Recommended referral process for GPs

Suspected child abuse and/or neglect

Guiding Principles

1. The child's safety is the paramount consideration.
2. Early referral to an appropriate authority is essential.
3. It is the responsibility of Child, Youth and Family and/or Police to investigate and interview the child and family. This is not the GP's role.
4. There are no legal barriers to referral to an appropriate authority.

Key Points

1. Keep an open mind to the possibility of child abuse.
2. Take an accurate history and document.
3. Look for signs of abuse and neglect and adequately document.
4. Refer to an appropriate authority.
5. Seek feedback about the child's progress from the agency you made the referral to.
6. Maintain an ongoing relationship with the child and family, where possible.
7. Get support for yourself.

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MINISTRY OF HEALTH
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The Royal New Zealand College of General Practitioners

NEW ZEALAND MEDICAL ASSOCIATION

child, youth and family

Child, Youth and Family – National Call Centre (0508 FAMILY or 0508 326 459) Fax (09) 914 1211

Process for recognition of child abuse and neglect

Remember:

The management of child abuse is complex. We recommend that multi-disciplinary expertise is sought to ensure that:

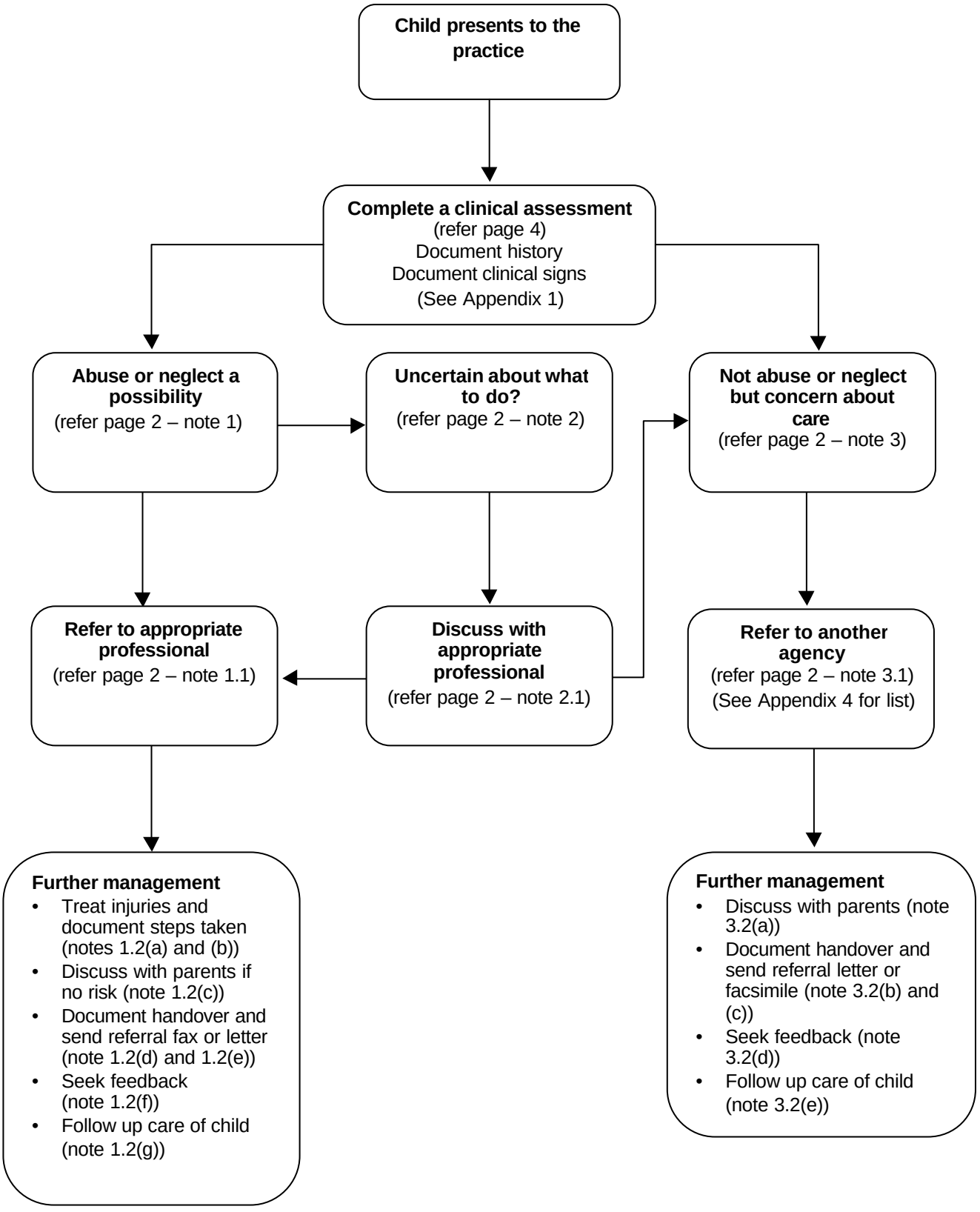
- The safety of the child is paramount.
- Evidence of child abuse is not lost. Careful expert medical assessment will be required with possible collection of forensic evidence.
- Trauma to the child from multiple assessments and questions is minimised.

The best way to ensure this occurs is to refer promptly to experts such as paediatricians or Child, Youth and Family workers.

It is essential to adequately document the history and clinical signs of injury. (See Appendix 1 Body Diagrams.)

Where sexual abuse is a possibility, Doctors for Sexual Abuse Care (DSAC) will be contacted by Child, Youth and Family or the Police.

1. When child abuse is a possibility	**2. When child abuse is a possibility, but you are uncertain about what to do**	**3. When you are concerned about the child's care but not about abuse**
1.1 Contact Child, Youth and Family first – except: • where there are concerns about domestic violence or immediate safety (including your own) contact the **POLICE**. (See Appendix 3 A.)	2.1 Telephone and describe history and findings with: • experienced colleague or • paediatrician or • Youth Health Services or • Child, Youth and Family.	3.1 Refer to an agency for: • social support • parenting skills • Well Child services. (See Appendix 4.)
1.2 Ongoing management: (a) Treat injuries as appropriate or refer. (b) Document what steps have been taken. (c) Discuss concerns with parent/s where child and/or yourself are not placed at further risk. (See Appendix 3 B.) (d) Document that the handover occurred and identify the professional involved. (e) Follow up telephone referral with a facsimile or letter. (See Appendix 2.) (f) Seek feedback about the child's progress from the agency you made the referral to. (g) Follow up the child with routine care.	2.2 Take advice from the person you consult. 2.3 Decide: (a) Report now – refer note 1.1. (b) Defer reporting at this stage – refer note 3.1.	3.2 Ongoing management: (a) Discuss concerns with parent/s. (b) Document that the handover occurred and identify the professional involved. (c) Follow up telephone referral with a facsimile or letter. (d) Seek feedback about the child's progress from the agency you made the referral to. (e) Follow up the child with routine care.


Child presents to the practice
Complete a clinical assessment
(refer page 4)
Document history
Document clinical signs
(See Appendix 1)
Abuse or neglect a possibility
(refer page 2 – note 1)
Uncertain about what to do?
(refer page 2 – note 2)
Not abuse or neglect but concern about care
(refer page 2 – note 3)
Refer to appropriate professional
(refer page 2 – note 1.1)
Discuss with appropriate professional
(refer page 2 – note 2.1)
Refer to another agency
(refer page 2 – note 3.1)
(See Appendix 4 for list)
Further management
• Treat injuries and document steps taken (notes 1.2(a) and (b))
• Discuss with parents if no risk (note 1.2(c))
• Document handover and send referral fax or letter (note 1.2(d) and 1.2(e))
• Seek feedback (note 1.2(f))
• Follow up care of child (note 1.2(g))
Further management
• Discuss with parents (note 3.2(a))
• Document handover and send referral letter or facsimile (note 3.2(b) and (c))
• Seek feedback (note 3.2(d))
• Follow up care of child (note 3.2(e))

Signs of abuse and neglect

The signs, symptoms and history described below are not diagnostic of abuse. However in certain situations, contexts and combinations they will raise the practitioner's suspicion of abuse. It is better to refer on suspicion. If you wait for proof, serious harm can occur.

History

- History inconsistent with the injury presented
- Delay in seeking help
- Past abuse or family violence
- Disclosure by the child
- Exposure to family violence, pornography, alcohol or drug abuse
- Severe social stress
- Isolation and lack of support
- Parent/s abused as child/children
- Mental illness, including post-natal depression
- Unrealistic expectations of child
- Inappropriate or inconsistent discipline (especially thrashings or any physical punishment of babies)
- Terrorising, humiliating or oppressing
- Neglecting the child
- Promoting excessive dependency in the child
- Actively avoiding seeking care or shopping around for care (frequent changes of address).

Physical signs

- Multiple injuries, especially of different ages: bruises, welts, cuts, abrasions.
- Scalds and burns, especially in unusual distributions such as glove and sock patterns
- Pregnancy
- Genital injuries
- Sexually transmitted diseases
- Unexplained failure to thrive (FTT)
- Poor hygiene
- Dehydration or malnutrition
- Fractures, especially in infants or in specific patterns
- Poisoning, especially if recurrent
- Apnoeic spells, especially if recurrent.

Behavioural and developmental signs

- Aggression
- Anxiety and regression
- Obsessions
- Overly responsible behaviour
- Frozen watchfulness
- Sexualised behaviour
- Fear
- Sadness
- Defiance
- Self-mutilation
- Suicidal thoughts/plans
- Withdrawal from family
- Substance abuse
- Overall developmental delay, especially if also FTT
- Patchy or specific delay: motor, emotional, speech and language, social, cognitive, vision and hearing.