

Following any biopsies, an endocervical [curettage](#) (ECC) is often done. The ECC utilizes a long straight [curette](#), a [Soft-ECC](#) curette employing fabric to simultaneously collect tissue or a cytobrush (like a small pipe-cleaner) to scrape the inside of the cervical canal. The ECC should never be done on a patient who is pregnant. [Monse's solution](#) is applied with large cotton [swabs](#) to the surface of the cervix to control bleeding. This solution looks like [mustard](#) and turns black when exposed to blood. After the procedure this material will be expelled naturally: patients can expect to have a thin coffee-ground like discharge for up to several days after the procedure. Alternatively, some physicians achieve [hemostasis](#) with [silver nitrate](#). In rural or remote areas where SANEs may rarely see child victims, more experienced forensic examiners could assist SANEs in properly identifying and evaluating abnormalities. Better quality or more detailed evidence obtained through collaboration of numerous experienced clinicians could increase the likelihood of successful prosecution. The Fairfax, Virginia, SANE program is involved in a pilot project to develop a model regional diagnostic system for forensic examination of children who have been sexually abused. Using camera and computer-imaging equipment that is attached to the medscope, the nurse or physician conducting the forensic exam is able to immediately transmit photographic images of genital trauma to the computers of identified experts for their feedback during the examination. In addition to SANE programs, child advocacy center staff and pediatric emergency medicine specialists are participating in the project.⁷⁷ Although this model is still in the preliminary stages of development, it shows exciting promise. It has the potential to bring clinical expertise to every forensic evaluation of sexually abused children, regardless of the examination location.

Over the past decade and a half there has been a standardization in the use of the colposcope for photo documentation in the evaluation of child sexual abuse cases. The use of colposcopy has become the standard of care for pre-adolescent children, and medical professionals recognize the added specific benefits of video colposcopy for the evaluation of adolescent and adult sexual assault victims.

There are primarily two types of medical evidence: 1) Laboratory (forensic evidence and sexually transmitted diseases); and 2) Clinical, or the documentation of traumatic and psychological injuries.

Clearly, laboratory evidence can be definitive when there is evidence of ejaculation. It has become more important, however, to provide the clinical documentation of trauma associated with assault, as many cases are presented without forensic evidence or with legal strategies claiming that the "intercourse" was consensual. In recent years there has been an increased understanding of the significance of medical (clinical) findings in sexual assault. Researchers have reached a consensus on those clinical findings of trauma and variants of normal and non-specific changes.



The primary benefit of colposcopy to the victim of sexual assault is the single examination. This examination, which has been appropriately documented through colposcopy, can then be reviewed with experts and provided to the legal system, avoiding the need for numerous examinations and/or examiners. Currently, most sexual assault research projects require photographic documentation of all findings to ensure that inter-observer reliability is maintained and that the conclusions meet the accepted standards of diagnosis. Video colposcopy adds an additional dimension. The examination can be virtually recreated via videotape and is particularly important when evaluating the adolescent or adult patient. . Video documentation allows the examiner to evaluate all of the folds and clefts which may be missed during still photography. As an added benefit, video colposcopy gives teaching programs the ability to instruct through closed circuit video, rather than having numerous evaluators in the room during the examination.

Listening to the patient and performing meticulous evidence collection are critical. Just as important is the careful delineation of all trauma, providing a plan for appropriate treatment, and referral for consistent medical and mental health follow-up. Video colposcopy is a major tool in providing the best of care to all victims of sexual assault. It allows us to protect the victim, educate medical professionals, provide case peer review, and guarantee appropriate, expert evidence to the legal system. Excellence and accountability make for the highest quality treatment plans and appropriate interventions and investigations by the social and legal systems. Video colposcopy will not replace the meticulous, sensitive, well-trained professional, but it can bring the best of documentation and accountability to a diagnosis which must be made accurately and scientifically for the protection of both the victim and the system. This is truly a case where "a picture is worth a thousand words."

