

*Roles of*

*Health Service*

## CHAPTER 19

### CLINICS (DEPARTMENT OF HEALTH)

- 19.1 Medical Officers (MOs), nurses and para-medical staff should familiarize themselves with the procedures of handling suspected child abuse. They should be alert to the signs of child abuse by making reference to **Indicator of Possible Child Abuse & Guide to Risk Assessment** in Chapter 2. If a child has symptoms or signs which indicate that sexual abuse may have taken place, the MOs, nurses and para-medical staff should follow the **Guide to People Working with Children Who Disclose Sexual Abuse** at Appendix IV.

#### GOVERNING PRINCIPLES

- 19.2 The most important governing principle is to protect the best interest of the child. The emotional well-being of the child must be protected and all those involved must be sensitive to the social and psychological needs of the child and his/her family.
- 19.3 The child must not be further traumatized by the investigative process.
- 19.4 History is the keystone in establishing a diagnosis of child abuse. However, the clinical interview can be very distressing to the child. At initial contact, the MO should focus on obtaining information from the child and the carer in order to establish the suspicion of child abuse and to determine whom to refer for further action, with special attention to the injuries or trauma and to factors that may determine any continuing risk to the child. The in-depth interview of the traumatic abuse incident can be left to a multi-disciplinary team of specialists on interviews of suspected child abuse.
- 19.5 For cases in need of full medical / forensic examination, the child should be referred to the medical professionals with expertise in child abuse examination and the number of examination must be kept to a minimum. For suspected sexual abuse cases, the initial assessment should be limited to a general examination with visual inspection of the genital area depending on the history, age and distress of the child. Advanced training and experience are needed for the proper recognition and examination of child sexual abuse cases. A comprehensive record should be made. Normal physical findings **do not** exclude the diagnosis of child sexual abuse. Reference can be made to Chapter 9 for the procedures and principles for medical / forensic examination.

#### CONFIDENTIALITY ISSUES

- 19.6 The principles that a medical practitioner is required to observe with regard to patient confidentiality and disclosure of medical information are given at

## Annex I to Chapter 4.

- 19.7 Schedule 1 of the Personal Data (Privacy) Ordinance, Cap 486 stipulates the data protection principles that professionals should observe in collecting and sharing of information. Sections 58 & 59 of the Ordinance provide an exemption from Principle 3 (Use of Personal Data) with regard to the use and sharing of personal data for the purpose of child abuse investigation or related child protection work (refer to paragraphs 4.11 & 4.12 of Chapter 4).
- 19.8 Some frequently asked questions about information sharing and confidentiality issues are given in Annex V to Chapter 4.

## **INTAKE PROCEDURES**

- 19.9 If child abuse is suspected from history and upon examination, the MO should inform :
- (a) the doctor-in-charge of the clinic and regional / cluster / service SMO;
  - (b)
    - (i) clinics with Medical Social Worker (MSW) attached :
      - inform MSW and MSW will take further action (refer to paragraphs 19.10 & 19.11 below).
    - (ii) clinics without MSW :
      - inform the SWD / NGO unit concerned if the child is a known case under their care. The SWD / NGO unit concerned will take further action according to the procedures in Chapter 14 to 17. Chapter 6 and 7 append the details on handling of referrals by SWD / NGO units.
    - (iii) clinics without MSW and child is not receiving service from any SWD / NGO unit :
      - the MO can consult Social Work Officer of Family and Child Protective Services Unit (SWO/FCPSU) (List of FCPSUs at Appendix VII) for advice. If formal referral to FCPSU or report to CAIU is necessary after consultation, the MO should refer to **Key to Making Referrals to CPSIT** at Appendix V for details.
  - (c) In circumstances that suggest a criminal offence may have been committed (refer to Annex I to Chapter 3 for list of offences related to child abuse), the case should be reported to the Police to safeguard the welfare of the child (refer to paragraph 24.23 of Chapter 24 for the procedures in making report to the police).
- 19.10 The MSW of SWD / NGO would initiate the child protection mechanism including checking with the Child Protection Registry (Appendix VI), contacting other SWD / NGO units if necessary to see whether the case is

known to them, or conducting initial social assessment. The MSW of SWD / NGO can consult / refer the case to FCPSU as appropriate.

- 19.11 The MSW of SWD / NGO or FCPSU worker will then assess the case, liaise with other parties and decide on the appropriate action to be taken. The MO should provide necessary assistance as far as possible.
- 19.12 Reporting / referral of suspected child abuse cases to FCPSU **do not** require consent of the concerned service users i.e. parents, carers, significant others, etc. (see paragraph 19.7 above), but they should be informed by the MO about the referral.
- 19.13 If professional advice from paediatricians is required, the MO can consult the respective Medical Coordinator on Child Abuse (MCCA) appointed in each of Paediatric Department in the Hospital Authority hospitals (List of MCCA at Appendix XI).
- 19.14 Where hospitalization is necessary, the MO should contact the MCCA of the designated Paediatric Departments of Hospital Authority hospitals for appropriate action as described in Chapter 20. If there is no MCCA in the nearby hospital, the case should be sent to the AED but the MO should liaise with the Consultant / SMO of the AED prior to the referral.
- 19.15 If the parent(s) / guardian(s) refuse to go to hospital or to be referred to social worker for further management, the doctor-in-charge should try to persuade the parent(s) / carer(s) to stay whilst contact is made with the responsible social worker of the known case or SWO/FCPSU or IFSC/SWD or SWOs/MSSU/SWD for assistance or consideration who is relevant for invoking powers under Section 34F / Section 35(1) of the Protection of Children and Juveniles Ordinance, Cap 213. The MSW of the clinic, if any, should assist whenever situation warrants (see FAQ 5 in Annex II to Chapter 3). If assistance from the Police is deemed necessary, the MSW should contact the nearest police station directly. Upon invoking powers under Section 34F, the responsible social worker of the known case or SWO/FCPSU or IFSC/SWD as appropriate will provide follow-up service if further care proceeding is necessary.

## **MULTI-DISCIPLINARY CASE CONFERENCE ON CHILD ABUSE**

- 19.16 The MO attending the case would be invited to attend the Multi-disciplinary Case Conference to formulate the welfare planning of the child. A written report on the child's condition should be prepared for reference of the Conference [paragraph K of Annex I to Chapter 11].

## **COLLABORATION WITH OTHER PARTIES**

- 19.17 All parties concerned should maintain communication about the case progress as appropriate for the protection of the child and provision of welfare service to the family.