

Round Table discussions

after

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

Child Advocacy Centres Knowledge Exchange, Ottawa

Tuesday, March 1, 2011

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

[Amy Ornstein](#), Paediatrician, 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**

Delegates at the Round Tables after **Panel # 3:** *Forensic Medical Examination in the CAC context* addressed these two questions:

After this panel, delegates at the Round Table addressed four questions:

Question # 1 - *Universal access to forensic medical examinations*

Question # 2 - *Key elements of forensic medical protocol*

ROUND TABLE DISCUSSION

Question # 1) Is access to a forensic examination available to all children and youth under the age of 18 in your area? If this is not the case, what solutions would you propose?

Access to medical examinations is NOT universal

A quick check-around the delegates at the round tables confirmed that child victims across the country do not have universal access to proper forensic medical examinations, conducted by practitioners who have been trained in the best practices for such procedures.

Problems identified: Timing of the examination is a significant issue - when forensic medical examinations are not done early enough, vital medical evidence can be lost. Training of the medical personnel – sometimes the examinations are conducted by medical professionals who do not have adequate training in this specialized procedure.

Police role in the timing & location of medical exams

Some delegates expressed concern that the decision as to whether a child victim is sent for a forensic medical examination is usually a police decision, one that may be based on their judgement about whether penetration occurred. Police may also request an examination when they believe there is a high risk of HIV or other sexually transmitted diseases.

Some delegates suggested that police need more training on making better informed decisions as to when to send a child to a hospital emergency department for a forensic medical examination. An unnecessary visit to Emergency is upsetting for a child.

If police request an examination at a hospital or medical centre, arrangements will usually be made to call ahead, to ensure that the child is fast-tracked. Many hospitals have special sexual assault examination kits for children.

In larger urban centres, where protocols are in place, the question of when to pursue a forensic medical examination is clearly defined in the protocol.

Figure 1 Forensic medical examinations in emergency department... and SCAN units

When the examination is done in a SCAN program (Suspected Child Abuse and Neglect), the child is relieved of the additional trauma of a long wait in a crowded emergency waiting room. When carried out in a SCAN unit, there is assurance that the examination is conducted by a highly trained medical professional, with special skill in this type of procedure. Some of the major Canadian cities have a SCAN unit, however they are rare in smaller centres.

Many children live in communities without medical practitioners who have expertise in this area. It is often not feasible to transfer a child to a medical centre, in order to do a forensic medical exam, within the appropriate time frame.

After some discussion, the consensus was that, while medical exams in SCAN units are the benchmark, it is also important to increase the overall level of medical expertise – by providing training in this procedure for more doctors and nurses. Services to child victims

improve as more medical practitioners -- in a variety of settings -- are trained to conduct these examinations. Children and youth will benefit as this expertise becomes more available in more communities. More medical professionals can and should be trained to do these exams.

In the end, the point is not where the exam is done (in a SCAN unit, emergency department, or family doctor's office). The point is that such exams must be done by medical professionals with very specialized training.



Amy Ornstein, paediatrician at the Child Protection Unit at IWK Health Centre in Halifax, and Tanya Smith, Nurse Practitioner and certified Sexual Assault Examiner at SickKids Hospital in Toronto, make a joint presentation about forensic medical examinations.

Staff at the SCAN Program at Sick Kids Hospital, Toronto, are in the process of publishing a manual (specific to forensic medical examination protocols in Ontario) that may be helpful in guiding other medical professionals through the many issues that should be considered when doing forensic medical examinations. The manual includes sample documentation tools. For more information, email: tanya.smith@sickkids.ca

Who should do the exams? Nurses or physicians?

There was some debate about whether courts react better to evidence that was gathered in examinations done by a physician, as opposed to those done by a nurse practitioner (with specialized training), a sexual assault nurse examiner, or another specifically trained medical professional.

Some physicians don't support the practice of nurses doing these examinations, while other physicians are supportive of the involvement of specially trained nurses.

Many doctors are reluctant to do these examinations because they are complex; the report-writing involved is time-consuming; and doctors (who work outside of hospital systems) may not be able to bill for many of the activities involved, if they are working on a simple fee-for-service model.

In some cases, in some jurisdictions, if the exam is done by a general medical practitioner, with no specific training in this field, the evidence may not hold up in court.

In the end, there was general agreement that forensic medical examinations can be done by a variety of medical professionals – with the proper training and certification. Crowns and judges need to be informed on the reliability of this training.

It is challenging for practitioners to develop and maintain competency in such procedures with children, if they do them rarely.

It is also worth remembering that not everyone is emotionally suited to this kind of work – even if they have been trained for it. The technique of these exams is very specialized. And the needs of child victims in these circumstances are not the same as an adult in the same situation.

Medical examiners appreciate the opportunity to de-brief after the exam, (by phone or in person), with a medical colleague who is more experienced in these matters. *“They need to talk it through with someone else, and feel supported that they did everything they could. It’s good to know there is someone out there who can help you problem-solve.”*

Staff at the SCAN unit at Toronto’s SickKids Hospital do case review sessions for medical personnel around the province through a web based program.

PROBLEM: limited access to forensic medical examinations in remote communities

It is rare for physicians or nurses working in remote communities to have specialized training in forensic medical examinations, or to be specialized in paediatrics. Frequent turn-over of medical staff in remote communities adds to this problem.

Practitioners across Canada who do forensic medical exams can use Tele-Health to get coaching in how to carry out such examinations, if they must do one – due to pressures of timing (72 hours after an assault), or when it is not practical to transport the child victim to an urban centre.

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Question # 2) What elements would be important in developing a forensic medical examination protocol?

Medical exams for youth – different process

The procedures for conducting a forensic medical exam on a teenager are quite different from procedures with a younger child. A different skill set is needed in dealing with youth.

Use of video-recording in forensic medical exams

It is becoming increasingly common for the forensic medical examination to be video-recorded, especially if it takes place in a SCAN unit (Suspected Child Abuse and Neglect).

Some delegates believe that parents may be reassured when this kind of medical examination is video-recorded.

On the other hand, if there has been any use of video in the suspected victimization of the child (i.e. in cases of child pornography), practitioners must be very cautious about video-recording the medical exam.

Which comes first? Investigative interview? Or Forensic medical exam?

A forensic medical examination must be conducted within 72 hours of an incident, in order to collect useful evidence of any suspected sexual assault.

Both Zebra Child Protection Centre (Edmonton) and the Child Protection Team at IWK Health Centre in Halifax prefer to do a forensic medical exam after the forensic interview.

In some cases, it may not be possible to assemble a qualified forensic interview team quickly enough. If so, the forensic medical exam may have to be done first, in order to collect evidence before the 72 hour window expires, even though this is not the best order in which to proceed.

Comments / questions during forensic medical exam

The forensic medical examiner does not ask the child questions about the incident. They don't ask the child what happened.

If a child makes a disclosure during an exam, the medical examiner will document that information.

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