PROMISE 2
MEDICAL EVALUATION MINI-SERIES
CO-FUNDED BY THE EUROPEAN UNION
The Barnahus model offers the child victim/witness of violence a child-friendly, safe and professional environment to disclose – which is fundamental to the criminal investigation, the judicial process and the follow up of the child. Interview is recorded and used as evidence in court.

Relevant disciplines and agencies are gathered under one roof, providing a multidisciplinary, including medical examination, mental health examination and treatment, response to each child.

The model is integrated into the national social welfare, health, and/or justice systems in most countries.
FROM 0 TO BARNAHUS

- PROMISE 1 explored the criteria for Barnahus and similar models in depth and developed standard setting publications.
- Select professionals from around Europe were invited.
- PROMISE 2 *From 0 to Barnahus* is an open invitation to join the discussions within the European Barnahus Movement.
- Key principles, standards, and challenges to consider when opening and operating a multi-disciplinary and interagency collaboration for child victims and witnesses of violence.
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PART 3: SEXUAL ABUSE DIAGNOSTIC WORKUP AND DECISION-MAKING

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Watch his webinar now:
Part 1: Framework for medical standards

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Watch her webinar now:
Part 2: Physical abuse diagnostic workup and decision-making
Medical evaluation – a key criteria for the Barnahus and similar setups

Sexual abuse diagnostic workup and decision-making

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19 Nov 2018
My London working life
London is big - ~ 8 million people

St Mary’s Hospital, first established 1851, Imperial College Healthcare NHS Trust

King’s College Hospital, First established 1840, King’s College Hospital NHS Foundation Trust
Barnahus influence in London

NEW !

http://nicoevo.info/paintings-of-london-street-scenes/paintings-of-london-street-scenes-london-bus-london-taxi-street-scene-painting-horsell-woking/
Poll

Have you visited London?
Outline

When a child/young person (CYP) discloses sexual abuse/assault (SA) or there are concerns about SA - what do we need to do?

1. Planning the medical evaluation

2. The medical evaluation
   - Explaining
   - Consent
   - Who is present?
   - What we do, what we don’t do, why
   - Feeding back to the child/carer/multiagency team

3. After the medical evaluation
   - Follow-up, medical screening
   - Psychological management
   - Involvement in the social services and judicial processes

4. A few other things
POLL

It would be helpful to know what domain everyone works in.
Planning for the medical evaluation of a CYP who discloses SA or when there are concerns about SA

• What to consider with multi-agency, multi-sectorial colleagues?
  – Is the CYP safe/are there other CYP who may be at risk of harm?
  – Urgent or non-urgent from a medical/forensic perspective?
  – The place and timing of the forensic interview with the child (may be before or after medical evaluation depending on setting and circumstances)
Is the CYP safe/ are there other CYP who may be at risk?

- Others in the home

- Outside the home - e.g. other children in the care of the alleged perpetrator, gang related sexual assault, trafficked CYP, child sexual exploitation, internet crime

Making a plan to ensure other CYP are safe should be part of the initial multi-agency or multi-sectorial discussions.
What makes the medical evaluation urgent?

1. Acute medical need
2. Forensic evidence need
3. Both

- Acute medical need - very infrequent but it is important to establish whether or not the CYP has acute, significant injuries that may need treatment in a hospital setting - e.g. bleeding vaginal laceration that needs to go to the operating theatre rather than a Childhouse or similar set up (if separate).

- Forensic evidence need - if the abuse/assault has happened in a forensic window then the CYP should be examined and evidential samples taken in a forensic setting - may be the Childhouse or not depending on the local set up.

  - Note 1. the interest and needs of CYP have priority over the need to collect the forensic evidence
  - Note 2. the clothes the CYP was wearing at the time of assault may provide good forensic evidence - making sure they are collected, usually by police, should be part of multi-agency discussion
  - Note 3. early forensic evidence can be gathered by the police and those in a health setting – e.g. EEK (early evidence kit)
Sexual Assault

Step 1. Phone SARC for advice
9340 1828 (or KEMH switchboard)

Step 2. Collect early evidence kit specimens

Wee in a yellow top sterile pot

Wipe the vulval area with sterile gauze and place in yellow top sterile pot

(See over for more details)

SARC
Department of Health
Government of Western Australia
POLL

In your setting where are children and young people seen for the medical examination when there are concerns about sexual assault/abuse?
The medical evaluation

• How can a medical evaluation help?
• The setting
• Explaining to the CYP (and family/carers)
• Consent for examination
• Examination and treatment
• Feedback
• Follow-up
• Contributing to the medico-legal and child protection processes
What can a medical evaluation contribute to the multi-agency response?

• **Provide health care-**
  – physical and mental health care for the child and non-perpetrating family
  – health care needs: around STIs, pregnancy/contraception for post-pubertal girls and mental health

• **Provide evidence (if there is any)**
  – > 95% cases in children *no* forensic evidence or injury seen

• **Reassurance**

• **Contribution to safeguarding and medicolegal processes**
The setting

- First webinar, with Stefan - setting needs to be child and young person-friendly
- Starts with welcoming staff and a welcoming environment
Explaining what is going to happen to the CYP (and family/carers)

• After welcoming the CYP (and parents carers, or social worker/teacher who accompany the CYP- depends on setting) important to set out and explain what the examination is all about

• Reassure them that they will not have to repeat their story again- information from SW /police/others- but may need to check a few things

• Explained in an age and developmentally-appropriate way- special needs provided for

• What is and is not going to happen - **ONLY** and **ALWAYS** with the CYP’s consent

• That it can **STOP** at any time if the CYP wants it to

• Who will be with them in the examination

• Who else will be in the room

• What will happen afterwards
More Explaining

• Who explains? - family nurse advocate, play specialist- Resmiye- Child-life specialist
• Can use models/dolls for younger children
• Explanatory leaflets, age-appropriate
• Demonstrate and allow child to become familiar with equipment- e.g. Give them a swab to touch and feel, show them the video-imaging equipment- let them see their own hand or a toy magnified
Consent for examination

• Formal consent form
• Includes all aspects of examination, any treatment and extent/limits of information sharing with other agencies
• CYP with capacity can sign/consent as well—always good practice and in accordance with CRC and other frameworks/legal instruments to take child’s views into account
• Different views and frameworks around adolescents’ capacity to consent in the absence of parent/carer – balance with adolescent rights
Who should be present during the examination?

• The child or young person

• A support person for the child- n.b. adolescents may wish to be examined alone

• A team of 2-3 people who are child, young person-friendly and not in a hurry: a mix of doctors/nurses/crisis workers/play therapists/advocates
Examination 1

Comprehensive history of current and past health- good to have a proforma, as aide-memoire, helps not to miss things but can be a barrier. This can be done in waiting area if private

General examination- bit by bit, child retains some clothing all the time (in forensic exam CYP wears disposable hospital gown, clothing may be taken as evidence-service needs replacement clothing supply)

e.g. Height, weight

Top-to-toe examination looking for injuries, signs of neglect (including dental caries), other medical signs of underlying disease processes

Systems examination- lungs, heart, abdomen

Observation of child’s demeanour, behaviour, level of understanding, interaction with carer and others
Examination 2

Ano-genital examination

• Protect modesty
• Various ways of doing exam e.g. be on mom’s knees
• Various techniques to allow good visualisation of ano-genital area and video-imaging of findings
Positioning the Child 1

Frog leg position on caretaker's lap
Recording findings in the ano-genital area

• Video-imaging, often called ‘colposcope’- we use it as a **magnifying camera**, it does not touch the patient, NOT an internal examination

• Examination techniques and positions

• Aim is to have a good look at the ano-genital area for injuries/scars*

• Repeated examinations of the child avoided

• Images allow for peer/expert review of findings
Use of a colposcope as a magnifying camera

it does not touch the patient,
NOT an internal examination!
## What are we looking for?

<table>
<thead>
<tr>
<th>Acute examination</th>
<th>Non-acute examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh injuries anywhere in the ano-genital area</td>
<td>Signs of old injuries</td>
</tr>
<tr>
<td>• Bruises</td>
<td>• Actually very rare</td>
</tr>
<tr>
<td>• Abrasions</td>
<td>• Most injuries heal rapidly</td>
</tr>
<tr>
<td>• Lacerations</td>
<td></td>
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</tbody>
</table>

Note that the range of normal variation in the appearances of the ano-genital area is very wide. There are many normal variants in e.g the shape of the hymen.
Other causes of abnormal ano-genital appearances

Trauma not related to sexual contact
E.g
• Straddle injuries
• Zipper injuries

Medical conditions not related to sexual contact
• Labial adhesions
• Lichen sclerosis
It’s not all about the Hymen

• **Hymen**: a thin membrane that surrounds the opening to the vagina. Hymens can come in different shapes. The most common hymen in young girls is shaped like a half moon. There is nearly always an opening in the hymen to allow menstrual blood to flow out of a girl’s vagina. Absence of an opening is a medical condition- imperforate hymen

• **Many idealisations/myths/misunderstandings** about the hymen
Normal variation in hymenal appearances

https://youngwomenshealth.org/2013/07/10/hymens/
What is the commonest outcome of an ano-genital examination?

Diagnostic findings in ~ 7% overall
~ 20% of girls examined acutely
~ 2% girls examined non-acutely (8)

Normal - why?
• Non-traumatic sexual assault/abuse, grooming
• Rapid healing of ano-genital structures
• NORMAL does not mean NOTHING happened - really need to stress this
Healing of genital injuries

• Petechiae (pin point bruises) 1 - 3 days
• Abrasions (grazes) 3 - 4 days
• Bruising 2 – 18 days
• Oedema (swelling) by 5 days
• Superficial lacerations (cuts) to vestibule- 2 days
• Hymenal lacerations – by up to few weeks (partial or complete healing)
• Deep lacerations to perineum by 20 days

(Reference 2)
What happens after the examination?

• Multi-agency discussion about next steps for the CYP taking CYP views into account

• Explained to child and carer
Two way Feedback

Feedback to child and carer
- Reassure when normal examination - usually the case
- Where injuries found reassure that they’ll heal quickly, can be followed up
- Advise about any treatment indicated e.g. PEP
- Advise about proposed medical follow-up e.g. screening for sexually transmitted infections

Feedback from Child and Carer
- Age-appropriate user satisfaction forms
- Suggestion box
- Complaints procedure
Medical Follow-up

- For healing of injuries and reassurance
- Screening for sexually transmitted infections:
  ~ 2 weeks and then 3 months after acute episode
- Liaison with child’s local general practitioner, school nurse/doctor/paediatrician
Psychological Follow-up
Contributing to the medico-legal and child protection processes

• Contemporaneous documentation of examination- any spontaneous disclosures by child, examination findings- using a proforma
• Involvement with multi-agency discussions around plans for child
• Writing statements for police and going to court
• Support from peers around court
Peer Review

• Examining a child/adolescent for CSA/ sexual assault is a specialised skill
• Examiners should have expertise required and the support they need
• Good practice to have access to peer review
Questions for discussion

Of the health professionals who are involved in examining CYP disclosing or where there are concerns about SA

• Who has local access to good training and mentoring?
• Who uses video or still imaging?
• Who has access to peer review? ie. meeting up with colleagues, reviewing cases including video or still images
Two other things

• Virginity testing
• Female genital mutilation
17 October 2018: WHO, UN Human Rights and UN Women have today issued a statement calling for the elimination of so-called “virginity testing”.

- “In many settings such tests are considered part of assessment of survivors of rape. This is unnecessary, and can cause pain and mimic the original act of sexual violence, exacerbating survivors’ sense of disempowerment and cause re-victimisation.
- The result of this unscientific test can impact upon judicial proceedings, often to the detriment of victims and in favour of perpetrators, sometimes resulting in perpetrators being acquitted.”
End Virginity Testing

Virginity testing, also called “two-finger testing”, is unscientific, harmful, and a violation of women’s and girls’ human rights.

It is not possible to tell a “virgin” hymen from a “non-virgin” hymen.

End Virginity Testing

Let’s work together to end virginity testing.

End Virginity Testing

Virginity testing is rooted in: social norms that emphasize control of women’s and girls’ sexuality and bodies.

End Virginity Testing

Health care professionals must never perform or recommend virginity testing.

SPEAK OUT TO END IT

End Virginity Testing

Virginity testing can lead to harmful mental - as well as physical - health consequences.
FGM (from WHO)

- Non-medical procedures that intentionally alter / injure female genital area
- Performed commonly by traditional circumcisors but also by health care providers
- No health benefits
- Can cause severe complications (bleeding, difficulty voiding, infections, cysts, infertility, increased risk newborn death)
- Carried out between infancy and 15 years usually
- Internationally recognised as violation of human right
Helpful references

   https://ac.els-cdn.com/S1083318817305429/1-s2.0-S1083318817305429-main.pdf?_tid=9f2674f0-afab-4c54-ba26-f12920c7d7ce&acdnat=1542347095_d2f7e041ce6791d8ce7da91cdf8217f7


3. Responding to children and adolescents who have been sexually abused, WHO clinical guidelines, 2017

   https://www.rcpch.ac.uk/shop-publications/physical-signs-child-sexual-abuse-evidence-based-review

More References


   Reaffirmed August 2018

Thank you

Questions and comments please!

One of my favourite places in London - view from Primrose Hill