Child Abuse &Protection – In Focus

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29th August 2019

SMHS/UPNG -POM

Child Abuse – Why now?

- Data collection started in 2013
  - Still an area of huge need
  - Grossly under reported – because health facilities are not the main entry point of access

- Emergency/OPD see bulk of cases, very few are admitted to wards →… can we report OPD data for Child Abuse into PHR???

- Need for standardized assessment, documentation and mandatory reporting

- Clinical services must work hand-in-hand with social worker services as well as office of child protection

Important Data

- Globally
  - 95mil (est .7.2 bil) children experience abuse annually (highest rates in WHO Africa Region) [UNICEF 2014]

- Regionally (14 PICTs)
  - Violent discipline at home (ave. 77%)
    - Vanuatu 84%
    - Kiribati 81%
    - Samoa 77%
    - Fiji & Solomon Is. 72%

  - Sexual abuse in child girl (average rate 16.9%)
    - Highest S.I (37%)
    - Lowest Samoa (2%)

Local Data: PHR Annual Morbidity & Mortality Reports

Year	No. of Hospitals Reported	Total Admissions	CP Admissions	Death
2013	5/10	26,571	6	0
2014	12	20,974	35	3
2015	14	16,278	65	10
2016	14	22,799	60	14
2017	15	23,272	60	15
2018	18*	24,960	195**	29

- *Included 2 rural district hospitals & 1 urban hospital
- **improvement in reporting???
- CFR (2009 – 2018) = 16.82% from 422 admissions

Current health facility interventional approach

- Hospital based family support centres (FSC) have been established within hospital grounds that act as *"one-stop-shop"* that handles all referral cases of abuse
- FSC offer 5 essential services:
    1. Medical first aid
    2. Psychological first aid
    3. Prevention of HIV
    4. Prevention of unwanted or unintended pregnancies
    5. Prevention of hepatitis B and tetanus
- Further referral to "safe houses" for temporary sanctuary → community resettlement
- Police and courts when required

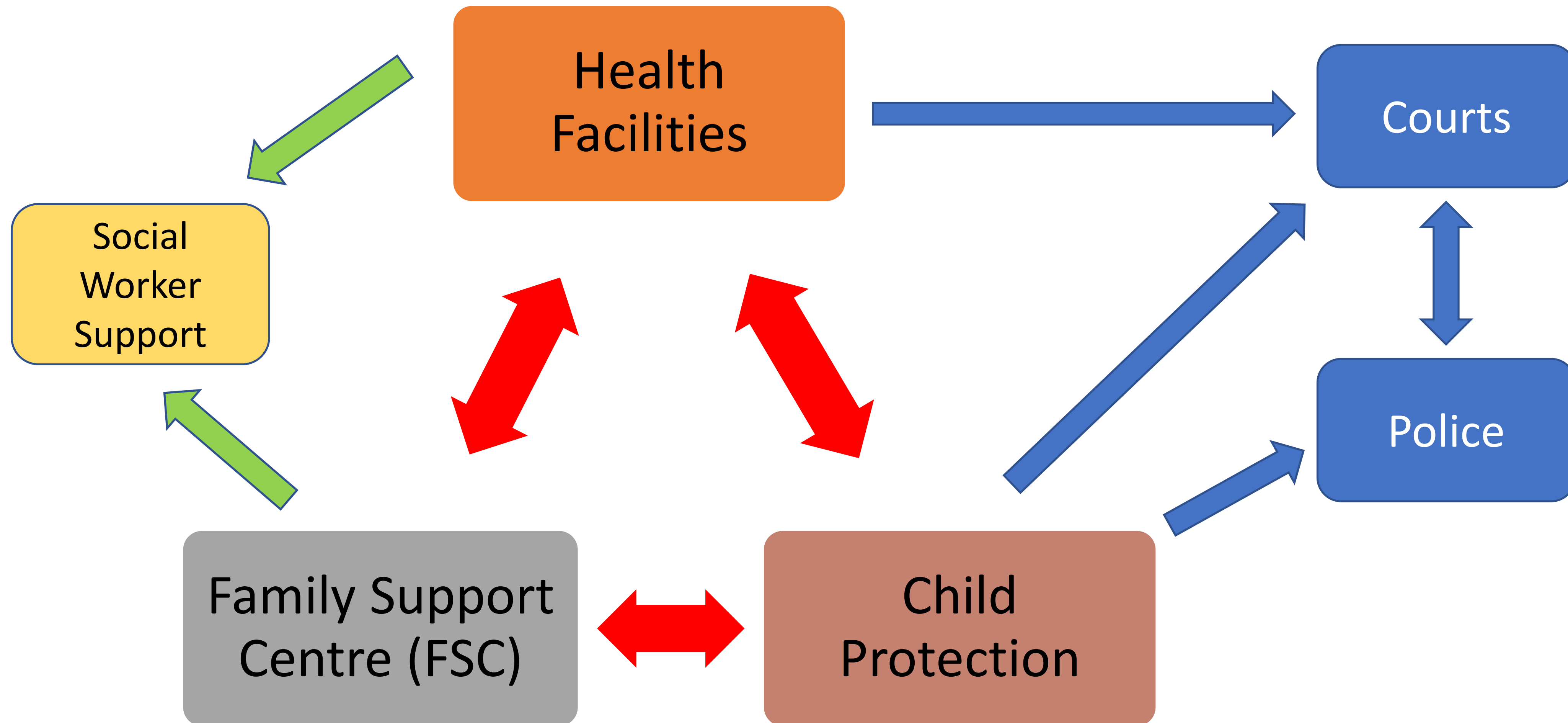
Family Support Centres

- Established in line with the NHP 2011-2019

- Hospital-based one-stop FSC exist in many provincial hospitals incl. PMGH and ANGAU
  - main focus on GBV

- Limitations of FSC:
  - No after hours support in many sites
  - Security issues
  - Lack of resources for long-term rehabilitation
  - Lack of qualified professional counsellors specialized in rehabilitation of affected children and vulnerable families

The ideal approach focusing on Child Abuse



The Role of Child Protection Officers & Child Protection Volunteers

The *Lukautim Pikinini Act 2015* mandates the gazettal of child protection officer and volunteers to:

- Prevent and respond to all forms of child maltreatment
- Have power, along with all police officers, to remove a child without court order from a harmful or unsafe environment
- Any person in professional duties with respect to a child who fails to report instances of child abuse is open to civil action

What can we do at the Health Facility?

- Full assessment
  - Including history taking, physical examination, relevant investigations, and emergency treatment
  - Sexual abuse: full assessment within 72 hours preferably by a gynaecologist
  - Psychosocial support

- Complete documentation
  - Signed consent for examination, investigations, treatment and release of medical report

- Mandatory medical reporting
  - Use of a proforma

  ✓ Medical reports (proformas) should be kept in the office of DMS with copies to child protection office

Proposed templates, diagrams and proforma

Consider standardization of assessment, documentation & mandatory reporting

1. Vulnerable child proforma
2. Baby, child and adolescent body diagrams
3. Male genitalia diagrams
4. Female genitalia diagrams
5. Medical report template

Important to note…

- Connect | meet in person | exchange contact details of local:
  - Police
  - Child protection officer
  - FSC
  - Social worker
- Push for FSC in your province
- Work with partners
  - UNICEF
  - Child Fund