## Interpretation of Anogenital Findings – Adapted from Adams Classification

### FOUND IN NEBORNS or COMMONLY SEEN IN NON-ABUSED CHILDREN

#### Hymen & Genital
- Shapes: annular, crescent, imperforate, microperforate, septate, redundant, cribiform
- Hymenal tag
- Hymenal mound/bump
- Notch or cleft (any depth) above 3 & 9 o’clock
- Superficial notches at/below 3 & 9 o’clock
- Smooth posterior rim - appears narrow
- Intravaginal column or ridge
- External ridge on hymen
- Linea vestibularis
- Hyperpigmentation of the labia in children of color

#### Anus
- Diastasis ani
- Perianal skin tag(s)
- Hyperpigmentation of perianal tissues in children of color

#### Urinary
- Periurethral or vestibular bands
- Dilation of the urethral opening

These findings are normal and unrelated to a child’s disclosure of sexual abuse.

### Findings commonly caused by medical conditions other than trauma or sexual contact

#### Genital
- Erythema of genital tissue (may be due to irritants, infection, or dermatitis)
- Increased vascularity - ‘dilation of existing blood vessels’ of vestibule (may be due to local irritants or normal pattern in non-estrogenized state)
- Labial adhesion (may be due to irritation or rubbing)
- Friability of posterior fourchette or commissure (may be due to irritation, infection or examiner’s traction on the labia majora)
- Vaginal discharge (There are infectious or non-infectious causes. Cultures must be taken to confirm if STI or other infection.)
- Molluscum contagiosum (viral infection)

#### Anal
- Anal fissures (usually due to constipation, perianal irritation)
- Venous congestion or venous pooling in the perianal area (usually due to positioning of child. Also seen in constipation.)
- Anal dilation in children with predisposing conditions (constipation/encopresis, sedation, anesthesia, impaired neuromuscular tone, neuro trauma, post-mortem)

These findings require a differential diagnosis – each may have several different causes.

These findings are unrelated to a child’s disclosure of sexual abuse.

### Conditions mistaken for abuse

#### Uro-genital
- Urethral prolapse
- Lichen sclerosus et atrophicus
- Vulvar ulcers (may be caused by many types of viral infections, including EBV, influenza, or by conditions such as Behcet’s or Crohn’s disease)
- Marked erythema, inflammation, and fissuring of the vulvar tissues due to the infection with bacteria, fungus, viruses, parasites, or other infections that are not sexually transmitted
- Red/purple discoloration of the genital structures from lividity post-mortem, confirmed by histological analysis.

#### Anal
- Failure of midline fusion, also called perineal groove
- Rectal prolapse
- Visualization of pectinate/dentate line at the juncture of the anoderm and rectal mucosa
- Partial dilation of the external sphincter, with the internal sphincter closed, causing the appearance of deep folds in the perianal skin that can be mistaken for signs of injury

These findings are unrelated to a child’s disclosure of sexual abuse.
### Interpretation of Anogenital Findings – Adapted from Adams Classification

<table>
<thead>
<tr>
<th>FINDINGS WITH NO EXPERT CONSENSUS ON INTERPRETATION WITH RESPECT TO SEXUAL CONTACT OR TRAUMA</th>
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</thead>
<tbody>
<tr>
<td><strong>Hymen</strong></td>
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<tr>
<td>• Notch or cleft in the hymen rim, at or below the 3 or 9 o’clock location, which is deeper than a superficial notch and may extend nearly to the base of the hymen, but is not a complete transection</td>
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<tr>
<td>• Complete clefts/transections at 3 or 9 o’clock</td>
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<tr>
<td><strong>Anal</strong></td>
</tr>
<tr>
<td>• Complete anal dilation with relaxation of both internal and external anal sphincters, in the absence of predisposing factors such as constipation, encopresis, sedation, anesthesia, and neuromuscular conditions</td>
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<tr>
<td><strong>Infections</strong></td>
</tr>
<tr>
<td>• Genital or anal condyloma acuminatum in the absence of other indicators of abuse; lesions appearing for the first time in a child older than 5 years may be more likely to be the result of sexual transmission</td>
</tr>
<tr>
<td>• Herpes Type 1 or 2 in the anal or genital area, confirmed by culture or PCR testing, in a child with no other indicators of sexual abuse.</td>
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</tbody>
</table>

*These findings should be confirmed using additional exam positions and/or techniques.*

*Additional information (mother’s gynecological history or child’s history of oral lesions) may clarify likelihood of sexual transmission of condyloma or herpes.*

These physical and lab findings may support a child’s disclosure of sexual abuse, if one is given, but should be interpreted with caution if the child gives no disclosure.

After complete assessment, a report to child protective services may be indicated in some cases.

Photographs or video recordings of these findings should be evaluated and confirmed by an expert in sexual abuse evaluation to ensure accurate diagnosis.
### Interpretation of Anogenital Findings – Adapted from Adams Classification

#### FINDINGS CAUSED BY TRAUMA AND/OR SEXUAL CONTACT

<table>
<thead>
<tr>
<th><strong>ACUTE</strong></th>
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<tr>
<td><strong>Acute trauma to the external genital/anal tissues, which could be accidental or inflicted.</strong></td>
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<tr>
<td>• Acute lacerations or bruising of labia, penis, scrotum, perianal tissues, or perineum (may be from unwitnessed accidental trauma or from physical abuse or sexual abuse)</td>
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<tr>
<td>• Acute laceration of the posterior fourchette or vestibule, not involving the hymen</td>
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</table>

**RESIDUAL (HEALING) INJURIES**

*These rare findings are difficult to assess unless an acute injury was previously documented at the same location.*

- Scar of posterior fourchette or fossa
- Perianal scar (May be due to other medical conditions such as Crohn’s disease, accidental injuries, or previous medical procedures.)

#### INJURIES INDICATIVE OF ACUTE OR HEALED TRAUMA

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<td><strong>Acute trauma to the genital/anal tissues</strong></td>
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<tr>
<td>• Bruising, petechiae, or abrasions on the hymen</td>
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<tr>
<td>• Acute laceration of the hymen, of any depth; partial or complete</td>
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<tr>
<td>• Vaginal laceration</td>
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<tr>
<td>• Perianal laceration with exposure of tissues below the dermis</td>
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*HEALED

*Healed trauma to the genital/anal tissues*

- Healed hymenal transection/complete hymen cleft – a defect in the hymen between 4 and 8 o’clock that extends to the base of the hymen, with no hymenal tissue discernible at that location.
- A defect in the posterior (inferior) half of the hymen wider than a transection with an absence of the hymenal tissue extending to the base of the hymen.

*Use additional techniques to confirm: swab, knee-chest position, Foley catheter*

#### INFECTIONS TRANSMITTED BY SEXUAL CONTACT, UNLESS THERE IS EVIDENCE OF PERINATAL TRANSMISSION, OR CLEARLY, REASONABLY AND INDEPENDENTLY DOCUMENTED BUT RARE NON-SEXUAL TRANSMISSION

- Genital, rectal or pharyngeal Neisseria gonorrhoea infection
- Syphilis
- Genital or rectal Chlamydia trachomatis infection
- Trichomonas vaginalis infection
- HIV

*Confirmation of infection through additional testing should be performed to avoid possible false positive results.*

These findings support a disclosure of sexual abuse, and are highly suggestive of abuse, even in the absence of a disclosure, unless a timely, plausible description of accidental injury is provided by the child and/or caretaker.

Photographs or video recordings of these findings should be evaluated and confirmed by an expert in sexual abuse evaluation for a second opinion to ensure accurate diagnosis.

#### DIAGNOSTIC OF SEXUAL CONTACT

- Pregnancy
- Semen identified in specimens taken directly from a child’s body

These findings support a disclosure of sexual abuse, and are highly suggestive of abuse, even in the absence of a disclosure.

A report should be made to child protective services.