EXAMINATION UNDER CHILD PROTECTION PROCEDURES –SUSPECTED SEVERE PHYSICAL AND/OR SEXUAL ABUSE

Patient details (circle correct information)

Name: **Date of Birth**…… **Age** MALE / FEMALE **Address** (prior to examination):	Date: Time: Place of examination

Professionals involved IN THE ASSESSMENT

Doctor or nurse's name	Police Officer's name
Social Worker's name	
School	

Why was this examination undertaken?

Family and Social History
(including names, dates of birth, ages, occupations/schools, relationships)

History of any known medical problems

Examination

Persons present during examination

1.
2.
3.
4.

Examination of Child

Age	Years.....Months.....
Height	cm
Weight	Kg
Head circumference	cm

General Appearance of child (any obvious neglect)

Significant Comments made by the child or the parent/carer (record as accurately as possible)

Developmental assessment (circle correct answers)

Delayed development……Yes / No

If Yes……Severe /Moderate /Mild

Level of puberty

Pre-pubertal …… or ……Post pubertal

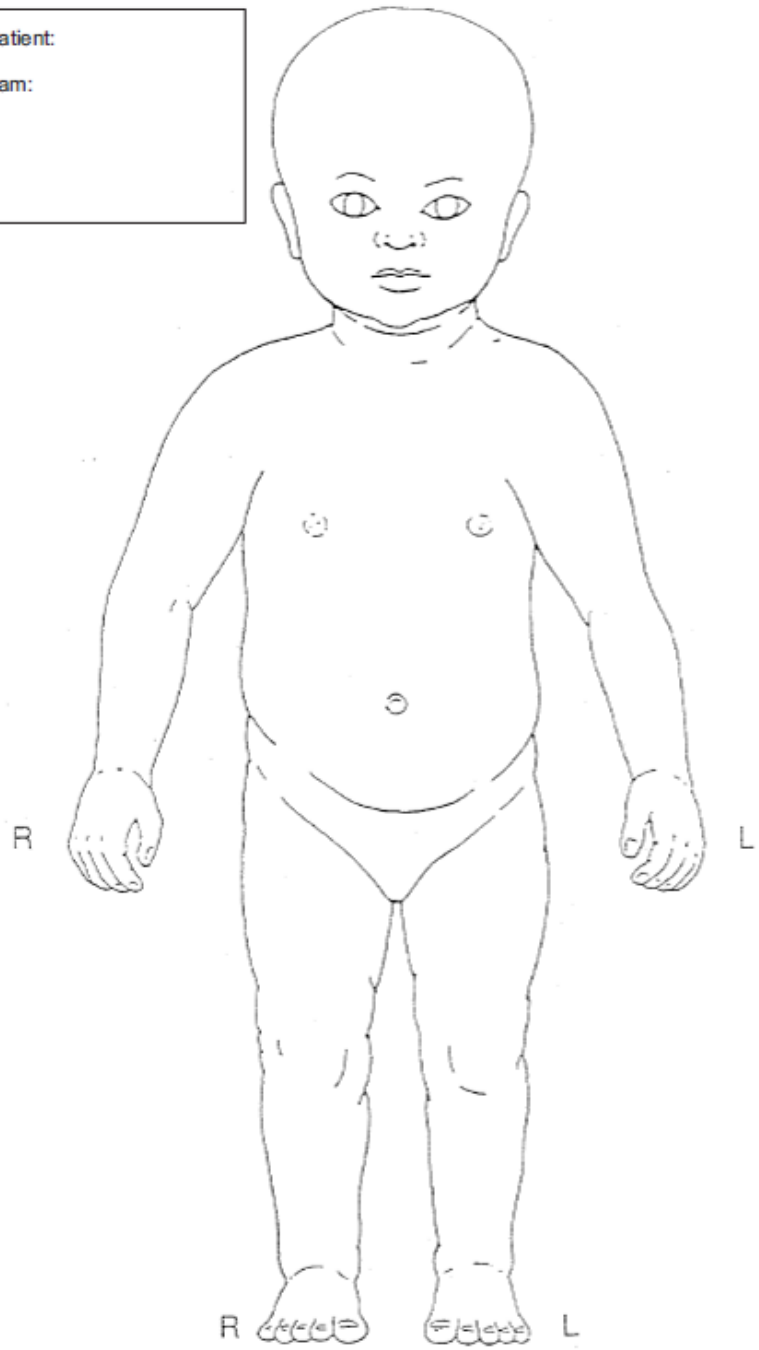
General Examination (use of body maps for any injuries)

Name of Patient:

Date of Exam:

Examiner Name:

Signature:

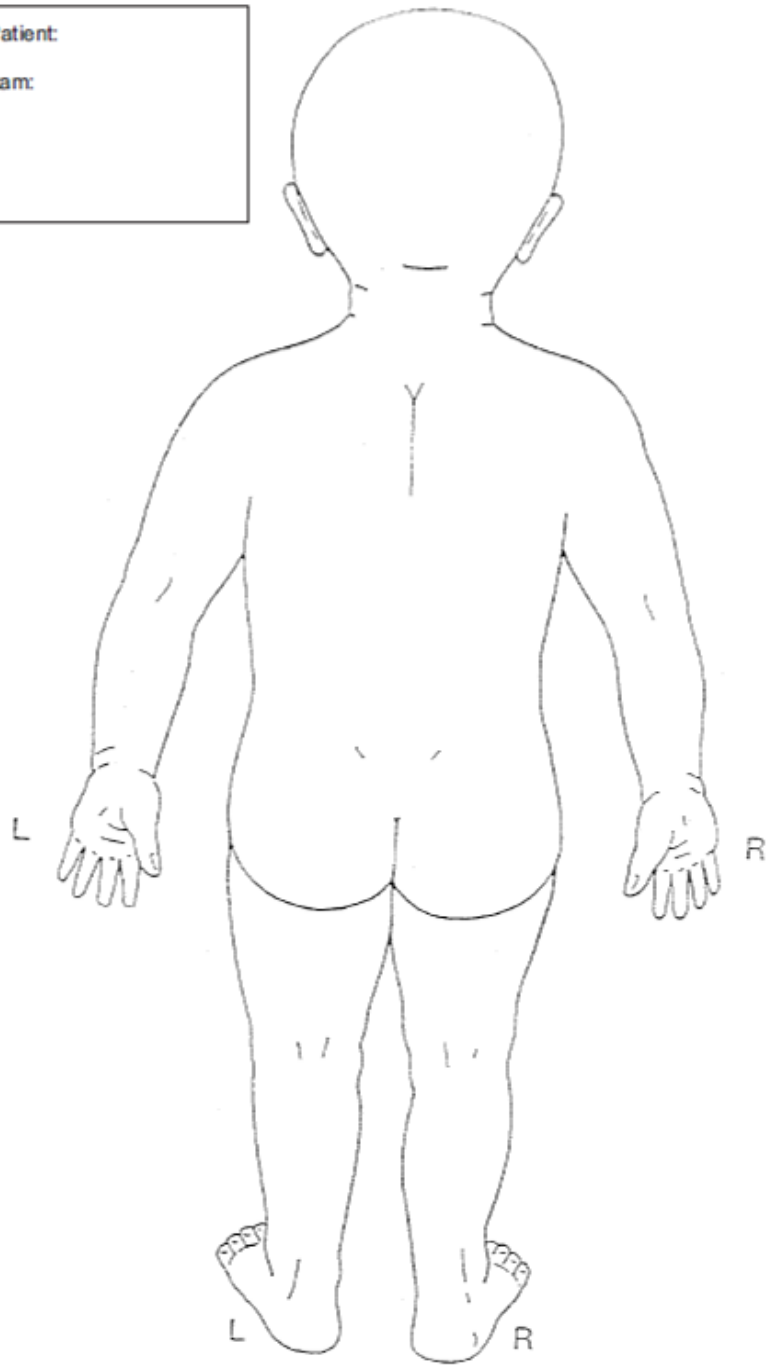


Name of Patient:

Date of Exam:

Examiner Name:

Signature:



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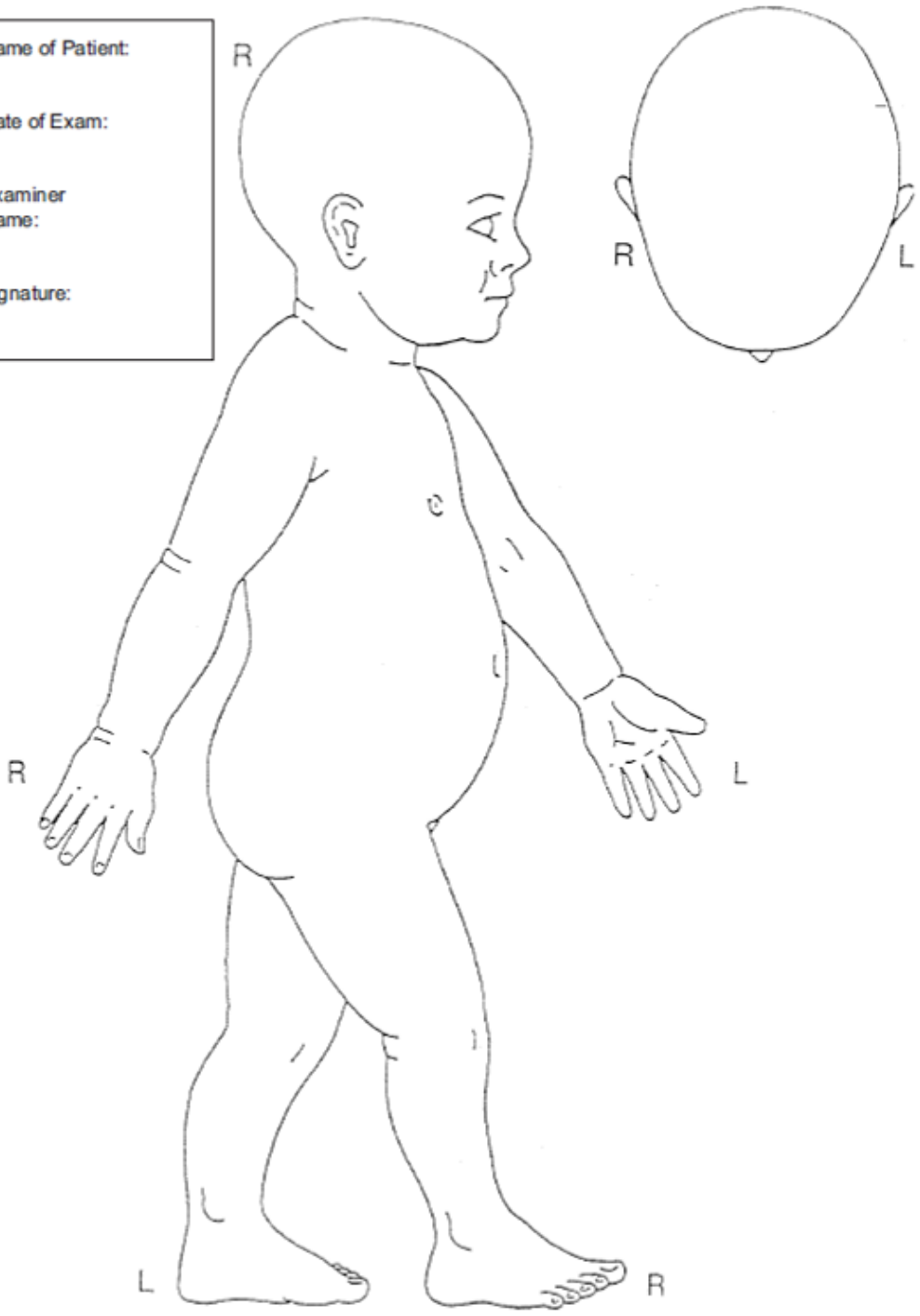

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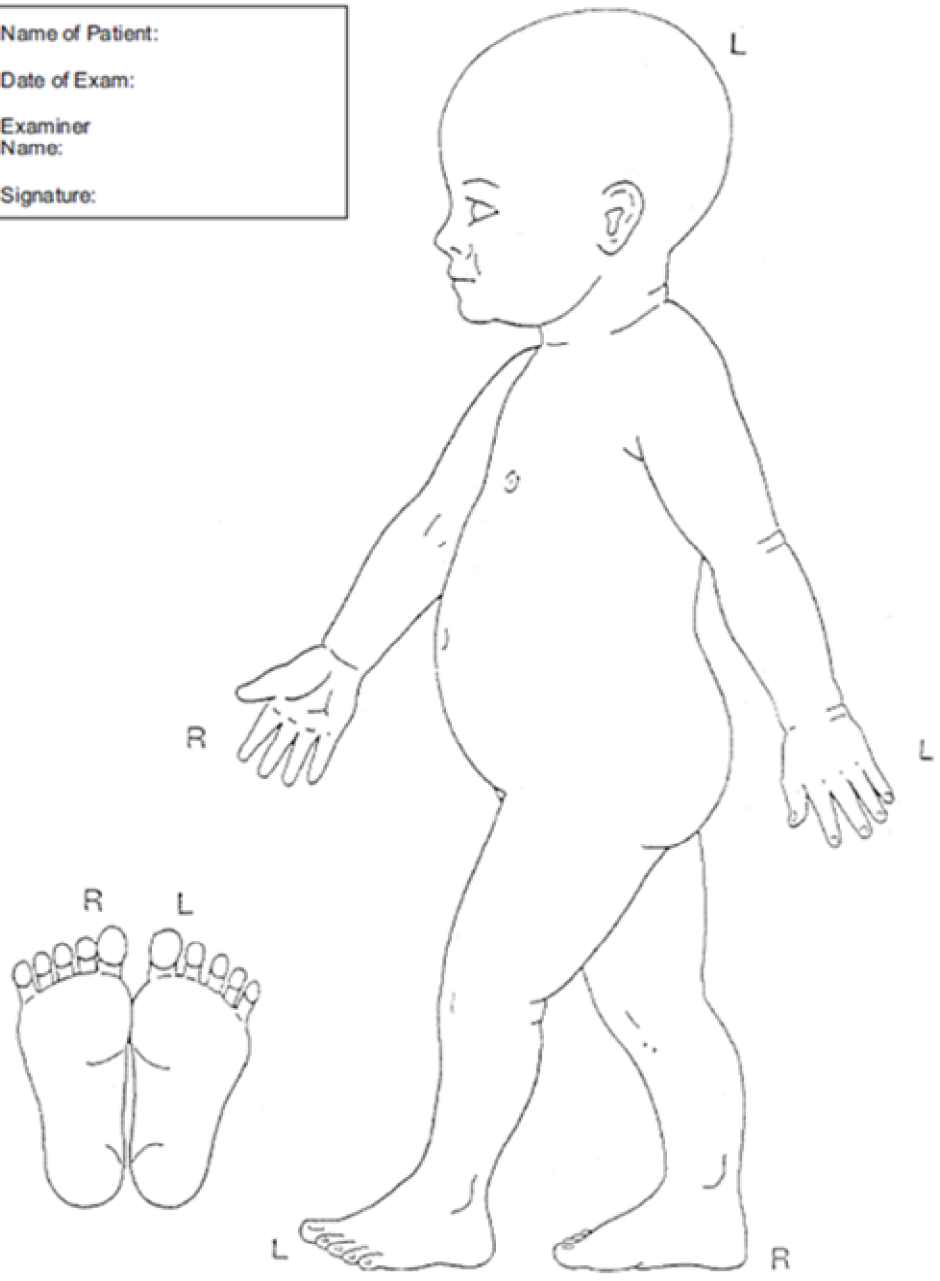
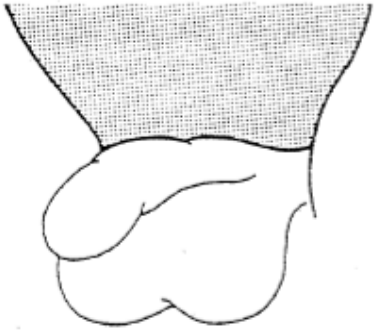
Date of Exam:

Examiner Name:

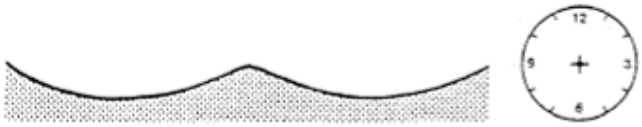
Signature:

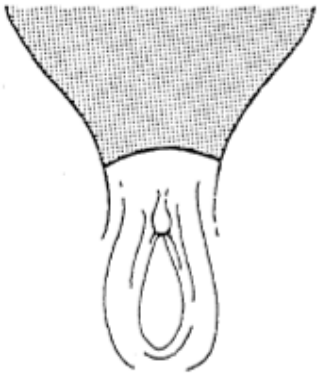


NAME NO.



DRAW SHAPE OF ANUS AND ANY LESIONS ON GENITALIA, PERINEUM AND BUTTOCKS.





DRAW SHAPE OF HYNEN AND ANUS AND ANY LESIONS GENITALIA, PERINEUM AND BUTTOCKS.

Name of Patient:

Date of Exam:

Examiner Name:

Signature:

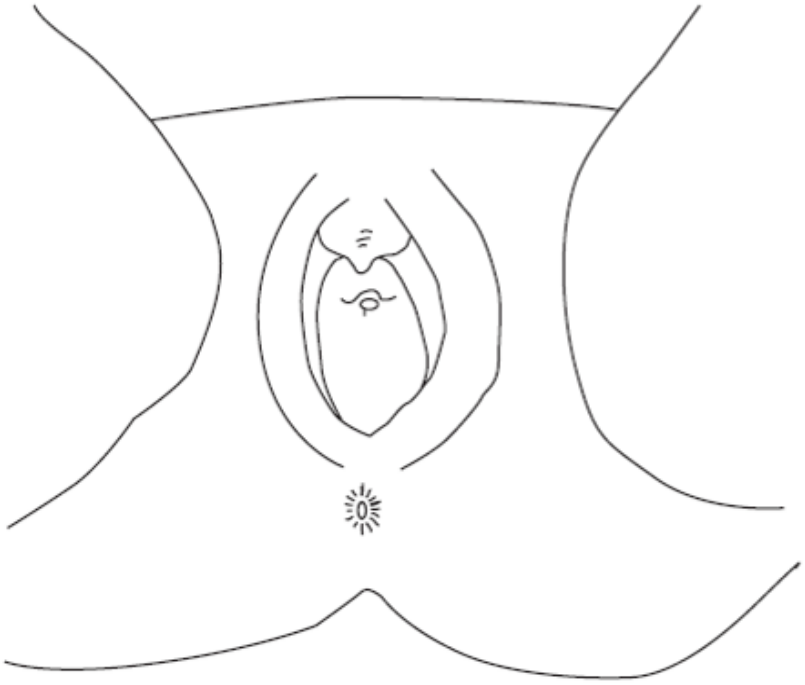
Name of Patient:

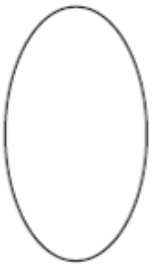
Date of Exam:

Examiner
Name:

Signature:

Mark position of injuries.





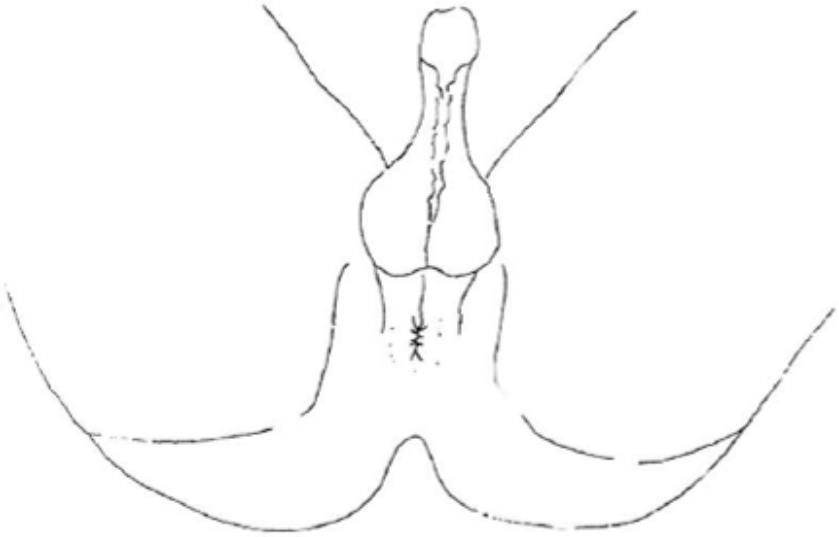
Introitus of vagina.
Draw in shape of hymen and orifice and position of tears / concavities / bumps.

Name of Patient:

Date of Exam:

Examiner Name:

Signature:



Summary and Interpretation of Significant Abnormal Findings

Conclusions and Doctor or Senior Nurse's Opinion

Points Discussed with Social Worker and Parent/Carer (and their opinion if applicable)

Arrangements for Health Follow-Up for Child (including investigations)

Signature …… Date ……..

Circulation list for report:

Social Worker……

Police……

Head-teacher at school……

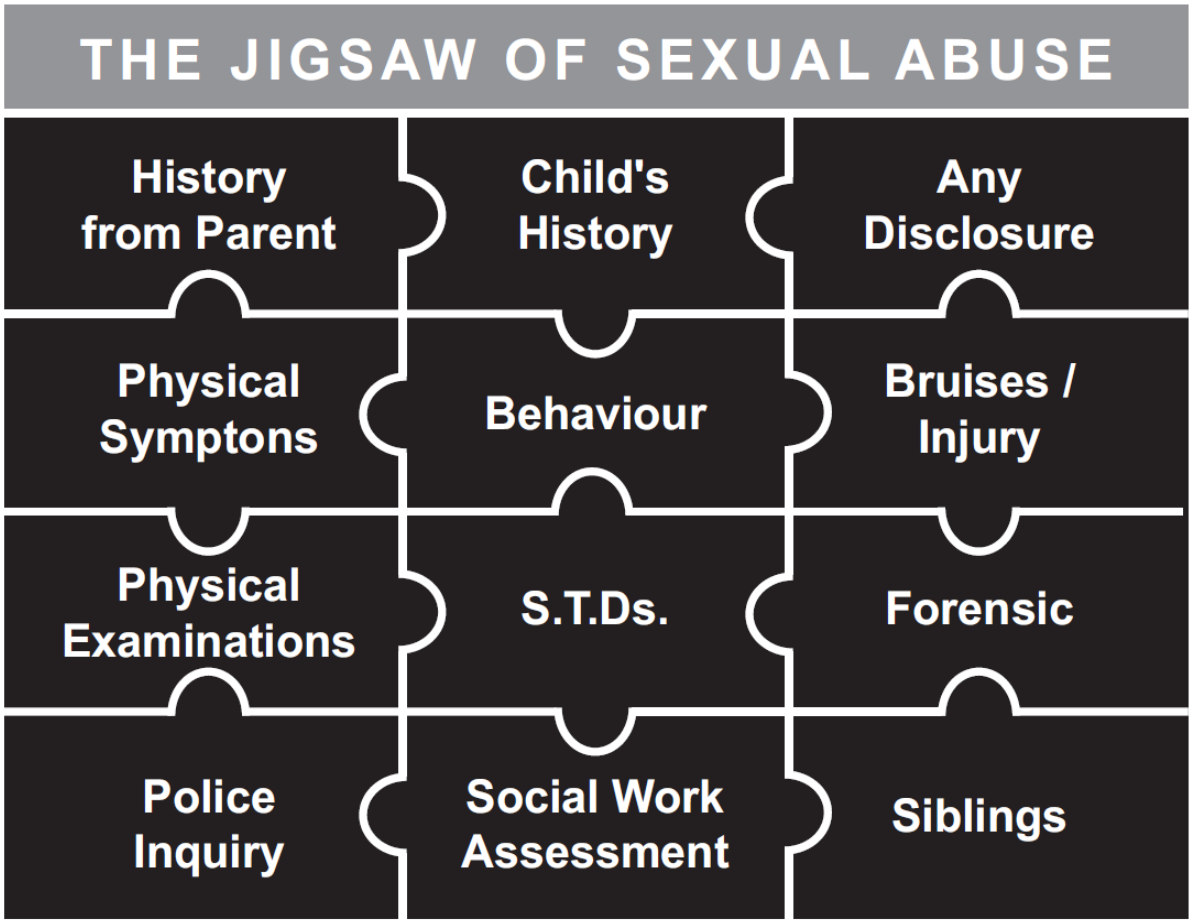
Others (please specify)……

NAME OF OTHER CHILDREN POSSIBLY AT RISK OF ABUSE		
SURNAME	**FIRST NAME**	**DOB**

Check List After Examination:

1. Have you been able to give a clear opinion on the case?
2. Have you considered alternative explanations for the findings?
3. Does the social worker understand your findings and opinion?
4. If the injuries are serious or indicate serious risk, have you:
   - Considered the need for police involvement:
5. Are you happy with plans for the immediate safety of the child?
6. Are you in agreement with the proposed long term management?
7. Is it important for you to attend the case conference? If so, make sure the social worker knows.
8. Have you recorded your discussions?
9. Have you written a care plan?

NOTES REGARDING THE EXAMINATION FOR POSSIBLE SEXUAL ABUSE



Hobbs CJ, Wynne JM (1990). The Sexually Abused Battered Child. *Archives of Disease in Childhood 65:423-427.*

Examination of Female genitalia

Issue/Area examined	***Details***
External genitalia	
Pubertal signs?	
Labial separation or traction used?	
Labial Fusion?	
Urethral opening	
Labia minora	
Peri-hymenal tissues	
Posterior forchette	
Perineum	
Hymenal opening	
Hymen	
Examination position	
Swabs taken?	
Still photographs taken?	

Examination of Anus

Issue/Area examined	***Details***
Separation of buttocks- duration (seconds)	
Anal dilatation?	
Anal folds	
Anal margin	
Surrounding tissues	
Examination position	

Examination of Male genitalia

Issue/Area examined	***Details***
Frenulum	
Urethral meatus	
Urethral discharge?	
Signs of genital injury? **Location**	
Testicular swelling?	
Warts or skin disorders?	
Examination position	

Notes on Forensic Sexual Abuse Examination

Summary

It is essential that the interview, examination and collection of forensic samples when children/young people make complaints of having been sexually assaulted is undertaken carefully and only by professionals (doctor or senior nurse) with the necessary skills i.e. be able to carry out a full paediatric examination and appreciate the normal from abnormal when examining the genitalia. This requires a good knowledge of normal development from infancy to adolescence. They must know how to take forensic samples and how to process these in order to preserve evidence. They must be able to write a report and present evidence in court.

Reasons why an examination should take place:

1. To ensure that the child does not have a medical disease which could cause genital symptoms such as bleeding
2. To collect the forensic evidence, in the form of swabs to provide clinical evidence
3. To provide overall assessment of the child (speech and language, behaviour, aspects of neglect or not attending school, family planning needs, etc)
4. To assess for HIV and Hepatitis B, and provided prophylaxis if necessary
5. To assess and treat other sexually transmitted infections.
6. To assess for pregnancy, onward referral for counselling, pregnancy support or termination as appropriate
7. Above all, to provide support and reassurance to the child or young person in order that they can continue to make good progress. The knowledge that the examination has shown normal "undamaged" anatomy may be therapeutic in its own right to both child and family.

These examinations require a degree of skill and should only be carried out by doctors or senior nurses/midwives who have had forensic training.

The child / young person should be considered to be a *"walking crime scene".* However, the health needs of the child are paramount and this must be considered when approaching any medical examination, regardless of the alleged circumstances that may lead to the collection of forensic evidence.

Paediatric forensic examinations are required when a child makes a disclosure of sexual abuse, or sexual abuse is witnessed, or an agency strongly suspects child sexual abuse. This may include the examination of siblings of children who have made a disclosure.

A paediatric forensic examination consists of:

- a detailed clinical history (including developmental/educational history) ;

- a full body physical examination with detailed documentation using body maps and photo-documentation of physical injuries;
- Examination of the genital/anal area, with photographic recording
- the collection of relevant forensic and microbiological samples
- the writing of a comprehensive medical report
- treatment and arranging appropriate aftercare for the child and possibly the parent or carer;
- ***when appropriate,*** fully informed consent from parent/carer and/or child is necessary for the whole examination, photo-documentation and reports

General principles and introduction

The examination should be considered as a therapeutic intervention from start to finish. The environment in which an examination takes place should be child-friendly, and the examiners skilled in dealing sensitively with children. The interview and examination essentially begin in the waiting room, when it is important to meet and greet the child and family in a friendly and welcoming way. It is important to establish the child's and parents' expectations and their understanding of the reasons they have been asked to attend – what do they want from the interview and examination, what are their fears and anxieties? They all need a clear explanation of why they are there and what is likely to happen (i.e. what the examination consists of and how information is used).

It is important that consent is obtained for every aspect of the interview and examination and clear explanations are given to both parents and child or young person regarding the use and storage of any photo-documentation.

Presenting History

As with all medical examinations, the presenting history needs to be clarified. It is not unusual to have a summary of the alleged events, either from the police or Social Care (indeed where criminal offenses may have occurred it is best practice for a police or joint interview to have occurred **prior** to the medical interview, in order to avoid "contamination" of the verbal evidence).

It may still be necessary however to clarify some of the points in the summaries given and to ensure the examiner understands which parts of the body were touched or penetrated (vagina, anus, mouth). If biting, licking or kissing has occurred, it is essential to determine exactly where these events may have occurred.. Other aspects of the presenting history, which may be of forensic importance, may also need to be clarified, such as:

- when and where the abuse occurred, including which room the abuse occurred in
- what type of abuse (i.e. oral, vaginal, penile, digital, penetration).?
- Did the perpetrator ejaculate, and if so where?
- Did the perpetrator wear a condom and if so, where was this disposed of?
- Was the child / young person wearing a tampon or sanitary towel at the time of the incident? If yes, these should be collected and retained.
- What was the child wearing during the incident, where are these clothes and have they been washed?
- Is the young person using contraception?

It is important to establish when the event, or in the case of abuse over a period of time, the last event occurred, as this helps to put into perspective the urgency of the examination. All forensic evidence will gradually be lost. An allegation pertaining to a recent sexual assault should be seen as soon as possible, ideally within 24hours.

Background History

It is important to establish with young people any previous sexual history they may have and the timing of last consensual intercourse, as this may interfere with forensic interpretation and will affect the interpretation of physical findings.

In the case of post-pubertal girls it is important to establish when the young person's menses commenced and what kind of sanitary protection they use for this.

A history of drugs and alcohol use should be obtained (and whether this was voluntary or coerced). This may be a contributing factor to whether the child or young person was able to give valid consent or effect their refusal / objection to any sexual acts which took place.

It is important to take a full medical, social and educational history in order to understand the background of the child / young person and to note how vulnerable they might be, e.g. are they disabled? Do they have a learning disability? Are they neglected? This plays an important role in aftercare.

General Physical Examination

This should be followed by a superficial examination of the whole body, including cuts, bruises and abrasions. These should be clearly documented on a body diagram (see above), which should be completed as you carry out the examination, to avoid error at a later date.

A superficial and general examination should always be carried out in a piecemeal fashion, avoiding completely undressing the child at any one time, but all parts of the body should be visualised. It is possible to remove the upper clothes and examine this part of the body, replace an article of clothing to protect modesty and then remove lower clothes. Always be mindful of covering the abdomen and genitalia as far as possible, but still allowing a full examination and visualisation of the body to occur.

During the general examination, indications of strangulation may be in evidence, for example, petechiae in the eyes and around the neck.

It is good practice also to provide body diagrams of <u>all</u> injuries visible

In the case of young children, developmental assessment may be appropriate.

Genital Examination

The state of the external genitalia (bruises, inflammation, rashes etc) should be noted.

This examination is usually carried out with the child/young person in the supine, frog-leg position, either on mother's lap (very young children) or preferably on an examination couch.
In order to clearly see the vestibule and hymenal margin it may be necessary to separate the labia (using fingers with non-sterile gloves on placed on the labia majora, pressing backwards and outwards in young children, or digitally separating the labia minora in adolescents).
Should the hymen still not dilate other techniques can be used;

- Traction (taking hold of both labia majora between fingers and thumbs and pulling outwards, downwards and laterally)
- Using a swab to separate the hymenal tissue (this may be difficult in young children due to the sensitivity of the hymen but works well once the hymen is oestrogenised). The folds of the hymen should be stretched by the swab moving around the inner aspect of the hymen, looking for damage and deficits

The left lateral position is the preferred and recommended position for anal examination

All abnormal findings should be carefully documented on body diagrams (see above).

Photo-documentation

Still photographs of the genitalia should be taken and very carefully labelled.

Photographs of other injuries, such as bruises, bite marks, abrasions, lacerations should also be undertaken.

Forensic Examination

There is no definitive or prescriptive way in which to carry out a forensic examination. Much will depend on the emotional state and intellectual ability of the child. If the child is very distressed, restless or reluctant, it is advisable to examine the areas of the body where most evidence will be found first (usually the genitalia). Every case will be different and it is the role of the doctor to adapt to each situation and to ensure the child's emotional welfare is considered at every point. A logical way of carrying out a forensic examination is head to toe, but it is often kinder to get the more difficult genital parts of the examination out of the way first.

It is also important to discuss with the police officer / Scenes of Crime officer which samples / swabs are going to be needed prior to starting the examination. Some people find it easier to label the swabs in advance of the examination. Care should be taken, however, as additional swabs may be found to be needed during the examination as a consequence of unexpected clinical findings.

Forensic Swabs

Swabs should be **rolled** with moderate pressure over the surface of the sampled area, and not rubbed.

It is now recommended that double swabbing should occur for parts of the body that are dry. This consists of first rolling a wet swab over the area, followed by a dry swab. It is good practice wherever possible to take two swabs from every site.

Forensic Swabs Needed in All Cases

1. Any area of skin where there are any dry or white stains (possible ejaculate)
2. Any areas of skin where there are bloodstains
3. Any hair which may be coated with semen or other substances (for example head hair, eyelashes, eyebrows) – some head hair may need to be cut
4. Swabs from biting injuries

Specific Swabs Taken in Different Types of Abuse

Oral Abuse

1. Swab rubbed between individual teeth, along the gum lines and in the fauces

Genital Abuse (girls)

1. Labia majora (outer lips)
2. Labia minora (inner lips)
3. Vestibule
4. Low vaginal

Genital Abuse (boys)

1. Shaft of the penis
2. Retract the foreskin (if present) and take swabs from coronal sulcus
3. Glans

Anal Abuse

1. Perineum
2. Anal margin / rugae

Management of Forensic Evidence

All swabs should be bagged and submitted as evidence. They should also be labelled in a consistent fashion.

A suggested way is examiner's initials / child's initials / number of exhibit or swab / site of swab. For example:

AB (examiner) / CD (child) / 1 – vestibule

All items are bagged in plastic bags providing in the police forensic kits and labelled with its contents. A list of all specimens is made on triplicate paper one copy goes with the samples, one copy is kept by the police, and one copy goes in the medical notes.

A medical report should be prepared including all of the above information and accompanies by body diagrams and a list of the forensic samples taken (see above)

Further Medical Assessment and Ongoing Care

It is always wise to consider the possibility of the child / young person receiving a sexually transmitted infection and screening should be done for this. If the event is recent and the first event, then screening may need to wait for two weeks until the infections have established themselves.

If the abuse has been going on for some time, and / or this is an allegation of historic abuse, then screening for STI's should take place at the time of examination for the alleged event.

The examiner must also consider the need to screen for blood born viruses: HIV, hepatitis B and C and syphilis.

Finally, it is of the utmost importance to consider the ongoing emotional, social and educational needs of the child / young person. All of these may require referral to an appropriate service, such as education, Social Care or child mental health services.

There may be occasions when the examining doctor feels it is appropriate to review these children and young people to ensure systems are in place to meet their needs and to ensure that healing has progressed satisfactorily following an injury to the genitalia.