Report Writing- child sexual abuse

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Formal reports-purpose:

- COMMUNICATION of findings and opinion.
- Clinical care- GP, specialist services
- Multi-agency investigation
- Legal processes-
  - Reporter to the Children's Hearing
  - Criminal proceedings

A good report may make it less likely you will be required to give evidence!

What is our role?

- Our job is to assist the court in assimilating and understanding the medical evidence:
  - Medical history
  - Presence or absence of clinical signs,
  - Results of investigations
  - Share and explain our opinion
  - *Our duty is to the Court not to whichever side has cited or instructed us*

Professional or Expert

- Fact or opinion: always BOTH
- FFLM recommendations: 3 levels
  - Licentiate
  - Member
  - Credentialed doctor
- All doctors bring **expertise** the court does not have
- Must be prepared to give your opinion but be clear about level working at

Steps to a good report…

- Meticulous documentation of examination methodology and findings
- Careful documentation of initial conclusions and opinion- *avoid crossing things out*
- Document clearly the differential diagnoses you are considering
- Detailed documentation of investigations
- Detailed documentation of any discussions with other specialists eg GUM, GI colleagues peer review

Steps to a good report..

- Meticulous documentation of all discussions: what did you know before you saw the child-*inference you jumped to conclusions*
- Clarity about information you gathered directly from child/parent
- Rigorous taking of consent

Steps to a good report…

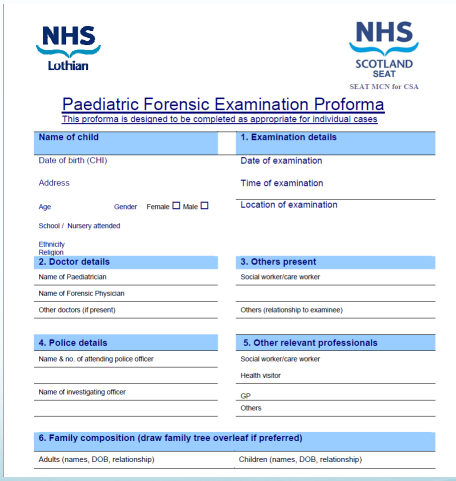
- COMPREHENSIVE REPORT

- Document clearly your final opinion and level of certainty

Preparation of report

- Use of examination proforma greatly facilitates preparation of report
- Structure
  - Ensures no omissions
  - Captures negatives- signs might have expected…
- Make sure document exactly what information and opinion gave to police following examination
- Clearly document any change in that opinion and reasons for those

Medical examination - Proforma



NHS Lothian

NHS SCOTLAND SEAT

SEAT MCN for CSA

Paediatric Forensic Examination Proforma

This proforma is designed to be completed as appropriate for individual cases

Name of child	1. Examination details
Date of birth (CHI)	Date of examination
Address	Time of examination
Age Gender Female ☐ Male ☐	Location of examination
School / Nursery attended	
Ethnicity Religion	
2. Doctor details	**3. Others present**
Name of Paediatrician	Social worker/care worker
Name of Forensic Physician	
Other doctors (if present)	Others (relationship to examinee)
4. Police details	**5. Other relevant professionals**
Name & no. of attending police officer	Social worker/care worker
	Health visitor
Name of investigating officer	GP
	Others
6. Family composition (draw family tree overleaf if preferred)	
Adults (names, DOB, relationship)	Children (names, DOB, relationship)

Different types/stages of report

- **Stage 1**- produced at an early stage by the examining doctor(s) to inform clinical care/ CP investigation/ immediate CP plans.
- Follows standard template including:
  - Identification of child and examiner(s), qualifications, date and place of examination
  - Nature of concern/allegation w sources
  - Summary of relevant information (family,social, medical)
  - Consent details
  - Relevant clinical findings, including negative findings
  - Details of any medica linvestigations
  - Summary
  - Conclusion and opinion

Build up the Evidence

Ziggurat

Different types of report:

- **Stage 2 report-** produced by the examining doctors once it is clear the case is going to court:
- Builds on stage 1 report
- Opportunity to review/revise report in light of any new information, investigation results, disclosure, perpetrator accounts
- to review their conclusions/opinion in light of current guidance, medical literature
- Contains a new section on interpretation of the findings in the context of the current medical literature. *'show their workings'*

Different types of report:

- **Stage 3 medical report** (Expert opinion)
- Prepared by an experienced doctor specialising in the relevant field.
- Instructed by the Crown or Defence agent
- 'Expert' usually does not see the child has all the reports, diagrams, investigation results, police statements and opinions of other experts involved
- Standard format (as for stage 2) w numbered sections and paragraphs
- Includes section on interpretation in context of the presentation and allegation, their experience and the medical literature
- Provides comclusion , opinion and prognosis

STATEMENT OF DUTY TO THE COURT

7.1 I understand my duty to the Court is to help the Court on the matters within my expertise and I have complied with that duty.

7.2 I understand that this duty overrides any obligations to those by whom I have been instructed or by whom I am paid.

STATEMENT OF TRUTH

8.1 This opinion (consisting of 5 pages each signed by me) is true to the best of my knowledge and belief. I certify this on soul and conscience.

Court skills feedback:
general themes

- **Structure:** Organization of your report with clear headings and numbered sections, subsections and paragraphs.
- **Accuracy:** double check your information particularly in relation to numbers of injuries and laterality. Ensure consistency between hand written notes, diagrams and any photographs. If there are inconsistencies acknowledge them.
- **Language:** avoid jargon and explain medical terminology in layman's language as far as possible.
- **Sources of information:** identify clearly the source of every piece of information.

General themes:

- **Show your workings:** show how you have interpreted and analysed the facts and findings.
  - To what extent you are relying on your experience,
  - the expertise of others (eg genito-urinary medicine or dermatology specialists) or
  - the published literature in reaching your conclusions and giving your opinion.

General themes:

- **References:** when referring to the medical literature:
  - insert the formal reference at the end of the sentence forming a reference list at the end of the report as you would for an academic paper.
  - we would suggest you use the current referencing style required by the Archives of Disease in Childhood but there are no rules about that.
  - Make sure you quote it accurately and only refer to a paper you have read fully!

General themes:

- many of you will feel that it would be useful to ask one of your more experienced colleagues to review your first few court reports (stage 2 or 3) with you.
- if you have any difficulty identifying a suitable person to do that please make contact with us through the RCPCH Scotland office or the FFLM and we will try to facilitate that for you.

Report for Court in historical csa case

- 8 year old seen in 1996!- no clear disclosure
- Acute injury to hymen- transection from 8 o'clock to 5 o'clock, bleeding, abrasion of vaginal rugae
- Has now made very clear disclosures of repeated csa against uncle
- Serious mental health sequelae
- Prepared supplementary/stage 2 report when alerted by Fiscal criminal proceedings starting

Report for Court in historical csa case

- Supp/stage 2 report includes a section discussing the facts and findings in the context of the literature
- (section discussing interpretation of injury and opinion in context of allegations/statements)
- Provides current evidence base for opinion
- Rcpch guidance May 2015 – purple book
  - Laceration not transection
  - Evidence statement page…

Reports for Court- in csa cases

- Terminology: Laceration not transection (fissures)
- Differential diagnoses
- (Implications of clear evidence of healing)
- Continuing health and development- uti's, constipation etc
- significance of normal findings
- emotional well being

Reports for Court- in csa

- discussion in context of medical literature leading to opinion:
  - Problems with sexual abuse literature
  - Evidence base for 'its normal to be normal'
  - Evidence base for interpretation of genital and anal abnormalities

Reports for Court- in csa

- "*the reader will rely on appropriate professional knowledge and expertise to interpret the contents in the context of the circumstances of the individual child*" rcpch guidance May 2015
- Interpret facts and clinical findings in context of:
  - Medical history
  - Allegations/disclosure (+police statements)
  - Clinical findings (+forensic results)
  - Experience
  - Peer opinion
- …..and the medical literature

Important messages

- Gathering robust evidence for Court needs to be in mind from the very start of any investigation.
- Value of clinical input from specialist colleagues
- Value of consultation with the Procurator Fiscal or Advocate Depute prior to Court
- Importance of clinical experience as well as academic evidence base in provision of opinion

Giving evidence in court…

- and finally:
- don't be intimidated- you are the doctor they are not
- giving evidence is part of a paediatrician's responsibility
- with good training and preparation we can do it well!