



DEBUNKING THE MYTHS REGARDING SEXUAL ABUSE MEDICAL EVALUATIONS

Non-offending caregivers, multidisciplinary team members and other professionals involved in child abuse investigations may have misconceptions about child sexual abuse medical evaluations. Often, this is because they do not have access to accurate information about the actual procedure. This toolkit is intended to assist caregivers and frontline professionals by providing the information that will help them understand the process and why a medical evaluation is important for the child and the case. Below are several of the most commonly held myths along with the facts that explain why these myths are inaccurate.

MYTH #1: A CHILD SEXUAL ABUSE MEDICAL EVALUATION WILL BE PAINFUL FOR THE CHILD AND IS SIMILAR TO A WELL-WOMAN CHECKUP.

FACT: The child's well-being and comfort are the first priorities in a medical evaluation. The medical provider will take the time necessary to explain the procedure and ensure that all questions are answered before beginning the examination. Evaluations involving pre-pubertal children are non-invasive and only involve gentle manipulation of the outer skin to allow the provider to get a better view through the camera lens. For pubertal female adolescents, there may be cases in which the medical provider may need to perform a speculum examination to allow a better view of the cervix. This is a more invasive examination that is needed to check the overall health of the child, but is not painful in most cases.

MYTH #2: A SEXUAL ABUSE MEDICAL EVALUATION WILL CAUSE THE CHILD FURTHER EMOTIONAL DISTRESS.

FACT: Research has repeatedly demonstrated that children feel a sense of relief after a medical evaluation because they have confirmation from a medical provider that they are normal and that their bodies are going to be okay. Some children harbor painful misconceptions about the effects of the abuse, including that they are pregnant or that others can readily tell they have been abused. It is very helpful to a child's recovery when a medical provider is able to dispel these mistaken beliefs.

MYTH #3: A CHILD SEXUAL ABUSE MEDICAL EVALUATION CAN REVEAL WHETHER A FEMALE CHILD IS A VIRGIN OR NOT.

FACT: There is no test or methodology for determining whether or not a female child has had intercourse. It is a common misconception that the hymen acts as a barrier that is penetrated the first time a female has sexual intercourse; however, that is inaccurate. The hymen is a rim of tissue that surrounds the external vaginal opening and in some females, may partially cover it. Any forceful penetration may result in tears to the tissue that may cause bleeding, but this can occur even after the first act of intercourse. There is no “cherry” that is popped or any other indicator of virginity. An examination of a pregnant teenager and one who has never had sexual intercourse would likely yield the same normal results.

MYTH #4: A MEDICAL EVALUATION IS OF NO USE IF THE ABUSE OCCURRED MORE THAN 96 HOURS AGO.

FACT: Whether a child has been abused within the last 96 hours or if the abuse occurred weeks, months or years ago, a medical evaluation is always of benefit to the child and can often be relevant to the case. For the child, it is a matter of being reassured that their bodies are healthy and that there are no conditions that need further treatment (e.g., pregnancy, sexually-transmitted infections, injuries, etc.). It is vitally important for them to know that they are normal and that no one can tell they have been abused. With regard to the case, medical evaluations may uncover facts that can be corroborated by investigators even if the case is non-acute. Often, children will tell medical providers information that they may not feel comfortable telling forensic interviewers or investigators. Any information disclosed to the medical provider during the evaluation may be an exception to the evidentiary hearsay rule and may be able to be introduced at trial.

MYTH #5: IF THE SEXUAL ABUSE EXAMINATION IS NORMAL AND THERE ARE NO FORENSIC FINDINGS, THEN IT MUST MEAN THAT NO ABUSE OCCURRED.

FACT: Forensic evidence is found in less than 10% of child sexual abuse cases; however, the lack of forensic evidence does not mean that abuse did not occur. Consider the fact that most pregnant teenagers and females with sexually-transmitted infections have normal examinations despite the fact that vaginal penetration clearly occurred. Further, a child’s genital tissue heals faster than an adult’s and any forensic evidence that may have existed can disintegrate in a very short period of time. The abuse may also have been the kind that does not typically cause injury, such as fondling, simulated sexual intercourse, or oral sex.

Even though there may be no forensic findings the child may disclose other information to the medical provider that can be of significant importance to the investigation. For example, if the child is able to describe the location where the abuse occurred, there may be evidence on pillows, bedding, cushions, clothes, and any other fibers found at the scene. In some cases, investigators have found condoms, lubricants and other evidence to corroborate the child's outcry.

MYTH #6: ANY MEDICAL PROVIDER CAN CONDUCT A SEXUAL ABUSE MEDICAL EVALUATION.

FACT: It is critical that medical evaluations for children who are suspected victims of child abuse be conducted by a medical professional with pediatric and child abuse experience. Qualified medical providers include physicians who are certified or certification eligible in Child Abuse Pediatrics; Advanced Practice Nurses and Physician Assistants who have completed competency-based training in child abuse/neglect under the direction of a physician; and Registered Nurses who have completed state- or nationally-approved training for conducting child sexual abuse assessments and are certified as Sexual Assault Nurse Examiners (SANE) or Forensic Nurse Examiners. These medical providers are trained to recognize normal variants and nonspecific changes in a child's genitalia and to discern credible evidence in sexual and physical abuse and neglect cases.

Several comprehensive research studies have shown that medical providers without specialized training may not be able to accurately identify genital structures in children and/or correctly identify abnormal findings. In addition, they may not have been trained in the techniques used to conduct a medical evaluation to ensure correct diagnoses and findings.