

Child Abuse and Neglect

1996. Revised 2005

Preamble

There is huge concern about child abuse in the community and among those professionals working with children and families. The Child Protection Australia 2003-4 Report (2004, AIHW) showed that there was just over two hundred thousand suspected cases where children suffered emotional, physical or sexual abuse or neglect.

Professionals from many disciplines work in child protection. Different jurisdictions have different approaches and different regulations. There is currently no clear national agenda and no unified national system of child protection and recovery.

The AMA believes that:

1. Any form of child abuse - physical, sexual, emotional and neglect - can affect children, regardless of the social standing of their family. The AMA endorses the World Medical Association Statement on Child Abuse and Neglect (1995, WMA). The right of children to be free of abuse and neglect takes priority over any rights of adults.
2. Medical practitioners must encourage attitudes and actions necessary to prevent child abuse and neglect, identify 'at risk' children and families, prevent further abuse and assist abused children to receive appropriate help and protection.
3. There is a potential to do further harm through delay or failure to act or through acting precipitately or inappropriately. All interventions should minimise harm and prevent further abuse.
4. Child abuse and neglect is not always fatal or life threatening, but for those exposed to abuse the consequences can be life long
5. It is not only the victim of abuse who needs support. All members of the family should be offered support and treatment from appropriately trained persons.
6. In addition to any legally-imposed penalty, abusers should be referred to experts knowledgeable in current methods of assessment and treatment of their problem.
7. Specialised training is needed for definitive evaluation and management when child abuse or neglect is suspected. Medical practitioners suspicious of child abuse or neglect should consult such specialists.
8. The effective prevention and management of child abuse and neglect requires co-operation amongst medical practitioners in different disciplines and between medical practitioners and experts in other professions.
9. All medical practitioners must be trained to suspect and to recognise the possibility of abuse or neglect, to intervene early and to support the child and the family. Medical training should also encompass the sequelae of child abuse and neglect as they present in adolescence and adulthood.
10. Units specialised in the evaluation, diagnosis and management of the problems associated with child abuse and neglect are established and maintained, and urges funding adequate not only for patient and family care, but for training and research.

11. Despite the inherent difficulties presented to abused and neglected children and their families by the intricacies of the legal system, the AMA endorses appropriate systems of mandatory reporting of suspected abuse, where evaluation and management of the child and the family are emphasised and where the reporting medical practitioner has statutory protection.
12. All levels of Government must work in partnership with other key stakeholders to adopt an integrated national public health strategy to address the issue of child abuse and neglect, including the establishment of a national data collection system.
13. The Commonwealth and State Governments must work in partnership with the non-Government sector to develop a national policy and service framework that promotes the status and wellbeing of all children.
14. All professions involved in working with children and their families, should receive pre-service and continuing education on child protection.
15. Children in immigration detention must be given the same standard of health and welfare services, including child protection services as all other children in Australia and that these services must be independently monitored.

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