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22/09/2014

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## Medical report

**Alisa Gareeva-Dearman D.O.B: 24/04/2005**  
**Gabriel Gareeva-Dearman D.O.B: 22/06/2006**

I, Deborah Hodes am currently employed by both the Royal Free London NHS Foundation Trust and University College London Hospital Foundation Trust where I am employed as Consultant Community Paediatrician. I am the Designated Doctor in Child Protection for the Clinical Commissioning Group (CCG) in Camden and the Child Protection Adviser at University College London Hospital (London). I am also employed by Family Futures Consortium, London N1 as their paediatrician and Medical advisor for adoption. At the Haven Sexual Assault Referral Centre at St Mary's Hospital Paddington I am on the paediatric rota and employed by Imperial College Healthcare NHS Trust.

I obtained a BSc and qualified in medicine MB BS in 1977. I obtained the DRCOG in 1982 and was made a fellow of the Royal College of Paediatrics and Child Health (FRCPCH). I was first appointed Consultant Community Paediatrician in City and Hackney in 1990 where I worked for 13 years. My current appointment commenced in 2003. I am up to date with my professional development and am in good standing with the Royal College of Paediatrics and Child Health, RCPCH.

During my 24 years' experience in Community Paediatrics, I have developed a particular interest in child protection, which includes clinical work, management, research and teaching. I have been the chair of the Paediatric subcommittee of the Pan London Haven Board and I am education lead, chair and lecture on the management of acute sexual assault in children run by the Haven, St Mary's Hospital Paddington NHS Trust. Nationally I have been an external assessor for fitness-to-practice enquiries, Newcastle 2003, Haringey 2008 and Leeds 2010. My work for the RCPCH includes being a member of working groups writing and now updating, the "Physical signs in child sexual abuse" published by RCPCH in 2008. I am a member of the Child Protection Standing Committee at The Royal College of Paediatrics and Child Health.

My clinical work includes the responsibilities of the named Doctor for child protection in Camden, London. I supervise junior doctors and lead community clinics. I have developed a



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very successful and busy tertiary safeguarding clinic at UCLH, where children with suspicion of abuse and neglect are referred. In this clinic I also teach undergraduates as well as many visiting postgraduate doctors.

I am called upon frequently to lecture locally, nationally and internationally on safeguarding children, I have carried out research in the area of child abuse and neglect, presenting at national and international meetings. I have published widely as well as being co-author of the book 'The Child in Mind', 3rd edition, Routledge in 2007.

This report is written in my capacity as the consultant community paediatrician at University College Hospital London attending the strategy meetings for both children on 8.9.14 and 15.9.14 and supervising the consultations for both children on 12.9.14 and 18.9.14. (Appendices 1-4) I had some further discussion with the Camden social workers who informed me of the ABE interview on the 17.9.14 and I reviewed the photo documentation prior to writing this report.

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Alisa Gareeva-Dearman D.O.B: 24/04/2005

Summary of the relevant history

She alleged that lubrication was used prior to the insertion of the penis or the plastic penis and identified and discussed the lubricant with her foster carer. She told me that Vaseline was used as the lubricant. She also told me about having had an injection. She alleged that bleeding after the event had occurred and that then had pain on opening her bowels.

She told me that she has difficulty in getting to sleep and she has bad dreams including dreaming about her father killing her.

Physical findings

Below is a list of injuries found on physical examination of Alisa shown in the body maps and police photographs:

1. 3 x 4 mm abrasion on the pinna of her left ear and 3mm abrasion posterior to her left ear overlying the mastoid. *Alisa alleged that she was pinched and picked up by her ear when she was in Morocco*
2. 7 mm longitudinal abrasion (excoriated) on the right lateral aspect of her ankle. *Alisa's alleged that she was pushed against an outside wall and that she "had picked it" when she was in Morocco.*
3. 2 cm x 0.5cm healing abrasion on left side of chin. *Alisa's alleged that she was hit across the face with a metal spoon when she was in Morocco.*

Below is a list of injuries found on ano-genital examination of Alisa recorded on the DVDs:

1. In the left lateral position with gentle buttock separation there was anal laxity and a brief view into the rectum. In the knee chest position with gentle buttock separation, there was reflex anal dilatation (RAD) after 5-10 seconds. The reflex anal dilatation persisted and there was a clear view into the rectal ampulla and there was no stool present.
2. There was a healed scar in ruggae at the 10-11 o'clock position extending from the anal orifice to the anal verge. It was seen in both the left lateral position and in the knee chest position. The abnormalities in the ruggae at the 4 o'clock and 7 o'clock positions maybe represent scar tissue or a variation in the ruggal configuration.

Conclusion regarding the allegations

The physical injuries found on her skin are consistent with her allegations of physical abuse as described above (1)

In the absence of a history of constipation, medical illness and accidental trauma according to the GP notes, the anogenital findings of the scar and the RAD are consistent with her allegation of the application of a blunt penetrating force to her anus (2); sexual abuse.

She has described symptoms of post-traumatic stress.

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Gabriel Gareeva-Dearman D.O.B: 22/06/2006

Summary of the history

He alleged that lubrication was used prior to the insertion of the penis or the plastic penis and identified and discussed the lubricant his foster carer and his sister when they were at the chemist. He told me that Vaseline was used as the lubricant. He also said that he had had an injection in his neck. He alleged that bleeding after the event had occurred and that then had pain on opening his bowels.

His foster carer said that he did not want to leave her side and kept asking to be with her, frequently talking about being safe with her. He said that he has difficulty in getting to sleep and bad dreams including dreaming about his father killing him. He says that he suddenly remembers what has happened and his eyes go blurry. He said that if he closes his eyes he sees a "picture of his dad killing him"

Physical findings

Below is a list of injuries found on physical examination of Gabriel shown in the body maps and police photographs:

1. Two healing abrasions which were 3 x 2mm in size post-auricular (left ear). One was on the posterior aspect of the pinna and the other was overlying the mastoid. *Gabriel alleged that these were sustained after he was hit around the ear and was bleeding following this injury whilst he was in Morocco.*
2. On examination of the left ear, (examined by ENT specialist), there were two 0.5 x 0.5mm specks of dried blood on the tympanic membrane. *Gabriel's alleged that he was hit around the ear whilst he was in Morocco.*
3. There was a 10mm x 2mm well healed scar on the right scalp. *Gabriel's alleged that he was hit on his head with a metal spoon whilst he was in Morocco.*

Below is a list of injuries found on ano-genital examination of Gabriel recorded on the DVDs:

1. There was an anal fissure extending from the anal orifice to the anal verge in the 9 o'clock position.

Conclusion regarding the allegations

The physical injuries found on his skin are consistent with his allegations of physical abuse as described above (1)

In the absence of a history of constipation, medical illness and accidental trauma according to the GP notes, the anogenital finding of the scar is consistent with his allegation of the application of a blunt penetrating force to his anus (2); sexual abuse.

He has described symptoms of post-traumatic stress.

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## Comment on the retraction of the allegations in Alisa Gareeva-Dearman and Gabriel Gareeva-Dearman

From the 2 strategy meetings that I attended, both children had made the allegations to their mother initially and then repeatedly and in detail to Kleo Papachristou, to the foster carer, at the ABE interview, to myself and Drs Gunn and Al-Jilaihawi before retracting them at the further ABE interview.

Until a study in 2007 (3) it was mostly thought that recantation rates were related to the certainty with which child sexual abuse (CSA) is substantiated and that retraction of true allegations is rare and that when retraction occurs the allegation is likely to be false. Lindsay et al (3) found a recantation rate of 16.9% in 257 substantiated cases of CSA which had relied on formal interviews by police and social services. This is four times higher than previously reported in the most often cited study by Bradley and Wood in 1996 (4). Analyses of their data found predictors for recantation included younger age child, a parent figure being the perpetrator and a lack of support from the non-offending caregiver. In summary recantation does occur in a significant number of cases especially with the predictors that are present in both children.

## Summary of Alisa Gareeva-Dearman and Gabriel Gareeva-Dearman

In my opinion, Alisa and Gabriel are suffering from significant harm as evidenced by the following:-

1. Both children have physical signs of physical abuse that support their allegations
2. Both children have physical signs of sexual abuse that support their allegations
3. They have symptoms of post traumatic stress.
4. It is now understood from a 2007 study of substantiated sexual abuse, that retraction of an allegation occurs more commonly (16% in this series), than previously thought.
5. In my opinion, the extensive and detailed accounts given by both children that were repeated to different professionals, contain details of sexual acts that such young children would need to have had some sort of direct experience.
6. There is previous medical neglect as evidenced in the chronology (Appendices 5a and 5b).

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References

- 1) Royal College Paediatrics and Child Health, Child Health Companion, 2<sup>nd</sup> edition 2013
- 2) Royal College Paediatrics and Child Health, The Physical signs of child sexual abuse 2008
- 3) Lindsay C. Malloy, M.A., Thomas D. Lyon, J.D., and Jodia A. Quas, Filial Dependency and Recantation of Child Sexual Abuse Allegations, J. Am. Acad. Child Adolesc. Psychiatry, 46:2, 2007
- 4) Bradley AA, Wood JM, How do children tell? The disclosure process in child sexual abuse. Child Abuse Negl 20:881-891, 1996

**Dr Deborah Hodes FRCPCH**  
**Consultant Community Paediatrician**

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## Appendix 4

16/09/2014

DH/ KJ/41078538  
 NHS Number:  
 Dictated: 16/9/14  
 Received: 16/9/14  
 Typed: 16/9/14  
 Checked: Sarah checked 18/9/14

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Dear Ms Stevens,

Clinic: DTHCP. Paediatrics. 16.09.14

Re: Gabriel Gareeva-Deerman D.O.B: 22/06/2006

Issues

1. Safeguarding concerns currently under police investigation
2. Physical and sexual abuse
3. Currently in foster care

Dr Deborah Hodes, Consultant Paediatrician, Dr Harriet Gunn and I saw 8 year-old Gabriel, in clinic today with his sister, Alisa, and their foster carer. Also present were Nicola Whear, Police Photographer and Kleo Papachristou, from Barnet CAIT team. The purpose of this visit was to meet with the foster carer and the children again for further history and physical examination, as well as for police photography of their injuries.

Further history from foster carer

The foster carer described observations that she has made since the children have been staying with her. She reports that Gabriel has been eating large amounts and appears very hungry, and when told by the foster carer to slow down, he says that 'he might not be able to get any more' if he doesn't eat. The foster carer reports that when in a shop over the weekend, looking at lip balms and Vaseline, Alisa pointed out to Gabriel the 'jelly' (Vaseline) Gabriel commented 'is that what they put on my bottom?'. The foster carer reports that on further questioning, the children were referring to abuse from their dad and 'his friends' including 'Mr Hollings'. She also described how Alisa talked about 'the plastic willy' and when the foster carer asked her how she knew what it was, she said it was because she had seen it. Alisa told her that her dad makes them in his shed.

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#### Appendix 4

##### Further history from Alisa and Gabriel

Alisa described how 'Vaseline original' in a square container was used on their 'bottoms and willies'. She said that they used 'plastic willies' in her bottom mostly but they sometimes used 'real willies'. Both children said that it hurt less with 'real willies' but that the perpetrators wanted it to hurt them so they used a 'plastic willy'. They also said that 'they did not want it to hurt so much that it scared', otherwise their mother might discover this when she bathed them. They were told to 'hold still' and they felt as though they could not move their bottoms. Alisa describes how she felt embarrassed afterwards. They both experienced bleeding from their bottoms afterwards and they said that they were given a wet tissue to wipe it with. They described how they wiped blood or sometimes 'white stuff that came from the willies'. When asked why they did not tell their mother whilst this was happening, they said that they were too scared as their father had told them that he would kill their whole family if they told.

Both children described bad dreams that they have experienced. Alisa said that she dreams about her dad killing them. Gabriel said that he suddenly remembers what had happened and his eyes go blurry. He then sees monsters and if he closes his eyes he sees 'a picture of his dad killing him'. Both children have difficulty getting to sleep. Gabriel described that when he stayed at his dad's house for two or three days, his dad did not let him get to sleep during the night. He said that he would 'be scary and put on a monster costume' so that he could not go to sleep.

##### Examination

Police photographs were taken today of injuries present on Gabriel's left ear and a scar on his right scalp (please see previous letter and body maps from 12th September 2014 for initial dimensions of these injuries).

Gabriel's ears were examined today by Nick Hamilton (ENT specialist registrar to Mrs Helen Caulfield). There was no evidence of perforation and on examination of the left ear, there were two small black spots visible on the tympanic membrane which could represent old blood secondary to injury, infection or scratching. Ear examination was otherwise normal.

##### Ano-genital examination

Gabriel was examined by Dr Hodes in the knee-chest position on the examination couch. The colposcope was used for magnification and photo documentation. There was evidence of an anal fissure extending to the anal verge at 9 o'clock. There was no evidence of reflex anal dilatation or anal laxity.

##### Summary of findings

On further assessment of Gabriel today, it is evident that his experiences of abuse have had a significant impact on his emotional wellbeing.

Further genital examination today confirms the physical findings of a scar in the anus from a healed fissure, consistent with inflicted injury from a blunt penetrating force that he has alleged. The black spots seen on the tympanic membrane which could be old blood would be consistent with his allegation of being punched.

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Appendix 4

Plan:

1. Dr Hodes to discuss with Dr Margaret DeJong, Consultant Child Psychiatrist at Great Ormond Street Hospital.
2. Compose chronology of health using medical information from the GP, school nurse and Tavistock Centre.
3. Collateral medical history from mother.

Yours sincerely,

**Dr Sarah Al-Jilaihawi SHO to  
Dr Deborah Hodes Consultant Pediatrician**

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Appendix 3

16/09/2014

DH/ KJ/41078544

NHS Number:

Dictated: 16/9/14

Received: 16/9/14

Typed: 16/9/14

Checked: Sarah checked 18/9/14

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Dear Ms Stevens,

Clinic: DTHCP. Paediatrics. 16.09.14

Re: Alisa Gareeva-Dearman

D.O.B: 24/04/2005

Issues

1. Safeguarding concerns currently under police investigation
2. Physical and sexual abuse
3. Currently in foster care.

Dr Deborah Hodes, Consultant Paediatrician, Dr Harriet Gunn and I saw 9 year old Alisa, in clinic today with her brother, Gabriel, and her foster carer. Also present were Nicola Whiear, Police Photographer, and Kleo Patachristou, from Barnet CAIT team. The purpose of this visit was to meet with The foster carer and the children again for further history and physical examination, as well as for police photography of their injuries.

Further history from Foster carer

The foster carer described observations that she has made since the children have been staying with her. She reports that Gabriel has been eating large amounts and appears very hungry, and when told by the foster carer to slow down, he says that 'he might not be able to get any more' if he doesn't eat. The foster carer reports that when in a shop over the weekend, looking at lip balms and Vaseline, Alisa pointed out to Gabriel the 'jelly' (Vaseline). Gabriel commented 'is that what they put on my bottom?'. The foster carer reports that on further questioning, the children were referring to abuse from their dad and 'his friends' including 'Mr Hollings'. She also described how Alisa talked about 'the plastic willy' and when the foster carer asked her how she knew what it was, she said it was because she had seen it. Alisa told her that her dad makes them in his shed.

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### Appendix 3

#### Further history from Alisa and Gabriel

Alisa described how 'Vaseline original' in a square container was used on their 'bottoms and willies'. She said that they used 'plastic willies' in her bottom mostly but they sometimes used 'real willies'. Both children said that it hurt less with 'real willies' but that the perpetrators wanted it to hurt them so they used a 'plastic willy'. They also said that 'they did not want it to hurt so much that it scarred', otherwise their mother might discover this when she bathed them. They were told to 'hold still' and they felt as though they could not move their bottoms. Alisa describes how she felt embarrassed afterwards. They both experienced bleeding from their bottoms afterwards and they said that they were given a wet tissue to wipe it with. They described how they wiped blood or sometimes 'white stuff that came from the willies'. When asked why they did not tell their mother whilst this was happening, they said that they were too scared as their father had told them that he would kill their whole family if they told.

Both children described bad dreams that they have experienced. Alisa said that she dreams about her dad killing them. Gabriel said that he suddenly remembers what had happened and his eyes go blurry. He then sees monsters and if he closes his eyes he sees 'a picture of his dad killing him'. Both children have difficulty getting to sleep. Gabriel described that when he stayed at his dad's house for two or three days, his dad did not let him get to sleep during the night. He said that he would 'be scary and put on a monster costume' so that he could not go to sleep.

#### Examination

Police photographs of Alisa were taken today of the following lesions: healing abrasion on pinna of left ear, abrasion in left post-auricular area, right ankle abrasion, and three annular scars on her back. Please see previous report and body maps from 12th September 2014 for initial dimensions of these lesions.

Alisa's ears were examined today by Nick Hamilton (ENT specialist registrar to Mrs Helen Caulfield). There were no abnormalities of the tympanic membrane or ear canal.

#### Ano-genital examination

Alisa was examined by Dr Hodes in the knee-chest position on the examination couch. The colposcope was used for magnification and photo documentation. After 5-10 seconds of buttock separation there was reflex anal dilatation seen and there was no stool in the rectum or ampulla (no evidence of constipation). Persistent reflex anal dilatation was observed during buttock separation. There were three linear healed scars visible around the anus extending to the anal verge (skin edge at the junction between mucosa of the rugae and the skin); these were in the 4 o'clock, 7 o'clock and 10/11 o'clock positions.

#### Summary of findings

Based on today's assessment, it is clear that Gabriel and Alisa's experiences of abuse have had a significant impact on their emotional wellbeing. Physical findings today further confirm the allegations of inflicted anal injury from insertion of a blunt penetrative force, and are consistent with Alisa's allegations of sexual abuse.

Appendix 3

Recommendations

1. Dr Hodes will discuss with Dr Margaret DeJong, Consultant Child Psychiatrist at Great Ormond Street Hospital.
2. To compose chronology of health using medical history sought from GP, school nurses, and Tavistock Centre.
3. Collateral medical history from mother.

Yours sincerely,

**Dr Sarah Al-Jilaihawi SHO to  
Dr Deborah Hodes Consultant Paediatrician**

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