

Legal aspects of working with abused and vulnerable children

18 April 2016

Support structures



- VFPMS
- Policies and procedures
- Legal Services



Key intersections of the law & paediatric forensic practice

- Betrayal of Trust Report new laws
- Consent
- Reports
- Documentation
- Release of information



Betrayal of Trust Report – new laws

- Vic Govt Parliamentary Inquiry report tabled 13/11/13
- Royal Commission into Institutional responses to Child Sexual Abuse – 11/1/13 – ongoing
- Vic Govt responses in 3 categories:
 - Criminal law reform new offences
 - Working towards creating safe organisations
 - Civil law reform



Betrayal of Trust Report – new laws

- Vic govt announced and quickly passed
 3 new laws to protect children
 - Grooming max penalty 10 years imprisonment
 - Failure to protect max penalty 5 years imprisonment
 - Failure to disclose max penalty 3 years imprisonment

Betrayal of Trust offences

Grooming offence -

 prohibition of any communications with a child or a child's parents or carers intended to facilitate engaging the child in an indictable sexual offence

Failure to protect offence –

 offence for a person in a position of authority who knows that someone in their organisation poses a risk of committing a sexual offence against a child to fail to remove that risk



Betrayal of Trust – failure to disclose

Failure to disclose offence –

- any adult who forms a reasonable belief that a sexual offence has been committed by an adult against a child under 16 has an obligation to report that information to the police
- unless the person has a reasonable excuse for not disclosing eg
 - fear for safety (their own or another person's)
 - information already disclosed

Failure to disclose – exemptions (contd)

- Further exemptions to the offence
 - victim is 16 or over and requests confidentiality & is sufficiently mature to make that judgment
 - person is a child when they formed the belief
 - information would be privileged
 - information is a confidential communication (mandatory reporting still applies)
 - information in public domain

Consent



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informed consent

What is consent?

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• Consent –

voluntary agreement by a patient/parent/guardian to proposed procedure

Valid consent –

- freely given
- specific (for the procedure)
- informed

Consent - informed

- The person consenting must understand –
 - the nature and inherent risks of the procedure/examination in question vs benefits
 - the alternatives not going ahead/ not going ahead now
- How do you know what they understand?

w them time to

Your patients

Two extremely challenging aspects of consent in your context –

- you're dealing with children, who are often very distressed and in the company of distressed support people potentially from a complex family dynamic
- the stakes are high

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Mature minors

Consent by a minor – forensic exam context

– Gillick competent child

'A minor is ... capable of giving informed consent when he or she achieves a sufficient understanding and intelligence to enable him or her to understand fully what is proposed.'

Gillick v West Norfolk AHA [1986] AC 112

Rule of thumb

- under 12, always guardian; 13 be aware of potentially increasing maturity
- over 14 consider assessment for Gillick competence
- if the context allows consent from child and parent all the better

Consent for a child

- Consent for a child
 - Parent or guardian
 - One parent's consent is often sufficient
 - Must have 'parental responsibility' and act in the child's best interests
 - Custody irrelevant
 - Must be legal guardian
 - Child Protection
 - s597 Children Youth and Families Act
 - Permits DHS to consent to examinations and treatment for a child in certain circumstances
 - Not where children remain in the custody of their parents
 - Family or Supreme Court

Documenting consent

 A signed consent form is not conclusive of consent

- was there adequate discussion? Evidence this by documenting it with precision

- did the person consenting understand the nature and consequences

Please note – <u>you</u> need to get consent for what <u>you</u> are going to do

- follow VFPMS policy and guidelines

Privacy & Confidentiality





Privacy & confidentiality

Ethical basis

Respect for autonomy

Public policy reasons

- Trust in medical system; breach may discourage people to seek help
- When in doubt, chicken out!



Privacy & confidentiality - disclosure

 Starting point - obligation to maintain confidentiality and not disclose to anyone except with consent or by operation of law

(a) <u>Consent</u>

 For child and mature minor, same as consent to treatment – informed and specific

(b) **Operation of law**

- Subpoenas; warrants
- Health Services Act, s141
- Health Privacy Principles

Privacy and the police

- No general right even where relevant to an investigation
- Usually need consent or a warrant
- General exception where:

'the organisation <u>reasonably believes</u> that the use or disclosure is <u>necessary</u> to lessen or prevent--

(i) a <u>serious and imminent</u> threat to an individual's life, health, safety or welfare; or

(ii) a <u>serious</u> threat to public health, public safety or public welfare--'

Health Records Act, Health Privacy Principle 2.2(h)



Documentation





He had taken every side street he knew but the paperwork was still on his tail.

Documentation

- VERY important both clinically and legally:
 - to ensure all information available for future analysis/care
 - to evidence what was done and why
 - particularly important if you need to justify your opinion in Court
- Record all relevant information
- Very important that documentation is professional and you will be comfortable explaining the language to the patient or a court or others



Don't let the tail wag the dog!





Documentation - disclosure

- Patient and/or parents can access records under Freedom of Information legislation
- Exemptions limited
- No 'we really wish we hadn't written that' exemption
- Patient health and safety specifically addressed



