Guidelines on Management of Suspected Child Abuse/Neglect and Child Welfare Concerns

Child abuse can often be difficult to identify and may present in many forms. All personnel working with children should be alert to the possibility of child abuse. Any person, who suspects that a child is being abused, or is at risk of abuse, has a responsibility to report their concerns to the health board. Professionals caring for children must ensure they are familiar with assessment procedures. All staff working with children should be familiar with the "Children First" document, the national guidelines for the protection and welfare of children.

A child protection concern is likely to fall within one of four categories of child abuse which are Neglect, Sexual Abuse, Physical Abuse and Emotional Abuse.

Assessment

The priorities in dealing with child abuse are:

(a) to diagnose, treat, and document the child's injuries

(b) to interpret the pattern of injury or behaviour leading to the suspicion of abuse

(c) to notify and involve the on-call social worker at the hospital (9-5 pm)

(d) to provide, when parental consent is given, a verbal or written report to the Southern Health Board

Consent

The doctor must establish that consent has been given (by one of the parents or the child's legal guardian) to perform a clinical examination and to provide a report to the Southern Health Board or the Gardaí. Ideally this should be in writing. If the child is under a protection application then a nominee of the Southern Health Board is the child's guardian. Consent is a difficult issue and while it is preferable that the family give consent for each step, if they refuse permission to make a report to the SHB the following principles appear to apply.

- ❖ Giving information to others for the protection of a child is not a breach of confidentiality.
- ❖ Where the interests of the parent and the child appear to conflict, the child's interest should be paramount. (ref 1)

A proforma is available for suspected child abuse cases, and if completed fully, ensures that all salient points are covered. Urgent reports should be prepared in accordance with the administrative instructions concerning report writing.

General Management

1. The Child Protection Notification System should be checked (Presently CUH only).This is a computerised system holding a record of every child in the area about whom it has been established that the case has reached the threshold of significant harm and the risk to the child is ongoing.(ref 2)

2. Past emergency department records where deemed necessary should be reviewed for previous episodes of unexplained injury or other child welfare concerns.

3. NCHD staff who feel unhappy about a child's injuries or the history should indicate this to the parent /carer. Language should not be confrontational or challenging and parents need to be offered as much encouragement as possible: "your baby is growing well" or "I can see how worried you are about these bruises".

4. Remember a parent who has possibly injured a child has nevertheless brought the child for attention because of concern for the child.

5. NCHD staff are advised to record all information given and document the history and findings meticulously. The use of direct quotation can be very useful.

6. The priority for the all staff is the safety of the child and the treatment of the presenting problem. On occasion children will require an admission under the on-call paediatrician that day. The paediatrician may proceed to dismiss the suspicion, or proceed to referral for specialist assessment (sexual abuse), or the duty social worker.

7. All cases **must** be referred to the duty hospital social worker even if a child is discharged home or transferred to another institution for ongoing care.

8. The General Practitioner should be notified.

Physical Abuse

Physical abuse (non-accidental injury or NAI) refers to the deliberate injury of any child and includes injuries such as bruises, burns, head injuries, fractures, internal injuries, lacerations or any other form of physical harm. Children, who attend with an injury that may have been inflicted, need a full physical assessment. In the event of specific injuries such as fractures or burns, the emergency department staff will assess and treat such injuries and involve paediatric staff as necessary. The inpatient care of a child suspected of physical abuse is the responsibility of the paediatric consultant and his team on-take any particular day. All events and details surrounding the alleged injury should be carefully recorded by the attending doctor. The record should include the date, time, place and details of the informant and practitioners involved and be legibly signed.

Examination

A comprehensive examination of the child should include height and weight measurements. Careful inspection of all surfaces with special attention to the scalp, mouth, gums, eyes and behind the ears. The use of body diagrams in the proforma document to record findings is strongly recommended. Please remember to label the proforma. In describing a wound consider the following features:

- ♦ Site
- ♦ Size
- ♦ Shape

- Surrounds
- Colour
- Contours
- Course
- Contents
- Age
- Classification/Description (see below)
- Depth

Ensure descriptions are consistent with the following definitions:

- **Abrasion**- a superficial scraping injury of the body surface with or without bleeding
- **Bruise**- Leakage of blood from blood vessels discolouring the tissues of the body
- **Incision**- A cutting type injury that severs tissues in a clean and generally regular fashion.
- **Laceration**- A tear or split in the tissues

An ophthalmologic examination should be performed by a doctor experienced in the field. Consider an ophthalmologic examination, particularly in the younger child, where a shaken injury is suspected as there may be no external signs of trauma.

Investigation

A coagulation profile should be performed when there is clinical suspicion of a clotting disorder. Abnormalities of clotting are rare so beware of attributing bruises to this cause.

Clinically suspected fracture sites should be x-rayed directly. Skeletal survey and bone scans are very useful for detecting clinically unsuspected recent or older fractures. They should be used in children under three years who are likely to have sustained non-accidental injury. Consider other investigations as appropriate (see proforma).

Medical photography in the case of suspected abuse should be facilitated as follows:

1. A medical doctor to be present.
2. The request for photography should include a request for scale (measuring tape held rigid and parallel, never wrapped around contours) and the child details written on a card included in the images.

Documentation

The legal implications of a medical examination conducted for possible child abuse are significant. Accurate and complete documentation is essential. Clinical photographs are an excellent way of recording visible injuries. Call the hospital photographer/security or person delegated this duty during office hours. The medical report should not be used for any purpose for which explicit permission has not been sought.

Sexual Abuse

Children over the age of fourteen years referred following suspected sexual assault/abuse should be referred to the Sexual Assault Treatment Unit, South Infirmary/Victoria Hospital (SATU). All

other paediatric referrals should be sent to Dr. Mary Twomey in the Family Centre, St. Finbar's Hospital, between the hours of Mon-Fri 9.00am to 5.00 pm. **At this time there is no proper provision for the emergency assessment of these children outside these hours.** This situation needs to be urgently addressed with the appointment of new general paediatricians/community paediatricians with a special interest in child protection. The duty hospital social worker must be contacted in each instance, including those children that have been transferred to the Family Centre at St Finbar's Hospital.

In general, genital examinations for the purpose of determining whether or not abuse has taken place will only be performed by appropriately trained and experienced staff. Limited inspection for a specific purpose such as the determination of the amount of bleeding, the extent of an injury or the presence of discharge may be performed with the cooperation of the child. Young children, who are dependent on adults for toilet and genital care, may not be distressed by a simple inspection of the anogenital region. Older children who are self-sufficient and have developed ideas of privacy should be consulted, and the option of a female doctor should be offered where possible. Assess and treat any urgent medical problems (eg. bleeding), being careful to collect any clothing that is removed in the process. Ensure the child is as comfortable as possible and has appropriate emotional support.

The forensic examination in the event of an acute allegation of rape should only be carried be performed by a doctor who is appropriately trained and experienced. If there was clinical suspicion of significant internal injury the child may need to be admitted for examination under anaesthesia. A medical examination will not necessarily detect whether sexual activity has occurred. A genital examination with normal findings does not exclude sexual assault/abuse.

Neglect and Emotional Abuse

These issues are more difficult to establish because of the lack of physical evidence. Nevertheless they are given equal priority in the definition of abuse.
Please read the description of Neglect and Emotional abuse contained in Children First document. (Ref 1)

Concerns about any of these issues should result in a referral to the hospital social work team.

Child Welfare Concerns

A child welfare concern is a problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's welfare or development, which warrants assessment and support but may or may not require a child protection response. As this category of child welfare is very broad, the SHB in the recent guidelines have suggested such concerns to include any of the following:

1. Child with emotional/behavioural problems.
2. Child abusing drugs/alcohol.
3. Child involved in crime.
4. Child pregnancy.
5. Physical illness/disability in a child.
6. Mental health problems/intellectual disability.
7. Other.

While the exact weight attached to these factors either individually or in combination remains to be worked out, the presence of one or more should result in referral to the **hospital social work department** as part of the process by which formal referral to the SHB is considered.

Where referral to the Child and Adolescent Psychiatry Team/ Adult Psychiatry Team is appropriate, there is currently no agreement that this in itself satisfies the hospital's child protection and welfare duty and therefore one should also make a referral to the hospital social worker.

Admission or Discharge

Admission to hospital should be arranged when it is necessary for further management (fractures, burns, failure to thrive) or when it is necessary for the child's safety. Children should be admitted under the paediatric consultant on call that day unless the child has specific injuries (fractures, burns, and lacerations) where two consultants may jointly care for the child as appropriate. Where transfer to another institution is required the paediatric, specialty and social work teams at that institution need to be informed. Children requiring specialist care in other institutions should still be notified to the duty social worker at the presenting hospital.

The safe discharge of the child is both the responsibility of the hospital and the Southern Health Board. The health board has overall responsibility for the assessment and management of child protection concerns. No one professional has all the necessary skills to meet the numerous demands of an individual case. Therefore it is essential that all professionals make a coordinated response to such cases.

Useful Telephone Numbers

Child Protection Notification system	Await contact details
Sexual Assault Unit, South Infirmary/Victoria Hospital	021 4926297/4926100
Family Centre, St Finbars Hospital.	021 4923302

Social Work Department MUH:

Mary Davis (Accident and Emergency)	Bleep 6570
Ruth Holland (Paediatric In Patient)	Bleep 6669
Colman Rutherford (Principal S.W.)	Bleep 6668

Social Work Department CUH:

Miriam Porter (Accident and Emergency)	Bleep 618
Miriam Scanlon (GC Med and Surg., and SFH)	Bleep 418
Ciara Heatherington (GD and Burns)	Bleep 489

Social Work Department SIVH

Brian Foley (Senior Social Worker)	Bleep 782

Garda Contact:

The Garda Communications room is in Anglesea Street Garda station
Telephone 4522000 (24 hours). They will contact the appropriate local Garda station.

References:

1. Children First-National Guidelines For The Protection And Welfare Of Children. DOHC 1999 Purchased from Government Sales Office, Sun Alliance House, Molesworth House, Dublin 2.
2. Child Protection and Welfare Process- SHB Guidelines, Abbeycourt House, Georges Quay, Cork.