MEDICINE

MEDICAL SIGNS WHICH MAY MIMIC SEXUAL ABUSE

—by Jan Bays

Editor's Comments

—by Martin Finkel

Dr. Bays and her colleague, Dr. Jenny, in this article bring to light the spectrum of anogenital complaints which to the untrained eye might be misconstrued as due to sexual abuse. In light of the seriousness of the allegation of possible sexual abuse, it is appropriate for all disciplines to be aware of those medical problems that raise false suspicion of sexual abuse.

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Between ten and twenty-five percent of children are sexually abused. Not surprisingly, physicians are increasingly asked to examine children for physical signs of possible sexual abuse. A diagnosis of sexual abuse has serious consequences for the child, family, and suspected offender. Physicians should be familiar with conditions causing physical signs in the genital and anal areas which might be confused with the physical findings due to child sexual abuse. *The Color Atlas of Child Sexual Abuse* (see references) is a helpful resource, presenting color picture of normal anatomical findings, findings due to abuse, and findings that commonly result from nonsexual or indeterminate etiology. In an article to be published in *American Journal of Diseases of Children* (v.144, 1990), Carol Jenny and I review the existing literature on such conditions and present representative cases from our clinical practice at sexual assault centers in the Pacific Northwest. Six general categories of conditions are discussed in the article: dermatologic, traumatic, congenital, anal, urethral, and infectious. This newsletter article is a condensation of the journal article.

Dermatologic. Dermatologic conditions range from the common, such as genital redness due to bubble bath or yeast diaper rash, to the uncommon, such as a disease called *lichen sclerosis*, which can cause bleeding in the genital area from such mild trauma as wiping with toilet paper.

Traumatic. Marks which mimic bruises can be caused by the juice from plants like limes, figs or celery contacting the skin prior to sun exposure. One child was reported for possible abuse when an adult who had been squeezing limes at a tequila party grabbed the child's arm, leaving a hand print in lime juice, which developed into a dark "bruise" after sun exposure.

Labial fusion is a common finding in nonabused girls who are still in diapers, but may indicate abuse if seen in an older girl.

Straddle injuries are usually easy to diagnose as they involve a dramatic and acute history, and involve injuries which are usually unilateral, anterior, and external.

Masturbation is not reported to cause genital injuries except in children who self-mutilate, are severely developmentally delayed, or have been abused.

Congenital. Congenital conditions include red birthmarks on the genitalia and a variety of midline structures such as tags, pits, epispadius and failure of midline fusion.

Anal. A number of anal conditions may raise concerns about possible abuse. Anal changes mimicking abuse can be caused by Crohn's disease, hemolytic uremic syndrome, *lichen sclerosis*, and neurogenic *patulous anus*. Perianal streptococcal cellulitis is an infection which can cause a painful perianal rash and bleeding.

Urethral. Bleeding and pain with urination can be caused by urethral prolapse, polyps, hemangiomas, and carbuncles.

Infectious. Sexually transmitted infections like genital warts and Chlamydia in children out of infancy should raise concerns about abuse. An infant, however, may be infected at birth but not show symptoms for several months.

Conclusion

A physician who discovers a condition which may be due to sexual abuse should take a complete medical history to rule out other diagnoses. The child may be interviewed alone to ask about touching in her "private parts." Different examination positions and manipulative techniques should be used to determine that the exam is truly abnormal (Bays, J., et al., 1990). Referral for a second exam and an in-depth interview by trained experts may be appropriate.

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and what interventions are effective for different types of neglectful situations. To address adequately the complex and widespread problem of child neglect, professionals, communities, and governments must share responsibility with parents.

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