

Identifying instances of sexual abuse is particularly difficult because, often, few if any obvious physical indications of the activity exist. Physical signs vary and may include any of those listed in [Box 13-6](#) for sexual abuse. The goal of the physical examination is to document genital findings. In most cases, the genital examination findings are normal, which does not mean that sexual abuse did not occur. Fondling or genital-to-genital contact without penetration may leave no physical findings. Forensic evidence obtained directly from a prepubertal victim's body diminishes greatly after 24 hours, with the best chance for evidence collection coming from bed linens or the child's underwear ([Girardet, Bolton, Lohoti, et al, 2011](#)). The female genital examination should include a description of the vulva, hymen, and surrounding tissue. Abnormal findings of concern are injuries to the posterior vulva or the lower half of the hymeneal ring or abrasions, bruising, or bleeding of the genital or anal tissue. It is often helpful to use a magnifying instrument (colposcope) to detect subtle injuries. There are many variants of normal findings for female genital anatomy, so it is recommended that the examination be done by a practitioner experienced with these types of cases. Contrary to popular myth, the size of the hymeneal opening is not predictive of the likelihood of sexual abuse ([Adams, 2011](#)). For male victims, swelling, abrasions, or bruising of the genital tissue raises concerns for abuse. Examine the anal area for symmetry, tone, fissures, or scars. Genital tissue heals very quickly and most often without scars. Therefore unless the child is seen within a few days of injury, the genital tissue may appear normal. In addition, the vaginal and anal mucosa is elastic; therefore penetration without disruption of tissue is possible. This defies another myth that there is always evidence of female virginity. Consider the collection of specimens for determining the presence of sexually transmitted infections, which may have been contracted during the sexual contact.

## **Nursing Care Management**

### **Protect the Child from Further Abuse**

Initially, identification of instances of suspected abuse or neglect is essential. The nurse may come in contact with abused children in