Primary Care Interventions in Child Abuse & Neglect

Clare Doocey

Paediatrician CDHB

Canterbury District Health Board
Te Poari Hauora ō Waitaha

child health

Outline

- Child Abuse in NZ
- Outcomes of abuse & neglect
- Primary Care Role /Interventions
  - To reduce risk of harm
  - To recognise maltreatment
  - To Prevent recurrence and impairment

MALCOLM EVANS

NZ Herald 27/6/00

THIS IS THE CHILD THAT WAS ABUSED.

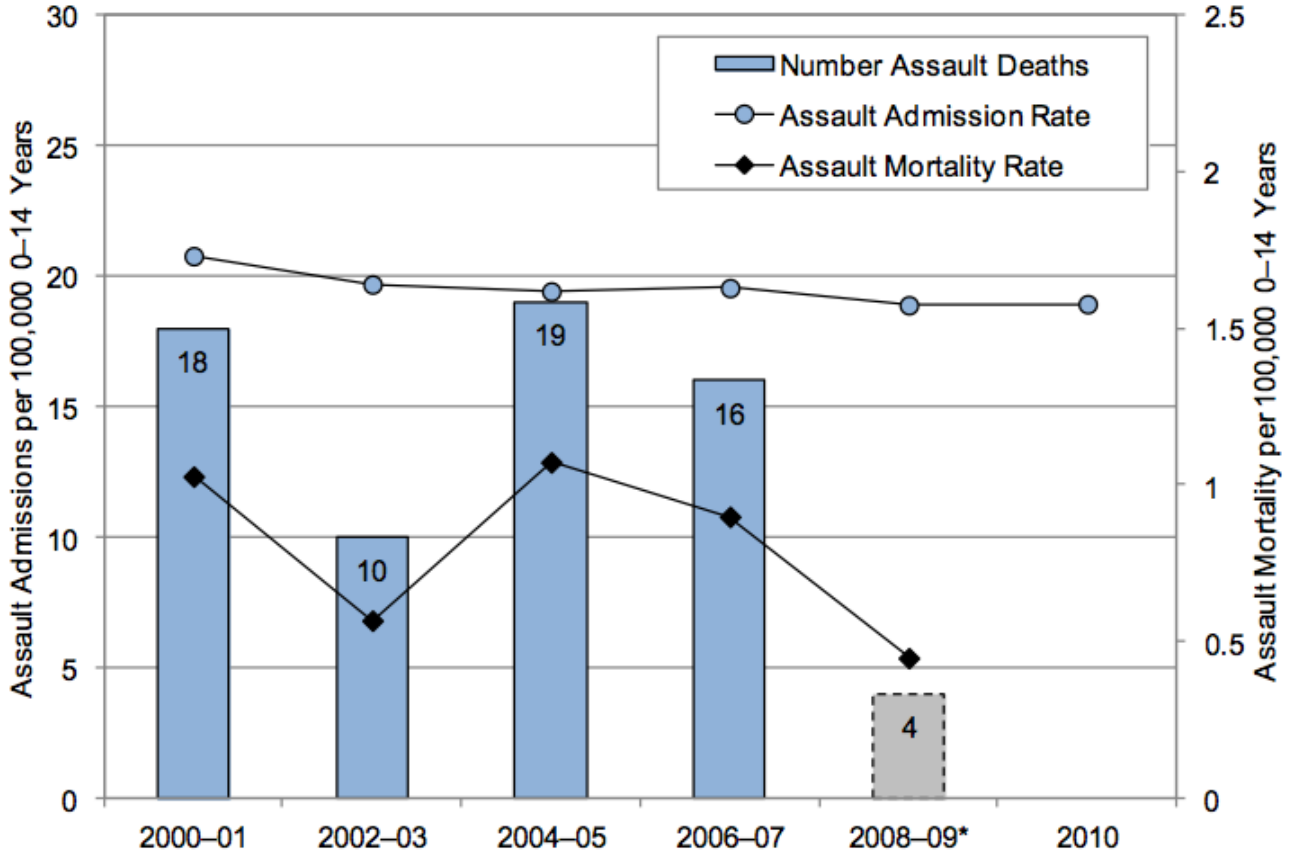
THESE ARE THE PARENTS OF THE CHILD THAT WAS ABUSED.

THESE ARE THE FAMILIES AND FRIENDS OF THE PARENTS OF THE CHILD THAT WAS ABUSED.

THESE ARE THE NEIGHBOURS AND RELATIVES OF THE FAMILY AND FRIENDS OF THE PARENTS OF THE CHILD THAT WAS ABUSED.

AND THESE ARE THE PEOPLE BLAMED FOR THE FATE OF THE CHILD THAT WAS ABUSED.

Hospital Admissions (2000-2010) and Deaths (2000-2008) due to Injuries arising from the Assault, Neglect or Maltreatment of NZ Children 0-14 yrs age



Source: Numerator Admissions: National Minimum Dataset; Numerator Mortality: National Mortality Collection; Denominator: Statistics NZ Estimated Resident Population. *Note: Numbers are per 2-year period with the exception of 2008 which is for a single year only.

Child Youth and Family Notifications

	F2007	F2008	F2009	F2010	F2011*	YTD 01Jul2011 - 31Mar2012
Care and Protection Notifications	71,927	89,461	110,797	124,921	93,594	67,645
Police Family Violence Referrals					57,153	48,601
C&P Notifications (including Police Family Violence referrals)	71,927	89,461	110,797	124,921	150,747	116,246

* From July 2010 the family violence referrals requiring no further CYF action have been recorded separately

** Some clients may have two or more notifications in the same period

Outcomes Abuse & Neglect

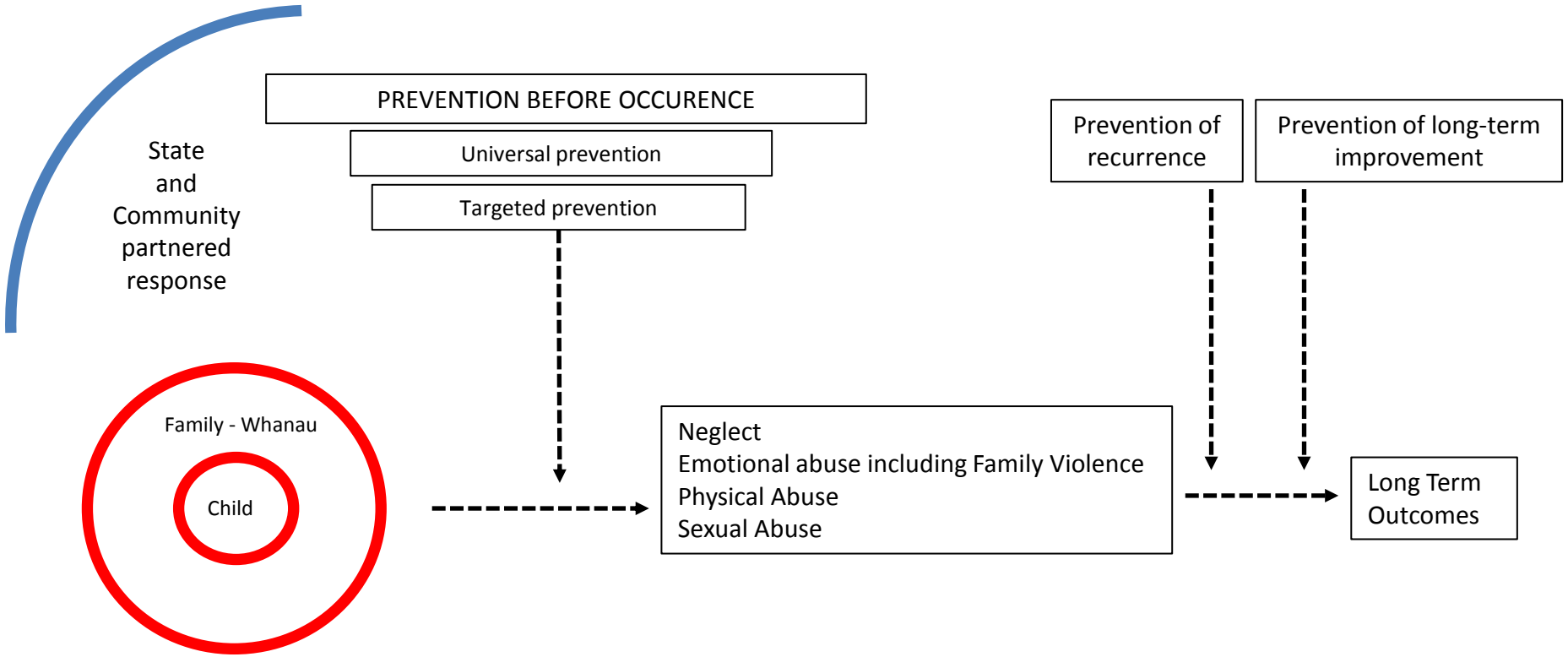
- Children known to CYF
  - 30% need educational support
  - 29% subsequently have corrections sentence
    - Make up 67% of adult justice population
  - 50% of completed youth suicides
    - 30% have been in care
  - Extreme high risk behaviours of YP in residence
    - 65% drive after drinking (Youth 07 = 8%)
    - 38% never or hardly ever used seatbelts
    - 80% males (68% females) use cannabis (Youth 07 = 16%)

CYF Data/ Mackay & Bagshaw 2010/ Youth Health Survey 2007

Long Term Outcomes Abuse & Neglect

- Education & employment
  - Lower educational achievement
  - Low skilled employment
- Mental health outcomes
  - Behaviour problems as a child/ adolescent
  - Post traumatic stress disorder
  - Depression
  - Attempted suicide
  - Alcohol / drug misuse
- Physical health outcomes
  - Prostitution
  - Obesity
  - General adult health (reptrospective studies- IHD, Cancer, COPD, Liver disease)
- Criminal behaviour

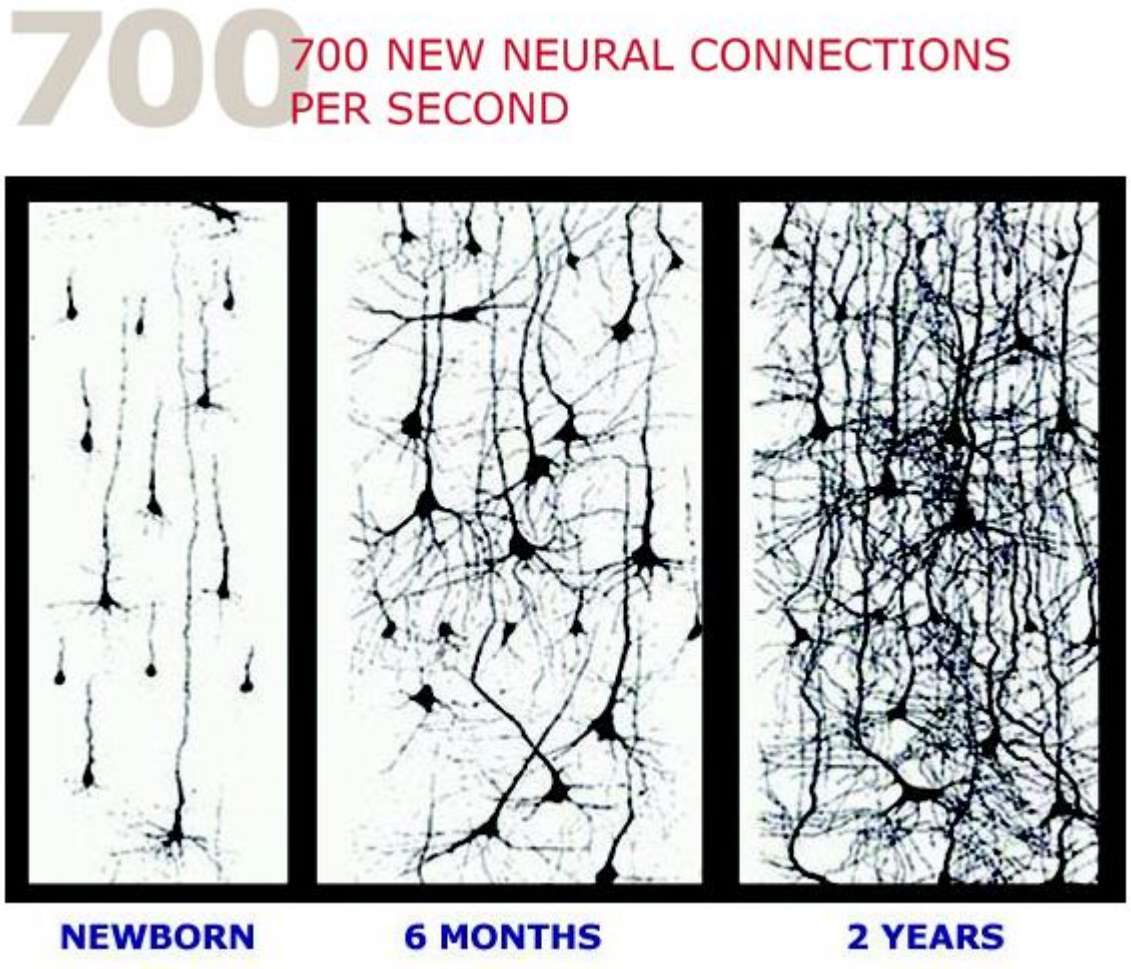
Framework for prevention of child maltreatment and adverse long term outcomes



Mardani J 2010

Primary Care – Prevention before Occurrence

Experiences build brain architecture

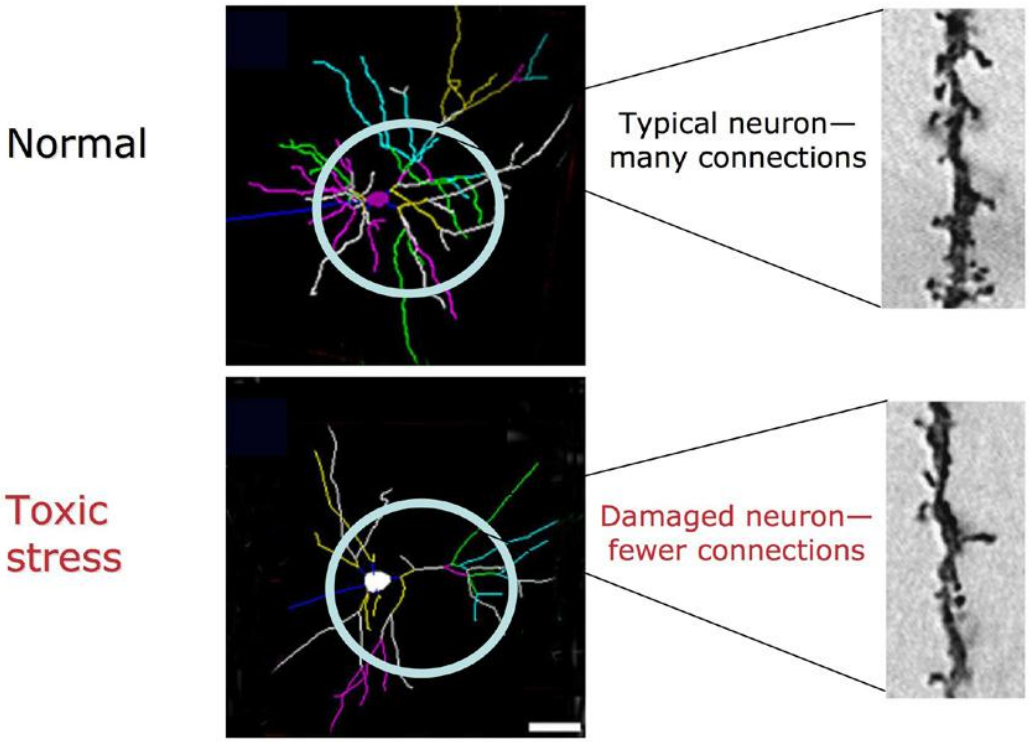


Primary Care – Prevention before Occurrence

Serve and return interaction shapes brain circuitry

Primary Care – Prevention before Occurrence

Toxic stress derails healthy development



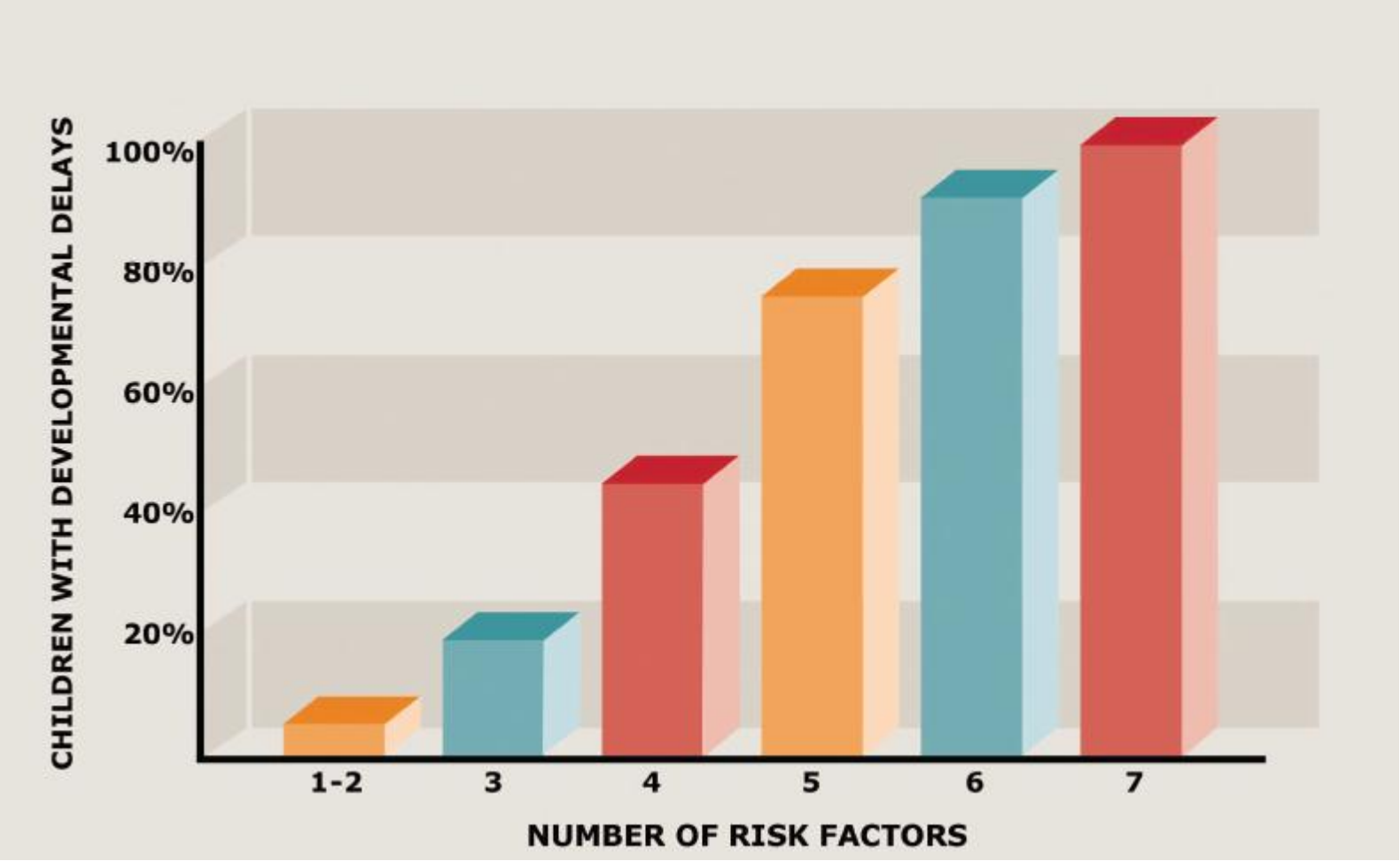
Sources: Radley et al. (2004)
Bock et al. (2005)

Primary Care – Prevention before Occurrence

Identify families with adversity & risk factors:

- Current stressors
- Parental mental illness, alcohol & drug misuse, intellectual disability
- Adverse parental experience of childhood
- Criminal history
- Social isolaton
- Child with a disability, chronic medical disorder

Consequences Adversity



Barth et al 2008

Primary Care – Prevention before Occurrence

Primary Care – Prevention before Occurrence

- Infant/ Parent Relationship:
  - Does parent describe his/her child in a positive or negative way?
  - Tone of voice, affect & facial expression of the parent when talking to / about their child and their feelings for their child
  - The child's reaction to the parent
  - What is the nature of the interaction?

Primary Care – Prevention before Occurrence

Safe Sleep Advice

- Every sleep a safe sleep
  - Face up, Face Clear, Smoke free

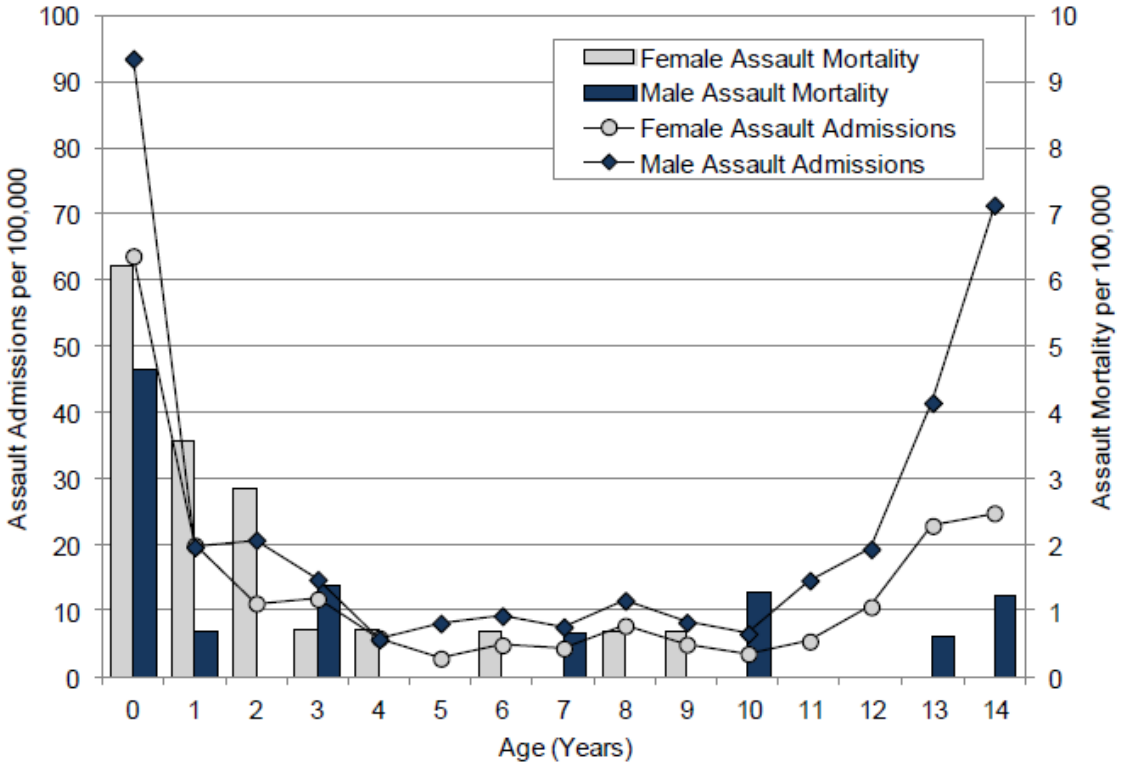
Primary Care – Prevention before Occurrence

What to do if concerns:

- Explanation
- Communication with other providers
- Treat parental mental health & alcohol & drug issues
- Involvement in early childhood education
- Referral to NGOs
  - Address current stressors
  - Programmes to enhance parent- child relationship
  - Early intervention
- Referral to specialist child development / health services

Recognition Physical abuse

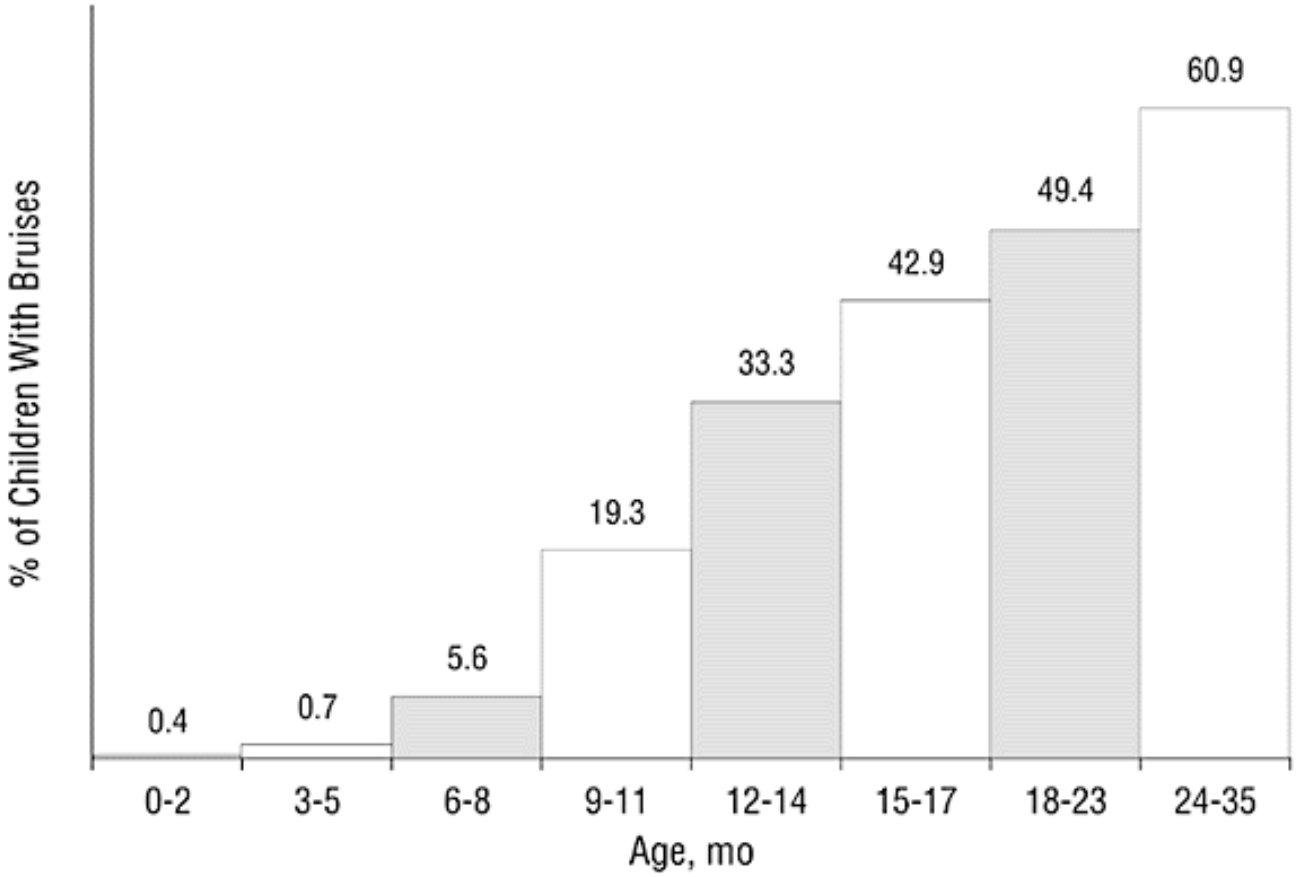
Hospital admissions (2006-2010) and Deaths (2004-2008) due to Injuries arising from the Assault, Neglect or Maltreatment of NZ Children by Age & Gender



Source: Numerator Admissions: National Minimum Dataset; Numerator Mortality: National Mortality Collection; Denominator: Statistics NZ Estimated Resident Population

Recognition Physical Abuse

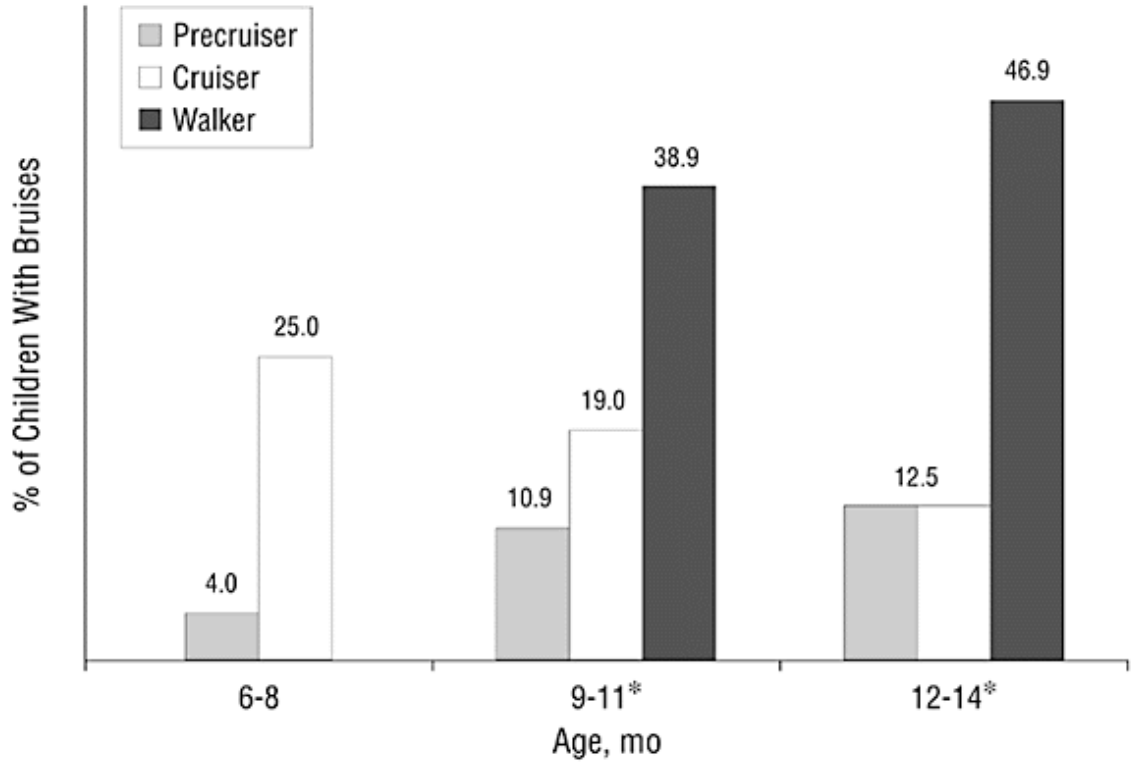
Percentage of children with bruises by age (N=930)



Sugar, N. F. et al. Arch Pediatr Adolesc Med 1999;153:399-403.

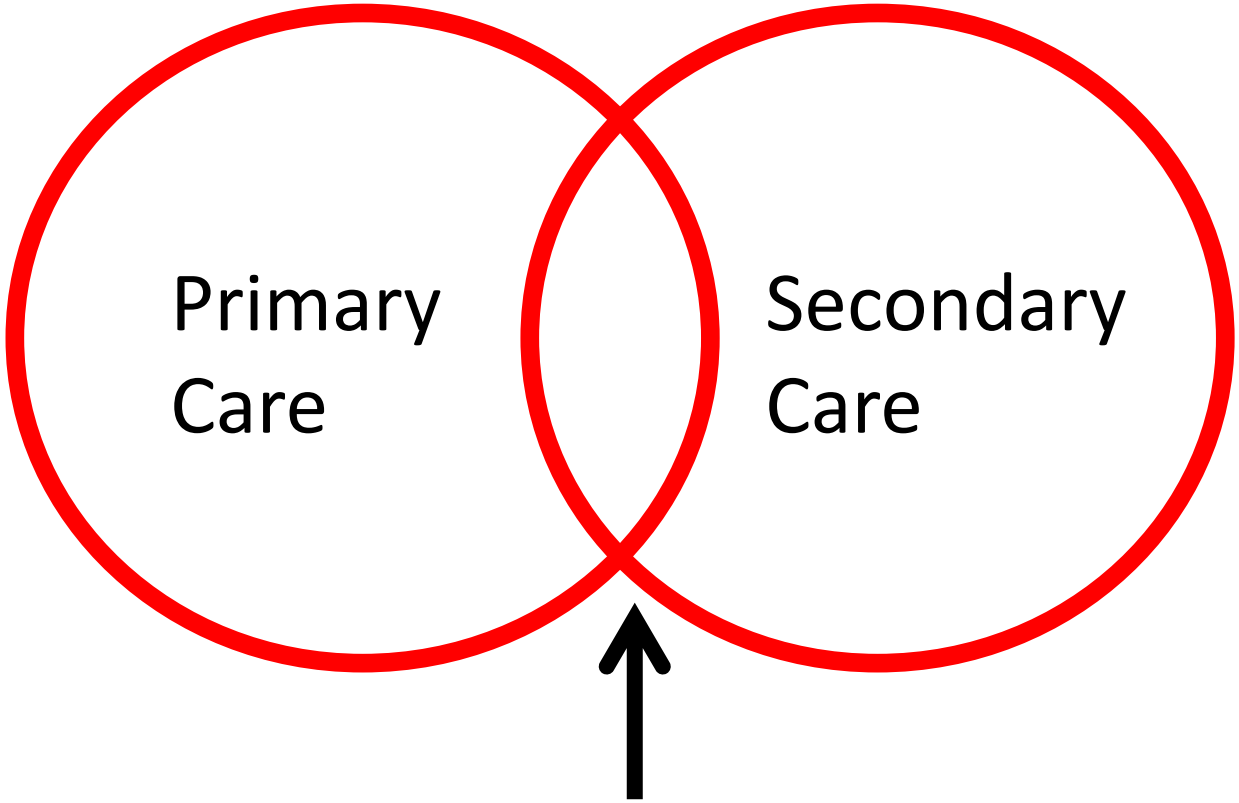
Recognition Physical abuse

Prevalence of children with bruises by age and developmental stage (N=930)



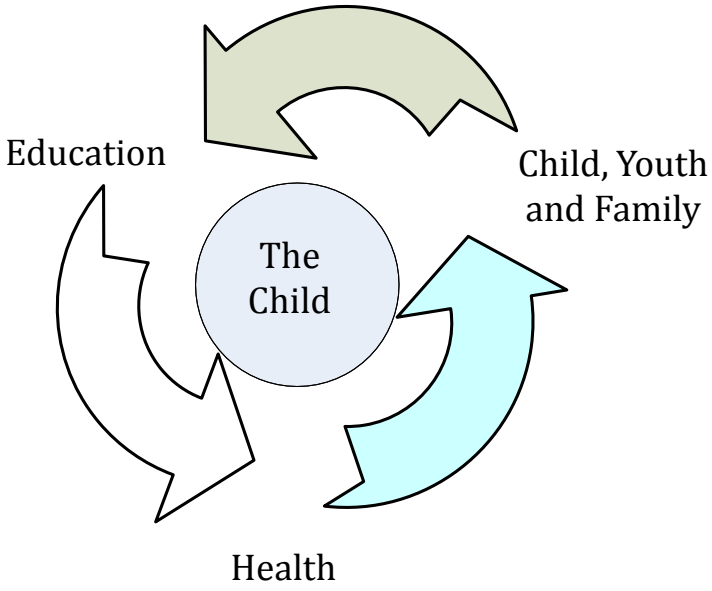
Sugar, N. F. et al. Arch Pediatr Adolesc Med 1999;153:399-403.

Recognising maltreatment



Prevention of Recurrence & Impairment

- Gateway Assesment Programme



Prevention of Recurrence & Impairment

- Ensuring primary care home
  - Ongoing responsibility
- Addressing parental impairments & stressors
- Early childhood education
- Specific interventions for emerging / persistent developmental & behavioural difficulties
- Information sharing

“It is easier to build strong children than to repair broken men”

Frederick Douglass (1817-1895)