Notification of Suspected Cases of Child Abuse between Health Boards and Gardai
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April 1995
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Introduction

1.1 Under the Child Abuse Guidelines issued by the Department of Health in 1987, a Health Board is expected to notify the Gardai of any alleged case of child abuse where it is suspected that a crime has been committed. This can give rise to difficulties for Health Board staff who may not be in a position to determine whether an offence has been committed. A further problem with the current guidelines is that they do not specify when the Gardai should refer cases to the Health Boards.

1.2 This document amends the 1987 Guidelines in relation to the circumstances in which the Health Boards and the Gardai are to notify suspected cases of child abuse to each other and in relation to the consultations that should take place between both agencies following a notification.

1.3 Central to this document is a standard procedure for the notification of cases between the two agencies. This procedure, which is in line with a recommendation of the Report of the Kilkenny Incest Investigation, is to be used where either agency suspects that child abuse has taken place.

1.4 Effective intervention on behalf of children who are in need of protection requires a co-ordinated approach on the part of the Health Boards and the Gardai. Recognising and respecting their different roles and responsibilities in child abuse cases, this procedure is aimed at ensuring closer co-ordination between the key personnel involved in order to facilitate the twin objectives of protecting the welfare of the child and the full investigation of alleged offences.
Scope of Procedure

2.1 Parents, carers (i.e. persons who while not parents have actual responsibility for a child) or others can harm children either by direct acts or by failure to provide proper care, or both. This document is concerned with suspected physical, sexual or emotional abuse or neglect of children who are under the age of 18 years.

2.2 For the purposes of this document, abuse means one or more of the following:—

Physical Abuse

Physical injury to a child, including poisoning, where it is known or suspected that the injury was deliberately inflicted.

Sexual Abuse

The use of children by others for sexual gratification. This can take many forms and includes rape and other sexual assaults, allowing children to view sexual acts or to be exposed to, or involved in, pornography, exhibitionism and other perverse activities.

Emotional Abuse

The adverse effect on the behaviour and emotional development of a child caused by persistent or severe emotional ill-treatment or rejection, or exposure to ongoing domestic violence.

Neglect

The persistent or severe neglect of a child, whether wilful or unintentional, which results in serious impairment of the child's health, development or welfare.
2.3 In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual activity is 17 years. This means, for example, that sexual relationships between a 16 year-old girl and her 17 year-old boyfriend is illegal, although it might not be regarded as constituting child sexual abuse.
Cases to be Notified by Health Boards to Gardai

3.1 Where a Health Board suspects that a child has been physically or sexually abused or wilfully neglected, the Gardai must be formally notified immediately in accordance with the procedure set out in paragraph 3.4 below.

3.2 The process of establishing whether grounds exist for suspecting such abuse may involve consulting relevant professional personnel within the Health Board and, where appropriate, in outside agencies. In appropriate cases advice and guidance in relation to the criminal law should be sought from the Gardai. However, a Health Board must not await confirmation of such abuse (whether from a child abuse assessment unit or otherwise) before notifying the Gardai.

3.3 It is not envisaged that the Health Boards should routinely notify suspected cases of emotional abuse or unintentional neglect to the Gardai since the circumstances of such cases may not involve law enforcement issues. However, in case of doubt the Gardai should be consulted.

3.4 The procedure for notifying the Gardai of a suspected case of physical or sexual abuse or wilful neglect of a child is as follows:

- The Designated Officer (or an officer delegated by the Designated Officer) sends the Notification Form* (see Appendix A) to the local Garda Superintendent. A copy is retained on the child's file.

  On receipt of the Notification Form the Garda Superintendent arranges to have a Garda assigned to the case and notifies the Designated Officer of the Garda's name and station.

*Where more than one child is involved, a separate Notification Form should be sent in respect of each child.
The Garda so assigned makes direct contact with the Social Worker (or other person) dealing with the case as soon as possible to obtain details of the case.

**Informal Consultations**

3.5 The above notification procedure should not preclude Health Board personnel from consulting the Gardai on an informal basis where there is concern about a particular child but the available information does not appear to warrant the formal notification of the case. On the contrary, such contact is to be actively encouraged in order to protect the welfare of the child concerned.

**Emergency Intervention**

3.6 If, in an emergency, it is necessary for a Health Board to take immediate action to protect a child and there is no time to notify the Gardai, the Notification Form should be forwarded as soon as circumstances permit.
Cases to be Notified by Gardai to Health Boards

4.1 Where the Gardai suspect that a child has been the victim of emotional, physical or sexual abuse or neglect (whether wilful or unintentional), the Health Board must be formally notified immediately. It is not necessary for the Gardai to have sufficient evidence to support a criminal prosecution before notifying the Health Board.

4.2 It is not intended that the Gardai should notify the Health Board of cases of physical or sexual assaults against children which involve issues of law enforcement only, such as the assault of a child by a stranger, unless such cases give rise to child protection questions; for example, where the suspected abuser has ongoing contact with other children. In cases involving law enforcement only, the Gardai should continue to contact the Health Services where there is a need for appropriate counselling and other support services for victims of assaults.

4.3 The procedure for notifying the Health Board of a suspected case of emotional, physical or sexual abuse or neglect of a child is as follows:

- The Garda Superintendent (or a Member delegated by the Garda Superintendent) sends the Notification Form* (see Appendix B) to the Designated Officer. A copy is held by the Garda dealing with the matter and by the Garda Superintendent.

- The Designated Officer arranges to have a Social Worker (or other person, if appropriate) assigned to the case and notifies the Garda Superintendent of the name and location of that Social Worker.

*Where more than one child is involved, a separate Notification Form should be sent in respect of each child.
The Social Worker so assigned makes direct contact with the Garda in charge of the case as soon as possible to obtain details of the case.

**Informal Consultations**

4.4 The above notification procedure should not preclude the Gardai from consulting the Health Board on an informal basis where there is concern about a particular child but the available information does not appear to warrant the formal notification of the case. On the contrary, such contact is to be actively encouraged in order to protect the welfare of the child concerned.

**Emergency Intervention**

4.5 If, in an emergency, it is necessary for the Gardai to take immediate action to protect a child and there is no time to notify the Health Board, the Notification Form should be forwarded as soon as circumstances permit.
Investigation of Cases

5.1 When the Social Worker and Garda assigned to the case have made contact, the initial task is to share the information already available to each agency about the case in order to establish the relevant factual circumstances of the child and the possible sources of harm or danger.

5.2 The next step is to agree a strategy for the investigation. Matters to be addressed by both agencies at this stage will include:

What action, if any, is necessary immediately to protect the child or other children in the household?

Who will be responsible for such action?

Arrangements for medical examination.

Who is to be interviewed initially and in what sequence?

• Who will conduct these interviews?

5.3 Both agencies should keep a written record of the decisions taken in relation to the case. If it is decided not to proceed, the reason for such decision, and by whom it was taken, should be recorded.

5.4 Personnel from both agencies should agree a plan for the case. If new information becomes available, the plan may need to be reassessed but there should be arrangements in place to ensure that all relevant personnel are aware of changes in the approach to the case.

5.5 In relation to the child and the parent(s), every possible effort should be made to ensure that:

- The child is not subjected to repeated interviews;
- Repeated medical examination of the child is avoided;
- The parent(s) of the child are kept informed of developments in the case, except where this might place the child at further risk or impede the criminal investigation.
5.6 It is essential that enquiries by the Health Board and the Gardai should be co-ordinated so as to ensure that:

- the welfare of the child is protected;
- everything possible is done to assist the criminal investigation (see paragraph 5.7 below);
- there is a free flow of information between agencies and personnel regarding the case;
- decisions and actions in an investigation follow consultation within and between agencies.

5.7 Where it is suspected that a crime has been committed, the Gardai will have overall responsibility for the direction of the criminal investigation. It is the function of the Gardai to interview and take any statements which will form part of the criminal investigation file.

Confidentiality

5.8 It is essential that all information exchanged between the Health Boards and the Gardai in accordance with the procedures set out in this document is treated with the utmost confidentiality in order to safeguard the privacy of the children concerned and their families, and to avoid prejudicing any subsequent legal proceedings.

Ongoing Liaison

5.9 The Social Worker and Garda assigned to the case should keep in regular contact and inform each other of developments as they take place.

5.10 Both the Health Board and the Gardai should notify each other of the progress of cases; for example, where the case has been referred to the Director of Public Prosecutions and the outcome of such referral.
Case Conferences

6.1 The case conference has a central role in the investigation of suspected cases of child abuse and in promoting inter-agency cooperation. It provides an opportunity for the key personnel concerned with the welfare of the child to exchange information and plan together.

6.2 While the case conference is central to child protection procedures, it is not a forum for a formal decision as to whether a particular person has abused a child. That is a matter for the Courts. Its purpose is to ensure an overall co-ordinated approach to the case that is objective, properly focused and multi-disciplinary.

6.3 Case conferences are convened by the Designated Officer. Where the Gardai consider that a case conference is warranted, this should be made known to the Designated Officer as soon as possible.

6.4 In addition to the Social Worker, it is essential that the Garda involved in the investigation be present at the case conference.

6.5 The person to chair the case conference will be decided by the Designated Officer at the outset and with due regard to the skills needed to undertake this important task.

6.6 Since the 1987 Child Abuse Guidelines were published, the practice has developed in some Health Board areas of inviting the parent(s) of the child to participate at the case conference. To avoid any misunderstanding, a Health Board should inform the Gardai where this is the practice in its area in advance of the convening of a case conference.

6.7 The case conference should include consideration of the impact of a prosecution on the victim. In relevant cases, this consideration should be included in the file submitted to the Director of Public Prosecutions.
Appendices
SAMPLE FORM FOR USE BY HEALTH BOARD IN NOTIFYING CASE TO GARDA SÍOCHÁNA

CONFIDENTIAL

To: Superintendent
   Garda Síochána
   Address __________________________________________ Ref. No __________
   __________________________________________

NOTIFICATION OF SUSPECTED CHILD ABUSE

Child’s Name: __________________________ Sex: __________________________
D.O.B.: ____________ Address: __________________________________________
Father’s Name: ____________ Mother’s Name: ____________

1. The above named child has come to notice as a possible victim of child abuse.

2. Form(s) of abuse suspected (see overleaf):
   □ Neglect  □ Sexual
   □ Physical  □ *Emotional

*All abuse involves an element of emotional ill-treatment; this category should be used where it is the main or sole form of abuse suspected.

3. Additional information
   __________________________________________
   __________________________________________

   The Social Worker dealing with this matter is:
   Name: __________________________________________
   Tel: __________________________________________
   Address: __________________________________________

   Signed: __________________________________________
   Designated Officer
   Date: __________________________________________
Physical Abuse

Physical injury to a child, including poisoning, where it is known or suspected that the injury was deliberately inflicted.

Sexual Abuse*

The use of children by others for sexual gratification. This can take many forms and includes rape and other sexual assaults, allowing children to view sexual acts or to be exposed to, or involved in, pornography, exhibitionism and other perverse activities.

Emotional Abuse

The adverse effect on the behaviour and emotional development of a child caused by persistent or severe emotional ill-treatment or rejection, or exposure to ongoing domestic violence.

Neglect

The persistent or severe neglect of a child, whether wilful or unintentional, which results in serious impairment of the child's health, development or welfare.

*It should be noted that, for the purpose of the criminal law, the age of consent to sexual activity is 17 years.
SAMPLE FORM FOR USE BY GARDA SIÓCHÁNA IN NOTIFYING CASE TO HEALTH BOARD
CONFIDENTIAL

Garda Síochána
Address ____________________________________________ Ref No. ________

To: Designated Officer
Address ____________________________________________ Health Board

NOTIFICATION OF SUSPECTED CHILD ABUSE

| Child’s Name: | ____________________________ |
| D.O.B.: | ____________________________ |
| Sex: | ____________________________ |
| Address: | ____________________________ |
| Father’s Name: | ____________________________ |
| Mother’s Name: | ____________________________ |

1. The above named child has come to notice as a possible victim of child abuse.

2. Form(s) of abuse suspected (see overleaf):

   □ Neglect  □ Sexual
   □ Physical □ *Emotional

   *All abuse involves an element of emotional ill-treatment; this category should be used where it is the main or sole form of abuse suspected.

3. Additional information

   __________________________________________
   __________________________________________
   __________________________________________

The Garda dealing with this matter is:

Name: ____________________________
Tel: ____________________________
Address: ____________________________

Signed: ____________________________
Garda Superintendent
Date: ____________________________
Physical Abuse

Physical injury to a child, including poisoning, where it is known or suspected that the injury was deliberately inflicted.

Sexual Abuse*

The use of children by others for sexual gratification. This can take many forms and includes rape and other sexual assaults, allowing children to view sexual acts or to be exposed to, or involved in, pornography, exhibitionism and other perverse activities.

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