No more 'patch and go': Revolving emergency departments must deliver more for victims of child abuse and neglect
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Teenagers aged 13-17 with the most serious child protection concerns were nearly 50 times more likely to visit an emergency department. Credit: Pixabay-Wokandapix

University of South Australia researchers are calling for an end to 'revolving-door' emergency departments after finding evidence revealing alarmingly high attendance rates at hospital emergency departments for children, teens and adult victims of child abuse and neglect.

A study conducted by UniSA's Professor Leonie Segal and Dr. Emmanuel Gnanamanickam at the Australian Centre for Precision Health at SAHMRI, shows that children exposed to child maltreatment have substantially increased risk of attending emergency departments during childhood and early adulthood.

"Our study shows that people affected by child maltreatment have significantly higher emergency department attendances, particularly for mental health, substance abuse, self-harm issues, but also for general injuries," Dr. Gnanamanickam says.

"Concerningly, the size of the impact is much larger than previously reported, especially in adolescence and early adulthood where attendance rates for people with more serious child protection concerns are four times that of people with no child protection history."

Teenagers aged 13-17 with the most serious child protection concerns were most at risk, being nearly 50 times more likely to visit an emergency department for a mental illness, and 33 times more likely to attend for self-harm or poisoning than teens with no child protection concerns.

Chief investigator, UniSA's Professor Leonie Segal, says these unprecedented results indicate massive failures across the health care and broader human services systems.

"We have an imperative to address the health care needs of vulnerable children earlier in life and with a whole-of-government response," Prof Segal says.

"Victims of child abuse and maltreatment have severe mental health needs that require intensive highly-skilled support, delivered through a welcoming, compassionate setting, to maximize chances of engagement and healing.

"Child protection services have a role in surveillance, and possible child removal in extreme circumstances, but in terms of the therapeutic response, SA Health must provide the lead—with a well-resourced, intensive and accessible service."

Child maltreatment is a severe form of trauma that impacts the developing brain. It affects stress responses, the sense of self, relational patterning, thinking, behaviors and emotions, all of which
underpin disturbing emergency department outcomes.

"Support services need to be able to intervene early in life, ideally before the trauma escalates further," Prof Segal says.

"Emergency departments must deliver more than a 'patch-up and go' revolving door for vulnerable and distressed children, adolescents, and young adults, with well-resourced referral pathways that can deliver a high-quality therapeutic trauma response.

"Our current service system is identifying at-risk people early in their lives, but they are not being offered the services they need to heal and disrupt a disturbing life trajectory.

"If, as a society, we really care about youth suicide and risk-taking behaviors, we cannot afford to wait for the first suicide attempt or the first psychotic episode in the teen years; rather we must provide the necessary supports when infant and child distress first manifests."


Provided by University of South Australia


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