

Arrangements for Medical Examinations of Children in cases of Suspected Abuse

**Multi-agency
Protocol 7**

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Representatives of the Police, Police Surgeons, Health Professionals and Social Services have agreed that the following arrangements for medical examination will be used for Child Abuse cases in the Swindon and Wiltshire Social Services Department.

Strategy Contact

A member of the enquiry team (either Police or Social Services or both) will, as part of their enquiries routinely seek Paediatric advice.

During this enquiry stage the child's own General Practitioner may need to be contacted to obtain further information. On occasions, but **ONLY** following discussion with the Paediatrician and Social Services Department, it may be appropriate for the General Practitioner to be asked to perform the medical examination.

In the Bath Clinical Area Paediatric Advice will be sought as follows:-

- i) Between 9.00 am and 5.00 pm weekdays – Child Health Department Bath (tel 01225 713500) who will put the team in touch With the on-call Community Paediatrician.
- ii) At other times, the Paediatric Registrar on-call (tel 01225 428331) who will arrange for the Paediatric Consultant on-call to telephone them back.

In the Swindon Clinical Area, Paediatric Advice will be sought as follows:-

- i) Between 9.00 am and 5.00 pm weekdays – Chatsworth House – Child Protection Secretaries (tel 01793 716805) who will put the team in touch with the Consultant Community Paediatrician.
- ii) At other times, including when the Community Paediatrician is on leave
 - the Children's Ward at the Princess Margaret Hospital (tel 01793 536231) for the Paediatric Consultant of the week Monday-Friday 9 am to 4.30 pm and On Call Consultant Paediatrician at any other time.

In the Salisbury Clinical Area,

- iii) Contact the Consultant Paediatrician on call at Salisbury District Hospital on 01722 336262

When the Police and/or Social Services, in the process of their enquiries, are confident that there are no prima facie grounds for believing that a medical examination of the child with the alleged abuse is required, there would be no need to seek Paediatric advice.

Medical Examination

The following need to be considered when arranging a medical examination.

A) Examination and Urgency

- i) In some cases it will already be clear that the child is injured and requires urgent hospital treatment. Therefore this should be initiated without delay.
- ii) In other cases an urgent need for an examination may emerge from seeking paediatric advice. In these cases the examination will be arranged as soon as possible at an appropriate venue.
- iii) Where a medical examination is needed, but it is not urgent, an arrangement will be made for this to be carried out by an appropriate medical practitioner and at a suitable venue to ensure that the child is examined once only. The precise timing of the examination may need to be determined by other aspects of the enquiries. However it is assumed that where examinations are not urgent, they would not need to be carried out late at night. Planning of the examination should happen before sending for the child for medical examination.
- iv) Guidelines for the documentation of medical examinations in cases of abuse are described in the Multi-Agency Procedures and Guidance, Child Protection in Swindon and Wiltshire.

B) Police Surgeons

In the majority of cases examinations will be carried out by Paediatricians. However, it is recognised that in some cases there will be an indication that a Police Surgeon will be best placed to carry out the examination. The criteria indicating such a course of action are:

- i) An indication of recent abuse where the gathering of forensic evidence might be most suitably undertaken by a Police Surgeon.

- ii) Abuse to an older girl where examination by a Police Surgeon with more experience in carrying out gynaecological examinations might be appropriate. The paediatrician might need to decide whether this should be a joint assessment with a Consultant Gynaecologist present.

It should also be noted that:

- a) where injuries are serious, forensic evidence can be gathered at the same time as urgent treatment is being administered.

NB

- b) only the Police can authorise the involvement of a Police Surgeon.

C) General Practitioners

In some cases, parents may only agree to their child being examined if their General Practitioner carries out the examination. In these instances, the inquiry team should alert the General Practitioner to this request and should be told that the recommendation is for the child to be referred on to the Paediatrician for full examination. The General Practitioner should be asked to convey their opinion to the parents that this is the most appropriate medical step to be taken.

Only general Practitioners who are Police Surgeons would be asked to obtain forensic samples.

D) Venue

The choice of venue will vary depending on the needs of the case. Possible venues are:

A Victim Support Suite – Trowbridge/Swindon/Salisbury

A General Practitioner Surgery

A District General Hospital (Royal United Hospital, Bath, Princess Margaret Hospital, Swindon, Salisbury District Hospital).

A Community Child Health Department eg. Newbridge Hill, (Bath), Chatsworth House, (Swindon)

A Community Child Health Clinic (Swindon/Wootton Bassett/Marlborough/Tidworth)

A Community Hospital, (Out Patients/Casualty Department)

It is recognised that in some cases children might welcome an examination in hospital, as it is clear message that they have been injured in some way.

Feedback to Parents

The findings of examinations will usually be explained to parents although the case of the injury would not necessarily be discussed as this may conflict with the joint investigation team's further investigations.

Practice to be Considered

It is acknowledged that there may be many tensions involved in the negotiations between Police, Social Services and Medical Practitioners over examinations, stemming from the different primary responsibilities of each agency. Each situation will be different and it is not possible to set out a clear set of "rule" to determine what the outcome of discussions should be. The following are the main considerations which should be taken into account:-

- a) The welfare and interests of the child, both in the short and long term.
- b) The need to minimise trauma for the child in deciding upon the location and timing of any examination.
- c) The need to ensure that any examination that is carried out is, as far as possible, the only examination the child is subject to, and that all necessary evidence is gathered at one time.
- d) Wherever possible an endeavour would be made to comply with the child's preference over the gender of professionals involved with the case.
- e) The views of the parents who may withhold consent for an examination altogether if they are not satisfied that the arrangements meet their wishes.
- f) The logistical problems in a widespread geographical area, when arranging mutually convenient times for all parties to be available for meetings/telephone consultations/examinations, need to be acknowledged.