Responding to Child Sexual Violence (CSV): Helpful Tips for Healthcare Providers
Healthcare professionals often are called upon to conduct forensic examinations on children who are suspected victims of sexual violence. Here are a few helpful tips to keep in mind:

1. For the child, answering questions about the sexual violence and undergoing a genital exam can be very distressing.
   a. Try to limit the questions you ask regarding the trauma event(s); focus ONLY on the information you need to fulfill your role. Minimize the number of healthcare providers who question the child.
   b. Explain to the child the reason for each step of your evaluation and what it entails; then ask permission to proceed. Unless there is a medical emergency, a child’s wishes should be respected. For example, if the child does not agree to a genital exam, perhaps it can be done the next day or further in the future.
   c. It is critical to keep in mind that most victims of child sexual violence (CSV) do NOT have signs of trauma on their genital exam. For most, the exam is entirely normal or has nonspecific changes that may be seen in abuse/non-abused children. Therefore, the absence of trauma on exam does NOT rule out the possibility of CSV. Reasons for a normal exam include:
      i. Many forms of CSV do not cause trauma (e.g., oral-penile contact; most penile-anal contact).
      ii. A young child may report ‘penetration’ of their genitals, but this does not necessarily imply that the penis/finger has passed through the hymenal opening into the vagina. It is thought that in most cases the penetration is between the labia only (which still qualifies as ‘penetration’ legally). Such penetration typically does not cause injury.
      iii. Except for the rare imperforate hymen, all girls are born with a donut-shaped hymen that is located at the entrance to the vagina (much like a doorframe). While there are variations in the appearance of the hymen (e.g. septate, cribriform, crescent), the idea of a solid, ‘intact’ hymenal wall that is somehow ‘broken’ or ‘perforated’ during intercourse is a myth. The opening is present from birth.
      iv. The anus, and the adolescent hymen are able to distend to accommodate objects larger than their resting diameter without sustaining injury.
      v. In cases where there is injury, the trauma typically heals completely and without scarring within days to a few weeks. If a child discloses an event that occurred prior to this, it is unlikely that any evidence of trauma will be visible.
2. Here are some suggested ways to document a ‘normal’ genital exam where there is no evidence of trauma:
   a. “The anogenital exam is normal, without visible evidence of trauma. Such an exam neither confirms nor refutes the allegations of sexual abuse/assault. The majority of children experiencing sexual violence have normal or nonspecific findings on exam.”
   b. One can also include potential explanations for the normal exam (see # i-v above), as appropriate.

3. While a genital exam typically reveals no trauma, the forensic medical evaluation is very important. If injury is present, this needs to be documented and treated. Testing and treatment of sexually transmitted infections is important, as is pregnancy testing and prophylaxis. HIV testing should be offered, and HIV post-exposure prophylaxis discussed as appropriate. All of this should be explained to the child in a way they and their caregiver can understand, all questions answered, and permission obtained. The child’s best interest should take the highest priority in all decisions.

Additional resources and training for healthcare professionals are available online, free-of-charge at icmec.org/healthportal