Table 1
2018 Updated Approach to Interpretation of Medical Findings in Suspected Child Sexual Abuse

Section 1. Physical findings

A. Findings documented in newborns or commonly seen in nonabused children. These findings are normal and are unrelated to a child's disclosure of sexual abuse

Normal variants

1. Normal variations in appearance of the hymen
   a. Annular: hymenal tissue present all around the vaginal opening including at the 12 o'clock location
   b. Crescentic hymen: hymenal tissue is absent at some point above the 3-9 o'clock locations
   c. Imperforate hymen: hymen with no opening
   d. Microperforate hymen: hymen with 1 or more small openings
   e. Septate hymen: hymen with 1 or more septae across the opening
   f. Redundant hymen: hymen with multiple flaps, folding over each other
   g. Hymen with tag of tissue on the rim
   h. Hymen with mounds or bumps on the rim at any location
   i. Any notch or cleft of the hymen (regardless of depth) above the 3 and 9 o'clock location
   j. A notch or cleft in the hymen, at or below the 3 o'clock or 9 o'clock location, that does not extend nearly to the base of the hymen
   k. Smooth posterior rim of the hymen that appears to be relatively narrow along the entire rim; might give the appearance of an "enlarged" vaginal opening
2. Periurethral or vestibular band(s)
3. Intravaginal ridge(s) or column(s)
4. External ridge on the hymen
5. Diastasis ani (smooth area)
6. Perianal skin tag(s)
7. Hyperpigmentation of the skin of labia minora or perianal tissues in children of color
8. Dilation of the urethral opening
9. Normal midline anatomic features
   a. Groove in the fossa, seen in early adolescence
   b. Failure of midline fusion (also called perineal groove)
   c. Median raphe (has been mistaken for a scar)
   d. Linea vestibularis (midline avascular area)
10. Visualization of the pectinate/dentate line at the juncture of the anoderm and rectal mucosa, seen when the anus is fully dilated
11. Partial dilatation of the external anal sphincter, with the internal sphincter closed, causing visualization of some of the anal mucosa beyond the pectinate line, which might be mistaken for anal laceration

B. Findings commonly caused by medical conditions other than trauma or sexual contact. These findings require that a differential diagnosis be considered, because each might have several different causes

12. Erythema of the anal or genital tissues
13. Increased vascularity of vestibule and hymen
14. Labial adhesion
15. Friability of the posterior fourchette
16. Vaginal discharge that is not associated with a sexually transmitted infection
17. Anal fissures
18. Venous congestion or venous pooling in the perianal area
19. Anal dilatation in children with predisposing conditions, such as current symptoms or history of constipation and/or encopresis, or children who are sedated, under anesthesia, or with impaired neuromuscular tone for other reasons, such as postmortem

C. Findings due to other conditions, which can be mistaken for abuse

20. Urethral prolapse
21. Lichen sclerosus et atrophicus
22. Vulvar ulcer(s), such as aphthous ulcers or those seen in Behcet disease
23. Erythema, inflammation, and fissuring of the perianal or vulvar tissues due to infection with bacteria, fungus, viruses, parasites, or other infections that are not sexually transmitted
24. Rectal prolapse
25. Red/purple discoloration of the genital structures (including the hymen) from lividity postmortem, if confirmed by histological analysis

D. No expert consensus regarding degree of significance. These physical findings have been associated with a history of sexual abuse in some studies, but at present, there is no expert consensus as to how much weight they should be given, with respect to abuse.

Findings 27 and 28 should be confirmed using additional examination positions and/or techniques, to ensure they are not normal variants (findings 1.i, 1.j) or a finding of residual traumatic injury (finding 37)

26. Complete anal dilatation with relaxation of the internal as well as external anal sphincters, in the absence of other predisposing factors such as constipation, encopresis, sedation, anesthesia, and neuromuscular conditions
27. Notch or cleft in the hymen rim, at or below the 3 o'clock or 9 o'clock location, which extends nearly to the base of the hymen, but is not a complete transection. This is a very rare finding that should be interpreted with caution unless an acute injury was documented at the same location
28. Complete cleft/suspected transection to the base of the hymen at the 3 or 9 o'clock location

E. Findings caused by trauma. These findings are highly suggestive of abuse, even in the absence of a disclosure from the child, unless the child and/or caretaker provides a timely and plausible description of accidental anogenital straddle, crush or impalement injury, or past surgical interventions that are confirmed from review of medical records. Findings that might represent residual/healing injuries should be confirmed using additional examination positions and/or techniques

1) Acute trauma to genital/anal tissues

29. Acute laceration(s) or bruising of labia, penis, scrotum, or perineum
30. Acute laceration of the posterior fourchette or vestibule, not involving the hymen
31. Bruising, petechiae, or abrasions on the hymen
32. Acute laceration of the hymen, of any depth; partial or complete
33. Vaginal laceration
34. Perianal laceration with exposure of tissues below the dermis

2) Residual (healing) injuries to genital/anal tissues

35. Perianal scar (a very rare finding that is difficult to diagnose unless an acute injury was previously documented at the same location)
36. Scar of posterior fourchette or fossa (a very rare finding that is difficult to diagnose unless an acute injury was previously documented at the same location)
37. Healed hymenal transection/complete hymen cleft—a defect in the hymen below the 3-9 o'clock location that extends to or through the base of the hymen, with no hymenal tissue discernible at that location
38. Signs of FGM or cutting, such as loss of part or all of the prepuce (clitoral hood), clitoris, labia minora or labia majora, or vertical linear scar adjacent to the clitoris (type 4 FGM)

Section 2. Infections

A. Infections not related to sexual contact

39. Vaginitis caused by fungal infections such as Candida albicans, or bacterial infections transmitted by nonsexual means, such as *Streptococcus* type A or type B, *Staphylococcus sp*, *Escherichia coli*, *Shigella* or other gram-negative organisms
40. Genital ulcers caused by viral infections such as Epstein-Barr virus or other respiratory viruses

B. Infections that can be spread by nonsexual as well as sexual transmission. Interpretation of these infections might require additional information, such as mother's gynecologic history (HPV) or child's history of oral lesions (HSV), or presence of lesions elsewhere on the body (Molluscum) which might clarify likelihood of sexual transmission. After complete assessment, a report to Child Protective Services might be indicated in some cases. Photographs or video recordings of these findings should be taken, then evaluated and confirmed by an expert in sexual abuse evaluation to ensure accurate diagnosis

41. *Molluscum contagiosum* in the genital or anal area. In young children, transmission is most likely nonsexual. Transmission from intimate skin-to-skin contact in the adolescent population has been described
42. Condyloma acuminatum (HPV) in the genital or anal area. Warts appearing for the first time after age 5 years might be more likely to have been transmitted by sexual contact
43. HSV type 1 or 2 infections in the oral, genital, or anal area

C. Infections caused by sexual contact, if confirmed using appropriate testing, and perinatal transmission has been ruled out

44. Genital, rectal, or pharyngeal *Neisseria gonorrhea* infection
45. Syphilis
46. Genital or rectal *Chlamydia trachomatis* infection
47. Trichomonas vaginalis infection
48. HIV, if transmission by blood or contaminated needles has been ruled out

Section 3. Findings diagnostic of sexual

49. Pregnancy
50. Semen identified in forensic specimens taken directly from a child's body

FGM, female genital mutilation; HPV, human papillomavirus; HSV, herpes simplex virus.

This table lists medical and laboratory findings; however, most children who are evaluated for suspected sexual abuse will not have physical signs of injury or infection. The child's description of what happened and report of specific symptoms in relationship to the events described are both essential parts of a full medical evaluation.