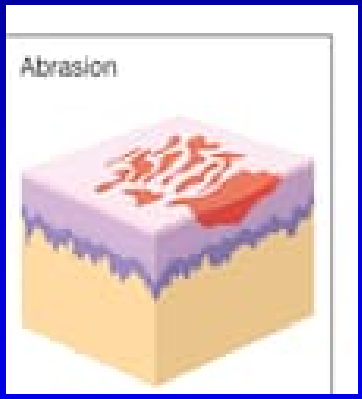
Abrasion



Abrasion: Superficial injury,

- outer layers of the skin / mucous membrane
- excoriation / trauma

Consider child sexual abuse

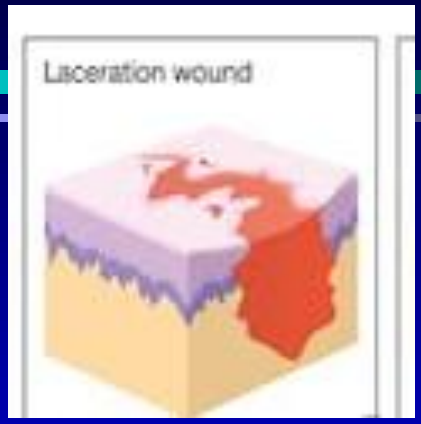


lacerations

Laceration / Tear :

- acute disruption
- blunt force causing splitting in the tissue
- can have bruising at edges / bleeding.

Incision :caused by sharp implement clean edges



Hymenal injury

	acute	**non acute**
Partial superficial or deep	laceration	notch
Complete	laceration	transection

Non acute hymen Injury

Posterior hymen ;

deep notches /transection

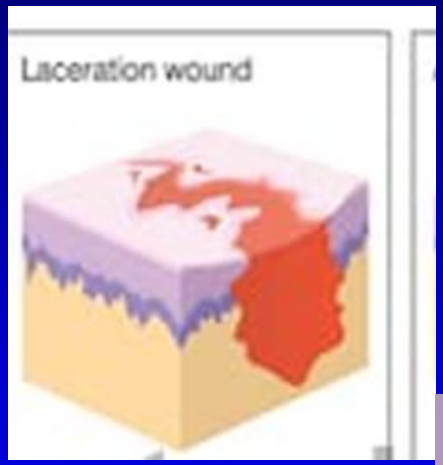
Prepubertal : only with hx penetration,

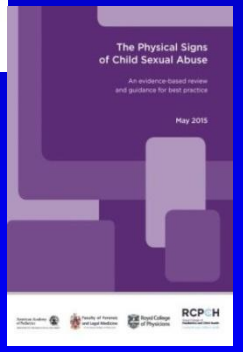
pubertal : more often with hx penetration

(abuse / consensual)

Transection: penetrative abuse should be considered

Anus - “laceration” (fissure)





Midline raphe Defect

Anal lacerations – Differential

- Normal - small cracks
- Congen failure of fusion of midline
- Significant constipation
- skin disorders
- Accidental ; blunt or sharp trauma
- Abuse

Healing can cause scar / skin tag

Anal Dilatation / Laxity

Laxity:

tone not appearance

Dilatation

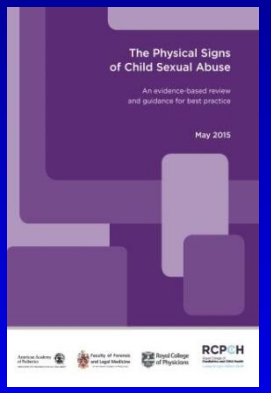
appearance stool

Anal dilatation

Dynamic or total anal dilatation

Differential diagnosis

- neuromuscular conditions,
- Severe chronic constipation
- near death ??IBD?
- **NOT anaesthetic**



Healing

- Healing can occur quickly
- Hymen
  - purple book says 7 days - studies
  - Experience 2 days!
- Exam ASAP
- Healing may also take much longer

Perineal soreness Differential

Skin disease

- Infection – strep, STI , worms
- Lichen sclerosus / eczema

IBD inflammatory bowel disease

Prolapse / tumour

Abuse

Bruising on penis - balanitis

Prepuberty not thrush

Accidental injuries

Usually

- Clear history / witness
- Context
- asymmetrical and doesn't affect hymen
- Penetration rare

Vaginal Foreign body

Causes

- innocent ; hygiene toilet paper +/- hair
- toddlers shuffling / young child wiping themselves.

- Inserted FB in an older girl **unusual.** Raises concern about abuse .

Labial fusion

Not in newborns (large study no labial fusion)

Seen Infants in nappies

Unusual to appear > 6 – 7yrs

Causes: inflammation / infection / frictional irritation

Incidence non abuse = abuse.

Insufficient evidence to differentiate

If thick and extensive merits “further Ix”

If ? CSA may need to treat to examine hymen.

Labial Adhesions

Can be asymptomatic/irritation/urinary incontinence (urine pools and leaks when stand)

Do nothing

Oestrogen cream works but 1/3-1/2 will recur

Avoid surgery (same recurrence)

Review early puberty ?

7yr Amy bruising

Mum saw bruising in bath

Phoned Social care

no other concerns.

OE prepubertal, white discharge

Lichen sclerosus

4 yr Callum

Mum notes he has “tags”

AGW overview

HPV (Human papilloma virus)

most common STI in adults

- Infection can be subclinical

DD – molluscum, skin tag, IBD

AGW Causes

Vertical transmission

- Poor evidence for absolute cut off for vertical infection – ? around 4 years

Inoculation

- hands of carer (hetero-inoculation) / self (autoinoculation)
- mainly case reports Probably rare
- NOT toilets seats, kissing, hugging, towels etc (BASHH)

Sexual Abuse

14 yr w wart - evidence of having had sex

AGW Abuse

- **Studies lack of evidence** - age, lack of assessment for CSA Assumptions (eg assumed vertical transmission)
- **Studies** : 31 - 58% of children with warts likely to have been sexually abused
- 2011 study of children < 13 years % children w AGW
  - 13.7 % CSA victims 1.3% no CSA
- More likely if older (however younger non verbal)
- / other signs / STI
- HPV typing not helpful

AGW Abuse

2000 study girls 5 – 12yr no visible warts, HPV DNA

suspected abuse 16% HPV DNA +

non abuse 0%

2 studies abuse even with mothers + HPV. Children disclosed

No evidence on oral warts

AGW Examples

3 yr. Father had AGW & STI. admits prostitutes

5 yr girl Had AGW since age 4 no flag.

SC discover possible CSA in home

13 yr wheelchair, non verbal, dependant on parents. Found to have AGW

Social care support , protection

AGW protocol

Child with AGW

- Check they are warts
- Examine by CSA specialist for abuse
  - social care check / referral
  - GUM review parents (?)
  - STI screening

AGW Treatment

- **None** – watch and wait
- Topical treatment; **Imiquimod**
- Surgical removal large/ several/ symptomatic
- (Cryotherapy)

HPV vaccine age 11+ for primary prevention

HPV vaccine for secondary prevention?

Other STI

8 yr Betty

Opthalmologist refer

persistent conjunctivitis swab -chlamydia

What to do ?

Refer Social care then medical

May need to treat first

Towel is not to blame !!BASHH guidance

STI

STIF course

Chain of evidence ?

Pregnancy – sign of CSA

Incest – genetics

Lilac protocol

TOP -products of conception

Protocol led to conviction child did not need to attend court

Guidance / Help

CPIP CSA module

BritSPAG

Advanced Life Support Group

A charity dedicated to saving life by providing training

BAD British Association of Dermatologists

healthy skin for all

BASHH British Association for Sexual Health and HIV

Centre of expertise on child sexual abuse

brook

www.brook.org.uk

Refs

Prepubertal menarche: a defined clinical entity. Am J Obs Gyna 2006 195(1) 327-9

Vulvovaginitis and other common childhood gynaecology conditions Garden AS arch dis child edc 2011 96(2) 73-8

Vulvovaginitis presentation of more common problems in pediatric and adolescent gyanecology 2018 best pract res clin ob gynae apr 48 14-27