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Physical Examinations of

Sexual Assault

Pocket Atlas

Volume One

Assault Histories



STM Learning, Inc.

Leading Publisher of Scientific, Technical, and Medical Educational Resources

Saint Louis

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STM Learning, Inc.

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Saint Louis
www.stmlearning.com

Publishers: Glenn E. Whaley and Marianne V. Whaley
Graphic Design Director: Glenn E. Whaley
Managing Editor: Paul K. Goode, III
Print/Production Coordinator: Jennifer M. Jones and G.W. Graphics
Cover Design: Jennifer M. Jones and G.W. Graphics
Color Prepress Specialist: Kevin Tucker
Acquisitions Editor: Glenn E. Whaley
Developmental Editor: Paul K. Goode, III
Copy Editor: Paul K. Goode, III
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Printed in the United States of America.

Publisher:
STM Learning, Inc.
Saint Louis, Missouri
Phone: (314) 434-2424 Fax: (314) 434-2425
<http://www.stmlearning.com> orders@stmlearning.com

Library of Congress Cataloging-in-Publication Data

Names: Faugno, Diana K., 1950- , author. | Spencer, Mary J., 1936- , author.
| Giardino, Angelo P., author.

Title: Physical examinations of sexual assault pocket atlas / Diana K.

Faugno, Mary J. Spencer, Angelo P. Giardino.

Description: Saint Louis : STM Learning, Inc., [2016] | Includes index.

Identifiers: LCCN 2015050150 (print) | LCCN 2015051161 (ebook) | ISBN
9781936590483 (pbk., v. 1 : alk. paper) | ISBN 1936590484 (pbk., v. 1 :
alk. paper) | ISBN 9781936590537 (pbk., v. 2 : alk. paper) | ISBN
1936590530 (pbk., v. 2 : alk. paper) | ISBN 9781936590681 (e-book, v. 1) |
ISBN 1936590689 (e-book, v. 1) | ISBN 9781936590698 (e-book, v. 2) | ISBN
1936590697 (e-book, v. 2)

Subjects: | MESH: Forensic Medicine--methods | Sex Offenses | Physical
Examination--methods | Handbooks | Case Reports

Classification: LCC HV8079.S48 (print) | LCC HV8079.S48 (ebook) | NLM W
639 |

DDC 363.25/9532--dc23

LC record available at <http://lcn.loc.gov/2015050150>

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PREFACE

Sexual violence and its perpetrators persist in inflicting harm and morbidity on individuals, families, and communities around the world; however, the identification and documentation of assaultive injury simultaneously endures and evolves in corroborating victim histories, supporting the investigation of sexual assault, and holding offenders accountable for their crimes. Photographic, colposcopic, video, and narrative documentation continue to improve; DNA profiling at the local, state, and national levels allows for timely identification of stranger and serial offenders; secured computer programs transmit photographs and other sensitive materials for accurate consultation; interdisciplinary Sexual Assault Response Teams (SARTs) streamline the investigative process for the sake of survivors; and emotional care, beginning at the time of examination, sets those survivors on a path toward resilient recovery.

This 2-volume color atlas follows the developmental stages of infancy (0–3 years), childhood (4–8 years), preadolescence (9–12 years), adolescence (13–17 years), adulthood (18–39 years), middle-age (40–64), and elderly adulthood (65 years and older). Volume 1 includes cases of drug-facilitated rape, rape and sodomy in correctional settings, and a variety of sexual victimization across the life span; Volume 2 presents findings associated with consensual intercourse, anogenital findings in sexually inexperienced women, and many more cases of normal or otherwise nonassaultive physical findings. Volumes 1 and 2 serve as a valuable basis of comparison for assaultive and nonassaultive injury alike. It is the hope of the authors and publishers that this exhaustive photographic reference will foster improved care for survivors and better support the apprehension and correction of offenders.

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SECTION I

PREPUBERTAL

NEONATE AND INFANT SEXUAL ABUSE (0–3 YEARS OLD)

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This chapter consists of cases of very young children within the approximate age range of newborn to 3 years. Sexual abuse in this age group often goes unreported. When it is reported, weeks or months may have passed since the abuse occurred. There are rarely conclusive physical findings, even in witnessed abuse, not only because of delays in reporting, but also because the sexual abuse of the young child is more often related to fondling than penetration. When there is acute injury, as would be more likely in attempted penetration of the infant's vagina with the adult penis, it resolves quickly, without significant scarring of the mucous membranes.

A medical examination should be performed as soon as possible after abuse is reported, even if weeks or months have passed since the incident. An examination with colposcopy and photodocumentation provides vital evidence for the current report and a baseline for the future. Photodocumentation also helps avoid repeated examinations. If photographs are available, Child Abuse Team members and consulting examiners can discuss the findings without retraumatizing the child. To accurately interpret the findings, the medical examiner must be familiar not only with the signs of abuse, but also nonassault variants and normal findings.

ACUTE FINDINGS

Case Study 1-1

This 5-month-old female was brought to the emergency department the day after perineal bruises were found by the mother. A provider had sent her home with thick diaper cream completely covering these bruises. The mother noticed the bruises while changing the baby.

Figure 1-1-a. 24 hours postassault shows ecchymosis posterior to the labia majora (35mm).

Figure 1-1-b. General erythema of the hymen, periurethral area and medial labia minora. She has a patulous urethra.

Figure 1-1-c. Five days after the first examination, there is resolution of the erythema.

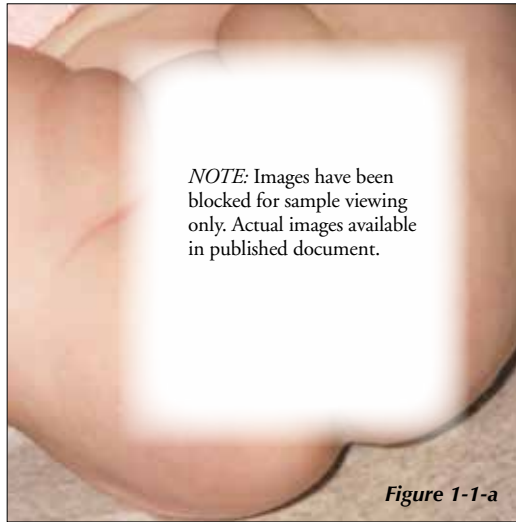


Figure 1-1-a

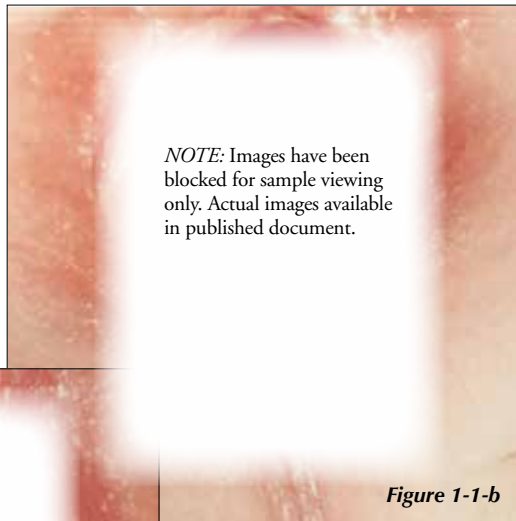


Figure 1-1-b

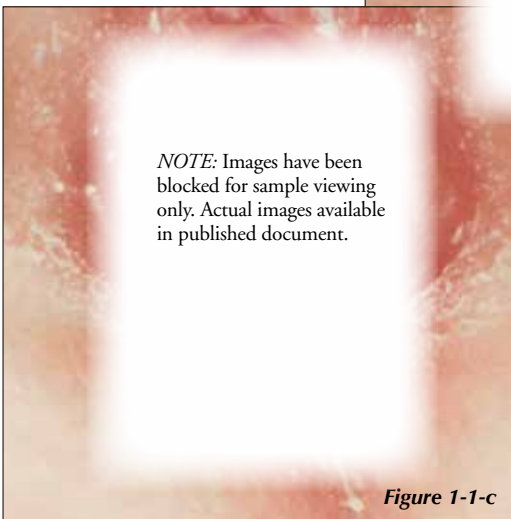


Figure 1-1-c

Case Study 1-2

This 8-month-old female was cared for by a neighbor while the mother ran an errand. The neighbor was high on cocaine and attempted to penetrate the infant's vagina with his penis.

When the mother returned, the infant was crying and fussy. The mom found blood in her diaper.

Figure 1-2-a. Hymenal ecchymosis, edema, and erythema are evident. An avulsion is present, midline at the base of the hymen, giving the appearance of a puncture wound.

Figure 1-2-b. A laceration of the posterior fourchette from the perineum to the anus.

Figure 1-2-c. Five days postassault, erythema of the vestibule persists. The cavity at the base of the hymen is filling with granulation tissue.

Figure 1-2-d. Four months postassault. The injury at the base of the hymen has completely healed, and the annular hymen is thick. The erythema persists and is normal for this diapered infant.

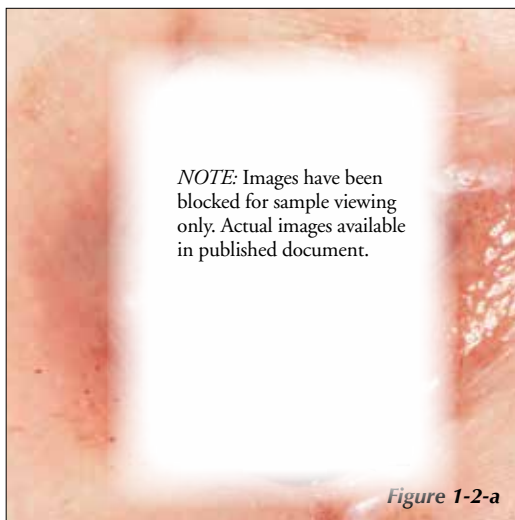


Figure 1-2-a

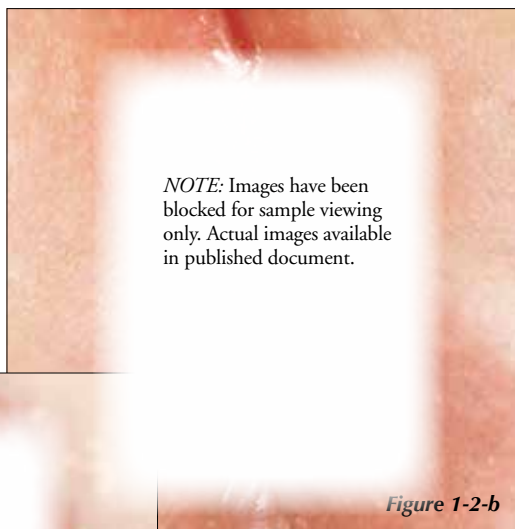


Figure 1-2-b

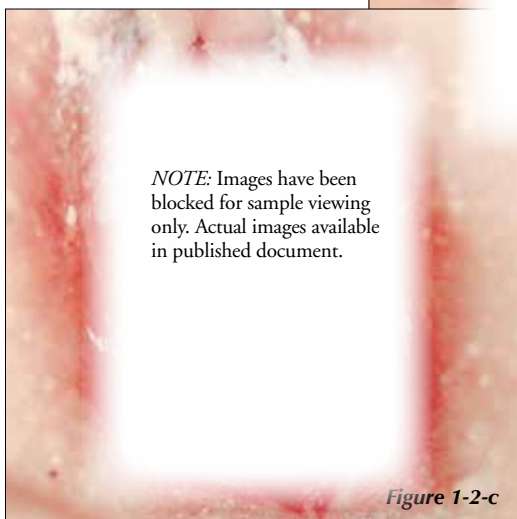


Figure 1-2-c

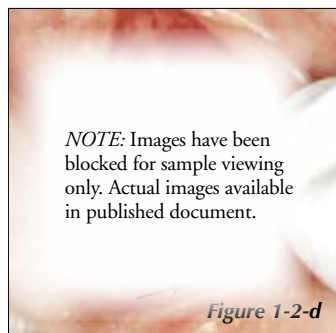


Figure 1-2-d

ACUTE FINDINGS

Case Study 1-3

This is an 8-month-old Caucasian female, Tanner stage 1, examined within 6 hours of digital penetration of the anus and spanking. The 25-year-old male babysitter explained “the baby wouldn’t stop crying.” The first 4 photographs show the acute findings; the fifth photo was taken 3 months later.

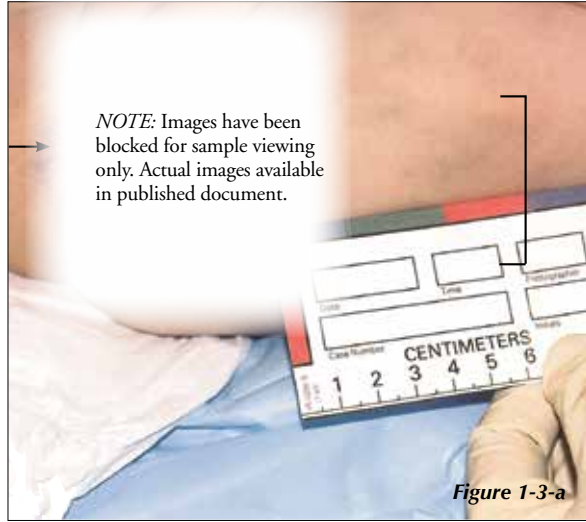


Figure 1-3-a. There is perianal ecchymosis and ecchymosis on the left buttock from 1 o'clock to 4 o'clock and on the posterior and lateral left thigh (35mm).

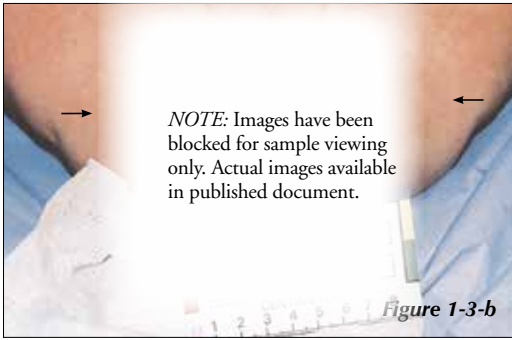


Figure 1-3-b. Perianal ecchymosis is evident on both sides, lateral to the anus. There is ecchymosis on the right and left lateral thighs (35mm).

Figure 1-3-c. This photo shows perianal ecchymosis, focal erythema superior to the anus, and lacerations at 12 and 6 o'clock.

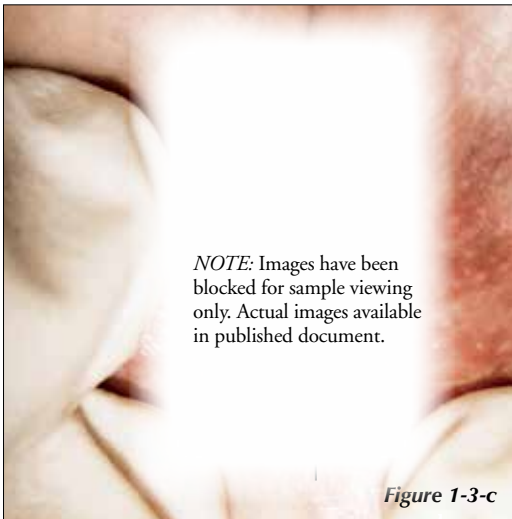
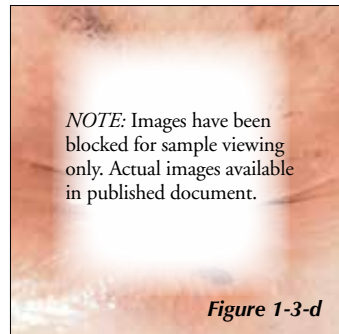


Figure 1-3-d. Toluidine blue dye uptake affirms the presence of the perianal lacerations.

He was sentenced by court-martial to 8 years in prison.

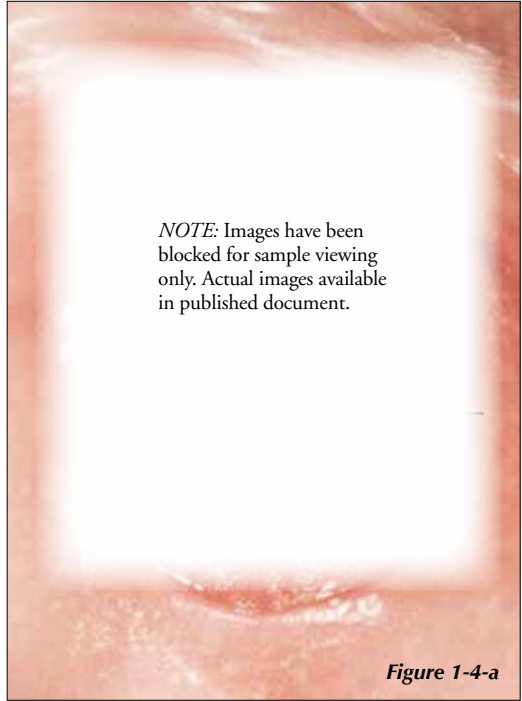


Case Study 1-4

This 18-month-old Caucasian was observed by her 6-year-old sister being "touched" by her mother's boyfriend. She was examined within 24 hours from the time of "touching." There was a history of constipation.

Figure 1-4-a. An annular hymen with symmetrical normal clefts at 3 and 9 o'clock. The vaginal wall is obvious within the hymenal opening.

Figure 1-4-b. A perianal laceration at 12 o'clock which may be related to constipation.



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