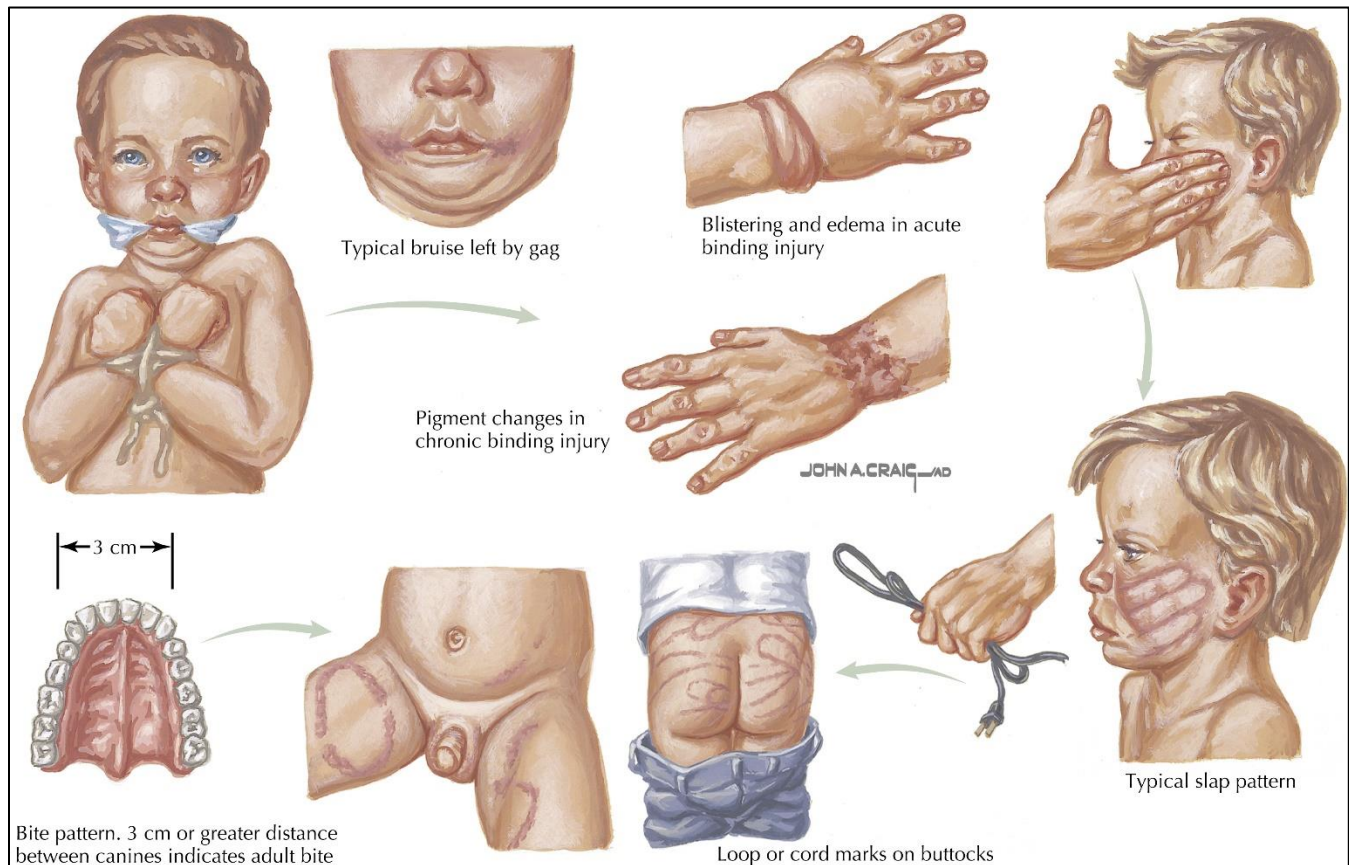


The FMEK project evaluated: value of forensic medical injury reports

The Netherlands: Gelderland and Overijssel



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Abbreviations

AIS	Abbreviated Injury Scale
CD/CDs	Confidential doctor/Confidential doctors at Veilig Thuis (Safe Home)
FD/FDs	Forensic doctor/Forensic doctors
FME	Forensic medical (i.e. physical) examination
FMEK	Forensisch Medische Expertise voor Kinderen (Forensic Medical Expertise in Children)
GGD	Gemeentelijke Gezondheidsdienst (Municipal health services)
LECK	Landelijk Expertise Centrum Kindermishandeling (National child abuse expertise centre)
Sr	Wetboek van Strafrecht (Criminal Law)
VT	Veilig Thuis (Safe Home)

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Summary

Introduction

In 2020, forensic medical expertise for children with injuries suspicious of physical and/or sexual abuse was partially shifted from national organisations to regional forensic doctors across the Netherlands. This paper aims to evaluate what changes these renewed forensic medical injury reports have brought about in the work of *Veilig Thuis* and to what extent these injury reports are decisive in the criminal prosecution of child physical and sexual abuse.

Methods

The years 2020-2022 in the regions Gelderland and Overijssel were analysed. An overview of all injury reports was made, analysing who requested them, victim's details and type of injuries. An inquiry consisting of 15 questions regarding the quality of the injury reports and contentment about the project was distributed among confidential doctors and forensic nurses at *Veilig Thuis* and police employees. *Rechtspraak.nl* was searched for jurisprudence from 2016, 2018, 2020 and 2022, aiming to analyse the additional value of injury reports in the criminal prosecution of child abuse.

Results

In total, 78 requests resulting in 112 injury reports were collected. The biggest applicant was *Veilig Thuis* in Overijssel, the largest age category was 4-<12 years and blunt trauma was most frequent. The inquiry revealed high contentment about the project, although the 9 respondents feared a shortage of forensic doctors. Jurisprudence analysis included 15 verdicts, of which 14 on physical abuse. The injury report was mentioned 3 times by the public prosecutor, 3 times by the defense attorney and the judges adopted the reports' conclusion each time. The judges stated 3 times that the injuries could not be qualified as severe, without the forensic doctor having indicated the injuries' severity.

Discussion

This evaluation showed that the renewed injury reports of regional forensic doctors led to great improvement by bringing specialised forensic care closer and faster to child victims of abuse. There is great contentment on the quality of the injury reports. However, the task distribution between forensic and confidential doctors should be discussed and the shortage of forensic doctors handled. The additional value of the injury reports in criminal prosecution is lowered due to the different medical and legal definitions of severe physical injury. Therefore, it should be made mandatory for forensic doctors to state the injures' severity using an abbreviated injury scale. In a few years, another evaluation should be performed taking into account the Netherlands as a whole.

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Index

1. Introduction	5
2. Methods	7
2.1 Overview of forensic medical reports.....	7
2.2 Inquiry.....	8
2.3 Jurisprudence.....	8
3. Results	9
3.1 Overview of forensic medical injury reports.....	9
3.1.1 Regular forensic medical injury reports.....	9
3.1.2 Experts' forensic medical injury reports.....	11
3.2 Results of the inquiry.....	11
3.3 Jurisprudence.....	12
3.3.1 Search results.....	12
3.3.2 Jurisprudence analysis.....	13
4. Discussion	15
5. Conclusion	16
References	17
Appendices	19

1. Introduction

Child abuse is a serious and persistent problem around the world, and this includes the Netherlands. Article 1.1 of the Dutch Youth Act defines child abuse as follows:

"...any form of interaction of a physical, psychological or sexual nature that is threatening or violent for a minor, which is actively or passively imposed by the parents or other persons towards whom the minor is depending of in any form, as a result of which serious harm is caused or threatens to be caused to the minor in the form of physical or psychological injury."

According to the National Prevalence Study on Maltreatment by the Dutch Youth Institute, between 90 000 and 127 000 out of 3,4 million minors were estimated to have been abused in 2017.^{1,2} Physical abuse was estimated at 18% of this, and sexual abuse at 4%. These shockingly high figures from 2017 showed no decrease compared to the same study in 2005 and 2010.^{3,4} At the time, this indicated the need to invest in proper investigation, preventive measures and intervention around child abuse. *Veilig Thuis* (VT: Safe Home) is the Dutch registration and advisory board for domestic violence and child abuse.⁵ Across the country, 25 locations offer advice, investigate the abuse and provide help and monitoring. Confidential doctors (CDs) working at VT arrange voluntary or obligatory help for those involved and/or engage the Child Protection Service or the police in case of criminal child abuse.^{5,6}

In addition to creating safety and offering care for the victim and others involved, handling child physical and sexual abuse also includes child forensic medical expertise (FMEK). FMEK is the collection of all forensic medical expertise required when child abuse is suspected based on visible injuries to a child. In 2011, the Dutch Safety Board claimed that the availability and use of FMEK in the care for child victims of abuse was insufficient.^{7,8} At the time, FMEK was provided by forensic doctors (FDs) from the Dutch Forensic Institute (NFI) in The Hague and the Forensic Medical Clinic for Child Abuse (FPKM) in Utrecht, the latter having since closed.^{6,8,9} In 2014, the National Expertise Centre for Child Abuse (LECK) was established: a collaboration between specialised paediatricians and the NFI, offering advice to health care workers regarding injury identification in children.¹⁰ In simple cases or when children and their caretakers were unable to travel to The Hague or Utrecht, CDs at VT assessed the injury, and contacted the NFI or LECK for remote consultation if necessary.⁶

In 2016, in order to better organize and offer FMEK on a large scale, the Dutch Ministry of Health, Welfare and Sport recommended a national cooperation with the LECK and standardising FMEK in the country.¹¹ Subsequently, the ministry set up the FMEK program in 2018 aiming to provide appropriate and timely care at both national and regional level for physically and/or sexually abused children. As a result, injury assessment shifted partially from the NFI towards the regional FDs working at the Gemeentelijke Gezondheidsdienst (GGD: Municipal health services) across the country, bringing specialised forensic care closer to the victims. With their forensic medical knowledge, the regional FDs largely took over the task of injury assessment from the CDs of VT. Cooperation with the NFI and LECK continued, to guarantee quality of care in complicated cases and to aid scientific developments.¹²⁻¹⁴

As noted, the FMEK program covers all aspects surrounding child abuse, including care for victims, assistance for perpetrators and criminal prosecution. This paper focuses on the task of detecting and interpreting injuries in children under the age of 18 where there is a suspicion of physical or sexual abuse, for example following visible injuries such as bruises, scars or burns. A forensic medical injury report (from now on referred to as: injury report) can be requested by, among others, CDs and forensic nurses from

VT, police officers and medical specialists.¹³ An injury report focuses on recognising, interpreting and defining visible injuries, and hereby attempts to answer the question whether the injuries have a medical cause or are accidental or inflicted.⁶ Injuries are photographed and described according to the renewed Dutch guideline *Forensic Medical Injury Examination and Reporting*.¹⁵ This is done through a complete forensic medical examination (FME) by the FD including photographs and, if necessary, supplemented by medical information such as a CT scan of the brain or skeletal status. In case of an anonymous request, submitted photographs are reviewed. Based on the literature it is assessed whether the abnormality is consistent with a medical condition or an injury. If an injury is suspected, it is determined whether the cause is most likely accidental or inflicted in nature. The severity of the injury can be described using the Abbreviated Injury Scale (AIS). This standardised system scores injuries to six body sections (e.g. head, neck and thorax) from 1 (minor injury) to 6 (maximum injury).^{6,16} This unbiased assessment by FDs can be used by VT to initiate health care and/or social work, and by police as evidence in criminal proceedings against the perpetrator(s). In a criminal lawsuit, a FD may be appointed as an expert to provide additional information about the circumstances of the injury. In that case, the FD has been registered as an expert in forensic medical examination of minors in the Dutch Register of Judicial Experts or has been appointed as an expert by the Examining Magistrate.⁶

By the end of 2020 the FMEK program was launched in the Dutch regions Gelderland and Overijssel.¹² An evaluation of the present working method and the added value of the renewed FMEK reports is essential. To this end, insight into the number of requests from VT and the police is needed, including data such as victims' age and gender, satisfaction among applicants of an FMEK report and the added value in criminal prosecution. By revealing bottlenecks, cooperation between involved parties can be improved and recommendations can be made for other regions in the Netherlands.

Therefore, this paper aims to evaluate what changes the renewed forensic medical injury reports under the Dutch Forensic Medical Expertise in Children program have brought about in the work of *Veilig Thuis* and to what extent these injury reports are decisive in the criminal prosecution of child physical and sexual abuse.

2. Methods

A qualitative analysis of the injury reports and a narrative analysis of jurisprudence on physical and sexual child abuse were performed. Other types of child abuse such as psychological abuse and neglect, fall outside the scope of this report because they do not cause visible injury so that FMEK is not applicable. The first 3 years of the FMEK project, 2020 up to 2022, were analysed. This was performed for the regions Gelderland and Overijssel, where the project started. In order to determine the difference that the renewed forensic medical reports have brought to VT, a questionnaire was composed.

2.1 Overview of forensic medical reports

An overview of the number of injury reports on children written from 2020 up to and including 2022 was created. The reports were accessed via GGD IJsselland, covering the majority of injury reports in both regions included. The following data was extracted from the reports: year of examination, victims age and gender, which organisation the request came from (VT, police or other) and whether the request was made anonymously, the region, whether there was a suspicion of physical and/or sexual abuse, what the report was based on (e.g. physical examination, photographs sent or medical records), the type of injury and the FDs' conclusion regarding the cause of the injuries. The types of injuries were subdivided into categories as shown in table 1, based on the Dutch manual for forensic medicine.⁶ As for the injuries' cause, it was noted whether it was most likely accidental (e.g. sustained during child's play), inflicted by a third party (i.e. abuse) or based on a medical condition (e.g. a coagulation disorder). The ages were divided into the following categories: newborn (<1 year), toddler (1-<4 years), school-aged child (4-<12 years) and adolescent (12-<18 years). These categories take into account the child's (motor) development and thus the injuries to be expected.¹⁷ For example, one does not expect bruising in a healthy pre-mobile infant, thus this raises suspicion of inflicted trauma.

Category	Description
No visible trauma	No visible trauma or only small non-significant injury including redness.
Blunt trauma	Injuries that are caused by contact of the skin with a blunt object such as the human hand, a rope or a stick, resulting in bruises, swelling and, when the elasticity of the skin is exceeded, tear injuries. This category also includes bite injuries.
Sharp-edged and perforating trauma	Injuries that are caused by a sharp-edged object such as a knife or a pointy object like a screwdriver, resulting in skin lacerations.
Abrasive and scratching trauma	Injuries that are caused by objects creating friction and impact on the skin, resulting in abrasion of the epidermis.
Thermal and chemical trauma	Injuries that are caused by excessive heat or cold and corrosive chemicals resulting in skin burns.
Fractures	Fractures are caused by excessive blunt trauma. Given the severity of the injury, they are categorized separately.
Internal injury	Injuries to internal organs, such as the heart, lungs and gut. Examples are subdural hematomas and retinal haemorrhage (consistent with shaken baby syndrome). Fractures are excluded from this category.
Scar tissue or unidentifiable injuries	Non-specific scar tissue, i.e. healed injuries, of which the cause and thus type of injury can no longer be determined. This category also includes other injuries that cannot be determined in any way.

Table 1: Types of injuries. Based on the Dutch manual for forensic medicine.⁶

As it was expected that there were too few reports for a statistical analysis, a descriptive analysis was written. All the above was also done for injury reports written by an appointed forensic medical expert. The experts' reports mostly aim to answer additional questions from the defense or judge, which vary widely and cannot be categorized.

2.2 Inquiry

Since no injury reports concerning children were made before the FMEK program, it is difficult to compare the current injury reports to the previous working method. In an attempt to evaluate the changes to the work of CDs and forensic nurses at VT and police officers, an inquiry was set up. It consisted of 15 questions regarding the situation and working agreements before and during the FMEK project and opinions on the quality and additional value of the renewed injury reports. It was distributed via email among the CDs and forensic nurses of VT and police officers in the included regions. The survey ran from April 16th to May 5th of 2023 and was filled in anonymously. It was written in Dutch and translated for this paper, see appendix 1 and 2. A descriptive analysis of the answers was made.

2.3 Jurisprudence

For a narrative analysis of the jurisprudence, the website *Rechtspraak.nl* was searched for all criminal law verdicts regarding physical and sexual abuse of children. The years 2016 and 2018, before FMEK, were compared to 2020 and 2022, representing the period during the FMEK project. To narrow down the search results, verdicts from 2017, 2019 and 2021 were excluded.

Since the website is Dutch, the search was performed in Dutch. The translated search terms for cases of child sexual abuse were sexual abuse, sexual assault, fornication and rape. Regarding physical abuse, the translated search terms were: assault, physical injury, attempted manslaughter and attempted murder. Next, terms such as and similar to newborn, child, son and daughter were added to both queries. See appendix 3 and 4 for the full search terms.

Inclusion criteria were verdicts from criminal law from the courts of Gelderland and Overijssel and cases on direct physical and/or sexual abuse of children under 18 years of age. Exclusion criteria were verdicts from other jurisdictions or about deceased victims. Verdicts from the high court were also excluded to narrow down search results. Moreover, the program having started recently, little search results from the high court were expected. The different investigation routes being used for deceased children do not apply FMEK as referred to in this report. Cases where FMEK was not indicated in the absence of direct physical or sexual abuse were also excluded. Examples are possession of child pornography and promoting child sexual abuse. Road accidents were excluded since these do not involve intentional child abuse.

Depending on their number, all included results or a random selection will be reviewed. From the verdicts mentioning an injury report, the following data was extracted: European Case Law Identifier, charges, criminal law references, number of judges, by whom the injury report was cited (the public prosecutor, defense attorney or judge) and whether there was attendance of an appointed expert FD. When the term FMEK was stated or one of the FMEK doctors (W. Duijst, T. Gelderman, E. Stigter, J. van Remmen and I. van Douveren) was mentioned, it was concluded that the report was written as part of the FMEK project. To determine the influence of the injury reports on the verdict of the judge, it was analysed whether the judge fully adopted the report's conclusion, refuted (part of) it or mentioned it but did not include it in the verdict.

3. Results

3.1 Overview of forensic medical injury reports

3.1.1 Regular forensic medical injury reports

In total, 78 requests were collected. Multiple children of the same household were involved in 23 requests, resulting in 110 children examined and 112 injury reports written. Figure 1 shows the baseline characteristics of all requests and victims. Detailed numbers including the division of requests between the subregions of Gelderland and Overijssel are displayed in appendix 5. The project started in November 2020, thus only 2 requests covering 4 children were made that year. The year 2021 counted 34 injury reports and 2022 counted 42. Overall, 51 requests came from Overijssel, and 55 were made by VT. The requests concerned 49 boys and 55 girls in total. The child's gender could not be concluded in 8 reports. The biggest age category was 5-<12 years (n=42/110 children). Most requests were non-anonymous (n=72) and concerned suspicion of physical abuse 88 times and sexual abuse 14 times.

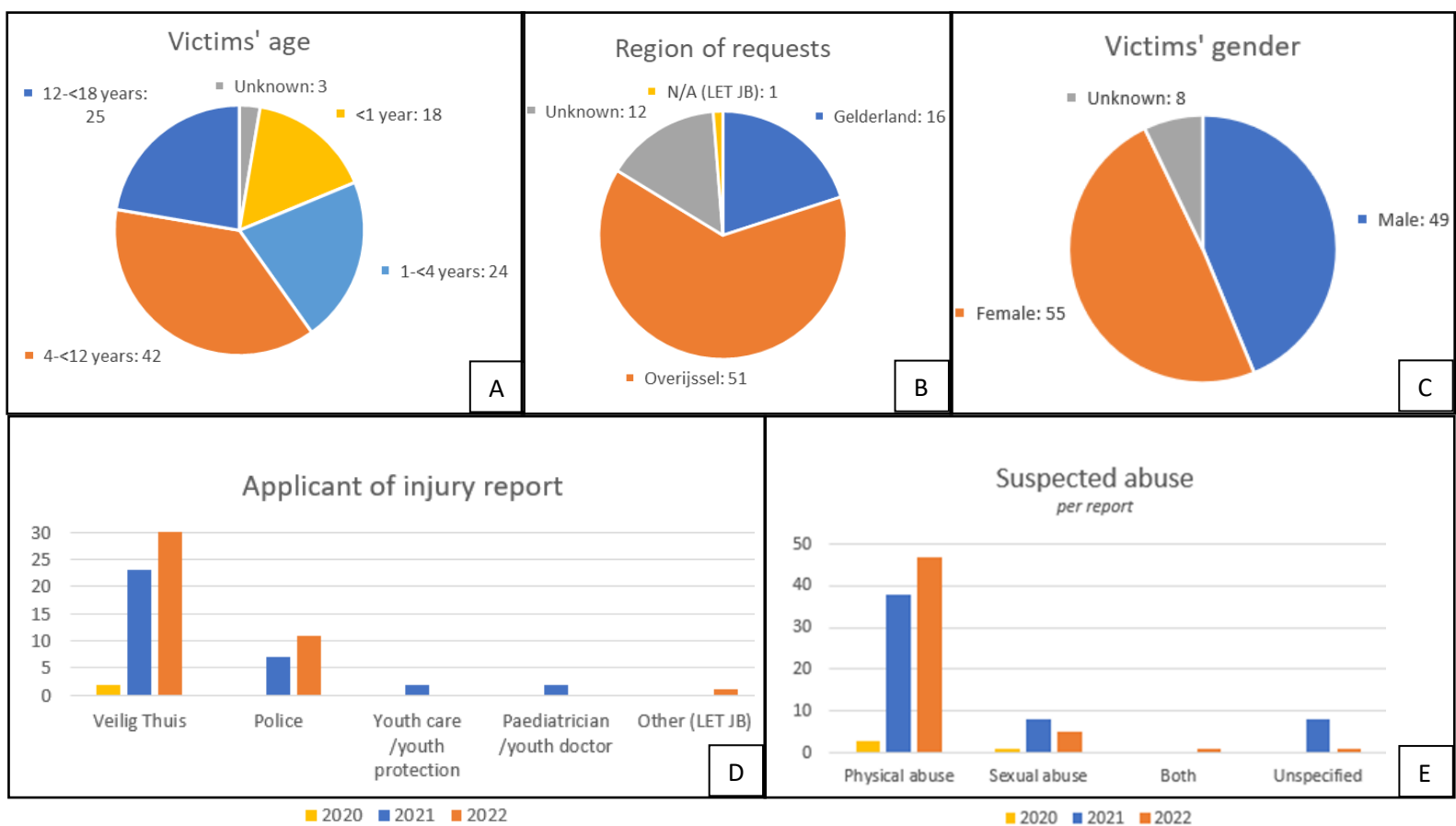


Figure 1. Data on regular injury reports, part 1. A: Victims' age. B: Region of request. C: Victims' gender. D: Applicant of injury report. E: Suspected abuse. Abbreviations: N/A = not applicable; LET JB = Landelijk Team Expertise Jeugdbescherming (National Youth Protection Expertise Team)

The contents of the injury reports can be seen in figure 2. In total, 85 reports were based on FME by the FD, 9 reports reviewed medical records additional to FME and 11 reports, mostly anonymous requests, solely assessed photographs sent by VT or the police. As for the type of injuries, blunt trauma was seen most frequent (n=89), followed by abrasive and scratching trauma (n=52), scar tissue and unidentifiable injuries (n=35), thermal and chemical trauma (n=11), internal injuries (n=9), no visible trauma (n=9), sharp-edged and perforating trauma (n=7) and fractures (n=7). Most children had multiple injuries from different categories. The frequency of the types of injuries seen in 2021 and 2022 is similar except for thermal and chemical trauma (n=10 and n=1, respectively) and fractures (n=1 and n=6, respectively).

In 35 out of 112 injury reports, the FD concluded that the injuries were ((very) much) more likely to be inflicted. The FD stated 27 times that the injuries were most consistent with accidental injury or that there was no evidence of inflicted injury. In 26 reports, the injuries were suspicious for a combination of accidental and inflicted injury, for example abrasion of the knees from a fall while playing combined with bruising from being struck with a stick. In 14 cases suspecting sexual abuse there was no evidence of sexual trauma and in 2 cases there was. Injuries based on a medical condition were mentioned in 14 reports, such as petechiae in new-borns contracted during birth.

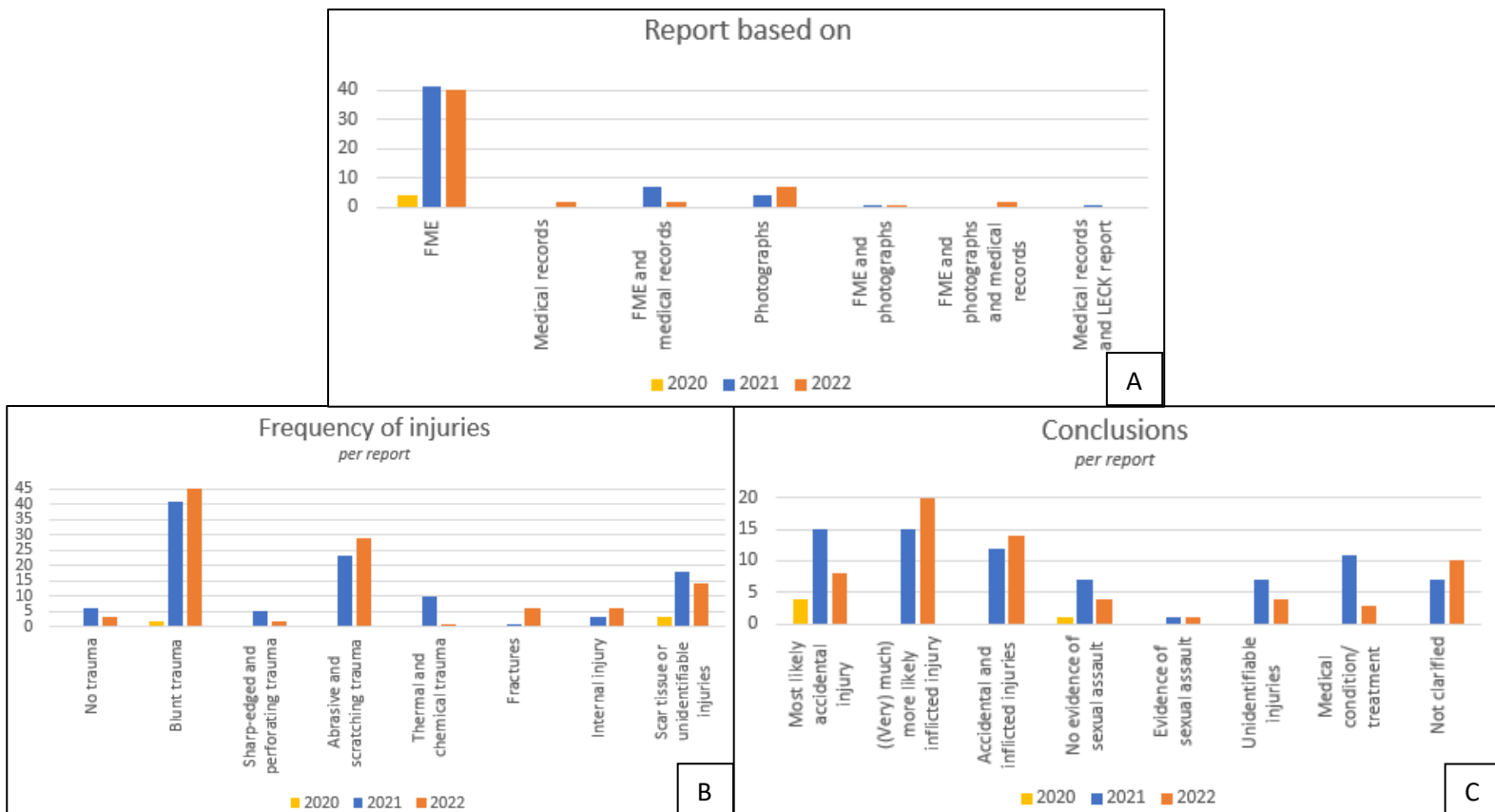


Figure 2. Data on regular injury reports, part 2. A: Data the report was based on. B: Frequency of type of injuries. C: Reports' conclusions. Abbreviations: FME = Forensic Medical Examination; LECK = Landelijk Expertisecentrum Kindermishandeling (National Expertise Centre Child Abuse)

3.1.2 Experts' forensic medical injury reports

In total, 9 forensic medical injury reports were written by an appointed forensic medical expert: 1 in 2020, 1 in 2021 and 7 in 2022. Of them, 6 came from Overijssel and 1 from Gelderland. Most of them involved boys (n=5), the most frequent age category was <1 year (n=4) and the majority concerned suspicion of physical abuse (n=7). The questions submitted to the expert varied from 'were the injuries most likely accidental or inflicted?' to 'is hypothesis 1, the victim was cut once, more or less likely than hypothesis 2, the victim was cut twice?' and 'is there another possible explanation for the presence of the chemical GHB in the victim's urine other than that it was administered to her?' As opposed to the regular injury reports, experts' reports were more often based on additional information such as photographs from third parties, previous injury reports, medical records and (re)assessment of radiology images by forensic radiology experts. Blunt trauma was the most frequent type of injury (n=7). Internal injuries were present in 3 cases; fractures, abrasive and scratching trauma and sharp-edged and perforating trauma in 2 cases. Thermal and/or chemical trauma was shown in 1 case and unidentifiable scar tissue in 1 as well. In 8 reports, the injuries were defined as most likely inflicted. A combination of accidental and inflicted injuries was present in 1 case, and 1 held evidence of sexual assault. It should be noted that, when appointing a forensic medical expert, it is usually already proven that the injuries were inflicted. Details of the data on experts' injury reports can be found in appendix 6.

3.2 Results of the inquiry

In total, 9 people completed the survey: 2 CDs, 2 forensic nurses and 5 police employees. Monthly contact with child physical/sexual abuse victims was reported by 7. All of them were familiar with FMEK. When asked if they would have wanted FMEK in cases of suspected child abuse before 2020, 4 respondents said they would have wanted it in almost every case, 2 said half of the time and 2 responded with 'sometimes'. Most of them reported that this depended on factors like the severity of the injuries and their own knowledge. Examples given are the need for radiological expertise, suspicion of shaken baby syndrome or simply too many unanswered questions. One of the CDs states that expertise of a FD is not always necessary, for example with relatively minor injuries, or when those involved provide a clear explanation on the injuries' cause. He or she mentions that interpretation of injuries has become part of the CDs' education since 2017.

An injury report was requested 1-5 times by 6 respondents over the last year, between 6-10 times by 1 respondent, over 10 times by 1 as well and 1 stated not having requested one over the last year. When asked if they felt the FMEK reports had changed their work, 5 of them answered 'yes, very much' and 4 answered 'yes, a little bit'. All 9 stated that FMEK made a big improvement in their work. The quality of the reports was rated 5/5 by 5 respondents and 4/5 by 4. The FDs' availability was rated 5/5 by 4 respondents, 4/5 by 4 of them, and 3/5 by 1.

Regarding the statement that the partial shift of FMEK from the NFI and LECK towards the regional FDs has improved the care for the victims, 6 completely agreed, 4 somewhat agreed and 1 was neutral. As for improvement of the criminal prosecution of child abuse, the answers varied: 4 completely agreed, 1 somewhat agreed, 3 remained neutral, 1 somewhat disagreed, and 1 stated to not have an opinion or to not have enough knowledge of this subject.

When asked to describe the biggest change and/or improvement of the revision in FMEK for the respondents personally, most frequently mentioned are improved familiarity and communication with FDs, the promptness of the report and the fact that the care for the victims is brought closer to them,

instead of having to travel to the NFI. Several areas for improvement were mentioned. For example, 2 respondents fear that the current number of FDs will prove insufficient in the coming years. Furthermore, they state that the cooperation with VT must be maintained and improved, with a clear division of tasks between CDs and FDs and recognition of each other's expertise.

3.3 Jurisprudence

3.3.1 Search results

The search of 2016 resulted in 60 verdicts on sexual child abuse and 133 on physical child abuse. Similar numbers apply for 2018 (46 and 130, respectively), 2020 (54 and 116) and 2022 (67 and 132). Figure 3A and 3B depict a flowchart of the search process; details are enclosed in appendix 7. After screening, a total of 180 verdicts was admitted for full text assessment on the use of injury reports, resulting in 15 verdicts. As for sexual abuse, 1 verdict from 2016 was included for analysis. Regarding physical abuse, 1 verdict using a regular injury report and 1 using an experts' report were included from 2016. From 2018, 5 included verdicts used an injury report and 2 an experts' report. From 2020, 1 verdict using a regular injury report was included. Lastly, from 2022 3 verdicts with a regular injury report and 1 with an expert's report were included. It was considered feasible to include these 15 verdicts in a narrative analysis.

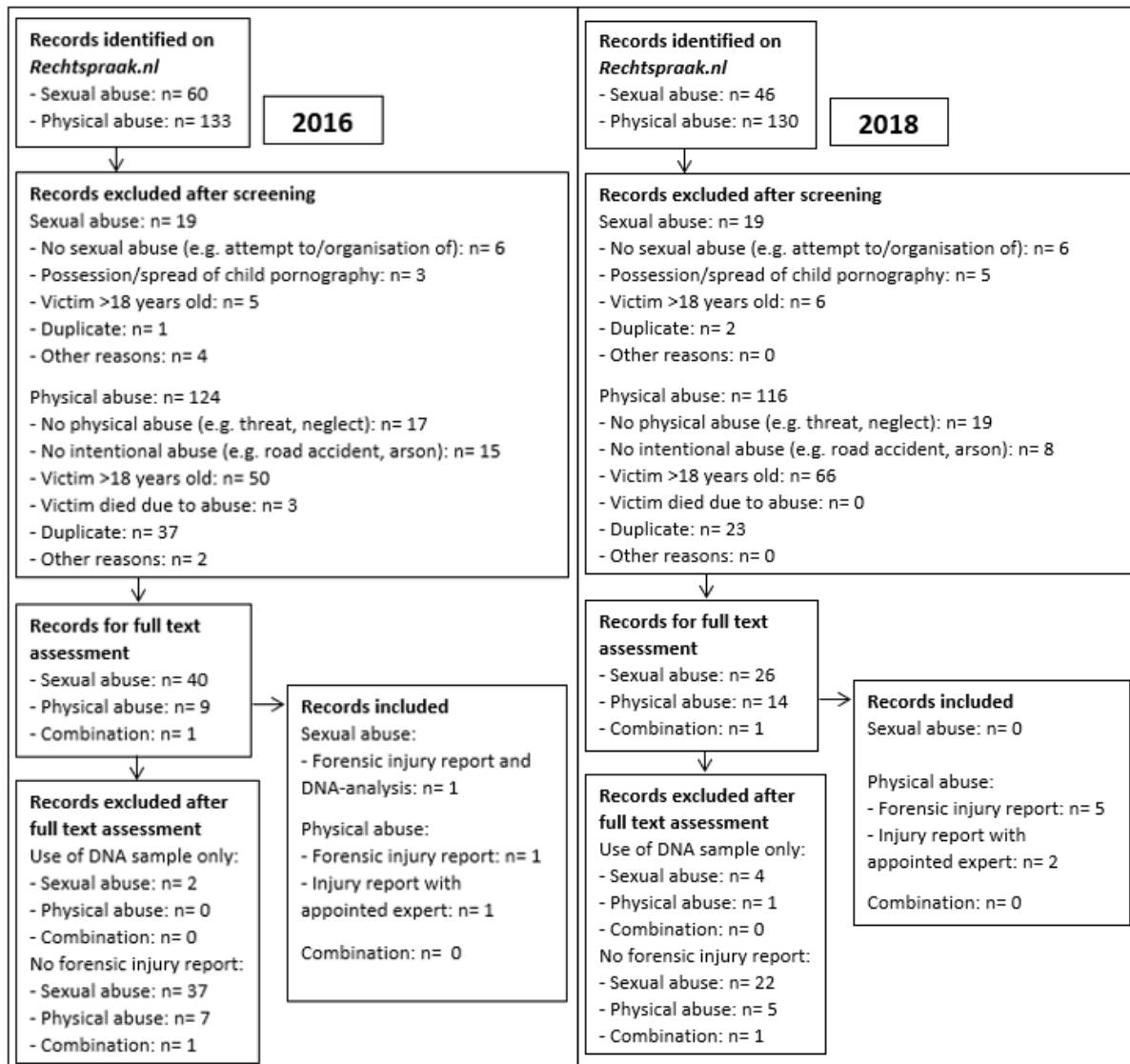


Figure 3A. Flowchart of the search process of 2016 and 2018

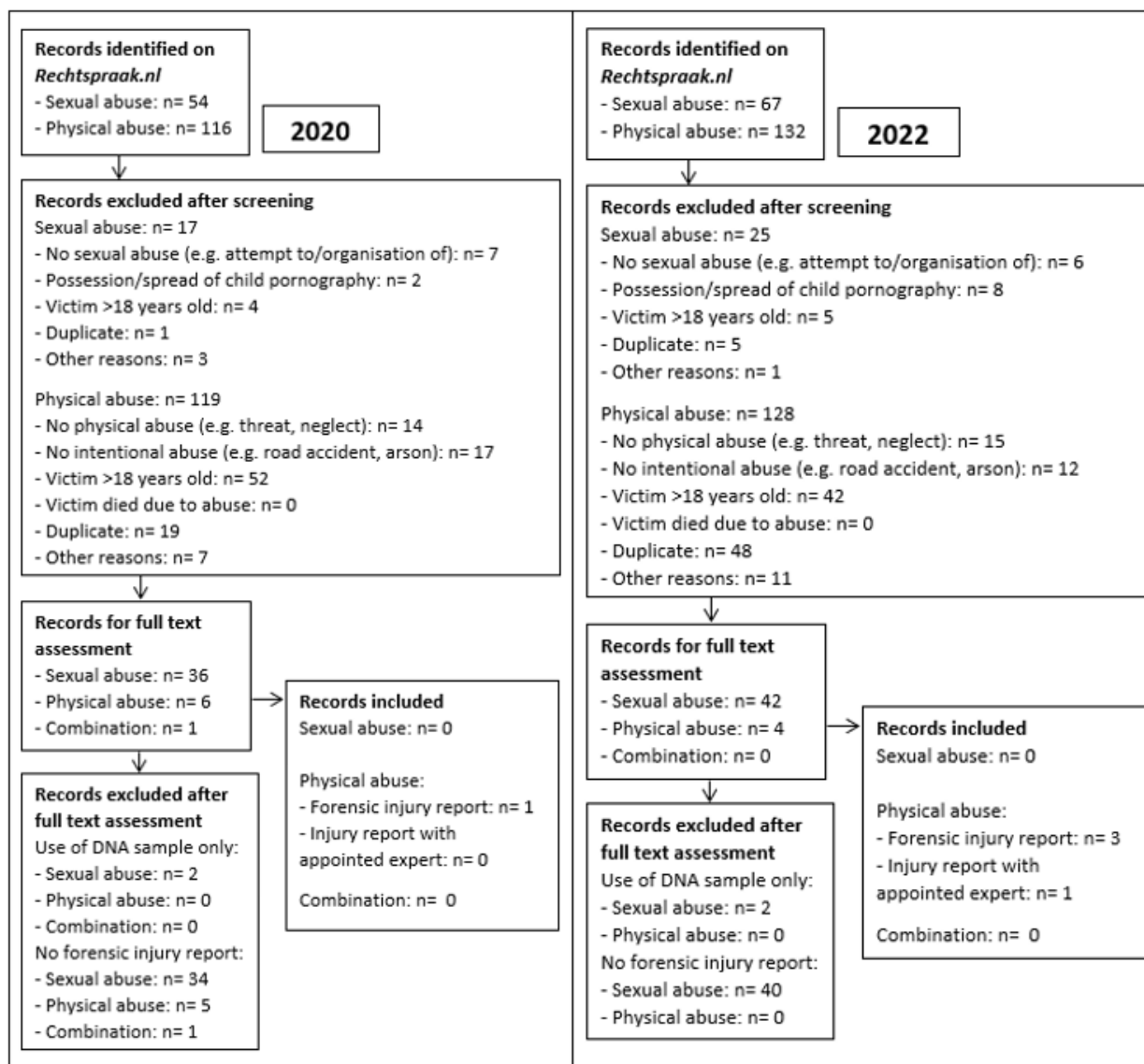


Figure 3B. Flowchart of the search process of 2020 and 2022

3.3.2 Jurisprudence analysis

All 15 cases involved a 3-panel judge. Twice, the military court was involved because the suspect was a soldier. A military court includes 1 judge who is also a soldier, and 2 regular judges. Notably, in 2022 all applicable verdicts mentioned an injury report, of which 3 were FMEK reports specifically whereas the other report came from the NFI. The single included sexual abuse case mentioned an injury report as well as DNA analysis. Furthermore, there were 11 cases about physical assault and 3 about attempted manslaughter. The majority of the perpetrators was male and the perpetrator was family-related to the victim 13 times. One case involved 3 victims, siblings, resulting in a total of 17 children. Of them, 4 were younger than 1 year, 4 were aged 1-<4 years, 5 were aged 4-<12 years and 4 were between 12 and 18 years. Full details of the included verdicts are disclosed in appendix 8.

Of all 15 verdicts, the injury report was cited 3 times by the public prosecutor, 3 times by the defense attorney and all 15 times by the judges. In addition, the defense attorney stated 3 times that the injuries could not be qualified as severe, without referring to the injury report.

The judges adopted the report's conclusion in all cases. Next, several examples of this assessment are given. The sexual abuse case from 2016, ECLI:NL:RBGEL:2016:5317, concerned a male who allegedly sexually abused his 7-year-old granddaughter in 2015 and 2016. FME including DNA analysis performed by the NFI found no indications for the presence of semen and/or saliva on the victim or any (physical) traces of penetration, such as a tear in the vagina. From the following sentences it can be concluded that the court fully adopts these findings and uses them in its decision-making: 'In view of the foregoing, the court does not have the conviction that the accused entered [victim's] vagina with his penis. The defendant will therefore be acquitted of this.' Furthermore, in case number ECLI:NL:RBOVE: 2018:1571, a male was accused of the physical abuse of his 12-year-old son in 2017. The injury report of a FD working for the GGD was cited by the public prosecutor and the judges stated that the physical abuse could be proven based on the FD's findings. In 2022, an injury report under the FMEK program specifically was cited in case number ECLI:NL:RBGEL:2022:5659, in which a male allegedly physically abused his stepdaughter, aged 2. The defense attorney claimed that no hard conclusions could be drawn from the report since direct observation of possible violence was lacking. The court did not agree with this and upheld the FD's conclusions regarding the inflicted nature of the injuries, stating 'In view of these findings of the FD...'

Notably, the judges drew further conclusions from the report in 6 cases, qualifying the injuries 3 times as 'severe physical injury' and 3 times not as such, without the FD having indicated the severity of the injuries with, for example, the AIS. In case number ECLI:NL:RBOVE:2016:4667 about attempted manslaughter of a 1-month-old baby in 2014, the court described that it did not propose additional questions to an expert because it assessed that the injury described by the NFI as a result of oxygen deprivation did not qualify as severe physical injury. Furthermore, in 2018, the military court addressed the alleged attempted manslaughter on a 6-month-old baby in case number ECLI:NL:RBGEL:2018:2139. The injury report from the FPKM and the NFI mentioned injuries such as severe internal head bleeding and brain abnormalities appropriate to oxygen deprivation, most likely caused by inflicted trauma. The victim suffered epileptic seizures and developmental delay, among other things. The public prosecutor and defense attorney cited the injury report. The military court judged, based on the report, that the injuries were inflicted and stated 'this injury is of insufficient weight to legally qualify as 'severe physical abuse''. Lastly, in 2020, an FMEK report was mentioned in the verdict about possible physical abuse of a 2-year-old by her mother (ECLI:NL:RBOVE:2022:2394). The injury consisted of deep skin lacerations, arterial bleeding and fractures of multiple fingers requiring surgery. The defense attorney claimed, without referring to the FMEK report, that the injuries could not be qualified as severe. The court, however, did qualify the injuries as severe, given their nature and severity, surgical intervention required and the permanent damage to the finger. This verdict was matched to the according injury report analysed under section 3.1.1. That disclosed an AIS of 2 on a scale of 6. The court does not refer to this AIS specifically. The verdict on alleged physical abuse of 3 siblings, ECLI:NL:RBOVE:2022:3427, could be matched to an injury report as well. This report did not include an AIS.

4. Discussion

This paper aimed to evaluate what changes the renewed forensic medical injury reports under the Dutch FMEK program brought about in the work of VT and to what extent these injury reports are decisive in the criminal prosecution of physical and sexual child abuse. This was executed by examining injury reports, an inquiry and jurisprudence analysis.

The overview revealed a similar amount of injury reports from 2021 and 2022, with similar characteristics to some extent, possibly predictive of 2023. However, the inquiry showed a growing request for injury reports. Besides, a growing number of reports would be favourable since the prevalence rates show a lot of hidden child abuse cases.¹ The discrepancy between the number of physical and sexual abuse cases can be explained by the fact that incidents reported within seven days are investigated by an organisation that specialises in sexual abuse.¹⁸ Blunt trauma was the most frequent type of injury, corresponding to the literature.⁶

Considering the small number of CDs and forensic nurses in Gelderland and Overijssel, there were relatively many respondents to the inquiry. The equal distribution between respondents from both regions provided appropriate insight. The inquiry proved that the need for FMEK was already present before the FMEK program. All respondents stated that the program brought a lot of positive change to their work, and the high satisfaction rate about the reports' quality added to this. This shows that the first years have already been successful and brought the parties involved closer. Still, disagreement between FDs and CDs about the division of tasks and responsibilities remains. The CDs judge whether further assessment of injuries by a FD is necessary. However, this judgement requires forensic medical expertise and a total physical examination of the child, which is not always performed by non-FDs. Nonetheless, CDs remain an important party, which is affirmed by the fact that the inquiry also pointed out the known shortage of FDs specialised in children. Interestingly, the opinions on the added value of FMEK to the criminal prosecution varied widely. This could be due to the fact that the incorporation into jurisprudence is a long-term process, so its effects are not yet clear, or to a lack of knowledge on this subject indicated by the respondents.

The search on Rechtspraak.nl resulted in less verdicts than expected, probably because in case of child abuse, health and social care are initiated first and criminal prosecution is one of the final steps, in which mostly severe cases are addressed.⁶ Sexual abuse was more often prosecuted, but most cases did not include an injury report because the criminal offenses had often taken place many years ago, when FMEK was not yet introduced. It should be noted that the absence of mention of FMEK does not mean it was not performed. When comparing the years before and after FMEK, it is striking that in 2022 an injury report was used in all relevant verdicts. Positively, three of these were FMEK reports, meaning that they are in fact being used in the criminal prosecution of child abuse. No difference in which party mentioned the injury report was found over the years.

As explained previously, the purpose of an injury report with regards to criminal law is to aid the judges in interpreting the injuries and qualifying their severity, which then helps determine the sentence. Here, medical and legal terms collide.⁶ From a medical point of view, the AIS can be used to express the injury's severity. Legally, a distinction is made between assault, recorded in article 300 *Wetboek van Strafrecht* (Sr, criminal law) and infliction of severe physical injury, written down in article 302 Sr. The latter carries a heavier penalty. Article 82 Sr states the following criteria for severe physical injury: illness without any prospect of full recovery, continuous incapacity for work, abortion or death of a woman's foetus, and a

disturbance of mental abilities for more than four weeks. Article 82 Sr does not otherwise specifically mention the severity of the injury. The Dutch *National Guideline for Criminal Judges* mentions the nature of the injury, need for medical intervention, nature of medical intervention and prospect of recovery as points of guidance for the judge.¹⁹ However, as forensic doctor Duijst and legal assistant Van Schaik pointed out back in 2015, the criminal court can actually choose which points it uses to qualify the severity of the injury.²⁰ Moreover, the guideline does not clarify what ‘medical intervention’ entails. This may result in different penalties in similar cases, which interferes with the equality principle of article 1 of the Dutch constitution. In case number ECLI:NL:RBGEL:2016:7018, the Examining Magistrate himself, as a non-medical professional, describes and interprets the injuries in the victim’s neck. Moreover, in multiple cases on sexual abuse, descriptions such as ‘the defendant rubbed his fingers over the vagina of the victim’ were given, instead of ‘... over the vulva of the victim’, which illustrates the lack of anatomical knowledge of non-medical professionals. This brings us back to the question whose duty it is to determine the severity of the injuries. We should be aware that the FD is not to take over the job of the criminal judges. However, injuries should be examined and interpreted by a forensic medical expert and the criminal judge should use the resources provided to make a decision on the legal assessment.^{6,20} It could be made mandatory for FDs to state the severity of the injuries with, for example, an AIS in order to aid the judge in the best way possible.²¹ An AIS of three out of six has been proposed by FDs as a cut-off for severe physical injury.²⁰

This paper has several limitations. Overall, only Gelderland and Overijssel were taken into account, because these regions had data on FMEK available. This resulted in few respondents to the inquiry, with little CDs working in these areas. To enlarge the inquiry’s value, public prosecutors and/or criminal judges could have been approached for the inquiry as well. Furthermore, due to few included verdicts, it proved difficult to analyse the additional value that the FMEK reports have on criminal prosecution. As mentioned before, the inclusion of FMEK injury reports into jurisprudence takes time and, in hindsight, it would have been better to analyse the years 2021 and 2022 instead of 2020 and 2022.

5. Conclusion

Overall, it can be concluded that in the first years of the program, the renewed FMEK reports of the regional FDs have led to great improvement by bringing specialised forensic care closer and faster to victims of child abuse and by drawing more attention to this important area of expertise. There is great contentment with the CDs on the partial shift of FMEK to regional FDs and on the quality and relevance of the injury reports. However, the task distribution between FDs and CDs should be discussed and the shortage of FDs handled. The injury reports are in fact used in the criminal prosecution of child abuse, although their additional value is hard to establish and is lowered due to the different medical and legal definitions of severe physical injury. To this end, it should be made mandatory for FDs to state the severity of the injuries using an AIS. In a few years, another evaluation should be performed, if possible taking into account the Netherlands as a whole. The jurisprudence will feature more FMEK reports, facilitating a proper evaluation. FMEK should be able to continue to grow, assisting the care for child victims of physical and sexual abuse.

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The FMEK project evaluated:
Value of forensic medical injury reports

Appendices

Index

Appendix 1 – Inquiry (Dutch)

Appendix 2 – Inquiry (English)

Appendix 3 – Search terms jurisprudence Rechtspraak.nl (Dutch)

Appendix 4 – Search terms jurisprudence Rechtspraak.nl (English)

Appendix 5 – Full data on injury reports in 2020, 2021 and 2022 in Gelderland and Overijssel

Appendix 6 – Full data on experts' injury reports in 2020, 2021 and 2022 in Gelderland and Overijssel

Appendix 7 – Details of search results jurisprudence Rechtspraak.nl

Appendix 8 – Details of jurisprudence analysis

Appendix 1 – Inquiry (Dutch)

Vraag 1. Wat is uw functie? *Meerdere antwoorden mogelijk*

- Vertrouwensarts
- Forensisch verpleegkundige
- Medewerker politie/recherche
- Anders, namelijk...

Vraag 2. Voor welke regio werkt u? *Meerdere antwoorden mogelijk*

- Gelderland (Noordoost, Midden of Zuid)
- Overijssel (Ijsselland of Twente)
- Anders, namelijk...

Vraag 3. Komt u tijdens uw werk minimaal maandelijks in aanraking met kinderen die slachtoffer zijn van fysiek en/of seksueel geweld?

Waar het in deze enquête over "kinderen" gaat, wordt bedoeld kinderen onder de 18 jaar

- Ja
- Nee

Vraag 4. Weet u wat het programma Forensisch Medische Expertise voor Kinderen (FMEK) inhoudt?

- Ja
- Nee

Vraag 5. Hoe vaak had u vóór de invoer van het FMEK-programma (2020) behoefte aan forensisch medische expertise voor kinderen bij (een vermoeden van) fysiek en/of seksueel geweld?

1. Helemaal nooit
2. Soms (vaker niet dan wel)
3. Om het even
4. Vaak (bij bijna elke casus)
5. Altijd (bij elke casus)

Vraag 6. Op basis van welke factoren schakelde u voorafgaand aan de invoer van het FMEK-programma (2020/2021) de expertise van een forensisch arts (van het NFI/LECK) in voor kinderen bij (een vermoeden van) fysiek en/of seksueel geweld?

Vraag instructies: NFI = Nederlands Forensisch Instituut; LECK = Landelijk Expertisecentrum Kindermishandeling. Voorbeelden van factoren die kunnen spelen zijn: afhankelijk van de casuïstiek/ernst, leeftijd slachtoffer, bereikbaarheid/beschikbaarheid forensisch arts, eigen kennis/ervaring, etc.

Open vraag

Vraag 7. Hoe vaak heeft u het afgelopen jaar een letselrapport in het kader van FMEK aangevraagd?

1. Nooit
2. 1-5 keer
3. 6-10 keer
4. Vaker dan 10 keer

Vraag 8. Hebben, over het algemeen gezien, de FMEK-rapporten uw beoordeling/uw werk veranderd?

1. Nee, helemaal niet
2. Nauwelijks
3. Neutraal/ik twijfel
4. Ja, een beetje
5. Ja, heel erg

Vraag 9. Hebben, over het algemeen gezien, de FMEK-rapporten uw beoordeling/uw werk verbeterd?

Let op: vraag 8 ging over een verandering, deze vraag over verbetering.

1. Nee, ze hebben geen toegevoegde waarde/geen verbetering gebracht
2. Nauwelijks, ze hebben weinig toegevoegde waarde
3. Neutraal
4. Ja, ze hebben een beetje toegevoegde waarde
5. Ja, ze hebben een grote toegevoegde waarde/goede verbetering gebracht

Vraag 10. Wat vindt u van de kwaliteit van de FMEK-rapporten?

Vraag instructies: Beoordeel op een schaal van 1-5, waarbij 1 staat voor "heel erg slecht, bijvoorbeeld: onvoldoende uitgebreid/nauwelijks bruikbaar/geeft geen antwoord op mijn vraag" en 5 staat voor "heel erg goed, bijvoorbeeld: zeer duidelijke omschrijving en interpretatie van de letsels/zeer bruikbaar"

Vraag 11. Wat vindt u van de bereikbaarheid van de forensisch artsen?

Vraag instructies: Beoordeel de punten communicatie/bereikbaarheid, snelheid inplannen van een letselbeoordeling en snelheid opsturen letselrapport op een schaal van 1-5, waarbij 1 staat voor "niet bereikbaar/afpraak niet op korte termijn in te plannen/letselrapport duurt erg lang" en 5 staat voor "duidelijk aanspreekpunt/contact verloopt soepel/letselbeoordeling kan op korte termijn/rapport wordt snel aangeleverd"

Vraag 12. Stelling: de verschuiving van FMEK van landelijke instanties zoals het NFI/LECK richting de regionale forensisch artsen heeft verbetering gebracht in de zorg voor kinderen die slachtoffer zijn van fysiek en/of seksueel geweld.

Vraag instructies: NFI = Nederlands Forensisch Instituut; LECK = Landelijk Expertisecentrum Kindermishandeling; regionaal forensisch arts houdt in: werkend voor een GGD of andere regionale organisatie

1. Helemaal oneens
2. Een beetje oneens
3. Neutraal
4. Een beetje eens

5. Helemaal eens
- Geen mening/ Hier heb ik vanuit mijn beroep onvoldoende kennis over

Vraag 13. Stelling: de verschuiving van FMEK van landelijke instanties zoals het NFI/LECK richting de regionale forensisch artsen heeft verbetering gebracht in de strafrechtelijke vervolging van fysiek en/of seksueel geweld bij kinderen.

1. Helemaal oneens
2. Een beetje oneens
3. Neutraal
4. Een beetje eens
5. Helemaal eens
- Geen mening/ Hier heb ik vanuit mijn beroep onvoldoende kennis over

Vraag 14. Wat is voor u/uw werk de grootste en/of beste verandering die de verschuiving van FMEK richting de regionale forensisch artsen in het kader van het FMEK-programma heeft gebracht?

Open vraag

Vraag 15. Welke verbeterpunten wilt u meegeven ten aanzien van het FMEK-programma/de letselrapporten/iets anders?

Open vraag

Vraag 16. Ruimte voor overige opmerkingen.

Vraag instructies: Vult u hier aub geen contactgegevens in, om te zorgen dat uw antwoorden anoniem blijven. Voor aanmelding voor de refereeravond en voor overige vragen kunt u mailen naar: p.c.degraaff@students.uu.nl

Open vraag

Appendix 2: Inquiry (English)

Question 1. What is your job title? *Multiple answers possible*

- Confidential doctor at Safe Home
- Forensic nurse at Safe Home
- Police officer/employee
- Other, namely...

Question 2. Which region do you work for? *Multiple answers possible*

- Gelderland (Region North-East, Middle or South)
- Overijssel (Region IJsselland or Twente)
- Other, namely...

Question 3. In the course of your work, do you encounter children who are victim of physical and/or sexual abuse at least monthly?

Where this survey refers to "children" it means children under the age of 18.

- Yes
- No

Question 4. Do you know what the Forensic Medical Expertise for Children (FMEK) program entails?

- Yes
- No

Question 5. Before the introduction of the FMEK program (2020), how often did you need forensic medical expertise for children in cases of (suspected) physical and/or sexual violence?

6. Never
7. Rarely
8. Sometimes (50/50)
9. Often (with almost every case)
10. Always

Question 6. Based on what factors did you, prior to the introduction of the FMEK program (2020/2021), engage the expertise of a forensic physician (from the NFI/LECK) for children in cases of (suspected) physical and/or sexual violence?

Question instructions: NFI = Dutch Forensic Institute; LECK = National Expertise Centre Child abuse.

Examples of factors that may come into play: severity of the case, victim's age, accessibility/availability of forensic doctor, own knowledge/experience, etc.

Open ended question

Question 7. In the past year, how often have you requested an injury report as part of FMEK?

5. Never
6. 1-5 times
7. 6-10 times
8. Over 10 times

Question 8. Overall, have the FMEK reports changed your assessment/your work?

6. No, not at all
7. Barely
8. Neutral/doubting
9. Yes, a little bit
10. Yes, very much

Question 9. Overall, have the FMEK reports improved your assessment/your work?

Note: Question 8 asked about a change, this question about improvement.

6. No, they bear no additional value or improvement
7. Hardly, they have little added value
8. Neutral
9. Yes, they have some amount of added value
10. Yes, they brought a lot of additional value/a big improvement

Question 10. How do you feel about the quality of the FMEK reports?

Question instructions: Rate on a scale of 1-5, where 1 represents "very poor, e.g. not comprehensive enough/barely usable/does not answer my question" and 5 represents "excellent, e.g. very clear description and interpretation of injuries/very useful"

Question 11. How do you feel about the accessibility of forensic physicians?

Question Instructions: Rate the items communication/accessibility, promptness of scheduling an injury assessment and promptness of sending injury report on a scale of 1-5, where 1 stands for "not accessible/appointment cannot be scheduled at short notice/injury report takes very long" and 5 stands for "clear contact/contact goes smoothly/injury assessment can be done at short notice/report is delivered quickly."

Question 12. Statement: the shift of FMEK from national organisations such as the NFI and LECK towards the regional forensic physicians has improved care for children who are victims of sexual and/or physical violence.

Question instructions: NFI = Dutch Forensic Institute; LECK = National Expertise Centre Child abuse; Regional forensic physician means: working for a GGD or another regional organisation

1. Completely disagree
2. Somewhat disagree
3. Neutral
4. Somewhat agree
5. Completely agree

- No opinion/ From my profession I do not have enough knowledge about this

Question 13. Statement: the shift of FMEK from national bodies such as the NFI/LECK towards regional forensic doctors has improved the criminal prosecution of sexual and/or physical violence in children.

1. Completely disagree
2. Somewhat disagree
3. Neutral
4. Somewhat agree
5. Completely agree

- No opinion/ From my profession I do not have enough knowledge about this

Question 14. What is the biggest and/or best change that the shift from FMEK toward regional forensic physicians under the FMEK program has brought for you/your work personally?

Open ended question

Question 15. What areas of improvement would you like to pass along regarding the FMEK program/the injury reports/something else?

Open ended question

Question 16. Room for other comments

Question Instructions: Please do not enter any contact information here to ensure that your answers remain anonymous. To register for the referee evening and for other questions, please email to p.c.degraaff@students.uu.nl

Open ended question

Appendix 3 – Search terms jurisprudence Rechtspraak.nl (Dutch)

Seksueel misbruik

- Eerste zoekopdracht: seksueel misbruik, seksueel geweld, ontucht, verkracht* (verkracht, verkrachting)
- Aanvullende zoekopdracht: baby, kind, peuter, kleuter, tiener, puber, minderjarig* (minderjarig, minderjarige), zoon, dochter, stief* (stiefkind, stiefzoon, stiefdochter), kleinkind, kleindochter, kleinzoon

Lichamelijk geweld

- Eerste zoekopdracht: mishandel* (mishandeling, mishandeld), lichamelijk letsel, poging doodslag, poging tot doodslag, poging moord, poging tot moord
- Aanvullende zoekopdracht: baby, kind, peuter, kleuter, tiener, puber, minderjarig*, zoon, dochter, stief*, kleinkind, kleindochter, kleinzoon

Zoekcriteria

- Zoeken op datum van: uitspraak
- Periode: tussen 01-01-2016 en 31-12-2016; 2018, 2020, 2022
- Zoeken binnen: alle velden
- Instanties: rechtbanken Gelderland en Overijssel
- Rechtsgebieden: strafrecht

Appendix 4: Search terms jurisprudence Rechtspraak.nl (English)

Sexual abuse

- First search: sexual abuse, sexual violence, fornication, rape
- Additional search: newborn, child, toddler, infant, teenager, adolescent, underage, son, daughter, step* (referring to stepchild/-daughter/-son), grandchild, grandson, granddaughter

Physical abuse

- First search: assault, physical injury, attempted manslaughter, attempted murder
- Additional search: newborn, child, toddler, infant, teenager, adolescent, underage, son, daughter, step*, grandchild, grandson, granddaughter

Search criteria

- Search on date of: verdict
- Period: between 01-01-2016 and 31-12-2016; 2018, 2020, 2022
- Search in: all fields
- Institution: Court of Gelderland and Court of Overijssel
- Jurisdictions: Criminal law

Appendix 5: Full data on injury reports in 2020, 2021 and 2022 in Gelderland and Overijssel

Baseline characteristics of requests/victims				
	2020	2021	2022	Total
Total number of requests	2	34	42	78
Region				
<u>Gelderland</u>	-	3	13	16
North-East	-	0	2	2
Middle	-	1	4	5
South	-	2	7	9
Unspecified	-	0	0	0
<u>Overijssel</u>	-	25	26	51
IJsselland	-	12	20	32
Twente	-	9	5	14
Unspecified	-	4	1	5
Unknown	4	6	2	12
Other: LET JB	-	-	1	1
Gender				
Male	2	29	18	49
Female	2	22	31	55
Unknown	0	3	5	8
Age				
Unknown	0	2	1	3
<1 year	0	5	13	18
1-4 years	1	9	14	24
5-12 years	1	27	14	42
13-18 years	2	11	12	25
Total number of children	4	52	*53	110
Total number of reports	4	**54	54	112
*There were two requests for the same child in 2022				
**One anonymous request for two children of the same household was later again requested non-anonymously and then matched				
LET JB: Landelijk Team Expertise Jeugdbescherming (National Youth Protection Expertise Team)				

Contents of injury report				
	2020	2021	2022	Total
Report based on				
FME	4	41	40	85
Medical records	0	0	2	2
FME and medical records	0	7	2	9
Photographs	0	4	7	11
FME and photographs	0	1	1	2
FME and photographs and medical records	0	0	2	2
Medical records and LECK report	0	1	0	1
Type of injury/injuries				
No trauma	0	6	3	9
Blunt trauma	2	41	46	89
Sharp-edged and perforating trauma	0	5	2	7
Abrasive and scratching trauma	0	23	29	52
Thermal and chemical trauma	0	10	1	11
Fractures	0	1	6	7
Internal injury	0	3	6	9
Scar tissue or unidentifiable injuries	3	18	14	35
Conclusion				
Most likely accidental injury ((Very) much) more likely inflicted injury	4	15	8	27
Accidental and inflicted injuries	0	15	20	35
No evidence of sexual assault	1	7	4	12
Evidence of sexual assault	0	1	1	2
Unidentifiable injuries	0	7	4	11
Medical condition/ treatment	0	11	3	14
Not clarified	0	7	10	17
FME: Forensic medical examination, including photographs taken by the FD				
LECK: Landelijk Expertisecentrum Kindermishandeling (National expertise center child abuse)				

Details of request				
	2020	2021	2022	Total
Requested by				
<i>Veilig Thuis</i>	2	23	30	55
Police	0	7	11	18
Youth care/youth protection	0	2	0	2
Paediatrician /youth doctor	0	2	0	2
Other (LET JB)	0	0	1	1
Request made anonymously				
Yes	0	2	4	6
No	2	32	38	72
	2020	2021	2022	Total
Suspicion of				
Physical abuse	3	38	47	88
Sexual abuse	1	8	5	14
Both	0	0	1	1
Unspecified	0	8	1	9
LET JB: Landelijk Team Expertise Jeugdbescherming (National Youth Protection Expertise Team)				

Appendix 6: Full data on experts' injury reports in 2020, 2021 and 2022 in Gelderland and Overijssel

Baseline characteristics of requests/victims				
	2020	2021	2022	Total
Total number of requests	1	1	7	9
Region				
Gelderland	0	0	1	1
Overijssel	1	1	6	8
Unknown	0	0	0	0
Gender				
Male	1	1	5	7
Female	0	0	2	2
Age				
<1 year	0	0	4	4
1-4 years	0	0	0	0
5-12 years	0	1	2	3
13-18 years	1	0	1	2
Suspicion of				
Physical abuse	1	1	5	7
Sexual abuse	0	0	2	2
Both	0	0	0	0

Conclusion of injury reports				
	2020	2021	2022	Total
Most appropriate for accidental injury/no evidence of inflicted injury	0	0	0	0
((Very) much) more likely inflicted injury	1	1	6	8
Combination of accidental and inflicted injuries	0	0	1	1
No evidence of sexual assault	0	0	0	0
Evidence of sexual assault	0	0	1	1
Unidentifiable injuries	0	0	0	0
Most appropriate to a medical condition/ medical treatment	0	0	0	0
Not clarified	0	0	0	0

Contents of injury reports				
	2020	2021	2022	Total
Report based on				
FME and medical records	1	0	0	1
FME and photographs by stakeholders and medical records	0	0	1	1
Videos and medical records	0	0	1	1
Regular FMEK report	0	1	0	1
Regular FMEK report and medical records	0	0	1	1
Regular FMEK report and medical records and photographs by stakeholders	0	0	1	1
Regular FMEK report and medical records and reassessment of radiology images by an expert	0	0	2	2
Regular FMEK report and medical records and reassessment of radiology images by an expert and LECK report	0	0	1	1
Type of injury/injuries				
No trauma	0	0	1	1
Blunt trauma	0	1	6	7
Sharp-edged and perforating trauma	1	0	1	2
Abrasive and scratching trauma	0	0	2	2
Thermal and chemical trauma	0	0	1	1
Fractures	0	0	2	2
Internal injury	0	0	3	3
Scar tissue or unidentifiable injuries	0	0	1	1

FME: Forensic medical examination, including photographs taken by the FD

FMEK: Forensisch Medische Expertise voor Kinderen (Forensisch Medical Expertise in Children)

LECK: Landelijk Expertisecentrum Kindermishandeling (National expertise center child abuse)

Appendix 7: Details of search results jurisprudence Rechtspraak.nl

Highlighted in green are the included verdicts after full text assessment.

	2016			2018			2020			2022			
	GLD	OV	Total	GLD	OV	Total	GLD	OV	Total	GLD	OV	Total	
Total	29	31	60	18	28	46	22	32	54	39	28	67	
Results sexual abuse (n)	29	31	60	18	28	46	22	32	54	39	28	67	
Results physical abuse (n)	85	48	133	75	55	130	55	61	116	82	50	132	
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Excluded after screening	2016			2018			2020			2022			
	GLD	OV	Total	GLD	OV	Total	GLD	OV	Total	GLD	OV	Total	
	Sexual abuse	11	8	19	7	12	19	5	12	17	16	9	25
	No sexual abuse/only attempt to/organisation of/ threat with	5	1	6	2	4	6	3	4	7	2	4	6
	Possession/spreading of child pornography	0	3	3	2	3	5	1	1	2	5	3	8
	Victim above 18 years old	3	2	5	3	3	6	1	3	4	4	1	5
	Duplicate (eg. other parent of	1	0	1	0	2	2	0	1	1	5	0	5
	Other reasons	2	2	4	0	0	0	0	3	3	0	1	1
	Physical abuse	83	41	124	64	52	113	53	56	109	80	48	128
	No physical abuse (eg. threat with/neglect)	12	5	17	13	6	19	3	11	14	8	7	15
	No deliberate physical child abuse (eg. road incident/ arson)	9	6	15	5	3	8	9	8	17	8	4	12
	Victim above 18 years old	32	18	50	35	31	66	28	24	52	22	20	42
	Victim died due to abuse	1	2	3	0	0	0	0	0	0	0	0	0
Duplicate (eg. other parent of the same child)	29	8	37	11	12	23	10	9	19	40	8	48	
Other reasons	0	2	2	0	0	0	3	4	7	2	9	11	
<hr/>													
Included for full text assessment	2016			2018			2020			2022			
	GLD	OV	Total	GLD	OV	Total	GLD	OV	Total	GLD	OV	Total	
	Sexual abuse	18	22	40	11	15	26	16	20	36	23	19	42
	Use of forensic medical injury report	0	0	0	0	0	0	0	0	0	0	0	
	Use of forensic medical injury report with appointed expert	0	0	0	0	0	0	0	0	0	0	0	
	Use of DNA-analysis only	0	2	2	3	1	4	1	1	2	2	0	2
	Use of forensic medical injury report and DNA-analysis	1	0	1	0	0	0	0	0	0	0	0	0
	Physical abuse	2	7	9	11	3	14	3	3	6	2	2	4
	Use of forensic medical injury report	0	1	1	4	1	5	0	1	1	1	2	3
	Use of forensic medical injury report with appointed expert	0	1	1	1	1	2	0	0	0	1	0	1
	Use of DNA-analysis only	0	0	0	1	0	1	0	0	0	0	0	0
	Use of forensic medical injury report and DNA-analysis	0	0	0	0	0	0	0	0	0	0	0	0
	Combination	0	1	1	0	1	1	1	0	1	0	0	0
	Use of forensic medical injury report	N/A	0	0	N/A	0	0	0	N/A	0	N/A	N/A	N/A
	Use of forensic medical injury report with appointed expert	N/A	0	0	N/A	0	0	0	N/A	0	N/A	N/A	N/A
	Use of DNA-analysis only	N/A	0	0	N/A	0	0	0	N/A	0	N/A	N/A	N/A
	Use of forensic medical injury report and DNA-analysis	N/A	0	0	N/A	0	0	0	N/A	0	N/A	N/A	N/A

Appendix 8: Details of jurisprudence analysis

2016											
Sexual abuse											
ECLI-number	Gender of suspect, charges, age of victim, period	Reference articles Criminal Law	Use of forensic injury report, executed by... (NFI/FD GGD)	Use of DNA-sample, executed by... (NFI/FD GGD)	Appointed forensic medical expert yes/no, name	Details of use by Public Prosecutor	Details of use by Defense attorney	Details of use by the court	Verdict/punishment	Nr. of judges	Assessment
ECLI:NL:RBGEL:2016:5317	Male, sexual abuse granddaughter, 7 years, 2015-2016	Art 244, 248	Yes, from NFI	Yes, from NFI	No	Injury report was not mentioned, but this was: "... the public prosecutor also considers it proven that the accused entered the victim's vagina with his finger and penis."	"Defence position: ... requested that the accused be acquitted of the primary charge. After all, the NFI report did not show the presence of defendant's DNA, as a result of which sexual intrusion cannot be proven."	"A forensic medical examination was taken from [victim]. The NFI report following this examination shows that there are no indications of the presence of semen and/or saliva. There are also no indications for the presence of cellular material from a second person, other than [victim] herself. In addition, there is no evidence of (physical) traces of penetration, such as a tear in the vagina. These are traces to be expected if an adult's penis was used to penetrate the vagina of a young child. (...) In view of the foregoing , the court does not have the conviction that the accused entered [victim's] vagina with his penis. The accused will therefore be acquitted of that part of the charge."	Imprisonment for 24 months of which 6 months probationary, probation period 4 years + mandatory psychological treatment	3	Report fully adopted by the judges
2016											
Physical abuse											
ECLI-number	Gender of suspect, charges, age of victim, period	Reference articles Criminal Law	Use of forensic injury report, executed by... (NFI/FD GGD)	Use of DNA-sample, executed by... (NFI/FD GGD)	Appointed forensic medical expert yes/no, name	Details of use by Public Prosecutor	Details of use by Defense attorney	Details of use by the court	Verdict/punishment	Nr. of judges	Assessment
ECLI:NL:RBOVE:2016:4667	Male, threat to partner and attempted aggravated assault of his son, 1 month old, 2014	Not mentioned because of acquittal	Yes, twice from FDs GGD: J. Aberson and S.J.Th van Kuijk	No	Yes, from NFI: dr. H.G.T. Nijs	Not mentioned	Not mentioned	"The court concludes from the NFI report that (...) the causality between an act of the defendant and the resulting lack of oxygen cannot be sufficiently established. The court further notes that when concluding about the possible causes of the oxygen deficiency, the expert Nijs did not consider only the prone position, but included the other injuries in [victim 1]'s face. This would be reason to ask the expert further questions, as requested by the prosecutor. However, in view of the following, the court will refrain from doing so. In the court's opinion , the injuries described in the reports as a result of the oxygen deficiency do not qualify as severe bodily injury. "	Acquittal for assault son; imprisonment for five days for threat to partner	3	Report fully adopted by the judges, but since they do not qualify the injuries as severe, no additional questions to the expert are posed.
ECLI:NL:RBOVE:2016:1188	Male, physical assault of his mother and sister, 2015	Art 300, 302, 304	Yes, from FD GGD:WE Dorland	No	No	Not mentioned	Not mentioned	Considerations court: "(...) defendant confessed (...). The court will therefore suffice with a list of the evidence that led to the conviction: report of victim 1, injury report , report of victim 2, injury report, statement of defendant."	Probationary imprisonment for three months, three years probation, community service 200 hours	3	Report fully adopted by the judges

2018											
Physical abuse											
ECLI-number	Gender of suspect, charges, age of victim, period	Reference articles Criminal Law	Use of forensic injury report, executed by... (NFI/FD GGD)	Use of DNA-sample, executed by... (NFI/FD GGD)	Appointed forensic medical expert yes/no, name	Details of use by Public Prosecutor	Details of use by Defense attorney	Details of use by the court	Verdict/punishment	Nr. of judges	Assessment
ECLI:NL:RBGEL:2018:2139	Male soldier, attempted manslaughter of his son, six months old, 2015	Art 287, 300, 302, 304	Yes, by NFI and FD FPKM	No	Yes, FD NFI and FD FPKM	"It also follows from the reports that the injuries described in the indictment must have been inflicted on May 29, 2015. Suspect was then alone with [victim] in the afternoon after which the (physical) problems were observed in the child. It must therefore have been defendant who inflicted this injury, probably by shaking [victim] back and forth with very great violence."	"The defense has put forward that based on the forensic reports combined with the statement of the accused, that he sees images in which he has something in his hands with which he shakes, it can probably be assumed that the accused shook [victim]. However, it cannot be determined exactly when he did so, so the primary charge cannot be proven."	"Military Chamber assessment: "Since Professor Dr [name 3] , paediatric radiologist with forensic expertise at the AMC, has established that the rib fractures were at least about 14 days old, the Military Chamber is convinced that this injury also has its cause in what happened on 29 May 2015." --- "Concerning the bruising under the hard meninges, the retinal haemorrhages and the bone fractures in the ribs, both the NFI report and the FPKM report concluded that they were more likely to have a non-accidental cause than another cause. About the combination of findings, expert [name 1] noted that the injuries fit with inflicted injuries from violent shaking, from severe impact or from a combination of both. In view of these findings and conclusions of the experts, the military chamber is convinced that the injuries were inflicted by acts of violence" --- "The possibility that the injuries were caused by the accused slipping with [victim] while showering is considered by the military chamber to be implausible, as it follows from the NFI report cited above that the injuries could not have been caused by a fall." --- "The military chamber has, based on the NFI and FPKM reports, the conviction that the elevated liver values and the various bruises of [victim] observed (...) were caused by substantial external force, and in particular by punching against [victim's] abdomen and back." --- "Although [victim's] bruises and elevated liver values are serious injuries, these injuries are not of sufficient weight in ordinary speech to legally qualify as 'severe bodily injury'."	Imprisonment for five years	3	Report fully adopted by the judges; injuries not qualified as severe
ECLI:NL:RBOVE:2018:3490	Male, physical abuse and attempted manslaughter of his daughter, three months old, 2017	Art 287	Yes, by W. Karst, FD NFI	No	W. Karst, FD NFI	"Prosecutor's position regarding abuse: Based on the NFI report and what the expert W. Karst stated at the hearing, it must be concluded that these fractures and injuries were caused by child abuse."	"Position of the defense regarding attempted manslaughter: on the basis of the documents, it cannot be proven that defendant intentionally pushed/pressed a tissue into [victim's] mouth/throat. The defendant's statement that the baby wipe did not enter [victim's] mouth by his actions finds support in the contents of the NFI report."	"Considerations court in regard to the attempted manslaughter: "The forensic doctor subsequently concluded that, considering the victims' age and development, it is not possible that [victim] independently grabbed a baby wipe." --- "In view of the foregoing, the court assumes that at some point the defendant himself deliberately put a baby wipe in [victim's] mouth and pushed it down her throat." --- "As to the other acts primarily charged, the court believes that they cannot contribute to a proving of the attempted manslaughter. Holding [victim] upside down by the legs, without moving, cannot (without more) lead to death, according to the statement of forensic doctor Karst at the hearing." --- "Considerations court in regard to maltreatment (old injuries): The forensic doctor has concluded (...) that the combination of all skin lesions (...) is much more probable if there is a non-accidental cause, than if there is an accidental cause." --- "The court concludes on the basis of the above-mentioned injuries and bone fractures (...) and the conclusions of the NFI drawn about them, that it can be established that there are strong indications of physical abuse of [victim]." --- "With regard to the bruises and other injuries (...) the forensic physician concludes in the report as follows (...)" --- "Based on the foregoing, the court finds that with respect to the bone fractures and injuries, it cannot be determined with any degree of accuracy when they were inflicted. This conclusion is particularly relevant to the question of whether the defendant was the one who inflicted these injuries and fractures."	Acquittal for physical abuse, imprisonment for 30 months of which six months probationary, three years probation for attempted manslaughter	3	Report fully adopted by the judges, but the court cannot prove that the defendant was the one who inflicted the injuries

2018											
Physical abuse											
ECLI-number	Gender of suspect, charges, age of victim, period	Reference articles Criminal Law	Use of forensic injury report, executed by... (NFI/FD GGD)	Use of DNA-sample, executed by... (NFI/FD GGD)	Appointed forensic medical expert yes/no, name	Details of use by Public Prosecutor	Details of use by Defense attorney	Details of use by the court	Verdict/punishment	Nr. of judges	Assessment
ECLI:NL:RBGEL:2018:1970	Female, physical abuse of her son, one year old, 2016	Art 302	NFI	Yes, by FD GGD and FD	No	Not mentioned	"The defence has argued that the accused should be acquitted of the primary charge because a tear in the liver does not qualify as severe. "	"It is established that the accused (...) stomped on [victim's] abdomen with her foot several times. It is also established that the accused caused [victim] a tear in the liver as a result. The question is whether this injury qualifies as severe physical injury. In this regard, the court considers as follows. In the NFI's report , Professor [name 1] determined that the injury was a grade III liver tear . For a child with a liver tear up to grade III with stable circulation at clinical presentation, no complications and 0% mortality have been described in the literature. [victim] (...) was in paediatric intensive care and [thereafter] (...) in the regular paediatric ward of the UMCG, but did not undergo surgery (...). On 8 December 2016, [victim] was discharged from the hospital in good clinical condition. In connection with the above, the court considers that a grade III liver tear in this case, given its relatively rapid healing without surgical intervention, does not qualify as severe physical injury. The court will therefore acquit the defendant of the primary charge. " --- "The court believes that the alternative charge, attempted aggravated assault, can be proven lawfully and convincingly and to this end considers the following. The NFI has reported that "the reported acts consisting of repeated stomping on the abdomen, which in this case resulted in only liver damage, could have led to more extensive (more severe), potentially fatal, damage to the liver and other abdominal organs (...)."	Probationary imprisonment for 12 months with three years probation, community service of 120 hours and mandatory psychological treatment	3	Report fully adopted by the judges; court qualifies injuries as not severe due to fast healing process and no need for surgery
ECLI:NL:RBOVE:2018:1571	Male, physical abuse of his son, 12 years, 2017	Art 300, 304	Aberson	Yes, by FD GGD J.H.	No	"The public prosecutor takes the position that the charged offence can be legally and convincingly proven. To this end, she refers to the report, the witness statements of [witness 1] and [witness 2], the interview reports of Safe Home, the injury report and the partly confessed statement of the accused with regard to the kicking of the buttocks, the pushing into the ditch and the heavy-handed pulling."	Not mentioned	"The court agrees with the defence that (apart from the report) there is insufficient legal and convincing supporting evidence in the file that the accused grabbed [victim] by his ear. This is different for grabbing [victim] by the throat , because the forensic doctor observed a red discolouration on the Adam's apple, witness [witness 3] saw this act of violence and [victim] told her he had a sore throat. The same applies to the beating against [victim's] arms, as the forensic doctor has observed bruising and red discolouration there too and [victim] (...) has told that he was beaten on the arms by his father. In view of the above, the court is therefore of the opinion that the charged offence can be proved lawfully and convincingly."	Probationary community service of 90 hours with three years probation and a reimbursement	3	Report fully adopted by the judges
ECLI:NL:RBGEL:2018:3540	Husband and wife, sequestration and physical assault of their son, eight years old, 2017	Art 282, 300, 304	NFI	Yes, by FD GGD and	No	Not mentioned	Not mentioned	"Results of investigation: At the police station, [victim] was examined by an FD. The doctor observed several pink-red moderately sharply defined, slightly transverse/circular skin lesions around SO's wrists. Around his ankles, the doctor observed transverse, older, healed and more recent skin lesions with a shiny pink aspect to the skin. The doctor concluded that these lesions could fit well with ligature features: scars and injuries caused by tight binding of wrists and ankles. The doctor further notes that [victim] looks very thin and is small for his age. According to the doctor , the low height growth and lack of muscle tissue may fit with a failure to thrive" due to neglect and/or mistreatment. Based on the foregoing observations, additional examination during an admission to the WKZ and the police file, a medical forensic examination report was prepared by the NFI." --- " Based on the evidence described , it is established that [victim] was tied up several times during the period charged."	Imprisonment for three years	3	Report fully adopted by the judges

2018											
Physical abuse											
ECLI-number	Gender of suspect, charges, age of victim, period	Reference articles Criminal Law	Use of forensic injury report, executed by... (NFI/FD GGD)	Use of DNA-sample, executed by... (NFI/FD GGD)	Appointed forensic medical expert yes/no, name	Details of use by Public Prosecutor	Details of use by Defense attorney	Details of use by the court	Verdict/punishment	Nr. of judges	Assessment
ECLI:NL:RBGEL:2018:1124	Four boys and a girl, abduction and physical abuse of a boy, 14 years old, 2017	Art 282, 302	Yes, by FD GGD	No	No	Not mentioned	Not mentioned	"The court considers the following evidentiary grounds for its evidentiary rulings: (...) The declarant's statement about the violence applied, finds support in the report in which the declarant's injury is described by FA . This shows, among other things, that a break in the hairy scalp can be seen in the middle of the back of the declarant's head (...) Furthermore, there are several red discolourations on the declarant's back (...). In the case of the aforementioned injury, the report states that this injury may (well) fit the circumstances indicated by the declarant." ---- " From the aforementioned report it can be established that this injury is serious and shows that the estimated duration of the healing process is 6 weeks. (...) The court is of the opinion that by punching or hitting someone's (the back of) head and face with force several times and hitting someone's head hard and for a long time with one or more sticks, as in the present case, the defendant has created the substantial chance of causing severe physical injury . After all, it is a fact of general knowledge that the aforementioned act, given its intensity (using fists and sticks, kicking) in combination with its duration (at least 15 minutes) as well as the fact that the face and head are vulnerable parts of the body, can result in substantial and permanent injury. (...) In view of the above, the court considers the primary charge to have been legally and convincingly proven."	Imprisonment for 123 days of which 120 days probationally, mandatory physiological treatment, communitary service of 120 hours and a reimbursement	3	Report fully adopted by the judges; court qualifies the injuries as severe based on the injury report and facts of general knowledge
ECLI:NL:RBGEL:2018:1854	Male soldier, physical assault of his stepson, 11 years old, 2017	Art 300	Yes, unclear which organisation the FD worked for	No	No	Not mentioned	Not mentioned	"The file contains an injury report . This shows that in the middle of the back of [victim's] head a swelling of 3 by 4 cm was palpable. There were bruises on his chin, left temple, left arm and right arm. Unlike the defence, the military chamber believes that the swelling of 3 by 4 cm, which the forensic doctor observed on the back of [victim's] head, was caused by the accused hitting [victim] against the head so that there was no mere tap or swipe against the head. That the bump would be due to a congenital defect, as stated by the accused, has not been further substantiated and has not become plausible . The military chamber has not obtained the conviction that the accused hit [victim] on his upper leg. In the military chamber's opinion, it cannot be ruled out that the bruise on [victim's] upper leg was caused by another cause, such as the fall down	Communitary service for 38 hours	3	Report fully adopted by the judges
2020											
Physical abuse											
ECLI-number	Gender of suspect, charges, age of victim, period	Reference articles Criminal Law	Use of forensic injury report, executed by... (NFI/FD GGD)	Use of DNA-sample, executed by... (NFI/FD GGD)	Appointed forensic medical expert yes/no, name	Details of use by Public Prosecutor	Details of use by Defense attorney	Details of use by the court	Verdict/punishment	Nr. of judges	Assessment
ECLI:NL:RBOV E:2020:2540	Two men, blackmail, sequestration and physical assault of a boy, 16 years old, 2019	Art 302	Yes, by FD W. Duijst, GGD	No	No	Not mentioned	Injury report not mentioned by defence, but the following is: "Regarding fact 3, counsel takes the position that only the violence components of punching in the face, kicking the body and giving knees can be proven. In view of its nature and consequences, the declarant's injury cannot be qualified as severe physical injury . Nor has it been proved that the accused accepted the substantial probability of death or severe physical injury or had intent to inflict severe physical injury."	"The court considers that the defendant's actions must be qualified as aggravated assault . The injury report shows that the accused sustained injuries as a result of the defendant's actions, in particular a rib fracture, subcutaneous emphysema (air under the skin as a result of the fracture), combined with a pneumothorax and contusion of the lower lobe of the lung. There was also injury in the abdomen, consisting of free fluid in the abdomen and contusion of the kidney and spleen. The injuries to the chest, spleen and kidney can be considered serious, according to the injury statement . Due to the injuries, the defendant spent eight days in hospital, including one day in the intensive care unit. The court considers that the total injuries qualify as severe physical injury . (...) It is a fact of general knowledge that several vital organs, such as the stomach, spleen and kidneys, are located in the abdominal region. The accused, like any right-thinking person, must have been aware of this. By forcefully striking and giving knees to the abdominal thrust, it cannot be otherwise than that the accused consciously took the considerable risk of grievous bodily harm at face value. He thus acted with the intent required for the offence. In view of the foregoing, the court therefore considers the charges under 3 subsidiar to have been proved lawfully and	Imprisonment for 14 months of which six months probationally with a probation of three years, mandatory psychological treatment, a reimbursement and a restraining order	3	Report fully adopted by the judges; court qualifies the injuries as severe based on facts of general knowledge that the area of the gut contains vital organs and the victim was admitted to the intensive care unit. --- The injury report was partially cited in the verdicts' appendix, including a description of the severity using an AIS-score 33

2022											
Physical abuse											
ECLI-number	Gender of suspect, charges, age of victim, period	Reference articles Criminal Law	Use of forensic injury report, executed by... (NFI/FD GGD)	Use of DNA-sample, executed by... (NFI/FD GGD)	Appointed forensic medical expert yes/no, name	Details of use by Public Prosecutor	Details of use by Defense attorney	Details of use by the court	Verdict/punishment	Nr. of judges	Assessment
ECLI:NL:RBGEL:2022:4130	Male, attempted manslaughter of his son, seven months old, 2021	Art 287	Yes, by FD NFI dr Nijs	No	Yes, by FD NFI dr Nijs	Not mentioned	Not mentioned	"More important than these circumstances, the court finds Dr Nijs' conclusion that a re-bleed alone could not have led to the (...) brain injuries observed (including subarachnoid haematomas and a midline shift) and also not to the retinal haemorrhages in the left eye. According to his testimony, a re-bleed does not lead to an acute medical emergency and there was one in this case. In view of this evidence, the court believes that the alternative scenario outlined by counsel has not become plausible, and the court proceeds on the basis of the findings with regard to the brain injury used by Dr Nijs as a starting point in his weighing of hypotheses." --- "Dr Nijs concluded that the (...) severe brain injury is much more likely under the hypothesis of substantial force impact than under the hypothesis of minor force impact, or disease. (...) The court concludes that there was substantial force impact. (...) Dr Nijs described that it was noticeable that the abnormalities on the left side of the head were more severe than on the right (...) This combination of findings is indicative of an experienced contact trauma (substantial blunt force impact(s) (...), whether or not combined with acceleration-deceleration force impact(s) on the head (the court understands: 'shaking'). (...) Dr Nijs stated that he cannot comment on whether the injury was caused by shaking or impact trauma. But it is either or both. In view of the above, in the opinion of the court, it is proven that the accused forcefully applied some (impact) violence to the left side of	Imprisonment for six years and a reimbursement	3	Report fully adopted by the judges
ECLI:NL:RBOVE:2022:2394	Female, physical abuse of her daughter, two years old, 2021	Art 302, 304	Yes, FMEK report of FD GGD	No	No	Not mentioned	Injury report not mentioned by defense, but the following is: "Counsel argued that the accused should be acquitted of the primary charge because there was no serious physical injury."	"The court then questions whether [name 1] suffered severe physical injury. The court notes that the forensic doctor's injury report shows that both fingers were broken, arteries were damaged and deep skin breaks were noted. Surgery was immediately necessary. The supplementary report of findings dated 14 March 2022 shows that [name 1] sustained permanent injuries to her ring finger. The finger was initially to be amputated but could be retained. [name 1] can no longer bend the fingertip of her ring finger and has a large scar on her ring finger and little finger. The court qualifies [name 1]'s injury, given its nature and severity, the surgical intervention required, the duration of the recovery and the permanence of the injury to the ring finger, as severe physical injury.	Community service of 240 hours of which 120 hours probationally with a probation of three years and mandatory psychological treatment	3	Report fully adopted by the judges; court qualifies injuries as severe based on the nature and severity of the injuries, the operation, the duration of the healing process and the permanent injuries. --- The AIS-score that was mentioned in the matched injury report, 3 was not mentioned in the

2022											
Physical abuse											
ECU-number	Gender of suspect, charges, age of victim, period	Reference articles Criminal Law	Use of forensic injury report, executed by... (NFI/FD GGD)	Use of DNA-sample, executed by... (NFI/FD GGD)	Appointed forensic medical expert yes/no, name	Details of use by Public Prosecutor	Details of use by Defense attorney	Details of use by the court	Verdict/punishment	Nr. of judges	Assessment
ECLI:NL:RBGEL:2022:5659	Male, physical abuse of partner and stepdaughter, two years old, 2022	Art 300, 304	Yes; FMEK report by FD GGD	No	No	Not mentioned	"Counsel has pleaded integral acquittal. With regard to fact 1 (=abuse of daughter), he has argued to this effect that no firm consequences can be attached to the forensic doctor's conclusions, especially since direct observation of possible violence is lacking. "	"In view of the aforementioned findings (injury report), the forensic doctor has concluded that the overall injury picture of [victim 1] is much more likely under hypothesis 2 (inflicted injury). --- "In view of these findings of the FD, together with the multiplicity of injuries observed on 5 May 2022, the court finds that [victim 1]'s observed injuries were inflicted by someone else. That this injury was allegedly caused by falling or bumping due to an innocent cause, as does happen with children, the court does not consider that it has become plausible. Not only has the accused been little concrete and specific about this; moreover, this assertion finds its refutation in the FDs report." --- "However, these statements by the accused find no support in the case file. On the contrary, they are refuted by the findings of the forensic doctor (...)"	Imprisonment for 10 months of which six probationally with a mandatory psychological treatment	3	Report fully adopted by the judges; the court refutes the defense's statement referring to the FD. --- The FMEK report mentioned in this verdict could not be matched to any of the reports that were assessed for this paper
ECLI:NL:RBOV E:2022:3427	Male and female, physical abuse of their children, 1, 6 and 7 years old, 2021	Not mentioned because of acquittal	Yes, FMEK by FDs GGD T. Gelderman and W. Duijst	No	No	Not mentioned	The defence raised questions about the FMEK report. They then said: " No conclusive answer was given even after further questions about this from defendant's counsel to FD W. Duijst."	"Facts and circumstances: The FMEK report (...) described the injuries found on [name 1] and [name 2]. A skeletal status was performed on [name 1] and [name 2] (...). No (old) fractures were found during this. --- "Considerations and conclusions: Finally, the FMEK report (...) also provides insufficient evidence to link the accused to the charges. According to the findings of the FDs, the injuries (...) involve swelling, bruising, scratch injuries, scars typical of cigarette burns and scars from burns. The report explained how the injuries described generally occur. However, the doctors did not assess whether the injuries (...) are also directly related to the acts charged. The accused firmly and consistently stated that [name 1] and [name 2] were scarred by chicken pox and the skin disease scabies, from which they both suffered. The accused supported his statement with medical evidence. In addition, the defendant has stated that the remaining injuries could have occurred during the period when [name 1] and [name 2] were living in Eritrea. The FMEK report is inconclusive as to when the injuries occurred. The report states that the haematomas cannot be dated and, with regard to the other injuries, nothing is noted about them. There was also no conclusive answer to further questions about this from the defendant's counsel to forensic doctor W. Duijst. In the court's opinion, therefore, it cannot be ruled out that the injuries of [name 1] and [name 2] were caused in a way other than by means of the acts charged and outside the period charged. The court concludes that there is insufficient legal and convincing evidence to establish that the accused committed the acts	Acquittal due to lack of evidence	3	Report fully adopted by the court, however, the court states that the report cannot directly relate the injuries to the charges. --- The matching injury report does not describe an AIS-score