



Royal Children's Hospital

Melbourne, Victoria

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PROTOCOL FOR THE MANAGEMENT OF CHILD ABUSE AND NEGLECT

1. MANDATORY REPORTING

In accordance with Victorian legislation, professionals are mandated to notify Child Protection Services of Health and Community Services Victoria if they believe on reasonable grounds that a child has suffered, or is likely to suffer, significant harm as a result of physical injury or sexual abuse, and the child's parents have not protected or are unlikely to protect the child from such harm.

H&CSV May 1993

2. PRINCIPLES OF THE ROYAL CHILDREN'S HOSPITAL PROTOCOL

- 2.1 The following protocol represents the hospital policy in relation to suspected child abuse in all its forms. At all times the WELL BEING and SAFETY of the child is of paramount importance, although help for the parents and other family members is an integral part of the management.
- 2.2 For all suspected cases of child abuse consultation with staff members from the Gatehouse Centre for the Assessment and Treatment of Child Abuse (Gatehouse Centre) must take place before the child leaves the hospital.
- 2.3 Child abuse requires a coordinated multi disciplinary approach.
- 2.4 The assessment of children who may have been abused should focus on the child's medical, developmental and psychosocial needs. This is the first priority of the assessment. Forensic evidence may need to be collected. Court reports and court appearances may be necessary.
- 2.5 Abused children should be shown courtesy, compassion and care.

3. PRESENTATIONS TO SPECIFIC AREAS OF THE HOSPITAL

3.1 Presentation to Emergency Department

3.1(a) The child should be seen without delay by SENIOR medical staff on duty. This will usually be the Emergency Registrar or Emergency Consultant. Proformas are available for use with physically abused and sexually abused children.

3.1(b) The medical officer must notify the Ambulatory Paediatric Social Worker (9am to 5pm weekdays) or the duty worker for the Gatehouse Centre without delay. If the child presents out of hours the on-call social worker for the Gatehouse Centre must be notified.

- 3.1(c) A joint clinical evaluation of the child and family should be undertaken. This should include physical, emotional, psychological and social aspects of the child's condition.
- 3.1(d) Appropriate investigations (as determined by the clinical situation) should be performed. (eg, bone scan, Xrays and clotting studies).
- 3.1(e) Clear, contemporaneous and detailed documentation in the medical record is essential. Record WHO is giving the history, using direct quotes where possible. Diagrams are useful. Accurate measurement of abnormalities is important. Clinical photographs should be taken as soon as possible. ERC photographers are on call for child abuse on weekends (- contact via switchboard) but not after hours during the week. (This is currently under review).
- 3.1(f) Decisions regarding further management are made JOINTLY by medical and social work staff. The Ambulatory Paediatric Consultant on call is available for consultation.

3.2 Presentation at Specialist Outpatient Clinics

- 3.2(a) The social worker for the clinic must be notified by the medical officer concerned whilst the child is still at the hospital.
- 3.2(b) That social worker must consult with the duty social worker for the Gatehouse Centre. Thereafter follow the procedures outlined in 3.1 (c) to 3.1 (f).

3.3 Admission to Hospital

- 3.3(a) All children admitted to hospital due to suspected physical abuse or neglect must be admitted under a General Medical Unit as well as any of the Specialist Units involved.
- 3.3(b) A comprehensive multi disciplinary assessment must be undertaken. This may include medical, social, developmental and psychiatric assessments.
- 3.3(c) An INITIAL planning meeting involving the medical consultant, other medical staff, social workers, nursing staff, other allied health staff and relevant professionals from outside the hospital should be held as soon as possible. The aim of this meeting is to share information to decide on the level of concern related to the suspected abuse, to decide whether a notification to H&CSV is required and to develop and implement an action plan.
- 3.3(d) A TREATMENT/CASE MANAGEMENT plan is to be developed and implemented. Roles should be clarified and responsibilities allocated.

3.4 Outpatient Management

- 3.4(a) A case management plan should be developed and implemented. Roles should be clarified and responsibilities delegated.
- 3.4(b) Appropriate arrangements should be made for ongoing paediatric care for the child.

4. NOTIFICATION TO HEALTH AND COMMUNITY SERVICES VICTORIA

- 4.1 The decision to notify should be made jointly by the medical staff and the Gatehouse Centre social worker.
- 4.2 The Gatehouse Centre social worker is responsible for notification to the appropriate regional Protective Services Unit of Child Protection Victoria.
- 4.3 The Consultant Paediatrician under whom the child has been admitted is responsible for decisions regarding investigations and ongoing medical management.
- 4.4 The medical staff should discuss the child's condition with the allocated H&CSV worker within 24 hours of notification. (The importance of adequate communication between medical staff and H&CSV staff and Victoria Police is emphasised. The social worker from the Gatehouse Centre will provide liaison between each of these agencies. Medical staff may need to initiate communication with H&CSV and keep H&CSV informed of the child's progress.)
- 4.5 A FORMAL CASE CONFERENCE involving H&CSV and/or Victoria Police Community Policing Squad must be arranged when a notification has been made. Royal Children's Hospital Staff are expected to attend when requested.

5. CHILD SEXUAL ABUSE

5.1 Acute Child Sexual Abuse

- 5.1(a) If sexual abuse has occurred within the previous 72 hours then collection of forensic evidence may be of considerable importance. However the main priority must always be the MEDICAL NEEDS and SAFETY of the child.
- 5.1(b) The medical officer must contact the ambulatory paediatric social worker (after hours - the oncall social worker for the Gatehouse Centre). Thereafter follow protocol as for 3.1.
- 5.1(c) The Forensic Physician (telephone - 602 1144) is to be called when forensic evidence is to be collected for cases of acute child sexual abuse. The current service is not able to respond to all requests. If the Forensic Physician is unable to attend, during working hours the medical staff of the Gatehouse Centre may be available. After hours the consultant on call for Ambulatory Paediatrics is to be notified.

5.2 Chronic Sexual Abuse

- 5.2(a) Immediate medical examination is rarely necessary and gathering of acute forensic evidence is of less relevance. The focus of the assessment is on the MEDICAL NEEDS and SAFETY of the child.
- 5.2(b) The medical officer must inform the ambulatory paediatric social worker (after hours - the oncall social worker from the Gatehouse Centre). Thereafter follow the protocol as for 3.1.
- 5.2(c) Examination of genitalia should be performed by experienced personnel with the aid of a colposcope. Referral for paediatric assessment in the Gatehouse Centre should be arranged as soon as possible.

6. TELEPHONE CALLS REGARDING SUSPECTED PHYSICAL OR SEXUAL ABUSE

The call must always be referred to the duty social worker in the Gatehouse Centre (after hours - the on call social worker for the Gatehouse Centre).

7. WRITTEN REPORTS FOR COURT

- 7.1 These should be prepared by the medical registrar with supervision from the unit consultant. (Advice on the preparation of medical reports related to child abuse can be obtained from the paediatricians in the Gatehouse Centre).
- 7.2 The Consultant Paediatrician should review the report and co-sign the document.
- 7.3 All documents should be typed, clearly stating the qualifications of the doctor and their current employment position. Terminology should be kept to a minimum. All details should be in terminology which could be understood by non medical personnel. Injuries and explanations should be clearly described. Opinions, conclusions and recommendations should be clearly stated.
- 7.4 Where possible, medical reports should be available within 24 hours of a request from H&CSV or Victoria Police.
- 7.5 Advice and preparation for appearing as a witness in court is available for medical staff, nursing staff and allied health staff from staff of the Gatehouse Centre.

8. EMERGENCY SITUATIONS

8.1 Parents Refuse Admission

- 8.1(a) The ambulatory paediatric social worker or the duty worker from the Gatehouse Centre (after hours the on-call Gatehouse Centre social worker) should be notified.
- 8.1(b) If the parents refuse to wait, inform them that H&CSV will be notified. Notify H&CSV.

8.1(c) Do not attempt to physically restrain the child or physically prevent the parents from leaving.

8.1(d) Record the circumstances and action taken in the child's medical record. Use direct quotes if possible.

8.2 Threat of Removal of Child from the Hospital

8.2(a) The Gatehouse Centre duty worker (after hours the Gatehouse Centre on call social worker) should be notified immediately.

8.2(b) Do not attempt to physically prevent the child from being taken. Keep calm, keep quiet, do not shout and do not threaten.

8.2(c) If the child is under a Court Order, eg an Interim Accommodation Order, and the parents insist on removing the child against the conditions of the order, inform the parents that H&CSV will be notified. Notify H&CSV.

8.2(d) In some circumstances the threat of removal of the child from hospital, when combined with other factors, may be sufficient grounds to make a notification to H&CSV.