EMERGENCY DEPARTMENT GUIDELINES FOR SUSPECTED CHILD ABUSE

These guidelines are given to medical practioners at the Adelaide Children's Hospital. They demonstrate how recognition of child abuse is introduced to this group of practioners.

"The index of suspicion must be high".

We as the front line of this hospital must be aware of parents with the potential to abuse; the child seen by them as sufficiently difficult, who provokes their potential; (it involves all socio-economic groups) and circumstances sufficiently stressful to tip the balance!

Child abuse happens a great deal, leaving both physical and emotion scars. It is well documented for your reading.

We are all reluctant to believe the evidence, or become angry with the parent who showed such lack of control.

But life for them is full of chaos!

The aim is to offer hope and comfort and lessen the guilt and anxiety which often stops those who hurt a child, from seeking help.

Tell Tale Signs

Physical evidence — bruises, welts, burns and breaks visible and inconsistent with the explanation given.

Failure to thrive due to no medical cause.

Emotional rejection and extremely negative treatment of the child.

Neglect and inability to care adequately for the child.

Delay or failure to get or accept medical treatment.

Sexual abuse — often lack of evidence? high suspicion.

Drug overdose to sedate a child.

Exploitation of the child.

Suspicious Reactions

The parents' extreme hostility or denial or over reaction to gentle suggestion of "the possibility of another cause for the injuries". The child's extreme compliance or aggressiveness when given a "limit" to his behaviour. The parent's expectations are unrealistic.

The child frequently shows "developmental delay" in many areas.

Guidelines

1. a.) Before conveying your concern to the parents, please contact the rostered registrar — especially if the parent refuses admission to the hospital.

b.) The extent of injury is not relevant to the need to admit abused children into the ward. The reasons given can be "that his injuries need to be watched" or "further studies need to be made".

It is not helpful to mention the diagnosis of non-accidental injury or abuse in Casualty.

c.) Plan to admit to hospital for assessment of the family situation. Treat the injuries in the usual manner.

2. Carry out complete physical examination, noting such details as:—

a.) Weight and height percentiles

b.) Number, size and distribution of bruises

c.) Evidence of general neglect

d.) Emotional state of parents and patient

e.) Explanation for injuries

3. **Arrange for:—**

a.) Clinical photographs — after admission to ward

b.) Skeletal survey — accompanied by nursing staff during this procedure

c.) Bleeding and clotting studies

4. Notify Social Worker for Non-Accidential injury.

5. Tactfully interview parents in ward. Keep interviews to a minimum (It is often best to interview each parent separately and then together.) For the parent's sake, remember that genuine accidents do occur. For the child's sake, be suspicious where the skeletal survey shows evidence of multiple trauma and where the history given does not fit the nature and extent of injuries.

6. a.) After a case discussion with other hospital workers involved, the diagnosis may seem reasonably certain. The parents are told of that diagnosis and the need to notify the Department for Community Welfare (or the Police), to comply with the Community Welfare Act of 1972, as "no satisfactory explanation is available for the injuries".

The amended Act requires additional professional persons to notify the Department and these include Nurses, Teachers, Medical, Police, Dentist and employees of the Community Welfare Department. The Community Welfare have established six multi-disciplinary Panels, each in the Department's region, to receive notifications, assess, recommend treatment and monitor families' progress.

Panels each comprise of representatives from the Department of Medical Practitioners, a person experienced in Child Psychiatry, a representative of the Mothers and Babies Health Association and a representative of the Police Force, and a Departmental Social Worker as its Administrative Officer.

b.) There are two kinds of intervention, long term and short term crisis intervention. It is a medical diagnosis, requiring urgent social support and legal protection if necessary.

Failure to intervene can be fatal for the child. The hospital does have the authority to place the child on a "96 hour holding order", once he has been admitted to the ward, and if is considered at risk when discharged.

The hospital Child Protection Team, co-ordinated by the Social Worker, offers skills and support to the family. The parents' "drop in" room offers comfort and companionship to the lonely frightened abuser.

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The community services are many and the family will be relieved by your referral to a Social Worker, but feel ambivalent abut the total situation. Please do not force the parent "to kill her child" before anyone will help! They do not deliberately set out to abuse their child but remember accidents do happen and the difference is extremely difficult to accurately assess.

7. Keep the child in hospital until the home environment appears safe or an alternative placement has been arranged. The medical person from the ward will prepare a report the Panel along with both a Social Work Report from the Adelaide Children's Hospital and the local Department of discussion.

Medical Report:

To contain the following data:—

History alleged cause of injury, physical examination description of injury or weight gain before and during hospitalization, Laboratory tests — X rays.

Concluding statement on why this represents non-accidental injury as well as special concerns regarding the child's future safety.

8. Consult with the social worker before the child is discharged, arrange for medical follow-up. Often it will need other para-medical staff to be involved. This is most important, for if management stops on discharge of child from hospital, there is a strong risk that the child will suffer further injuries.

Importantly

Do not act like a detective — you need only a reasonable suspicion to offer to admit the child.

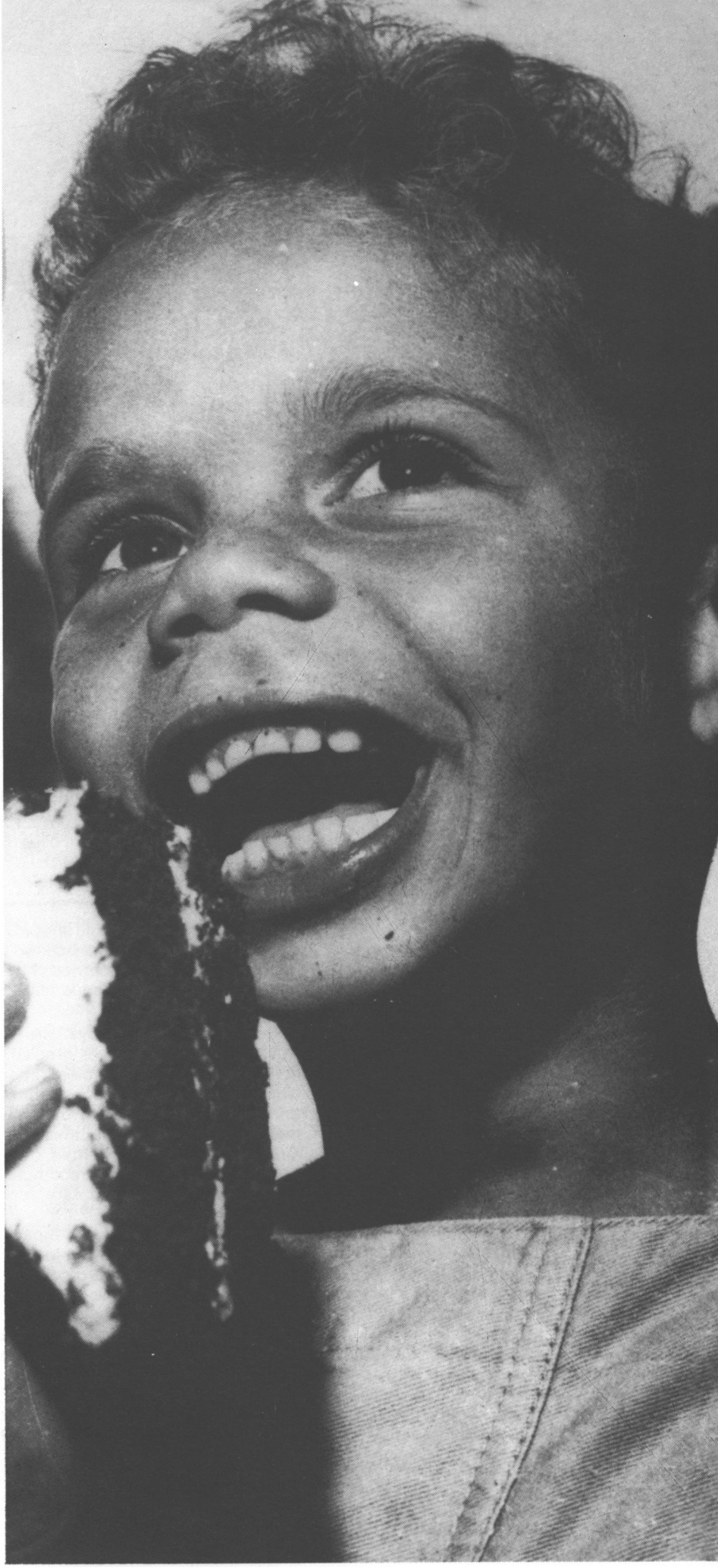
Do not ignore or deny or get angry with the parents — accept that anyone when under stress — including you — can be violent to their child.

Be aware of the parent who comes to Emergency Department frequently with a problem, which you consider trivia, as it is an excuse for help.

Something like 60% of people coming along to Casualty, are coming for a different reason, other than the one with which they present.

We ask for your help and co-operation to rescue the family!

Janie Barbour.
Non-Accidental Injury Social Worker.



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