

Book Review: Medical Evaluation of Child Sexual Abuse: A Practical Guide (4th Ed.)

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Medical Evaluation of Child Sexual Abuse: A Practical Guide (4th Edition)

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The plot of Maya Angelou’s fictional autobiography, “I Know Why the Caged Bird Sings,” is comparable to the often harrowing ordeal that many child sexual abuse victims endure. The book’s protagonist, Marguerite (aka Maya), was sexually abused at age 8. When she disclosed the name of her rapist, her mother’s boyfriend, he was killed after being incarcerated for one day. Marguerite subsequently became mute for 5 years, believing that her voice was responsible for his murder. Marguerite is like many child sexual abuse victims. Known, trusted adults abuse them, and yet it is the victim that bears the shame and feelings of guilt when they ultimately disclose.

Co-editors Drs. Finkel and Giardino* intended for this book to be “a standard reference text” for the medical evaluation of child sexual abuse. This book does indeed offer a concise but vast culmination of expert knowledge regarding all aspects of child sexual abuse from prevalence to prevention.

The chapters are very interesting and well referenced:

- The legal chapter is exceptionally written and provides an easy to understand overview of everything a provider must consider legally when performing child sexual abuse evaluations.
- The mimics chapter is extremely thorough and provides excellent supportive images.
- The telemedicine chapter highlights a pragmatic and less costly approach to fulfilling

the need for comprehensive exams performed by or peer reviewed by child abuse specialists.

- The chapters including the components of the medical evaluation including history, anogenital examination, evidence collection, and treatment are thoughtfully organized, well written and supported by well-prepared case examples and excellent photodocumentation.

However, there are some noteworthy exceptions. On page 53, the author recommends using an anatomical model during the child’s history to help clarify the “child’s perception of whether an object was placed between the labia or into the vagina.” As detailed and referenced in chapter 11, forensic interview approaches that use media (i.e., anatomic drawings and dolls) with younger children have been associated with generating inaccurate information. Exposing a young victim child who has limited developmental understanding of the anogenital area to a real-life model and demonstrating digital insertion into a vagina and/or anus may cause psychological retraumatization. More research is needed to determine the efficacy of this technique.

There are also discrepancies in the physical exam chapter regarding anogenital examination and interpretation and the use of speculums in pubertal females compared to the most current consensus of medical interpretation of findings (Adams, Farst, & Kellogg, 2018) and evaluation of the sexually assaulted adolescent (Crawford-Jakubiak, Alderman, Leventhal, AAP Committee on Child Abuse and Neglect, & AAP Committee on Adolescence, 2017), respectively.

As the book states, “the transverse diameter of the hymenal orifice alone cannot be relied on as a sole diagnostic finding of vaginal penetration” (p. 69). Experts no longer consider the transverse diameter of the hymenal orifice useful in diagnosing sexual abuse, as there is significant variability depending upon the child’s relaxation and the examiner’s technique. In regards to the statement, “a bimanual or speculum examination is indicated in most postpubertal children with a history involving penetration into the vagina” (p. 60), a bimanual exam is not part of a sexual assault evaluation, nor is the use of a speculum. Practitioners rarely use speculums if there is concern for injury or active vaginal bleeding. However, use of a speculum may be traumatic for a teenager and “may lead to avoidance of reproductive health care in the future” (Crawford-Jakubiak et al., 2017).

In the section on penile-vaginal penetration, there is no evidence to support that “a transection of the hymen observed in the prepubertal child should remain evident even when the membrane becomes estrogenized in puberty” (p. 92). In prepubertal children, hymenal injuries have been shown to heal rapidly with the majority revealing little or no evidence of previous trauma (McCann, Miyamoto, Boyle, & Rogers, 2007). There is also no medical

substantiation to the statement that the size of an adolescent’s hymenal orifice or accommodation of an adult vaginal speculum correlates with the size of an inserting foreign body (p. 92). Again, hymenal orifice size is no longer a diagnostic consideration (Adams et al., 2018). Drug-facilitated sexual assault (DFSA) and its effect on hymen/anal tissue relaxation is another important criterion to consider when making a diagnosis of sexual abuse/assault, as victims of DFSA are less likely to have genital and nongenital trauma (Harper, 2011).

Overall, this book is a useful and extensive practical guide for clinicians evaluating children who are suspected victims of sexual abuse, and it is therefore worthy of purchase.

**Editor’s Note: Dr. Giardino is the former Editor-in-Chief of the APSAC Advisor. He did not solicit or approve this book review.*

About the Author

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