

REPORT OF A REASONABLE SUSPICION OF CHILD ABUSE AND NEGLECT FOR QUEENSLAND DOCTORS AND NURSES

According to the *Public Health Act 2005* it is mandatory for doctors and registered nurses to report reasonable suspicions of child abuse and neglect directly to the Department of Child Safety (DChS) (please note, mandatory reporting does not apply to unborn children).

Legislative Framework

Section 191 of the *Public Health Act 2005* applies to all doctors and registered nurses in Queensland. If a reasonable suspicion of child abuse and neglect is formed during the performance of their professional duties, the medical practitioner or registered nurse must immediately report to the DChS.

Section 192 of the *Public Health Act 2005* applies to all doctors and registered nurses in Queensland. Under this section the professional must give written notice within 7 days after giving oral notice of the reasonable suspicion of child abuse and neglect to the Department of Child Safety. Follow up confirmation must include all information discussed previously and must be provided even if the health professional no longer suspects that the harm was caused by abuse or neglect.

Section 194 of the *Public Health Act 2005* provides that the DChS may ask the professional, orally or in writing, for stated further information that it reasonably considers is needed to properly assess the harm or likely harm. The professional must comply with the request, unless the professional has a reasonable excuse.

Information Sharing

Section 1590 of the *Child Protection Act 1999* enables a doctor or a registered nurse to give to DChS authorised officers, a QPS officer or the Children's Court confidential information if the information is relevant to the protection or welfare of a child. Section 1590 specifically includes the giving of information, before a child is born, that is relevant to the protection or welfare of the child after he or she is born.

Section 195 of the *Public Health Act 2005* provides protection to a person from liability for giving information to a doctor or registered nurse, if that person is acting honestly. This Section provides protection to: fellow professionals seeking help whether reasonable grounds for suspicion are justified, a health professional, administrative worker in a health practice, emergency services officer, teacher or other person, who in the course of the person's employment, observed something that raised a suspicion the child has been harmed; or a relative or friend of the child.

Penalty for not Reporting

Under Section 193 and 194 of the *Public Health Act 2005* it is an offence for doctors and registered nurses to fail to report or respond to a request for further information from DChS. These offences carry a maximum penalty of 50 penalty units.

Legislative Protections for Doctors and Registered Nurses Who Report

Section 22 of the *Child Protection Act 1999* provides protection from liability for notification of, or information given about, alleged harm or risk of harm for a person, who acts honestly, in notifying or giving information to the chief executive of Department of Child Safety, another officer of the Department of Child Safety or police officer. The person is not liable, civilly, criminally or under an administrative process, for giving the report. In doing so, the person cannot be held to have breached professional etiquette or ethics, or departed from accepted standards of professional conduct.

Section 186 of the *Child Protection Act 1999* protects the identity of a person who reports a reasonable suspicion of harm to the Department of Child Safety.

Contact Details for Department of Child Safety (DChS) Local Area Child Safety Service Centre

During Office Hours

To report a reasonable suspicion of child abuse and neglect telephone your DChS local area Child Safety Service Centre. Once you have completed the reporting form you will need to fax a copy to your DChS local area Child Safety Service Centre. These details are available from www.health.qld.gov.au/childprotection or on the Department of Child Safety site www.childsafety.qld.gov.au.

After hours

After hours you will need to telephone the Department of Child Safety Crisis Care Unit on 3235-9901 (professional line only). Once you have completed the reporting form you will need to fax a copy of the form to the Crisis Care Unit on 3235-9898.

Record the name and contact details of your Local Area Child Safety Service Centre in the area provided below. If this number is not readily available you can locate it on the Child Protection link in the Queensland Health internet site.

Name of centre: Telephone no.: Facsimile no.:

CAREFULLY READ THIS GUIDE TO ASSIST YOU IN COMPLETING THE REPORTING FORM

Doctors are encouraged to consult with other health professionals to assist in forming a reasonable suspicion of child abuse and neglect. In consultation, decide if the suspicion reaches the threshold of being reasonable. Information is available on the Queensland health web site to assist this process.

You need to know the telephone and fax number of your local Department of Child Safety Service Centre. This number and other information on child protection will be available on www.health.qld.gov.au/childprotection or on the Department of Child Safety site www.childsafety.qld.gov.au. After hours you will need to contact the Department of Child Safety Crisis Care Unit on 3235-9901 (professional line only). The after hours fax number for the Crisis Care Unit is 3235-9898.

HOW TO MAKE A REPORT TO THE DEPARTMENT OF CHILD SAFETY (DChS)

1. Complete the attached form for reporting
2. In business hours phone your local DChS area office; after hours phone the Crisis Care Service on 3235 9901 to report verbally
3. Fax a copy of the Report Form to the office which received the verbal report within 7 days. The fax number for the Crisis Care Service is 3235 9898
4. File the original copy of the official Report.

Common definitions which will guide you in completing the reporting form

Physical abuse is any physical injury to a child that is not accidental. It includes any injury caused by excessive discipline, severe beatings, punching, slapping, shaking, burning, biting, throwing, kicking, cutting, suffocation, drowning, strangulation or poisoning. Physical abuse can result in death. (<http://www.yesican.org/definitions/WHO.html>)

Emotional abuse occurs when children are not provided with the necessary and developmentally appropriate supportive environment to develop mentally and/or emotionally. Emotional abuse includes constant criticism, restriction of movement, patterns of belittling, denigrating, scape-goating, threatening, scaring, discriminating, exposure to domestic violence, ridiculing or other non-physical forms of hostile or rejecting treatment. (<http://www.yesican.org/definitions/WHO.html>) and Report of the Consultation on Child Abuse Prevention, Geneva, 29-31 March 1999, World Health Organisation)

Neglect is depriving a child of their basic needs. These include food, clothing, warmth and shelter, emotional and physical security and protection, medical and dental care, cleanliness, education and supervision. (ICAN) (<http://www.yesican.org/definitions/WHO.html>)

Sexual abuse occurs when a male or female adult, or a more powerful child or adolescent (including a sibling), uses power to involve a child in sexual activity. Sexual abuse can be physical, verbal or emotional. The resulting harm can be physical, emotional or psychological (REF: Child Safety Practice Manual, Intake and Investigation and Assessment, V1.0, page 29). This includes any form of sexual touching, penetration, sexual suggestion, sexual exposure, exhibitionism, and child prostitution.

Intra-familial abuse is where children and young people are harmed by parents, caregivers, family members or someone from within the household in which they live.

Extra-familial abuse occurs when the child or young person is harmed by a person or persons outside the child's family.

Risk Factors that are associated with child abuse and neglect

Child

- Child unborn
- Child under 5 years
- Emotional/behavioural concerns
- Exposure to domestic and family violence
- Physical/intellectual disability
- Previous reports of concerns to DChS
- Previous DChS involvement

Family

- Domestic or family violence
- Physical/intellectual disability
- Substance abuse
- Compromised parenting ability
- Mental health concerns
- Social isolation/limited support networks
- Previous injury/concern to a sibling

Environment

- Relevant socio-economic factors
- Unsafe living circumstances
- Family/individual stressors
- Family moves frequently
- Homelessness

These risk factors are not considered to be a comprehensive list of all harms, behaviours or presentations that may give rise to a reasonable suspicion of abuse and neglect. Similarly one risk factor in isolation does not indicate abuse and neglect. Each risk factor needs to be considered in the context of the child and families presenting circumstances.

Informing Parents/Carer/Child of Report to Department of Child Safety

It is not a requirement of the reporting process to inform the parents/carers/child that a report of suspected child abuse and neglect has been made to the Department of Child Safety. It is the health professional's decision as to whether the parents/carers/child are/is informed. When making your decision on whether or not to advise the parents/carer/child of the report you need to take the following into consideration:

- safety of child
- potential impact on family
- safety of staff within your medical practice

Support for Parents/Carers/Child

A report of suspected child abuse and neglect is considered to be stressful for both the child and the parents/carer. Health professionals need to be aware of the potential emotional impact that this situation may have on the family as a whole. If the parents/carers/child are/is advised that a report has been made, then they may require additional support. Therefore, it is the health professional's duty of care to ensure that a referral to a support agency is offered to the parents/carers/child. Support agencies which may assist families include:

Lifeline 24 hr Counselling Service 1300 31 1114

Salvo Care Line (Salvation Army) - Brisbane Area (07) 3831-9016
- Outside of Brisbane Area 1300 363622

Centacare Catholic Family & Community Counselling Service (Counselling and Relationship & Parenting Education) (07) 3252-4371

Local Mental Health Service

How to report a reasonable suspicion of Child Abuse and Neglect

Health Professional Suspects Child Abuse and Neglect

Health professionals are encouraged to consult with other health professionals to assist in forming a reasonable suspicion of child abuse and neglect. Through a process of consultation decide if the matter reaches the threshold of being reasonable.

(Please note: if you have a suspicion that an unborn child may be at risk of harm after birth it is recommended that you consult with another health professional before reporting, preferably a child protection advisor)

YES

If you have formed a reasonable suspicion of Child Abuse and Neglect you **MUST** immediately report to the Department of Child Safety (DChS)

Document who you may have consulted with to form your reasonable suspicion

NO

If you have not formed a reasonable suspicion of child abuse and neglect, document your decision making process in the child's record

It is a requirement that all verbal reports are followed up with a written report within 7 days

Completing the report form with the relevant information will assist with this request

Telephone your local DChS Service Centre* (*details are available on the DChS internet site: www.childsafety.qld.gov.au*) and report verbally

Fax the written form for reporting to the DChS Service Centre which received the verbal report within 7 days

File the report form in the child's record

It is your responsibility to document all actions and conversations in relation to this report in the child's record

* Please note if after hours you must contact the DChS Crisis Care service.