

The Paediatric Forensic Medical Examination- *Therapeutic or Traumatic?*

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LSCB Survey

Do you think a child who have disclosed sexual abuse should have a medical examination?

Do you think a child should have a medical examination if there is a suspicion of sexual abuse?

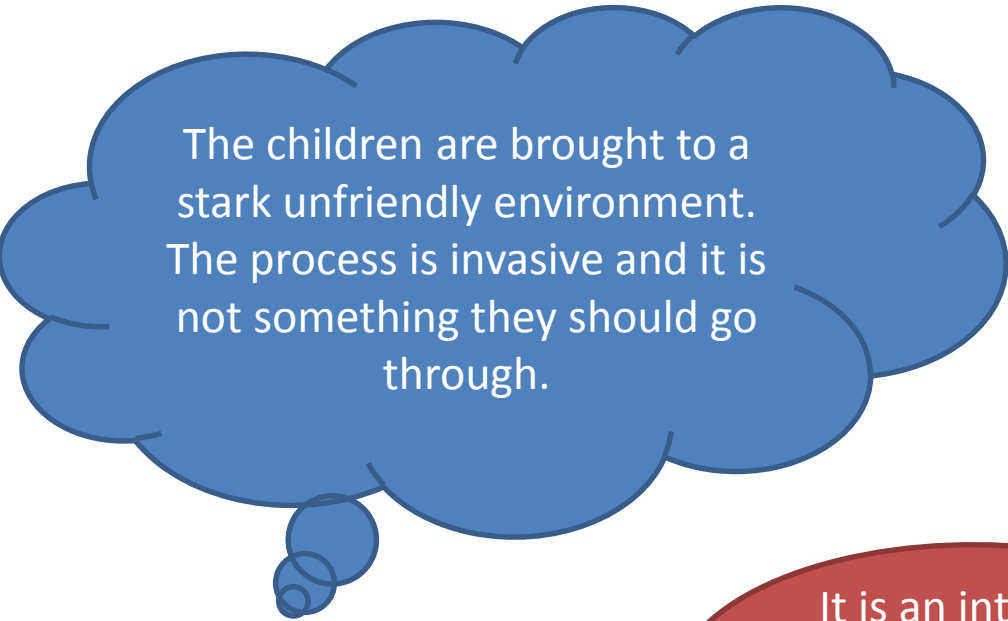
Guidelines

- A paediatric forensic examination will be required whenever a child has:
 - made an allegation of sexual abuse
 - sexual abuse has been witnessed
 - a referring agency strongly suspects sexual abuse has occurred

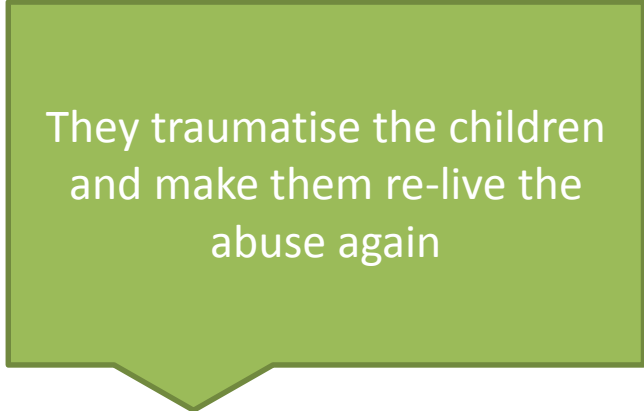
Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse. FFLM & RCPCH. October 2015.

LSCB Survey

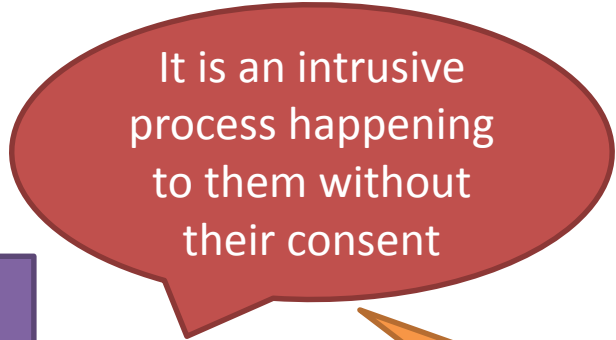
Do you think a forensic medical examination is a traumatic experience?



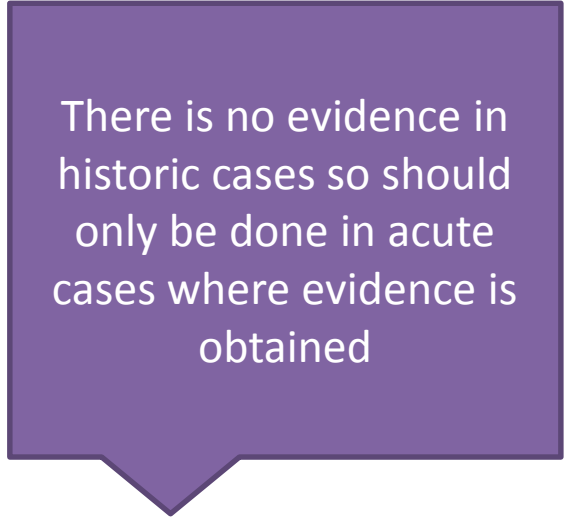
The children are brought to a stark unfriendly environment. The process is invasive and it is not something they should go through.




They traumatise the children and make them re-live the abuse again



It is an intrusive process happening to them without their consent



There is no evidence in historic cases so should only be done in acute cases where evidence is obtained



It will prevent disclosure by traumatising them further

**BUSTING
THE
MYTHS**

Aims

- Describe the journey of a child or young person that has a paediatric forensic medical examination
- Highlight the benefits and challenges of a paediatric forensic medical examination

Overview-the bad!

- Paediatric forensic medical services continue to be unacceptably variable and deficient across the UK
- There is an inadequate number of examiners in some areas of the country to provide coverage for examination
- There is a lack of aftercare services for victims who are seen

Overview-the good!

- Clear guidelines from the FFLM and RCPCH
- Clear service specifications for clinical evaluation from RCPCH
- National SARC Strategic Clinical Forum with a Paediatric Working Party
- Joint commissioning by Police, NHSE and now CCGs
- Agreed SOP- multiagency!!!



**Faculty of Forensic
and Legal Medicine**
of the Royal College of Physicians

Current pathway

- All historic cases of child sexual abuse are seen by a FME
 - 4 weekly clinic available
 - x2 Bedfordshire SARC x2 Cambridgeshire SARC
- All acute cases of children <13 years old are seen by a FME
- All acute cases >13 years old are seen by an FNE unless LD or complex

Profile Summary: Jan 2017-Dec 2017

- Under 13 years:
 - Total 63
 - Male 12 (19%)
 - Acute cases 12 (19%)
 - Youngest 3 months old
- 13 -17 years:
 - Total 56
 - Male 2 (3.5%)
 - Acute cases 37 (66%)
 - **Historic cases 19 (33%)**



The
Elms



On arrival

- Child and Family shown to a waiting room by the Crisis Worker
- SW and/or Police Officer meet the FME/FNE
 - Share the first account
- Toys available
- Food and drink available



Crisis Worker

- Support Child/YP and Family throughout the assessment process whilst they are at the SARC
- Support the FME/FNE in assessment
- Chaperone role
- Coordinate communication with GP, SN, HV, LAC, Sexual Health services
- Provide support materials



"Hello" Welcome to our centre. We are here to help make sure that you are happy, healthy and safe.



You are visiting our centre because someone has told us that they are worried about you.



Lots of children visit our centre, and our job is to check that they are all OK.



We have lots of toys for you to play with. We like playing with the toys too!



Once you have played with the toys, the Doctor will show you to their Doctor's room.



In this room, the Doctor will do a check-up on your body. They might use a special camera, and take some notes too.



The check-up won't hurt at all. But, if you are not comfortable during the check-up, just let your Doctor know.



After your check-up, the adults will talk, and you will be allowed to play with our toys again.



After the adults have talked to each other, we can say "Goodbye!"

Welcome...

Welcome to our SARC.

Young people, like yourself, visit our SARC when they have said that they have been sexually hurt by someone, or if there are worries that they have been hurt in some way.

1. You are not alone.

You will normally arrive at our SARC with your parent/carer, and a social worker or police officer.

Lots of young people visit us when they have experienced something similar to you.

We are here to listen to you, and we want to make sure that you are happy, healthy and safe.

2. So, what happens?

When you arrive, you will meet one of our Crisis Support Workers, and one of our Nurses or Doctors.

They'll be able to answer any questions you may have and explain the assessment process in more detail.

Everyone is different. So, for some young people, we will offer support and guidance and maybe suggest some follow up appointments. For others, we might also suggest having a medical examination with us.

Reading sections 3, 4, 5 and 6 of this leaflet, will explain more about the examination.

You can choose to use as much or as little of our service as you want.

We're here to support you in the choices you make...

3. It's your choice.

Before our Nurse/Doctor and Crisis Support Worker show you to the medical room, they will ask you to sign your name to confirm that you are happy to go ahead with the examination.

Remember, this examination is about you.

If you are uncomfortable at any point, let our Nurse/Doctor know and they will stop.

You are in control.

4. A few questions.

Before the examination starts, the Nurse or Doctor will ask you a few questions. This can be done in private if you wish, without your parent/carer.

These questions might cover topics such as; your medical background (any illness, medication, etc), any relationships you may have had, whether you drink, smoke or take recreational drugs, etc.

This is also a good opportunity for you to ask us some more questions, if you have any.

5. The examination.

You can choose whether you want your parent/carer in the room with you – it's up to you.

The Nurse or Doctor might do some routine checks, and will then check you over to make sure you are ok. They might take some notes too.

The Nurse or Doctor will ask you if it's ok to check your 'private parts'. This is a normal part of the process.

Sometimes they will take swabs, and might use a camera with a light to take some images.

6. What's next?

Your Nurse or Doctor will explain what they saw when they examined you.

They will then let you know if you need to have any follow-up appointments.

Whilst the Nurse or Doctor completes their paperwork, you can take a shower and get changed (if you wish), relax in one of our rooms, and ask any questions you may have.

7. Take care.

We'll give you some information to take away with you, including a booklet called "Summary of Your Care".

This will include information on the care you have received at our SARC, any medication you have been prescribed and details of any further appointments you may have.

We'll contact you in about 6-weeks to check how you are getting on, but please contact us sooner if you need to.

8. Feedback.

We'd really appreciated it if you would be willing to offer us some feedback.

We love receiving positive feedback about the care we provide for our clients, but we are also happy to receive any suggestions for improvements.

Knowing what we are doing right, and what we could do better, will help us to continue delivering excellent care.

Welcome.

We are committed to working together with parents/carers, to ensure that their children are happy, healthy and safe. Together, we can work towards the best possible outcome for your child.

We hope this leaflet will help you to understand the assessment process, which is carried out at our SARC.

1. Why does my child need to visit your SARC?

Either you, or someone else, has mentioned that they are worried about your child's wellbeing and that they may have been sexually hurt in some way.

At our SARC, a senior doctor/nurse can carry out an assessment and medical examination, to make sure that your child is ok, and that they have access to any after care they may need.

2. What will happen?

You will normally arrive at our centre with somebody - it might be a Social Worker and/or a Police Officer.

When you arrive, you will be greeted by one of our Doctors and a Crisis Support Worker. The Doctor will carry out the assessment, and the Crisis Worker will support you and your child through the process.

They'll be able to answer any questions you may have, and explain the assessment process in more detail.

3. Consent and choice.

Before our Doctor and Crisis Support Worker show you to the medical room, they will ask for your consent to carry out the examination. Even with consent, you can still change your mind and halt the examination at any point if you wish.

Children can refuse to have an examination, and other arrangements will be made. We'll never insist on an examination if the child doesn't feel comfortable.

4. A few questions.

Before the examination starts, the Doctor will ask you and/or your child a few questions.

These questions might cover topics such as; your child's medical background (any illness, medication, vaccinations, etc), their birth and development, their behaviour and progress, and your family background.

This is also a good opportunity for you to ask us some more questions, if you have any.

5. The examination.

It is likely that you will be invited to stay with your child throughout the examination. Sometimes this might change, but the arrangements will be discussed with you first.

The Doctor and Crisis Support Worker will change into their 'scrubs' (medical clothing), and they might ask you to wear some protective clothing too.

We'll start with measuring your child's height and weight, and we might do some other routine checks such as; blood pressure, examining your child's ears, and listening to their chest and tummy.

Then, any injuries (maybe bruises, cuts and/or grazes) will be noted on a form.

The Doctor will ask if it's ok to check your child's 'private parts'. This is a normal part of the process. It is not an internal examination – the Doctor will only be inspecting the outside of the body. If your child appears uncomfortable, please let the Doctor know. However, in most cases, the examination is well-tolerated by children.

The Doctor might take some swabs (which look like cotton buds), from different areas of the body. Sometimes a urine sample is asked for too. The Doctor will explain more about this at the time.

The examination will be done at your/your child's pace, and usually takes about 30-60 minutes, but sometimes it can take longer.

6. What is a colposcope?

When the Doctor examines your child's 'private parts' they will normally use a colposcope. This is a medical camera, which has a bright light and magnifier.

It's really helpful for us to be able to take some photos of any injuries as it helps to reduce the examination time for your child, and we are able to double check the images afterwards.

Please be reassured that your child's face will not be recorded, it is only used to document injuries. Any images taken will be stored securely, and will not contain any information which could identify your child.

7. What happens afterwards?

The Doctor will discuss any findings with you, and the Police Officer or Social Worker you attended with. The Doctor will then let you know if your child has any medical needs, or if there are any other support services they need to be referred to. The Doctor will write up a report and send this to the Police and/or Social Care team.

Every child who visits our centre has a letter sent to their GP, local community paediatricians, and Social Services, to let them know that they have attended our centre for an assessment.

Whilst the Doctor is completing paperwork, our Crisis Worker will stay with you and your child to make sure you are alright, and to answer any questions you may have.

Before you leave, we'll make sure you have contact details for our team, in case you have any further questions or queries. We'll also give you a leaflet, which summarises the care your child has received at our centre, as well as details of any appointments/referrals which may have been made.

8. Feedback.

We'd really appreciate it if you and/or your child would be willing to offer us some feedback.

Knowing what we are doing right, and what we could do better, will help us to continue delivering excellent care.

What is the role of FME/FNE?

- Dual Role
 - Forensic
 - Act as agent for the court and gathering medical evidence to assist in the prosecution or defence – should be impartial and objective
 - Therapeutic
 - To provide and organise medical care to ensure safety and well being of individual-victim centred

Skills

- Understanding of consent and confidentiality issues relating to young people.
- Competence to conduct a comprehensive general and genital examination of a child/adolescent and skill in different techniques used to facilitate genital examination.
- Understanding based on current research evidence of diagnosis and differential diagnosis of physical signs associated with abuse.

Skills

- Competence in use of colposcope and obtaining photo-documentation.
- Understanding of what forensic samples are appropriate and how to obtain and package them.
- Ability to comprehensively and precisely document the clinical findings.
- Competence to produce a detailed statement describing and interpreting the clinical findings.

Skills

- Ability to present the evidence and be cross-examined in subsequent civil and criminal proceedings.
- Understanding of different types of emergency contraception, HIV PEP, HEPB, and ability to prescribe and advise and refer to GUM.

Meeting the FME/FNE

- Introduction
- Consent
 - History
 - Examination
 - Forensic Sampling
 - Photo-documentation
 - Report writing
 - Empower child and YP- they can halt process at any point

Before entering medical room

- Full detailed history taken
 - Birth history
 - Past medical history
 - Sexual History
 - Drug history
 - Social history
- Review the account
 - Yes and No approach



In the medical room

- Who goes in the room?
 - FME/FNE, Crisis worker and carer of child/YP choice
- Show the Child/YP round the room
- Show them the colposcope
- May bring in distraction games

The examination

- Top to toe
- Height and weight
- Full physical examination
- Document injuries
- Genital examination
 - Always remind they can halt process
 - Explain why it is okay
 - Position of examination
 - Internal examination?
 - Speculum and catheter
 - Photo-documentation



Photo-documentation

- It is essential that high quality photo-documentation is obtained during a medical examination.
- Still photographs, video, CD or DVD using a colposcope
 - Evidence to support clinical findings
 - Peer Review preventing second examination
 - Use in court proceedings

The examination

- Top to toe
- Height and weight
- Full physical examination
- Genital examination
 - Always remind they can halt pro
 - Explain why it is okay
 - Position of examination
 - Internal examination?
 - Photo-documentation
 - Forensic swabs if indicated



Forensic Sampling Timeframes

- Only in acute cases
- Sperm longevity
 - Mouth - 2 days (Peri-oral & mouth swabs)
 - Skin- 2 days (Prolonged skin contact / drainage)
 - Anus- 3 days (7 days perianal- vaginal intercourse)
 - Vagina- 7 days
 - High Cervical- 10 days
- 48 hours post digital assault (vaginal/anal)



When examination over....

- Child/YP leaves the medical room
- May be offered a shower and change of clothes
- Evidence is reviewed FME/FNE
- Child and Family are informed of findings
- Police and SW are informed of findings
- Information on aftercare and contact details provided
- Contraception

When examination over.....

- FME/FNE provide a statement police and CSC
- Aftercare
 - Referral for sexual health services
 - Pubertal vs pre-pubertal
 - Inform GP/SN/HV/LAC
 - Mental Health risk assessment and referral
 - CSE Risk assessment
 - DV risk assessment



Benefits & Challenges

- NOTIFICATIONS
- ✓ MAIN MENU
- ✓ NEW MESSAGE
- RECOMMEND
- COMMENT
- ✓ PHOTO GALLERY
- FILE TRANSFER
- LINKS
- SEARCH
- ...

What are the benefits and challenges?

- Voice of the Child & YP
- Reassurance for Child & YP
- Reassurance for parents
- Physical findings
- Forensic evidence
- Aftercare
- Multiagency information sharing

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Voice of the child



- Disclosure
 - Verbal
 - Behavioural
- **No evidence prevents future disclosure**
- C&YP have the right to be heard and listened to and they want to be!

“No one noticed, no one heard”

- NSPCC study of disclosures of childhood abuse
- 60 young adults (aged 18-24 years) interviewed who had experienced high levels of abuse and violence

Allnock, D., Miller, P. (2013) 'No one noticed, no one heard: a study of disclosures of childhood abuse'. London, NSPCC.



“No one noticed, no one heard”

- Positive experiences of disclosures were when: the child was believed, some action was taken to protect the child, and emotional support was provided.
- The young people said they wanted: someone to notice that something was wrong; they wanted to be asked direct questions; they wanted professionals to investigate sensitively but thoroughly; and they wanted to be kept informed about what was happening.

What are the benefits and challenges?

- Voice of the Child & YP
- **Reassurance for Child & YP**
- **Reassurance for parents**
- Physical findings
- Forensic evidence
- Aftercare
- Multiagency information sharing

What are the benefits and challenges?

- Voice of the Child & YP
- Reassurance for Child & YP
- Reassurance for parents
- **Physical findings**
- Forensic evidence
- Aftercare
- Multiagency information sharing

Physical Findings

- Physical findings are more likely to be seen with early examination
- Injuries can take up to 21 days to heal
- Certain findings are diagnostic of physical abuse

The Challenge

- Diagnostic findings are only present in a small proportion of children and young people who have been abused.
 - Anogenital findings diagnostic of sexual abuse were present in 173 of 3569 patients (4.8%)
 - The presence was significantly higher in adolescents than in children younger than 12 years old (13.9% vs 2.2%).
 - The presence was significantly higher in children under 12 years old if examination was within 72 hours.

T.D Smith et al. Journal of Paediatric Adolescent Gynaecology 2018

Unmet health needs

- Prospective Study of historic CSA
- Among the 249 children who presented with possible historic CSA, ages ranged from 0 to 17 years (median 7, SD 4.3).
 - 141 (57%) had a medical concern(s) related to the referral reason
 - 78 (31%) had an unrelated medical concern(s)
 - 55 (22%) had emotional or behavioural concerns requiring onward referral
 - 18 (7%) children had physical signs supportive of CSA.
- Findings referable to social care were identified in 26 cases (10%), the police in 6 cases and 15 (6%) parents required professional help for anxiety symptoms.

Deborah Hodes et al. The value of paediatric assessment in historic child sexual abuse. Archives of Disease in Childhood. January 2017

What are the benefits and challenges?

- Voice of the Child & YP
- Reassurance for Child & YP
- Reassurance for parents
- Physical findings
- **Forensic evidence**
- Aftercare
- Multiagency information sharing

Edmond Locard

(1877 – 1966)

- aka “The French Sherlock Holmes”
- formulated the basic principles of forensic science
- *“Every contact leaves a trace”*
- Started the first police laboratory in Lyon in 1910



What are the benefits and challenges?

- Voice of the Child & YP
- Reassurance for Child & YP
- Reassurance for parents
- Physical findings
- Forensic evidence
- **Aftercare**
- Multiagency information sharing

Aftercare

- Contraception
- Prevent sexually-transmitted infections-HIV
PEP, Hep B, referral to Sexual Health [Need
STI screen 2 weeks after sexual assault]
- Follow up through CHISVA
- Counselling

What are the benefits?

- Voice of the Child & YP
- Reassurance for Child & YP
- Reassurance for parents
- Physical findings
- Forensic evidence
- Aftercare
- **Multiagency information sharing**

Summary

- The paediatric forensic medical examination should be considered for all C&YP.
- It is a holistic child centred examination.
- It can assist the criminal process in securing a prosecution even in the absence of physical findings and forensic evidence.
- It supports aftercare processes for C&YP and their families.



NAILED IT

