CDI Clinical Designs - Cover Sheet*

Document Type	Guideline
Document Title	Service specifications for child and adolescent forensic medical services following concern or disclosure of sexual assault/ abuse
Document Owner (e.g. NCP)	NCP Paediatrics and Neonatology
NCAGL	NCAGL Children & Young People
Approved by	CCO Clinical Forum
Unique Identifier Number (UID)	CDI/0050/1.0/2023
Version Number	1.0
Publication Date	June 2023
Recommended Revision Date **	June 2026
Electronic Location	

National Clinical Guidelines must use NCR cover sheet if being uploaded onto NCR. Otherwise this cover sheet applies

*** Refer to HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs)***

Version	Revision Date	List Section Numbers Changed	Author

SERVICE SPECIFICATIONS FOR CHILD AND ADOLESCENT FORENSIC MEDICAL SERVICES FOLLOWING CONCERN OR DISCLOSURE OF SEXUAL ASSAULT/ ABUSE

Clinical Design & Innovation
Person-centred, co-ordinated care

Forensic Medical Working Group October 2023
CDI/0050/1.0/2023

Document Control

Version	Date	Brief Comment	Author
0.1	20th June 2022	First draft submitted for review by Dr Ellen Crushell, Clinical Lead, NCP for Paediatrics/Neonatology and Dr Ciara Martin, NCAGL for Children & Young People	Forensic Medical Working Group
0.2	November 2022	Resubmitted following consideration of feedback and update to Dr Ellen Crushell, Clinical Lead, NCP for Paediatrics/Neonatology and Dr Ciara Martin, NCAGL for Children & Young People	Forensic Medical Working Group
0.3	January 2023	Submitted for final approval to CCO	Forensic Medical Working Group
0.4	March 2023	Prof Maeve Eogan, National Clinical Lead SATU (HSE) review	Forensic Medical Working Group
0.5	June 2023	Submitted for approval to CCO Clinical Forum	Forensic Medical Working group
0.6	September 2023	Resubmitted to CCO Clinical Forum following inclusion of feedback	Forensic Medical Working group
0.7	September	Clinical Forum Approval	Forensic Medical Working Group

Paediatric Forensic Medical working group membership

Name	Role
Dr Joanne Nelson	Consultant Paediatrician Galway University Hospital & Clinical Director Child and Adolescent Sexual Assault Treatment Service
Ms Aideen Walsh	RANP (Sexual Assault Forensic Examination – Child & Adolescent), Paediatric Forensic Medical Unit Coordinator, ADON Children's Health Ireland
Dr Emma Curtis	Consultant Paediatrician, Children's Health Ireland
Dr Sinead Harty	Consultant Paediatrician, Children's Health Ireland
Dr Una Murtagh	Consultant Paediatrician, Children's Health Ireland
Dr Louise Kyne	Consultant Paediatrician, Children's Health Ireland, Dean of the Faculty of Paediatrics RCPI
Dr Ruth Lernihan	Director of Nursing, South Infirmary-Victoria University Hospital, Cork
Dr Rosina McGovern	Consultant Paediatrician, Cork University Hospital
Dr Frances Enright	Consultant Paediatrician, Mercy University Hospital, Cork
Dr Ray Barry	Consultant Paediatrician, Mercy University Hospital, Cork
Ms Helen Shortt	Assistant National Director, HSE Change Planning & Delivery
Ms Niamh Smyth	General Manager, HSE Change Planning & Delivery

Table of Contents

Document Control 1

1. Purpose 3

2. Background 3

3. Forensic Medical Service Description 5

3.1 Definition of the service 5

3.2 Client group 5

4. Service Delivery 6

Timing of Examination 6

Location and Hours of Service 7

Workforce 7

5. Governance 9

6. Monitoring, review and continuous performance improvement 9

Appendix 1: Service Metrics 10

Service Attendance Activity 10

Quality of Care 10

1. Purpose

This document outlines the standards for the provision of a Barnahus Child and Adolescent Forensic Medical Service for children and young people following concern or disclosure of sexual assault/abuse. These standards are produced by the Paediatric Forensic Medical working group, set up under the Barnahus National Agency Steering Group, to inform the establishment of the Barnahus and development of forensic medical services for children in Ireland. The document describes the standards required to deliver a high quality service to enable the provision of best practice in this area.

Services currently vary according to available resources, delivery model and other factors. With the additional funding for posts secured in 2022, it is the intent of each service to achieve the standards as set out in this document however full compliance will be dependent on maintaining and securing additional resources for each of the three Paediatric Forensic Medical services in the South, West and East of the country. The important principle is that each of the services are supported over time to provide the consistent and standardised sustainable service outlined in this document in order to achieve the desired outcome for children and families.

2. Background

Paediatric forensic medical services will be provided as part of the overall Barnahus Model**.** The name Barnahus ("a house for children") originates from Iceland where the first Barnahus was founded in 1998. Since the original was established in Iceland, many more Barnahus have been set up in other European countries. The Barnahus model embraces a multidisciplinary and interagency approach, ensuring collaboration between different agencies in one child-friendly premises, which offers comprehensive services for the child and family under one roof.

A key characteristic of the Nordic Barnahus is that they are embedded in national authorities, such as the social services, health and child protection systems and the judicial system however there is recognition of different national contexts generating different institutional arrangements to achieve the model. Whilst some accept referrals for all forms of child abuse and neglect, the immediate vision for Barnahus in Ireland is to focus on children and young people following concern or disclosure of sexual assault/abuse.

In Ireland, the statutory agencies involved are the Health Service Executive (HSE), Tusla Child and Family Agency, An Garda Síochána and Children's Health Ireland (CHI). Voluntary agencies such as the local Rape Crisis Centre (RCC) for adolescents or ASSC (Accompaniment Support Service for Children) may input locally, providing on site psychological and practical crisis support at the time

of the Forensic Medical Examination and/or telephone aftercare identified on a case by case basis.

HSE Sexual Assault Treatment Units (SATU) provide care to young people from 14 years of age who disclose unwanted sexual contact. Barnahus and SATU align and co-locate (where possible) to optimise care where the person is 14 years or older and needs collaborative adult and child forensic medical services and child protection services. SATU have a separate governance structure locally and at a national level through the National Women and Infants Health programme.

All referrals of child sexual abuse must be reported under Children First 2015 provisions of mandatory reporting at the earliest opportunity to Tusla and in some instances should also be reported to An Garda Síochána.

The vision for Barnahus is based on the following main principles;

1. Respect for the participatory rights of the child by ensuring that she/he is heard and receives adequate information and support to exercise these rights;
2. Multidisciplinary and interagency collaboration during investigations, procedures, diagnostic and needs assessments and service delivery, with the aim of avoiding re-traumatisation and securing outcomes that are in the best interests of the child;
3. Comprehensive and accessible services that meet the individual and complex needs of the child and her/his non-offending family or caregivers;
4. Ensuring high professional standards, training and adequate resources for staff working with child witnesses and victims of violence.

The Barnahus model fulfils the following criteria;

- Forensic interviews are carried out according to an evidence based protocol;
- The evidentiary validity of the child´s statement is ensured by appropriate arrangements in line with the principles of due process.
- The aim is to prevent the child from having to repeat his/her statement during court proceedings if an indictment is made;
- Medical evaluation for forensic investigative purposes, as well as to ensure the child's physical well-being and recovery, is made available;
- Psychological support and short and long term therapeutic services for trauma to the child and non-offending family members and caretakers are made available;

- Assessment of the protection needs of the victim and potential siblings in the family is made; and follow up is ensured.

3. Forensic Medical Service Description

3.1 Definition of the service

Within Barnahus (PROMISE Barnahus Standard 7:Medical Examination) , the forensic medical service will include holistic assessment and healthcare for children and adolescents referred when there is a concern or disclosure of sexual abuse, sexual abuse has been witnessed, or there is a suspicion by the referring agency that sexual abuse has occurred – whether the case is acute or non-acute.

3.2 Client group

Following concern or disclosure of sexual assault the following children and adolescents should be referred for a child and adolescent forensic medical assessment;

- Children under 14 years of age for acute/recent (i.e. those where forensic samples may be taken) and non-acute sexual abuse.
- Children from 14 years of age and upwards who report acute sexual abuse in Ireland, in a forensic timeframe (within 7 days of incident) are currently referred to adult SATU services, however joint examination with a child and adolescent examiner should be considered where available and on a case by cases basis after initial triage by the adult examiner.
- Children aged between 14 and 17 years, who report non acute (more than 7 days) have variable needs which may be best served in either children's or adult's services. The service that is most appropriate for individuals should be determined on a case by case basis. Photo-documentation is undertaken in many international jurisdictions and should be considered in Ireland when available, especially for children who have not previously been sexually active apart from the alleged assault.

Whilst a child demonstrating harmful sexual behaviour is not part of the Barnahus process unless they are also child victim of sexual abuse, they have specific (forensic) medical needs. Best international practice is that at-risk siblings and children demonstrating harmful sexual behaviour would be considered for examination. Although this practice is not uniform in Ireland at present, appropriately resourced services would enable this standard to be achieved. Guidance in relation to the policy for such an extension to Forensic Medical services as well as the development of a patient pathway would then need to be described in collaboration with Tusla Child and Family Agency and An Garda Síochána.

4. Service Delivery

The 5th edition of the 'National Guidelines on Referral and Forensic Clinical Examination Following Rape and Sexual Assault (Ireland)', developed by the Irish Sexual Assault Response Team(SART) in 2023, outlines comprehensive, best practice care for survivors of sexual crime across the lifespan (https://www.hse.ie/eng/services/publications/healthprotection/sexual-assault-response-team-national-guidelines.pdf)

It includes a section on care of children and adolescents. The interagency and holistic nature of these guidelines enables consistent provision of high quality care at all stages of the journey, regardless of the person's age, circumstances of the incident or their involvement with criminal justice agencies. This document includes guidance on;

- An overview of the Forensic Medical Examination
- Who Should Conduct a Child and Adolescent Forensic Medical Assessment
- Consent For Examination
- Referral pathways
- Photo-Documentation of Intimate Examination
- Sexually Transmitted Infection Screening
- Ano-Genital Warts
- Follow-Up Care
- Crisis Worker
- Emotional/Psychological Support
- GDPR considerations
- Human trafficking

Timing of Examination

Pre-pubertal children referred within the window for forensic sampling (i.e. within 72 hours (acute with forensic sampling)) will be offered urgent examination within 1-24 hours depending on their individual needs.

Peri-pubertal/pubertal children referred within the window for forensic sampling (i.e. within 7 days (acute with forensic sampling) will be offered urgent examination within 1-24 hours depending on their individual needs.

Children referred after the forensic sampling window, and within 5 weeks (urgent but outside forensic window for sampling) after last suspected sexual contact, should be discussed with the on call forensic examiner as soon as possible and within, at most, 1 working day. The timing of any examination will take account of the potential for detection of healing injuries, the need for priority screening and treatment of sexually transmitted diseases, and the potential detection

and management of early pregnancy. The scheduling of these examinations may be urgent and should be determined on a case-by-case basis, in the best interests of the child by the forensic examiner.

Agencies directly involved in the interagency multi-disciplinary team may make a referral directly to the Barnahus with parent/ guardian consent, where last suspected sexual contact was over 5 weeks previously (non-acute). Mandated reporting to Tulsa should also be completed. A referral to Barnahus does not require confirmation that a child or young person has been abused. These cases should be discussed at a Barnahus Interagency team meeting within 1 week of referral. The need for, and timing of a forensic medical examination, can then be scheduled at the interagency meeting, taking account of the best interests of the child. The forensic medical examination should not be delayed if there are active medical concerns (e.g. genito-urinary symptoms, or symptoms suggestive of an STI).

The forensic medical team recommend that where a parent/ guardian does not consent to a referral to Barnahus, they should still be offered a forensic medical examination which can occur independently from Barnahus, as a holistic assessment of the health and wellbeing of the child or adolescent. The timing of this examination should be determined on a case-by-case basis in the best interests of the child by a forensic examiner. Tusla child protection teams will always be involved in such cases in keeping with mandated reporting processes.

Location and Hours of Service

Forensic medical examination for children under 18 years will be available (for acute <14 years) and scheduled non-acute (<18 years) cases in each of the 3 Barnahus services. The proposed resource allocation will allow each of the 3 services to work towards the provision of a 12/7 FME service. Forensic medical examination for children aged between 16-18 years will be considered on a case by case basis.

Acute forensic medical care for adolescents 14 years and over is delivered by Adult SATU services 24/7/365.

Workforce

The range of professionals and the sessional requirements will depend upon the particular local arrangements and will need to reflect the population covered, geographical size, and demand.

In order to provide this service standard each of the Child and Adolescent Forensic Medical Services will require the following core staffing;

- 0.5 WTE lead consultant who is a Paediatric Consultant and who also undertakes forensic medical examination with the other forensic examiners as outlined below

- 0.5 WTE Consultant Forensic Physician who may be a Paediatrician or Consultant from another related Specialty who undertakes forensic medical examination with the other forensic examiners as outlined below and actively participates in Barnahus Inter Agency planning, education, liaison, development and update of Policies and procedures.
- A roster of at least 6 forensic clinical examiners (doctors and nurses) is required in order to provide a 12/7 service. These forensic examiners will also provide planned clinics for children and adolescents who have reported non-acute child sexual abuse.
- The paediatric forensic medical service nursing team should be a blend of support nurses and specialists' nurses. The support nursing role is vital in prioritising the patient's need for support and reassurance throughout their attendance and to assist the Forensic Clinical Examiner, with appropriate care provision. The specialist nurses either Advanced Nurse Practitioners (ANP) and/or Clinical Nurse Specialists (CNS) with Paediatric Sexual Assault Nurse training, outlined in the National SART Guidelines (5th edition, 2023) enable a nurse led follow- up service and participate in the rota of forensic clinical examiners.
- 1 WTE Administrator/ Secretarial support

On a case by case basis, depending on local service arrangements which ensures appropriate training and supervision the following may input;

- Crisis workers
- Children and Young Peoples' Sexual Violence Advocate

Forensic medical/nurse examiners in Child and Adolescent Sexual Assault will;

- Prepare reports on each case. These reports will be shared as appropriate and with consent, with the referrer, An Garda Síochána, Tusla and the child's GP as indicated.
- Ensure medical review and appropriate follow up as required.
- Offer appropriate sexual transmitted infection screening and treatment as clinically indicated.
- Ensure children seen, out of hours, in a forensic service which is not their local service, are referred to their local service for necessary medical aftercare, social work or psychological follow up. However the medical/nurse examiner who undertook the forensic medical examination is the person who will write the medico-legal report and attend court if necessary.
- Participate in external multidisciplinary child protection case conferences.
- Attend court when required to do so.
- Participate in inter-agency Barnahus case discussions.
- Participate in inter-agency Barnahus case new referrals meetings.

- Participate in local and national peer review meetings, as outlined in the National SART Guidelines (2023).

5. Governance

Each of the three Paediatric Forensic Medical services are part of the HSE Acute services reporting via their professional and managerial line. In addition, each service must ensure a robust clinical governance plan which is reviewed with the hospital or Group Clinical Director on an annual basis. The Lead Consultant will be responsible for the development of protocols, training programmes, clinical supervision and clinical governance with the input of consultants and nurse examiners providing the service. In addition, the Lead Consultant has responsibility for reporting on key performance indicators and other evidence of service standards and for audit.

It is important that there are regular, documented clinical governance meetings with staff looking at quality and standards, latest evidence-based research, audit, case review and review of critical incidents.

Forensic Examiners, support and administrative staff working with young people and their families affected by child sexual abuse will be exposed to potentially traumatic and distressing scenarios. Staff well-being is paramount. Professionals working in this field need formal supports to be put in place to help them process their experiences working in this area, and to avoid vicarious trauma and associated burnout.

6. Monitoring, review and continuous performance improvement

To fulfil this function, services will establish an electronic record keeping system, a case tracking system, and a system to record audit data including nationally agreed service metrics outlined in appendix 1 to contribute to performance management.

Appendix 1: Service Metrics

Service Attendance Activity

- Number of people who attended for FME* following concern or disclosure of sexual abuse (*FME will seek signs of acute or healed injury, undertake forensic sampling within appropriate time frames, screen for sexually transmitted infection and identify and manage other health needs)
- Number of people for whom FME was deemed in their best interest but where examination was declined
- Number of cases for which forensic sampling was undertaken within 7 days (pubertal and peri-pubertal) or within 72 hours for pre-pubertal
- Number of cases seen outside of the forensic window but within 5 weeks of suspected assault
- Number of cases seen greater than 5 weeks post suspected assault
- Number of people seen from outside the agreed geographical areas
- Number of requests for FME outside of core clinical hours

Quality of Care

- % of people who received a FME within an appropriate time frame as defined in section 4.1 above
- % of people where more than one service has had to be contacted to access an examination. Reason why?
- % of people screened or referred for STI screening – if not why not?
- % of medical legal reports completed within eight weeks of FME
- % of people who had an online portal referral made to the Child and Family Agency (Tusla) when indicated by the end of the next working day
- % <14 years seen within adult SATU services