



CHILD SEXUAL ABUSE

Center for Child Protection
Santa Clara Valley Medical Center

Child Safety First

CASE : DOMINIQUE

Silence for Years



RED FLAGS FOR CHILD SEXUAL ABUSE

Dominique was six years old when her mother's fiancé began to molest her. He started touching her breasts, then her genital area over clothing. By the time she was 8 years old, he was coming into her room when her mother was at work. He had vaginal intercourse with her. It hurt when he did this, but the pain went away. This went on for years. He threatened to kill her and her mother if she told anyone, so she kept the secret.

She was pretty good at acting like nothing was happening, but after a while, she started having more trouble. The quality of her school work fell, and she had a hard time being around her friends at school. She was physically healthy, so she only saw the doctor for immunizations. She and her mom and siblings fought all the time.

What is going on?

Signs and symptoms?

THE CENTER FOR CHILD PROTECTION AT SCVMC

Who gets referred to Center for Child Protection at SCVMC?

- 6642 children since 1986 Average 200+ cases per year
 - 102 children seen in 2017 – We could see more children!
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CHILD AND TEEN SEXUAL ABUSE (SART) EVALUATIONS: TIMING

- **Acute child sexual assault exams: 3-5 days** after the last episode of sexual assault. The sooner we see children, the greater the chance of finding evidence of sexual contact. About **20%** of our cases are acute.
- **Acute teen sexual assault exams: up to 10 days** after the last episode of sexual assault. They are seen by the Adolescent SART team.
- **Non-acute child and teen sexual assault exams: more than 5 to 10 days** after the last sexual assault.
- In fact, most child sexual abuse is disclosed by children and teens days, weeks, months or years after the last episode of sexual contact. About **80%** of our cases are non-acute.
- **It is never too late to complete a non-acute child or teen SART exam.**

GOOD REASONS TO SCHEDULE A SART EXAM

- Assess the physical and mental well-being of the alleged victim
- Assess the child's safety
- Provide useful forensic data
- Provide the family with information, resources, and support
- Reassure everyone that the patient is physically healthy, and encourage the family to work with advocacy and therapy

WHAT HAPPENS AT A CHILD SEXUAL ABUSE (SART) EXAM?

History gathered from DFCS and/or Law Enforcement investigator

Pediatric history: elicited from parent/caretaker and child

General pediatric exam: to assess health and normalize the experience

Non-traumatic exam WITHOUT penetrating instruments. We use a good light and camera—a colposcope—to examine the genital and anal areas.

Laboratory tests: forensic evidence and medical studies

- Urine or swab tests for sexually transmitted infections
- Pregnancy test
- Swabs for forensic evidence
- Sometimes blood tests for HIV, syphilis, and hepatitis

OUR COLPOSCOPE: “FROG COLPOSCOPY”



MOST EXAMINATIONS ARE NORMAL!

In 2017, we saw 102 children.

- **Normal exam** 92 cases (90%)
- Suggestive of trauma 3 cases (3%)
- Trauma 1 case (1%)
- Incomplete 6 cases (6%)

WHY DO SO MANY CHILDREN HAVE NORMAL EXAMS?

- Girls are born with a vaginal opening. They must have an opening for their first menstrual period at puberty.
- Most common injuries are bruises and abrasions, not tears.
- Genital and anal bruises, abrasions, and even tears generally heal very well.

BLEEDING IS A RED FLAG

- 10% (657 children) of the patients reported bleeding.
- 25% (164 children) of the patients with bleeding histories had evidence of new or healing or healed trauma. That is, **2.5% of all the children had history of bleeding and evidence of new or healing trauma.**
- This is an important observation given that only **1%** of the patients overall have abnormal exams.

GENITAL PAIN IS A RED FLAG

- 28% (1868 children) of the patients reported genital pain.
- 10% (184 children) of the patients with pain histories had evidence of new, healing, or healed trauma
- That is, **2.8% of all the children had history of genital pain and evidence of new or healing trauma.**
- Again, this is an important observation given that only **1%** of the patients overall have abnormal exams.

VAGINITIS IS A RED FLAG

Vaginitis includes the symptoms of uncomfortable vaginal discharge and/or itching.

- 19% (1281 children) reported vaginitis.
- 10% (131 children) of *these* patients had evidence of new, healing, or healed trauma. That is, **1.9% of all the children had history of vaginitis and evidence of new or healing trauma.**
- Again, this is an important observation given that only **1%** of the patients overall have abnormal exams.

BUT DOES VAGINITIS PROVE SEXUAL ABUSE?

In 30 years at the Center for Child Protection:

- **1281 children had vaginitis.**
- 0.3% of children had gonorrhea-positive lab studies.
18 patients out of 6642, or 3 out of every 1000 children
- 0.5% of children had chlamydia-positive lab studies.
33 patients out of 6642, or 5 out of every 1000 children
- **Only 51 children out of 6642 had gonorrhea or chlamydia.**

Most vaginitis does not indicate a sexually transmitted disease and does not prove sexual abuse.

ALLEGED ASSAULT BY A STRANGER IS A RED FLAG

The most common alleged perpetrators of child sexual abuse in our community:

- Father – 19%
- Caretaker's boyfriend – 10%
- Uncle – 8%
- Family friend – 7%
- Stepfather – 5%
- Stranger – 2% (other categories not listed)

BUT: 25% of cases when the alleged perpetrator was a stranger had evidence of trauma.

DOMINIQUE – AGE 14 YEARS - RED FLAGS

By the time Dominique was 14, she was doing even worse at school because it was hard to do homework at night. She became more and more sad and depressed and started to think of suicide. She started cutting classes and leaving campus. She was hanging out farther and farther from home. One day she was alone outside Walmart when a man approached her and told her how pretty she was and said that he could get her a modeling job in LA. She thought that sounded a lot better than what was going on at home, so she went with him. Instead of driving to LA, he drove her to a motel in Fremont. Her pictures were taken and postings were placed on the internet. By that night, there were men coming to buy sex from her. Of course, she wasn't getting the money.

- What is going on now? **Commercial sexual exploitation of a child (CSEC)**
- Signs and symptoms? **Truancy, suicidal ideation, vulnerable**
- Interventions? **None so far**

DOMINIQUE – RED FLAGS AT THE HOSPITAL

Dominique wasn't seen again until she was brought into the Emergency Department because of heavy vaginal bleeding. She came with a woman who worked with the man who picked her up months ago at Walmart. She was still 14, but was dressed and made up so that she looked older. She had tattoos on her arms that said "Motivated by Money" and a tattoo on her neck with a man's name. She was somewhat disoriented and couldn't tell a clear story about why she was at the hospital. The woman with her said she was Dominique's friend and seemed to try to do most of the talking.

- **Now what is happening? Delayed medical care, accompanied by adult who is not guardian, vague history from patient**
- **Signs and symptoms? Disoriented, dressed to look older, unusual tattoos, may have STD, may be pregnant, she may have been threatened injury if she doesn't stay quiet so she may adamantly deny sexual exploitation or trafficking**

DOMINIQUE – WE CAN INTERVENE

- **Dominique is being trafficked.**
 - Hundreds of thousands of cases like Dominique in the US every year.
 - We see many in Santa Clara County.
 - This is a “**commercially sexually exploited child**” case. According to California law, she is a victim of exploitation – this is not prostitution.
 - Some of these children have a pimp, some do not. Some are on the run and “get by” on the street by having “survival sex”.
- **We can intervene:**
 - Remember, she has never disclosed sexual abuse in the past.
 - **Talk to her alone.**
 - **Treat her kindly and offer her services** (pregnancy testing, STD treatment, contraception) at her discretion.
 - **Report sexual exploitation to CPS and law enforcement** as you would sexual assault.

PLEASE CALL US!

We welcome your questions. We are happy to talk to providers, family members, patients, and others who care.

Please call us: 408-885-6460

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