



REPRESENTATIVE FOR
CHILDREN AND YOUTH

Issue Report
Medical Assessments in
B.C.'s Youth Justice System

September 2008



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The appendices are available with the electronic version
of this report on the RCY website, www.rcybc.ca.



Issue Report Medical Assessments in B.C.'s Youth Justice System September 2008

1. Introduction

This report outlines the findings and recommendations of the Representative for Children and Youth following a review of clinical practices related to Section 34 court-ordered assessments under the federal *Youth Criminal Justice Act*.

Specifically, this relates to physical examinations of youth undertaken by the Inpatient Assessment Unit (IAU) of the provincial Youth Forensic Psychiatric Services (YFPS), within the Ministry of Children and Family Development (MCFD).

Reason for Review

The mandate of the Representative for Children and Youth (RCY) includes advocacy and systemic review. In following up on a letter that raised concerns about treatment of females at a youth custody centre and subsequent advocacy involvement with those youth, circumstances and issues became apparent which had broader and ongoing implications for a significantly vulnerable group of British Columbia youth.

The Representative determined that an independent and thorough review of practices related to court-ordered physical examinations of youth was warranted.



The Representative's Mandate

Under Section 6(b) of the *Representative for Children and Youth Act* the Representative is responsible for monitoring, reviewing, auditing and conducting research on the provision of a designated service, making recommendations to improve the effectiveness and responsiveness of that service and commenting publicly on any of these functions.

A "designated service" is any of the following services or programs for children and their families provided under an enactment or provided or funded by government:

- services or programs under the *Adoption Act*, the *Child, Family and Community Service Act*, the *Community Living Authority* and the *Youth Justice Act*
- early childhood development and services
- mental health services for children
- addiction services for children
- services for youth and young adults during their transition to adulthood
- additional services or programs prescribed by regulation under the *Representative for Children and Youth Act*.

Acronyms

MCFD: Ministry of Children and Family Development

YFPS: Youth Forensic Psychiatric Services is an MCFD program that provides court-ordered assessment and treatment services for youth on a residential (inpatient) or community (outpatient) basis.

IAU: The Inpatient Assessment Unit is part of YFPS and provides medical and psychological assessments of youth who are placed in custody for the purpose of undergoing assessment.



Background and Timelines

In June 2007, the Representative for Children and Youth received a letter that was also sent to the Director of YFPS. The letter was from Justice for Girls, a non-profit organization providing advocacy services for girls involved with the criminal justice system. The letter alleged that several female youth had been inappropriately touched during chaperoned physical examinations at the IAU in Burnaby.

As a result of this allegation:

- The Representative reported a concern to MCFD under the *Child, Family and Community Services Act* (Section 14, duty to report need of protection) and suggested the RCMP be informed for the purposes of investigating the matter. It is not within the RCY's mandate to investigate allegations of assault.
- MCFD notified the RCMP of the allegations and the RCMP launched a criminal investigation. In August 2007, the RCMP notified MCFD officials that the investigation was complete, and they would not recommend to Crown counsel that criminal charges be laid.
- Following the conclusion of the RCMP investigation, MCFD began its own assessment of the issues arising from the letter:
 - MCFD undertook its own internal investigation and also commissioned an objective investigation of the allegations. The objective investigation was carried out by a physician from the BC College of Physicians and Surgeons 'Committee on Office Medical Practice Assessment'. Both investigations concluded with no recommendations for action or disciplinary proceedings against the examining physician.
 - MCFD also examined clinical assessment practices at IAU to determine:
 - the appropriateness and relevance of conducting physical examinations (in particular breast and genital exams) of young persons admitted to the IAU, and
 - the appropriateness of procedures for obtaining the consent of youth in the context of court-ordered assessments.
- At the same time as the MCFD investigations and review processes were underway, the Representative undertook her own independent review of clinical practices and procedures for obtaining consent at IAU.

Throughout the course of MCFD's investigations of the allegation and review of clinical practices, the ministry kept the Representative apprised of progress and provided drafts of reports. The two MCFD investigation reports and the MCFD report on clinical practices are posted, along with this report, on the Representative's website, at www.rcybc.ca.



Representative's Review

The comprehensive review undertaken by the Representative involved:

- research and analysis of relevant background information, including policies, procedures and standards of YFPS and Youth Custody Services relating to physical examinations
- analysis of reports prepared or commissioned by MCFD
- consultation with IAU staff, staff of Youth Custody Services and other relevant parties, and
- seeking the advice of an independent panel¹ to the Representative on appropriate and best clinical practice and standards, policies and procedures for physical examinations of youth in custody generally and at the IAU in particular.

Timelines of Investigations and Reviews

Jun-07	Jul-07	Aug-07	Sept-07	Oct 07 – May 08				Jun-08	Jul-08	Sept-08
Incident reported	Terms of Reference for MCFD review established	RCMP investigation complete – No charges	Terms of Reference for RCY review established	Investigations and reviews undertaken				RCY consultation with Independent Panel	RCY report prepared	RCY report released
				January - MCFD independent investigation complete	March - MCFD management investigation complete	April - MCFD review of clinical practices complete	May - RCY background review and analysis complete			

2. Youth Subject to Court-Ordered Assessments

Vulnerabilities of Youth Involved

Youth entering IAU do so in handcuffs, as prisoners in the youth justice system. Many come from circumstances that most British Columbians would never experience. More often than not, they are living outside of the parental home. This is either because they are youth in care or because their family relationships are no longer intact. Many youth who enter the IAU have complex needs, and histories that may include family and home life instability, homelessness, significant substance abuse problems, or past emotional or physical neglect or maltreatment.

Significant numbers of youth entering IAU also have neurodevelopmental disabilities such as FASD and/or serious physical and mental health needs that in many cases have not been met.

¹ The *Representative for Children and Youth Act* authorizes the Representative to retain consultants, experts and specialists to enable or assist the Representative to exercise the powers or perform the functions or duties under the Act.



Youth arrive at the IAU charged with or convicted of a criminal offence and a court has ordered that a "medical, psychiatric and/or psychological report" be conducted. A youth justice court requires a formal medical assessment when the court believes there may be medical or mental health issues affecting the youth. In order to render a sentencing decision or other determination affecting the youth's future, the court may require more information about these issues. Court decisions obviously have a large impact on a young person's life, and the information provided in an assessment can influence outcomes such as potential release of the youth, duration of custodial sentence and length and terms of community supervision. This is a very stressful time for youth in such circumstances, particularly for those without adult support, living outside the parental home or in the care of the state.

The IAU is a place of temporary detention and operates as a secure facility. Strong security provisions are in place. It is a co-educational facility that always has a female staff member on duty, but still has a high ratio of males on staff. This presents particular concerns for female youth and for youth of either gender who have experienced sexual abuse.

Human Rights Context

Youth in custody are within a youth criminal justice system, not an adult criminal justice system. This distinction is important. The Representative notes that the Supreme Court of Canada has recently reaffirmed² that the system must be designed for young people as enshrined in the *Youth Criminal Justice Act* and under the international obligations Canada has as a signatory to the United Nations Convention on the Rights of the Child. The human rights dimension is important as it places additional responsibilities on the state. These include ensuring that procedures followed are rehabilitative and not punitive, and that officials and systems are sensitive to the child development needs of youth, including their lack of maturity.

This human rights dimension is of extreme importance when doing medical or psychological assessments on youth who exhibit needs so evident that they trigger these court-ordered assessments. Utmost sensitivity and respect for the needs of youth are required, and care must be taken to support youths through a difficult period in their lives. Consent, least intrusive measures and concern for the health and well-being of youth should anchor the system, to give full expression to human rights.

The youth justice system is a system of support for young people, primarily aimed at their rehabilitation because their development towards adulthood is not yet complete. The vulnerabilities of these troubled youth coming into a criminal justice setting demand a deep sensitivity to their circumstances and needs, and a full commitment to human rights protections under Canadian and international law, in policy and practice.

² Excerpts - R. v. D.B., 2008 SCC 25
<http://scc.lexum.umontreal.ca/en/2008/2008scc25/2008scc25.pdf>



3. Youth Justice System and Court-Ordered Assessments

B.C.'s youth justice system deals with youth age 12 to 17 years who have committed offences under provincial and federal law. The federal *Youth Criminal Justice Act* establishes the legislative framework for criminal offences. B.C.'s *Youth Justice Act* establishes sanctions for provincial offences and sets the framework for the youth justice services system for the province. [Appendix A contains additional information on B.C.'s youth justice system. The appendices are available with the electronic version of this report on the RCY website, www.rcybc.ca.]

Under Section 34 of the *Youth Criminal Justice Act*, when a youth is charged with a criminal offence, a youth justice court judge may order a "medical, psychiatric and/or psychological report." Section 34 assessments must be undertaken by a "qualified person" – qualified by provincial law to practice medicine or psychiatry or to carry out psychological examinations or assessments. In B.C., virtually all Section 34 assessments are referred by youth justice courts to YFPS, where an identified qualified person is responsible for providing the entire Section 34 report.

The court may order the assessment to be conducted on either an inpatient (custody) or outpatient basis. Custody can only be ordered by the court, where:

- the court is satisfied that, on the evidence, the detention of the young person in custody is necessary to conduct the assessment, or
- on the evidence of a qualified person, the detention of the young person is desirable to conduct the assessment, and the young person consents to the custody, or
- the young person is required to be detained in custody in respect of another matter or by virtue of a provision of the *Criminal Code* (Section 34(4) YCJA).

The period of custody for a young person remanded into custody for a Section 34 assessment cannot exceed 30 days.

The majority of Section 34 assessments are ordered on an outpatient assessment basis at eight YFPS outpatient clinics located across B.C. In fiscal year 2007/08, 391 assessments were undertaken by YFPS (256 at outpatient clinics and 135 on an inpatient basis at IAU³).

In practice, only the most severe cases of highly vulnerable and unstable youth would be ordered to IAU for an inpatient Section 34 assessment. According to data provided by YFPS, youth remanded for an inpatient assessment are more likely to have committed a violent crime or other crimes, are more likely to have been subject to abuse, and are more likely to suffer from a mental illness or disorder than youth ordered assessed on an outpatient basis. A high proportion of youth remanded for inpatient assessment are living outside of the parental home, and are in care of government. In fiscal year, 2007/08, 44 per cent of Section 34 assessments for female youth were undertaken on an inpatient as opposed to an outpatient basis.

³ An additional 577 non court-ordered outpatient assessments were undertaken for youth referred by Youth Custody Services or youth probation officers.



4. Court-Ordered Assessments Undertaken by YFPS

Nature of Assessment

Section 34 assessments by YFPS are undertaken by a multidisciplinary team of health care professionals led by the identified qualified person and team leader. The result of the assessment is a report to court intended to assist the court in making decisions about the youth.

Confidentiality is not guaranteed. Reports to court will include personal information about the young person and his or her family to assist the court in reaching a decision. The *Youth Criminal Justice Act* also provides for the release of information in the report to interested and concerned parties (such as parents) and for purposes of rehabilitation and safety. [Appendix B provides more detail on the YFPS Section 34 assessment standards and process. The appendices are available with the electronic version of this report on the RCY website, www.rcybc.ca.]

It is a standard practice of IAU that a Section 34 assessment includes a physical examination. IAU maintains that a physical examination, including the offer of a breast or genital exam, is an integral part of a comprehensive biopsychosocial* psychiatric examination of the whole child. According to IAU, breast and genital exams can reveal medical and health issues relevant to the overall assessment of the youth.

* BIOPSYCHOSOCIAL

Of, relating to, or concerned with the biological, psychological and social aspects, in contrast to the strictly biomedical aspects of disease.

A Section 34 assessment undertaken on an outpatient basis by a YFPS clinic does not usually include a physical exam. YFPS indicates that where a medical issue is revealed as part of obtaining the youth's history or where there is a presenting medical issue, the YFPS outpatient team leader in the Section 34 assessment may request information from the youth's family physician, or request that the youth undertake a medical exam by the youth's family doctor or through a medical clinic.

According to YFPS, the difference in practice is because IAU is a mental health facility designated under the *Mental Health Act* and is a designated hospital, and as such has a responsibility to undertake a physical examination of patients admitted to its care for a psychiatric assessment (similar to other hospital facilities).

In addition to fulfilling the requirements related to a Section 34 assessment, IAU health care professionals view the physical exam as an important opportunity to provide essential health care services to particularly vulnerable youth who may have previously had only occasional health care or no access to health care at all. This is compounded by the fact that some youth may have been living on the street, been victims of sexual abuse and assault, or have a sexually transmitted infection. These youth also often have drug or alcohol issues, or are pregnant and at risk of miscarriage without proper medical care.



IAU health care services can result in diagnosis and treatment of infections, addressing contraceptive needs, providing immunization updates, and possible discovery of more critical health issues needing attention.

There is a significant difference between youth remanded in custody to IAU and those subject to an assessment on an outpatient basis in an YFPS clinic. Under Section 8 of the *Mental Health Act*, the director of a designated mental health facility must ensure that each patient admitted is provided with "professional service, care and treatment appropriate to the patient's condition".

In addition to being a designated mental health facility, the IAU is a youth custody centre within the meaning of the *Youth Justice Act*. Accordingly, a youth ordered into custody at IAU is under the "care, custody and control" of a youth custody centre (Section 30). This gives rise to a duty of care, making it reasonable and appropriate for the centre to offer a physical examination for the health of the young person in custody.

Obtaining Consent

A youth subject to a Section 34 court-ordered assessment may decline to participate in any or all parts of the assessment, including the physical examination and the various components of the medical examination.

YFPS believes its consent procedures are generally valid and effective, supported by the fact that the majority of youth do not consent to a breast or genital exam. A review of files of female youth admitted between January 1, 2005 and June 28, 2007 for an inpatient assessment shows that 76 per cent (41 of 54) accepted the offer of a physical examination. Of these, only 10 consented to a breast exam and only five consented to a genital exam.

[Appendix C provides information on reasons for undertaking physical examinations, the IAU physical exam process and consent policy, procedures and practices. The appendices are available with the electronic version of this report on the RCY website, www.rcybc.ca.]

Concerns Identified with Current Practice and Consent Procedures

The MCFD investigations and review processes of the incident revealed areas of concern with clinical practice and consent procedures:

- variations and inconsistency of practice respecting privacy related to gowning and draping (some youth stayed in their unit clothes and underwear while some youth changed fully into a paper gown with a full cover sheet for examinations)
- some apprehension among female youth about a male physician, and concern regarding lack of choice about the gender of the physician performing the examinations
- varied understanding or lack of understanding about the reason for the examination, and
- concerns about whether youth understood they had the choice to decline a physical or breast or genital exam.



YFPS has demonstrated its recognition of the vulnerabilities of youth in these circumstances and since the complaint was made in June 2007, has strengthened its clinical practices and its procedures for seeking consent to address the identified issues. Section 6 outlines the changes in practice and procedures.

5. Standards and Practices – Other Facilities and Jurisdictions

Youth admitted to B.C.'s three Youth Custody Centres (distinct from IAU) in Burnaby, Victoria and Prince George receive an initial medical assessment but not a complete physical examination. This is done to identify medical issues needing attention and to set a baseline measurement of the youth's overall health. This screening is undertaken by a registered nurse. Physicians are on site at each centre on a regular basis during the week. Ongoing medical care is provided to ensure the health of youth in custody.

In undertaking other forensic or court-ordered assessments of youth, for purposes such as fitness or competency assessments under the *Criminal Code*, IAU follows the same policy as for Section 34 assessments – that a physical examination, including a breast and genital exam, is an integral part of the overall assessment.

Facilities in other jurisdictions providing forensic assessment or psychiatric services to youth⁴ generally view a physical exam as part of their assessment process. Only Ontario's Adolescent Medicine division at the Hospital for Sick Children includes a genital exam as a routine part of a physical exam. Several facilities indicated that if there were a need to undertake a breast or genital exam, generally a separate follow-up appointment would be made with a physician or specialist, or through an external medical clinic.

[Appendix D includes a detailed summary of medical practices for Youth Custody Centres, other court-ordered assessment processes, and facilities and institutions in other jurisdictions, including a comparative table. The appendices are available with the electronic version of this report on the RCY website, www.rcybc.ca.]

6. Change in YFPS Policy and Practice

Three processes – MCFD's internal investigation of the incident, the independent investigation by the physician from the BC College of Physicians and Surgeons 'Committee on Office Medical Practice Assessment,' and the MCFD management review of clinical assessment practices – made recommendations for improving procedures relating to physical exams by IAU while the Representative's review was underway. These improvements were considered and assessed by the Representative in preparing this report.

It is understood, based on information obtained through its review of clinical assessment practices, that IAU has revised its practice "with respect to breast and pelvic examinations to be more consistent with the

⁴ To avoid duplication of effort and redundant requests made of other institutions both provincially and extra-provincially, this section is based on information collected by MCFD for its review of comparable institutions, undertaken as part of MCFD's review of clinical practices.



majority of other facilities surveyed, i.e., such examinations are now routinely offered whenever clinically indicated, as determined by the examining physician.”⁵ While it appears that IAU will only offer the breast and genital exams at the physician's discretion when warranted, it is understood that this has not yet been incorporated formally into MCFD policy.

Other recommendations made, while the Representative's own review was underway, to strengthen and improve clinical practice and procedures have also been implemented or are in the process of being formally implemented. These include:

Admission, orientation and administrative procedures

- Renaming the 'Resident Rules Book' as the 'Resident Orientation Manual' and amending it to include additional information about the physical exam portion of the assessment process
- Clarifying the identification/professional designation of chaperons and other unit personnel through development of a staff identification model for the unit (i.e., posting of IAU staff pictures and roles on notice boards for residents).

Obtaining informed consent from youth

- Introducing separate "General Consent to Physical Examination" forms to be discussed and signed by clients consenting to the physical exam, with continued practice of verbal consent being obtained at every aspect of the physical exam process and documented in the physician's Progress Notes.

Physical examination procedures and clinical practices

- Ensuring that the examining physician be of the same gender as the client
- Addressing scheduling of physical exams to ensure adequate time for youth to settle into the IAU prior to the exam, and conducting the exam over more than one session when appropriate
- Addressing privacy issues, including draping during physical exams and improving the size and comfort of gowns worn during examinations
- Improving general comfort measures for youth undergoing a physical exam (providing for the client to change in their own bedroom prior to physical examination, staff to wear gloves as required, hands to be warmed as required, and ensuring the exam room is warm and comfortable)
- Clarifying the rationale for and benefits of breast and genital exams, including adoption of BC Cancer Agency guidelines, and providing staff and client education on breast health and genital health
- Improving physical examination procedures and related documentation.

⁵ British Columbia, Ministry of Children and Family Development, Provincial Services Division (April, 2008). *A Review of Clinical Assessment Practices at the Youth Forensic Psychiatric Services, Inpatient Assessment Unit*, p. 19.



7. Findings and Recommendations

With respect to the central issue of physical examinations, and the inclusion of a breast or genital examination as part of a Section 34 assessment, based on research, review and analysis of the issues, and the advice received from the Independent Panel, the Representative concludes that providing physical examinations of youth undergoing a court-ordered assessment are an important aspect of health care, and that breast and genital exams can be an important component of such exams. The Representative is supportive of the recent changes to IAU practice such that a breast or genital examination be conducted only in circumstances when such exams are warranted by medical evidence or clinically indicated.

The following recommendations on this matter are also consistent with the advice of the Independent Panel. (Appendix E contains the "Guiding Questions" considered by the Independent Panel. The appendices are available with the electronic version of this report on the RCY website, www.rcybc.ca.)

Formalizing Policy

It is clear that the MCFD investigations and assessment of clinical practices undertaken between October 2007 and April 2008 were valuable in identifying improvements in clinical practices and procedures at IAU. The Representative supports these enhancements to practice and believes they should be reflected in formal written policies where this has not already been done.

Recommendation #1

That MCFD reflect the change of practice formally, incorporating them into all relevant YFPS and IAU written standards of practice by October 2008.

Confidentiality

The Representative endorses a physical examination as an integral part of the Section 34 assessment process. Given the public aspect of the Section 34 assessment report to the youth justice court, the Representative believes that measures should be taken to respect and maintain the personal privacy and dignity of the youth.

Recommendation #2

That MCFD Youth Justice adopt policies to require that results of the more personal components (breast and genital exams) be separated out and not be included in the report to court unless inclusion is essential for ongoing physical and mental health support.



Gender of Physician

Given that histories of vulnerable youth often include prior child abuse and trauma, youth who consent to a physical examination may feel particular vulnerability during physical exams by medical personnel.

As part of a Section 34 assessment at IAU, youth should be given the opportunity to choose the gender of the physician. Youth should also be given the opportunity to choose the gender of the chaperon who accompanies the youth during the physical examination.

Recommendation #3

That MCFD revise written policy by October 2008, to allow youth to choose the gender of the examining physician, and of the accompanying chaperon, if the youth has consented to a physical exam.

Medical and Health Needs of Youth in Custody

This report addresses a specific issue impacting a very vulnerable population of youth in our society. It underscores just one issue pertaining to this group of vulnerable youth – understanding their needs and circumstances, and providing sensitive medical assessments in a way that protects them. It is illuminating and somewhat disheartening that for many of these youth, the only time they will have access to such essential health services is when they are remanded to youth custody.

In the course of this review, significant issues regarding the health needs of youth in B.C.'s custody facilities became more apparent.

Research into the narrower issue of youth custody medical assessments made it abundantly clear to the Representative that in the bigger picture, this population has unmet medical needs.

These include mental health issues, post-traumatic stress and abuse concerns, and physical health issues of immediate and in many instances ongoing significance. Many vulnerable youth have neurodevelopmental disabilities such as fetal alcohol spectrum disorder, and many are children in care or on youth agreements living outside of a parental home.

Few of these youth are connected to family doctors, community living supports or health promotion information to improve their self-care and ability to seek assistance for better health during a crucial developmental period. Every effort must be made to support the health and well-being of youth in the centres and in the community.

While medical screening by a nurse upon admission to a youth custody facility is a valuable existing process and has been put in place largely because it is essential for the health and safety of those institutions, this is not a thorough enough process to meet the individual needs of the youth coming into those facilities.



Complete medical assessments by male and female physicians must be available at all youth custody facilities, with referrals to specialists as required and follow-up support from nursing specialists after release. These youth should leave the facilities with family doctors, better health information regarding self-care and health care supports, and direct links to the system of support. It is recognized that there will be practical limitations to the provision of enhanced medical services for youth who are remanded or sentenced to custody for only very short periods of time. However, effective policies to reduce barriers and serve at-risk adolescents must be part of a health strategy with clearer accountabilities.

For female youth in custody, specialized services should be provided to address the areas where the Representative has seen great vulnerability during this review, including:

- protection from sexually transmitted infections
- mental health and addictions supports
- health prevention and promotion support for young women regarding birth control, pregnancy, birth, post-partum support, and
- community resource links to ensure they are supported when they leave the facilities.

While the actual numbers of female and male youth in the youth justice system are small, the needs are significant. Given the crucial period of development they are in, a very strong opportunity to improve outcomes for youth in care exists if medical supports could be significantly enhanced in B.C. youth custody facilities.

Recommendation #4

That the Ministry of Health Services lead an initiative to plan and implement an improved system of health supports for youth while in custody, as well as post-custody in B.C., in collaboration with relevant health authorities and MCFD. The system of health supports should include comprehensive medical assessments, and medical and dental treatment to youth in custody in B.C., including transitional plans and supports on leaving custody. The Ministry of Health Services will be asked to report progress on this initiative in January 2009 and regularly thereafter until a suitable system of health supports is in place for these vulnerable youth.

A comprehensive report delving into all aspects of youth in custody in B.C. is under development by the Representative for Children and Youth. This report on medical assessments and the Representative's upcoming youth justice report underscore the need for all British Columbians to strive individually and as a community to achieve better outcomes for vulnerable young people involved in the youth justice system.



Acknowledgements

The Representative appreciates the efforts made by MCFD Youth Justice and its willingness to publicly release its final reports and allow reference to them in this report in order to provide a complete picture of the incident and its outcome.

Also of note is the high degree of professionalism demonstrated and the support and cooperation of staff at IAU, YFPS, Youth Custody Services and Provincial Services, MCFD, in responding to requests for information.

The Representative also appreciates the willingness of the officials at Justice for Girls to share information related to this review and their commitment to better supports for incarcerated girls and women.

Members of the Independent Panel

Dr. Jean Hlady

Dr. Hlady is a Clinical Professor in the Department of Pediatrics at the University of British Columbia's Faculty of Medicine. She is also a practicing pediatrician at BC Children's Hospital and has been the Director of the Child Protection Service Unit for 20 years, providing comprehensive assessments of children in cases of suspected abuse or neglect. Dr. Hlady also served on the Multidisciplinary Team for the Children's Commission.

Dr. Ruth Martin

Ruth Elwood Martin, MD, FCFP, is a Clinical Professor and the Lead Faculty for Residency Research with the UBC Department of Family Practice, and the Inaugural Director of the Division of Prison Health and Education (UBC/SFU/NVIT). She has worked part-time as a family physician in the medical clinics of BC Correctional facilities since 1994. She is a Vancouver Foundation Community-Based Clinician Investigator and her research activities include family medicine narrative, the HPV-FOCAL study (an evaluation of HPV-testing in primary screening of cervical cancer) and community-based participatory research with women inside and outside of prison.



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