BREAKING THE CYCLE

Interagency Protocols

for Child Abuse Management

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Foreword

The amendments to the Children, Young Persons and Their Families (CYP&F) Act 1989 gave new duties to the Director-General of Social Welfare to raise public awareness of child abuse and its unacceptability. Additionally, protocols for the reporting of child abuse were to be developed, implemented and monitored.

Development of protocols for reporting abuse can only happen in an atmosphere of mutual understanding and co-operation. Meetings with government and voluntary sector groups have taken place throughout the country in order to reach a position agreeable to all.

This first edition of the protocols does not claim to cover every group or agency. It does, however, cover every government agency which has an agreed protocol with NZCYPS during the first six months since the amendment came into force. It also includes some of the voluntary agencies.

The reporting protocols in this booklet will inevitably be reviewed and will change over time. It is envisaged a second edition will be developed in the near future.

All of the protocols included in this booklet are reproduced with the permission of the relevant group or agency responsible for their development.

The protocols have also all been through a process of agreement and written sign off with the relevant service provider and their Ministry and/or their collective organisational body.

A protocol for reporting abuse is only as useful as people allow it to be and the implementation of the protocol is an important part of this two-fold exercise. The particular group or agency has a responsibility to disseminate the information to its members and to ensure compliance. NZCYPS will implement and monitor the protocols through local community liaison social workers who will use the protocols as a basis for their work in their local communities to:

- raise awareness of child abuse and neglect
- reduce the incidence
- report suspected abuse

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Acknowledgments

This guide is the second publication of material which has been developed by a project team set up by the Director-General of Social Welfare as a result of Amendments to the CYP&F Act 1989.

The first publication, *Breaking the Cycle: An interagency guide to child abuse, Wellington, NZCYPS, 1995*[1], a guide to how to recognise neglect and abuse, concentrated on outlining services currently provided by the New Zealand Children and Young Persons Service (NZCYPS).

This publication is produced as a companion booklet to read alongside the interagency guide to child abuse.

The document concentrates on the reporting protocols which represent a co operative approach to child abuse management throughout New Zealand.

The framework of co-operation began with the assistance and willingness of several working parties and groups to achieve the goal of a protocol for their area. These included some of the following:

- schools working party, New Zealand School Trustees Association and the Ministry of Education
- Crown Health Enterprises working party, Regional Health Authority, and Ministry of Health
- early childhood working party and Early Childhood Advisory Committee
- voluntary sector working party
- working with youth working party and the Ministry of Youth Affairs.

The other protocols or guidelines have been developed and agreed upon by:
Doctors for Sexual Abuse Care (DSAC), The New Zealand Police, Barnardo's, Youth for Christ, Children's Health Camp Board, Open Home Foundation, New Zealand Social Work Association, and the New Zealand Counselling Association.

The amendments project team could not have achieved this task without the assistance of these various working parties and groups. We would like to acknowledge their support and assistance.

[1]This Publication is available through your local NZCYPS Community Liaison Social worker

1 A guideline to assist voluntary agencies to develop a reporting protocol

Introduction

This guideline has been written in order to:

- assist non-statutory organisations to develop and/or review their own individual protocols on the reporting of child abuse
- provide clear procedures for dealing with physical, sexual and emotional abuse and neglect in tune with both the particular circumstances of the organisation and case by case dynamics
- enable management, staff, parents and others to recognise abuse, initiate the appropriate investigation and ensure that effective action is taken
- comply with sections 6 and 7(2) of the CYP&F Act 1989.
- assist in the reporting of suspected child abuse under section 15 of the CYP&F Act. This is not a guide about making referrals to the Care and Protection (C&P) co-ordinator under section 19 of the CYP&F Act 1989.

Measures identified in these guidelines are aimed at helping organisations to:

- protect children from abuse
- respond to child abuse in ways which protect children from further abuse
- reduce stress on staff through having clear procedures
- protect staff from unwarranted suspicion
- reassure parents about the safety of their children.

Service providers should refer to the New Zealand Community Funding Association (NZCFA) Standards booklet, "Standards for Approval: Level One, Child and Family Support Services", 1995, for full details on requirements and, in particular, to the section 'Commitment to the Prevention of Child Abuse'(page 9).

Some relevant legislation

Two of the amendments made to the CYP&F Act 1989 by the Amendment Act 1995 are relevant.

Mandatory or voluntary reporting

After much public debate, an alternative to mandatory reporting was passed into law. The changes made to section 7(2) reflect the emphasis away from mandatory reporting toward a system of voluntary reporting based on targeted education programmes and negotiated interagency protocols.

Paramountcy principle

Section 6 of the CYP&F Act 1989 was amended to give far greater emphasis to the rights of the child and young person. Previously, a child or young person's rights were paramount only when there was a conflict. Now, the CYP&F Act 1989 says that the welfare and interests

of the child or young person are always to be the first and paramount consideration.

Notifications

Notifications are made to NZCYPS by different means and for different reasons. Receipt of those notifications is determined by the sections of the CYP&F Act 1989 which are concerned with the receipt of reports.

Section 15

"Any person who believes that any child or young person has been, or is likely to be, harmed (whether physically, emotionally, or sexually) ill-treated, abused, neglected, or deprived may report the matter to a Social Worker or a member of the Police."

Section 16

Any person who makes a report to NZCYPS that a child or young person has been or is likely to be harmed, ill treated, abused, neglected or deprived is protected by section 16 of CYP&F Act 1989.

This states:

"No civil, criminal, or disciplinary proceedings shall lie against any person in respect of the disclosure or supply, or the manner of the disclosure or supply, by that person pursuant to section 15 of this Act of information concerning a child or young person (whether or not that information also concerns any other person), unless the information was disclosed or supplied in bad faith."

Requirement to investigate

Section 17

Section 17(1) goes on to specify what the social worker or police officer must do when they receive a notification under section 15. It says that:

"where any Social Worker or member of the Police receives a report pursuant to section 15 of this Act relating to a child or young person, that Social Worker or member of the Police shall, as soon as practicable after receiving the report, undertake or arrange for the undertaking of such investigation as may be necessary or desirable into the mailers contained in the report and shall, as soon as practicable after the investigation has commenced, consult with a Care and Protection Resource Panel in relation to the investigation."

Advising of outcomes

As soon as practicable after a section 15 report has been investigated or a decision is made not to investigate the report, the notifier must be informed.

Section 18

Section 18 then says that when a social worker believes that a child or young person is in need of care or protection, they must report that to the C&P co-ordinator immediately.

Following such a referral, the C&P co-ordinator shall hold a Family Group Conference (FGC).

Referral to C&P co-ordinator

Section 19

This section allows for a court or any body or organisation concerned with the welfare of children or young persons to make a referral direct to a C&P co ordinator if they believe that the child or young person is in need of care and protection. Referrals made under this section must contain detailed information, listed in section 19(1A), which validates that belief. In these circumstances the co-ordinator has the discretion whether to hold an FGC.

Definition of abuse

Abuse is defined under section 2 of the CYP&F Act, 1989:

"'Child abuse' means the harming (whether physically, emotionally or sexually), ill-treatment, abuse, neglect or deprivation of any child or young person."

Further definitions can be found in Chapter 2 *Child abuse and neglect* of the booklet *Breaking the Cycle: An interagency guide to child abuse,* pages 10-12.

It is important to understand what constitutes abuse and each organisation's responsibility to protect a child or young person from abuse.

Points for protocol development

The welfare, interests and safety of a child or young person must be given first and paramount consideration in the management of child abuse cases (consistent with section 6 of the CYP&F Act 1989).

Whenever possible, a child's or young person's family/whanau should participate in the decisions affecting that child or young person and accordingly, whenever possible, regard should be had to the views of that family/whanau.

Whenever possible, the relationship between a child or young person and their family/whanau should be maintained and strengthened.

Co-operative working relationships with NZCYPS and the police must be developed and maintained to ensure that responses to reported situations of suspected and/or alleged abuse are managed effectively and efficiently.

Protection of a child or young person lies in increasing awareness of abuse. It is crucial for all staff working with the child or young person to have an awareness of and knowledge about child abuse and to be familiar with the laws and regulations which have been enacted to protect children and young persons from abuse. It is important not to assume responsibility beyond the level of one's own expertise.

Organisations need to recognise the importance of staff training which maintains and increases awareness of how to prevent, recognise and respond to child abuse and the issues pertaining to abuse. Procedures need to be in place for the supervision and/or support of staff which protect the child or young person and staff from unwarranted allegations of abuse.

All staff should have a working knowledge about varying child rearing patterns and their implication for child abuse.

All organisations have a responsibility to employ staff who are safe to work with children or young persons and their families. This includes casual, temporary and voluntary staff.

The organisation's employment policies need to ensure that staff and caregivers are screened for previous convictions, particularly those convictions relating to abuse of a child or young person.

Whenever possible the organisation must ensure that sensitive and meaningful support is offered to all who are significantly involved in any abuse allegations.

Each organisation should recognise the specialist role that paediatric services have in assessing the physical, developmental and behavioural health of children and young people. It is essential to identify the paediatric services in your area providing these functions to an abused child or young person.

A statement of commitment to child protection

The NZCFA Standards booklet states that service providers are encouraged to consider a statement of commitment to the prevention of child abuse and the protection of children which includes:

- the role and responsibility of the organisation
- a commitment by the service to respond to all incidences of suspected child abuse.

Organisations should prepare a clear written statement of commitment to child abuse prevention and the implementation of measures necessary to support it.

This statement should make it clear and public that child protection is the responsibility of everyone in the organisation. This responsibility can be best realised by clear guidelines to which all involved have been able to contribute and with which they are familiar.

An example of this sort of statement would be:

- this organisation is committed to the care and protection of children and young persons
- this commitment means that at all times the safety of the child or young person will be given primary consideration.
- this organisation will ensure that a child abuse reporting policy is:
    - developed
    - made known with the organisation
    - annually evaluated
    - modified as necessary

Dealing with an allegation of suspected abuse

All organisations will need to have in place procedures for dealing with allegations of suspected child abuse.

The New Zealand Community Funding Agency (NZCFA) Standards booklet states:

"Service providers are encouraged to consider... protocols for referring matters of concern to NZCYPS or to the Police." (page 10)

The welfare and interests of the child is the first and paramount consideration. Safety is one aspect of this. The following issues need to be thought about when developing a protocol.

Believing the child

When a child tells you about abusive behaviour beyond the normal experience for their age perpetrated upon them by a trusted person it is most unlikely they are lying.

Consultation

Do not work alone. Supervision and support must be provided for workers.

Senior staff members must be consulted promptly. It is their responsibility to decide whether it is prudent, possible and necessary to proceed.

Procedures

Each organisation must have in place internal procedures which clearly guide decision-making processes at this pre-investigation stage.

Internal procedures guide staff members on an appropriate course of action should they believe that their report of suspected or actual abuse has not been responded to in a satisfactory manner by their supervising worker and/or their organisation.

Information gathering

A senior staff member should facilitate the gathering of information.

Information gathered should be:

- written
- timely
- factual
- concise
- signed and dated.

Interviewing

Do not carry out interviews which exceed the level of your expertise. Do:

- elicit the basic facts
- listen carefully
- give the child or young person your attention
- refer to the appropriate specialists (NZCYPS or Police) for work beyond this point.

Recording

All information must be recorded factually and accurately and as soon as possible. Memory can be unreliable. Recording clarifies thinking and enables accountability.

Supporting family/whanau

While an assessment is underway the organisation should ensure that the family/whanau are kept informed and supported in a sensitive and meaningful manner. The nature of the case will determine whether it is more appropriate for this support to be provided inside or outside the organisation.

Decision-making

Each organisation must have in place an internal procedure which provides clear direction and guidelines for:

- determining the seriousness of risk to the child or young person
- determining what appropriate follow-up action is required and who will be responsible for actioning the decisions made.

Do not:

- work alone
- investigate the child or young person. Only NZCYPS and the police have the mandate to investigate
- question or counsel the alleged offender, unless your organisation has been specifically set up to work with offenders
- make any decisions alone
- presume that you have expertise, unless you are very experienced and qualified in child abuse work
- attempt an assessment if your organisation is not skilled and trained in the area of child abuse.

Refer immediately to NZCYPS/police.

Notifying NZCYPS or the police

For full details on the processes for making referrals and for the systems followed on receipt of referrals:

Refer to Reporting child abuse and neglect Chapter 3 in Breaking the Cycle: an interagency guide to child abuse.

Other issues

When an organisation writes a reporting protocol, it will need to think about the wider issues which could impact on that protocol. It should consider:

- employment policies
- systems for protecting or sharing information
- procedures for sharing information with family/whanau.

Employment policies

Recruitment

Several of the NZCFA Standards relate to the recruitment of caregivers and staff in relation to the need to keep children and young persons safe.

Service providers must consider the following in terms of their protocols on child protection:

- having a written policy for recruitment of appropriate, skilled caregivers and staff
- recruiting staff and volunteers on the basis of skill requirements
- having a recruitment policy which includes requesting references and speaking to referees
- basing the employment of staff on a job description
- making sure that the job description states which skills are required for the position and the expected qualifications and/or training and experience
- having a policy that screens staff for previous convictions including but not only those relating to abuse of children and young people.

Vetting of staff and caregivers

A specific NZCFA Standard applies to vetting.

Service providers should consider the following:

- all prospective staff be requested to sign a statement declaring any convictions
- all prospective staff be required to sign a form to allow the organisation to undertake a police check on them

- no person with any conviction for violence against a person or sexual crimes is to be employed by the organisation

- no person with a conviction for dishonesty, for example, fraud, is to be involved with the finances of the organisation.

  When special circumstances exist organisations may wish to put in place procedures that would allow employment of someone with such convictions (not including sexual crimes). These procedures should detail the special circumstances and address matters of supervision and control of that person

- advice given to applicants that a police certification process is being considered and may be a requirement in 1996

- evidence that referees have been contacted

- evidence that written references have been obtained

- all employees should be requested to put in writing that they have read and understood the organisation's Code of Ethics and Child Abuse Reporting Protocols (CARP), and that they agree to operate within these guidelines

- questions may be asked within the interview process on the subject of child abuse and child abuse procedures

- job descriptions may be written to include specific accountabilities around compliance with child abuse reporting protocols

- do you have any reason to be concerned about this person's behaviour with children?

Training

There is a NZCFA Standard which requires staff training.

Service providers need to consider the following:

- job descriptions which clearly define all staff and caregivers' roles and responsibilities
- induction training for all new staff and caregivers. This induction training should include:
- an overview of the CYP&F Act (principles and objects and amendments), with particular reference to the C&P and YJ principles as appropriate
- an overview of the Guardianship Act 1968 and the Privacy Act 1993
- organisational procedures for dealing with allegations of abuse, disclosures of abuse
- organisational Code of Practice for discipline.

Child abuse is a topic on which it is useful to have regular updating training sessions.

Training should facilitate an awareness and understanding by staff members of the importance of keeping themselves safe from allegations of abuse.

Learning about child abuse involves a process of the acceptance of new and sometimes distressing knowledge. It is best achieved with the help of a skilled facilitator. Training may be done within an organisation if staff have the skills to provide training. Alternatively, enlisting the services of a trainer from a specialist agency is worth careful consideration.

Supervision

There is a NZCFA Standard identifying the procedures for supervision and/or support of staff. These procedures protect children from abuse and staff from unwarranted allegations of abuse.

Service providers should consider the following:

- supervision must be regular, ongoing and in a structured format
- supervision should involve accountability in work practice, especially in one-to-one work with clients
- supervision should include developing the staff member's awareness of practice boundary issues, particularly in relation to workers developing close personal relationships with clients outside the work environment.

Maintaining clear boundaries between client and worker is encouraged to minimise risks of allegations of abuse to both clients and workers

- supervision should relate:
  - to a code of ethics which has been specifically developed by an individual organisation, or
  - to a professional group which is relevant to the organisation's service delivery
- full-time social work staff would expect to receive at least one hour of supervision per week
- caregivers and volunteers with the child or young person placed with them would expect to receive no less than one hour of supervision per month.

Complaints

A NZCFA Standard requires that procedures are put in place for dealing with allegations of abuse by staff members.

Service providers should consider the following:

- protocols are in place to ensure that when there is an allegation of abuse and there is concern about the safety of the child or young person, the matter is referred to NZCYPS for investigation, under section 15 of CYP&F Act 1989
- prompt and time limited investigation of all complaints

- investigation by a person appointed by the governing body of the organisation
- accurate recording of all investigations
- share conclusions and recommendations of all investigations with the volunteer and caregiver/staff member in a face-to-face interview.

Protection of information

A separate file of accurate information that is relevant to the management of the case should be established for each individual client. The file, whether it be hard copy or on disk, should be stored in such a manner as to ensure client confidentiality.

For more information about the Privacy Act 1993 and how this affects your organisation, refer to the Act itself, your legal adviser or the Privacy legislation on page 41 of *Breaking the Cycle: an interagency guide to child abuse,* Wellington, 1995.

Working with family/whanau

While the rights and well-being of the family/whanau must be protected and upheld, it should not be forgotten that the welfare and interests of the child or young person must be given paramount consideration in all circumstances.

Inform

During the initial phase of work, family/whanau need to be informed that, should serious concerns arise about the welfare and safety of the child or young person, information pertaining to private family matters may need to be shared with a statutory service.

It is preferable that any referral made to NZCYPS or the police is made with the informed consent of the parents/caregivers. However, if consent is withheld the parents should be informed that the referral will still be made.

During the investigation and assessment processes at all times attempts should be made to involve all or part of the family/whanau.

Whether family/whanau remain together working on the issues of abuse or whether they decide to separate, support should be offered to all family members, including the offender. This may mean referring some family members to other service providers to ensure the best help is available.

Advice

Implicit in this is that clients should be encouraged to seek legal advice and financial advice, for example implications on benefits following changes in family members' living circumstances. When illness is an issue, clients should be encouraged to follow up with necessary medical care.

Guidelines for responding to allegations of peer abuse, especially in schools, from information supplied by the Office of the Commissioner for Children

Define abusive behaviour

Sexually abusive behaviour can be defined as:

- any behaviour which takes place without the willing consent of all individuals involved, is coercive or violent in nature and involves exploitation of power in any way.

The school and the board of trustees, or management of any other organisation working with children, need to be clear about what behaviours are to be regarded as abusive.

Some sexual behaviour between children is exploitative and/or in keeping with particular developmental stages. Organisations may want to set limits and establish rules about sexual behaviour between peers within their environment and they are entitled to do this.

All organisations should ensure that no form of physical, sexual or verbal harassment or violence is sanctioned or minimised in any way.

Take action when abuse is identified

As with any situation involving child abuse it is never sufficient for a school, or any other organisation, to attempt to manage the situation on their own. Such organisations do not have the statutory powers and expertise to carry out the necessary investigations or interventions. In all cases referrals to NZCYPS and/or police should take place and their advice and intervention should be sought.

Not only will the abused child/children need thorough evaluation (perhaps an evidential interview) but the offending child will need full assessment. He/she may have been abused themselves. Chronic sexual abusing often starts at a young age and is likely to be, or to become, compulsive in nature. The earlier treatment is commenced the more likely it is to be successful.

In many cases of abuse the identified situation is just the tip of the iceberg and other children and adults may be involved in some way.

The nature and breadth of the investigation will need to be discussed and decided on by the statutory authorities in consultation with school and families.

Ensure that support is provided for all involved

It is likely that anyone involved in the situation will be distressed. While it may not be the responsibility of the school or some other organisations to provide counselling, the issues involved are such that a supportive and sensitive response is essential. It is the responsibility of the statutory agencies investigating the allegations to provide information about where the families can get support and counselling if necessary.

It is important to remember that both the victims and offenders in this situation are children and need assistance and care. it is easy to become punitive towards the alleged offender and concentrate solely on the victim's needs, neglecting the needs of the abusing children.

Teachers and board of trustees members may need help in taking the matter seriously, supporting intervention and in dealing with their own feelings and reactions.

Separate the children

While the situation is being evaluated the children concerned need to be separated. There are two issues to be considered:

- one is safety and
- the other is reducing further emotional trauma for the victims who may be fearful and distressed if they are in contact with the perpetrators.

In some cases it may be sufficient to ensure the alleged perpetrator is kept out of contact with the victim and carefully supervised.

However, in some cases when the abuse has occurred at school, suspension will be necessary. When an abusing child is enrolled at a new school, there should be communication with this school about risks involved. Hopefully it will be possible to gain the co-operation of the family in doing this.

Repress adverse publicity

Children and parents will gossip and speculate, so:

- every effort should be made to keep specific and identifying information as private as possible
- nothing should be passed on to the media from the organisation involved
- all parents should be asked to keep information as private as possible.

Children's rights are infringed if they are prejudged and identified by the media.

Establish procedures for communicating and supporting other parents

Gossip is inevitable. Parental anxiety and destructive publicity may be reduced if all parents are informed that:

- an investigation is underway
- the school and statutory authorities are handling the situation
- a staff member is available to discuss concerns.

The timing and delivery of the communication with parents is of vital importance. Consulting with other agencies involved, planning how information will be conveyed and delivering the information to the parents arc matters which should be attended to as soon as possible.

Review and promote personal safety information programmes

Many schools use the police's *Keeping Ourselves Safe* programme. If it has not been presented recently in a school, it is important to do so as soon as possible. Running such a programme may lead to further disclosures being made.

2 Examples of existing protocols in use by voluntary agencies

Open Home Foundation protocol for the reporting of child abuse

Youth For Christ procedures for dealing with sexual or physical abuse

Barnardo's policy

Children's Health Camps Board policy

Open Home Foundation protocol for the reporting of child abuse

Statement of commitment

The Open Home Foundation is committed to the care and protection of the child and young person.

This commitment means that at all times the safety of the child and young person will be given primary consideration when decisions are made about a child or young person suspected of being or who is being abused.

This organisation will ensure that a child abuse reporting policy is developed and made known within the organisation and is annually evaluated and/or modified.

Receiving an allegation of suspected or actual abuse

The welfare and interests of the child and young person are the first and paramount consideration. Safety is one aspect of this.

All allegation of abuse will be taken seriously, and responded to promptly by Open Home Foundation Staff.

Initially the Open Home Foundation will respond to suspicions of child abuse by recording all observations, impressions and communications about the child or young person suspected of being abused.

Consultation

When a child tells you of abusive behaviour beyond the normal experience for their age, perpetrated on them by a trusted person, it is most unlikely that they are lying.

Supervision

Do not work alone. Supervision and support will be provided for all staff.

Open Home social workers will not act alone in responding to suspicions of child abuse. They will consult with senior staff, and with senior staff will decide on a course of action which is appropriate for the circumstances. This action will include gathering relevant information from:

- other agencies and services, and
- any other person who may have had involvement with the child or young person or their family.

This action could possibly include obtaining a medical report.

Recording

Recording will be done as soon as possible after each observation or communication. All recording should be:

- written up
- factual
- accurate
- timely
- concise
- signed and dated.

Memory can be unreliable. Recording clarifies thinking and enables accountability.

The record should reflect:

- the seriousness of risk to the child or young person
- what appropriate follow-up action is required
- who will be responsible for actioning the decision made.

Information should include:

- type of abuse suspected
- who noticed the abuse, and their relationship to the child or young person
- who reported the abuse and their relationship to the child or young person
- signs and symptoms, for example:
  - physical
  - emotional
  - sexual
  - behavioural
- particular incidents with dates, times and place if possible
- action taken including any medical attention
- proposed plan of action, including any medical.

Interviewing

Under no circumstances should a child or young person be questioned beyond that which he or she voluntarily discloses. Any disclosure should be recorded as soon as possible.

Care must be taken not to ask leading questions, or undertake actions which are more properly suited to specialists or NZCYPS or the police.

Open Home Foundation's responsibility is to:

- gather information
- consult
- record
- ensure that the child or young person is safe
- refer the matter to the appropriate authorities.

All actions completed within a time frame which takes the best interests of the child or young person into account.

Report on findings

A full report on findings must be completed to determine:

- the seriousness of risk to the child or young person
- the appropriate follow-up action
- the person responsible for actioning the decisions made.

Prime consideration must be given to ensuring that the child or young person is made safe from further possible abuse. This is of paramount importance, and all steps necessary to bring this about must be taken by Open Home Foundation.

When Open Home Foundation staff consider that abuse could have occurred they will report the matter to either NZCYPS or to the police.

If there is imminent risk of serious harm the police should be contacted immediately.

Family/whanau support

If Open Home Foundation staff are reasonably certain that the abuse has occurred outside the immediate family, the parents will be informed and consulted. While an assessment is underway Open Home Foundation will ensure that the family/whanau members are informed and supported in a sensitive and meaningful manner. The nature of the case will determine whether it is more appropriate for this support to be provided inside or outside the organisation

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While it is good practice to consult with the child's or young person's family about action to be taken (except when a family member is the alleged abuser), the Open Home Foundation reserves the right to make an independent decision with regard to consulting with or reporting to NZCYPS or the police.

When the Open Home Foundation staff think abuse may have been perpetrated by a family member or someone close to the family they will not inform the family of the decision to report the abuse but will ensure that they are informed by the most appropriate person at the appropriate time for example NZCYPS or the police.

Cases of suspected abuse by a staff member

When it is alleged that the abuse has been perpetrated by a member of staff, or by a foster family involved with the Open Home Foundation, no attempt will be made to protect the staff member, foster family or organisation, but the matter will be reported as soon as possible to management and to the statutory authorities.

While an investigation is being conducted, the staff member or family under suspicion will be suspended from all duties and responsibilities relating to the care of children through the Open Home Foundation.

While an investigation is in process the director has the responsibility to ensure that the child or young person concerned is not only safe but is also given continued appropriate support.

Similarly the organisation has the responsibility to ensure that the alleged offender and their family are given the support they need. This support may come from outside the organisation. Regardless of where it comes from, the director has the responsibility to see that all members of the family receive support during the time of the inquiry, and beyond.

Do not

- work alone
- investigate the child or young person (only NZCYPS and the police have the mandate to investigate)
- question or counsel the alleged offender
- make any decisions in isolation
- presume that you have any expertise unless very experienced and qualified in child abuse work
- voluntarily release records relating to the child or young person to the police for prosecution purposes. (This organisation will always adopt a co-operative attitude any records sought by police or NZCYPS under legislative or other authority will be willingly provided.)

Role of Child And Family Support Services (CFSS)

Under the CYP&F Act 1989, CFSS have an independent role from NZCYPS in the provision of certain services to children, young persons and their families.

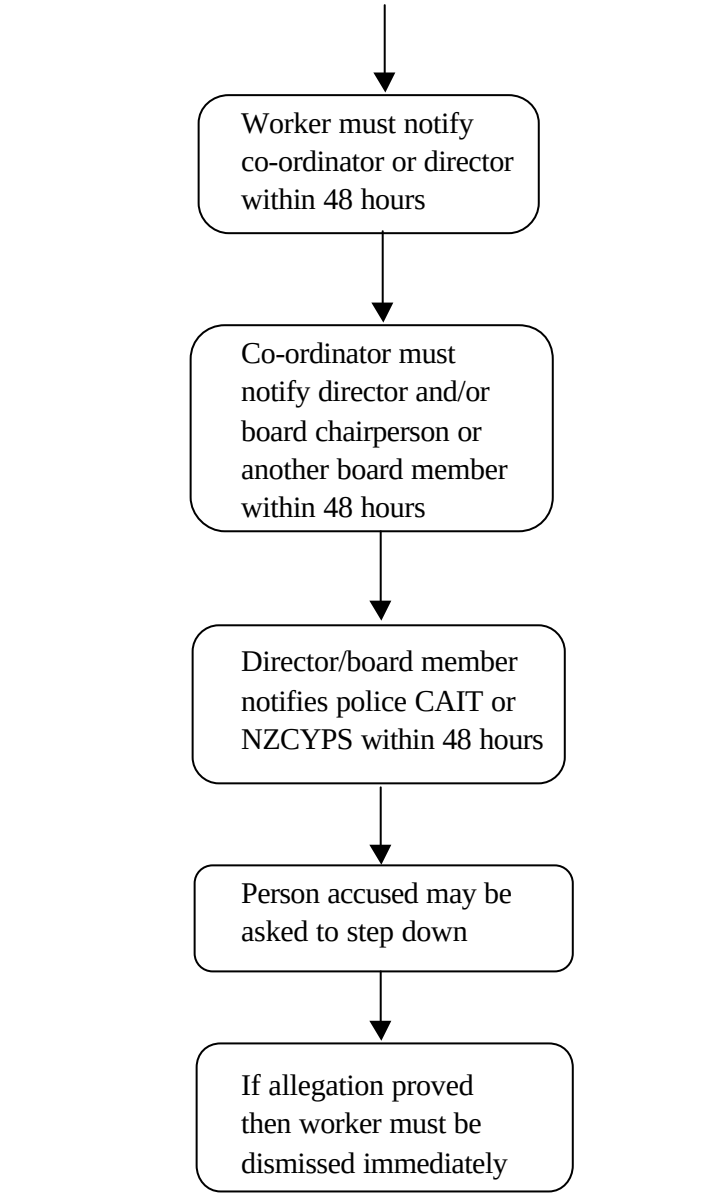
In certain aspects of their role CFSS have the same responsibilities and many of the same powers as NZCYPS. The amendments to the CYP&F Act have clarified this and allow staff employed by CFSS to report directly to the court when the Court requests this.

CFSS are not, however, empowered to take emergency action to secure the safety of a child or young person at risk of harm. Such action is the responsibility of NZCYPS or the police, even when the child or young person has already been receiving services from a CFSS.

Youth for Christ (YFC)

Procedure for dealing with sexual or physical abuse - 1

Disclosure to worker about alleged abuse by another worker



NOTE

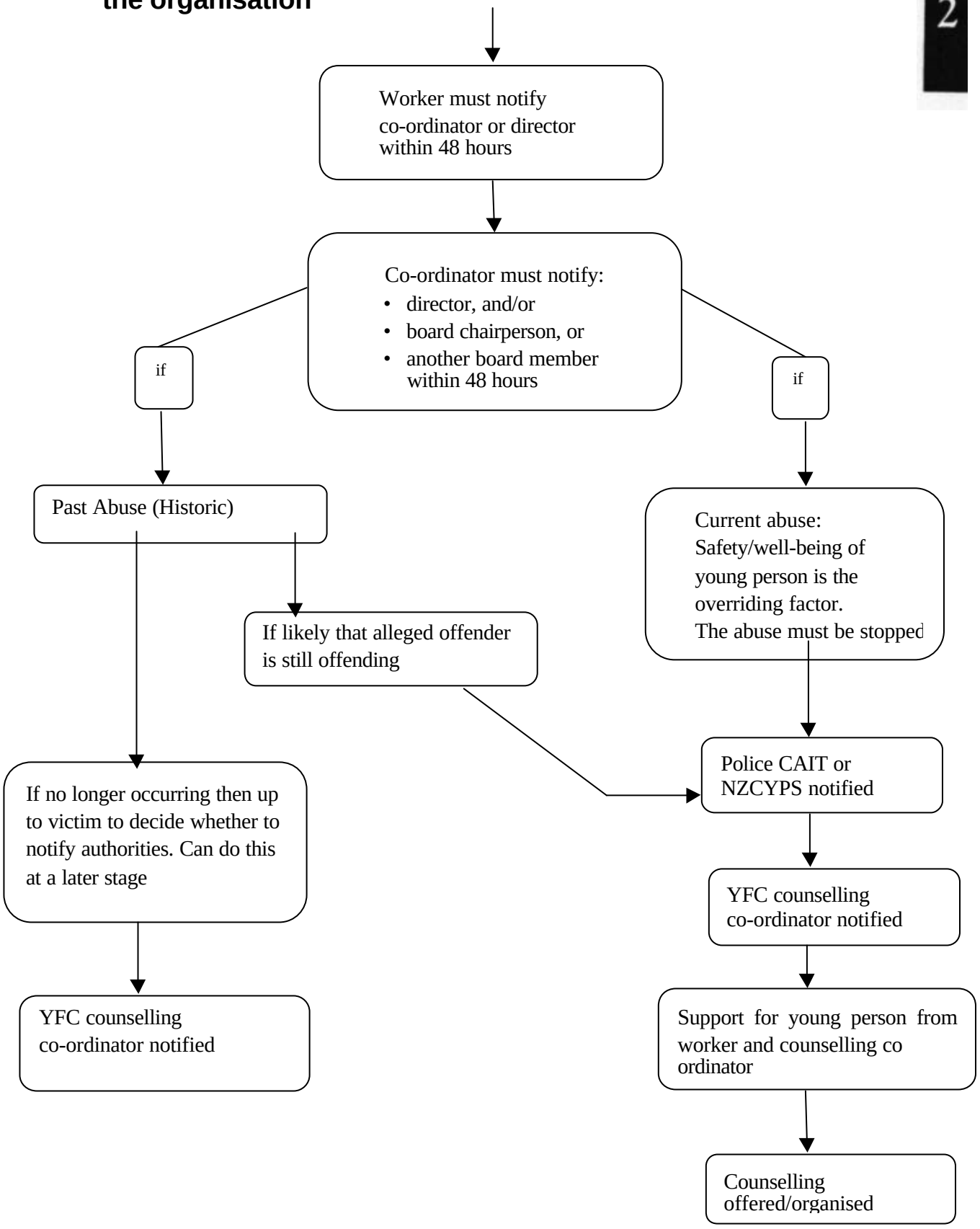
CAIT — Child Abuse Investigation Team

NZCYPS — NZ Children and Young Persons Service

Procedure for dealing with sexual of physical abuse - 2

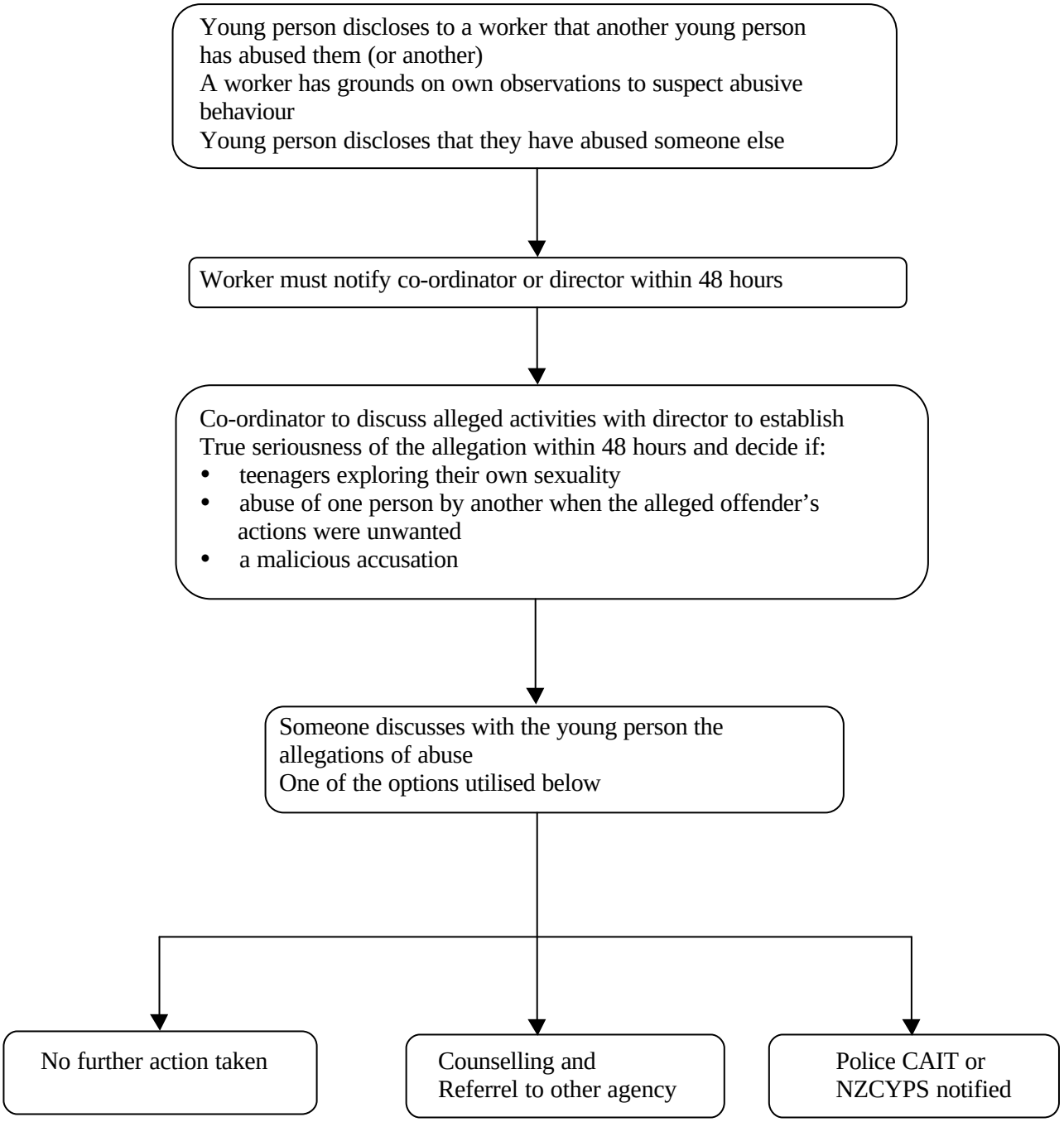
2

Disclosure to worker about alleged abuse by someone outside the organisation

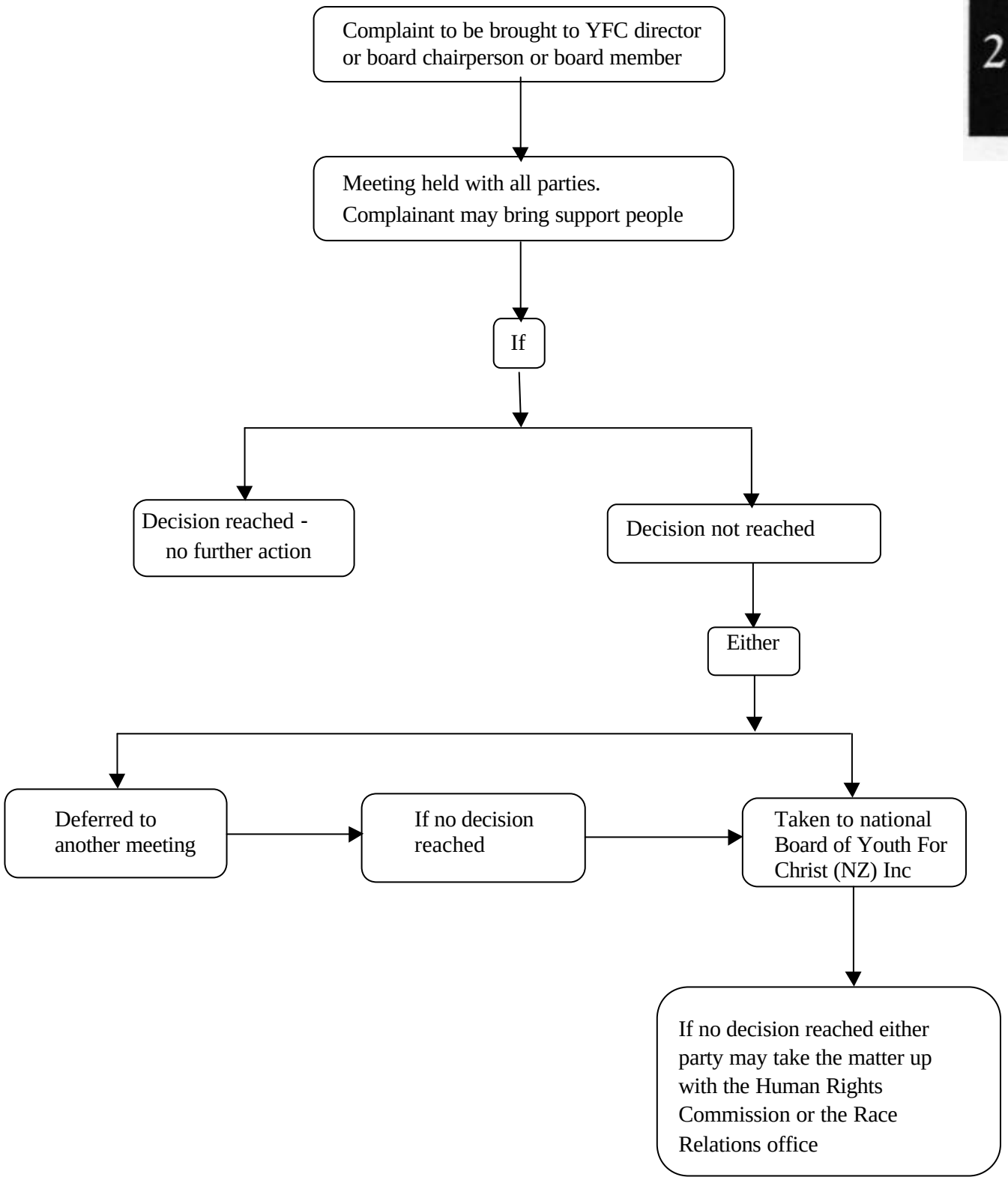


Procedure for dealing with sexual or physical abuse – 3

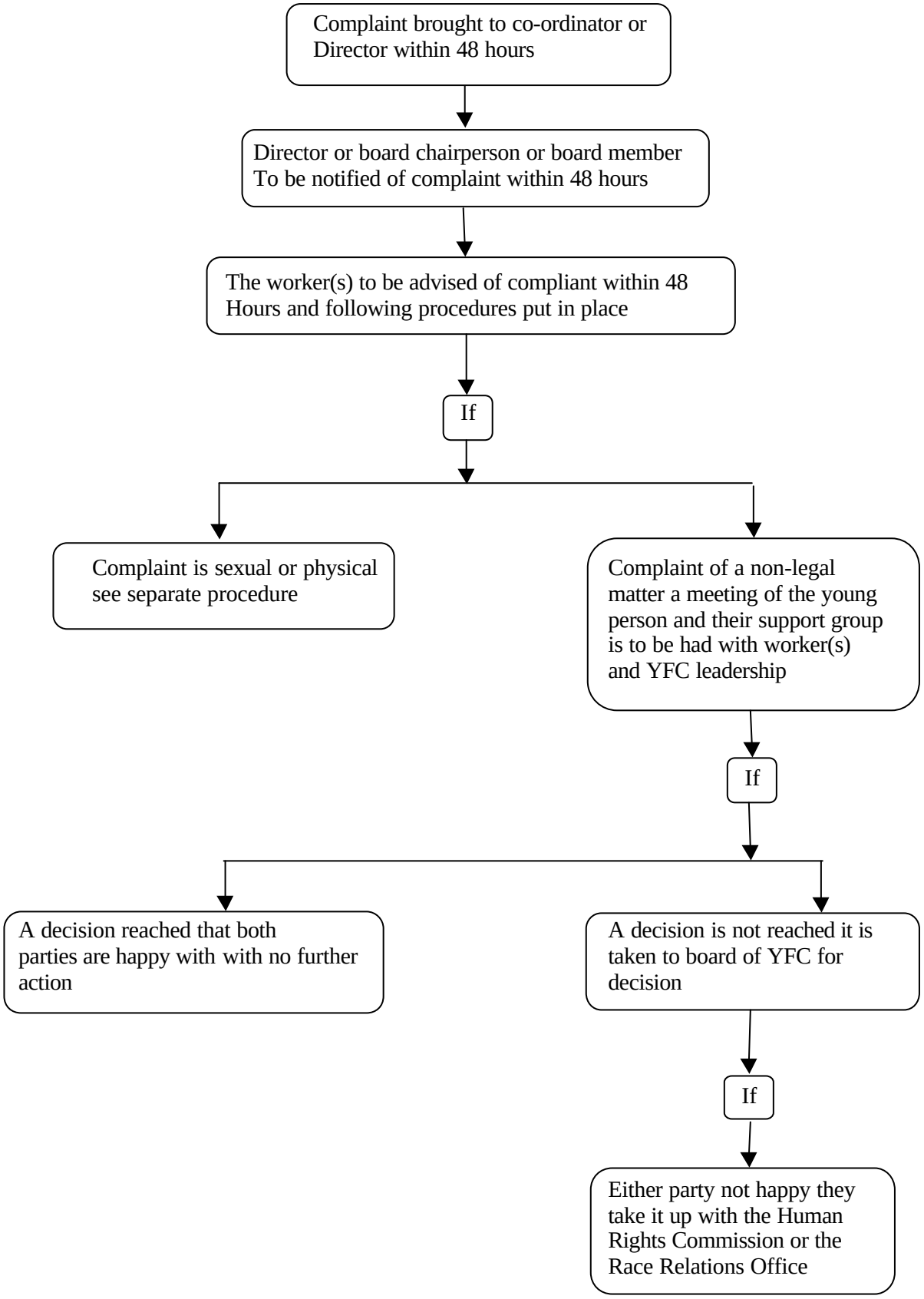
Disclosure/allegation that a young person is an abuser



Procedure for dealing with staff grievance



Grievance procedure for complaint made by young person or their family or their advocate



Barnardo's policy

2

Policy for safeguarding children again child abuse and for dealing with suspected child abuse

Child abuse covers non-accidental injury including physical, emotional, sexual abuse and neglect.

Principles

The following are the Barnardo's principles when cases of child abuse or neglect are suspected:

- at all times the welfare of the child is of paramount importance
- any child suspected of suffering from abuse must receive prompt attention
- at all time children should be safeguarded against the possibility of child abuse. Staff should act on their concerns
- believe what the child tells you and what you see rather than what adults say
- Barnardo's as an organisation must act responsibly towards all other parties affected including the parents of a child, the caregiver or foster parents, and parents of other children
- do not work alone. Child abuse is a complex and emotionally demanding area. No staff member or caregiver should deal with incidents of suspected child abuse without the consultation and support of management. (Should the manager or director not be available then contact must be made with another manager or director)
- all information must be recorded factually and accurately as soon as possible. Memory can be unreliable. Recording clarifies thinking and accountability is important
- recognise and be sensitive to cultural differences
- responsibility for the well-being of the child should be shared with the family. It is important that an interaction does not undermine the family's ability to help themselves or seek assistance.
- Barnardo's support the role of the police and NZCYPS in the investigation of suspected abuse and will report suspected abuse to these agencies.

Preventative steps

Children will not be placed where there is a person with a known history of child abuse. If any person is known to have convictions for any crimes of violence or major criminal convictions, this would indicate that the person is not safe around children. Any person who will be in a caregiver situation with a child or children will, with consent, be subject to police and reference checks, to ensure that known violence has not occurred previously. Children should not be placed, or staff employed, until after the reference and police checks are completed satisfactorily. A police check, however, is no guarantee that abuse will not occur, and staff need to be vigilant.

In family day care, caregiver applicants are also required to agree to a written statement outlining details related to the care and protection of children in their household.

When a child is placed in care, and it is known that the child has suffered sexual or physical abuse, that information should be shared with staff and or/caregivers who work with the child in order that they can relate to the child appropriately, protect themselves from allegations of abuse against them, and afford the child protection from possible further abuse.

Parental involvement and freedom of access to their own children in services is encouraged. Barnardo's *"Child Abuse Prevention Policy and Complaints Procedure"* is available to parents.

Staff, caregivers and foster parents are encouraged to increase awareness of child development and observation. They should be aware of:

- ways to prevent, and/or
- ways to recognise and respond to child abuse.

It is important to work towards breaking the cycle of violence in families. Bamardo's supports personal safety education of parents and children.

People working with children in Bamardo's services are well supervised and supported. In early childhood centres, staff will establish rules to ensure that adults are as visible as possible in the activities they perform with children.

Concerns might be about:

- the intimate care of children (toileting, nappy changes etc)
- minimising opportunities for adults to be alone with a child
- the acceptance of touching children.

Protection is a two-way issue because not only do children need protection, but also those who work with children. False allegations or suspicions are highly stressful and potentially damaging to both organisations and individuals.

It is important for staff in each region to develop a working relationship with people from agencies and departments who can become contacts, such NZCYPS and other agencies specialising in assessing and treating child abuse.

Procedures for dealing with suspected child abuse

Contact your manager, or if they are not available, the regional director, or if they are not available, discuss with another manger or director.

Clarify the situation by recording factually (use attached form Suspected child abuse report page 2-16) the following signs of abuse suspected and reasons why suspicions were aroused, for example:

- physical state
- a pattern over time
- a change in the child
- the child's state of mind
- particular incidents (plus dates and times if known)
- action taken if necessary, for example, medical attention
- people with whom you have discussed the case•
- own feelings, or hunches acknowledged as such.

This report is confidential. As it is about private family matters, it should be carefully kept and only shared with those who are directly involved. It may be needed should this case have to go before the Family Court, or to a FGC

Support

Support information must be given to the caregiver/parent or whanau/staff member(s) as appropriate. This depends on:

- the safety of the child
- the identity of the abuser
- Bamardo's responsibility to staff/caregivers as colleagues and to the parent as a client
- respecting and releasing information only as appropriate
- needing to ensure that evidence of abuse is available to police for criminal investigation if appropriate, especially when sexual or other serious abuse is suspected
- not advising the abuser(s) in advance if they are to be interviewed by the police.

Director, manager and staff together should decide what should be done and who is most appropriate person to take responsibility for giving support and information.

In no circumstances should the child be alarmed by any caregiver or staff member. Care should be taken not to ask leading questions or venture into police territory or areas where specialist knowledge is required.

Reporting

The regional director and manager together with staff will decide whether or not suspicions relating to abuse or safety are reported to NZCYPS or police. In family day care it would be good practice for the co-worker to be involved in the discussions.

Decisions should be made on the basis of observation, communication and consultation.

Consultation may involve seeking further options, for example:

- doctor (with parental consent). A written report should be requested and consultation may be paid for by Barnardo's
- Care and Protection Resource Panel (CPRP), C&F co-ordinator or duty social worker (or whatever is appropriate for the region)
- other agencies such as Help, Woman's Refuge, Maori and Pacific Island groups, etc.

Reporting to NZCYPS

There are two possible pathways the preferable and first course:

- Barnardo's contact duty social worker for intake
- refer to senior social worker/investigating social worker who will discuss the matter first with Barnardo's and secondly with the CPRP
- refer for an FGC or Court or family/whanau agreement (or no further action)
- Barnardo's would have the role of information and advise caregivers in an FGC.

A back-up procedure is:

- Barnardo's could refer direct to C&P co-ordinator for an FGC. Barnardo's role (under section 19 of the CYP&F Act) would be as referrer, which is a major legal role and would require that Barnardo's state to the family that they believe help is required and why
- as an investigative role this would require provision of information on form Referral to C&P co-ordinator.
- if a caregiver is required to attend they must be accompanied by a senior staff member
- should the regional director and staff decide to report the case, she must inform the chief executive or the Director, Child and Family Services.

Note

For an FGC some preparation and support will be needed to ensure that personnel understand their role, the implications, and limits when participating.

Procedures

When dealing with allegations or suspicions or abuse against a Barnardo's caregiver, foster parent or staff member:

- it is important to minimise the impact of allegations and to allow a fair investigation
- if a person has a history of suspected child abuse or an allegation of abuse has been made against them or their household, Barnardo's would consider the individual's case and base decisions on both the protection of the child and the person involved
- the protection of the child would be paramount.

In home-based care

If staff are certain an accusation against the person is incorrect, and the manager and director agree, the person could still be used. It would be possible to let parents of new placements know the facts and that Barnardo's has confidence in the caregiver, then place the child with their agreement.

If investigations are inconclusive, once again parents may be consulted, with the consent of the caregiver concerned.

If staff are uncertain, children should not be placed.

If Barnardo's decide to take a serious step and discontinue care then:

- parents should be consulted
- justice and the rule of natural fairness should be observed for caregivers and foster parents.

Barnardo's will consider allegations of abuse thoroughly and sensitively in recognition of the partnership relationship with caregivers. Exploration of intention to terminate this role would be made giving caregivers the opportunity to respond before a final decision is made.

In child centres

Staff members under suspicion would usually be suspended while the matter is investigated. They would be informed fully of their rights.

If other staff are certain an accusation against the person is incorrect, and the manager and director agree, that person could remain employed.

If the complaint is found to be substantiated the employment of that staff member will be terminated immediately.

Confidential

Suspected child abuse report

Date _____fss/fdc/ccc/ Staff Member_____

Child(ren) _____ DOB _____

_____ _____

_____ _____

Address: Phone_____ _____

Brief outline of problem

_____

_____

Caregiver's observation:
(if appropriate)

_____

_____

Staff member's observations:
(marks on body if appropriate)

_____

_____

Other relevant information

_____

Discussed with:

_____

_____

_____

Action planned:
(including referral information)

_____

_____

_____

Conclusion:

Manager's signature:

Follow-up details:

Children's Health Camps Board policy for the reporting of child abuse

Introduction

Health camps are concerned for all aspects of child health and well-being. Many children will be admitted with unidentified problems. Camps aim to be safe and happy places with programmes which provide an opportunity for personal development and the development of daily living skills to widen horizons and help increase self-esteem.

Camps also provide secure and safe places where children feel able to discuss their problems and receive guidance to handle them. They aim to provide a place where confidence is not misplaced or felt by the child to have been misplaced. Such an environment will on occasions, therefore, lead to a child volunteering information about pleasant and unpleasant experiences in their past. Sometimes this information may reveal incidents involving sexual, physical or emotional abuse and neglect of the child.

Procedures to be observed by staff receiving such information have been established and are to be observed in all such cases. The following statements are intended to clearly establish the Children's Health Camps Board's policy on such matters.

The Children's Health Camps Board has developed its policy and procedures with regard to children suspected or known to have been abused in light of the principles and provisions of the CYP&F Act, 1989.

Statement of commitment

The Children's Health Camps Board is committed to the care and protection of children and young people.

This commitment means that at all times the safety of the children and young person will be given primary consideration when decisions are made.

Policy

Training

The Children's Health Camps Board recognises that staff in camps need clear guidelines and training to enable them to deal sensitively and appropriately with a child who may disclose incidents of abuse or whom staff may suspect to have been subject to abuse. Therefore, the staff development programme and the in-service training programme run in camps must give staff appropriate training in how to recognise, react and deal with cases of suspected or disclosed abuse.

No specific encouragement

The staff of health camps, or the Medical Officer assigned by the health development unit while acting on behalf of the camp, should not directly or specifically encourage children to disclose incidents of abuse.

Admittance

Health camps will not specifically admit children for the sole purpose of assessing the possibility of abuse.

Response

Should a child elect to discuss an incident(s) of abuse, staff or the Medical Officer will respond according to the stated procedures in all cases.

Paramountcy

The overriding principle in any event will be that the interests of the child's safety and well-being will be paramount in all cases.

Report

When a staff member suspects a child may have been abused, this suspicion must be communicated to the camp manager or deputy as soon as possible (within 48 hours).

Role of the health camp

Disclosures

Receive voluntary disclosures in a sensitive and specified way that does not influence the child's perception of the events or subject the child to any form of "interview" which might compromise subsequent formal interviews conducted by skilled specialist agency staff. It is particularly noted that the need to repeat the details of such events may cause the child unnecessary distress.

Record

Record the details of such disclosures and any other relevant child-centred information. All information must be recorded factually and accurately as soon as possible as memory can be unreliable. Recording clarifies thinking and enables accountability. Information should be:

- timely
- concise
- factual
- signed
- dated.

Report

To inform local area, external statutory agencies of the disclosures as quickly as possible and the duty social worker at the local NZCYPS office or the police.

Sensitivity

Be sensitive and aware that:

- any child abuse allegation rests on the word of the child, thus great care is needed not to contaminate evidence
- when the family is not implicated, the parents or caregivers should be advised and appropriate support sought
- you should identify possible avenues for cultural and other support in advance, for example:
  - Help Foundation
  - Rape Crisis

by using agencies and groups experienced and knowledgeable about child sexual abuse. Well-meaning but inadequately informed help can limit the child's options for statutory action

- you should carefully manage any contact between the child or young person and their family
- while it is good practice to consult the child or young person and their family about action to be taken (except when a family member is the alleged abuser). the health camp reserves the right to make an independent decision to make a report to the police or NZCYPS.

Confidential information

After informing the appropriate statutory agency, the health camp will formally pass on the management of any follow-up action to the statutory agency and will inform the referral agency in confidence that, as a result of a disclosure, information gained by the camp has been passed onto the statutory authority. No details of the nature or type of disclosure are to be given to the referral agency. If the agency seeks further information, they should be advised to contact the local
NZCYPS.

Providing information

Provide such evidence and statements required by the Courts, for example, a FGC to make staff involved available for any follow-up action.

Procedures

When a child voluntarily discloses information relating to emotional, physical or sexual abuse staff members are to respond in the following manner:

- adopt an interested and concerned facial expression
- maintain eye contact.

Do not interview the child

Use minimal encouragers to talk:

- 'oh?'
- 'it's OK (or all right to talk)'
- nods of the head
- use of silence to encourage the child/young person.

Remember the following:

- let the child conclude the conversation and allow him or her to say as much as she/he wants to
- do not try to stop the flow of conversation while you look for pen and paper
- focus only on one child
- do not try to supervise or organise a group of children while receiving disclosures.

If easily identified, reflect the child's emotions:

- "It looks like you're scared about that".

It is important that staff do not question the child on details of incidents or attempt to ask the child leading questions. Leading questions are those which suggest certain actions might have occurred or which name particular people who may have been involved.

Reassure the child

"You did the right thing telling me this you are safe here and I'll find out the best way to help. Is that okay with you?"

Be honest with the child about what will happen to the information. Tell the child you will have to tell the manager and that some other people may also have to be told. Never give a child an undertaking that you will be able to keep the information a secret.

However, do reassure the child that you will tell the manager privately that no other child or staff member will be there when you talk about it. Tell the child only the truth about what you are able or not able to do.

Record

Immediately write down the actual words you and the child used including:

- facts on where the disclosure occurred
- specific statements made by the child and the response
- observations of the child's actual physical behaviour, if any exhibited during the disclosure, for example crying
- substantiate professional judgements and opinions about the child's emotional **state** by objective documentation.

Consultation

If necessary, request relief from normal duties to record this information in writing.

Inform the camp manager in the first instance, or if not appropriate, inform the deputy manager.

All available information on the child should be reviewed by the manager/deputy manager and the staff member to whom the child made the disclosure, to identify other possible indications of abuse.

The health camp manager is responsible for informing either the police or NZCYPS at the first available opportunity. Neither the staff member nor the camp manager are responsible for determining the truth or otherwise of the disclosures made by the child. This is a skilled professional task which should never be undertaken by those without the appropriate extensive specialised training.

Suspected abuse

When a staff member suspects that a child may have been subject to abuse but a disclosure has not been made or other evidence found, the staff member is to report this at the earliest possible time to the camp manager. The staff member must not approach the child or the child's family directly. The manager will then ask the staff member to record the reasons for the suspicion having arisen and then follow procedures.

The manager will then be responsible for deciding whether there is good reason to contact the statutory agencies. In all cases, the paramount principle of protection of the child should ensure that when there is reasonable cause to suspect abuse, the statutory agency will be informed.

Do not

The health camp staff or the medical officer while acting on behalf of the camp will not:

- actively seek disclosures
- actively question during a voluntary disclosure
- conduct any form of intrusive medical examination for the purpose of establishing the possibility of sexual abuse
- voluntarily release records reating to the child to the police for prosecution purposes.

Do

The health camp staff or the Medical Officer while acting on behalf of the camp will:

- always adopt a co-operative attitude
- willingly provide any records sought by the police or NZCYPS under legislative or other authority.

However, common sense and judgement will be needed. Camp management will need to ensure that records originating from another agency, for example a referral agency, are not released to the police or NZCYPS without permission of the owners of the records. The staff member who received the disclosure from the child may need to be interviewed by the police or NZCYPS. The statement written by the staff member immediately after disclosure may be of great importance in establishing whether a case exists that warrants further investigation.

Confidentiality

The Board wishes to stress the importance of stall maintaining the strictest confidentiality about any information relating to a child in camp. Staff may not discuss a disclosure, or any suspicions that they may have with anyone other than the manager or deputy unless specifically authorised to do so by the camp manager. Failure to observe this duty of confidentiality may result in disciplinary action being taken. However, if a staff member believes the manager failed to act on a report without good reason, she/he should immediately advise the Executive Director.

Cases of suspected abuse by a staff member

When a fellow staff member is suspected of perpetrating abuse, the matter must be reported to the manager, or duty manager. The manager or deputy manager must review the evidence and, in consultation with the Executive Director, determine the appropriate steps to be taken. As well as informing the local police and NZCYPS, the manager may need to suspend the employee while allegations are being investigated.

Care must be taken to ensure that the rights of all parties are protected and the manager or deputy manager must not act alone but must seek support from the Executive Director. If the Executive Director is unavailable, the camp committee chairperson may be consulted. Care must be taken that the Board's disciplinary procedures are followed correctly with regard to suspension. However, if a staff member believes the manager failed to act on a report without good reason, she/he should immediately advise the Executive Director.

Relationships with NZCYPS and police

As a matter of policy, managers should make contact with their local NZCYPS office and police and develop appropriate contacts. NZCYPS and police personnel may be available to assist camps in providing in-service training for staff.

3 National protocol agreed by Crown Health Enterprises and NZCYPS

MINISTRY OF HEALTH

MANATU HAUORA

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Wellington
New Zealand
Phone (04) 496 2000
Fax (04) 496 2340

Ref No:

National Protocol Agreed by Crown Health Enterprises and New Zealand Children and Young Persons Service

I hereby acknowledge the responsibility of the New Zealand Children and Young Persons Service for the development of an Interagency Protocol for Management of the Reporting of Child Abuse. This protocol has been developed with the help of a CHE (crown health enterprise) working party and wide consultation within the health sector. Both provider and purchasing agencies have had opportunities to contribute to this resource document and have approved the final draft.

I agree to the use of this protocol as an interagency guide to the voluntary reporting of child abuse in accordance with the Children, Young Persons and Their Families Act 1989.

Dr Karen 0 Poutasi
Director-General
Ministry of Health

Introduction

This section contains a national protocol for use by Crown Health Enterprise (CHE) workers for the reporting and management of abuse and neglect of children and young people.

It is a negotiated document developed by a working party of CHE and New Zealand Children and Young Persons Service (NZCYPS) personnel in response to the CYP&F Amendment Act 1995.

Its purpose is to promote a consistent and comprehensive approach to the care and protection of children and young people.

Kaupapa/philosophy

There are a number of key values to which everyone involved in child abuse care and protection in health should subscribe. They are also important for all other health staff involved in providing services to children and families.

"the welfare and interests of the child or young person shall be the first and paramount consideration..." (section 6, CYP&F Act 1989).

Children and young persons are our taonga. They have a right:

- to full emotional, spiritual and physical well-being
- to develop their own potential in an environment which is nurturing and protective and in which they are safe from abuse.

The protection and nurturing of the child or young person is the responsibility of adults. The abuse of a child or young person and its prevention is also an adult responsibility. Health services should contribute to the nurturing and protection of the child or young person and advocate for them as part of their role to promote, protect and preserve the public health.

Children and young persons are vulnerable and dependent and are unable to advocate for themselves. They are not responsible for abuse inflicted on them by others.

The whanau/family's primary role in providing for the care, welfare and safety of children should be valued, maintained and strengthened by health services. However, at all times the child's health and safety should have priority.

Health services for the care and protection of children should be built on a bi cultural partnership in accordance with the Treaty of Waitangi.

All children and their whanau/families have the right to health services for child abuse care and protection that are accessible, culturally aware and appropriate, and sensitive to their varying backgrounds and cultural needs, recognising the multicultural nature of our population.

It is particularly important for abused children and young persons that services be provided in environments which are comfortable and appropriate to their needs and to their years.

CYP&F Act 1989

All the privacy restrictions are overridden by sections 15 and 16 of the CYP&F Act (1989), which provide for the voluntary reporting of child abuse and protect from civil, criminal or disciplinary proceedings any person disclosing in good faith information pertaining to the child abuse. This means in practice that it will seldom be necessary to apply the exemptions from restriction on disclosure in the Health Act 1956, the Privacy Act 1993, and the Health Information Privacy Code 1994.

Referrals should normally be carried out according to procedures developed within services or units. However, provision should be made for any staff member to make referrals directly to NZCYPS or the police when there is concern for a child's immediate safety. Consultation procedures should take place as soon as possible after a referral.

Voluntary reporting

The CYP&F Act, as amended in 1995, does not require mandatory reporting. Instead new responsibilities were placed on the Director-General of Social Welfare by section 7(2) of the CYP&F Amendment Act. They require that the Director-General will:

"Promote, by education and publicity, among members of the public (including children and young persons) and members of professional and occupational groups, awareness of child abuse, the unacceptability of child abuse, the ways in which child abuse may be prevented, the need to report cases of child abuse, and the ways in which child abuse may be reported; and

Develop and implement protocols for agencies (both governmental and non governmental) and professional and occupational groups in relation to the reporting of child abuse, and monitor the effectiveness of such protocols."

Voluntary reporting is being promoted by NZCYPS through the development of reporting protocols for individuals, community organisations and government services and educating programmes to increase public awareness.

Privacy issues

Health workers are able to release information to NZCYPS or the police in the following circumstances:

- if there is a concern for a child's immediate safety
- and/or a client/parent is the (suspected) abuser
- and/or the health agency holds information relevant to care and protection issues under investigation by NZCYPS.

Staff are permitted (by section 22c of the Health Act 1956, by rule 11 of the Health Information Privacy Code 1994 and by sections 15 and 16 of the CYP&F Act 1989 and may be required to do so under sections 59-64 of the CYP&F Act 1989 which provides for Social Welfare or police) to apply for a court order requiring an agency holding documents relevant to suspected child abuse to produce those documents.

Essential practice guidelines

Consultation

No decisions or actions in respect of child abuse/suspected/potential child abuse are to be made by any health care worker in isolation unless there is concern for the immediate safety of the child.

Whenever child abuse is identified or suspected the matter must be given top priority.

Response to disclosure

Information volunteered by the child should be fully and accurately recorded. However, no in-depth interview of a child, especially regarding sexual abuse, should be attempted.

NZCYPS and the police have statutory responsibility for the investigation of child abuse.

Cultural input

Appropriate cultural input and resources should be obtained. If English is not the first language, official interpreting services should be engaged.

Support for child, young person and family

As soon as possible consideration should be given to making contact with a supportive parent or other supportive whanau/family member, identified by the child.

Informing family

In principle, parents/caregivers should be informed at the earliest possible time about a referral to NZCYPS and/or the police. However, this should be done with consideration to the immediate safety of the child, the impact on the family and the identification of the suspected abuser.

Notification to NZCYPS or the police

NZCYPS should be notified in all cases of suspected child abuse and neglect. However, not all situations require action by them. In some cases when there is concern about the child's situation but the child has not been abused, effective preventative interventions may be provided by:

- public health nurses
- health social workers
- Maori community health workers
- Pacific Islands workers

- mental health workers
- or by a referral to a community agency.

Decisions about whether to refer, and where, must not be made in isolation.

If you believe the child is in immediate danger do not hesitate to call the police.

It is advised that in all cases of abuse the police should be notified. This may be done by either NZCYPS or the CHE staff following consultation. If the injuries sustained, or the risk to the child are /is sufficient to warrant admission to hospital then the response time of NZCYPS should be within 24 hours of notification.

Medical assessment

A medical examination is indicated in all cases of child abuse and neglect as part of the investigative, therapeutic and healing process. This assessment should be performed by a paediatrician or a paediatric team doctor working under the supervision of a specialist paediatrician. In the case of a child sexual assault, the examination should preferably be performed by a doctor trained by DSAC (Doctors for Sexual Abuse Care) who has access to appropriate facilities to maintain a chain of evidence as an expert witness for court purposes. The medical examination of a sexually abused pre-pubescent child does not involve an internal examination. However swabs through the hymen can be taken if the child is well relaxed. If the child is experiencing discomfort then an examination under anaesthetic should be considered if further internal examination is required.

If there are other concerns regarding physical abuse or neglect of the child, and the DSAC doctor is not a paediatrician, the child should also have a paediatric assessment.

The purpose of this medical assessment is:

- to document carefully any evidence of child abuse or neglect including delays in development or significant behavioural problems and in the case of acute sexual assault to provide forensic evidence
- to assess the child's current safety and physical, developmental and emotional needs, and to ensure medical follow-up, counselling and support
- to document carefully the growth and nutritional status of the child
- to provide an M46 ACC form
- to reassure the child and/or caregivers with regard to injury or infection or concerns about their body. Many children have very real worries about their body and feel that anyone looking at them would be able to tell what had happened to them. This can be particularly true of children who have been sexually abused. It is most important to allay these fears
- to exclude, or to diagnose and treat, sexually transmitted disease and pregnancy, important to establish in cases of child sexual assault. Sexually transmitted disease may be asymptomatic in children yet can result in infertility in adulthood.

Consent

Permission of a parent or guardian is normally required for any medical examination of a child under 16 years with regard to child abuse.

Exceptions are:

- if a NZCYPS social worker has a warrant issued under section 39 of the CYP&F Act, or
- if the child or young person is placed in custody of the Director-General by section 39,40 or 42 of the CYP&F Act.

The social worker can ask for a medical examination without the prior consent of the parent or guardian. They need to have made reasonable efforts to get that consent. Alternatively a Court can order a medical examination be carried out.

However, no examination carried out under section *53* of CYP&F Act 1989 at the request of a social worker, shall include an internal examination of the genitals or anus unless the medical practitioner believes the child may have been subject to recent physical or sexual abuse and the child consents to the examination. The need for the child's consent is waived in cases when the child is too young to consent. No general anaesthetic may be administered.

Authorised persons working under section 125 have the statutory power to enter a school or early childhood centre to examine a child without a court order or parental consent (Health Act 1956 s125 par(2), Ministry of Health Guidelines July 1993).

These authorised persons are:

- a medical officer employed in the Ministry
- a person authorised by the Ministry
- a person employed by the Royal New Zealand Society for the Health of Women and Children.

A child is entitled to nominate, and to have a supportive adult present during a medical examination. (CYP&F Act 1989 section 54).

"Every child or young person who is medically examined under section 53 of this Act is entitled to have present during that examination one adult..."

Talking to families and informing them of your concerns

It is important that the family know of concerns or referrals being made. The Maori Health Unit or resource person in consultation with the family should be involved with Maori families when concerns about possible abuse are first raised. The interview and all interactions with the child and family should be non-judgmental.

The suggestion of child abuse is particularly threatening and stressful for families and you should expect them to be angry or distressed, so be prepared to deal with this.

Examples of how to tell the family of your concerns:

- 'We have some concerns about how these injuries were caused. We are making a referral to another children's doctor who will come and examine your child and arrange other medical tests. We will also be asking one of the hospital social workers to come and talk to you. This is to check the situation out and make sure everything is OK for you and your child.'

- 'Whenever a child is seriously injured we want to make sure that such an injury does not happen again. So it is important that we check everything thoroughly. We will be asking a social worker and another children's doctor to come and see you and your child. They will talk to you about things like how the injury happened and safety in the home.'

- 'From what you have told me, I am concerned about the safety of your children who are being left alone while you are at the pub. I have asked a social worker to come and talk with you about this. I know you want to make sure that your children are safe and the social worker may be able to help you and give you advice.'

Has a notifiable crime been committed?

We encourage all suspected child abuse to be reported to the police. It is advisable to leave this to the C&P social worker or agreed child protection advocate. However, in the situation of serious child abuse, particularly if it is life threatening, the police need to be informed as soon as possible. This will enable them to seal and inspect the crime scene before evidence deteriorates.

A decision to refer the case to the police should be made in consultation with senior staff. For example:

- charge nurse
- on-call consultant
- social worker
- team leader
- senior public health nurse.

If the child presents to any other clinical department of the CHE other than the paediatnc service then the paediatrician on call should be notified so that a full paediatric assessment and appropriate follow-up can be arranged.

The police should be informed in cases of:

- homicide
- sexual abuse
- any assault on a child under the age of 16 years

- any assault on any person when that person has sustained:
  - — some serious wound
  - — disfigurement
  - — grievous bodily harm
  - — serious injury
  - — injury when the nature of the injury or the circumstances in which the injury occurred indicate that police intervention is necessary.

Practice procedures for children in hospital/clinic

Suspicion of non-accidental injury or neglect

Non-accidental injury includes injury inflicted and violence directed at a child or young person.

Neglect is the failure of caregivers to provide adequately for the health, safety and well-being of a child or young person.

Most children who die of abuse have had multiple recurring episodes of battering.

Severe or prolonged neglect can also cause death. Therefore, a history and careful evaluation of the child suspected of being abused is critically important.

Doctor/nurse assessment

A doctor or nurse should suspect abuse if:

- a discrepancy exists between the history and the degree of physical injury
- the injury is inconsistent with the developmental age of the child, for example, a limb fracture in a non-mobile baby
- a prolonged interval has passed between the time of injury and the seeking of medical advice
- the history includes repeated trauma over time, treated in different emergency departments
- there are frequent minor or significant or multiple injuries
- parents respond inappropriately to, or do not comply with, medical advice
- the history of injury changes or differs between parents, caregivers or relative.

The following findings on physical examination should suggest child abuse and indicate the need for more intensive investigation/history taking:

- subdural haematomas in the absence of major trauma
- skull fractures other than linear parietal, for example depressed, occipital, or complex in the absence of a history of major trauma
- perineal injuries

- bruising not in keeping with that acquired accidentally (finger tip marks, loop marks, etc)
- evidence of frequent injuries typified by old scars or healed fractures on X-ray
- ruptured internal viscera without antecedent major blunt trauma
- trauma to genital or perineal areas
- bizarre injuries such as cigarette burns, bites, rope marks
- sharply demarcated second and third degree burns in unusual places
- signs of neglect.

A general approach for child abuse

In all cases when child abuse is identified or suspected, make an initial brief assessment and discuss concerns with immediate senior colleague.

In cases of suspected child abuse contact must be made with the on-call paediatric team. If the Paediatric House Surgeon or Registrar is notified they must in turn notify the paediatric consultant on call. The paediatric team should involve either the paediatric social work team or NZCYPS social workers directly in all cases. Consultants from other clinical teams within the hospital should not manage suspected child abuse cases without input from the paediatric team.

Contact can be made with the following (insert appropriate contact information below):

Name: ..... Contact Number: ……

…… .... ……..

…….... ……..

Complete history

Gather the complete history with regard to the following:

- the timing and nature of the injuries
- a full developmental history
- a social history.

Note

In all circumstances a psycho-social history is required. The decision as to the most appropriate person to carry out this assessment may need to be discussed with C&P social workers at the time.

Physical examination

A complete physical examination including:

- height and weight
- ears
- assessment of development
- careful documentation of all bruising and external injuries. Use a chart as included in the medical protocols.[2] Comment on colour, size and shape of bruising. Observe the pattern of injury, for example, cigarette burns, cords, finger marks
- examine the oral cavity including the frenula
- examine the fundi children under two years old need their fundi viewed by an ophthalmologist.

Investigations

The following investigations should be considered in cases of child abuse and neglect and undertaken as clinically appropriate:

- FBC
- coagulation screen (and bleeding time)
- skeletal survey (especially children two years old or less)
- photographs of injuries (police may use their own photographer)
- other investigations as indicated.

Management

Provide appropriate health care.

Determine if admission is necessary.

Safety

Safety is the responsibility of the statutory agencies (NZCYPS and the police). An assessment of safety should be made in conjunction with approved CHE staff. If there are concerns, NZCYPS should be contacted as per the flowcharts on page 3-17-3-25. Remember that simply admitting a child to hospital does not ensure their safety.

[2] *CHE and NZCYPS national protocol on child abuse, reporting procedures and case management*, Wellington, 1996.
This is a companion volume to these protocols.

Safe for discharge?

No child or young person with suspected or actual abuse should be discharged from hospital unless the Pre-Discharge Checklist is completed.

Refer to Breaking the Cycle Interagency protocols for child abuse management, Child protection discharge checklist for children and young people in hospital page 3-16.

Child or young person/adolescent sexual abuse – guidelines for management

All incoming referrals when there is a concern expressed that child sexual abuse has occurred should be passed directly to a DSAC trained doctor or a paediatrician with specialist experience in this area.

Each CHE should identify the doctors in this area who are appropriately trained. There are paediatricians or GP specialists able to act as resource people in all major RHA centres.

Any child who presents to an emergency department with symptoms or a disclosure suggestive of child sexual abuse should also be seen by a DSAC trained doctor or a paediatrician with specialist experience in this area. If they cannot be contacted, the child should be seen in the first instance by the paediatrician on-call or a doctor working under their supervision.

It is recognised that when such a child presents unexpectedly with a history suggestive of sexual abuse that an initial assessment will need to be made to determine whether there is in fact a child sexual abuse problem and the severity and acuity of this problem.

If you are unsure, refer the referee on to the doctor on call for sexual abuse who can be contacted through your hospital switchboard.

The C&P resource person/duty social worker or other identified expert in this area should be contacted on the numbers below at this stage.

During the day contact Ph: ……directly.

After hours the on-call Sexual Abuse Doctor can be contacted at:

Ph:……

For Maori children/adolescents the on call Resource person can be contacted at:

Ph: ……

For Consultation with Health Social worker you can ring:

Ph:……

If there are acute symptoms (for example bleeding, genital pain, abnormal discharge) or the alleged sexual assault occurred within the past 72 hours, the sexual abuse doctor will want to arrange to examine the child as soon as possible.

If there are concerns about the child's safety, discuss with NZCYPS duty social worker or their after hours service.

Note

With a sexual assault when there is likely to be saliva or semen from the offender, a few hours can make a considerable difference to the quality of. forensic evidence.

Forensic issues

Forensic evidence may be obtained from physical examination up to 170 hours after the assault, particularly up to 72 hours.

Prior to the forensic examination the child/adolescent should not eat or drink, shower or change their clothing. The clothing will need to be taken for forensic examination.

The child may go to the toilet but ask them not to wipe the genital area.

History and examination — acute sexual assault

A complete history and examination should be carried out only in conjunction with appropriately trained and identifiable medical personnel.

A description of the timing and nature of any injuries and symptoms needs to be obtained. This needs to be done in a non-judgmental style using open questions as opposed to leading questions. If this has been done a number of times before (for example, an adolescent may have already given a statement to the police), take the briefest history necessary.

- Open questions allow for the child/adolescent to provide the answer:
  - — 'What happened then?'
  - — 'How come your fanny is sore?'
  - — 'Is there any part of your body you're worried about and you'd like me to check?'
- Leading questions suggest the answer:
  - — 'Did Uncle Bob touch your fanny?'
  - — 'Did he pull your pants down?'

Note

Avoid 'did' questions. Try to use 'what' or 'how'. Try to record verbatim what you ask and the response.

Sexual abuse

This is a complete paediatric examination carried out both for health and forensic reasons. Careful documentation as in all alleged abuse cases is essential. This examination should be done by, or in conjunction with a doctor trained in this field of medicine. For example:

- a child abuse paediatrician
- child accredited doctor for sexual abuse care (DSAC doctor).

Refer to Who 's who in child protection Chapter 4 in Breaking the Cycle: An interagency guide to child abuse, pages 44-48.

Forensic examination

The Medical Examination Kit (MEK), a forensic examination kit, can be obtained from the police.

- Ensure that each item of clothing to be sent to the Crown Research Institute (CRI) is individually packaged in the bags provided.
- As a rule, forensic swabs are taken before STD swabs.
- Follow the MEK instructions.
- For semen use the MEK swabs and slides provided. These are normally too big for most pre-pubescent girls and ENT swabs can be used instead but ensure you take as many as possible (2 or 3) to ensure there is enough material for an analysis.
- Make sure all forensic swabs are thoroughly air-dried before sealing them in the kit.

Investigations

- Forensic specimens as per assault medical examination kit
- STD screen maintaining chain of evidence
- Investigations for physical abuse as indicated
- Collection of clothing when appropriate.

Management

- Provide appropriate health care (STD condoms, pregnancy prophylactics)
- Arrange follow-up if child is not admitted, consult with senior paediatric colleagues
- Complete an ACC (M46) form
- Ensure safety issues have been addressed with NZCYPS or the police.

Child protection discharge checklist for children and young people in hospital

- ❑ Check immediate safety.
- ❑ Document concerns.
- ❑ Consult with senior/colleagues.
- ❑ Cultural support/consultation.
- ❑ Interpreting services Yes ❑ No ❑
- ❑ Inform family and/or child/young person of concerns. Discuss likely process with child/young person.
- ❑ Inform NZCYPS. ❑ Inform police.
- ❑ Arrange urgent medical with specialist unit/DSAC doctor:

  Contact: _____

  _____
- ❑ Consent from parent/guardian if under 16 years or with legal authority.
- ❑ Arrange non-urgent medical appointment.
- ❑ Psycho-social assessment - undertaken by: _____
- ❑ Follow-up arranged:

  Health: _____

  _____

  Social: _____

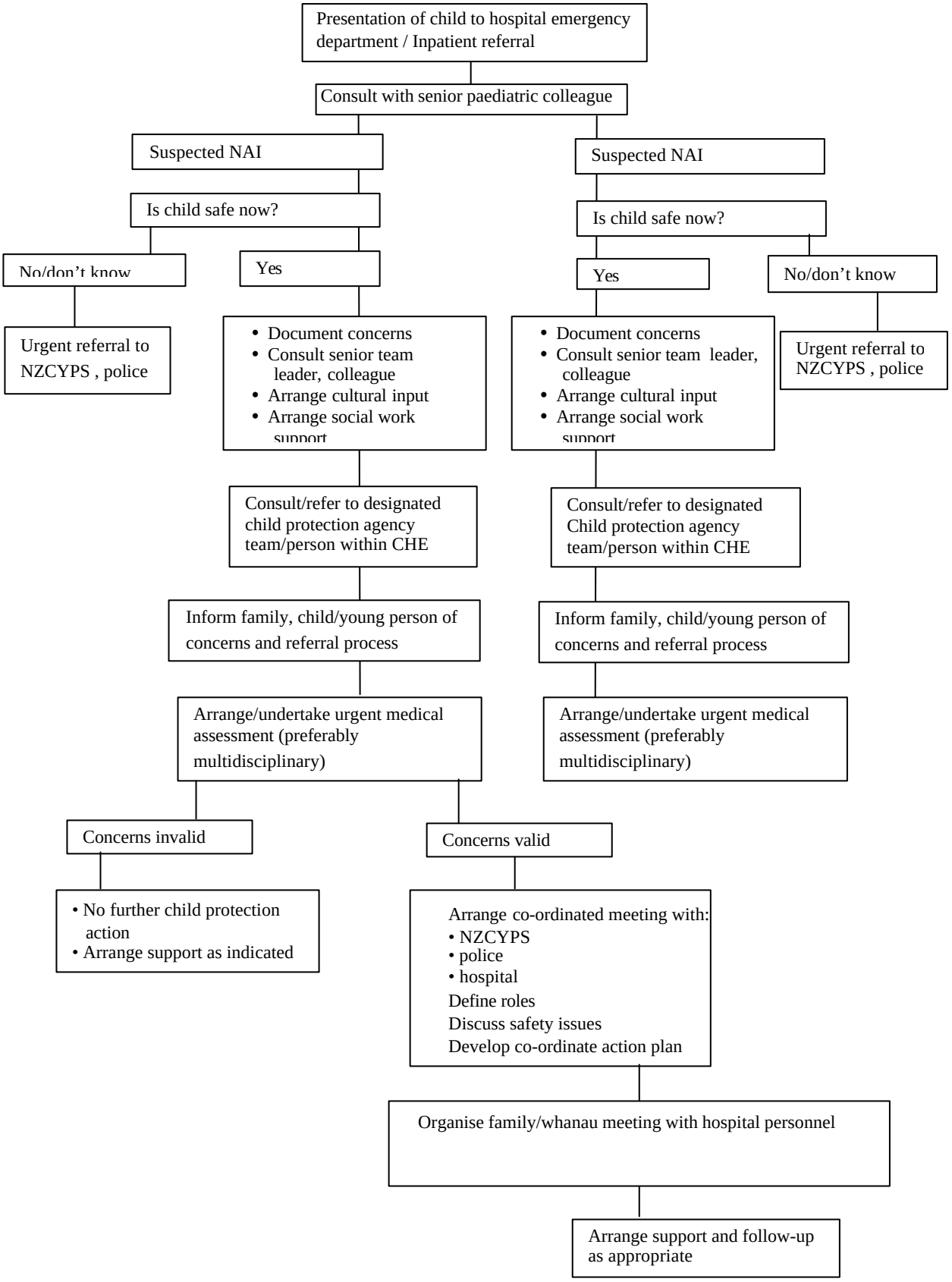
  Safety: _____
- ❑ Inform family of arrangements.
- ❑ Identify key worker: _____
- ❑ Complete ACC form.
- ❑ Complete medical report.
- ❑ Report to referrer.
- ❑ Correct name and address details.
- ❑ Obtain alternative contact address.

Procedural flowcharts for health services

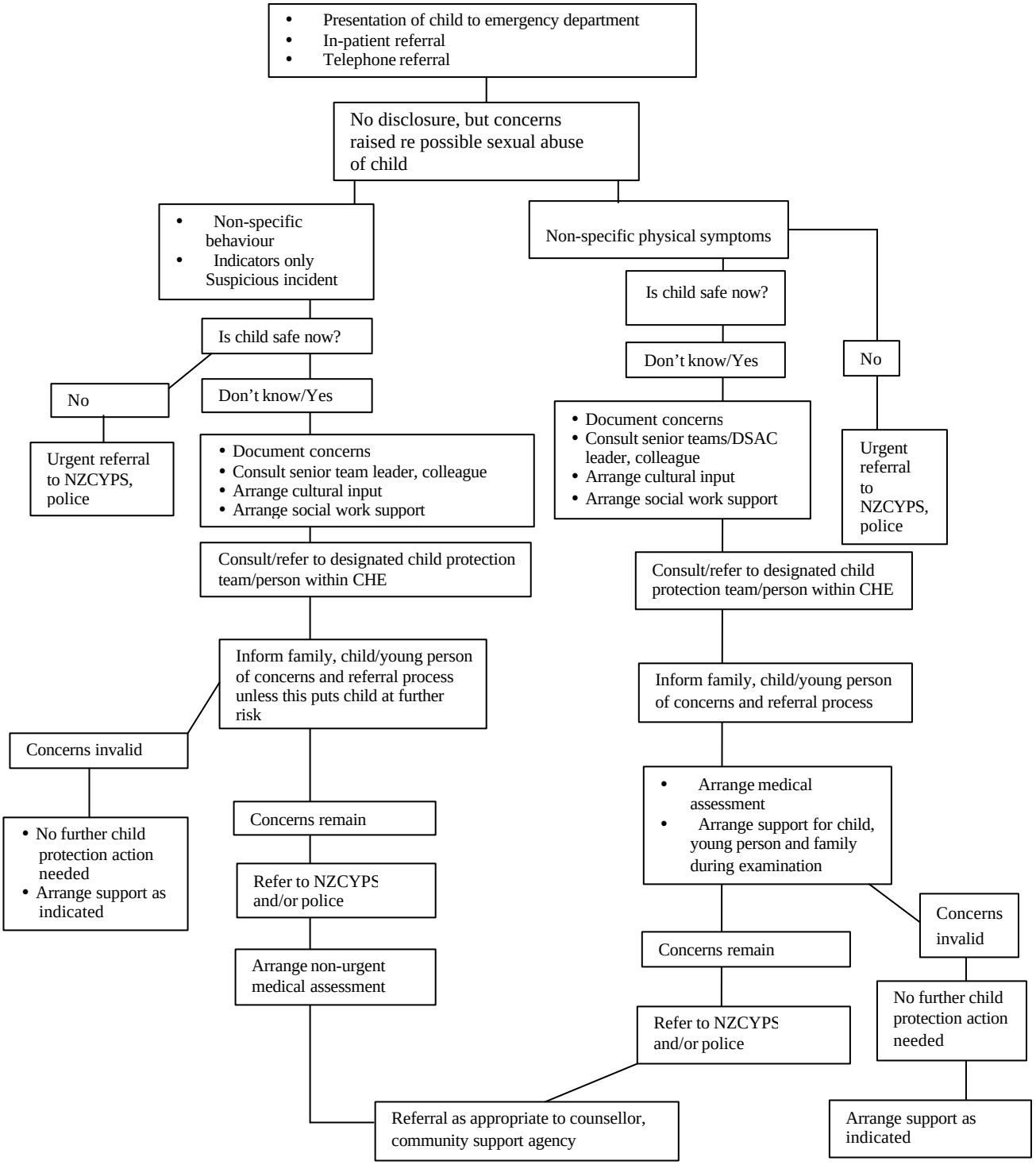
The following flowcharts are produced as simplified guides to practice:

- Children and young persons in hospital
- Sexual abuse/assault
- Maternity services
- Mental health services
- Drug and alcohol services
- Community health services.

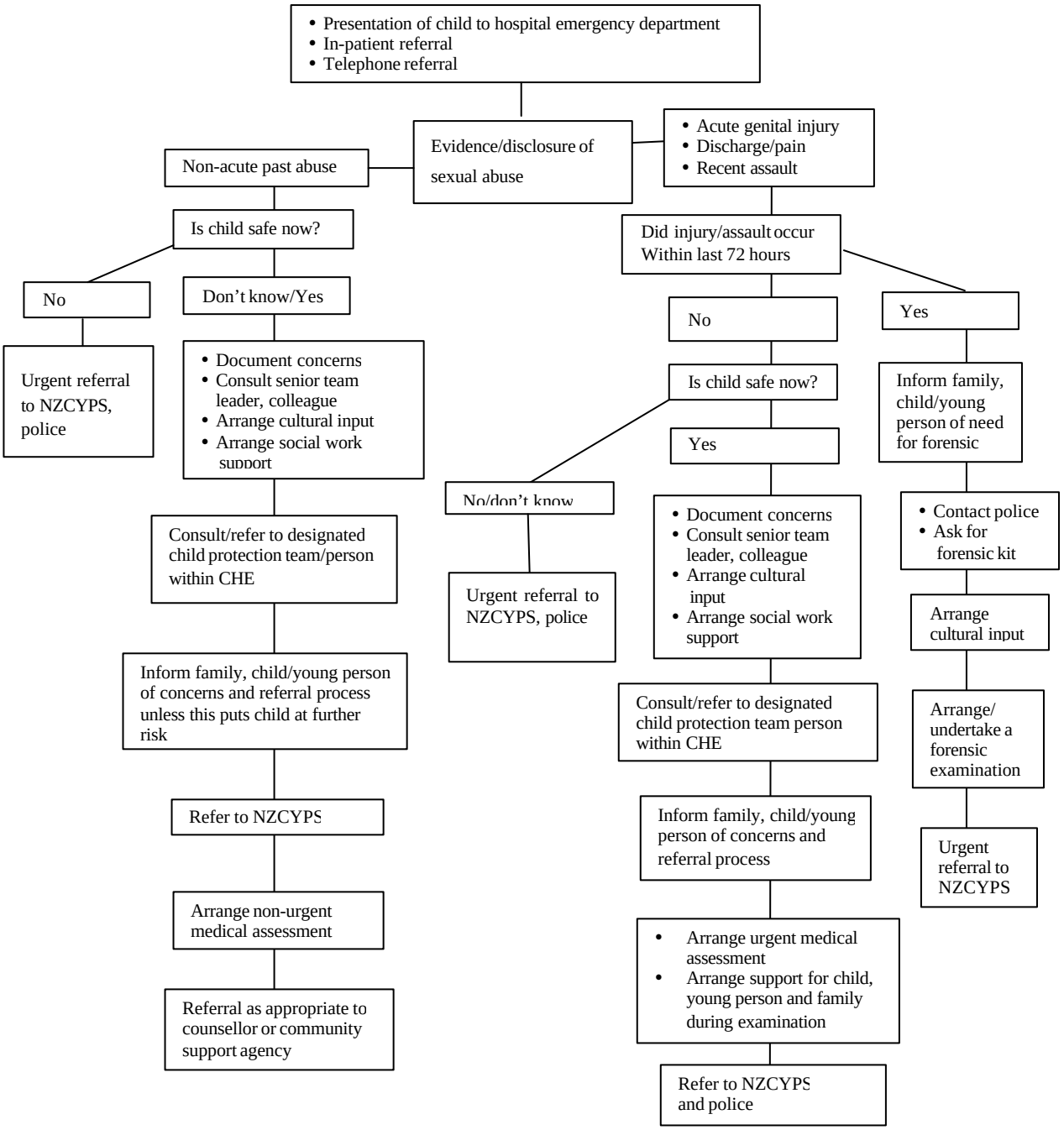
Paediatric Services/Emergency Department non-accidental injury disclosed or suspected flowchart



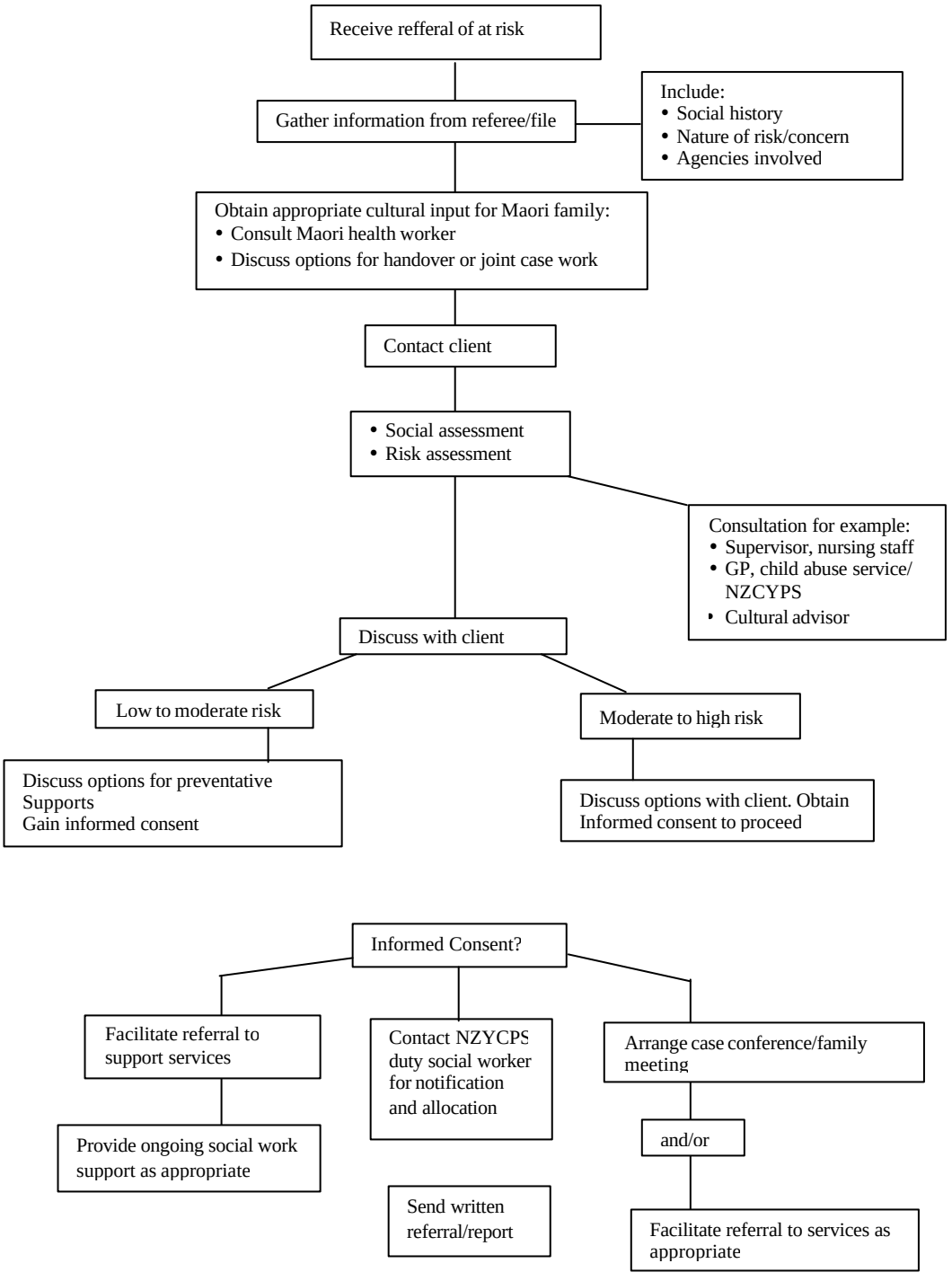
Paediatric Services/Emergency Department possible or suspected sexual abuse flowchart



Paediatric Services/Emergency Department possible or suspected sexual abuse evidence/disclosure flowchart

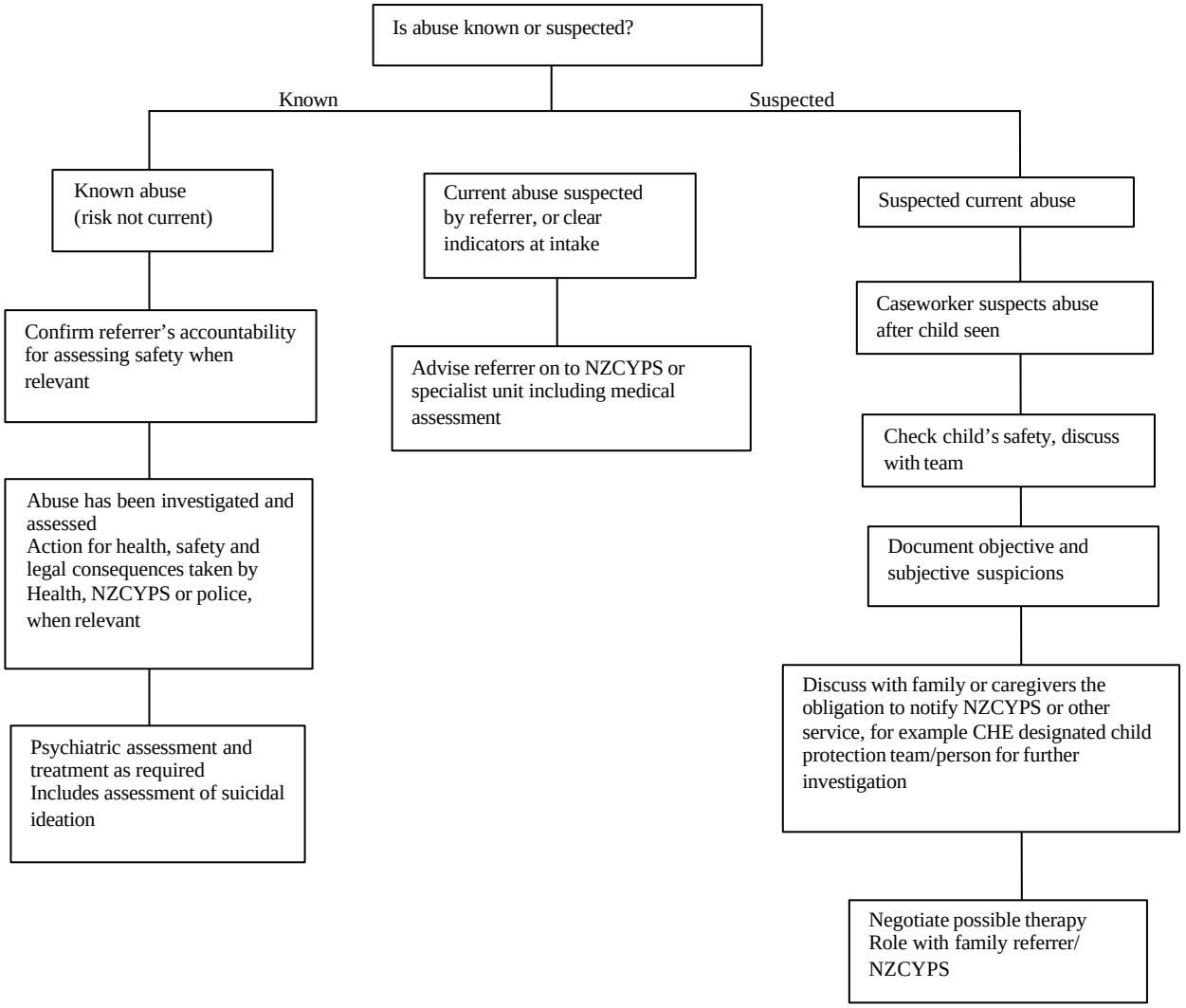


Maternity Services associated child abuse and neglect flowchart



Informed consent guidelines should normally be followed. However, if there is a concern for a child's immediate safety. And/or your client is the (suspected) abuser, child protection may need to proceed without first obtaining parent/caregiver consent.

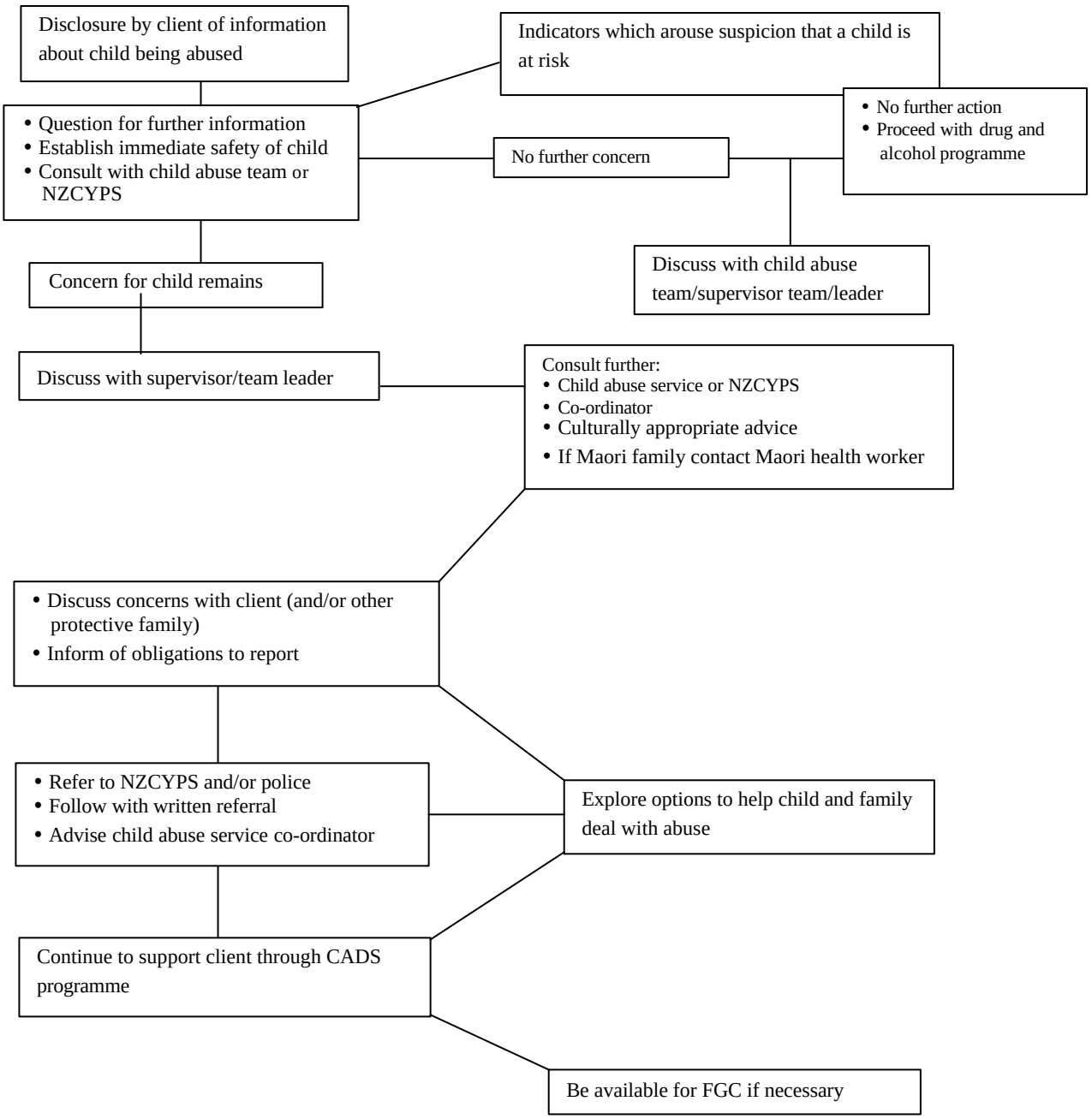
Mental Health Services associated child abuse and neglect flowchart



General Guidelines for Mental Health

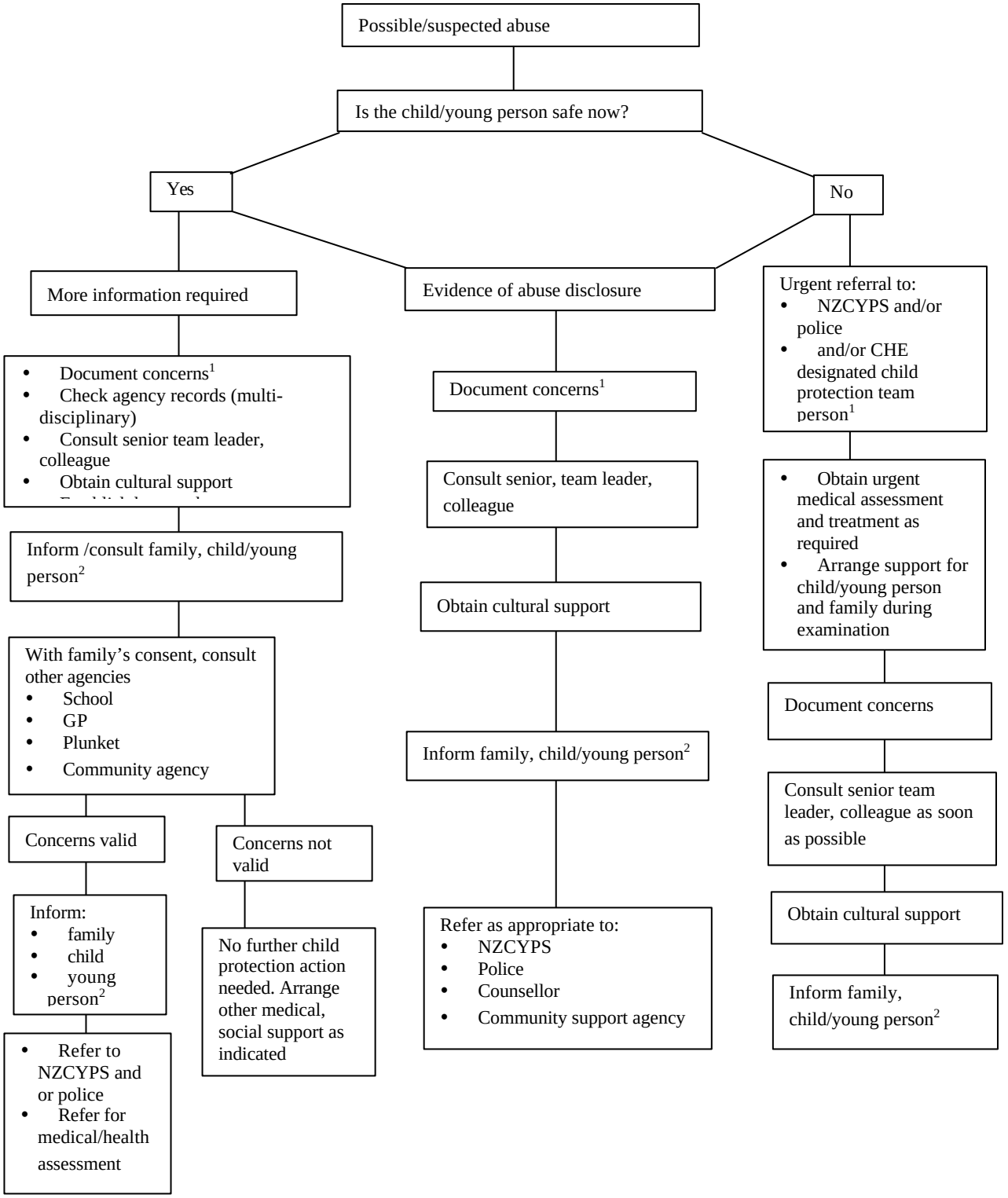
- We acknowledge that by definition. A child and young person presenting to our units is generally at higher risk than their peer group population
- Referral information can be inadequate, misleading and incomplete. Abuse always needs to be considered as a potential issue
- If abuse is identified do not proceed with further questioning but immediately refer on to NZCYPS or the police
- It must be made explicit that we shall still be available to the child or the young person in a therapeutic capacity only
- We should not be involved in facilitation of a physical examination as this will be managed by NZCYPS following the liaison and handover in specific situations

Drug and Alcohol Services associated child abuse and neglect flowchart



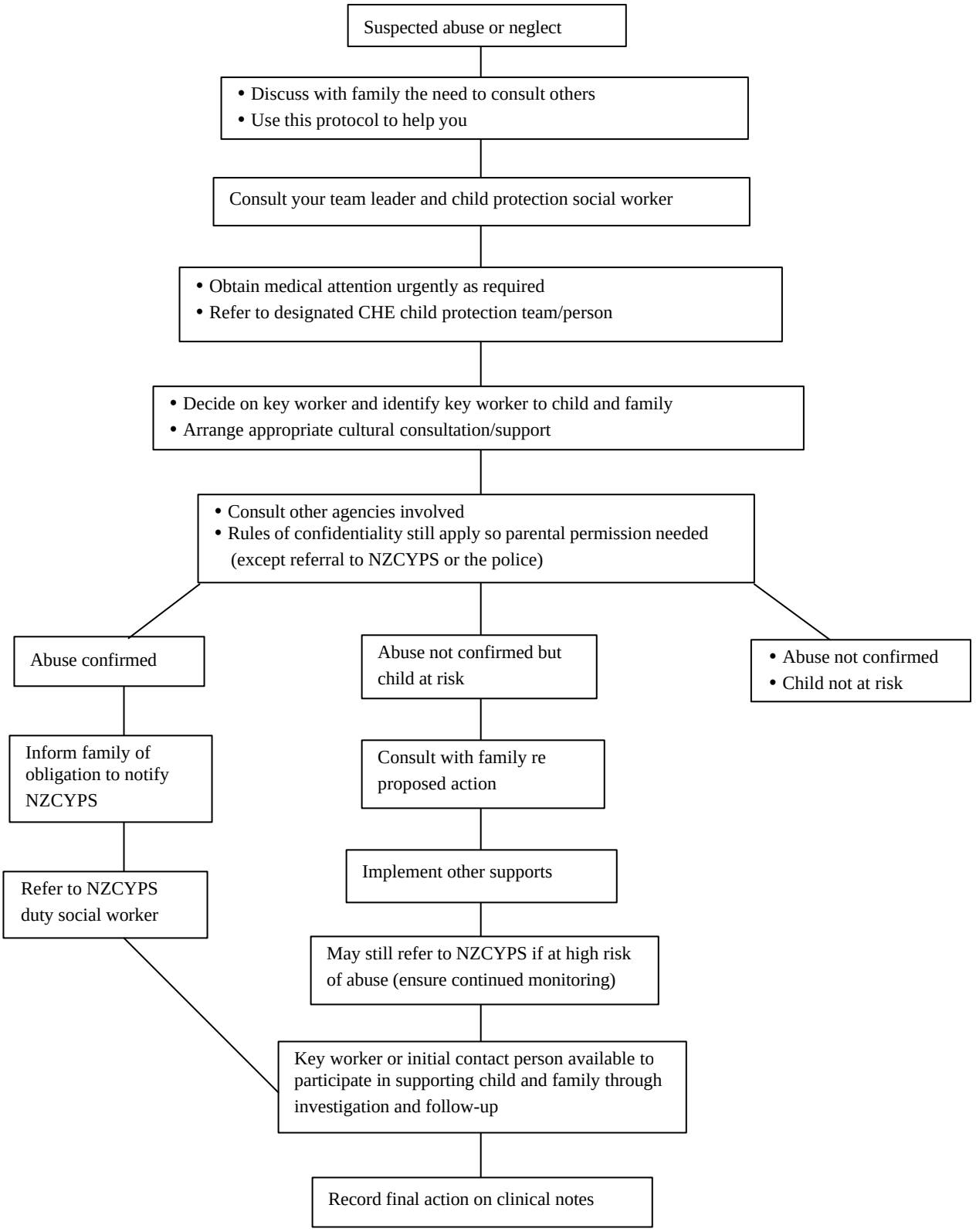
Informed consent guidelines should normally be followed. However, if there is concern for a child's immediate safety, and/or your client is the suspected abuser, it may be necessary to proceed with CPA without first obtaining parent/caregiver consent. This action should be taken only with strong reasons

Community Health Services associated child abuse and neglect flowchart



2. Attend to following steps in order determined by presenting circumstances.
3. Informed Consent guidelines should be followed. However, if there is concerns for s child's immediate safety, and/or your client is the suspected abuser, child protection action may not need to proceed without first obtaining parent/caregivers consent. This action should only be taken with strong reason. Inform Child/Young person as appropriate according to age, maturity and circumstances.

Child development and rehabilitation services flowchart



Informed consent guidelines should normally be followed. However, if there is concern for a child's immediate safety, and/or your client is the (suspected) abuser, it may be necessary to proceed to CPA without first obtaining parent/caregiver consent

This action should be taken only with strong reason

Child development and rehabilitation (Continued)

Procedure for reporting and documenting suspected child abuse and neglect

- The primary objective is to ensure the current and long-term safety of the child.
- Record. Your notes may be used as evidence in court, so do not destroy them.
- Do not ignore your suspicions.
- Do not ask leading questions.
- Do not act alone. Consult with your senior or other team members.
- Follow the protocol both during work time and after hours.
- Obtain cultural input as early as possible.
- Rules of confidentiality under the Area Health Boards Act still apply. However, under section 16 of the CYP&F Act you are protected when reporting ill-treatment or neglect of a child or young person, to NZCYPS or the police:

  "No civil, criminal, or disciplinary proceedings shall lie against any person in respect of the disclosure or supply by that person unless the information was disclosed or supplied in bad faith."(s16)

- Consult the family and the child at every step. Preserve the partnership.
- Refer to your own protocol for reporting suspected child abuse.
- Ensure consultation with CHE co-ordinator or C&P resource person.

4 Guidelines and procedures for the management of child sexual abuse in general practice supplied by Doctors for Sexual Abuse Care (DSAC)

Introduction

The role of the GP in management of child sexual abuse is crucial. This role can be considered in the following stages:

Awareness:

- Be aware of the clinical indicators of child sexual abuse.

Consultation:

- Seek advice. Help is available from several sources.

Referral:

- Take effective action.

Follow-up:

- Maintain family contact and provide support.

Prevention:

- Play a part in prevention within your practice and within the community.

Always consider the safety of the child.

Prevention

Play a part in prevention

Address the issues of child abuse generally with parents at suitable times.

Provide information on child abuse, including sexual abuse, for different developmental levels.

Encourage parents to talk about and deal with their own past abuse, to enable them to protect their own children more effectively.

Prevention within your practice

Provide relevant literature for your waiting room, DSAC pamphlets, books, etc.

Encourage children to feel comfortable and safe with the staff in your medical practice, so that they can use you for information and advice.

When examining children, especially genitalia, explain that nobody is allowed to do this except if mummy (or someone acting for mummy) is present: then only for the purpose of cleaning, or diagnosing and treating pain, soreness or injury.

Encourage families to use and to teach children correct anatomical words for genitals.

Encourage parents to teach children about sexual abuse as part of teaching them about other day to day dangers, for example:

- dealing with electricity
- crossing a road.

Prevention within the community

Provide information on community resources for dealing with child abuse.

Keep up to date on sexual abuse information and be prepared to speak out to individuals and to community groups.

Be aware of programmes developed for preventive education for example:

- .*Keeping Ourselves Safe*
- *Safe before Five*

Provide crisis support for the child, family/whanau

Maintain family contact

When referring a child and family for investigation it is important to explain some of the key factors of the investigation.

Provide support

At this time a family will be thrown into crisis. It is important to anticipate the wide range of reaction and provide support.

Other family members may disclose their own abuse for the first time in the context of this investigation and require counselling.

Reassessment of the child's and family's needs

Explain to the family the critical role they play in providing healing for their child, at a time when they may be dealing with their own feelings of denial, guilt, anger and humiliation.

Be conversant with your local system and community resources and provide access to trained counsellors, of the appropriate culture if possible. See ACC list of approved counsellors.

A trained counsellor/therapist can provide:

- crisis work:
  - initial support
  - patient advocacy during the assessment
  - support during the medical examination
  - assistance at any court hearing, when child and family can become acutely dysfunctional.
- longer-term therapy for the child and other family members to provide information and skills to equip a sexually abused child to deal with later problems in an effective manner.

Follow-up

Provide continuing medical care and follow-up to ensure that:

- the child remains safe:
  - further abuse can occur when an offender rejoins the family or when family loyalties change
  - prompt re-referral to the NZCYPS is essential if this is suspected

- injuries heal:
  - STDS have been recognised and treated appropriately
  - possibility of pregnancy is recognised and assistance provided
- the child and other family members receive therapy:
  - at times of future crisis or as the child develops
  - further referrals for therapy may be needed.

Referral

Most presentations of child sexual abuse are not urgent. However 5% of cases present acutely and require an urgent response.

Take effective action

The following require an urgent response with immediate referral for specialist medical assessment:

- recent sexual assault, rape or last incident of abuse having occurred within seven days
- obvious physical trauma/known or suspected internal trauma
- systemic signs or symptoms of illness/local signs and symptoms especially significant genital discharge or bleeding/ano-genital pain.

Recent acute sexual assault requirements

In these situations the role of the GP is to:

- treat only life-threatening medical conditions, taking care to preserve the evidence required for a forensic examination
- note verbatim the child's words as these may be admissible in court as evidence
- refer urgently for multidisciplinary assessment, involving police and NZCYPS, particularly if the child is at risk of further abuse. The investigative and forensic process will proceed as for the adult.

It is important that the child has a caregiver accompany her/him at this time.

Urgent medical response

In an acute crisis the child is at greater risk of:

- re-abuse, including physical abuse, by the alleged perpetrator for disclosing the abuse
- retraction of claim due to physical and psychological pressure by the perpetrator, family /whanau
- revenge from other family/whanau members.

NZCYPS and the police have the power of statutory intervention under the CYP&F Act 1989 to protect a child at risk. It cannot be the role of the GP.

Always consider the safety of the child

Refer appropriately

If there is a reasonable suspicion that child sexual abuse has occurred and the child is at risk of further abuse, refer promptly to NZCYPS or the police.

Take effective action

The diagnosis and management of child sexual abuse is complex and requires multi-disciplinary expertise associated with family and whanau to ensure that:

- the health, welfare and protection of the child take precedence over other considerations
- competent evaluation takes place, including evidential history and careful expert medical assessment with the collection of objective forensic evidence
- trauma to the child caused by multiple questioning or examination is minimised
- the appropriate decisions are made concerning judicial procedures
- assessment of psychological needs is made
- provisions of therapy and follow-up treatments are provided
- the best possible relationship between the child and the non-abusing parent is maintained.

The NZCYPS and the police have joint policies for investigating child sexual abuse complaints based on a multi-disciplinary system that involves:

- police
- NZCYPS social workers
- medical practitioners
- therapists and counsellors. (Sexual Abuse Teams)

Doctors have a moral responsibility and a professional duty of care to report child abuse.

Section 16 of the CYP&F Act 1989 protects a doctor who reports a suspicion of child abuse to NZCYPS or the police, provided the report is made in good faith.

Never attempt to manage suspected child sexual abuse alone.

Unless the abuse is reported and protective services can intervene it is unlikely that the abuse will stop.

Consultation

Act within the limitations of your experience to clarify possible abuse.

It is never the role of the GP to examine a child to prove or disprove that sexual abuse has occurred but to, develop a reasonable suspicion that sexual abuse may have occurred.

Seek advice

If in doubt about the basis of your concern, or how you should proceed in response to your suspicions of child sexual abuse, use your network to consult with a colleague who has more experience in this area than you.

Help is available from several sources

Such colleagues may include:

- a more experienced GP
- a paediatrician experienced in sexual abuse
- a forensic medical examiner/police surgeon
- NZCYPS social worker (local SA team)
- a worker in a sexual assault service, for example, HELP Foundation.

Refer

If there are non-specific physical indicators of abuse or minor behavioural abnormalities, consider a referral on non-specific grounds mentioning concerns about the possibility of child's sexual abuse, for example abdominal pain, vaginal discharge, minor behavioural problems to:

- a specialist paediatrician experienced in sexual abuse for a general paediatric assessment and/or
- a child therapist experienced in sexual abuse for a psychological assessment
- informally discuss the child's problems with the NZCYPS sexual abuse team worker. They may already have other reported concerns about the child or the alleged offender.

.

If an assessment does not reveal sexual abuse, the child may still have the problems that caused the initial concern and referral for relevant therapy is still a helpful outcome for the child.

Your advocacy and action on behalf of the child is essential. It may be the only chance an abused child receives.

Suspected abuse

It is not your responsibility to prove that sexual abuse has occurred

Don't:

- conduct a forensic medical examination unless you are adequately trained
- attempt to interview the child with the aim of getting a disclosure that she/he has been sexually abused, beyond a gentle inquiry as to the possibility of abuse if indicated
- show the child you are shocked or angry by what they say
- let your feelings stop you from helping the child
- criticise the alleged abuser in front of the child
- promise to keep what you are told a secret
- try to determine whether sexual abuse has occurred by confronting the parents
- inform the parents that you intend to report your suspicions when abuse is intra-familial or you suspect a parent will be unsupportive. Forewarning commonly results in the family applying pressure on the child to maintain secrecy.

Should you examine?

The medical examination of a child suspected of having been sexually abused is rarely urgent and may reveal findings which are difficult to interpret.

A normal examination does not eliminate suspicions of sexual abuse.

A genital examination should only be done by a doctor who is experienced in the examination of children who have been sexually abused.

DSAC regional co-ordinators can help identify doctors who have the training and experience.

It is appropriate for a GP to perform a limited medical examination to ascertain the urgency of a referral, for example when there is acute trauma or vaginal bleeding or if other medical conditions such as vulvitis are suspected. Even in these cases any internal inspection should be avoided.

Document the child's history and clinical symptoms and note explanations of symptoms or injuries given by either the parents or the child.

Develop a reasonable suspicion that sexual abuse may have occurred.

Awareness

The role of the general practitioner is to:

- be aware of the clinical indicators of child sexual abuse
- entertain the possibility of the diagnosis
- inform yourself about sexual abuse, its epidemiology and essential features
- accept that children may be abused even in families well known to you
- acknowledge that not all parents or caregivers will always act to help or protect their children
- examine your personal attitudes, and any personal, ethical or moral dilemmas.

Know how to respond when sexual abuse is a possibility

This requires:

- an ability to listen sensitively to a history and to ask about the possibility of abuse when this is indicated
- an awareness of presenting behaviour and medical complaints
- three categories of indicators of child sexual abuse must be explored in all cases:
  - historical
  - behavioural, and
  - physical
- a knowledge of the law:
  - CYP&F Act 1989
  - Crimes Act 1961. Sections 128-142 relating to sexual abuse
- a knowledge of appropriate resources for consultation and referral for management of child sexual abuse in your community.

Child sexual abuse

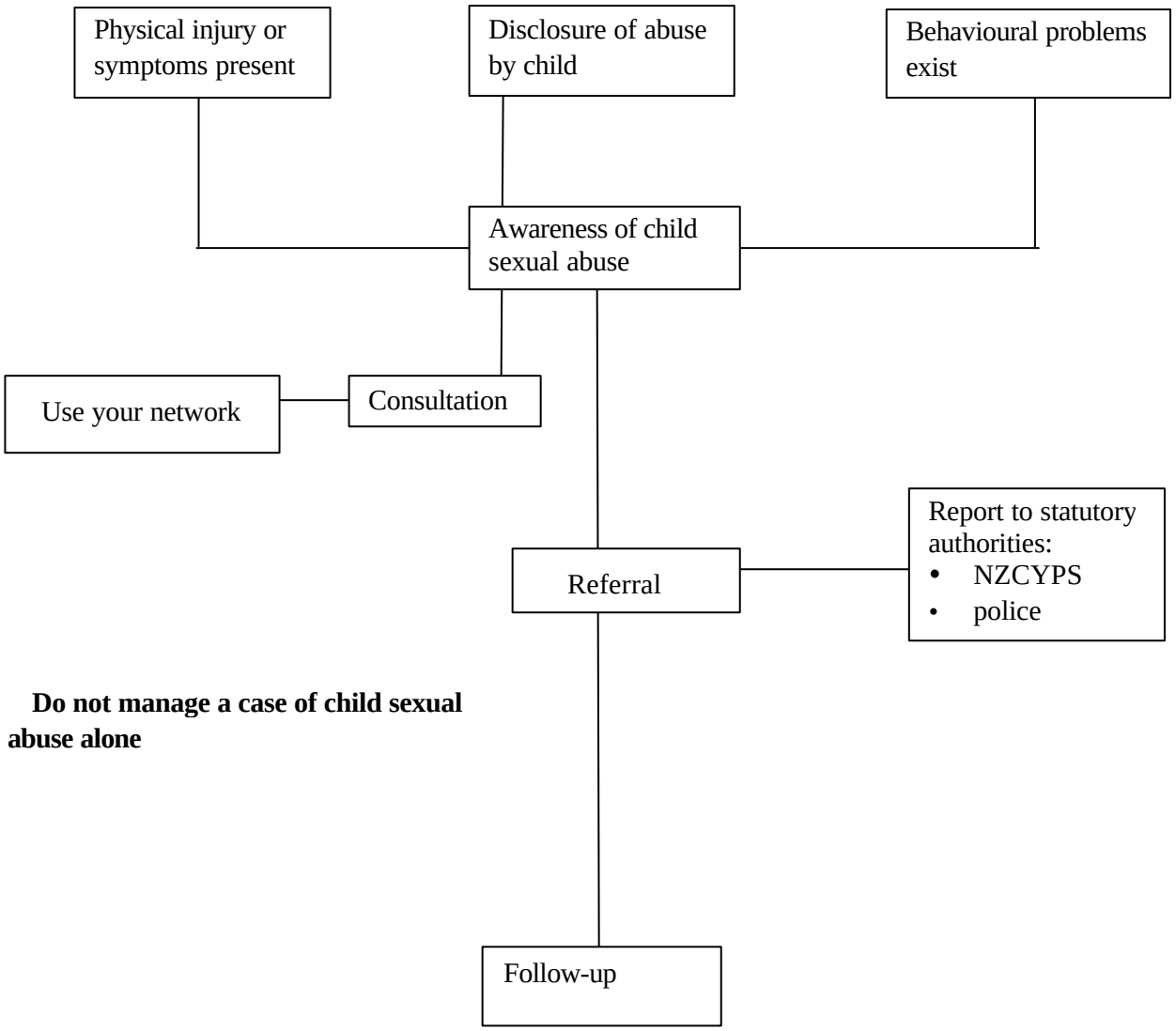
Sexual activity between an adult and a child is always abusive

Under New Zealand law a child is defined as being under the age of 14 and a young person is defined as being 14 to 17 years inclusive.

- Child sexual abuse is never acceptable. It is an abuse of trust that causes serious harm to children.
- Child sexual abuse of any form is a criminal offence in New Zealand law.
- New Zealand studies show that child sexual abuse is very common in our society.
- Only a small percentage of cases are reported to the statutory authorities.
- Sexually abused children cannot take effective action to stop the abuse themselves.
- A child is never able to give consent to sexual activity.
- Children rarely lie about allegations of sexual assault. However, false accusations can occur, for example, when there is adult collusion or when a child has experienced abuse in the past.
- False denials and recanting of history are not unusual.
- Sexually abused children experience feelings of guilt, self-blame, and worthlessness that have serious long-term consequences for their development into adulthood.
- Forms of abuse that may seem minor to an adult can have serious emotional consequences for a child.
- The perpetrator is most commonly male, is usually known to the child and is often a member of the child's family. He will rarely admit his behaviour. Offenders commonly have multiple victims.
- A child will often disclose abuse months or years after the last sexual assault. Behavioural indicators and indirect statements are the usual clues of current abuse. Rarely will a child present acutely.
- Child sexual abuse is usually planned with the perpetrator selecting, grooming, and maintaining the child in a vulnerable situation. It does not often involve acts which result in physical injury to the child. In contrast emotional damage is inevitable and pervasive.

- Child sexual abuse occurs in all kinds of families regardless of:
  - size
  - social status, or
  - ethnic background.
- Girls and boys are at risk of sexual abuse at any age. Victims may be:
  - adolescents
  - young children
  - toddlers, and even
  - babies.
- Unless appropriate intervention occurs, the sexual abuse is most likely to continue. Other children may also be at risk.

The role of the GP in management of child sexual abuse



- **Do not manage a case of child sexual abuse alone**

Prevention

Play a part in prevention within your practice and within the community

Procedures for medical management: the DSAC doctor's role

Introduction

When sexual abuse is suspected or alleged, a full paediatric assessment and examination for both medical and forensic purposes should be an intrinsic part of the multidisciplinary team management.

Under the CYP&F Act, the responsibility for requesting a medical investigation and treatment lies with the senior social worker or police officer as part of their statutory duty to ensure the protection of the child and provide a proper investigation of suspected or alleged sexual abuse.

It is, therefore, essential that these officers, and any others (third agency workers or primary care health workers) involved in the process of investigation of child sexual abuse understand:

- why medical assessment is important
- who should perform it
- where and when it should be performed
- what it entails in general terms.

These officers are not only responsible for arranging the medical assessment, they also have to:

- explain to the child or young person and family their reasons for requesting an examination
- what it entails
- justify the cost of the examination to their agencies who usually have to pay for it.

This paper was prepared to assist those workers who are in a position to request (or not request) a medical assessment for children, to understand the parameters of the medical role.

Purpose of the examination

The medical examination is primarily to determine treatment and protection for the child, with a secondary purpose of acquiring evidential material.

The objectives of the medical assessment are:

- to assess the child's current safety
- to identify any injury: ano-genital or extra-genital trauma
- to detect the presence of any sexually transmitted disease (STD)
- to diagnose a possible pregnancy

- to provide pregnancy prevention if indicated
- to identify signs of other abuse or neglect
- to help identify associated:
  - emotional
  - behavioural
  - developmental problems
- to identify any other forensic evidence which will provide corroboration of abuse for example:
  - sperm/seminal fluid
  - other trace evidence
- to record accurately any physical evidence on which to base an opinion for investigating authorities and the Courts
- to initiate and explain any necessary treatment
- to reassure the child about his or her current and future well-being
- to reassure and positively support the child and caregiver(s) in the crisis of disclosure and investigation
- to initiate counselling and support through ACC administered funds and local counselling services
- to ensure medical follow-up, reassessment of the child's safety and emotional needs.

The medical examiner

Medical assessment and examination for suspected child sexual abuse require special training and expertise. Doctors who provide this expertise may be paediatricians, gynaecologists or general practitioners who have undergone special training and are working regularly in this field of medicine.

Members of the investigating sexual assault team, NZCYPS and police or any third agency should identify the doctors in their area who have such training and expertise and develop a close working relationship with them.

When possible the doctors should be asked to attend multi-disciplinary meetings to discuss the children they have examined. This can be of great benefit both to the doctors and to the other members of the multi-disciplinary team.

DSAC has regional co-ordinators in most areas of the country who will be able to advise which doctors have this expertise.

There are few areas of the country where doctors are specifically employed to provide such medical examinations and they usually have to be fitted into otherwise busy medical schedules. This is often difficult and stressful both for the doctor and the SAT workers. A considerate and co-operative relationship will minimise the difficulties for both doctors and SAT team members.

Setting

Medical examinations for child sexual abuse should be performed in specially designated areas which are:

- properly equipped
- child orientated
- quiet and informal.

Privacy is essential.

Even urgent examinations should use such an area, with Accident and Emergency Departments of a hospital only being used in the very rare situations involving severe trauma. Police stations are also unsuitable.

Timing

Most examinations are not urgent but when there are indications for an urgent medical examination, this must be appreciated and acted upon by the investigating SAT team members.

Urgent examinations

The indications for urgency are either:

- urgent treatment may be needed for the child, or
- forensic evidence may be present only for a matter of hours.

The circumstances under which these need to be considered are:

- the rarer case of acute sexual assault or rape or reported last offence within 72 hours requires an urgent examination, using the DSIR forensic medical examination kit
  - — an examination under general anaesthesia may be necessary if the child is very young or has painful injuries, but is an exception
  - — in some circumstances we may consider extending the 72 hours. In the adult sperm may be found up to five days in the vagina, and up to 14 days in the cervix. These times are not known for children. In pre-verbal children this may be the only evidence available
- obvious physical trauma or known suspected internal trauma
- signs or symptoms of systemic illness or local signs and symptoms especially significant genital discharge or bleeding or ano-genital pain
- extreme distress either of the child or a parent may influence the timing of the examination.

Non-urgent examinations

With a disclosure

Most of this type involve long-term abuse, often with disclosure well into the abuse or after its cessation. The examination should be planned, with the child or family's needs in mind and as part of the SAT's investigation.

If at all possible the disclosure interview should have been completed by the statutory agencies before the medical evaluation because the directed questioning required at this stage of the examination may lead to changes in the way the child views its experiences. It also has given the child the opportunity to have spoken about the abuse already. In the medical interview more information may surface and the therapeutic process begin as the child realises there is support and help available. At times, a medical assessment reveals evidence of more invasive acts.

Without a disclosure

When there is a general concern about a child but no specific suggestion of sexual assault it will often be appropriate to ask for a:

- paediatric assessment on general grounds if there are physical suspicions
- psychological assessment if there are behavioural or family problems.

Consent for medical examinations

The child

If a child or adolescent is mature enough to fully understand what they are consenting to, this may be the only consent that is necessary. However, the consent of the parent/guardian should also be obtained if possible.

Consent and co-operation on a personal level, if not in a legal sense, is essential before any examination is carried out.

For all ages this requires the doctor to spend time in establishing rapport and trust with the child and to be honest as to why they are being seen and what the examination involves. Even if the child's age or level of maturity means such sharing of information is impracticable, the relationship between child and doctor must be built to such a level that child can comfortably co-operate with the examination.

The need for a sedated examination, or examination under general anaesthesia, should be reserved for the most extreme situations.

Parents/guardians

If the child is brought for examination by a parent or guardian who knows the purpose of the examination, consent is implied. The vast majority of examinations are done with the primary caregiver present.

Fully informed, written and witnessed consent is desirable, as these examinations have a medico-legal purpose and are often being performed at the request of an agency (NZCYPS, police), and a report is to be made available to a third person.

Verbal consent from a parent conveyed by a NZCYPS social worker or the investigating police officer does not meet ethical medical standards of informed consent.

Examinations requested by a social worker

When a child is in the custody of the Director-General (under section 40 or 42 of the CYP&F Act) or is the subject of a Place of Safety Warrant (section 39) a request for an examination by a NZCYPS social worker constitutes valid consent, provided that:

- reasonable efforts have been made to obtain the consent of a parent or guardian
- no internal examination of the genitals or anus is carried out unless the medical practitioner carrying out the examination:
  - believes that the child or young person may have been subject to recent physical or sexual abuse involving either or both of those parts of the body
  - gains the consent of the child or young person before such an examination, unless they are of an age or level of maturity which makes it impracticable to obtain such consent.

An examination under general anaesthesia cannot be requested by a NZCYPS social worker.

Examinations under a court order

Under section 49 of the CYP&F Act, on application by a NZCYPS social worker or by a member of the police:

"the Court may order the child or young person to attend for a medical examination by a registered medical practitioner".

In this situation the doctor accepts the court order as valid consent to his or her examining the child.

Under section 51 the court may impose such conditions as it sees fit on the examination including:

"restrictions on the nature of the medical examination that may be carried out and the procedures that may be used to carry out that examination."

The consent of the child is not required but only in exceptional circumstances would any doctor be prepared to perform an examination without the co-operation and consent of a child who is of an age to give this.

Before such an application is made to the court, it would be wise for the police or social workers making the application to discuss with the medical examiner the nature of the medical examination likely to be required, and if necessary get either a written statement from the doctor or get the doctor to attend the court in person.

This procedure is likely to be needed when consent from the parent or guardian is not available and:

- examination under general anaesthesia is thought to be needed; or
- the abuse is not thought by the medical examiner to be recent and an "internal examination" is required, for example, any adequate examination for non-acute child sexual abuse.

The medical history

If at all possible the disclosure interview (diagnostic or evidential) should be completed by the statutory authorities before the medical assessment.

To minimise duplication and the stress that repeated interviewing might cause the child and her/his family, any relevant information, including the history of the abuse obtained in the disclosure interview, should be available to the doctor before the medical assessment. The doctor's role does not normally involve taking a disclosure interview.

A full medical and social history, as well as a history of the abuse, is necessary for an adequate medical assessment.

This history is necessary to interpret the results of the physical examination as well as to guide the doctor in what to look for in the examination.

The parent or caregiver will need to be interviewed separately to provide information about any behavioural problems or schooling issues.

The details of past medical history, including any accidental injury, especially genital trauma, will usually require information from both parent and child.

In an adolescent child a history of:

- menstruation
- tampon usage
- previous sexual experience
- contraceptives and pregnancy will need to be obtained, and this will always require some time spent with the child alone.

Time spent talking to the child and taking the history allows the doctor to make an assessment of the child's credibility, development level and related emotional and behavioural problems.

In the context of the medical interview and examination children may disclose further information about the abuse.

It may be necessary for the doctor to ask for more information about the abuse so that the medical examination can be more specifically directed.

The doctor will discuss with the child why an examination is being performed, and explain as clearly as possible, what the examination details.

The doctor's greater knowledge of the anatomy of the child may contribute to a more precise interpretation of the acts disclosed by a small child.

The physical examination

This examination is not a lengthy procedure, and when conducted by doctors with skill the experience should not be traumatic for the child. The non-abusing parent or a support person of the child's choice can be present at all times.

A complete physical examination is necessary:

- to detect other problems and to place the genital examination in context, decreasing related anxiety and emphasis on this area
- to exclude signs of physical abuse or neglect
- to assess sexual development
- to document any trauma that may be associated with sexual abuse
- in an acute situation, to look for and collect trace evidence that might provide corroboration of the assault.

The examination entails observation and recording of:

- the child's growth and development
- observation of the whole body for the presence of signs of injury or other disease or conditions requiring treatment.

Examination of the genital and anal area is necessary:

- to detect any signs of genital injury indicating past or recent sexual abuse or requiring treatment
- to detect signs of sexually transmitted disease indicating sexual abuse, or requiring treatment
- to detect any forensic evidence such as the presence of sperm which might corroborate the history [when recent abuse is suspected]
- to exclude the presence of pregnancy in an adolescent.

The following points give a general idea of the nature of the examination:

- examination of the external genitalia and anus requires careful observation of the area with a resting co-operative child and is essentially a non-invasive procedure. It should be achieved without frightening or distressing the child
- the position used will be the one in which the child is most comfortable, and in which an adequate view of the genitalia can be obtained. Usually this is with a child lying face up on a couch but other positions such as with a small child frog-legged on the mother's lap can be used

- magnification may be used in the form of:
  - simple magnifying glass
  - auriscope
  - colposcope.

  These are all just devices to provide magnification to allow better observation of any signs of trauma. A photographic record of the examination may be made with the consent of the child and their parent/caregiver. With a colposcope this is an easy procedure. These photographs are important for the medical record and for peer review. The photographs are not used in court.

- during the examination the doctor is looking for signs of trauma, recent or past. She/he will look at the whole genital area for the presence of:
  - scarring
  - inflammation
  - bruising
  - lacerations (broken skin)
  - discharge
  - odour
  - at the vaginal opening (hymen) for signs of recent or past injury.

  An examination of the internal structures requiring insertion of a speculum, or a bi-manual examination for the size of the uterus, will very seldom be attempted (in a pre-pubescent child) and then only if the vaginal opening is so dilated that a speculum can easily be inserted without discomfort. The collection of samples for a screen for sexually transmitted diseases will entail swabbing of mouth, vagina, urethra and anus.

- a blood sample for STD tests and urine sample to exclude pregnancy may be taken.

Examination under general anaesthetic (EUA)

Examination under anaesthetic is seldom necessary when doctors are skilled and experienced. However, there will be occasions when this is required:

- if internal injury is suspected
- with unexplained vaginal bleeding
- with unexplained vaginal discharge
- if there is a retained foreign body
- if a child remains too distressed to co-operate with an examination and the need for an examination is urgent, for example after rape.

Follow-up care

The doctor shares the responsibility to see that there is adequate follow-up care given to the child and the family, including:

- any treatment required for injury, infection, pregnancy or other medical condition disclosed by the examination
- appropriate on-going, supportive counselling. This is available for the child funded by ACC only with medical referral
- counselling for other members of the child's family is also necessary for the recovery of the child.

Multi-disciplinary teamwork

A medical history and examination will often disclose new information which contributes significantly to the investigation.

In addition, doctors may be in a position to contribute constructively to the management of an investigation.

In such cases it is important that we do not act in isolation, but as part of the team and thus have an opportunity to share information, opinions and advice.

In order for this to happen those officers who have statutory powers to investigate and protect children must understand more fully the role that can be played by doctors skilled in the area of child sexual assault.

Conversely the doctors themselves must understand both the extent and the limitations of their role.

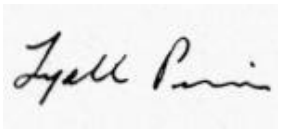
5 National protocol agreed by the Ministry of Education, the New Zealand School Trustees Association and NZCYPS

MINISTRY OF EDUCATION *Te Tahuhu* ***o te Matauranga***

Ministry of Education

I hereby acknowledge the responsibility of the New Zealand and Young Persons Service in the development of an Interagency Protocol for the Reporting of Child Abuse Management. This protocol has been developed with the help of a working party and wide consultation within the education sector.

I agree to support the use of this protocol in schools as an interagency guide to the voluntary reporting of child abuse in accordance with the Children Young Persons and Their Families Act 1989.



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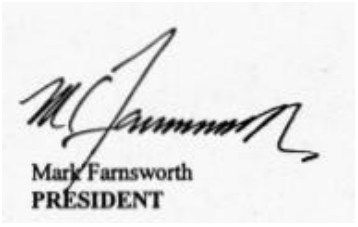
NZSTA

INTERAGENCY PROTOCOL
FOR THE REPORTING OF CHILD ABUSE

I hereby acknowledge the responsibility of New Zealand Children and Young Persons Service in the development of an Interagency Protocol for the reporting of child abuse. This protocol has been developed by a working party consisting of several different organisations involved in the education sector and in consultation with New Zealand School Trustees Association, Ministry of Education and the New Zealand Children and Young Persons Service.

I agree on behalf of the New Zealand School Trustees Association to the use of this protocol as an Interagency Guide to the voluntary reporting of child abuse in accordance with the Children and Young Persons and the Families Act 1989.



Mark Farnsworth
PRESIDENT

18 April 1996

"E'Tipu E Rea - In our Children lies Future"

New Zealand
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Recommended policy and reporting procedures on child abuse and neglect in schools

Introduction

Each state and integrated school Board of Trustees must have an approved written charter of aims, purposes and objectives. Each charter "shall be deemed to contain the aim of achieving, meeting and following (as the case may be), the national education guidelines." (Education Act 1989, section 61.)

The current National Education Guidelines were approved by the Minister of Education and took effect from 30 April 1993. The guidelines require school boards of trustees and principals of each state and integrated school in New Zealand to:

- provide a safe physical and emotional environment for students, and
- comply in full with any legislation currently in force or that may be developed to ensure the safety of students and employees.

This section is written to assist all boards of trustees and schools to meet these requirements in relation to child abuse and neglect as it impacts upon students in schools. At the same time, it is in line with the new duties of NZCYPS to develop, implement and monitor child abuse reporting protocols with all services and agencies working with children and families. (Section 7(2) of the CYP&F Act 1989 and the provisions of the Privacy Act 1993 are taken into account.) It also acknowledges resources developed to enable compliance under the Human Rights Act 1993. One of these resources is: "Guidelines for Dealing with Sexual Harassment in Schools 1996".

Implementation

The policy and reporting procedures have been developed by a working party made up of representatives from Education and NZCYPS. The following groups were either present on the working party or consulted by the working party:

- Post Primary Teachers Association
- Special Education Service
- New Zealand Educational institute
- New Zealand Association of Counsellors
- Independent Schools' Council
- Ministry of Education
- Human Rights Commission
- New Zealand School Trustees Association
- New Zealand Education International
- Association of Proprietors' of Integrated Schools
- New Zealand Boarding Schools Association
- Secondary Principals' Association of New Zealand
- New Zealand Children and Young Persons Service (NZCYPS)

The attached sections are for your information and immediate implementation.

They include material on:

- notification procedures
- legislative requirements
- consultation procedures
- the paramountcy principle.

Included in this chapter are:

- a policy on reporting child abuse and neglect in schools
- reporting procedures and flowchart
- a policy on dealing with child abuse allegations against school employees.

Recommended policy on reporting child abuse and neglect in schools

Rationale

This policy acknowledges that boards of trustees have particular responsibilities under legislation as well as through social expectations to provide a safe environment that caters for the physical and emotional wellbeing of its students. Such an environment should aim to ensure that all children and young people are treated with dignity and respect.

Purpose

The recommended policy on reporting child abuse and neglect in schools will be successfully implemented with:

- an emphasis that the paramount consideration in such a policy is the welfare and interests of the child or young person (CYP&F Act (s6))
- the provision of guidelines and training for teachers and others working with children and young people in the school environment
- a commitment to ensure that children and young people are provided with preventative education to enhance their safety and awareness
- the development of procedures for dealing with cases of current or historical abuse
- the identification of which external agencies should be used, what services they provide, what liaison is required along with appropriate referral procedures.

Guidelines

It is expected that boards will need to facilitate training for all staff to help them to identify suspected abuse and/or neglect and to be able to respond appropriately. It is recommended that training needs be identified and planned regularly in consultation with staff.

To assist with the implementation of a training policy, individual boards and /or principals should liaise with NZCYPS and New Zealand Police.

Further support can be provided by:

- guidance counsellors
- visiting teachers
- education psychologists attached to Special Educational Services (SES)
- personnel who can provide further assistance to students.

Schools are able to provide preventative education in their delivery of the Health and Physical Education national curriculum statement. Students should have access to information about child abuse and appropriate responses to it through the relevant parts of this curriculum.

A useful way of managing suspected cases of child abuse and/or neglect is for a staff member to be nominated as a safety advocate for the child or young person.

The vital role of cultural groups and local support agencies in supporting the draft policy should be recognised by schools/principals in their ongoing communication and liaison with their wider community. Similarly, the role of relevant statutory agencies should be recognised in the consultative process.

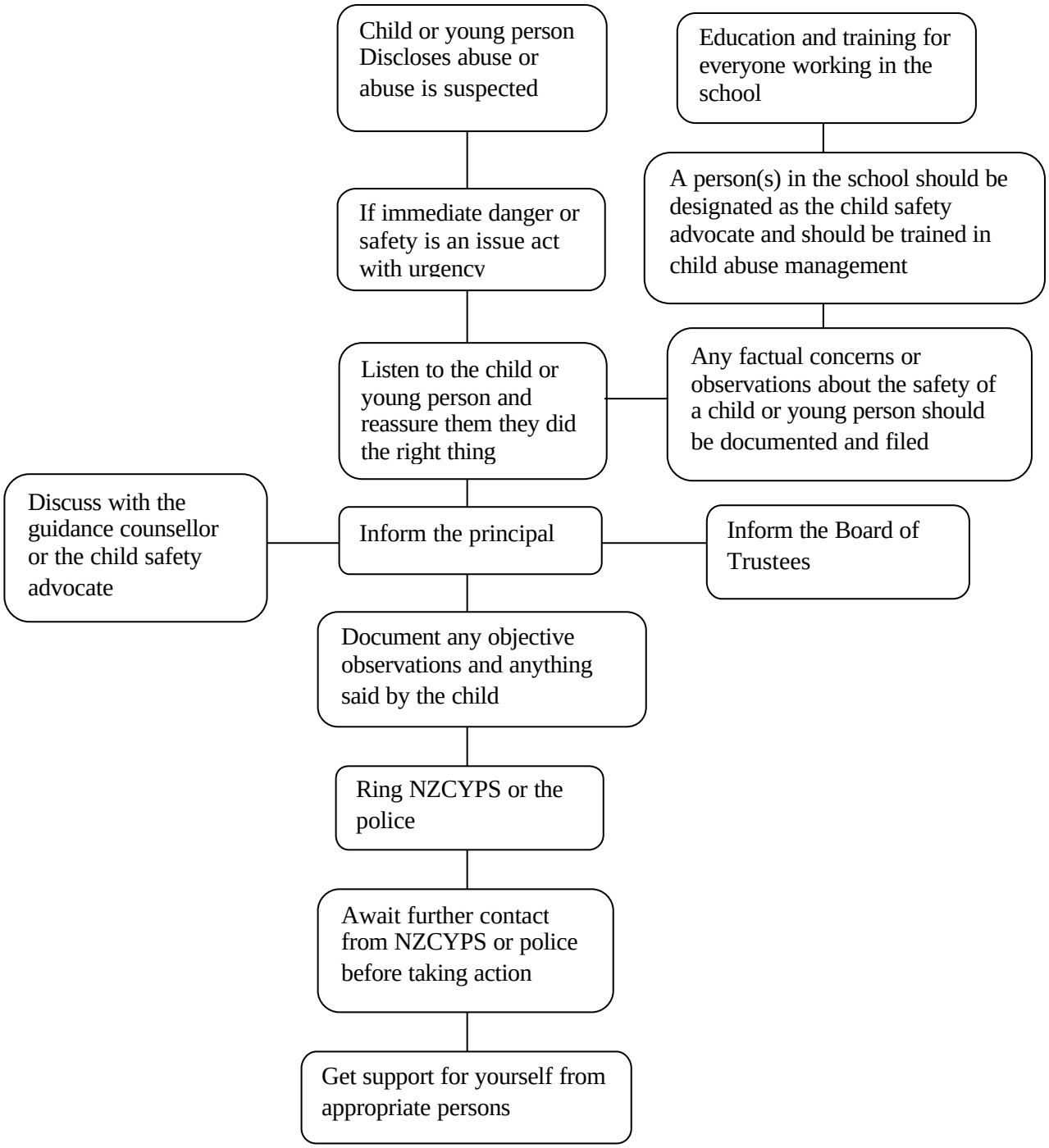
Decisions about informing parents or caregivers should be made after consultation between the school and the statutory child protection service called in by them.

Recommended reporting procedures and flowchart

- If the child or young person is in danger or unsafe, act immediately to secure their safety.
- Listen to the child or young person and reassure them but do not make promises or commitments you cannot keep.
- Ensure that any information or disclosures by the child or young person are written down and check that comments and events surrounding the concern have also been recorded
- Ensure that the child or young person has a responsible adult supporting them through this process and that the support role is clearly defined.
- Do not formally interview the child or young person. Obtain only necessary relevant facts if and when clarification is needed

- Inform the principal
- Hold immediate discussion with guidance counsellor or child safety advocate
- Agree on appropriate course of action
- The principal ensures notification to NZCYPS or the police. Await further contact before taking any action
- After making sure the referral has gone to NZCYPS or the police, get support for yourself from appropriate persons if needed.

Flow chart of action



Points to note:

- Documentation may subsequently be used in court as evidence for either side.
- Avoid making judgements simply record the facts.
- Interviewing of suspected abuse victims is a specialised procedure best left to those who are trained in such techniques.
- The child advocate should be responsible for ensuring that the child's welfare remains paramount

Recommended policy on dealing with child abuse allegations against employees in schools

Rationale

This policy is made on the basis that all children and young people should be treated with dignity and respect and have the right to have their needs met in a safe environment. When allegations are made that threaten that safety, school management will act on those allegations while taking care to treat the employee fairly.

Purpose

To ensure and/or provide:

- the safety of the child or young person is the first consideration
- that all complaints are taken seriously and dealt with effectively
- that in the case of a complaint against an employee, action is guided by the applicable employment contract and/or principles of natural justice
- clear guidance for management and employee in respect of any allegations received concerning children or young persons within the school environment.

Recommended procedures

The recommended procedures should be followed in the event of suspicion or disclosure of abuse against an employee. The child or young person must be adequately protected.

Refer to "Recommended reporting procedures and flowchart "pages 5-6 to 5-8.)

Please note there are two procedures to be followed here:

- the reporting procedure in respect of the child/young person
- the procedure for dealing with the employee.

In all cases it is suggested that no one person should have responsibility for dealing with both the reporting issues and the employment issues.

These steps are to be followed when dealing with an employee:

1. The principal should consult with the child advocate or guidance counsellor to ensure implementation of policy regarding reporting.
2. The Chairperson of the School Board of Trustees should be informed as soon as possible.
3. The principal is advised to ensure records are kept of any comments by the student, complaints and/or allegations, and follow-up action taken.

4. The decision to follow up on an allegation of suspected abuse or neglect against an employee of the school should be made in consultation with the following:

   - NZCYPS
   - New Zealand Police
   - Chairperson of Board of Trustees.

5. The principal and/or the Chairperson of the Board of Trustees will have a dual responsibility in respect of both the child or young person and the employee. As mentioned above it is strongly recommended that an immediate consultation is sought with the agencies involved. The purpose of this consultation is to enable the principal and the board chair to discuss the concern or allegation and to:

   - determine the extent of the assistance they can give to the investigation
   - consider the timeframe to be followed with regard to the possible conflict between what steps the board. may take as an employer and possible police intervention
   - consider the employer role of the board in conjunction with any procedures outlined in relevant employee contracts.

6. When it has been determined the board should pursue the matter as an employer, the board should advise the person accused of the allegation and seek a response. It is vital that the employer should refer to the relevant employee contract in every case when proceeding with disciplinary action.

7. The employee complained against should be advised of their right to seek support/advice from:

   - NZEI, PPTA counsellor or field officer, or other appropriate union/representative
   - other relevant teachers organisation if applicable.

8. Under no circumstances should the child or young person raising the concern or making the allegation be exposed to unnecessary risk. This may require the board to contemplate removal of the employee from the school environment subject to the requirements of the applicable employee contract.

9. All actions of the board must be consistent and applicable with the collective employment contract or individual employment contract.

10. Boards should take care to ensure actions taken by the school do not undermine or frustrate any investigations being conducted by any external agency. It is strongly recommended that the board maintain a close liaison with NZCYPS and the police to achieve this.

6 National protocol agreed by the Ministry of Education, Early Childhood Education Services and NZCYPS

MINISTRY OF EDUCATION *Te Tahuhu* ***o te Matauranga***

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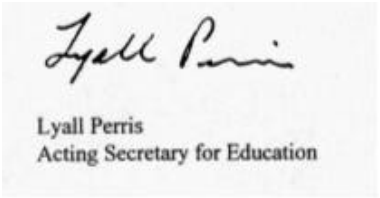

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HE TAONGA TE REO
1995 A Celebration of Maori Language

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Recommended policy and reporting procedures on child abuse and neglect for all early childhood education services

Introduction

In 1995 the CYP&F Act 1989 was amended.

This amendment became law on the 1st of July 1995. Section 7(2) of the CYP&F Act now requires the Director-General to develop, implement and monitor child abuse reporting protocols with all services working with children and their families.

To assist in the implementation of this legislation a working party put together national guidelines. This working party was a representative group from the Ministry of Education Early Childhood Advisory Committee and NZCYPS.

The working party wrote the following guidelines to assist early childhood education services develop child abuse and neglect reporting procedures and protocols.

For the purpose of this document, early childhood services are defined as services which provide care and education from birth to six years at a centre or home base.

Policy implementation

Working principles

The management of early childhood education and services should note the following legislative requirements:

- *Early Childhood Education Charter Guidelines.' A Statement of Desirable Objectives and Practices*, December 1990
- the Education Act 1989, Part XXVI
- the Education (Home Based Care) Order 1992
- the Education (Early Childhood Centres) Regulations 1990, as amended.
- provide a safe physical and emotional environment for children
- comply in full with current legislation.

Working goals

Training and education

Training needs will be identified and planned using NZCYPS, New Zealand Police.

Implementation of staff training carried out in conjunction with ECDU, Colleges of Education or other in-service contract providers or suitably qualified persons.

Further assistance with training may be obtained from services offering child abuse management education programmes in your community.

Children and their families/whanau should have access to information about child abuse and appropriate responses to it.

Liaison

The management of early childhood education services will establish communication with relevant agencies and child protection services.

Complaints procedures regarding employees

In the event of a disclosure or suspicions of abuse by a staff member of the early childhood education service, refer to the following documentation for recommended management:

- policy on child abuse allegations against centre staff
- reporting procedures and flowchart
- complaints procedures.

Recommended policy on reporting child abuse and neglect in early childhood education services

Rationale

This policy acknowledges that early childhood education services have particular responsibility both under legislation and in society to provide a safe environment that ensures all children:

- are treated with dignity and respect
- are free from:
  - physical
  - emotional
  - sexual abuse
- are entitled to physical and emotional wellbeing.

Purpose

The purpose of this policy is to:

- provide guidelines and training for people working with children in early childhood education services
- emphasise that the safety of the child as stated in CYP&F Act 1989, section 6. is paramount

- ensure that children, families and whanau are provided with preventative education to enhance their safety
- develop procedures for dealing with cases of current or past abuse
- identify external agencies to be used, the services they provide, the liaison required and the appropriate referral procedures.

Guidelines

The safety of the child must be paramount.

The management of early childhood education services should facilitate training for all staff working with children, to help them to recognise abuse and neglect, and to respond appropriately and accordingly.

Early childhood education services staff and the advocate should be trained in the management procedures for identification of child abuse and neglect as outlined in the NZCYPS handbook.3

All staff and caregivers are responsible for the safety of children in their care.

Early childhood services to provide preventative education through the *Early Childhood Charter Guidelines: A Statement of Desirable Objectives and Practices.*

Deciding who will inform the parent or caregiver will be the responsibility of the agency involved in consultation with the person responsible, for example management, and other protection services.

Professional ethics will provide the basis of all processes and actions taken. The privacy of those concerned must be respected.

6

Reporting procedures after abuse discovered, disclosed or suspected

The reporting procedures are to:

- believe what children tell you and what you see
- always take action in the short term to ensure the immediate safety of the child. This may mean contacting NZCYPS or the police if you think there is an immediate risk of the child being abused again
- reassure the child. Do not make promises or commitments you can not keep
- record your concerns and observations and anything said by the child
- avoid formally investigating the situation or interviewing the child. Obtain only necessary relevant facts

[3] *Breaking the cycle: an interagency guide to child abuse,* NZCYPS, Wellington, 1995

- avoid making decisions alone
- consult with someone experienced. If there is no short-term risk, take time to consult thoroughly in order to make a well-informed decision

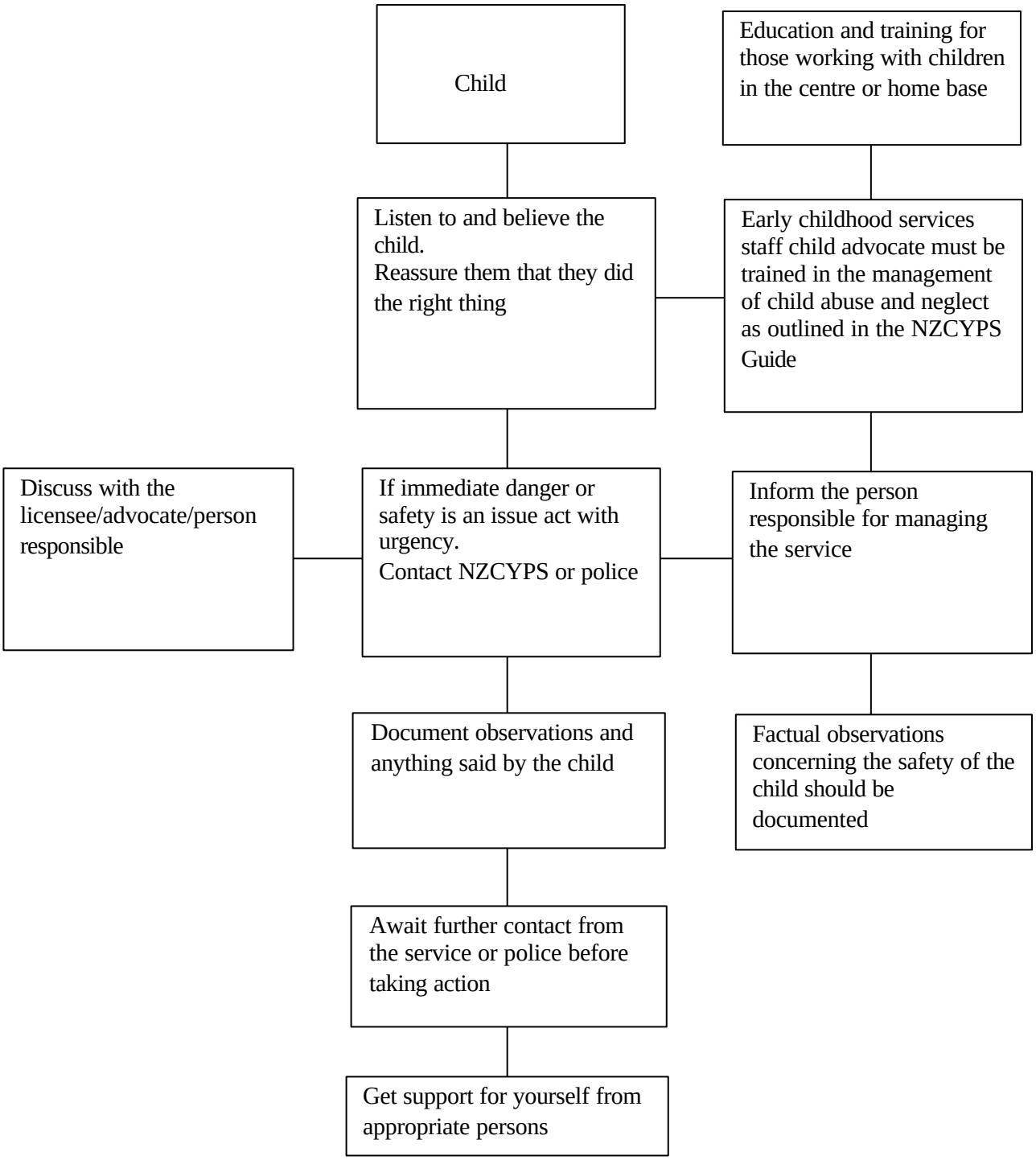
  Refer to Reporting child abuse and neglect Chapter 3 in the booklet Breaking the Cycle : An interagency guide to child abuse page 30

- act on your concerns. Do not leave it to someone else or hope that it will not happen again. If you have told the person you believe is responsible for taking action and they do not act, take further action yourself
- seek support for yourself. The tasks and situation will be stressful
- ensure support for staff involved in the disclosure.

Note

Refer to Flow chart of action after abuse is discovered or disclosed page 6-7.

Flow chart of action after abuse is discovered or disclosed



Points to note:

- Documentation may be subsequently be used in Court as evidence for either side. Avoid making judgements; simply record the facts
- Interviewing of suspected abuse victims is a specialised procedure best left to those who are trained in such techniques
- Do not attempt to contact an alleged abuser
- In the absence of the licensee, refer immediately to the delegated authority for advice on further action.

Policy on allegations of child abuse against a staff member

Rationale

All children are treated with dignity and respect.

Children have the right to have their needs met in a safe environment.

Purpose

The purpose of this policy is to:

- ensure the safety of the child is paramount
- ensure that all complaints are taken seriously and dealt with effectively
- ensure that in the case of a complaint against an employee, appropriate procedures are taken to protect the rights of that employee
- provide clear guidance for management and personnel in respect of allegations received concerning children in the early childhood education service.

Procedures

Note

There are two types of issues here:

- one, relating to the child's security once the abuse is reported
- two, relating to the procedures re the staff members.

It is essential to separate these issues and manage them independently.

The child will be protected as outlined in the reporting procedures (page *6-5)* and the flow chart (page 6-7).

The child safety advocate will be advised.

The staff and management shall be advised and support made available from:

- some other appropriate person
- NZEI: Te Riu Roa counsellor.
- a Human Rights Commission officer.

The decision to lay a complaint should be made after consultation with the following:

- local Ministry Management Centre
- NZCYPS
- New Zealand Police.

7 National protocol agreed by the police and NZCYPS

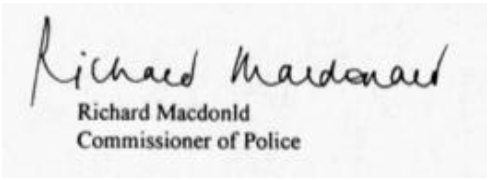
POLICE
Nga Pirihimana O Aotearoa

27 June 1996

I hereby acknowledge the responsibility of New Zealand Children and Young Persons Service in the development of an Interagency Protocol for the reporting of child abuse.

This protocol has been developed in consultation between the New Zealand Police and the Children and Young Persons Service.

I agree on behalf of the New Zealand Police, to the use of this protocol as an Interagency Guide to the voluntary reporting of child abuse in accordance with the Children & Young Persons and their Families Act 1989.



Richard Macdonld
Commissioner of Police

Safer Communities Together

Introduction

This document contains the reporting procedures on child abuse and neglect negotiated between NZCYPS and the New Zealand Police.

The protocols have been developed through partnership with NZCYPS in response to the CYP&F Amendment Act *1995*.

The purpose of these protocols is to promote a consistent and comprehensive approach to the protection of children.

For the purpose of these protocols, child abuse can be defined as:

"meaning the harming (whether physically, emotionally, or sexually), ill-treatment, abuse, neglect, or deprivation of any child or young person."[4]

There are three principal areas whereby such child abuse may be reported to the New Zealand Children and Young Persons Service (NZCYPS). These areas include:

- child sexual and serious child physical abuse
- care and protection
- children as secondary victims by witnessing violence or other crime.

Not withstanding the provisions of section 14 (1)(e) of the CYP&F Act, issues of care and protection should be considered for all children and young persons who come to the attention of police for issues pertaining to youth justice.

In all interventions pertaining to children or young people, consideration should always be given to the paramountcy principle of the CYP&F Act 1989 whereby the interests of the child or young person is paramount.

Part one : child sexual and serious child physical abuse

Policy and guidelines for the investigation of child sexual and serious child physical abuse have been designed and developed in consultation with NZCYPS and are the basis of a joint approach in practice and procedures for the investigation of child abuse.

Refer to Joint NZCYPS/Police SAT protocol for the investigation of child sexual abuse and serious physical abuse, NZCYPS and Police, 1996.

For the purposes of this policy, the word 'parent' is used to describe the role of the current full-time caregiver to the child. It may include step-parent, aunt, uncle, grandparent, current live-in partner etc. The word 'child' is used for a child or young person, under the age of 17 years.

[4] CYP&F Amendment Act 1995 section 2

1. Guiding principles

When carrying out responsibilities in the area of child abuse, police officers are to be guided by the following principles:

1.1 The physical and sexual abuse of a child is a criminal act which should be investigated and may be prosecuted as such.

1.2 Appropriate intervention provides the ultimate key to ending the destructive consequences of child abuse.

1.3 Interagency co-ordination of reports of physical and sexual abuse is essential. NZCYPS should be notified when allegations of child abuse are made to police. Police should be notified when any disclosure of child abuse is made to NZCYPS.

1.4 An interagency approach to the investigation and management of child abuse cases will:

- enhance protection of the child
- increase accountability of any offender, and
- aid partial or full reintegration of the child into the family.

1.5 Collaborative planning and action is necessary because child abuse investigations may involve all the following systems:

- child protection
- Family Court
- Youth Court
- criminal justice system.

1.6 Child abuse investigations should be undertaken only by specially trained, experienced and selected staff.

1.7 Effective steps to end such abuse require recognition of, and sensitivity to, cultural differences, especially in the choice of personnel and procedures.

1.8 Specialisation ensures an appropriate and sensitive response to the investigation of reported abuse. It also ensures effective management and co-operation between staff trained in the detection and investigation, and the reporting of child abuse.

1.9 Whenever possible, the selection of personnel and procedures must be co-ordinated to recognise and be sensitive to the cultural diversity of the community, complainants and their families.

2. The police commitment

2.1 Regional commanders and district commanders shall ensure that all districts establish Child Abuse Teams (CAT).

2.2. An experienced investigator will be appointed Officer in Charge: Child Abuse Team (O/C:CAT). They will be responsible for ensuring that these guidelines are implemented and for liaison with NZCYPS and other support services.

2.3 The investigation of child abuse offences shall be given a high priority. Every effort is to be made to prevent staff who investigate such crimes from being involved in other types of criminal investigation.

2.4 The primary function of the police is the investigation of offences as outlined in paragraph 2.3 above and, when appropriate, the prosecution of the offender. The primary function of NZCYPS -Serious Abuse Team (NZCYPS -SAT) is the investigation and assessment of whether the child is in need of care and protection.

2.5 When a report of child abuse is received, the 0/C: CAT is responsible for ensuring that the case is promptly reported to NZCYPS so that the consultation regarding appropriate investigation occurs.

2.6 Each investigation will be conducted by a selected police officer and social worker who will form the basis for the investigation team, in accordance with paragraph 2.4 above. It is important that the team personnel do not change during the course of an investigation.

2.7 Fundamental to the operation of the team is a commitment to consultation and joint action in accordance with local child protection protocols.

2.8 Reports of abuse from children must be investigated.

2.9 Should a child recant, a full investigation shall continue to be made.

2.10 Those who seriously abuse children are required to be accountable for their actions. Experience indicates that Court ordered intervention offers the best assurance that the abuse will stop.

2.11 If in order to protect the child from further abuse the choice is whether the alleged offender or the child must leave the home, the alleged offender should be removed, whenever possible.

2.12 The investigation team should involve and have regard to the views of the other member(s) of the child's family in relation to the protection of the child, provided these are in the child's best interest.

2.13 At the conclusion of the investigation NZCYPS may call a family meeting or family group conference, which may require police input.

3. Procedures for investigation management

3.1 Receipt and evaluation of complaint

3.1.1 When a report of suspected child abuse is received by the police it should be referred as soon as practicable to the CAT. In-depth questioning of the child by police must be avoided at this point.

3.1.2 When CAT personnel are not available or are unable to deal with a complaint, and it is necessary that investigation or intervention proceed as a matter of urgency, then the most suitable police personnel should be tasked.

3.1.3 Except in exceptional circumstances, consultation with 0/C: CAT and NZCYPS should take place before any action is taken.

3.1.4 The selected police officer and selected social worker(s) will be identified as the investigation team for that particular case. The same staff should follow through the whole investigation when possible.

3.1.5 The investigation team is responsible for planning the investigation. Before commencing the investigation, all police and NZCYPS records of the child, the family, and the alleged offender should be checked.

3.1.6 Consultation shall take place early with those who can offer expertise or knowledge appropriate to the investigation, particularly with:

- CPRP, and
- those who have cultural knowledge, or
- workers involved in primary health care.

3.1.7 When persons, other than the victim, report the abuse, these persons should be interviewed prior to proceeding further.

3.1.8 Members of the investigation team will determine who will conduct the necessary child interviews. In each case, the person most skilled at interviewing children should be the interviewer. A specialist child interviewer should be used when available. The alleged offender will always be interviewed by police.

3.1.9 When a child reports an incident of abuse, the investigation should always proceed on the assumption that it warrants a full investigation.

3.1.10 Reports of child abuse should always be given priority. Steps must be taken to begin consultation and, unless unusual circumstances exist, the investigation should commence immediately.

3.1.11 When a decision is made to begin an investigation a number of factors need to be weighed. As with any investigation there are distinct advantages in carefully planning the enquiry. The timing, location and order of interviews are crucial.

3.2 The child – initial contact

3.2.1 In situations when there is good reason to believe that the non-offending parent(s) would support the victim and would not alert the alleged offender, the non-offending parent(s) should be immediately advised and be involved in the investigation.

3.2.2 If the child is at school when the investigation team wishes to see the child, the principal's permission must be sought. When the principal

indicates an unwillingness to give permission and it is not appropriate to seek parental permission, the following suggestions could be made:

- that a suitable staff member is present while the child is spoken to
- that the investigation team undertakes to advise the parents of the investigation as soon as possible and in any event prior to the time when the child would normally arrive home.

3.2.3 When abuse of a child is suspected but there is difficulty in gaining access to speak to the child and it is inappropriate to seek parental permission, consideration should be given to alerting other appropriate persons who have an understanding of child abuse. Members of the extended family or other agencies may be able to assist the child directly and ensure the child is seen at the earliest opportunity.

3.2.4 A social worker or police officer cannot uplift a child from a school or any other place without permission. When there is sufficient concern for a child and gaining permission to interview from the appropriate person(s) might jeopardise the investigation by alerting the alleged offender, it may be necessary to seek a Place Of Safety Warrant (CYP&F Act 1989, section 39).

3.3 Proceeding to the interview

3.3.1 If the investigation team determines from initial questioning of a child that an evidential interview is advisable, the child shall be referred to a specialist interviewer from the police or NZCYPS for the purposes of that interview.

3.3.2 Specialist interviewers, and video interviewing facilities, are available in all major centres. Some provincial areas may share video interviewing specialists and facilities.

3.3.3 Specialist interviewers are used because they are trained in:

- the use of, and compliance with, the Evidence (Videotaping of Child Complainants) Regulations 1990 which outline the necessary legal procedures.

Specialist interviewers are also skilled in:

- interviewing children in particular to relating and adapting the interview to the child or young person's needs while meeting the needs of the Criminal Justice System
- use of simple language
- the use of appropriate questioning and interview tools
- techniques for handling difficult behaviours, for example:
  - aggression
  - silence

— withdrawal

— sexualised behaviour

- assessing non-verbal communication and emotional states
- assessing the child or young person's cognitive competence and development level
- liaison and communication.

3.3.4 When specialist interviewers or facilities are not available for the conduct of an evidential interview, a police officer is to consult with the 0/C District CAT, or a suitable commissioned officer of police to determine the best course of action in the circumstances.

3.4 The interview

3.4.1 The child should, preferably, be interviewed alone, without the presence of any person who may have a vested interest. The interview should take place in a non-threatening, emotionally comfortable environment with appropriate play and interview materials available.

3.4.2 The interview should be recorded on video (when the equipment is available) or alternatively written. Children, of or over the age of 14 and under the age of 17 years, have a choice of video interview or written statement.

3.4.3 When video interviewing equipment is not available or the child does not consent to such, the child's disclosure shall be recorded in written statement form.

3.4.4 Interviewing must not be commenced without consent of a parent or guardian when practicable. The consent must be completed prior to the interview. If it is not given, authority to interview should, if possible, be sought from the Court. When the circumstances of the case are such that endeavouring to obtain the consent would defeat the purpose of the interview or would pose a threat to the safety of the child, the interview may commence without consent.

3.4.5 The number of interviews with any child victim should be kept to an absolute minimum. Skilled interviewing, utilising a team approach and videotaped recording, should mean that only one detailed interview with the child will be necessary. In some instances however, it may be necessary to establish a trusting relationship with the child, over several interviews, before the child is able to divulge detailed information. These interviews should be videotaped when possible.

3.4.6 The interview will be monitored by the non-interviewing investigation team member. Whenever possible the police shall monitor evidential interviews carried out at NZCYPS.

3.4.7 Monitors located outside the room shall be responsible for:

- ensuring the electronic equipment is functioning
- maintaining a written summary of the interview
- advising the interviewer of appropriate lines of questioning.

3.5 Medical examination

3.5.1 When a medical examination of a child is considered necessary, the child should be referred to a specialist medical practitioner for that examination.

- The doctor shall be consulted as to the time and type of examination required, based on the information received from the child.
- When there is a police referral for a medical assessment as part of the investigation, the doctor's fee is a police responsibility.

3.5.2 Doctors who are members of DSAC are the preferred specialists. When they are not available, doctors endorsed by CAT should be used. Unnecessary trauma may be caused by the need to re-examine a child who has previously been examined by a doctor who does not have specialised knowledge.

3.5.3 The parent, who is not the suspect, or another competent adult with whom the child is familiar, should accompany the child to the examination unless in the circumstances this is inappropriate.

3.5.4 Except for urgent medical or forensic reasons, the examination should be arranged at a time and place that is least stressful to the child.

3.5.5 The doctor is to complete a medical certificate for ACC claim purposes. The social worker is to advise the parent(s) of their right to claim for ACC.

3.5.6 The doctor is to report the findings of the medical examination to the police.

3.6 Protection of the child

3.6.1 After the interview of the child the investigating police officer and social worker, in consultation with all others involved in the investigation, should consider whether there is a need to provide immediate protection for the abused child and other at risk children.

3.6.2 After the interview of the alleged offender the investigating police officer and social worker, in consultation with others involved in the investigation, should consider whether there is a need to provide immediate protection for the abused child and other at risk children.

3.6.3 To protect the child from further abuse, if the choice is whether the alleged offender or the child must leave the home, the alleged offender should be removed, whenever possible.

3.6.4 When it is undesirable for an alleged offender to return to the home, the imposition of appropriate court bail and custody conditions, including a restraining order under the provisions of the CYP&F Act 1989, must be requested.

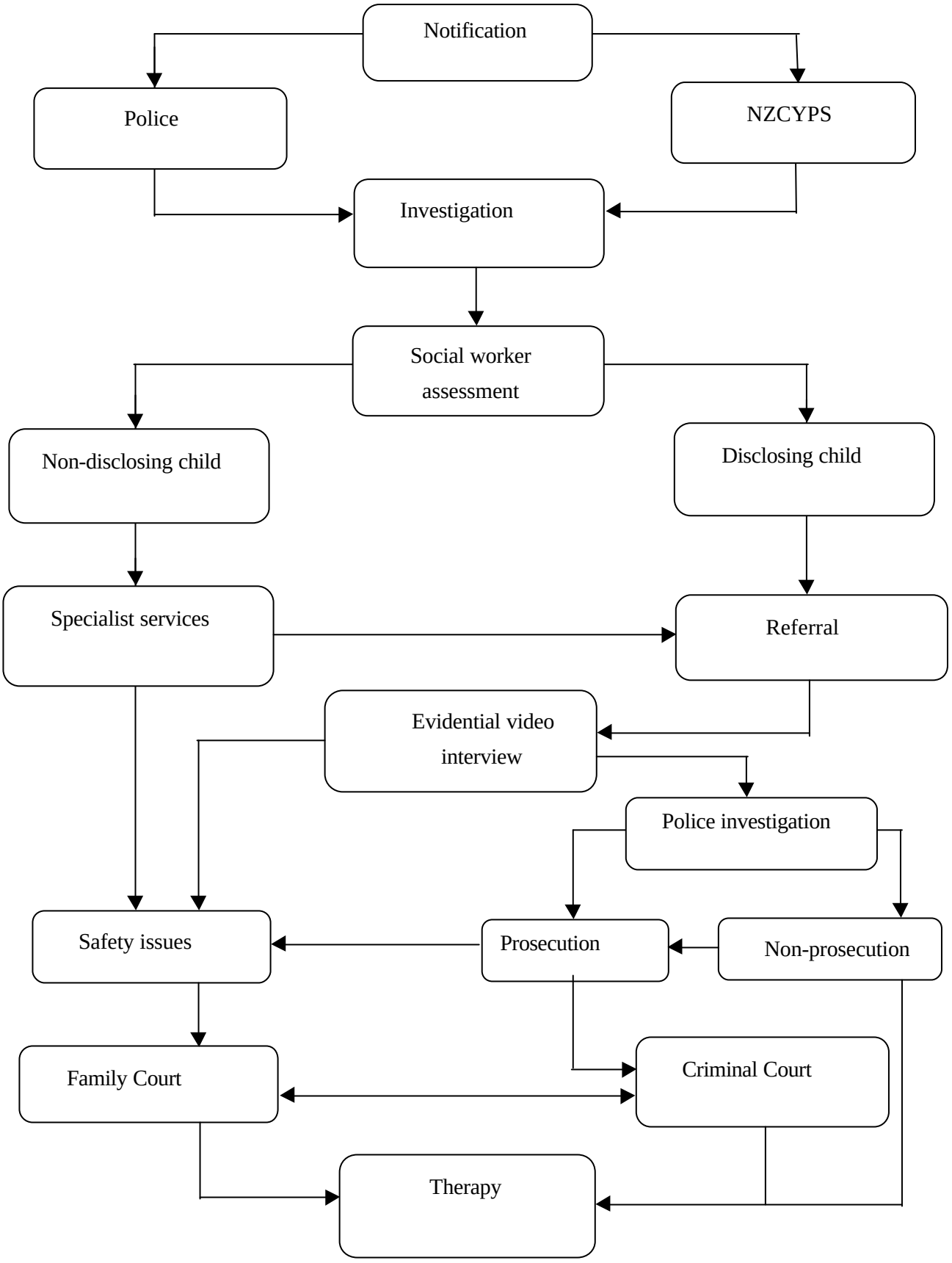
3.6.5 In some circumstances a temporary, short-term removal of the child from the home may be necessary to protect the child. NZCYPS are to take responsibility for any such action.

3.6.6 Family/whanau should be consulted on the placement of the child.

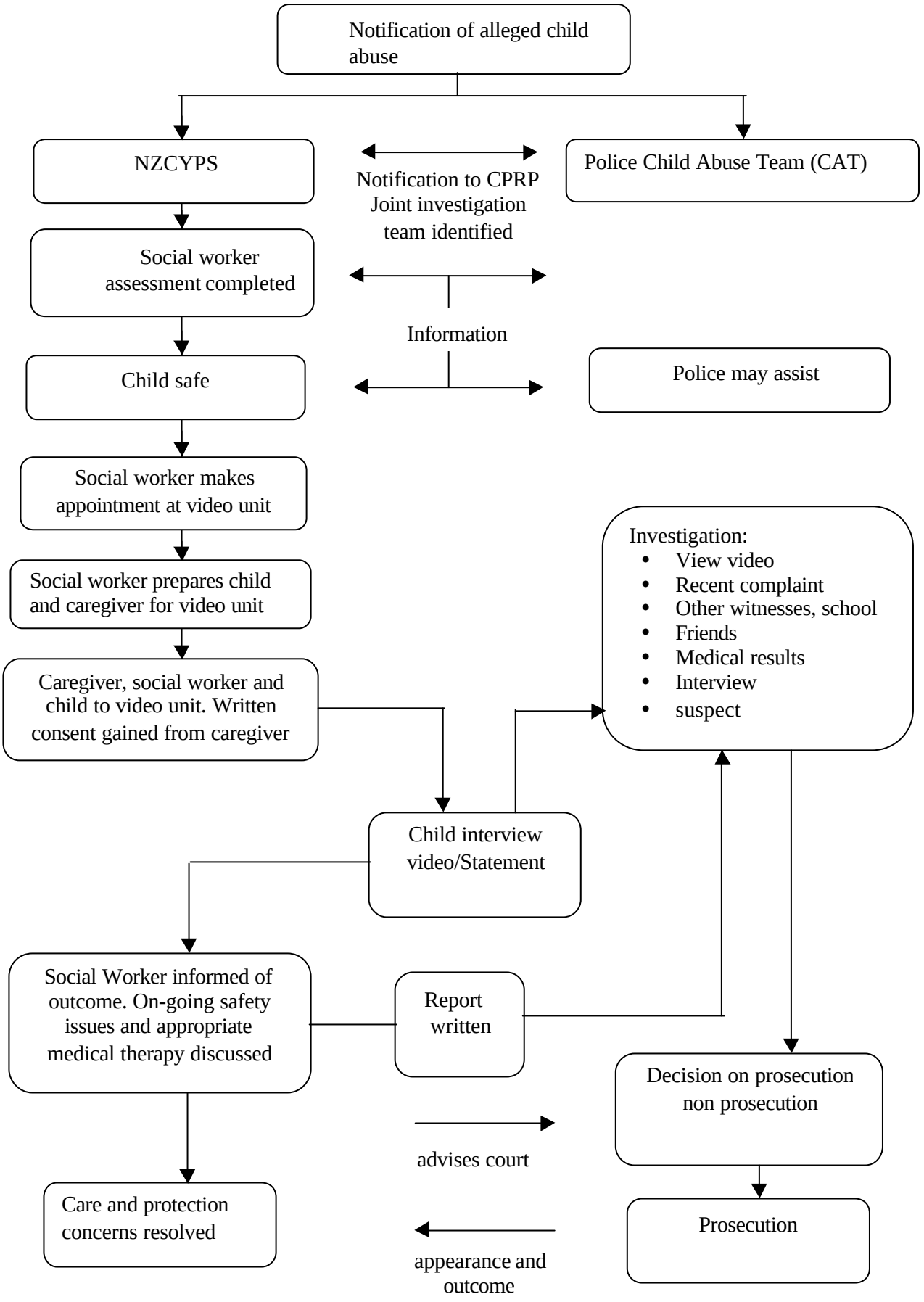
3.6.7 Social workers must keep police fully informed of all decisions made on the child's immediate placement.

3.6.8 On-going co-ordination and liaison should be maintained. The investigating team members should ensure that the child, the non-offending parent (s) and other interested parties are kept informed of all developments.

Investigation process – non acute case flowchart



Evidential interview process flowchart



Part two : care and protection

Introduction

The definition of a child or young person in need of care and protection is contained in section 14 of the CYP&F Act. The principles of care and protection contained in section 13 of the CYP&F Act can be summarised in simplified form as follows:

- children and young persons must be protected from harm
- the primary role for providing care and protection rests with the family. Accordingly the family should be supported and intervention into family life kept to the minimum
- it is desirable that the child or young person lives with their family without interruption to education or employment
- when practicable, the family should be supported when care and protection is required
- a child or young person should only be removed from the family if there is risk of harm
- when practicable they should be returned to, and be protected within, the family. If unable to be returned, they should be placed in an appropriate family setting in the same locality where they can develop a sense of belonging and maintain personal and cultural identity, or placed with a member of their hapu or iwi or of the same tribal, racial or ethnic, or cultural background
- if unable to be returned to their family, they should be given an opportunity to develop a significant psychological attachment to the person in whose care they are placed
- if a child is in need of care and protection by reason of his or her offending, section 14.1 .(e), procedures for dealing with the offending should have due regard to the interests of any victim of the offending.

Care and protection

Part Two of the CYP&F Act 'Care and Protection of Children and Young Persons' emphasises the principle that the primary role in caring for and protecting children or young persons lies with the family, hapu, iwi or family group. Police should be guided by the objects and principles contained in sections 4, 5 and 13 of the CYP&F Act.

The role of the police in care and protection matters is to focus upon:

- the immediate safety of the child or young person who is the subject of any report under section 15 of the CYP&F Act
- the investigation of any offences against the child or young person who is the subject of any report
- providing CPRP and C&P co-ordinators with available information to enable them to fulfil their respective roles and to ensure that the long term care and protection needs of the child or young person are met.

Investigation of reports

When a member of the police becomes aware of a child or young person in need of care and protection, action shall be taken in accordance with section 17 of the CYP&F Act.

When practicable, reports of sexual abuse or serious physical abuse of a child or young person must be investigated by a CAT. Immediate action to ensure the safety of the child or young person may be taken by any police officer if such a course of action is necessary.

District commanders shall ensure that consultation procedures are established with the CPRPs and NZCYPS investigation social workers, and that members are familiar with those procedures. Members must consult with CPRPs according to local procedures when investigating care and protection matters.

Referral to Youth Aid

Refer to Police and NZCYPS youth justice system protocol, 1996.

On completion of enquiries, files relating to the following matters shall be referred to Youth Aid:

- absconders from Social Welfare care or custody
- absconders from the care or custody of any organisation or person in whose care or custody they have been placed by the court or Director-General of Social Welfare
- children or young persons who have been reported or found to be in need of care and protection under the provisions of section 14 of the CYP&F Act
- children or young persons (under 16 years) found unaccompanied as defined in section 48 and when action under section 17 has been taken
- children and young persons who have been reported missing and have been located.

A detailed report should be used to inform Youth Aid when a report involving a child or young person requires no further police action other than the initial investigation.

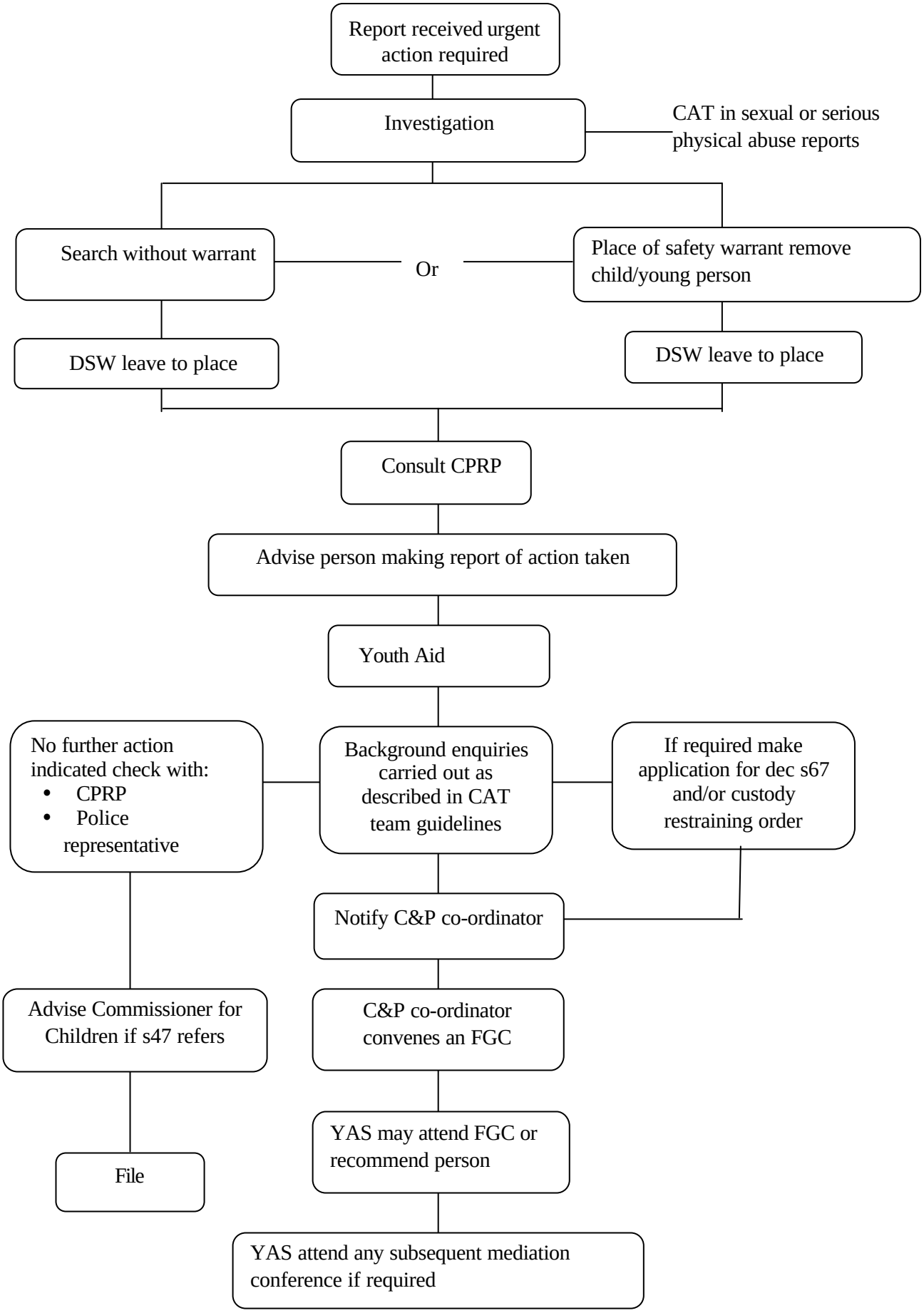
Youth Aid shall review each file, conduct any follow-up enquiries deemed necessary and consult with a CPRP. When reasonable grounds exist to indicate that the child or young person requires care and protection, Youth Aid shall report the matter to the appropriate C&P co-ordinator. (s 18)

Children over 10 years and under 14 years who are believed to be in need of care and protection by virtue of section l4(l)(e) of the CYP&F Act shall be reported to Youth Aid for further action.

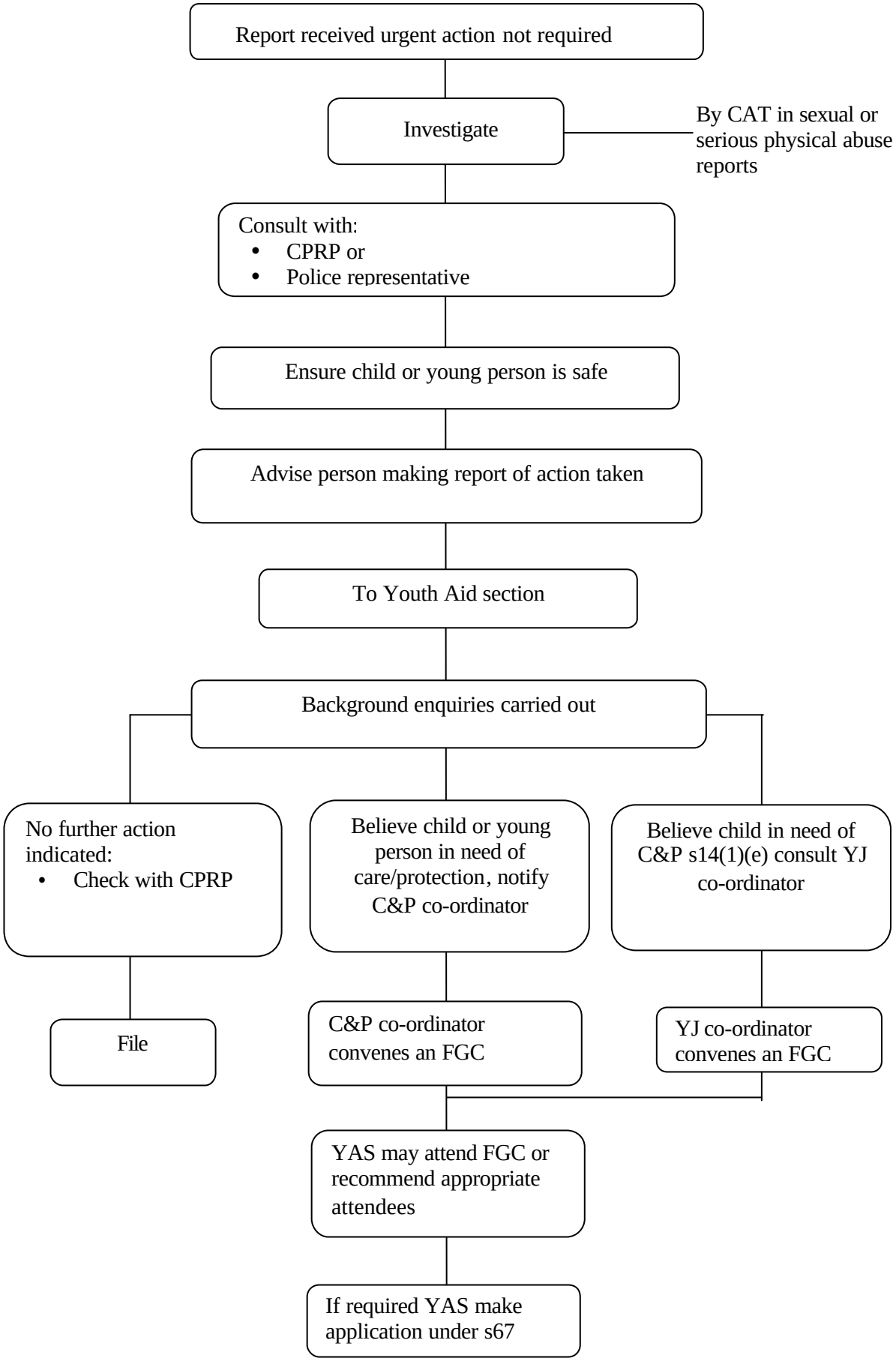
Members of the police who place a child or young person in the custody of the Director-General of Social Welfare pursuant to sections 39 or 40 or 42 of the CYP&F Act, are responsible for furnishing a report to the Commissioner for CYP&F Act as required (when the matter is not referred to the Family Court) by section 47 of the CYP&F Act, when such a report is required.

Refer to the flow charts Care and protection — urgent action page 7-16 and Care and protection — non-urgent page 7-17.

Care and protection – urgent action flowchart



Care and protection – non urgent flowchart



Part three : children as secondary victims through witnessing violence or other crime

Policy and procedures to deal appropriately with this area of child abuse are being developed.

Refer to Domestic Violence Act 1996.

Research suggests that in about 70% of reported family violence cases, children or young persons have been present or have witnessed the incident. Children and young persons are often victims of family violence-related assaults, or can suffer trauma from witnessing family violence.

When attending incidents of family violence or any other situations when a child and young person is likely to have witnessed violence between their parents or caregivers, officers will be required to ascertain the safety of the child or young person. In these instances, violence would include any:

- physical
- sexual
- emotional, or
- psychological violence, including threats of such violence and intimidation.

As a matter of best practice, attending police officers must ascertain whether children are involved as victims or have witnessed the incident under investigation. In the interests of child safety, it may be necessary to speak to the children directly.

When support agencies receive requests for crisis intervention from attending police officers, they must fully recognise the need for the safety and protection of any children present.

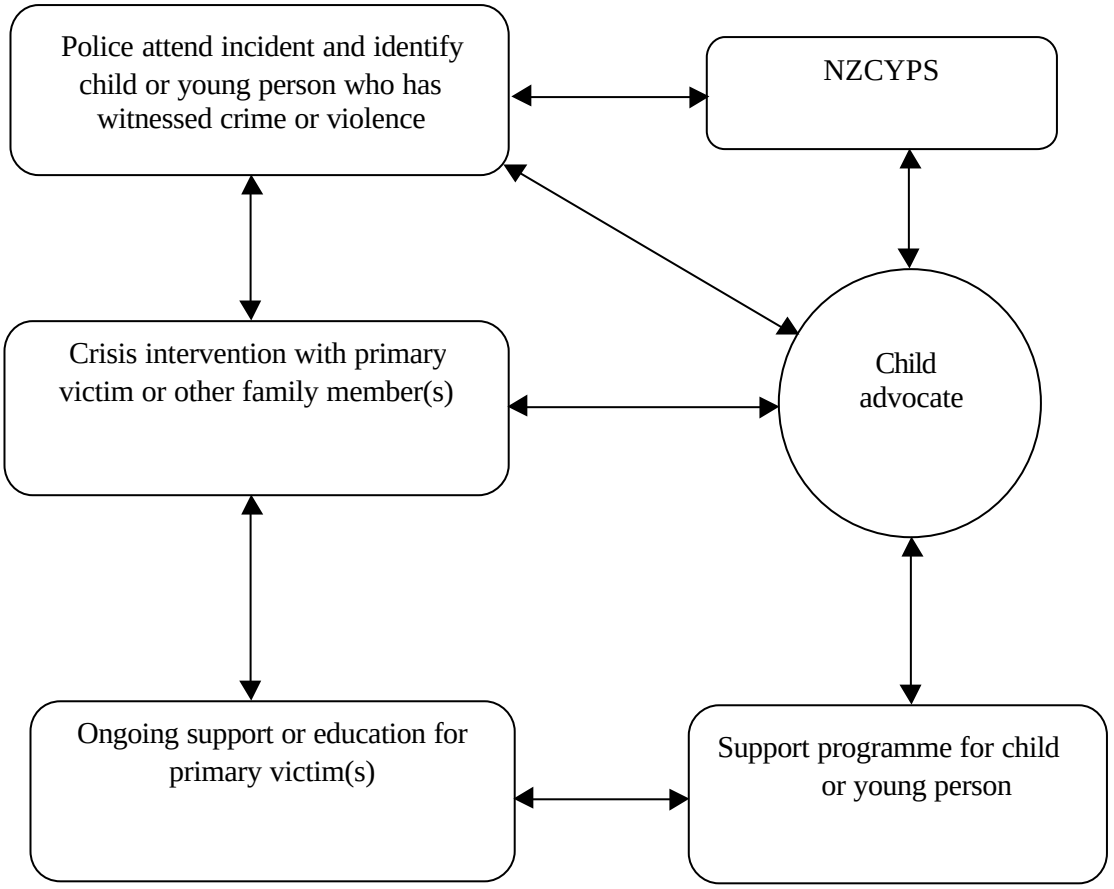
In most instances, the interests of the children are best met by a child advocacy service or agency. Such service or agency, as a matter of good practice, is required to liaise with the police, NZCYPS, and other family violence service providers.

The child advocacy service is responsible for ensuring full consideration of the child's interests and that appropriate interventions are established to afford maximum protection. Such considerations must reflect the principles of CYP&F Act 1989.

When the immediate safety of the child is considered to be at risk, attending police should liaise directly with NZCYPS for appropriate action to be undertaken in accordance with existing child abuse protocols.

If required, details of the child's involvement should be made available to NZCYPS, support agencies or child advocates, as agreed by local protocols. Such considerations must reflect the principles of section 6 of the CYP&F Act, which states that the child's welfare should be considered paramount.

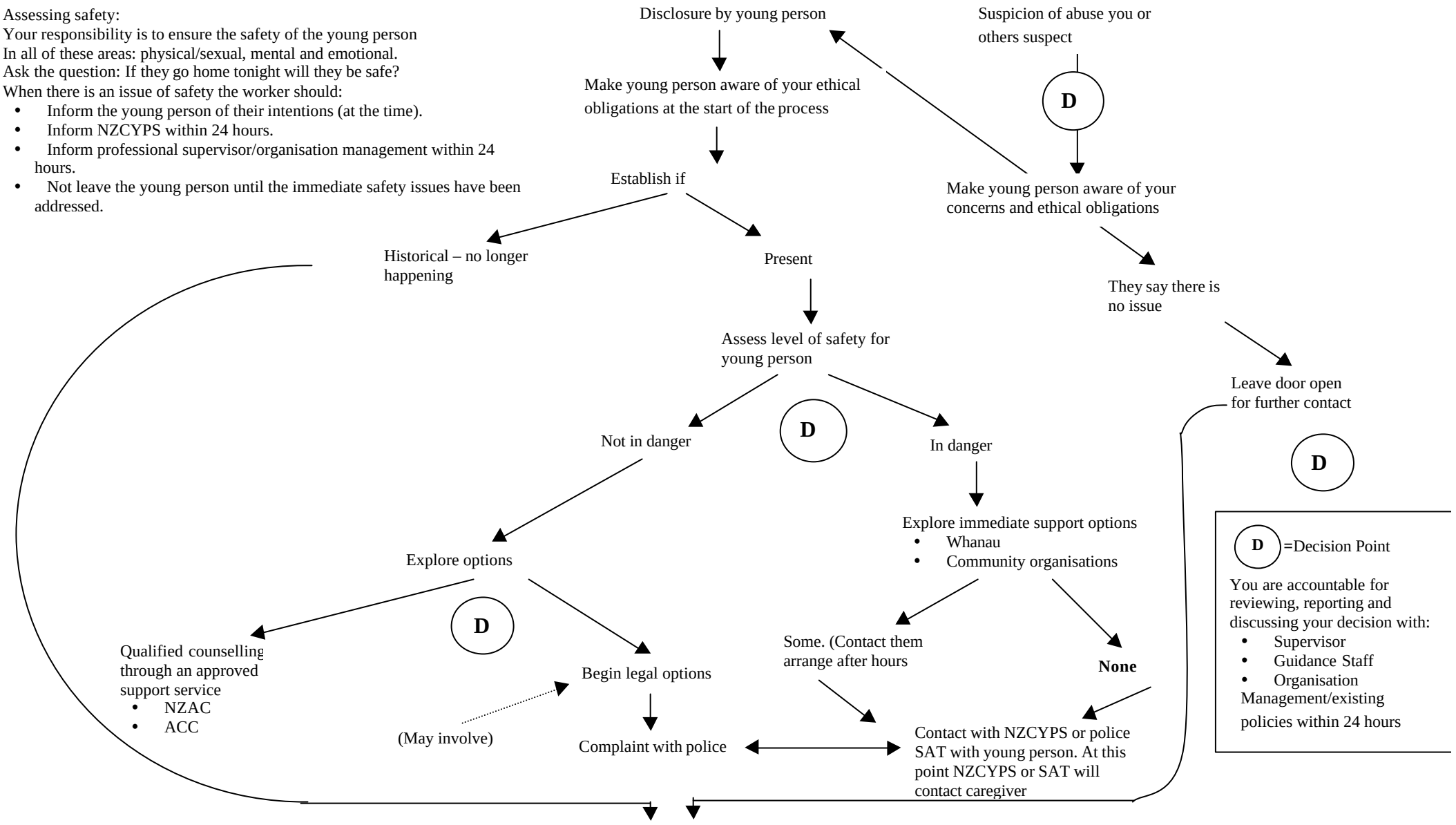
Secondary victims or witnesses flowchart



- Child advocate position currently being developed. The success of services to those involved in family violence will depend on the strength of networking and communication between the key agencies.
- Notification to NZCYPS would be appropriate if the child/children are at risk of physical or emotional harm.

8 National protocol developed by youth workers in conjunction with the Ministry of Youth affairs

Guidelines for youth, community workers and community educators working with the young

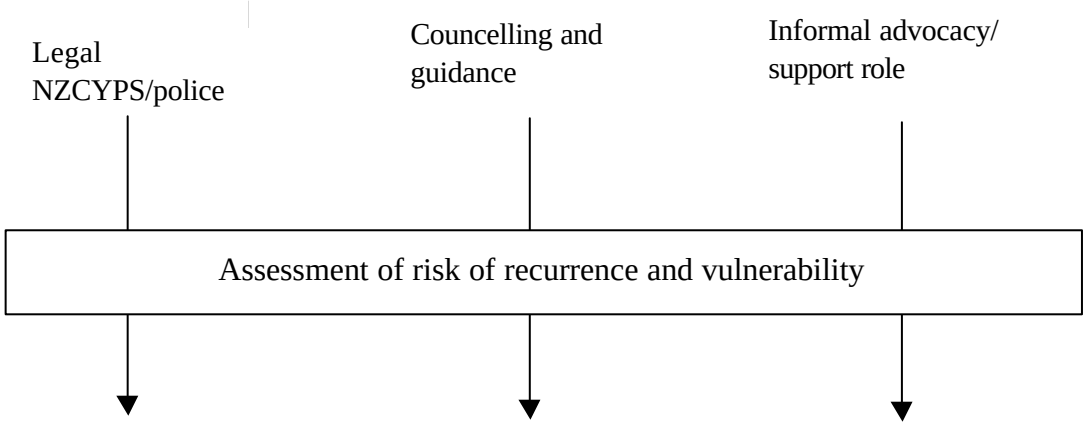


Three Streams for Ongoing support

Establishing Support

Consider:

- What other people/organisations are involved/affected by decisions being made?
- Young person to establish who their key support/advocate will be.
- Establish with young person what information needs to go to who and when.



The person/supervisor within our organisation/school I should report decision making to is:_____

Phone:_____

Some resource people in our community are:

Counselling	Name:_____	Phone:_____
NZCYPS	Name:_____	Phone:_____
Police SAT Team	Name:_____	Phone:_____
Psych Services	Name:_____	Phone:_____
Pacific Island	Name:_____	Phone:_____
Other	Name:_____	Phone:_____
	Name:_____	Phone:_____
	Name:_____	Phone:_____
	Name:_____	Phone:_____
	Name:_____	Phone:_____
	Name:_____	Phone:_____
	Name:_____	Phone:_____
	Name:_____	Phone:_____

Ethical obligations

- The worker is primarily responsible for the young person's safety and well-being.
- When it is necessary to override issues of confidentiality the young person should be informed of what will happen.
- The young person is to be aware of record keeping. Confidential records should be kept for evidence later on.
- The beginning of legal procedure is informing NZCYPS or SAT (Police).
- All youth and community workers and educators must have clear lines of accountability to a supervisor and/or a professional support person.
- The worker or organisation should have checked out and have confidence in any counsellor they refer a young person to.
- The school or agency is responsible for having up to date policies for abuse

9 Guidelines regarding reporting developed by the New Zealand Association of Social Workers for their Members

New Zealand Association of Social Workers (NZASW) policy on reporting of child abuse

Principle

There are no circumstances under which abuse can be condoned by social work practitioners. In situations involving the abuse or suspected abuse of a child or young person, social workers have a particular responsibility to ensure that the child's wellbeing and best interests are met.

Policy

It is the policy of NZASW that social workers should report suspected or actual child abuse to NZCYPS and/or the police.

While the association has not endorsed the introduction of mandatory reporting of abuse it recognises that there is an ethical responsibility incumbent upon social workers to work in ways that promote the protection of children from abuse.

This policy is consistent with the responsibilities of social workers according to the:

- NZASW Code of Ethics
- IFSW Code of Ethics
- the provisions of the CYP&F Act.

Limits to client confidentiality

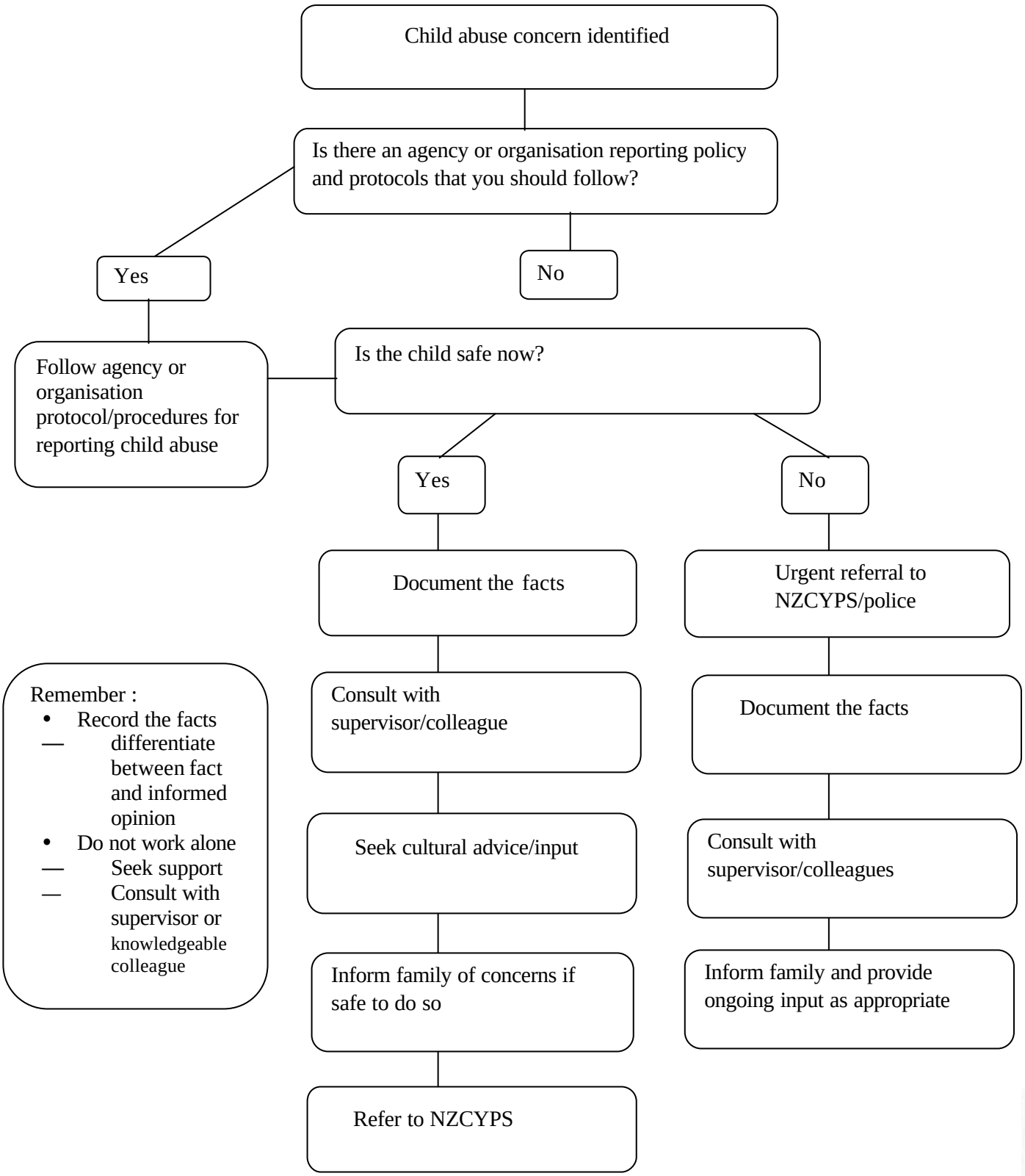
Section 1.12 of the *Code of Ethics, New Zealand Association of Social Workers Incorporated, 1993* outlines limits to client confidentiality in the following circumstances:

- in an emergency a social worker may need to make a professional decision to provide client information in the client's best interests. In that event, it is the social worker's duty to inform the client as soon as possible of any information divulged to a third party.
- Social workers may be compelled by legislation or the Courts to disclose client information. It is a social worker's duty to inform the client of any such limitations to confidentiality.
- A social worker may conclude that the client or someone else (such as a child) may be endangered by non-disclosure. In that event, the social worker may make a professional decision (preferably after consultation with colleagues) to disclose client information.(pplO-11) 1)

Social workers are reminded that sections 15 and 16 of the CYP&F Act protect them from not following normal confidentiality and informed consent requirements in the reporting of suspected child abuse to NZCYPS or the police.

This policy has been developed in consultation with all members of the Association, the consultation process being co-ordinated by members of the Child Protection Interest Group.

NZASW policy guidelines for social work practitioners – flowchart



10 A policy statement regarding reporting developed by the New Zealand Association of Counsellors (NZAC)

Policy statement

Members of the NZAC agree to abide by the *Code of Ethics, NZAC Members' Handbook, 1995,* which governs their work with children, young persons and adults. The code provides general principles and guidelines as to the counselling relationship and client rights.

If, during the course of a counselling relationship a member of the NZAC becomes aware of information which suggests or forms a belief on reasonable grounds that a child is being abused, or is at risk of being abused, the counsellor must consider principles of:

- autonomy
- beneficence
- and not doing harm
- and guidelines regarding confidentiality and consent.

The principle of autonomy states:

"Counsellors shall respect the dignity and worth of every individual, the integrity of families/whanau and the diversity of cultures. This implies respect for people's right to make decisions that affect their own lives, to choose whether or not to consent to anything that is done to them or on their behalf and to maintain their own privacy. Exceptions to the principle of autonomy occur when there is clear danger to the client, counsellor or public at large and when the individual's competence to make a decision is clearly limited." (page 12)

The principle of not doing harm states:

"Counsellors shall avoid any diagnostic labels, counselling methods, use of assessment data or other practices which are likely to cause harm to their clients." (page 12)

The principal of beneficence includes the statement that:

"……In situations where there is the possibility of both harm and benefit the responsibility is on counsellors to ensure that their own actions are chosen with a view to bringing about the greatest balance of good." (page 12)

In all normal circumstances communication between counsellor and client is confidential and the client must give consent for information to be shared outside the counselling relationship.

The code states that:

"Communication between counsellor and client shall be confidential and treated as privileged information unless the client gives consent to any particular information being disclosed." (page 13)

This clause goes on to state however that:

"Exceptions to this principle occur when, in the professional judgement of the counsellor, there is clear and imminent danger to the client or others.... In these circumstances the counsellor shall take reasonable personal action to inform responsible authorities." (page 13)

Present or imminent risk of abuse to a child or young person would constitute such a danger. A counsellor is obliged therefore, according to the Code, to use their professional judgement to weigh up the seriousness of this risk in the light of the requirement that the counselling relationship:

- foster autonomy
- protect the client from harm
- promote welfare and positive growth.

Judgement will be based on such matters as the quality of the counsellor's information, the apparent risk, and the child or young person's age and emotional state, which affect their competence to assess danger and make decisions.

As well as considering the impact of breaking confidentiality on the counselling relationship, counsellors will usually take into account their knowledge of family, community and agency contexts when assessing the benefits and risks of reporting. 'Responsible authorities', as noted in the Code, to whom imminent danger could be reported would normally, include those agencies that have a statutory responsibility for abuse issues:

- NZCYPS
- New Zealand Police.

In terms of client rights the issue of consent must also be taken into account.

When faced with the decision to disclose, counsellors work first to empower the client to undertake this, or to obtain informed consent from the client to disclose on their behalf. If professional judgement leads them to believe that they must break confidentially, they are encouraged to consult with their supervisors, or another consultant if appropriate. They are also encouraged, for their own protection, to make a note of the discussion, any decision made or actions taken, with the reasons guiding these. Counsellors should be aware of the protection from moral, criminal or disciplinary proceedings contained in section 16 of the CYP&F Act, 1989.

Counsellors' notes about their work with clients are confidential to the client and counsellor, because they represent the confidential content of the counselling sessions. If these are requested by New Zealand Police or NZCYPS, acting in their statutory capacity, counsellors should first request informed consent for this from the relevant client or clients. If consent should, be refused, the counsellor, for their own protection, should request that the service specify the legal authority relied upon for such information to be made available to them. If the counsellor is in any doubt legal advice should be sought.

New Zealand Association of Counsellors

October, 1995.

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