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Sexual Assault: Victimization Across the Life Span—A Color Atlas. Edited by Angelo Giardino, Elizabeth Datner, J...

Janice Asher

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Book Reviews

Section Editor: Hatim Omar, MD

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Diagnosis and Management of Ovarian Disorders, 2nd edition. Albert Altcheck, MD, Liand Deligdisch, MD, & Nathan G. Case, MD ISBN 0-12-053642-0. San Diego, Academic Press, 2003, 568 pp.

Reviewed by Kristin M. Rager, MD, MPH, University of Kentucky College of Medicine, Lexington, Kentucky.

This book is intended to provide a “novel interdisciplinary approach” to the subject of ovarian disorders that will benefit clinicians and researchers alike. Diverse contributors include Obstetricians and Gynecologists representing multiple subspecialties, Pathologists, a Psychiatrist, a Geneticist, and Medical and Molecular Oncologists. The Foreword to the Second Edition states, “in this book you can find ‘everything you wanted to know about the ovary.’” The editors of *Diagnosis and Management of Ovarian Disorders* have indeed accomplished this lofty goal.

Included in the 568 page second edition are 38 chapters dedicated to the function and dysfunction of the ovary, divided into three sections: Physiology, Pathology, and Basic Science; Diagnostic Procedures and New Approaches; and Contemporary Management. This format is incredibly user-friendly, as it details what is normal, what is not normal, how to tell the difference, and what to do about it. Any text dedicated to a single organ that is worth its salt must include a thorough “medical school section”—that is, a review of the embryology, anatomy, histology, and physiology. This text does an excellent job of that. Additional topics range from ultrasound of the ovary to prevention of ovarian cancer to assisted reproductive technologies and truly everything in between.

Figures and tables are wisely used throughout and are especially useful in those sections that might not be one’s area of expertise. As a non-surgeon, I found the intra-operative photographs to be a helpful addition. Sections on diagnosis and management often include algorithms, for example, “Evaluation of amenorrhea” and “Screening for androgen-producing tumor,” which are quite functional in the clinical setting.

Since the 1996 first edition, updated or new topics include current information on early diagnosis of ovarian cancer, a review of new diagnostic techniques for ovarian disorders, a section on advances in reproductive technology, and information on translational

treatment which links laboratory research with clinical medicine.

In conclusion, I found this book to be thorough, surprisingly easy to manage, as well as practical. It discusses ovarian issues from a variety of perspectives, and as such, would be frequently used by a variety of people involved in women’s health.

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Sexual Assault: Victimization Across the Life Span—A Color Atlas. Edited by Angelo Giardino, Elizabeth Datner, Janice Asher, Barbara Girardin, Diana Faugno and Mary Spencer. ISBN 1-878060-62-7, St. Louis, G.W. Medical Publishing, 2003, 747 pp.

Reviewed by Lynn Campbell, MD, Associate Professor, Department of Pediatrics, Director, Pediatric Residency Training Program, University of Kentucky, Lexington, Kentucky.

This Color Atlas complements another publication, *Sexual Assault Victimization Across the Lifespan: A Clinical Guide*, as a photographic elaboration designed to depict findings that might be seen in sexual assault victims. There are over 1600 photographs arranged by cases of injury, non-assault, and normal findings in the seven chapters of this 747-page book. The chapters follow developmental stages from infancy to the elderly. This text amply illustrates the variety of findings at each age group and also illustrates the similarities and differences across the lifespan. With the advent of close-up photographic techniques such as 35-mm camera macro lenses and colposcopes, the quality of these images obtained by forensic examiners will provide discerning readers with a clearer sense of how to document and interpret anogenital findings in sexual assault victims of all ages.

Chapter 1 consists of cases of very young children ranging in age from newborn to 3 years. Sexual abuse in this age group often goes unreported and there are rarely conclusive physical findings because the abuse is more often related to fondling than penetration. When there is acute injury, it resolves quickly, without significant scarring of the mucous membranes. Thus, a normal examination is common in infant victims of sexual abuse. Photodocumentation provides vital

evidence for the current report and a baseline for the future. There are three sections in this chapter: cases with a history of sexual abuse, cases of non-assault variants, and cases of normal findings which are particularly instructive. Each section includes brief case histories and key photographs.

The young children depicted in chapter 3 are between the ages of 4 and 8 years. Although children of this age are verbal and capable of giving a coherent history, disclosure is often delayed and physical evidence of sexual abuse is rare because of the delay and rapid healing of genital trauma and the fact that force is seldom used. This chapter shows photographs including cases presenting a history of abuse (some with acute findings and others with normal or nonspecific findings), cases of non-assault variants, and cases of normal findings. There are cases of male abuse, revictimization, incest, adolescent perpetrators, and healing injury.

Children depicted in chapter 3 are still Tanner stage 1, ranging in age from 9 to 12 years. Again the photographs in this chapter are divided into cases with a history of sexual abuse, cases of non-assault variants, and cases of normal prepubescent findings. Those with a history of abuse have been subdivided by characteristics of the perpetrator, including perpetrators who are friends of the family, cases of incest and incest with multiple victims, adolescent perpetrators, and perpetrators who are strangers to the victims. Sexual abuse in this age group is typically ongoing, and the perpetrator is generally a family member or trusted acquaintance. Stranger abuse is less common and is more likely to be associated with physical and genital injury. Photographs with case histories are provided to support the paucity of specific findings in child victims other than those abused by a stranger.

Chapter 4 presents cases of children Tanner stage 2 or greater who range in age from 13 to 17 years. Perpetrators can usually be identified by adolescent victims though rate of reporting is low. The effect of estrogenization on the appearance of female genitalia is well documented in these photos. This chapter includes cases involving forced penile and digital penetration of the vagina, sodomy, forced fellatio, and localized injuries. Cases are grouped as characteristics of injury (acute, healing, revictimization), characteristics of the victim (alcohol related, never sexually active, stated bisexual, prostitute, disabled, pregnant), characteristics of the assault (foreign object, Internet-related, drug-facilitated), and characteristics of the perpetrator (incest, gang-related, adolescent). Non

assault variants including consenting intercourse in both previously sexually active and never previously sexually active adolescents are also provided for comparison. This chapter of more than 150 pages also has photographs of normal genitalia and normal findings of the anus, rectum, and mouth.

The book concludes with chapters dealing with adult sexual assault divided into three separate chapters: Adults ages 18–39 years (287 pages of text and photographs), Middle-aged adults ages 40–64 years (55 pages of text and photographs), and Elderly Sexual Assault of victims 65 years and older (25 pages of text and photographs). Similar to previous chapters, cases are presented with important historical information and legal outcomes of the case are reported. Chapter 5 is organized into three sections: cases with a history of sexual assault, cases of non assault variants, and cases of normal findings. Sexual assault cases are organized alphabetically by topic, starting with alcohol-related assaults, then bites, clothing findings, crime scene, deceased victims, and so on. Non-assault variants include cases of those who have never been sexually active, those with unknown previous sexual experience, and those who have been previously sexually active. Various skin related findings and genital examination techniques are well demonstrated. Peri- and post-menopausal changes are depicted in the concluding chapters of the book and the difficulties in obtaining an accurate history and examinations are well discussed. These adult chapters include photographs not typically found in texts on sexual abuse or assault including findings following consensual intercourse and findings of the genitalia in the sexually inexperienced female, in females after sexual experience, and after one to multiple vaginal deliveries. This serves as a valuable basis of comparison for assault injury.

In summary, this is an excellent reference book that focuses on the findings that occur as a result of sexual assault. The pediatric, emergency medicine, internal medicine and gynecologic trainee will find it extremely helpful. The book more than achieves its stated goal of “providing better care to victims of sexual violence and to hold offenders accountable to society for their crimes” by providing a base and standard for observations that sexual assault examiners can utilize as they provide details necessary for a thorough medical forensic examination.

The extension .md stands for Markdown which is a lightweight markup language with plain text formatting syntax. For more information about basic writing in README.md file refer to the official GitHub documentation <https://help.github.com/en/github/writing-on-github/basic-writing-and-formatting-syntax>. In Medium to turn the plain text into the gray box, for Microsoft Windows and Linux user can hit the button [Ctrl] + [Alt] + [6] on their keyboard. Good explanation on how to put image into README.md GitHub page section by TanUv90. The `<code>#f03c15</code>` bullet can be customized into any colour you want by using this code. `<code>#f03c15</code>` (https://placeholder.it/15/f03c15/000000?text=+) `<code>#f03c15 red</code>`. Dilip R Patel, MD, FAAP, FSAM, FAACPDM, FACSM, is professor in the Department of Pediatrics and Human Development at the Michigan State University College of Human Medicine, East Lansing, Michigan, USA. He is a full time teaching faculty member in the Pediatric Residency Program at the Michigan State University Kalamazoo Center for Medical Studies, Kalamazoo, Michigan, USA. Dr. Omar has completed residency training in obstetrics and gynecology as well as Pediatrics. He has also completed fellowships in vascular physiology and adolescent medicine. edited. Awesome template! You have a typo right underneath the installing section. It says Stay what the step will be. This comment has been minimized. Sign in to view. Copy link. Quote reply. Owner Author. Hi, neat but it looks like the link to LICENSE.md is broken under License section? This comment has been minimized. Sign in to view. Copy link. Quote reply. JCFutch commented Aug 15, 2019. Thanks for this! Hatim Omar, MD, FAAP Dr. Hatim A. Omar is Professor of Pediatrics and Obstetrics and Gynecology and Chief of Adolesc moreHatim Omar, MD, FAAP. He served as a member of Executive committee of the Section on Adolescent Health of the American Academy of Pediatrics and as Board of directors member of the North American Society for Pediatric and Adolescent Gynecology. Dr. Omar has published extensively in all areas of care for adolescents in various peer-reviewed scientific journals, books and many media outlets. He is an associate editor or on the editorial Board of the Journal of Pediatric and Adolescent Gynecology, International Journal of Adolescent Medicine & Health, Frontiers in Child Health & Human Development and 4 other peer rev