WAIKATO CHILD AND YOUTH HEALTH

Safeguarding Children

Child protection in Primary care

GP CME,10 June 2012

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With permission

Child Abuse in New Zealand

- What is child abuse?
- Are there strategies that can help us keep our children safe?
- How do we identify abuse or neglect?
- Can we screen for it or prevent it?
- What do we do if we have concerns or doubts?
- What do we do if we are sure of abuse or neglect?
- How do we intervene?
- Are there patterns of behaviour, patterns of injury, or other ‘RED FLAGS’ to alert us?

The Green Paper – 27 July 2011

- Every year an average of 10 children die at the hands of the people closest to them, the people they love and trust.

- More and more New Zealanders are coming forward with their concerns about suspected abuse or neglect of children. In fact notifications to Child, Youth and Family grew by 205 per cent from 2004 to 2010.

- Between 2008 and 2009, 13,315 children under five were admitted to hospital for conditions that could have been avoided and 1,286 were admitted because of assault, neglect or maltreatment.

- Children in contact with Child, Youth and Family are five times more likely to have a Corrections' sentence by age 19 or 20 than a young person with no contact with Child, Youth and Family.

Children's Commissioner - Scorecard

Dr Russell Wills, VIP Managers Workshop on 21 May 2012

Violence Intervention Programme

- VIP in all 20 DHBs
- Child Protection Alert Systems
- Vulnerable Pregnant Women's Groups
- Managed Clinical Network CP SIG
  - National Maternal & Infant Wellbeing Group, "Named" Paediatricians

MSD

- White Paper on Vulnerable Children
- CYF
  - Gateway assessments for children taken into care (some DHB's)
  - CYF Social Worker in DHBs (do you know who yours is?)
- High & Complex Needs children – children with the most difficult behavioural and medical problems

- "Child Abuse means the harming (whether physically, emotionally or sexually), ill treatment, abuse, neglect or deprivation of any child or young person"
  - *(Section 2, Children Young Persons & Their Families Act 1989)*

Big Picture Stuff……

- 4 to 10% of New Zealand children experience physical abuse
  - Approximately 18% experience sexual abuse
- 1 child dies every 5 weeks as a result of child abuse
  - The majority of perpetrators of child abuse are family members
- Neglect and emotional abuse are strongly inter-related and are responsible for most confirmed abuse in children uplifted by CYF
- Males are more frequently responsible for the most serious and fatal forms of child abuse and for the perpetration of sexual abuse
- CYFS are aware of only 1 in 5 of the children who die at the hands of abusers – Health knows most of them….
- Information sharing (which means you) is a key ingredient in successful recognition of child abuse

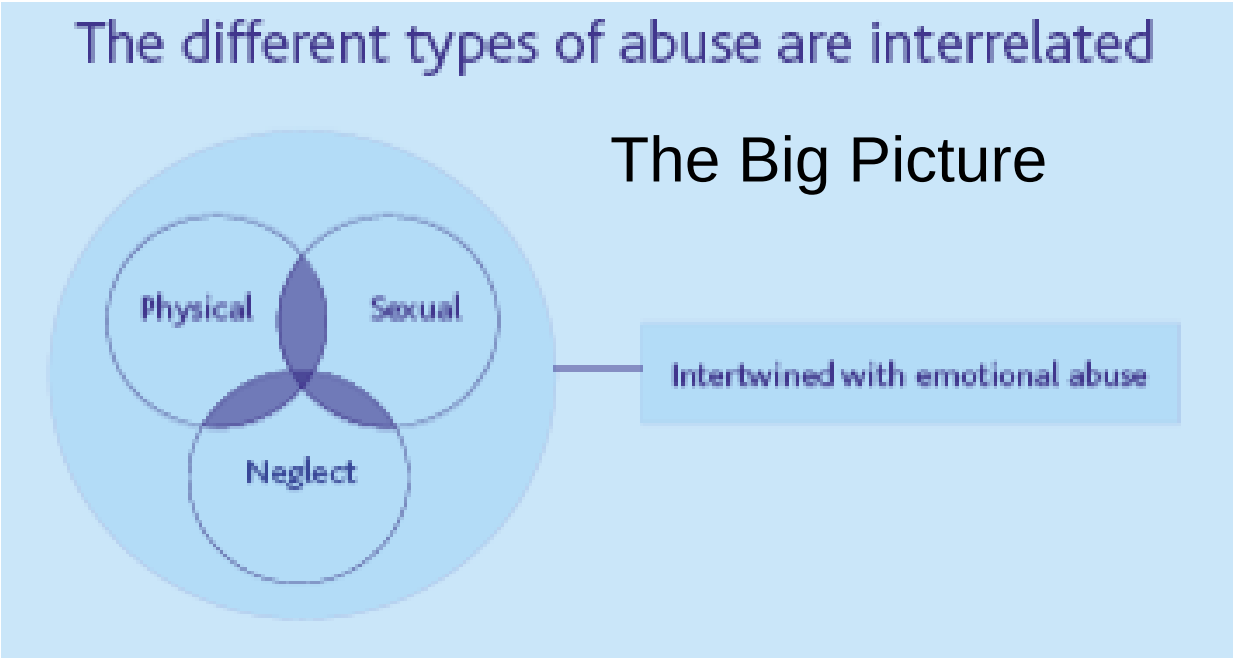
…….Family Violence

"…violence or abuse of any type, perpetrated by one family member against another family member…"

Includes:

- Neglect
- Emotional Abuse
- Sexual Abuse
- Physical Abuse

- Partner abuse
- Elder abuse
- Child abuse
- etc



Our advice to staff

- Everyone is responsible for child protection
- Beware of your own biases
  - *Professional dangerousness*
  - *Emotional involvement with the family*
- Share knowledge
  - *No one person can know everything*
- **Never work alone**
- **Consult, document & report**
- No culture condones child abuse

–Inaction is not an option

Markers of Neglect

The Child's Needs	Effects of Neglect
Nutrition	•Failure to thrive/faltering growth •Stunting
Warmth, clothing, shelter	•Inappropriate clothing •Cold injury •Sunburn
Affection	•Withdrawn / hyperalert / wary •Attention seeking behaviour
Stimulation and education	•Developmental delay •Learning difficulties
Safe environment	•Frequent injuries (burns, cuts, fractures)
Hygiene and health care	•Ingrained dirt •Headlice •Dental caries

Consequences of neglect

Area of Harm	Outcome
Mental Development and Mental Health	Lower IQ, poorer cognitive development and academic achievement. Serious and diverse problems in school functioning.
	Lower self-esteem, negative self representation, insecure attachment to perpetrating mother
	Psychopathology and character disorders
	Substance abuse
	Risk taking behaviours (e.g. sexual behaviour, school truancy, drug trafficking)
Physical Health	Poor physical health
	Diminished birth weight
	Failure to thrive, obesity
	Accidental Injuries
	Teen pregnancy
	Death
Social Health	Aggression, delinquency and arrests for violent crime
	Maltreatment of children, primarily in the form of neglect

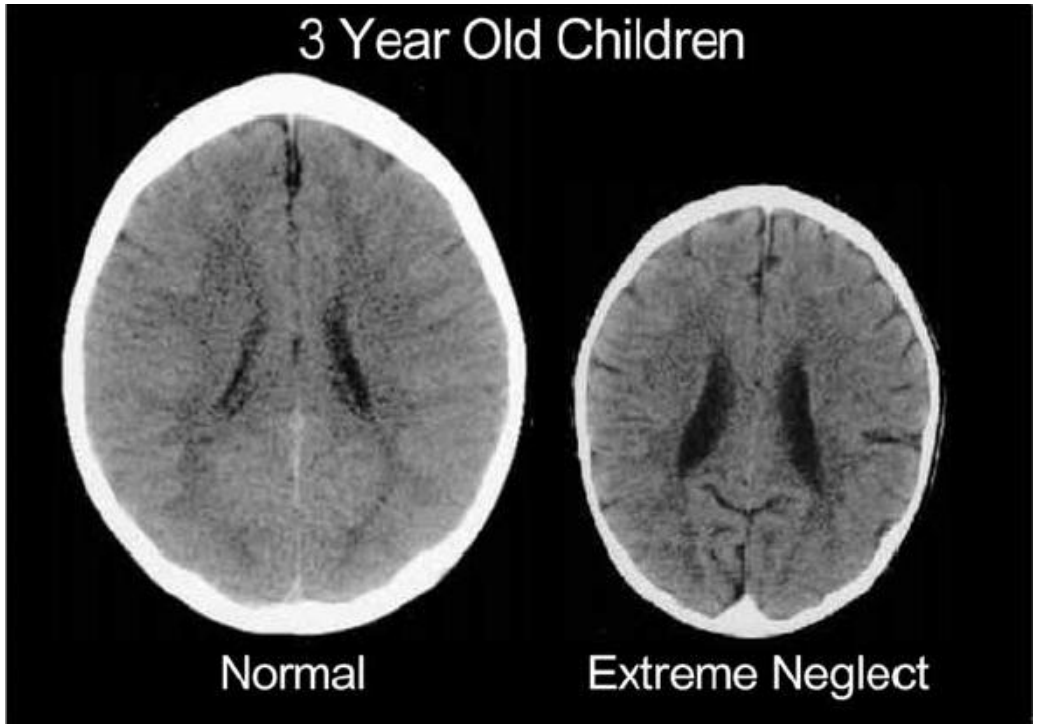
Abuse perpetuates itself

Sources: Dubowitz, et al., 2005; Dunn, et al., 2002; Gilbert, Kemp, et al., 2009; Polonko, 2006; Tyler, Allison, & Winsler, 2006

Abnormal Brain Development Following Sensory Neglect

During the first 3 years of life, the brain's 'wiring' is greatly affected by the environment in which the child is growing and developing.

A child living in fear and deprivation fails to develop the 'hard-wired' brain for normal physical, intellectual, and emotional development



Source: Perry, B. (2002) Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture. *Brain and Mind, 3*, 79-100.

Physical Abuse

Injuries can be categorised into

- Accidental and unavoidable
- Accidental but avoidable
  - Neglectful (either a momentary lapse of supervision or in a chronic abusive environment)
- Inflicted (in a moment of rage or in a chronic abusive environment)
- Physical abuse may result in:
  - Bruising, lacerations, grazes
  - Fractures
  - Thermal injury (burns, scalds)
  - Traumatic brain injury
  - Intra-abdominal injury
  - etc

Identify – Vital Questions

- When did the injury occur?
- Where did the injury occur?
- Were witnesses present and who were they?
- What was the child doing? - what went wrong and what caused the injury?
- Was there a supervising adult?
- What is the child's previous injury history?
- Are the injuries single or multiple?
- What is the child's current growth & developmental capability?
- What was the child wearing?

More Vital Questions

- **Is the child safe from further injury?**
- **Are other family members safe from harm?**
- **Older children may be asked**
  - **How are things at home – are you OK?**
  - **Who makes the rules, what happens when you break the rules?**
  - **What happens when your parents are angry with you?**
  - **Who can you go to at home if you are upset?**

Assess risk - background

- History of previous abuse or suspected abuse
- Family violence
- Parent indifferent or intolerant of child or report child as particularly troublesome
- Parents abused as children
- Frequent medical attendance
- Children with disability and chronic illness

Assess risk - background

- Alcohol and drug use
- Mental illness
  - including post natal depression
  - and mental health problems in the child
- Parent very young
- Parents with medical or cognitive challenges
- Frequent changes of address - more than two over last twelve months
- Severe social stress
- Severe isolation and lack of support

Why intervene?

- Rights of the child
  - Child's safety is the immediate concern
  - Consequences to the child and others
  - Vulnerability of the child
    - Young children are most vulnerable
    - Other children in household

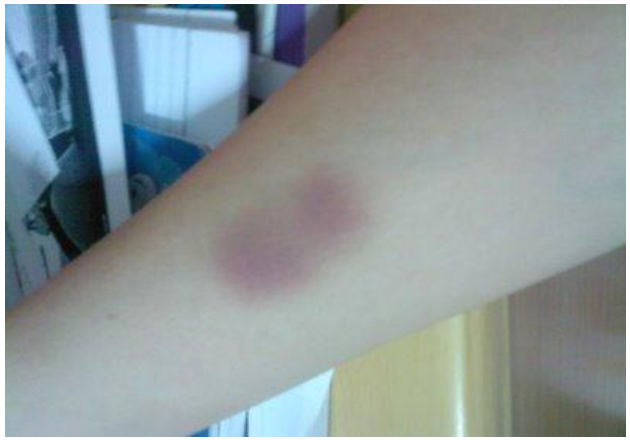
- Vulnerability of the caregiver

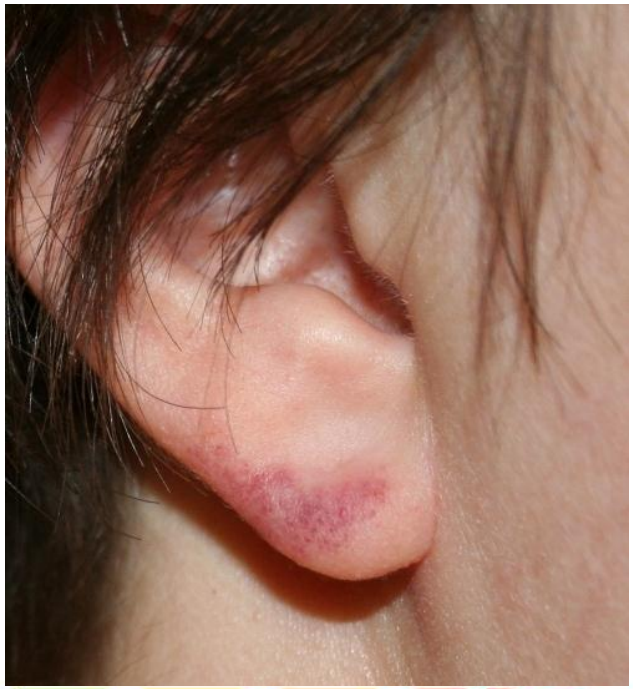
- ***If you don't intervene, no-one else will***

What do we know about bruising in children?

- Bruising is strongly related to mobility
- Once children are mobile they sustain bruises from everyday activities and accidents
- Bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual
- Only one in five infants who is starting to walk by holding on to the furniture has bruises
  - (If they don't cruise, they don't bruise)
- Most children who are able to walk independently have bruises
- Bruises usually happen when children fall over or bump into objects in their way
- Children have more bruises during the summer months (especially in the northern hemisphere or colder parts of NZ)

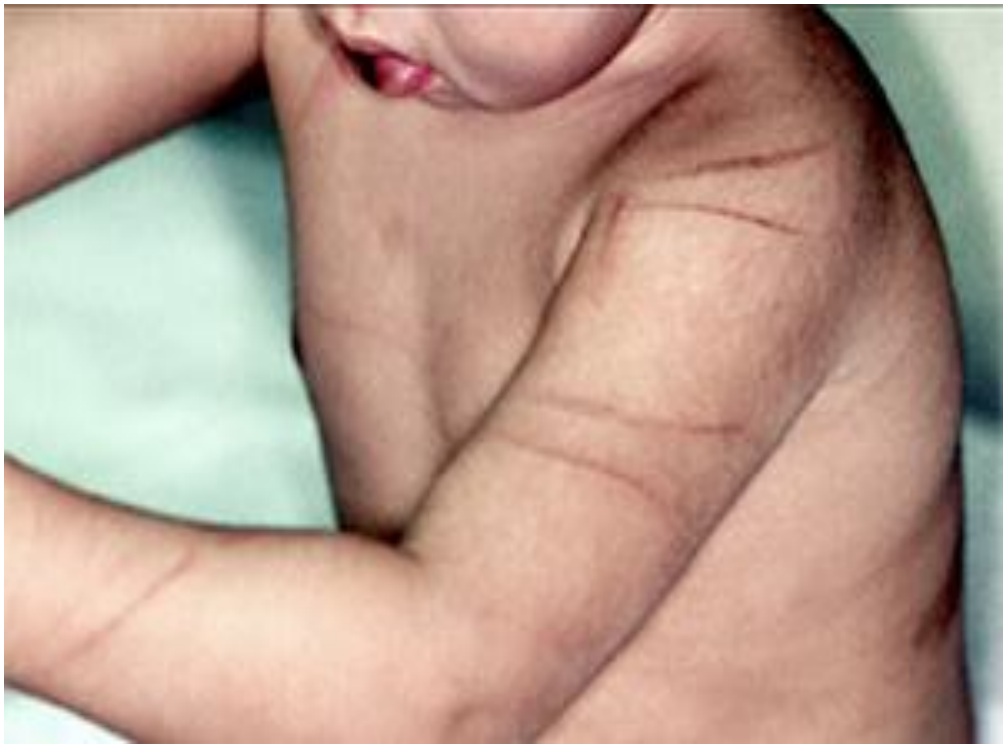
When should you be concerned?

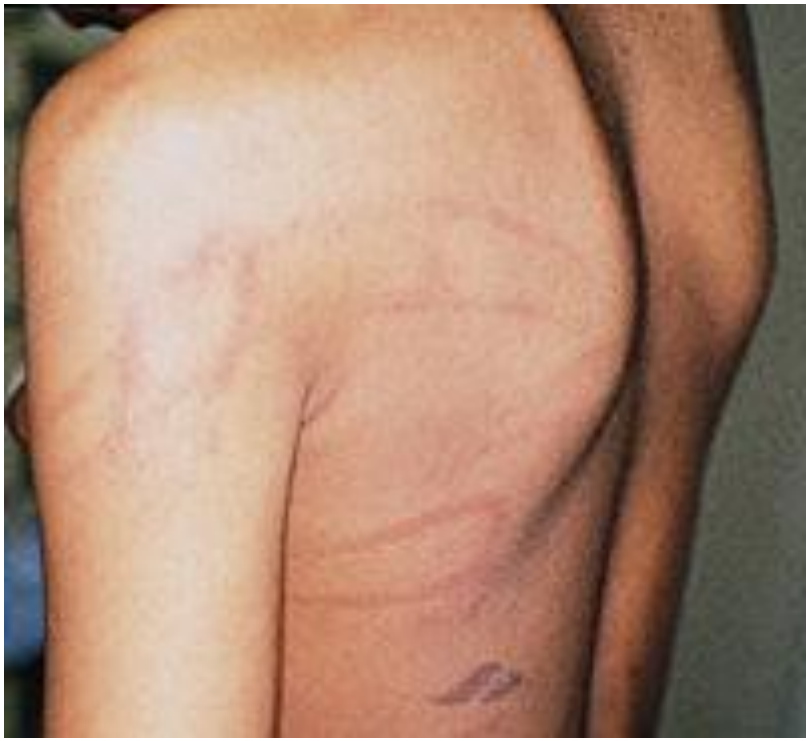




- Abusive bruises often occur on soft parts of the body,
  - Cheeks
  - Abdomen
  - Back and buttocks
- The head is by far the commonest site of bruising in child abuse
- As a result of defending themselves, abused children may have bruising on the forearm, face, ears, abdomen, hip, upper arm, back of the leg, hands or feet
- Non-accidental head injury or fractures can occur without bruising

Patterned Bruises





- Abusive bruises can often carry the imprint of the implement used…

Patterns of Bruises

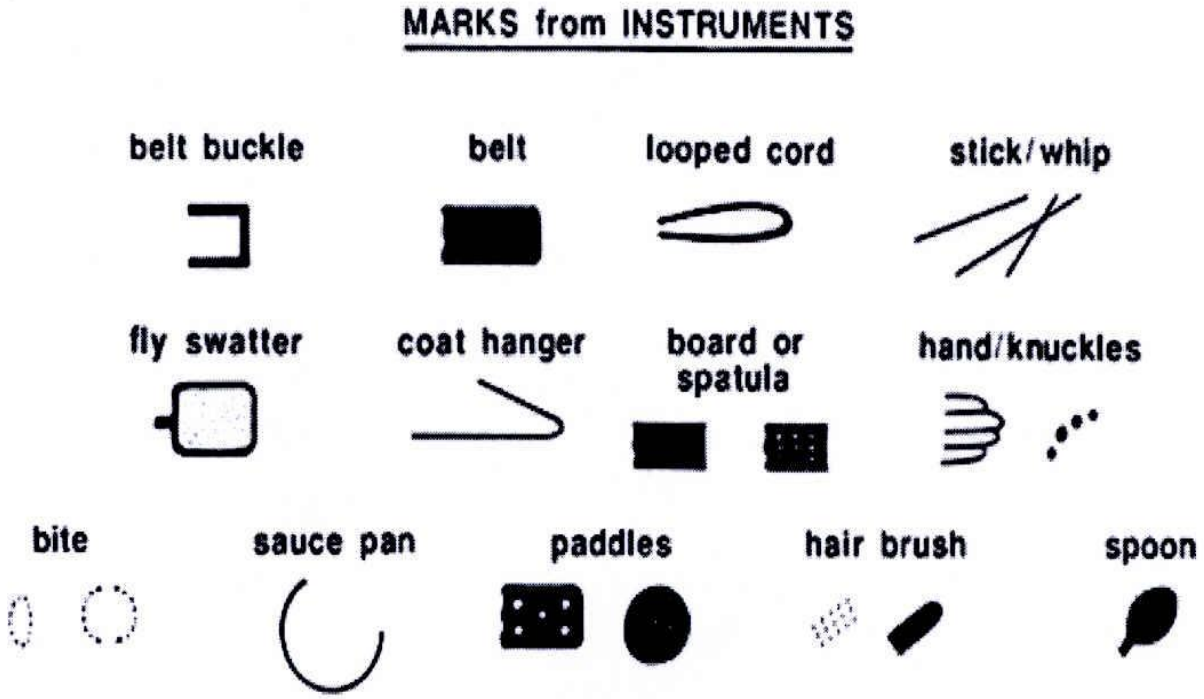
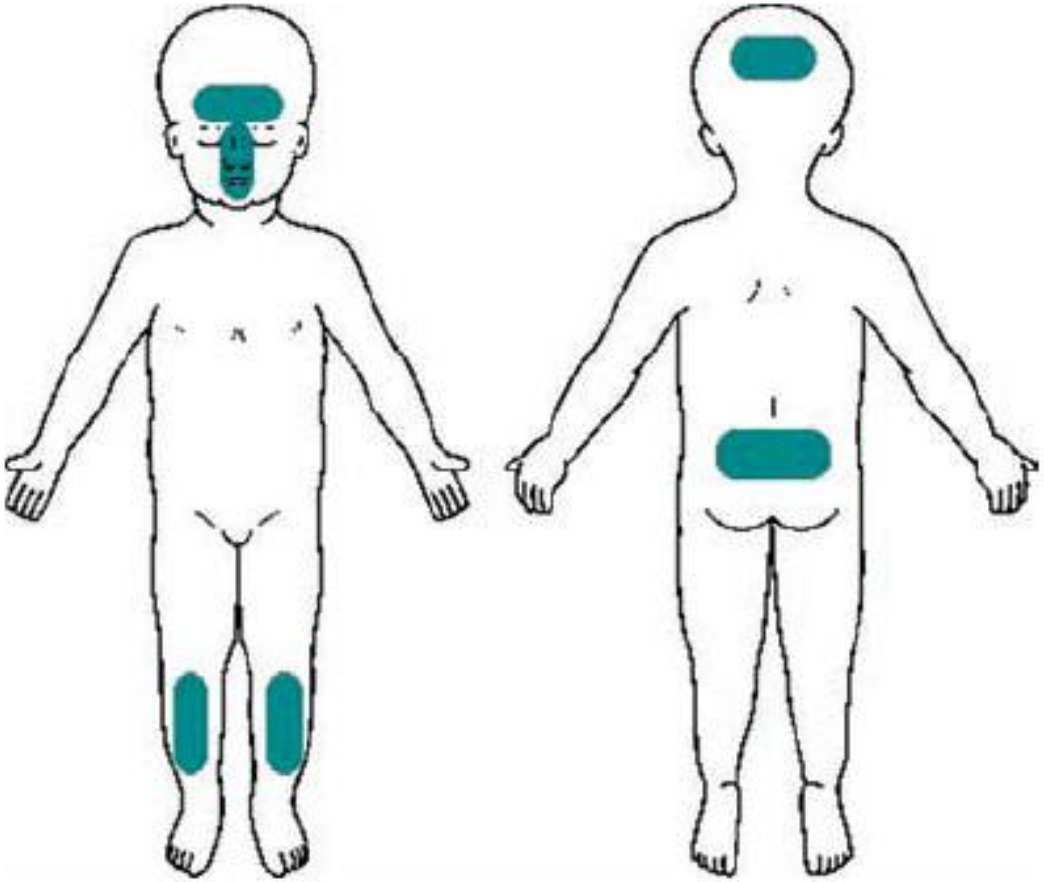


FIGURE 35–2 A variety of instruments may be used to inflict injury on a child. Often the choice of an instrument is a matter of convenience. Marks tend to silhouette or outline the shape of the instrument. The possiblility of intentional trauma should prompt a high degree of suspicion when injuries to a child are geometric, paired, mirrored, of various ages or types, or on relatively protected parts of the body. Early recognition of intentional trauma is important to provide therapy and prevent escalation to more serious injury.

Common Sites of Accidental Bruises

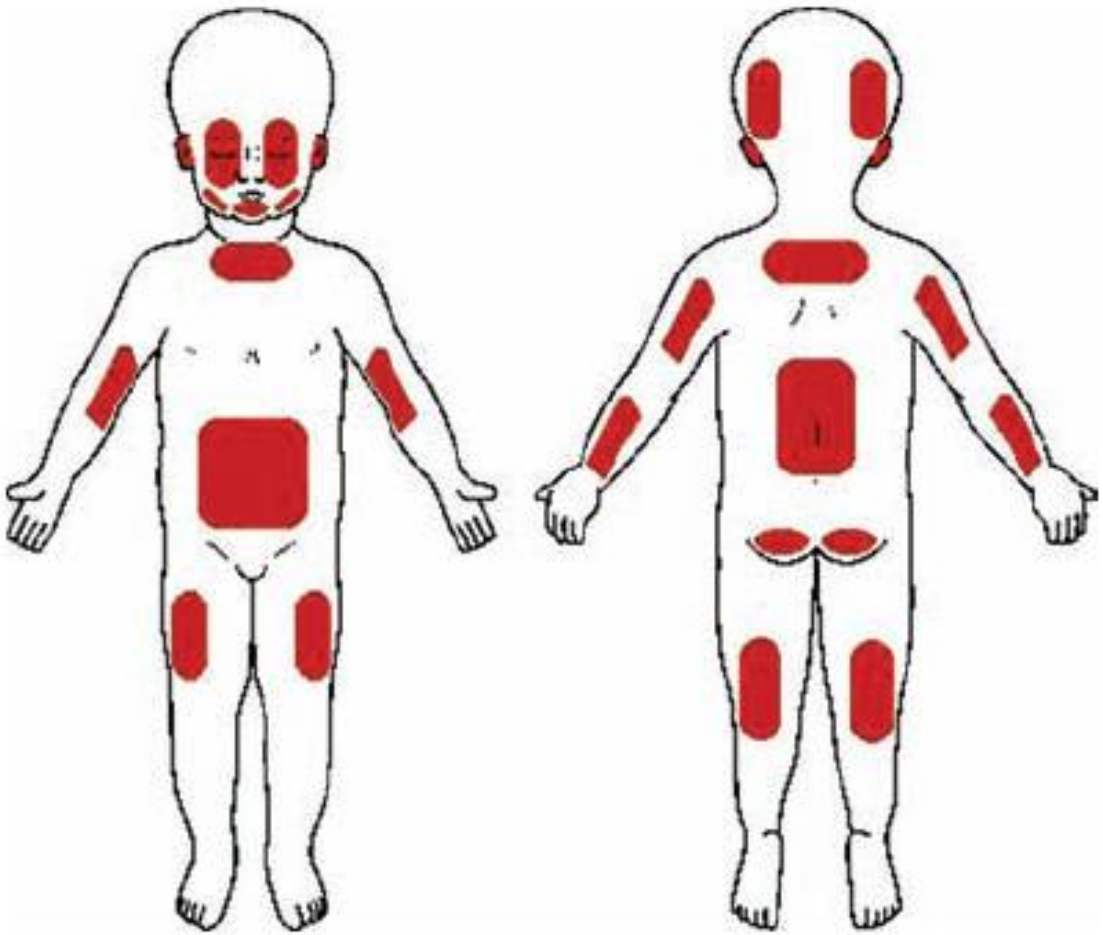


The commonest site for accidental bruises in mobile children is the knees/shins. In young children (<6 years), accidental bruising to the head occurs predominantly in a 'T' shape across the forehead, nose, upper lip and chin, and in more than a third (37%) bruising is also found on the back of the head. It has been clearly shown that accidental bruising occurs on the front of the body and over bony prominences and <6% of accidental bruises to the face are found on the cheeks or periorbital area.

Arch Dis Child Educ Pract Ed

2010;95:170-177

Questionable Sites of Bruises



In contrast, abusive bruises are found predominantly on the head and neck, where the bruising occurs on the ear, neck and cheeks, all of which are extremely rare sites of accidental bruises. Any part of the body may be bruised as a consequence of abuse, but specific areas such as the forearms, upper limb and adjoining area of trunk, or outside thigh may indicate 'defensive bruising' where the child has tried to protect themselves from the blows being rained upon them.

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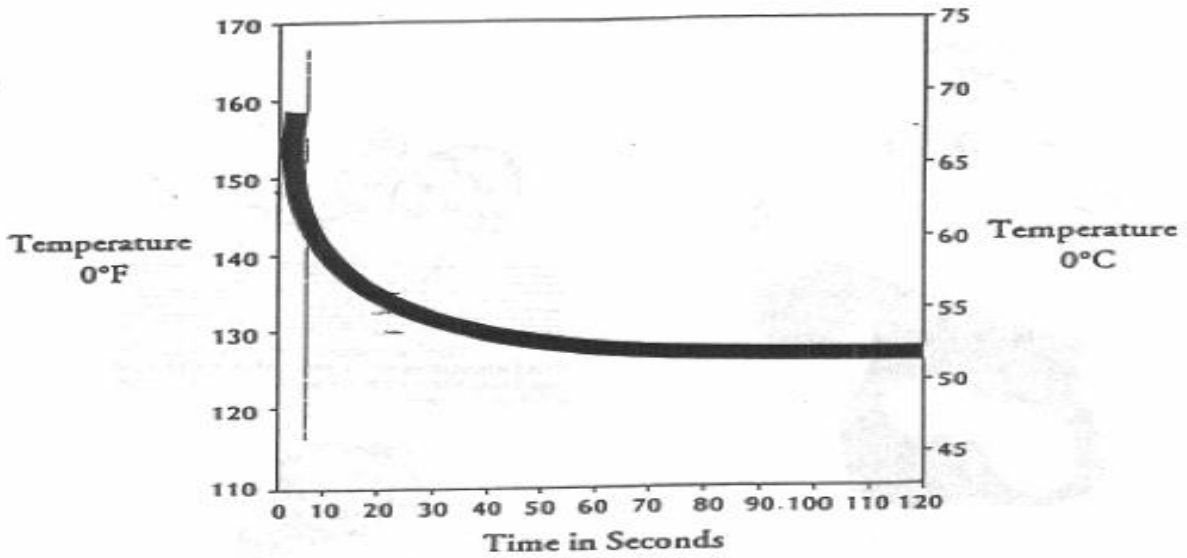
Thermal Injuries

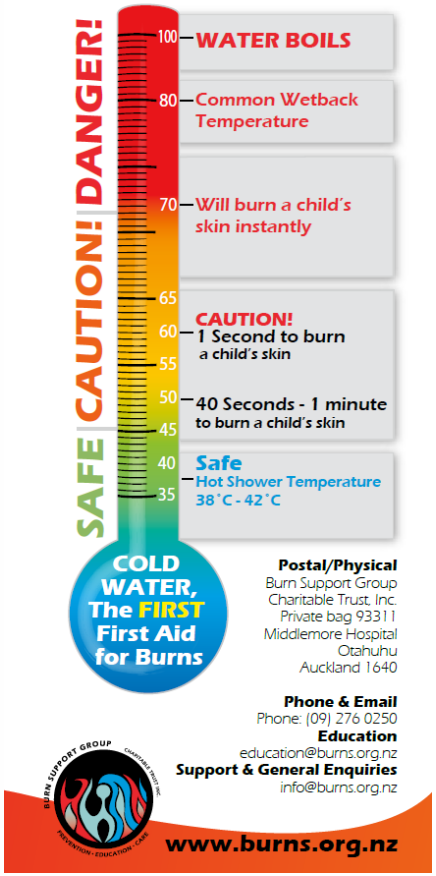
- Burns include:
  - Scalds from hot liquids
  - Contact burns from hot objects
  - Flame burns
  - Electrical burns
  - Chemical burns

- Most burns are accidental or from neglect
- A UK study estimates that of the children admitted to burns units, 10% sustained burns that were the result of abuse
- Burns due to neglect outnumber intentional burns by a ratio of greater than 9:1
- Scalds cause immediate and severe pain

Thermal Injuries (cont)



Time versus temperature graph for skin scalding to occur. Adapted from Feldman et al., 1978, based on original work by Moritz & Henriques, 1947.



- Degree of burn is directly related to:
  - Temperature of the fluid/surface
  - Exposure time

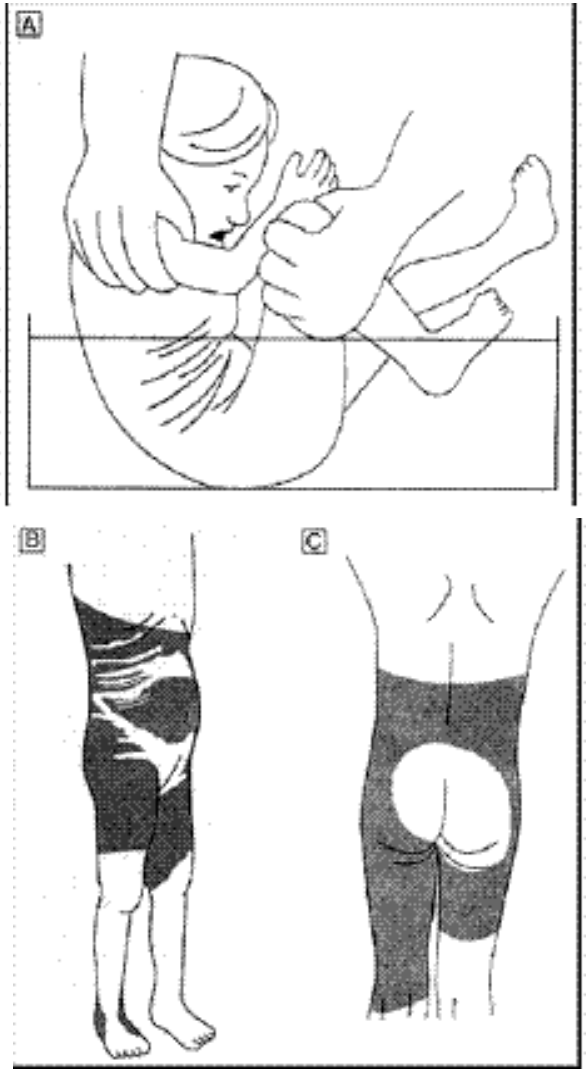
http://www.burns.org.nz/sites/default/files/hot-water.pdf

http://www.qpsltd.co.nz/pdf/hot_water_cylinder.pdf

What do we know about burns?

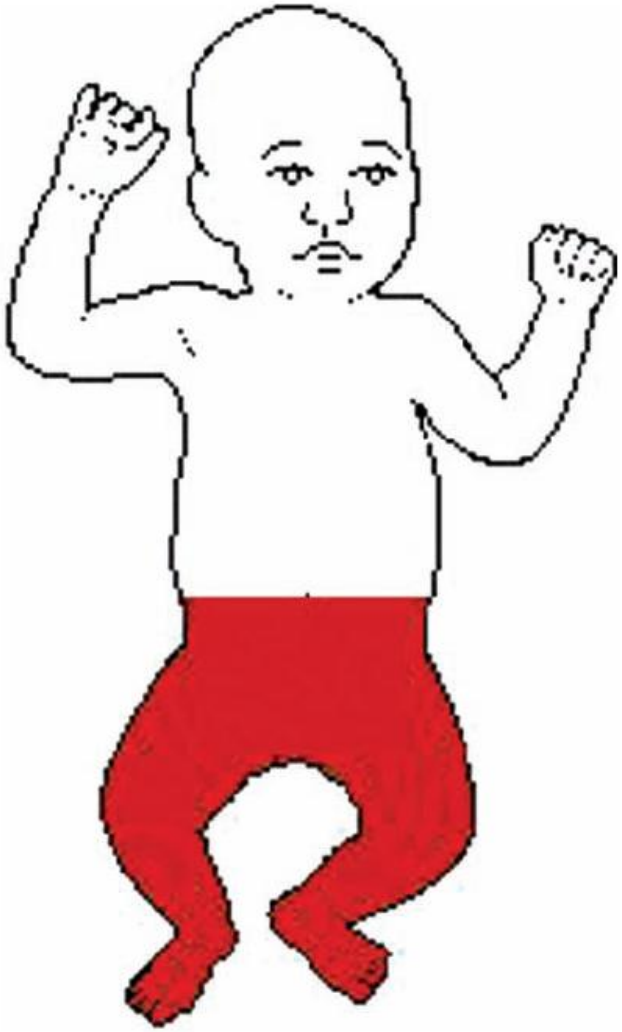
- Most burns to children are accidental or neglectful
- Most child abuse/neglect occurs in poor households
- A few are the result of deliberate abuse, often by a caregiver in a moment of rage due to toileting or behavioural problems
- A very few are abuse in the context of deliberate, chronic, abuse (emotional, physical, sexual) and neglect
- The more severe the burn, the more likely it is the result of abuse or assault
- Certain burn types show a pattern of injury that makes it more likely that they are abusive
- Most child abuse occurs in the broad context of family violence, and there are ‘red flags’ around the child and injury which mandate consideration of abuse

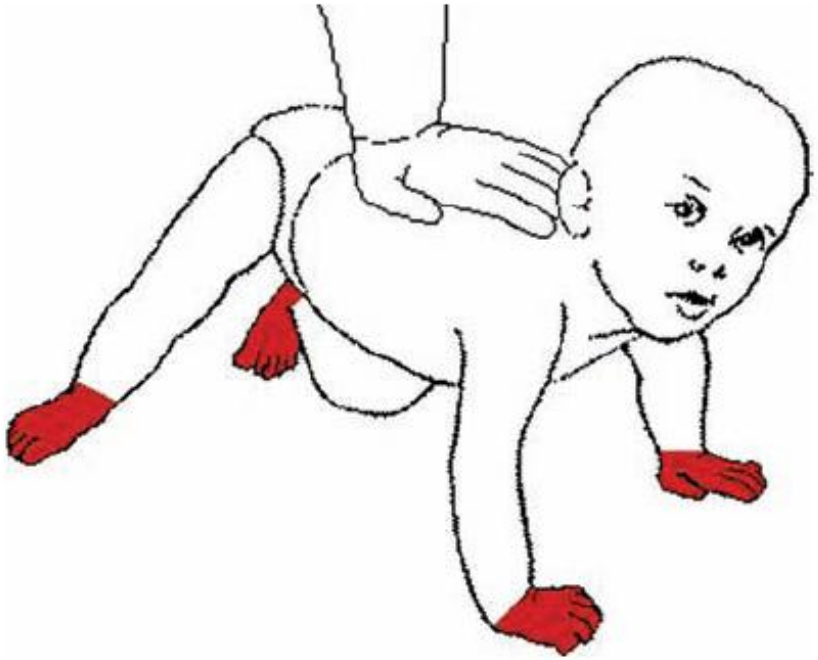
Scalds – Inflicted



- Sparing of skin despite immersion may occur due to:
  - Presence of clothing
  - Limbs/Trunk may be bent
    - Crook of the elbows
    - Behind the knees
    - “Zebra stripe” pattern
  - Body part may press against the surface of the bath (which is cooler)

Scalds – Inflicted (cont)





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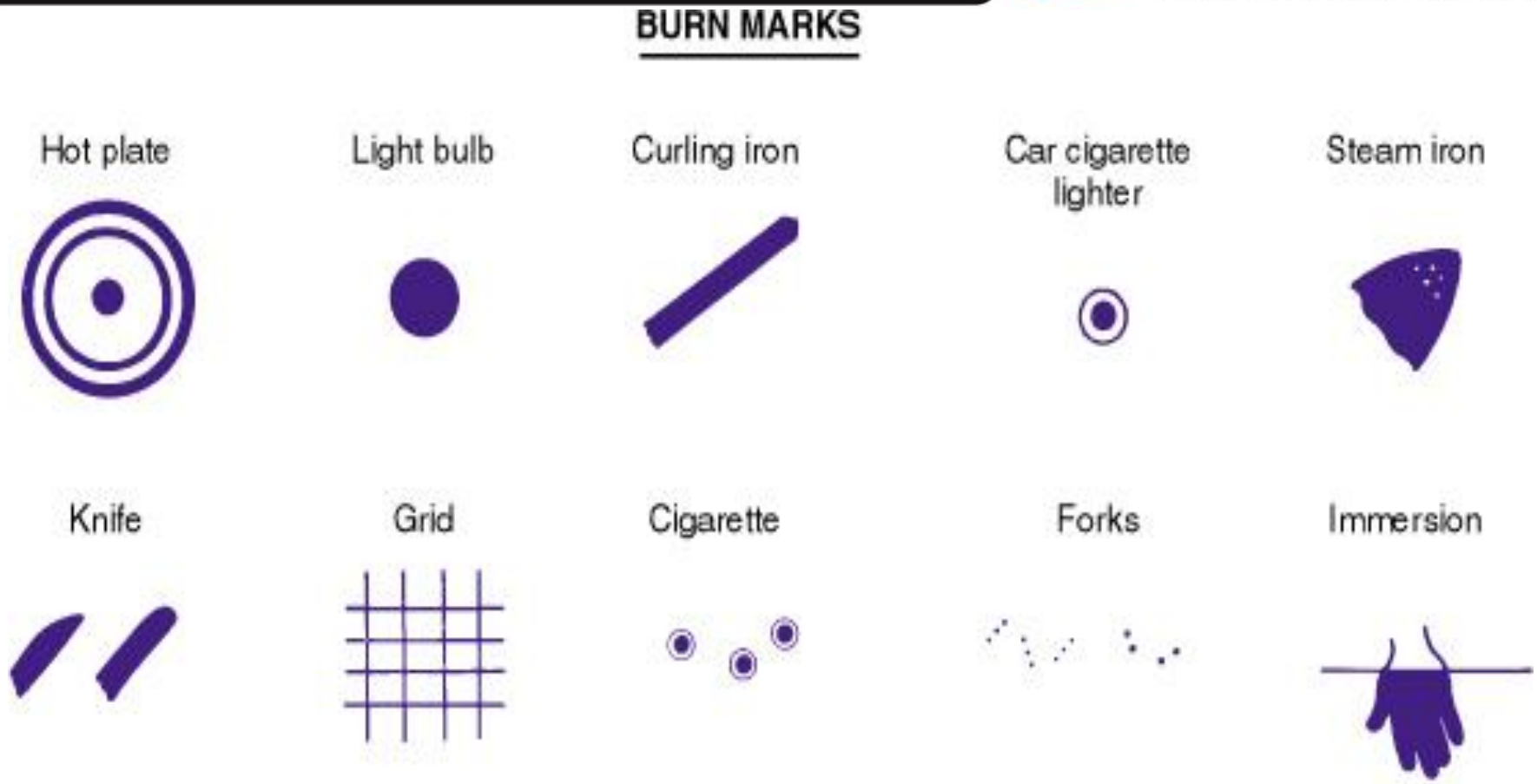
Intentional Burns - patterned



Red Flags – Thermal Injuries

- History inconsistent with injury
- Delay in seeking treatment
- Person who had care of the child unable to be contacted to provide history
- Surprising lack of pain described
- Child is < 1 yr and developmental age suggests couldn't have self-inflicted injury
- Bilateral/symmetrical limb scalds or burns, full thickness contact burn, multiple contact burns
- Burns or other injuries of different ages

Physical Abuse - Red flags include

- Un-witnessed or unexplained injury
- Delay in seeking medical care
- Patterned bruises or burns
- Injuries of different ages
- Unusual site of injury
- Injuries to the face, head and neck
  - black eyes, boxed ears
- Fractures in non-ambulant children
- Burns other than splash burns
- http://ep.bmj.com/content/95/6/170.full

Useful links

- Child Matters CPS http://www.childmatters.org.nz/
- Child Youth and Family http://www.cyf.govt.nz/
- Children's Commissioner http://www.occ.org.nz/
- Safekids NZ http://www.safekids.org.nz/
- Starship Hospital Parent information http://www.kidshealth.org.nz/
- Welsh Child Protection Systematic Review Group http://www.core-info.cf.ac.uk/
- Your local DHB Child Protection team
- Auckland Burn Support Group Charitable Trust http://www.burns.org.nz/

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'kidshealth' - for New Zealand parents / caregivers

Providing information about your children's health

kidshealth is a New Zealand website - a joint initiative between the Starship Foundation and the Paediatric Society of New Zealand.

What's new and updated?

- Ear infections (detailed version or brief version)
- Glue ear (detailed version or brief version)
- Grommets

Featured topics

- Coping with a natural disaster
- Fever
- Foreskin care
- Child protection, including: Preventing abuse

Welsh Systematic Review Group

Waikato District Health Board

Which injuries may indicate child abuse?

S Maguire

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