ALGORITHM OF HEALTHCARE SYSTEM ACTION AGAINST VIOLENCE IN CHILDREN AND ADOLESCENTS (2023)



DETECTION

DISCLOSURE and/or COMMUNICATION

INDICATORS OF SUSPICION

DIFFERENTIAL DIAGNOSIS

EVALUATION

OF VITAL RISK

- Risk of death
- Extreme severity
- ▶ Suicide risk

SEVERITY / INJURY

- Fiffect on physical and psychological integrity
- Location and severity
- ▶ Vulnerability
- ▶ Signs of neglect
- Recent sexual violence

OF UNPROTECTEDNESS

Who has responsibility for care

Neglect

Physical violence Sexual violence

Gender-based violence Female genital mutilation (FGM)

Child to child violence

Violence from institutions

ENVIRONMENT WHERE VIOLENCE OCCURS

Prenatal and perinatal violence

Caregiver-induced factitious disorder

Emotional or Psychological Violence

- What care is required
- What are the characteristics of care provision
- What guarantees of (effective supports)

OF RECURRENCE

Extrafamilial

Ordinary

- Frequency and/or chronicity of episodes
- Behavioral characteristics of caregivers, environment and children and adolescents
- Existence or not of disprotection factors in the family and extra-family environment

URGENCY CRITERIA

- Recent episode of sexual violence (≤72 hours except vaginal penetration in pubescents, where it is extended to 7-10 days).
- There is, has been or could be a vital risk:

 - There is a serious health impact due to the presence of injuries or illnesses
 - Injuries or illnesses require hospital treatment
 - Injuries or illnesses may leave sequelae
 - There is a great psychological impact or risk of suicide
- Is at risk of lack of protection against violence:
- There is no adequate protective family attitude or capacity to modificate or prevent the situation of abuse or violence

CLASSIFICATION OF VIOLENCE AGAINST CHILDREN AND ADOLESCENTS

Child trafficking and exploitation (including sexual exploitation)

Violence through Information and Communication Technologies (ICT)

Family

Urgent

Other practices affecting the health, integrity or rights of minors

- Repeated negligence with damage or risk to health
- They do not offer logical explanations about the possible perpetrators or about the mechanisms of production of the injuries
- The family member is suspected of being the author of the injuries, sexual violence or any form of abuse

NOTIFICATION

HOW TO WHOM (DOCUMENT)

Social Services Notification sheet

Injury report

Public Child Protection

URGENT

(DOES NOT MEET CRITERIA) Municipal Social

+/- Court/Prosecutor's Office +/- Court/Prosecutor's Office

WHEN

ORDINARY

TELEPHONE

TELEMATIC/TELEPHONE

INTERVENTION AND FOLLOW-UP

REGISTRATION AND REPORTING

CONSENSUAL INTERVENTION PLAN

Court, prosecution, forensic expert

- · Prevention of secondary victimization.
- · Coordinated anamnesis and examination.
- · Clinical assistance: physical and emotional injuries.
- · Protection, support and accompaniment.
- Prevention of revictimization.
- · Information and consent.
- · Sample collection.
- Follow-up until the victim's recovery.

ADMISSION CRITERIA

- · Need for specialized assessment, tests or clinical studies or treatment in a hospital service.
- · Need for immediate protection.
- * Admission may sometimes be involuntary, via the courts.

Clinical report

- Clinical report
- Social report
- Forensic report

COORDINATION

- · Between levels and care units of the healthcare system, in particular with the Primary HealthCare team responsible for the care of children and adolescents and mental health if required.
- Social Services
- · Courts, prosecution
- · Legal Medicine and Forensic Science Institutes IMLCF
- · State Security Forces and Corps
- Education

• CCAA

RECOMMENDED THAT HEALTHCARE SOCIAL WORK WHO **COORDINATES THE PROCESS**



