



Midwest Regional  
Medical Academy

# Documentation of Child Sexual Abuse



## What are the current issues in case reviews?

- Poor photodocumentation
- Calling abnormal exams normal
  - Uncommon
- Not interpreting the exam accurately
  - Much more common
  - Missing an exam finding
  - Not knowing what an exam finding means

## Interpretation Process

- **Perception:** The examiner views the exam finding to understand the clinical situation
  - Do you see what I see? Can you see what is there?
- **Judgment:** The examiner combines his perception of the exam finding with other clinical information, knowledge and experience to make a diagnosis
  - Do you think what I think? Do you interpret this accurately?

Adapted from Melville, et al, Helfer Society Annual Meeting, 2012

## Interpretation Process

- Calling normal exams abnormal
- Commonly overdiagnosed findings
  - Thin rims
  - Shallow notches
  - Hyper or hypovascularity
  - Scars
  - Anal findings
    - ✦ Dilation
    - ✦ Folds
    - ✦ Perceived asymmetry
    - ✦ Possible scars

## Terms to stop using

- Enlarged opening- you do not know the original size, so it cannot be assessed as enlarged
- Attenuated rim- suggests again that the hymen is smaller in size
- Synechiae- not a term used today
- Partial healed transection- cannot be called partial unless you see the acute transection
- Hypervascular and hypovascular- vascularity has little to do with injury of the genitals
- Asymmetry of the hymen in an abnormal sense- many hymens are asymmetric and that does not imply abnormality

## Why are cases overcalled?

- Inexperience
- Lack of current training
- Lack of up to date literature review
- Lack of peer review/oversight
- Influenced by the history
- Influenced by practice setting
- Influenced by law enforcement/legal community

## How can this be improved?

- Case review
  - Can be local or regional
  - Can be done by one person for another
  - Of every case or a percentage of cases seen
  - Recommend that all positive exams be reviewed
- Peer review
  - Can be local or regional
  - Typically performed in groups
- Quality review
  - Periodic review of exams for quality and accuracy

## Documentation Issues

- How to document positive exam with positive history
- How to document a positive exam with no history (preverbal, nonverbal, nondisclosing)
- How to document a negative exam with a positive history



## Positive exam with positive history

- The medical findings are consistent with blunt penetrating trauma as described by the patient.
- The findings are consistent with the patient's statements of penile vaginal penetration.
- The findings are consistent with penile anal penetration.

## Positive exam with no history

- The medical findings are consistent with blunt penetrating trauma. They are not consistent with most reported forms of accidental injury such as falls or toileting issues. In the absence of history, these findings are indicative of inflicted blunt trauma to the genitals.
- The findings are seen most commonly in blunt penetrating trauma to the genitals. In the absence of history, inflicted trauma must remain the highest concern.

## Negative exam with a positive history

- A normal examination does not preclude the possibility of penetration.
- A normal examination is consistent with penetration.
- A normal examination does not rule out penetration.
- A normal examination neither confirms nor excludes the possibility of penetration.

## Teens with negative exam and a positive history

- All of the previous statements, and..
- The normal distensibility of the adolescent hymen can allow penetration without injury.

## Complete Documentation

- Document child's disclosure
- Document pertinent history, including past medical and social history
- Document medications, LMP, history of constipation, etc.
- Document detailed exam findings
- Formulate assessment- discuss whether the exam is consistent with the history

## Methods of Documentation

- Forms of documentation
  - Dictated or typed notes
  - Diagrams
  - Photographs
- Notes should be descriptive
  - Hymenal configuration and Tanner stage
  - Mention of all genital anatomical parts
  - Mention of labial adhesions, periurethral bands, fossa grooves, etc.
  - Location, color, and depth of any injury

## Documentation Diagrams

- A nice adjunct to photographs
- Some photos may be disallowed in court
- Helps investigators
- Helps with court preparation

