



Faculty of Forensic & Legal Medicine

Sexual Offence Medicine

Adolescent refusing genital examination

This is a 10-minute station

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You are the Forensic Practitioner on duty in a Sexual Assault Referral Centre.

The police have asked you to see a 15-year-old girl called Sophie Allen who has reported that she was vaginally raped by a boy she had met yesterday, after talking to him online. She initially agreed to attend for a forensic examination, but she is now refusing to have a genital examination and wants to go home.

Tasks

- Explore Sophie's concerns about the forensic medical examination;
- Give information about all aspects of the examination to Sophie;
- Negotiate a plan with Sophie about how to proceed.

You do not have to take a history of the alleged assault. The allegation is of vaginal rape only and she has no general injuries.

You have already explored capacity to consent and issues around this.

Mum has given her consent to the forensic medical examination if Sophie wants to go ahead with it. She is in the next room ready to come in if Sophie wants her to.

You do not need to take a medical history from Sophie.

You do not need to discuss Safeguarding.

Examiner Instructions

The candidate has been given the following instructions:

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Additional notes to examiner:

Construct: This station assesses the candidate's ability to negotiate with an adolescent girl who refuses a genital examination following an allegation of rape.

A=Outstanding, B=Good, C=Adequate, D= Marginal, E = Inadequate

1. Initial approach	A	B	C	D	E
2. Information gathering: Clinical content	A	B	C	D	E
3. Information gathering: Communication skills	A	B	C	D	E
4. Information giving: Clinical Content	A	B	C	D	E
5. Information giving: Communication Skills	A	B	C	D	E
6. Rapport and Professionalism	A	B	C	D	E
7. SP Mark	A	B	C	D	E

GLOBAL RATING	1	2	3	4	5	6
	CLEAR FAIL	BORDERLINE FAIL	BORDERLINE PASS	CLEAR PASS	VERY GOOD	EXCELLENT

Examiner feedback to candidate:

Information for examiner under domain headings (1 of 2)

1. Initial approach

- Candidates should make an appropriate introduction.
- They should explain to the patient in a sensitive and clear fashion that she has the right to refuse an examination. However it is important for the Forensic Practitioner (FP) to ensure that Sophie understands the nature and purpose of the examination and for them to answer any questions she may have before she makes her final decision.
- Candidates should start with an open question and listen without interruption.

2. Information gathering: Clinical content

- Candidates should explore Sophie's reluctance to have a genital examination and if necessary ask specific question to establish, for instance, if she has concerns about it being painful, if she is embarrassed, whether she has had a previous genital examination.
- They should elicit what she understands about the nature and purpose of the exam and confirm her capacity.
- The candidate should establish the extent of Sophie's knowledge regarding DNA and the purpose of forensic swabs.

3. Information gathering: Communication skills

- Candidates should use a mix of open and closed questions. Leading questions should be avoided as should multiple questions. Jargon should not be used
- They should demonstrate active listening and pick up on cues and respond appropriately to Sophie's replies.
- Candidates should use an organized approach, using skills such as clarifying and summarizing.
- Candidates should have a sensitive and non-judgmental manner. They should explain to Sophie that it may be difficult or embarrassing to talk about some things but that they understand this.

4. Information giving: Clinical content

- Candidates should give a clear explanation for the purpose of the forensic medical examination including the need to check for any injuries from both a therapeutic and forensic aspect and in order that forensic swabs can be taken
- The benefit of taking forensic swabs should be explained i.e. may be able to confirm that sexual contact has occurred if the assailant's DNA is recovered.
- The limitations of the forensic examination should also be explained i.e. it is often not possible to tell from the examination whether sex has occurred or whether this could have been consensual or non-consensual, and the presence of DNA on the swabs will not determine consent just that something has happened.

Information for examiner under domain headings (2 of 2)

- Candidates should explain in a non-coercive manner that sometimes the genital examination can be useful in reassuring the patient that there are no medical problems as a result of the assault.
- They should explain that all efforts will be taken to ensure that her privacy and dignity will be respected throughout and that she may decline certain aspects of the exam e.g. speculum even if she consents to other parts i.e. it is not 'all or nothing'.
- They should tell her that even if she consents she may change her mind at any point if it gets too much in which case they will stop. If she declines the exam today she may change her mind within the time frame of the forensic window or see her GP or attend Sexual Health if she has any medical concerns.
- Candidates should explain that even if she declines the exam she can still be offered emergency contraception, referral to Sexual Health (where she can get contraceptive advice if she would like that) and be referred to the Young Person's ISVA for support.

5. Information giving: Communication Skills

- Information should be given clearly and concisely in a supportive manner.
- They should demonstrate negotiation skills rather than coercion. Sophie should feel that she is empowered to make her own choice
- At the end of the consultation candidates should check understanding and ask if Sophie has any questions.

6. Rapport and Professionalism

- Candidates should demonstrate respect for the patient and show and avoid making judgmental statements or tell Sophie what she should do. They should demonstrate appropriate non-verbal communication with good eye contact and attention to appropriate personal space.

7. SP Mark

- The candidate was empathetic. They explained things clearly and I felt I would be supported in whatever decision I made. I felt that they were concerned about me and offered help but did not try to pressurise me into any particular course of action. I felt they had given me practical information and discussed my concerns appropriately.

Background

- Your name is Sophie Allen and you are 15 years of age. You live with your Mum, Dad and little brother in Tooting. Your dad often works away and is currently in UAE. You are quite mature for your age and look older than 15.
- You are doing well at your all-girls school (Burntwood) and hope to become a lawyer in the future. You have a few close friends at school but you are quite shy and don't have much experience of boys. You like chatting on line as it seems easier than meeting new people in real life and have met a few boys this way although you have never met any of them in person until last night.
- You have started your period and occasionally use tampons when you go on holiday. You have no medical problems and are not on any medication.

Recent events

- Last night you met a lad called Tom in the local park for the first time. You had been chatting with him on line for a few weeks and finally agreed to meet him as he seemed nice and appeared really good looking in the photo that he posted.
- When you met him he was very good looking and seemed really nice and suggested that you go to MacDonaldis which was exactly what you had been hoping.
- He took you to MacDonald's for some food and then suggested going for a walk so you could chat and get to know each other better. You walked to some local woodland and Tom got a bottle of vodka out of his bag and you both had a drink. You talked a bit about yourselves – he told you that he was 17 years old and attends an Academy in the next town.
- After a while he started to kiss you which you quite liked but then he started to touch your breasts and you thought things were going a bit too far so you said you had to go. When you tried to walk away he grabbed your arm and asked you to have sex with him. When you refused he pushed you to the ground and vaginally raped you. You tried to get away but you were quite drunk and he was a lot bigger than you.

After the assault

- After the assault he ran off and you went home and went straight to bed. You weren't going to say what had happened but this morning your Mum asked where you had been last night and you broke down and told her what had happened. She was appalled.
- She called the police who came and took some notes and then said you had to come and have a forensic medical examination. They didn't really explain what this involved and although you agreed to come the more you think about it the more you are worried that it will be really embarrassing and now you just want to go home.
- You've felt really sore and have had a bit of bleeding since it happened and although you are worried he has done some damage you are scared of the examination hurting and starting the bleeding off again.

Simulated Patient Instructions (2 of 2)

- **You are worried that you will have to take all your clothes off and are horrified at the thought of a stranger looking at your private parts.** A girl you know at school went to the sexual health clinic and told you that they put a huge plastic thing in her vagina to take some swabs which sounded awful and there is no way you want that.
- Your mum has agreed to wait in the next room but will come in if you need her.
- The candidate may ask you a series of questions to try to establish that you have capacity and what you understand the examination will involve. You are an intelligent girl and know why you are here and that the police want to get some forensic evidence – you know a lot about DNA as you watch CSI and have been learning about it in Biology at school.
- You're happy to give a statement to the police and answer any questions and you don't have a problem with the information being passed to the safeguarding team, **you just don't want to have the medical examination. You don't really know what the exam involves but you imagine it will be pretty bad. You have never had an intimate exam before and had never had sex before the assault. You are worried that any boyfriend you have in the future will be able to tell you are not a virgin.**
- **You are worried that you might become pregnant or have caught a sexually transmitted disease but don't really know how to broach this with the Forensic Practitioner as you don't want the exam.** If they ask you if you would like emergency contraception say yes.
- If the candidate asks you have no previous medical history and do not take any medication. You have no allergies. Tom didn't do anything else to you and apart from feeling sore around your vagina you have no other injuries.
- You should appear upset and withdrawn but answer the questions the Forensic Practitioner asks. If the candidate explores your reasons for not wanting the examination and explains things clearly in an empathic and supportive way you agree to have the examination and the swabs but not the speculum exam. If the Forensic Practitioner does not make it clear that you can have the exam without the speculum then ask 'If agree to have it do I have to have the plastic thing'.

You will be asked to mark the following domain on the scale:

A=Outstanding, B=Good, C=Adequate, D= Marginal, E = Inadequate

- The candidate was empathetic. They explained things clearly and I felt I would be supported in whatever decision I made. I felt that they were concerned about me and offered help but did not try to pressurise me into any particular course of action. I felt they had given me practical information and discussed my concerns appropriately.

Table

3 chairs

Stop clock

Swabs (take from swab modules on Stations 1 or 4)

A virgin size speculum