

## **Adult Caregiver Experience after Attending with a Child for Paediatric Forensic Examination following suspected Child Sexual Abuse**

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### **Abstract**

#### ***Aim***

The aim of this research was to explore the experience of adult caregivers and their child attending a clinic for a Paediatric Forensic Medical Exam (PFME) after a disclosure of Child Sexual Abuse. The feedback provided will inform changes to service provision.

#### ***Methods***

Participants were prospectively recruited when they attended the clinic with their child. The questionnaire was specifically designed to obtain adult caregiver perceptions of the PFME and the experience of their children. Anonymous questionnaires were returned via post.

#### ***Results***

Ten out of twenty-seven questionnaires were returned (37.5% response rate). All respondents were female. Ten girls and one boy were represented in the data collected. Two of ten adult caregivers reported that they felt inadequately informed as to what the forensic examination entailed prior to attendance. Both were referred by social workers. Adult caregivers reported fear and anxiety about the examination but also understood its importance with eight of ten caregivers stating that examination was "necessary". Most adult caregivers are not fully prepared for the examination despite most adult caregivers reporting they received enough information. Adult caregiver concern was more prevalent pre-examination compared to post examination.

#### ***Conclusion***

This study highlights the importance of pre-attendance preparation for adult caregivers who will accompany a child to a PFME following suspected child sexual assault to address and support fear and anxiety associated with the process.

## Introduction

The global prevalence of child sexual abuse (CSA) is 11.8%<sup>1</sup>. In 2002 the Sexual Assault and Violence in Ireland Report (SAVI) stated that 20.4% women and 16.2% of men surveyed had experienced sexual abuse in childhood<sup>2</sup>. All children who disclose sexual abuse, where abuse has been witnessed or where there are high levels of concern for sexual harm should be considered for paediatric forensic medical examination (PFME)<sup>3,4</sup>. This should take place in a child friendly environment and health care professionals should seek to minimise fear and distress<sup>4,5</sup>. The medical examination comprises of history taking, forensic sampling if applicable, general physical and anogenital examination. The anogenital examination is performed using a colposcope. A colposcope is an instrument which can magnify the area, provide light, and can be used to photo document the anogenital examination. Dynamic photodocumentation is a recommended standard of care<sup>3,4</sup>. There is no specific guidance about the information which should be made available to caregivers or children before attending a PFME. Attending for examination can be a stressful experience for caregivers and children. There may be misinformation and misunderstanding about the role and purpose of the examination and what is involved in the assessment. This may cause additional anxiety and distress. Currently, in our centre caregivers receive information before the PFME appointment via telephone call from the clinical nurse manager or forensic nurse coordinator. Accompaniment Support Service for Children (ASSC) is a voluntary organisation who provide accompaniment and advocacy for young people and their families at different stages through the justice system. They provide forensic accompaniment to children/adolescents and their families who attend for medical examination. The support worker rota is a volunteer staffed service. Currently ASSC provide support workers for a 24hr rota for Child and Adolescent Sexual Assault Treatment Service (CASATS) in Galway and adolescents over the age of 14 years attending an adult Sexual Assault Treatment Unit (SATU) in Dublin. Presently the accompaniment service does not extend to the children attending our service due to a limited number of support workers available. We sought to explore caregiver experiences of attending for a PFME with the aim of identifying any changes needed to improve the service.

## Methods

Adult caregivers of children presenting for PFME from December 2019 to June 2020 were eligible for inclusion. Children aged 0-18 years attend the clinic for examination. When they attended, they were given written information about the study and asked if the researcher could contact them. If agreeable, they were contacted by the researcher one week later to gain consent for the study and then the questionnaires were posted. The questionnaire was designed to specifically look at adult caregivers' perceptions of the PFME using a combination of open and closed ended questions. Adult caregivers returned the questionnaire by post in a pre-paid envelope. **(See questionnaire)**. Adult caregivers were excluded if they were unable to consent due to child protection concerns or had insufficient English to complete the questionnaire.

Study approval was granted from the Ethics Committee at Children’s Health Ireland, Crumlin (GEN/725/19) for this study but permission to follow up non respondents with a telephone call was not granted on the basis of the vulnerability of the population and reminder phone calls may be perceived as being coercive.

## Results

### *Respondent characteristics*

Twenty-seven adult caregivers agreed to take part, ten of whom returned completed questionnaires (n=10). All respondents were female with nine mothers and one grandmother. The median age of the children was 8 years (range 4yrs-14yrs).

### *Source of referral*

Five respondents were referred by Gardai (Police), four by GP, two by Social Worker and one by a Consultant Paediatrician. Eight respondents (8/10) felt the procedure at the clinic had been appropriately explained by the referrer. Two respondents felt the procedure at the clinic had not been explained to them by the referrer; both were referred by a Social Worker.

### *Care giver experience*

Fear for their child and recognition that the examination was important were two main themes prior to the medical examination. Seven respondents (7/10) expressed fear and worry for their child. Examples of their responses in Figure 1:

R1 “Worried for my child”  
R4 “Upset but understood why”  
R5 “Nervous/ Protective for my child”  
R6 “Worried but relieved”  
R8 “Scary but completely understood”  
R9 “Scared for my daughter”  
R10 “I was nervous but the nurse on the phone reassured me”

**Figure 1:** Examples of responses expressing fear and worry for their child.

Eight respondents (8/10) stated they believed the exam was necessary with six of these respondents also understanding its importance. Examples of responses are shown in Figure 2:

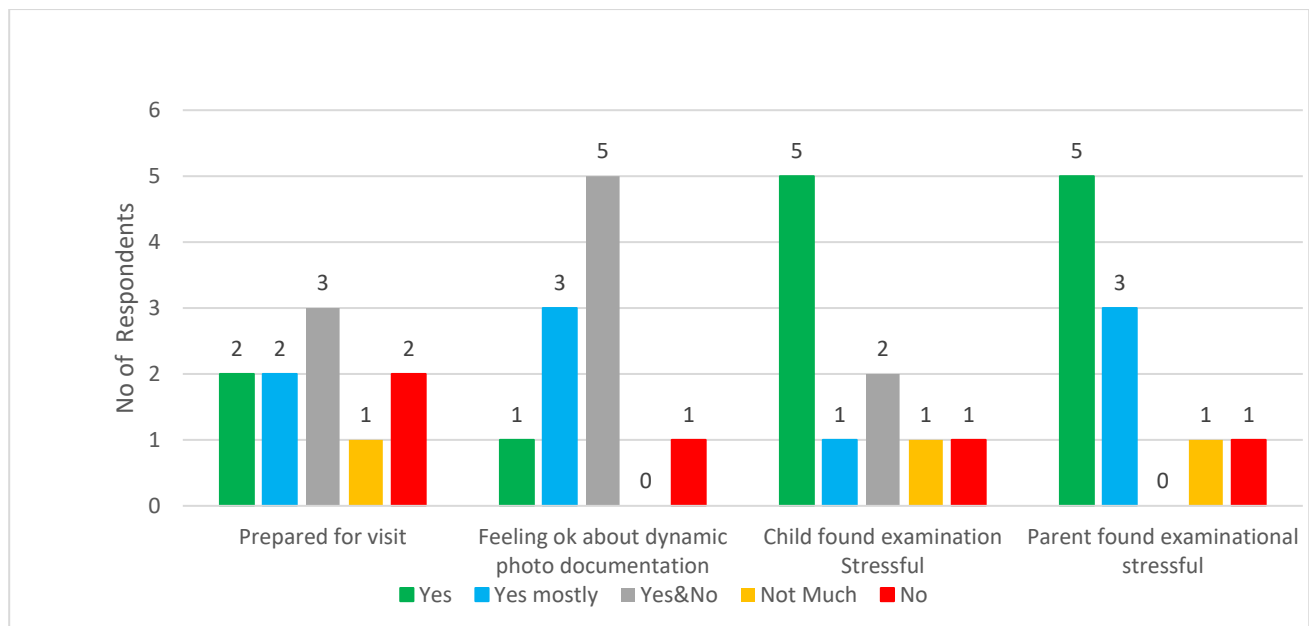
R1 "I knew it was necessary for the evidence"  
 R2 "I knew it was important to be done"  
 R4 "I understood why"  
 R5 "Important it needed to be done"  
 R6 "Relieved to find out if there were any problems"  
 R7 "I was happy because I want to know the true state of my daughter's health and what she went through."  
 R8 "Understood the reason behind the exam"

**Figure 2:** Examples of responses stating the examination was necessary.

*Preparation*

Adult caregivers expressed varying levels of preparedness for the visit shown in Figure 3. The respondents who felt prepared (4/10) highlighted support from professionals as an important factor in their feeling of preparedness. One of the three respondents who selected 'yes & no' for feeling prepared expressed:

*"I don't think anything could prepare you for this. I still can't believe what my child has gone through."*



**Figure 3:** Adult Caregivers' experience of the examination and their perceptions of their child's experience n=10.

### *Feelings during the examination*

The majority of adult caregivers (8/10) reported they found the examination stressful despite reporting they felt prepared for the clinic visit shown in Figure 1. Six adult caregivers reported their child found the examination stressful (6/10). Adult caregivers' perception of the child's stress was related to the child being uncomfortable or experiencing pain during the examination. When they were asked why their child found the examination stressful two adult caregivers commented:

*"My child did not want anyone near her."*

Adult caregiver distress was due to their child's distress during the examination but also the fact their child was having an examination after the disclosure of sexual abuse. Highlighted by this comment:

*"because my child had to be examined in the first place."*

When asked if there was anything that made the experience less stressful four adult caregivers highlighted the kindness and compassion of the staff working in the clinic.

The adult caregivers had very mixed feelings about the anogenital examination being recorded Figure 1. The adult caregiver who did not feel ok about the examination being photo documented also reported that the purpose of the dynamic photodocumentation was not explained to them whereas all other adult caregivers indicated that it had been explained.

### *Pain and Embarrassment*

The majority of adult caregivers reported their children did not appear to experience pain during the examination, but half the adult caregivers (5/10) felt their child was embarrassed about it. Three of the four adult caregivers who reported their child found the examination painful had a child aged 13 years of age or older while the fourth adult caregiver's child was 4 years old. This adult caregiver later in the questionnaire highlighted their child was uncomfortable but also stated:

*"I've been through it myself. Not something I would have wanted for my child to go through."*

### *Post examination*

Seven caregivers had no concerns post examination, one had concerns and two didn't know. The respondents who reported they still had concerns stated they were the same as those pre-examination.

### *Recommendations*

Only one adult caregiver felt that having a support person present would have been helpful, three felt a support person would not have been helpful and the remaining six stated they don't know.

While seven adult caregivers reported that the information provided on the telephone by the specialist nurse was sufficient, two felt more information about the examination would be helpful including reading materials, video, and explanation from a professional.

### **Discussion**

To our knowledge this is the first study in Ireland to address adult caregiver experience and perceptions of their child's experience when attending for a PFME for suspected sexual abuse.

The study provides valuable insight into adult caregivers' experience of attending with their child for PFME including their perceptions of the importance of any information provided in advance of the examination. A strength of the study is participants were recruited prospectively, and the questionnaire was sent out within two weeks of their medical examination reducing the potential for recall bias.

The most striking, though not surprising, result is the level of anxiety and fear of the examination experienced by the adult caregivers and children. This has been well reported in existing literature<sup>6-9</sup>. Feelings of preparedness varied between the respondents. Although the majority of adult caregivers were satisfied with the information received, others indicated they would like additional reading materials, film, and more information from professionals. This highlights that different people have different information needs. In this study adult caregiver concern was more prevalent pre-examination compared to post examination.

Similar to previous studies, seven of the adult caregivers reported feelings of worry and fear when they were informed of the need for a medical examination<sup>6-8</sup>. Hornor et al. found that persistent anxiety post examination was associated with more invasive abuse, pre-existing medical and mental health conditions<sup>10</sup>. This background information was not available in this study due to the need to anonymise questionnaires to be General Data Protection Regulation (GDPR) compliant. As a result, it was not possible to identify or review the child's medical record and the questions relating to this were not felt to be within the scope of this research.

Adult caregivers who reported concerns pre-examination noted they were worried about how their child would tolerate the examination; this is in agreement with findings by Stavas et al <sup>10</sup>. The apparent reduction in fear post examination was also reported from other studies<sup>6-8</sup>.

However, the findings are limited by small sample size. This could have been increased if reminder telephone calls were permitted <sup>11</sup>. Seventeen questionnaires were not returned leading to non-response bias. Conducting research in this area is challenging due to the sensitive nature of the work.

All the adult caregivers understood why they had been referred for the examination but only eight felt the procedure at the clinic had been fully explained by the referrer. In this study the two who felt they had not been informed of the procedure were referred by a social worker. This raises the question of whether social workers are aware of what happens during a PFME. Davies et al <sup>12</sup> and Steward et al <sup>13</sup> similarly found carers did not receive accurate information from the police and social work when being referred. Both police and social care tend to focus on the child's safety. This highlights the need for further education and collaboration with our social work colleagues.

Four of the adult caregivers reported their child experienced pain during the examination, three were aged 13 years or older. These figures appear to be in keeping with Allard Dansereau et al.<sup>6</sup> although the children in their study were 4-12 years old. Marks et al.<sup>8</sup> found that 48% of parents thought their child had experienced pain but interestingly only 14.8% of children verbalised pain during the exam with four of these not reporting pain when questioned after the examination. Adult caregivers may perceive pain for their child that has not been experienced due to their own anxiety or based on their own experience of gynaecological examination. Post pubertal females may have a foley catheter or speculum inserted vaginally to aid detection of injuries and to obtain high vaginal and endocervical swabs. This is more invasive and not undertaken in pre pubertal girls.

Although seven of the respondents reported receiving enough information only four felt prepared for the examination. Although these results appear contradictory, one respondent reported they didn't think anything could prepare them for this suggesting the circumstances leading to the medical examination are so challenging that it is virtually impossible to prepare them fully. In comparison to other studies, a higher percentage of adult caregivers stated that they received enough information in our study. This is a testament to the nurses working in the clinic providing the information by telephone before the clinic visit.

The majority of adult caregivers surveyed reported having adequate information prior to attending for the medical examination but lacked preparedness, suggesting there is room for improvement. As adult caregivers' individual information needs vary it is important to provide information in a range of different formats.

Further work with Gardai and Social Work colleagues to improve their knowledge on the medical examination will be an important first step to improving adult caregivers' and children's experiences. The PFME is an extremely stressful event for both adult caregivers and their children. To mitigate against stress additional methods of information provision should be implemented and evaluated.

**Declaration of Conflict of Interest:**

The authors have no conflicts of interest to declare.

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**References:**

1. STOLTENBORGH, M., VAN IJZENDOORN, M. H., EUSER, E. M. & BAKERMANS-KRANENBURG, M. J. A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child maltreatment*. 2011;16, 79-101
2. MCGEE, H., GARAVAN, R., DE BARRA, M., BYRNE, J. & CONROY, R. The SAVI report: Sexual abuse and violence in Ireland. *Psychology Reports*. 2002; 10.
3. NATIONAL SART GUIDELINES DEVELOPMENT GROUP. *National Guidelines on Referral and Forensic Clinical Examination Following Rape and Sexual Assault (Ireland)*. [Online]: Ireland; 2018 [Accessed 16th April 2019]. Available: [www.hse.ie/satu](http://www.hse.ie/satu)
4. FACULTY OF FORENSIC AND LEGAL MEDICINE AND THE ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH. *Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse*. [online] Faculty of Forensic and Legal Medicine: London; 2015. [Accessed on 27th November 2018] Available at: <https://fflm.ac.uk/wp-content/uploads/documentstore/1352802061.pdf>
5. WORLD HEALTH ORGANISATION. *Responding to children and adolescents who have been sexually abused: WHO Clinical guidelines* [Online]. Geneva; 2017. [Accessed 13th February 2019]. Available: <https://www.who.int/reproductivehealth/publications/violence/clinical-response-csa/en/>
6. ALLARD-DANSEREAU, C., HÉBERT, M., TREMBLAY, C. & BERNARD-BONNIN, A. C. Children's response to the medical visit for allegations of sexual abuse: Maternal perceptions and predicting variables. *Child Abuse Review*. 2001; 10, pp. 210-222.



7. MEARS, C. J., HEFLIN, A. H., FINKEL, M. A., DEBLINGER, E. & STEER, R. A. Adolescents' responses to sexual abuse evaluation including the use of video colposcopy. *J Adolesc Health*. 2003; 33,pp. 18-24.
8. MARKS, S., LAMB, R. & TZIOUMI, D. Do no more harm: the psychological stress of the medical examination for alleged child sexual abuse. *J Paediatr Child Health*.2009; 45, pp. 125-32.
9. HORNOR, G., SCRIBANO, P., CURRAN, S. & STEVENS, J. Emotional response to the ano-genital examination of suspected sexual abuse. *Journal of forensic nursing*. 2009; 5, pp. 124-130.
10. STAVAS, N., SHEA, J., KEDDEM, S., WOOD, J., ORJI, W., CULLEN, C., et al.. Perceptions of caregivers and adolescents of the use of telemedicine for the child sexual abuse examination. *Child Abuse Negl*. 2018; 85,pp. 47-57.
11. EDWARDS, P., ROBERTS, I., CLARKE, M., DIGUISEPPI, C., PRATAP, S., WENTZ, R. et al. Increasing response rates to postal questionnaires: systematic review. *BMJ*. 2002; 324(7347), pp.1183-1183.
12. DAVIES, E., SEYMOUR, F. & READ, J. Children's and primary caretakers' perceptions of the sexual abuse investigation process: A New Zealand example. *Journal of Child Sexual Abuse*. 2001 ;9, pp. 41-56.
13. STEWARD, M. S., SCHMITZ, M., STEWARD, D. S., JOYE, N. R. & REINHART, M. Children's anticipation of and response to colposcopic examination. *Child Abuse Negl*. 1995; 19,pp. 997-1005.