Protocols after Disclosure of Abuse

DISCUSSION GROUP D

Kim Dwyer
Coordinator
Child Protection Unit, South Australian
Department of Community Welfare
Adelaide

Protocols are difficult to devise and usually must be prescriptive. Most states have a clear step-by-step medical protocol for physical examination, but have inflexible prescribed methods for other forms of assessment. These methods are proving to be impractical and too complicated to standardise children's responses.

There is a general lack of understanding of the differences between the initial inquiry or investigation of a complaint and the evidentiary phase of assessment. A protocol can only be used when a child has disclosed abuse to a professional appropriately trained in working with children. Even then it is preferable to have a standardised structured interview process rather than set instructions.

The problems in developing protocols for finding out from a child what has happened to them, can depend on the way in which the complaint was made and the often competing interests of the key players.

In the case where the child or a family member has complained and the intention is to protect the child and investigate proceedings against the offender, a protocol could be used. Where someone else has made the complaint and the child is unaware that it has been made, other procedures will often be required. If the child will not or is unable to make disclosures, for example a pre-verbal child or a child who is intellectually disabled, then other methods will also be necessary.

Conflict about who should assess the validity of the complaint and how best that can be done with the least trauma to the children can increase the confusion.

The police will need to investigate the complaint to assess the possibility of bringing criminal charges. Their focus will be on collecting evidence. The statutory welfare authority will want to ascertain if the child is in need of protection and will need to determine if there is evidence for Children's Court actions. Doctors, psychiatrists, social workers, psychologists and others will often have a focus on the child's therapeutic needs.

A thorough assessment needs to incorporate all the competing demands from professionals, if the child is to be safeguarded and their future well-being ensured.

Procedures for disclosing children can therefore reasonably readily be devised. Procedures for non-disclosing children will be different and may require other intervention. For example, when there are lower level behavioural indicators the assessment should be for behavioural disturbance rather than for abuse. The need for standardised procedures is essential and must be agreed upon by major agencies. The goal should be for evidence
which will stand up in a criminal court and also be acceptable to other courts. Key elements in assessing a child should be knowledge of child development, training in interviewing and working sympathetically with children and knowing when to refer to someone else with specialist expertise.

It is also necessary to develop clear guidelines on dealing with alleged offenders especially juveniles who may also be victims themselves.

Protocols with flexibility should be developed for collection of evidence. For example, it is crucial to have clear standardised procedures in the use of videotaping.

**Conclusion**
The group discussion focussed primarily on the different stages of the investigation and the court process. It was emphasised that greater incentives should be found for offenders to make admissions and thereby lessen the trauma of the court for young witnesses.

It was agreed that clearer procedures for investigation must be found, with the roles of professionals not only defined, but when they become involved, clarified. It was concluded that guidelines on what not to do may be just as useful as guidelines on how to and what to do.