

CHAPTER 9

MEDICAL EXAMINATION

GOVERNING PRINCIPLES

- 9.1 In any medical examination, the child's health and welfare must always be of paramount concern. Requiring the child to describe the abuse incident(s) repeatedly should be avoided as far as possible and the number of examination should be kept to the minimum.
- 9.2 The examination should be conducted in a child-oriented reception and examination room to avoid additional emotional trauma.
- 9.3 The examination should be performed by staff with the ability to establish rapport with children and respond to their anxiety and discomfort, and by well trained medical examiners in a gentle and sensitive manner.
- 9.4 The child should be given full explanation about the examination, taking into account the child's age and capability, and which should be conducted in the presence of a supportive adult who is not suspected to be party of the abuse.
- 9.5 There should be regular peer review on the findings and chartings.
- 9.6 Ideally all children suspected of being sexually abused should receive a medical examination by a well-trained medical examiner to achieve the following objectives :
 - (a) to identify injuries or conditions requiring medical attention;
 - (b) to assess the possibility of sexual abuse and to collect evidence of abuse;
 - (c) to have a general assessment on the physical, developmental, social, psychological and psychiatric status of the child;
 - (d) to minimize possible trauma to the child or carers in the examination process; and
 - (e) to interpret findings preferably by trained personnel making use of equipment of photographic capability with a colposcopic or macro lens camera.
- 9.7 Medical Co-ordinators on Child Abuse (MCCA) are designated by the Paediatric Departments in hospitals under the Hospital Authority for handling child abuse cases. For cases that the Child Protection Special Investigation Team (CPSIT) has been formed, the MCCA can be consulted at the strategy planning stage to determine the need for medical examination.

PLANNING AND MEDICAL EXAMINATION IN HOSPITAL

9.8 **All children suspected to have been abused** should be given a comprehensive examination, including assessment of physical, developmental, behavioural and emotional status. If necessary, referrals to clinical psychologists, psychiatrists and doctors of other relevant disciplines may be made. Special attention should be paid to the growth parameters and sexual development of the child.

For Suspected Child Sexual Abuse Cases

9.9 Doctor conducting initial examination should confine to a routine observation of the genital area unless indicated, e.g. heavy bleeding. Detailed examination of the genital area should be deferred until the planning by the MCCA to decide whether full assessment is needed.

9.10 Planning by the MCCA should be performed as soon as possible (preferably within 24 hours) in all suspected child sexual abuse cases with all relevant professionals concerned after gathering information on the child's medical, family and educational background. The purpose of the planning is to decide on the plan and need for further assessment :

- (a) consultation of welfare / crime-related issues can be made to the Family and Child Protective Services Unit (FCPSU) or Child Abuse Investigation Unit (CAIU) or Police Station as appropriate;
- (b) multi-disciplinary interview;
- (c) full genital examination;
- (d) forensic examination for collection of medical and physical evidence;
- (e) full developmental and mental health assessment;
- (f) Detention Order in Hospital under Section 34F of the Protection of Children and Juveniles Ordinance, Cap 213;
- (g) informing parents, etc.

9.11 For direct disclosure and suspected child sexual abuse cases, referrals to FCPSU or reports to CAIU should be made as early as possible. The process should be repeated when additional or new information is available.

9.12 For child sexual abuse cases and serious physical abuse cases falling under the Charter of CAIUs, medical officers (MO) can join the CPSIT for a particular case. However, the MO cannot participate in the investigatory process other than the medical examination of the child. As the child should not be required to describe the abuse incident repeatedly but the information might be of great significance to the MO in carrying out medical examination of the child, the MO working with the CPSIT can observe the video-recorded interview of some

special cases from a viewing room. In doing so, the MO who has viewed the interview will be required to provide a statement as to their action and conduct of the interview and will be liable to be required by the Court to give evidence on the matter.

Consent to Medical Examination

- 9.13 Generally a doctor administering treatment or carrying out an examination must satisfy himself that the child is of sufficient understanding and has the capacity to give consent and the views of the child and parent / carer on consenting to a medical examination should be considered. Where the life or physical well-being of the child is at risk, and medical examination and treatment must be carried out promptly especially in situation of life and death, doctors may depart from the general rule and proceed without either the child's or his parents' consent. This would cover situations where the child is brought to the Accident and Emergency Department (AED) in the aftermath of an accident or as a result of suspected child abuse. The medical examination is undertaken for diagnosis and treatment purpose. The requirement for consent is dispensed with as a matter of necessity.
- 9.14 In cases where medical examination is carried out by the forensic pathologists for the purpose of gathering evidence in relation to the criminal investigation into the child abuse incident, the Department of Justice has advised that the normal requirement for consent (from the child's parent / guardian or the child if he/she is competent and of sufficient understanding to give consent) should be adhered to.
- 9.15 In the absence of consent, the provisions of the Protection of Children and Juveniles Ordinance, Cap 213 to facilitate such forensic examination should only be invoked under **exceptional circumstances**, and only after full and careful consultation with the examining doctor, the respective forensic pathologist and immediate supervisory officers of SWD and Police. Under Section 34(1), care proceedings may be instituted so that the Juvenile Court can commit the child into the legal guardianship of the Director of Social Welfare (DSW) who may then give consent to such forensic examination. Or alternatively, the DSW may cause a notice to be served on any person having custody or control of the child (whom DSW has reasonable cause to suspect to be in need of care or protection) to produce the child for an assessment by a medical practitioner of the way in which the child has been treated [Section 45A(1)(a)], failing which the DSW may remove the child for an assessment [Section 45A(4)] though the DSW's entry into any premises for the purpose of effecting a removal shall not be by force unless a warrant has been obtained from a Magistrate, Juvenile Court or District Court [Section 45A(8)].

Medical Investigation

- 9.16 Appropriate investigation should be performed as indicated by the history of the case or examination.

- 9.17 Routine screening for sexually transmitted diseases is not required for all sexual abuse cases.

Documentation and Evidence Collection

- 9.18 Careful documentation of the history, examination and investigation is essential. Photographs, X-rays, culture results, specimens taken for investigation, site, time and date, and person(s) who took the specimens are to be recorded. Chain of evidence needs to be properly kept. MOs conducting the examination will be required to be asked in Court on their findings, conversations and contacts with the child.

ROLE OF FORENSIC PATHOLOGIST

- 9.19 **For child sexual abuse cases**, forensic pathologist will be involved upon request of the Police (OC Case) to conduct the forensic examination or when the hospital doctors, during their clinical management of the child, wish to seek a second opinion.
- 9.20 For child sexual abuse cases that have been reported to Police, the forensic pathologist will conduct forensic examination upon request of the Police as follows :
- (a) In non-hospitalised cases, the forensic pathologist will conduct the examination in the designated suites.
 - (b) In hospitalised cases, the forensic pathologist will see the child as a member of the medical examination team when indicated. The forensic pathologist will attend the hospital whilst the child is still hospitalized. The examination can also be conducted at the police suites. Case discussion between the hospital doctors and the forensic pathologists is encouraged as it may not be possible / necessary for the forensic pathologist to be present for every suspicious case.
- 9.21 For child sexual abuse cases in which the incidents happened recently, the forensic pathologist will conduct the forensic examination as soon as practicable. The forensic pathologist should be notified and the escorting officer should inform the doctor of AED whether the forensic pathologist will personally attend the hospital to carry out the examination in respect of the alleged offence. This is to avoid the victim being examined twice. In the event that the victim is hospitalized, the responsible police officer (OC Case) will inform the Ward Manager / MO once the decision of conducting forensic examination is determined. However, if the victim requires urgent medical treatment, immediate medical examination and management by the hospital doctor should not be deferred.
- 9.22 If the hospital doctor who has examined the child during his clinical management of the child can provide adequate evidence, which is also

admissible in court, separate forensic examination by a forensic pathologist is not required so as to minimize the trauma to the child.

- 9.23 For child sexual abuse cases in which the abuse happened some time before, forensic examination can be arranged at a time convenient to all parties concerned.
- 9.24 For child sexual abuse cases that have not been reported to the Police, forensic examination by forensic pathologist will not normally be performed. However, the Consultant Forensic Pathologist will be available to provide specialist advice when necessary.
- 9.25 For non-contact child sexual abuse cases, there is normally no indication for forensic examination by forensic pathologist on top of the general medical examination by clinicians. However, the Consultant Forensic Pathologist or his/her delegate will be available to provide specialist advice when necessary.
- 9.26 For child sexual abuse cases, CAIU/CPSIT should liaise with the MOs concerned for details of the examination findings and any forensic evidence. CAIU/CPSIT will, in consultation with a forensic pathologist and FCPSU/CPSIT where CPSIT is formed, determine whether a further examination of the child is required.
- 9.27 **For other forms of child abuse cases**, there is normally no indication for forensic examination by forensic pathologist on top of the general medical examinations by clinicians. However, the Consultant Forensic Pathologist will be available to provide specialist advice for serious / complicated cases when necessary.
- 9.28 Forensic pathologists are on call 24 hours a day and can be contacted through the Duty Officer, HQCCC, Police Headquarters.

STRATEGY PLANNING

- 9.29 The CPSIT will be responsible for conducting strategy planning, video-recorded interview and immediate case assessment, irrespective of the need of the child for hospitalization. The MCCA and relevant personnel attending the cases will be closely involved throughout the handling process by CPSIT to contribute their professional views and information gathered on the child's medical, family and education background. They will also be involved in formulating the immediate protection plan of the child as necessary.

MUTLTI-DISCIPLINARY CASE CONFERENCE

- 9.30 The MO(s) attending the case should attend the Multi-disciplinary Case Conference to formulate the welfare planning of the child and his/her family and prepare preferably written report(s) on the child's condition for reference of

the Conference. When subsequent case conferences are called by the key worker, MOs concerned will be invited to attend.

FOLLOW UP

- 9.31 For cases requiring medical follow up in ward or Specialist Outpatient Clinic (SOPC), etc., the case should be followed up by the MCCA, medical social worker, clinical psychologist, psychiatrist or other professionals as appropriate.

COLLABORATION WITH OTHER PARTIES

- 9.32 All parties concerned should maintain communication about the case progress as appropriate for the protection of the child and provision of welfare service to the family.

