

# National Guideline #6: Medical Evaluation & Treatment

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## National Guidelines for Canadian Child Advocacy Centres/Child & Youth Advocacy Centres



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This resource was prepared as a collaborative initiative of  
Child Advocacy Centres/Child & Youth Advocacy Centres across Canada



## **Guideline 6: Medical Evaluation & Treatment**

### **Recommended Guideline**

**Specialized medical evaluation and treatment services are routinely made available to all children and youth and are coordinated with the multidisciplinary team response. All cases of suspected child abuse should be assessed to determine the need for a medical evaluation.**

### **Rationale**

A medical evaluation often holds an important place in the multidisciplinary assessment of child abuse. Medical consultation with the MDT on cases of child abuse at the CAC will assist in ensuring that children are provided with a medical evaluation when necessary. The goal of the medical evaluation is to reassure children and families about the child's well-being, identify and document the necessary medical findings, screen for injuries and medical conditions, and initiate treatment when necessary.

# Medical services linked to a CAC

- May not have a “medical clinic” at the CAC or medical providers co-located
- Should try to obtain partnership with a medical provider who can be a consultant and triage cases and act as a gateway into medical services within your community
- May be a linked to a hospital-based service or a practitioner in the community
- In CAC versus non-CAC communities comparison studies, more children do access this service (Walsh et al, 2007)
- Important to be aware of which services are available
  - may vary from model to model, by stage of development, type of abuse, timing etc.



# Medical services provided at CACs

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- Medical evaluation of SA & PA cases
- Consultations regarding the need and timing for an examination
- “Intake” medical assessment for child welfare agencies following apprehension – dependent on communities’ capacity
- May be provided at CAC or strong link with hospital based child protection team

1. Medical evaluation should be offered to children as determined by medical clinicians or the local MDT.
2. Consultation with the MDT will allow for decision-making regarding scheduling
3. Various expert clinicians can provide medical evaluation at the CAC
4. Photographic documentation of examination findings should be obtained
5. Medical clinicians should have adequate training, ongoing educational support, access to up-to-date equipment
6. Systems allow for consultations with other established experts for second opinion when required. Regular peer review should occur
7. MDT and CAC staff should be trained about the nature and purpose of medical evaluation to minimize anxiety and enhance comprehension
8. Relevant findings of the medical evaluation should be shared with and explained to the MDT in a routine and timely manner while respecting information sharing policies

# 1. Medical evaluation should be offered to children as determined by medical clinicians or the local MDT.

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- Assess, manage and document injuries
- Provide reassurance
- Test for infections
- Collect forensic evidence
- Provide necessary medications/treatments



## 2. Consultation with the MDT will allow for decision-making regarding scheduling

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- Timing of the exam

- Urgent vs non-urgent
- Who should examine
- Where should the exam take place
- When should the exam take place



### 3. Various expert clinicians can provide medical evaluation at the CAC

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#### PHYSICAL ABUSE / NEGLECT

Physicians

#### SEXUAL ABUSE

Physicians

Nurse Practitioners

Registered Nurses

SANE-P



## 4. Photographic documentation of examination findings should be obtained

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- Consultation
- Enables Peer Review
- Continuous quality improvement
- Genital photo documentation is a standard of practice
- Need to address consent, storage and access

## 5. Medical clinicians should have adequate training, ongoing educational support, access to up-to-date equipment

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### PHYSICAL ABUSE

- Royal college of Canada Fellowship training
- Yearly symposium
- Helfer Conference



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### SEXUAL ABUSE

- Basic sexual abuse training – provincial
- BCIT Sexual abuse course – National
- IAFN
- Yearly National Symposium



INTERNATIONAL  
ASSOCIATION OF  
**Forensic  
Nurses**

6. Systems allow for consultations with other established experts for second opinion when required. Regular peer review should occur

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- Peer Review

- Review images
- Review investigations
- Review report
- Review court transcripts
- Process for discrepancy in opinion

## 7. MDT and CAC staff should be trained about the nature and purpose of medical evaluation to minimize anxiety and enhance comprehension

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“The medical examination is a non-traumatic exam to reassure you and your child that everything looks okay”

“We will conduct a head to toe exam, focusing on the vaginal/penile/anal area”

“It will not be an internal examination”

“I would like to take pictures of the marks we see on your skin. With your permission”

## 8. Relevant findings of the medical evaluation should be shared with and explained to the MDT in a routine and timely manner while respecting information sharing policies

The genital examination findings are normal and therefore neither confirm nor refute sexual contact

Bruising is most commonly the result of traumatic injury to the skin and occurs when there is damage to the underlying blood vessels, causing blood to leak into the surrounding tissues. Subsequently, the blood undergoes a chemical breakdown, which results in gradual changes in the colour and appearance of the bruise. The age of a bruise cannot be accurately estimated based on its appearance.

# General guidelines:

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- Always call CAC before coming down with a child
- Need to determine best place/time to see child
  - ER versus CAC Clinic
- In ER you could be waiting of hours
  - you will likely see an ER doc- who may not feel comfortable/may not have the expertise to provide an opinion & less trauma informed setting & less awareness of process

# Sexual Abuse

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- Children and youth should always be offered an exam even in cases of:
  - Historical SA
  - Fondling/touching
  - Anal contact
  - Oral contact

# Why??

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- Children/youth/caregivers may want to be reassured that they are okay/ normal
- They may have questions that stem from the assault:
  - “am I a virgin”, “am I damaged”
  - “will someone be able to tell that I was assaulted”
- There may be physical exam findings :
  - old injuries (healed injuries indicative of trauma)
  - STI (genital warts, chlamydia etc)



# Why?

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- May need to consider STI testing
- Opportunity for immunization status review & if appropriate birth control
- Report/testimony can explain why the exam is normal and there are no findings.....
  - Just because there are no findings does not SA did not happen
  - The genital exam findings neither confirm nor refute the sexual abuse concerns

# Case

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- 5 yr old girl
- Disclosed ongoing SA by mom's boyfriend
- Last contact with boyfriend 6 weeks prior to disclosure
- Mom took to family MD “ vaginal opening abnormally large - ? Hymen not intact”
- Examination conducted – normal exam
- Explained limitations of the exam

# Case

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- 12yr old girl
- Disclosed SA by uncle 3 days prior to teacher
- Interviewed at CYAC – gave full disclosure
- Brought to SCAN Clinic in hospital to receive Pregnancy & HIV prophylaxis and evidence collection
- Follow-up will occur at CYAC
- Most acute cases require hospital based services

# Urgent call

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- Recent Sexual Assault (within 24-48hrs)
  - Need to collect forensic evidence
  - Symptoms : pain/bleeding
  - Need to start on HIV pep or Hep B prophylaxis
  - Need emergency contraception
- Most of this can wait until the next day... best done after the interview

# Bruising/Skin Injuries

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## Reasons to consult with CAC in children with skin injuries:

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- Documentation
- Expert opinion on causation and type of injury
- Screening for other medical conditions that can be mistaken for bruising (bleeding disorders, birthmarks)
- Screening for additional injuries needed?
- Skeletal survey in infants/toddlers
- Head imaging? Eye exam?
- Laboratory tests to screen for abdominal trauma
- Health implications for that child?

# Bruising

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- Most often caused by trauma to the skin leading to leakage of blood into the tissues
- Bleeding disorders can produce bruising with less force/spontaneously
- Cannot be dated based on appearance

# Bruising



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- Age/Developmental Level:
    - bruising in non-ambulatory children (i.e. infants before they are able to crawl) is unusual
  - Pattern:
    - object outlines i.e. loop marks, handprints, usually indicate inflicted injury
  - Location:
    - accidental bruising in ambulatory children is less common in well-cushioned areas i.e. cheeks, buttocks, back of body



# Bruising Concerning for Child Maltreatment

## **TEN-4-FACESp:**

- **T**orso (torso includes chest, back, abdomen, buttocks, genitalia)
- **E**ars
- **N**eck
- Infants who are not yet cruising (especially **4** months or less)
- **F**renulum
- **A**ngle of the jaw
- **C**heeks (fleshy parts)
- **E**yelids
- **S**ubconjunctival hemorrhages
- **P**atterned or clustered (handprints, loop or belt marks, bite marks)

## **Bruises:**

- Not on the front of the body and/or overlying bone
- That are unusually large or numerous
- That do not fit with the causal mechanism described













# Sophie Strikes Back....





# Case History:

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- 7-month-old female
- Mom received text message from daycare provider – baby has mark on face, hit herself in face with a toy giraffe
- Mom worried about extent of injury when picks child up from daycare
- Went to hospital for assessment
- Reported to Children's Aid → joint investigation



# Case History:

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- 2 previous bruises in care of babysitter
  - bruise over the left temple the previous week – babysitter had advised mom that she had been carrying the baby and the baby had pulled a door into the side of her head
  - bruise on the cheek recently – hit herself in the face with a rattle
- Medical history unremarkable, no other bruising concerns



# Medical Evaluation:

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- Skeletal survey normal
- No underlying bleeding disorder to contribute to bruising
- Normal head imaging

# Collaboration with Investigators:

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- Case conference with investigating officer
- ‘Alleged offender’ brought to meeting
- Weight/measurements made of the toy
- DVD of interview with babysitter viewed for clarification of details of injury event



# Outcome:

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- Suspicious for inflicted injury due to extent of bruising, suggestion of pattern, developmental stage of the child
- Initial photographs – typical appearance of application of force with a hand/object
- Home daycare closed
- No criminal charges to date
- Collaboration between medical/investigative process

# Logistics - Issues/Challenges:

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- Child at school with an injury
- How to get child to hospital
- Not charging
- “Story sounds reasonable”



# Boost CYAC Outcomes/Benefits to Medical Services

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- Increased consultation on sexual abuse cases: more children/families are being offered a medical exam regardless of acuity/symptoms
- Increased consultation on physical abuse cases: more immediate collaboration to determine if child needs an examination
- Increased consultation on all cases for children where there may be medical/developmental issues requiring referral to pediatrician

# Benefits continued

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- Families are being serviced immediately
- Increased collaboration with agency partners to ensure children and families are seen by the right agency/clinician
- Better sharing of information among all partners at the initial stage of the investigation and throughout

# Unexpected concerns/risks

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- Linking with community based medical services (labs, x-ray)
- Limits of confidentiality – sharing information with multidisciplinary team members
- Documentation – challenges to complete electronic documentation
- Ownership of medical records
- CYAC database development, research activities

# Summary:

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- Cases of suspected child maltreatment benefit from a comprehensive medical evaluation either
- Collaboration between medical/investigative systems is important
- Always call and consult with a designated medical clinician

# Questions/Comments Thank you !

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