

Child Advocacy Centres Knowledge Exchange, Ottawa
Tuesday morning, March 1, 2011

Panel # 3: *Forensic Medical Examination in the CAC context*

[Amy Ornstein](#), Pediatrician, Child Protection Team, IWK Health Centre, Halifax, NS
[Tanya Smith](#), Nurse Practitioner, SCAN Program, Sick Kids Hospital, Toronto, ON

See presentation: [Ornstein & Smith] [Role of Medical Practitioner in CAC](#)

See full paper: [Ornstein-Smith] [Forensic medical evaluation in CACs](#)

Although they work in different medical centres, in cities almost 1,800 km apart, Amy Ornstein and Tanya Smith, gave a joint presentation about the best practices for conducting forensic medical examinations in the context of a CAC, in cases of suspected sexual or physical abuse or neglect.

There are various ways that the medical components of CACs can be structured: many are linked to hospitals; some CACs have their own medical rooms and nurse practitioners on site; other CACs don't have medical practitioners on site, but they have a close relationships with selected practitioners in the area. The presenters emphasized that, when thinking about developing a CAC, a multi-disciplinary team is essential.

They outlined differences between an urgent or non-urgent medical examination, and what is analyzed in each case. A child who is experiencing genital pain or discomfort, or who shows any suicidal thoughts, should be examined quickly. If the time lapsed since the alleged incident is greater than 72 hours, the case is considered historical. See their [presentation](#) for detailed lists of both the indicators of the need for urgent versus non-urgent medical services, as well as some of the different procedures that are carried out in those two different examinations.

The examining room should be relaxing and comfortable but not sterile. In all cases, it's important to protect the child from having more than one genital examination. The whole process takes time, as the examiner builds rapport with the child. Medical examiners must understand that the child probably has had negative experiences with people touching their genitals or asking them to remove their clothing.

They talked about the issue of video-recording such exams. While it's important to document the examination, practitioners must take time to explain to the child why video-recording is necessary.

The examination can be performed by a physician or nurse or nurse practitioner -- someone with experience and expertise, who is actively engaged in training and education in this kind of procedure, and who continues to have on-going peer review on this topic. Ideal peer reviews include review from outside your own team. Practitioners must understand their legal responsibility – and that their report can be used in court. They must be able to write a report that will be clear to people such as child welfare workers who may have no medical background.

Anyone in the process of setting-up the medical component for a CAC should address these issues:

- When and where would the exams take place? (in hospital or at the CAC)
- What qualifications will be required of forensic medical examiners?
- Who in the community currently has that training?
- What barriers may prevent qualified medical people in the community from getting involved?
- Where will the reports of the examinations be stored, and who will get copies?
- Who will interpret the findings of such examinations?
- What sort of peer review is in place, or can be put in place?
- How will the medical examiner be paid? (many different models – fee for service not ideal)

In the Q&A session, a delegate commented that it was difficult to find a qualified physician to join a CAC team to do these examinations. The presenters replied that potential forensic examiners are typically concerned about not having the right qualifications, and are reluctant to spend time in court. One solution to attracting more practitioners to this kind of work is to create support systems and to link with others who are doing similar work.

“Technology is great for this,” said the presenters. “People can share documented exams over secure connections. New practitioners of these exams are often worried that they will miss something. The reality is that – when something is abnormal in a

child's exam – it pretty obvious. You need to help people build confidence that they are interpreting the exams properly.”

Another delegate asked about medical examinations for assaults on youth who work in the sex trade. They responded that these cases are more difficult. The youth is likely to have experienced on-going abuse over a long period of time, and to have multiple STDs. These youths do need medical attention, and police should be referring them for a forensic medical examination.

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For a summary of the discussion on these topics at the Round Tables, see:

Round Table Summary 3 – Counselling and Therapeutic Treatment