

# The Medical Exam in Child Sexual Abuse Cases

An overview for families and MDT members



The medical exam in child sexual abuse cases is an important referral for child victims to ensure the health and well-being of the child.

Northeast Regional Children's Advocacy Center (NRCAC) has created this fact sheet and accompanying video [The Medical Exam in Child Sexual Abuse Cases](#) to outline the importance of the exam and why it should be performed by a medical provider with specialized training.



## WHEN SHOULD EXAMS BE CONDUCTED

*Urgent exams are recommended:*

- Medical, psychological or safety concerns such as acute pain or bleeding, suicidal ideation, or suspected human trafficking
- Alleged assault that may have occurred within the previous 72 hours (for pre-pubescent children) or 120 hours (for adolescents) necessitating collection of trace evidence for later forensic analysis
- Need for emergency contraception
- Need for post-exposure prophylaxis (PEP) for sexually transmitted infections including HIV

*Non-urgent exams are recommended:*

- When there is a disclosure by child of abuse that occurred more than 72/120 hours ago
- Children who are exhibiting sexualized behaviors
- Cases with a suspicion of sexual abuse but no disclosure made by the child

Note: Children in non-urgent cases do not need to visit the Emergency Department after hours (or even during business hours) if the abuse did not recently occur. It is preferable to schedule an appointment with a specialist at the CAC, at a Child Abuse Program at a hospital or with a medical provider that has a linkage agreement with the CAC. If the abuse did not recently occur or there are no medical, psychological or safety concerns, it is preferable to schedule an appointment with a specialist at the CAC, at a Child Abuse Program at a hospital or with a medical provider that has a linkage agreement with the CAC.

## WHY A MEDICAL EXAM IS IMPORTANT FOR VICTIMS OF CHILD SEXUAL ABUSE

- To ensure the health and well-being of the child
- To reassure the child that everything is ok with their body
- To diagnose and treat medical conditions that may be related to sexual abuse
- To document any possible physical and forensic findings
- To allow for collection of evidence that may be present on the child's body or clothing within 72 hours for prepubescent children, or 120 hours for adolescents. Check the timeframe for urgent exams in your state.

## WHAT HAPPENS DURING A MEDICAL EXAM

- It is a head to toe exam, similar to the pediatrician visit, with the addition of looking at the genital areas
- The medical exam is not painful or invasive and a speculum is not used on a pre-pubescent child
- A parent/guardian is allowed to be with the child during the medical exam
- Lab tests can be conducted and prescriptions can be written, if necessary
- A full Interview of the child is not conducted
- DO NO HARM policy means a child is never forced to have an exam



Scan the QR code for more information or [click here](#).

# The Medical Exam in Child Sexual Abuse Cases

An overview for families and MDT members

## WHY A MEDICAL EXAM SHOULD BE SCHEDULED IN ALL CASES OF CHILD SEXUAL ABUSE

- To ensure the health and well-being of the child
- To reassure the child that everything is okay with their body
- We know that a child's disclosure is a process and they may not share all details of the abuse in the initial disclosure
- This may be the only access to medical care for some children

## WHO SHOULD CONDUCT MEDICAL EXAMS\*

- Pediatricians with specialty board designation as a Child Abuse Board Pediatrician
- Other advanced practice providers such as physicians, physician assistants or nurse practitioners with a minimum of 16 hours of formal training in the medical evaluation of child sexual abuse
- Non-advanced practice nurses (RN's) with a minimum of 40 hours of training in the evaluation of child sexual abuse



\*National Children's Alliance, Standards for Accreditation, 2023

\*Child Abuse Pediatrics Subboard eligibility or certification

\*Physicians without board certification or eligibility in the field of child abuse pediatrics, advanced practice nurses, and physician assistants should have a minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse

\*Sexual assault nurse examiners (SANEs) without advanced practitioner training should have a minimum of 40 hours of coursework specific to the medical evaluation of child sexual abuse followed by a competency- based clinical preceptorship.

## WHAT SHOULD PARENTS TELL THEIR CHILDREN ABOUT A MEDICAL EXAM

- A doctor/nurse will conduct an exam to make sure their body is healthy
- A doctor/nurse will do a full head to toe exam, including looking at their private parts
- The exam will not be painful
- A parent/guardian can be present for the exam
- They can stop the exam at any time if they wish

## WHY NORMAL IS NORMAL

- Over 90% of medical exams are "normal" (Adams, J., Farst, K., Kellogg, N. "Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018." *Journal of Pediatric and Adolescent Gynecology*, (2018), 31(3): 225-231)
- A normal exam does not mean sexual abuse didn't happen
- A normal exam does not mean the child is lying
- A normal exam does not mean you can't proceed with criminal charges or child protection findings
- Not all types of sexual abuse are expected to cause injury: (1) minor injuries heal quickly; (2) children don't always report immediately; (3) genital tissues are "stretchy" (similar to the inside of your mouth, which heals quickly)
- Expert witnesses (child abuse board certified pediatricians, or other medical professionals with advanced training in child abuse ) may be used in court to explain to a jury why there is usually no medical findings in child sexual abuse cases

*This project is sponsored by NRCAC from Grant Award Number 15PJDP-22-GK-03061-JJVO awarded by the Office of Juvenile Justice and Delinquency Prevention, Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, OJJDP or NRCAC.*