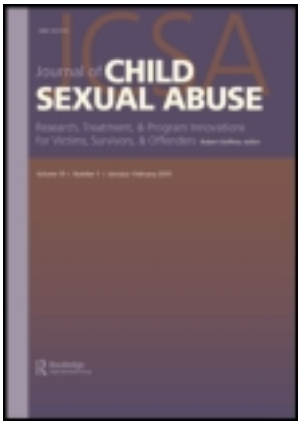

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Babies, Bath Water and Sexual Abuse

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Babies, Bath Water and Sexual Abuse

Carol D. Berkowitz

Sometimes as we learn new information, we too rapidly discard all that existed before, in an effort to rid ourselves of inconsistencies and inaccuracies. By doing so, however, we toss not only the "bad" or fallacious, but also some of the good and correct, hence out goes not only the bath water, but also the baby along with it.

Joyce Adams, in her article, *Significance of Medical Findings in Sexual Abuse: Moving Towards Consensus*, has avoided this all too common error. She has tried to pool together the objective data about the physical examination of sexually abused children that has accumulated over the past 10 years. She tactfully avoids commenting on the quality of the studies cited, but does caution that the children (other than the newborns) included in some of the studies are better characterized as "presumably non-abused" rather than as normal.

Two related issues seem to surface repeatedly during the discussion of physical findings and sexual abuse. One is that about three-quarters of girls known to have been sexually abused (perpetrator confession) have normal exams. The second issue is that many presumably non-abused girls have variations in their anatomy which may be incorrectly attributed by some examiners to abuse. The implications of these two issues should be addressed separately.

Most medically trained persons readily accept the notion that sexual abuse, more often than not, does not result in permanent changes in the anogenital area. This view is based not only on the literature describing healing in the anogenital region (Teixeira 1981), but also on individual experience and scientific knowledge about healing in other better researched areas of the body. The problem has been with relaying this information to others (most notably in the legal and law enforcement

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Journal of Child Sexual Abuse, Vol. 1(3) 1992

arenas); the absence of an abnormal examination not only does not preclude there having been abuse (including penetration), but, more often than not, is the case. The purpose of the exam should, therefore, perhaps be reexamined. It is my opinion that the medical examination of the sexually abused child should be carried out to assure that the child has no diseases or injuries related to the abuse and warranting medical care. It is also important to reassure the child about her/his physical integrity and well-being.

If one explores the other side of the question, what are "normal" variations versus changes related to abuse, the situation becomes definitely more murky. Stating that only the presence of sperm or semen is conclusive evidence of abuse throws out the baby with the bath water, and negates the work of researchers over the past ten years. As we try to reach consensus in this problematic area, we struggle with different terminology used by different individuals to describe the same thing, and the same terminology used by different individuals to describe different things. In spite of these barriers, a review of Tables 3 and 4 in Adams' article reveals a surprising amount of homogeneity. Lacerations, scars, and enlarged hymenal orifice are suggestive of sexual abuse. This, too, raises two new issues to explore: what does suggestive mean, and how large is too large?

In Table 2, Dr. Adams nicely summarizes the data about hymenal orifice size as it relates to age and position. These data are very helpful, and potentially can be utilized as one attempts to answer the question of when is the opening too big. I am struck by the observation that Dr. Cantwell, after all is said and done, was not that far off (using separation as the technique) when she noted a 4 mm or less orifice to be found in non-abused children (Cantwell, 1983). Likewise, an orifice of 1 cm or greater, as noted in the Summit Conference on Sexual Abuse in 1985, appears to be still cited as suggestive of abuse. We are still struggling with the issue of "enlarged" and are not assisted that much by trying to make the distinction of enlarged with abundant hymenal tissue versus enlarged with small (0.9 mm at the posterior rim) hymenal tissue. My own assessment is that hymenal orifice enlargement in the absence of other genital findings, particularly in the absence of hymenal attenuation, cannot be construed as evidence of sexual abuse.

This leads us now to the other issue of "clear evidence" versus "suggestive" of sexual abuse. The medical profession has been dragged into the arena of legal rather than medical certainty. Dr. Adams' suggestion of piecing the medical case together into possible, probable, or definite is a reasonable one. I would, in addition, add some negative category,

such as "unlikely" for those children with no history, and physical findings that are normal variations and not related, as far as we know, to abuse.

Dr. Adams' paper is a testimony to the progress we have made in our understanding of the anogenital findings in both abused and presumably non-abused children. Our responsibility now is to continue to explore these issues, to train new examiners in a factual knowledge base, and to share what we know with non-medical persons to insure that the needs of the child, rather than the needs of the system, are adequately being addressed.

REFERENCES

Cantwell HB: Vaginal inspection as it relates to child sexual abuse in girls under thirteen. *Child Abuse Negl* 1983; 7:171-176.

Teixeira WRG: Hymenal colposcopic examination in sexual offenses. *Am J Forensic Med Pathol* 1981; 2:209-214.

National Summit Conference on Diagnosing Child Sexual Abuse. Los Angeles, October 18-20, 1985.