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Physical Examinations of

Sexual Assault

Pocket Atlas

Volume Two

*Nonassault Variants
and Normal Findings*



STM Learning, Inc.

Leading Publisher of Scientific, Technical, and Medical Educational Resources

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Nonassault Variants and Normal Findings

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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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CONTENTS IN BRIEF

SECTION I. PREPUBERTAL	1
CHAPTER 1: NEONATES AND INFANTS (0–3 YEARS OLD)	3
CHAPTER 2: YOUNG CHILDREN (4–8 YEARS OLD)	27
CHAPTER 3: PREADOLESCENTS (9–12 YEARS OLD)	53
SECTION II. PUBERTAL	63
CHAPTER 4: ADOLESCENTS (13–17 YEARS OLD)	65
SECTION III. ADULT	121
CHAPTER 5: ADULTS (18–39 YEARS OLD)	123
CHAPTER 6: MIDDLE-AGED AND ELDERLY ADULTS (40–64 YEARS OLD).	195

CONTENTS IN DETAIL

SECTION I. PREPUBERTAL	1
CHAPTER 1: NEONATES AND INFANTS (0–3 YEARS OLD)	3
Nonassault Variants	4
Accidents	4
Labial Adhesions	6
Foreign Object Penetration	8
Infection	9
Viral	9
Bacterial	12
Fungal	15
Friable Fourchette	17
Breech Delivery	18
Scratches	18
Urethral Prolapse	19
Constipation	20
Normal Findings	21
Annular Hymens	21
Crescentic Hymens	25
Septate Hymens	26
CHAPTER 2: YOUNG CHILDREN (4–8 YEARS OLD)	27
Nonassault Variants	28
Accidents	28
Labial Adhesions	30
Infections	32
Viral	32
Bacterial	35
Fungal	36
Parasitic	36
Failure to Fuse	37
Urethral Prolapse	37
Friable Fourchette	38
Oral Findings	40
Skin Findings	41
Normal Findings	42
Hymen	42

Annular	42
Crescentic	46
Septate	50
Anus	51
CHAPTER 3: PREADOLESCENTS (9–12 YEARS OLD)	53
Nonassault Variants	54
Infection	54
Viral	54
Bacterial	54
Spirochetal	55
Parasitic	55
Normal Findings	56
Varied Examiner Technique	56
Hymen	58
Annular	58
Crescentic	59
Sleeve-like	60
Failure to Fuse	60
Septate	61
Redundant	61
Anus	62
SECTION II: PUBERTAL	63
CHAPTER 4: ADOLESCENTS (13–17 YEARS OLD)	65
Nonassault Variants	66
Consenting Sexual Intercourse	66
Previously Sexually Active	66
Not Previously Sexually Active	84
Skin-Related	90
Lichen Sclerosis	90
Folliculitis	91
Scratches	91
Accidents	92
Labial Adhesions	94
Vaginal Ridge	95
Cervical Polyp	95
Infection	96
Viral	96
Bacterial	98
Fungal	99
Normal Findings	100
Hymen	100
Previously Sexually Active	100
Never Sexually Active	101

Septate	108
Bands	109
Labia	110
Asymmetrical Labia	112
Clitoris	114
Vagina	115
Cervix	116
Anal/Rectal	118
Mouth	120
SECTION III: ADULT.	121
CHAPTER 5: ADULTS (18–39 YEARS OLD).	123
Nonassault Variants	124
Findings in Consenting Intercourse	124
Not Previously Sexually Active	124
Unknown Previous Sexual Experience	126
Previously Sexually Active	127
Skin-Related Findings	130
Tire Abrasion	130
Poison Oak	130
Cesarean Section Scar	130
Folliculitis	130
Marks on the Neck	131
Slash Marks	131
Irritation of the Medial Thighs	131
Piercings	132
Labial and Vaginal Findings	134
Folliculitis	134
Lichenification	134
Crust and Erythema	135
Transection of Labium Minus	136
Vulvectomy	136
Vaginal Band	137
Vaginal Septum	137
Post-Hysterectomy	137
Cystocele/Rectocele	138
Post-Speculum Examination	138
Episiotomy	138
Breast Findings	140
Breast Augmentation Scars	140
Breast Reduction Scars	140
Nipple Erythema	141
Birthmark	141
Burns	141
Perineum and Perianal Findings	142

Skin Irritation	142
Hemorrhoid and Perianal Tag	143
Perianal Abscess.	143
Infection	144
Viral	144
Bacterial	148
Fungal	149
Techniques.	150
Genital Examination	150
Probe/Balloon	152
Toluidine Blue Dye.	156
Photographic Techniques.	159
Avoiding Pitfalls of Examination	162
Oral Findings	163
Normal Findings	164
Anatomy of the Female Genitalia	164
Tanner Stages in the Female	164
Tanner Stage 1	164
Tanner Stage 2	165
Tanner Stage 3	165
Tanner Stage 4	166
Tanner Stage 5	166
Labia Majora.	167
Clitoral Hood and Clitoris.	167
Labia Minora	168
Vestibule.	169
Inferior to the Anterior Commissure	169
Vestibular Papillations	170
Periurethral and Perihymenal Bands	171
Hymenal Tag	172
Open Bartholin Duct.	172
Crescentic Hymen	173
Tampon Within the Vagina.	173
Hymens Related to Sexual Experience, Pregnancy, and Number of Vaginal Deliveries	174
Sexually Inexperienced Women.	174
Sexually Experienced Women	176
Never Been Pregnant	176
Pregnant Once or More, No Vaginal Deliveries.	179
One Vaginal Delivery.	180
Two Vaginal Deliveries	182
Three Vaginal Deliveries	183
Four Vaginal Deliveries	184
Five and Six Vaginal Deliveries	185
Vaginal Wall	186

Cervix	187
Intrauterine Device (IUD) String.	187
General Findings	188
Anus and Rectum	190
Perianal.	190
Rectal.	191
Oral	192
Other	194

**CHAPTER 6: MIDDLE-AGED AND ELDERLY ADULTS
(40 YEARS AND OLDER)**

Nonassault Variants	196
Consenting Intercourse	196
Nevus	197
Postvulvectomy	198
Nabothian Cyst	199
Vulvar Dystrophy	200
Breasts	202
Eyes	203
Friable Fourchette	204
Rectal Polyp	204
Genital.	205
Anal/Rectal	206
Smooth Vaginal Wall.	207
Perianal Laxity	208

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SECTION I

PREPUBERTAL

NEONATES AND INFANTS (0–3 YEARS OLD)

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Because the majority of examinations for sexual abuse result in normal findings, some experts have questioned the need for a medical examination, especially when the last incident of abuse may have occurred some time previously. There are several reasons why the medical assessment is recommended.

- Examination may reveal evidence of penetrative trauma.
- Reassuring the family that the examination findings are normal may reduce anxiety.
- In court proceedings, jurors and judges may perceive the lack of a medical assessment as an incomplete investigation, negating the importance of the victim's statement.
- Some children are victims of repeated sexual abuse. Examinations with photodocumentation allow for detection and comparison of changes that can occur over time.
- The presence of a previously undiagnosed sexually transmitted infection (STI), such as venereal warts, may be detected.

In order to recognize signs of child sexual abuse, it is necessary to first be familiar with normal genital anatomy, its variations, and its development. While this may seem obvious, the lack of understanding of the many variations in normal appearance of the genital and anal tissues in children has led to misunderstandings among medical and non-medical professionals alike. When a child's examination is thought to show signs of injury or abuse but actually represents normal findings or evidence of another medical condition, the medical provider may contact child protection and/or law enforcement officials to report the suspicions. The child and family might then be unnecessarily traumatized by a referral and investigation of those suspicions.

NONASSAULT VARIANTS

ACCIDENTS

Case Study 1-1

This 2-year-old Caucasian was jumping on the bed when she fell, straddling the side rail. Her mother's boyfriend was watching her while the mother was out running errands. The child was dressed and wearing a diaper while jumping on the bed. She was brought in within 12 hours of the accident.

Figure 1-1-a. The diaper she wore on arrival for the exam (35mm).

Figure 1-1-b. A laceration of the posterior fourchette (35mm).

Key Point:

Photodocumentation of clothing may support a history of force.



Figure 1-1-a

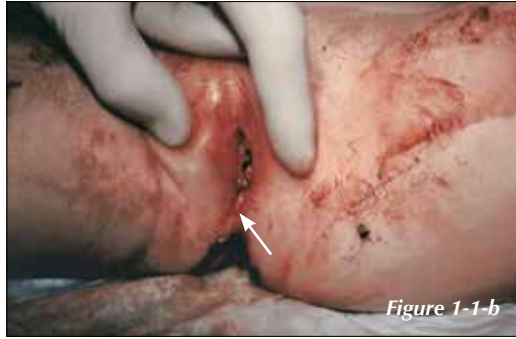


Figure 1-1-b



Figure 1-1-c

Figure 1-1-c. A deep posterior fourchette laceration. There is focal erythema of the hymen at 3 to 5 o'clock and 7 to 10 o'clock. The labia majora and minora are free of injury that might be expected from a straddle fall.

Figure 1-1-d. The child is draped for a surgical repair (35mm).

This case was canceled because it lacked elements of a crime.

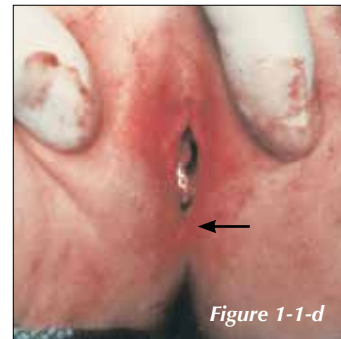


Figure 1-1-d

Case Study 1-2

After bringing this 2-year-old female home from the babysitter, her mother saw that the baby's bottom looked like "raw meat." This explained why the baby was so irritable, especially with urination. The sitter said the child went all day without a diaper to try to "potty-train." There was no history of falls or accidents, and there was no male in the house that day. The exam was conducted within hours of the mother identifying the child's injuries.

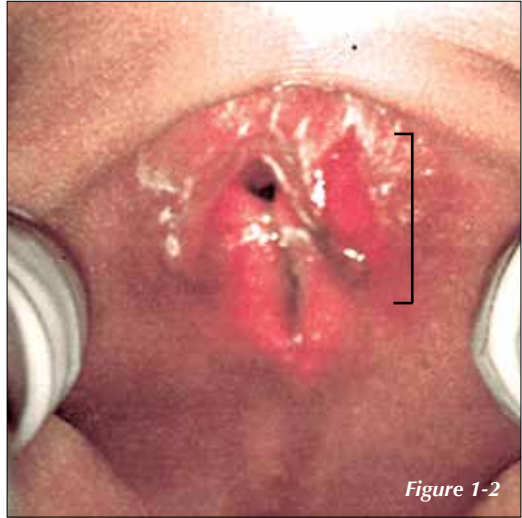
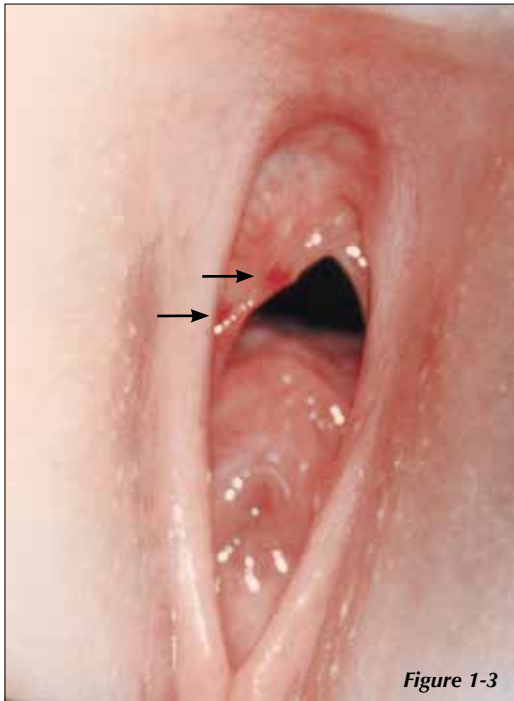


Figure 1-2. A large laceration in the labium majus that extends to the end of the labium minus.

This case was inactivated because all leads were exhausted.



Case Study 1-3

This 3-year-old female was brought in for an examination 12 hours after her mother noticed "redness on her vagina." It was determined that the child was penetrated by another toddler when they were taking a bath together.

Figure 1-3. The child is in knee-chest position. There are 2 sites of focal erythema, at 10 and 11 o'clock, on this thin, vascular hymen.

The case was canceled because it lacked elements of a crime.

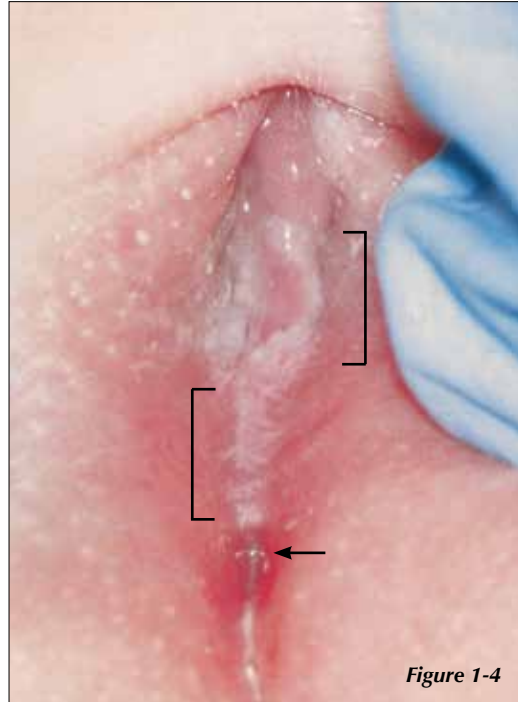
NONASSAULT VARIANTS

LABIAL ADHESIONS

Case Study 1-4

There is a history of several weeks of digital contact to this 4-month-old by her natural father. The adhesions had not been treated at the time of the photograph.

Figure 1-4. Labial adhesions with an anterior and posterior opening. Cultures were negative for *Neisseria gonorrhoea* and *Chlamydia trachomatis*.



Case Study 1-5

This 2-year-old child had a history of blood in her diaper.

Figure 1-5. Labial adhesions run from midlabia posteriorly. The anterior opening is not evident in the photograph. The posterior aspect of the labial adhesion is beginning to separate, evident as the examiner gently separates.

INDEX

A

- abuse, sexual. *See* sexual abuse
- accidents
- adolescents, 92–93
 - neonates and infants, 4–5
 - young children, 27–29
- adolescents, sexual abuse
- accidents, 92–93
 - anal/rectal, 118–120
 - asymmetrical labia, 112–113
 - bacterial infection, 98
 - bands, 109
 - cervical polyp, 95
 - cervix, 116–117
 - clitoris, 114
 - fungal infection, 99
 - hymen, 100–108
 - labia, 110–111
 - labial adhesions, 94
 - mouth, 120
 - sexual intercourse, 66–89
 - skin-related folliculitis, 91
 - skin-related lichen sclerosis, 90
 - skin-related scratching, 91
 - vagina, 115
 - vaginal ridge, 95
 - viral infection, 96–97
- adults, sexual abuse, 123
- anterior commissure, 169–170
 - anus and rectum, 190–191
 - avoiding pitfalls of examination, 162–163
 - bacterial infection, 148
 - birthmark, 141
 - breast augmentation scars, 140
 - breast findings, 141
 - breast reduction scars, 140
 - cervix, 187–189
 - cesarean section scar, 130
 - clitoral hood and clitoris, 167
 - crescentic hymen, 173
 - crust and erythema, 135
 - cystocele/rectocele, 138
 - episiotomy, 138, 139
 - female genitalia, 164
 - folliculitis, 130, 134
 - fungal infection, 149
 - genital examination, 150–151
 - hemorrhoid and perianal tag, 143
 - hymenal tag, 172
 - intrauterine device (IUD), 188
 - irritation of medial thighs, 131
 - labia majora, 167
 - labia minora, 168
 - lichenification, 134
 - marks on neck, 131
 - nipple erythema, 141
 - normal findings, 194
 - open bartholin duct, 172
 - oral findings, 163, 192–193
 - perianal abscess, 143
 - periurethral and perihymenal
 - bands, 171
 - photographic techniques,
 - 159–161
 - piercings, 132–133
 - poison oak, 130
 - post-hysterectomy, 137
 - post-speculum examination, 138
 - probe/balloon, 152–155
 - sexual intercourse, 124–129
 - sexually inexperienced women,
 - 174–185
 - skin irritation, 142
 - slash marks, 131
 - tampon within vagina, 173
 - Tanner stages, 164–166

- tire abrasion, 130
 - toluidine blue dye, 156–158
 - transection of labium minus, 136
 - vaginal band, 137
 - vaginal septum, 137
 - vaginal wall, 186–187
 - vestibular papillations, 170
 - viral infection, 144–147
 - vulvectomy, 136
- anal/rectal
- adolescents, 118–120
 - middle-aged and elderly, 206–207
- annular hymen
- neonates and infants, 21–24
 - pre-adolescent children, 58
 - young children, 42–45
- anterior commissure, 169–170
- anus
- adults, 190–191
 - pre-adolescent children, 62
 - young children, 51–52
- asymmetrical labia, 112–113
- avoiding pitfalls of examination, 162–163
- B**
- bacterial infection
- adolescents, 98
 - adults, 148
 - neonates and infants, 12–14
 - pre-adolescent children, 54
 - young children, 35
- balanitis, neonates and infants, 19
- bands, adolescents, 109
- birthmark, adults, 141
- breasts
- augmentation scars, 140
 - findings, 141
 - middle-aged and elderly, 201–202
 - reduction scars, 140
- breech delivery, 18
- C**
- Candida albicans*, 16, 36, 54, 99, 149
- cervical polyp, 95
- cervix
- adolescents, 116–117
 - adults, 187–189
- cesarean section scar, 130
- Chlamydia gonorrhoea*, 44
- Chlamydia trachomatis*, 13, 98, 99, 148
- clitoral hood, 37, 73, 114
- and clitoris, 167
 - laceration of, 75
- clitoris, 41, 114
- condyloma acuminata, 9–10, 32, 81, 96–97
- constipation, 20
- crenate hymen, 56
- adults, 173
 - neonates and infants, 25
 - pre-adolescent children, 59
 - young children, 46–49
- crust, 135
- cystocele/rectocele, 138
- D**
- diaper dermatitis, 15–16
- E**
- ecchymosis, 18, 19, 41, 69, 74, 90
- of hymen, 93
- ectropion, 95, 116
- episiotomy, 138, 139
- erythema, 4, 12, 14, 29, 39, 41, 89, 128, 135, 157
- Escherichia coli*, 14
- eyes, 203
- F**
- failure to fuse, 37
- female genitalia, 164
- focal erythema, 5, 16, 17
- folliculitis, 91, 130, 134
- skin-related, 91
- foreign object penetration, 8
- fossa navicularis, 86, 101, 128
- laceration of, 124
- fourchette laceration, 4, 78
- friable fourchette
- middle-aged and elderly, 204
 - neonates and infants, 17
 - young children, 38–39
- friable fourchette laceration, 17
- fungal infection
- adolescents, 99

- adults, 149
 neonates and infants, 15–16
 young children, 36
- G**
 Gardnerella vaginalis, 10, 35, 54, 66, 98
 genital examination, 150–151
 genital normal findings, 205
- H**
 hemorrhoid, 143
 and perianal tag, 143
 herpes simplex virus type 2, 33, 54, 146
 human papillomavirus (HPV), 9–10
 hymen
 adolescents, 100–108
 annular. *See* annular hymen
 crescentic. *See* crescentic hymen
 ecchymosis of, 93
 estrogenized, 100
 failure to fuse, 60
 laceration of, 124
 lateral rim of, 102
 redundant. *See* redundant
 hymen
 septate. *See* septate hymen
 sleeve-like. *See* sleeve-like hymen
 hymenal tag, adults, 172
 hyperpigmentation, 41, 111
- I**
 iatrogenic laceration, 39
 infection
 bacterial. *See* bacterial infection
 fungal. *See* fungal infection
 parasitic. *See* parasitic infection
 spirochetal. *See* spirochetal
 infection
 viral. *See* viral infections
 intercourse, sexual. *See* sexual intercourse
 intrauterine device (IUD), 188
 irritation of medial thighs, 131
- L**
 labia, 110–111
 labial adhesion, 94
 adolescents, 94
 neonates and infants, 6–7
 young children, 30–31
 labial erythema, 29
 labial separation, 46, 48
 labial traction, 22, 151
 labia majora, 18, 167
 labia minora, 82, 168
 labium majus, 93
 labium minus, 113, 115, 152
 laceration, 72, 85
 of clitoral hood, 75
 of hymen and fossa navicularis, 124
 on labial adhesion, 94
 oozing, 80
 perianal abrasion with, 129
 of posterior fourchette, 66
 toluidine blue dye uptake of, 158
 lichenification, 41, 134
- M**
 marks on neck, 131
 middle-aged and elderly, sexual abuse, 195
 anal/rectal, 206–207
 breasts, 201–202
 eyes, 203
 friable fourchette, 204
 genital normal findings, 205
 nabothian cyst, 199
 nevus, 197
 perianal laxity, 208
 postvulvectomy, 198–199
 rectal polyp, 204
 sexual intercourse, 196–197
 smooth vaginal wall, 207
 vulvar dystrophy, 200–201
 mouth, 120
- N**
 nabothian cyst, 79, 199
 Neisseria gonorrhoea, 44, 99
 neonates and infants, sexual abuse
 accidents, 4–5
 annular hymens, 21–24
 bacterial infection, 12–14
 balanitis, 19
 breach delivery, 18

- constipation, 20
- crescentic hymens, 25
- foreign object penetration, 8
- friable fourchette, 17
- fungal infection, 15–16
- labial adhesions, 6–7
- scratches, 18
- septate hymens, 26
- urethral prolapse, 19
- viral infection, 9–11

nexus, 197

nipple erythema, 141

normal findings, 194

O

open bartholin duct, 172

oral findings

- adults, 163, 192–193

- young children, 40

P

parasitic infection, 36, 55

patulous urethra, 48–49

perianal abrasion with lacerations,
129

perianal abscess, 143

perianal erythema, 20, 40

perianal laceration, 127

perianal laxity, 208

perianal lesions, 15

perineal laceration, 157

periurethral and perihymenal

- bands, 171

Periurethral bands, 109

photodocumentation of clothing, 4

photographic techniques, 159–161

piercings, 132–133

poison oak, 130

posterior fourchette laceration, 4

post-hysterectomy, 137

post–speculum examination, 138

postvulvectomy, 198–199

pre-adolescent children, sexual

- abuse, 53

- annular hymen, 58

- anus, 62

- bacterial infection, 54

- crescentic hymen, 59

- hymen, failure to fuse, 60

- parasitic infection, 55

- redundant hymen, 61

- septate hymen, 61

- sleeve-like hymen, 60

- spirochetal infection, 55

- varied examiner technique,
56–57

- viral infection, 54

probe/balloon, 152–155

R

rectal polyp, 204

rectum, 190–191

redundant hymen, 61

S

scratching, 18, 91

separation examination technique,
107

septate hymen, 26

- pre-adolescent children, 61

- young children, 50

sexual abuse, 158

- adolescent victims of, 65

- adults, 123

- middle-aged and elderly adults,
195

- in pre-adolescent children, 53

- in young children, 27

sexual intercourse

- adolescents, 66–89

- adults, 124–129

- middle-aged and elderly,
196–197

sexually inexperienced women,
174–185

sexually transmitted infection
(STI), 3

skin findings, 41

skin irritation, 142

skin-related folliculitis, 91

skin-related lichen sclerosis, 90

skin-related scratching, 91

slash marks, 131

sleeve-like hymen, 60

smooth vaginal wall, 207

spirochetal infection, 55

T

tampon within vagina, 173
Tanner stage 2, 115
Tanner stage 3, 102
Tanner stage 4, 68, 118
Tanner stages, 164–166
tire abrasion, 130
toluidine blue dye, 67, 76, 83, 139,
156–158
transection of labium minus, 136

U

urethral prolapse
 neonates and infants, 19
 young children, 37

V

vagina, 115
vaginal band, 137
vaginal cultures, 66
vaginal orifice, 58
vaginal ridge, 95
vaginal secretions, 12
vaginal septum, 137
vaginal speculum, 39
vaginal wall, 186–187
varied examiner technique, 56–57
vascularity, 39
verruca vulgaris, 34
vestibular erythema, 17
vestibular papillations, 170
viral infections
 adolescents, 96–97
 adults, 144–147
 neonates and infants, 9–11
 pre-adolescent children, 54
 young children, 32–34
vulvar dystrophy, 200–201
vulvectomy, 136

Y

young children, sexual abuse, 27
 accidents, 27–29
 annular hymen, 42–45
 anus, 51–52
 bacterial infections, 35
 crescentic hymen, 46–49
 failure to fuse, 37

friable fourchette, 38–39
fungal infections, 36
labial adhesions, 30–31
oral findings, 40
parasitic infections, 36
septate hymen, 50
skin findings, 41
urethral prolapse, 37
viral infections, 32–34