

Non acute Sexual abuse

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Designated Dr Bradford

Sexual Abuse



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



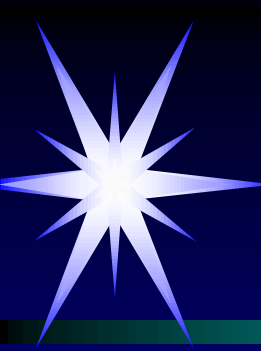
Scenarios

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

 Sexual health & wellbeing for under 25s

[Help & Advice](#) [Find a Service](#) [For Professionals](#) [Get Involved](#) [About Brook](#)

TRAFFIC LIGHT TOOL		SCENARIOS	
0 to 5 years	5 to 9 years	9 to 13 years	13 to 17 years
 Green behaviours • feeling and touching own genitals • curiosity about other children's genitals • curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships • sense of privacy about bodies • telling stories or asking questions using swear and slang words for parts of the body What is green behaviour? Green behaviours reflect safe and healthy sexual development. They are: • displayed between children or young people of similar age or developmental ability • reflective of natural curiosity, experimentation, consensual activities and positive choices	 Amber behaviours • questions about sexual activity which persist or are repeated frequently, despite an answer having been given • sexual bullying face to face or through texts or online messaging • engaging in mutual masturbation • persistent sexual images and ideas in talk, play and art • use of adult slang language to discuss sex What is amber behaviour? Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be: • unusual for that particular child or young person • of potential concern due to age, or developmental differences • of potential concern due to activity type, frequency, duration or context in which they occur	 Red behaviours • frequent masturbation in front of others • sexual behaviour engaging significantly younger or less able children • forcing other children to take part in sexual activities • simulation of oral or penetrative sex • sourcing pornographic material online What is red behaviour? Red behaviours are outside of safe and healthy behaviour. They may be: • excessive, secretive, compulsive, coercive, degrading or threatening • involving significant age, developmental, or power differences • of concern due to the activity type, frequency, duration or the	

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

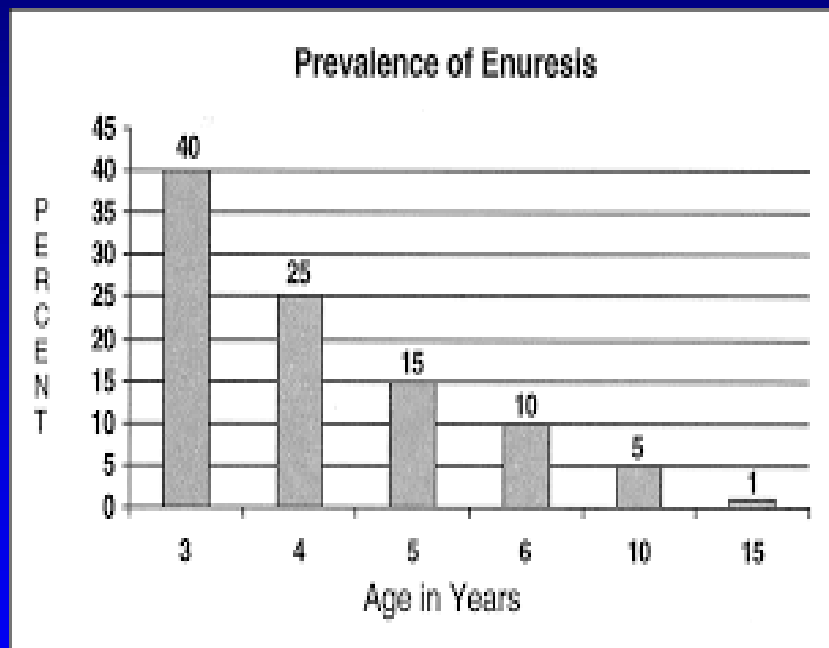
Secondary daytime wetting

Possible causes ?

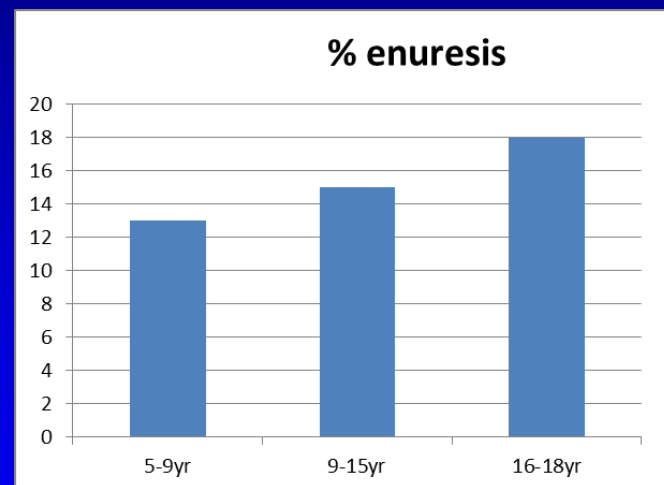
- Medical
- Psychosocial inc abuse
- Reluctant to go home after school.
- CSE



Prevalence enuresis

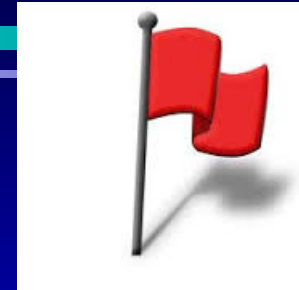


**Study 1280 children
disclosed CSA**



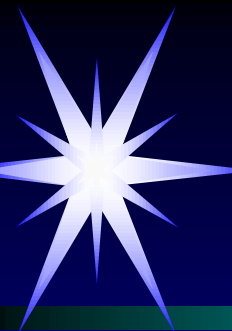


Enuresis CSA / CSE



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

SPOTTING THE SIGNS

A national proforma for
identifying risk of child
sexual exploitation in
sexual health services

Compiled by Dr Karen Rogstad
and Georgia Johnston

BASHH



www.brook.org.uk



Are **You** or a **Friend** being **Sexually** **Exploited?**

Things to look out for...

- someone gives you gifts for no reason
- you hang around with older adults or you have an older boyfriend or girlfriend
- you are offered alcohol or drugs by adults
- you are given money or credit for your phone by someone
- you get lifts in cars with people
- you are pressured into having sex or doing other things like watching pornography
- an adult offers you somewhere to stay
- sometimes you run away from home

Who to talk to

National freephone numbers:

Childline 0800 11 11

NSPCC 0808 800 5000

Children's Services 01522 782111

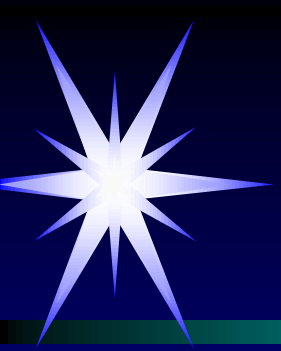
Out of Hours 01522 782333



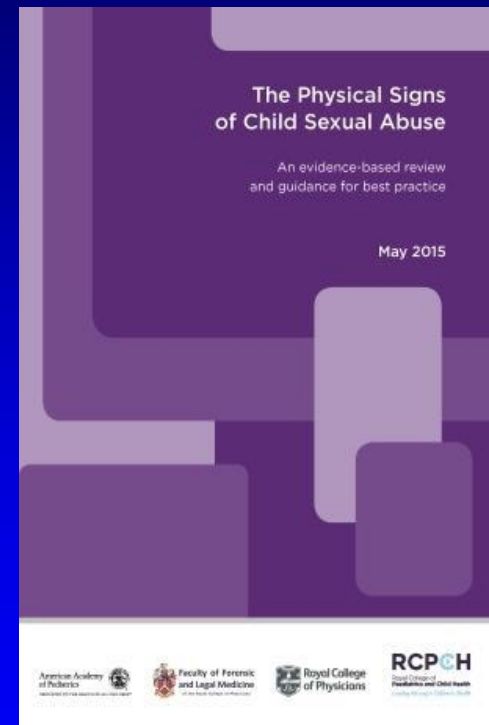
Incontinence Effects / issues

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



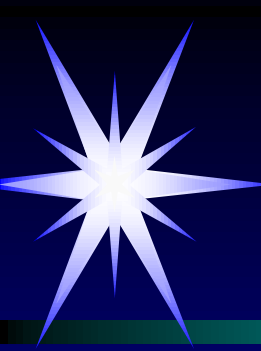


Signs of CSA

Physical abuse / bruising

Infections common / STI / AG Warts,

Anogenital findings

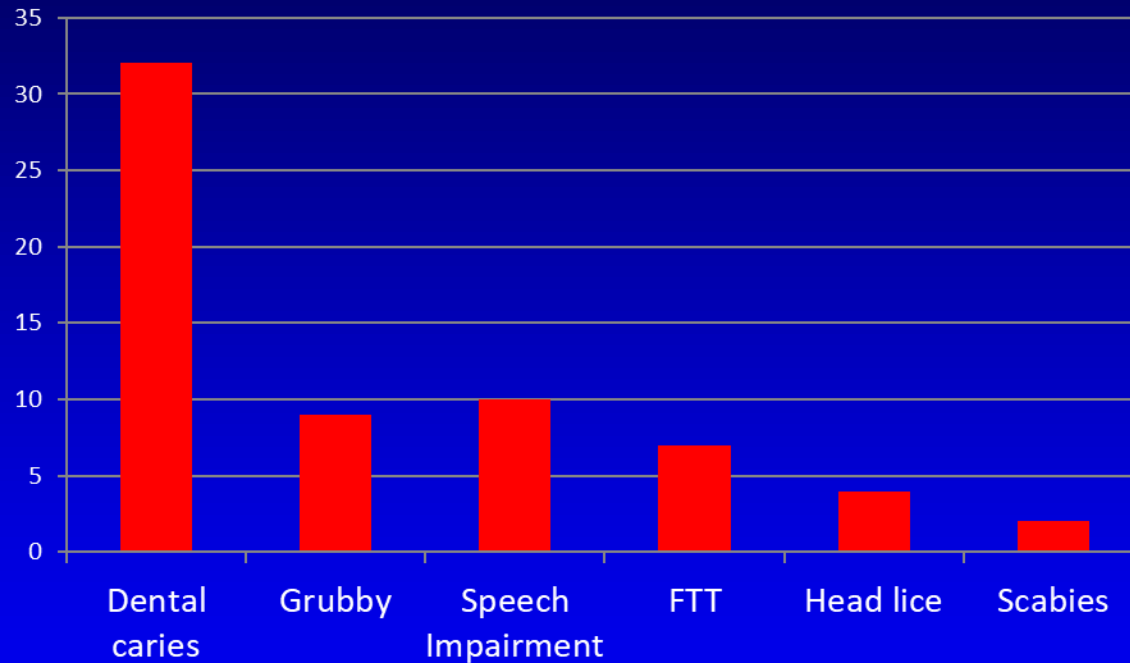


Non acute abuse ? Medical

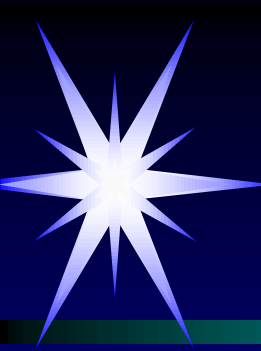
AAP 2015 guidance for paediatricians re CSE

- 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



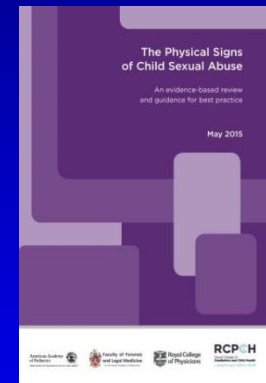
Rachel Westwood Freya Stanley Catherine Turner



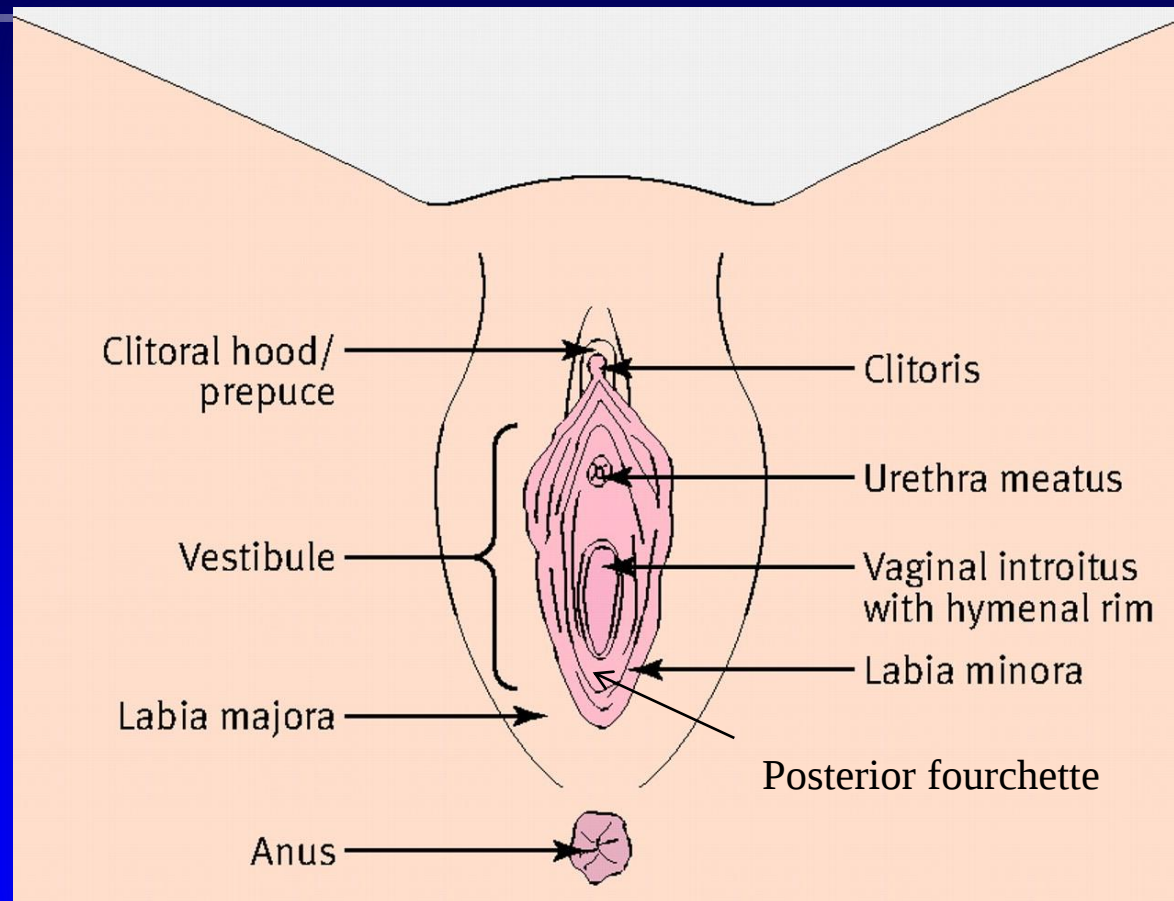
“Normal Findings” Studies

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

7 yr Amy

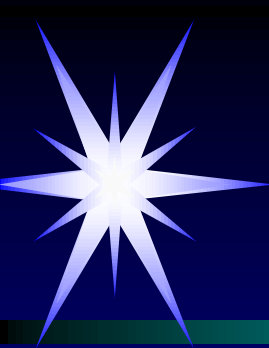
GP saw for soreness
irritation

Gp referrals for
abnormal hymen almost
always normal / normal
variation

Gp thinks hymen looks
abnormal

referred to SC

No other flags



Normal Hymen

Bump
from vaginal ridge



Normal Hymen Prepubertal

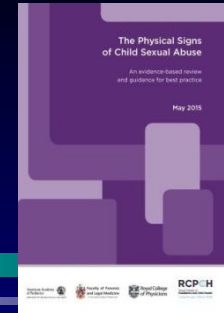
Annular

Crescentic

Fimbriated

sleeve

Hymen



? Abnormal hymen in isolation likely normal variation

Size / opening ; non discriminatory for sexual abuse
(Gaping, enlarged - abandon)



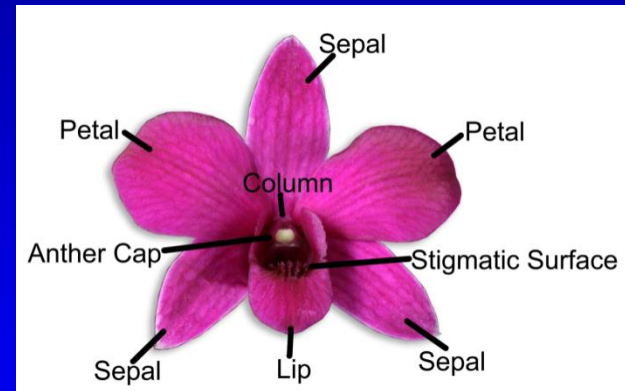
No evidence congenital absence hymen (2 studies)

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



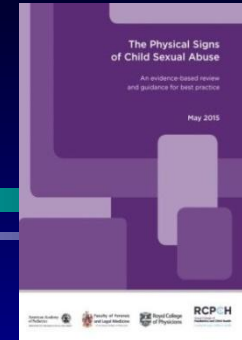
Myths



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

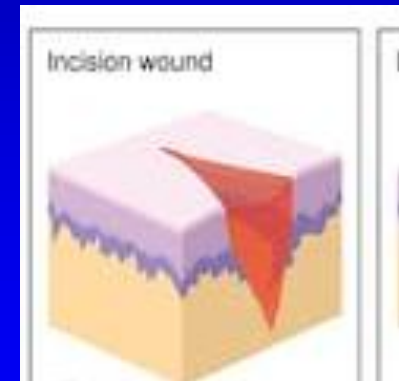


lacerations

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

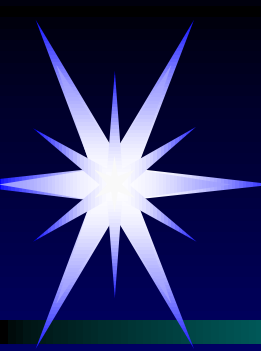
Partial **laceration**

notch

superficial or deep

Complete **laceration**

transection



Non acute hymen Injury

**Posterior hymen ;
deep notches /transection**

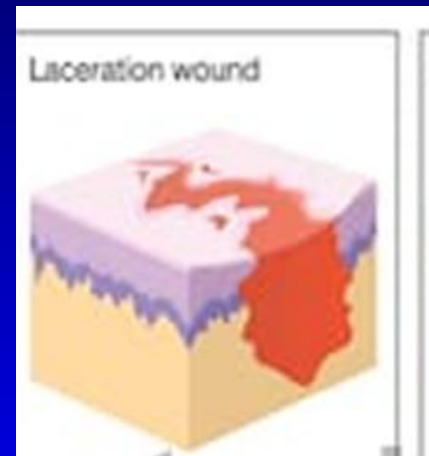
Prepubertal : only with hx penetration,

pubertal : more often with hx penetration
(abuse / consensual)

Transection: penetrative abuse should be
considered

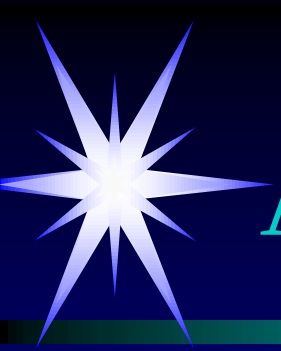


Anus - “laceration” (fissure)





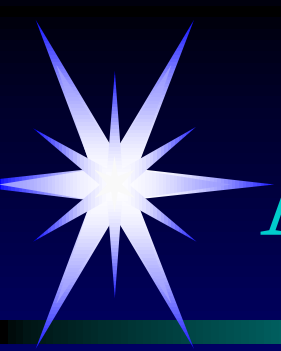
Midline raphe Defect



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

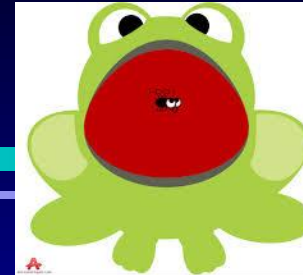


Dilatation

appearance stool



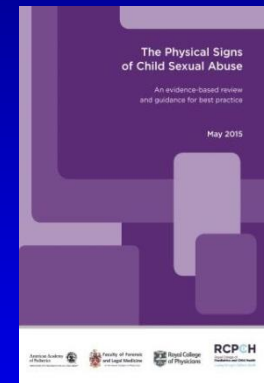
Anal dilatation



Dynamic or total anal dilatation

Differential diagnosis

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





Healing

Healing can occur quickly

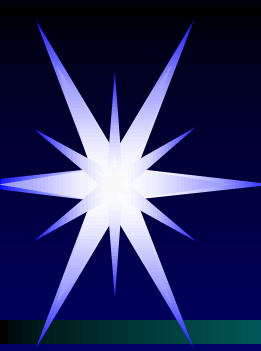
Hymen

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

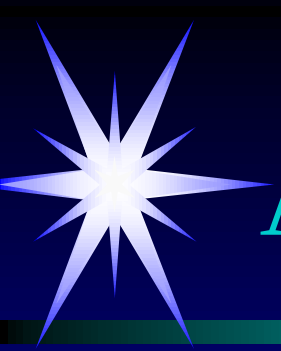
IBD inflammatory bowel disease

Prolapse / tumour

Abuse

Bruising on penis - balanitis

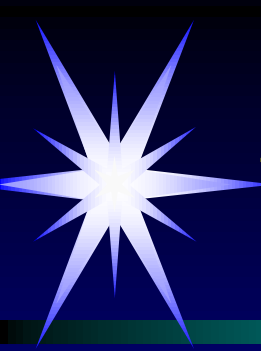
Prepuberty not thrush



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

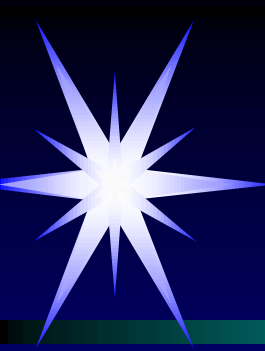
Can be asymptomatic/irritation/urinary incontinence
(urine pools and leaks when stand)

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 sclerosis



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

Ophthalmologist refer

persistent conjunctivitis swab -chlamydia

What to do ?

Refer Social care then medical

May need to treat first

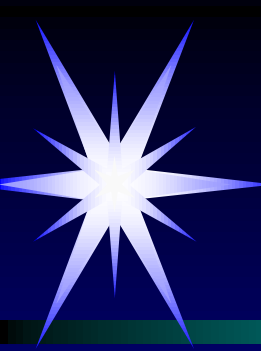
Towel is not to blame !!BASHH guidance



STIF course



Chain of evidence ?



Pregnancy – sign of CSA

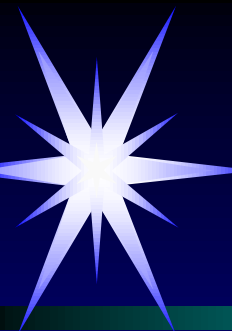
Incest – genetics

Lilac protocol

TOP -products of conception

Protocol led to conviction child did not need
to attend court





Guidance / Help

CPIP CSA module





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**