Dr Russell Wills

Commissioner for Children

Hastings

Child Abuse for the GP - Concurrent Workshop Repeated

Friday, 16 August 2013	Start 2:00pm	Duration: 55mins	Da Vinci
	Start 3:05pm	Duration: 55mins	Da Vinci

Russell Wills FRACP, MPH
Paediatrician, HBDHB
Children's Commissioner

Workshop:
Child Abuse and Neglect

GPCME Dunedin
Friday 16th August 2013

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Acknowledgements

- Dr Patrick Kelly, Whakaruruhau, Starship Children's Hospital
- Ministry of Health Violence Intervention Programme www.moh.govt.nz/vip

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This talk

- Child abuse: principles and practice
- Scenarios: how to assess risk to children
- What CYF & Police do when we refer

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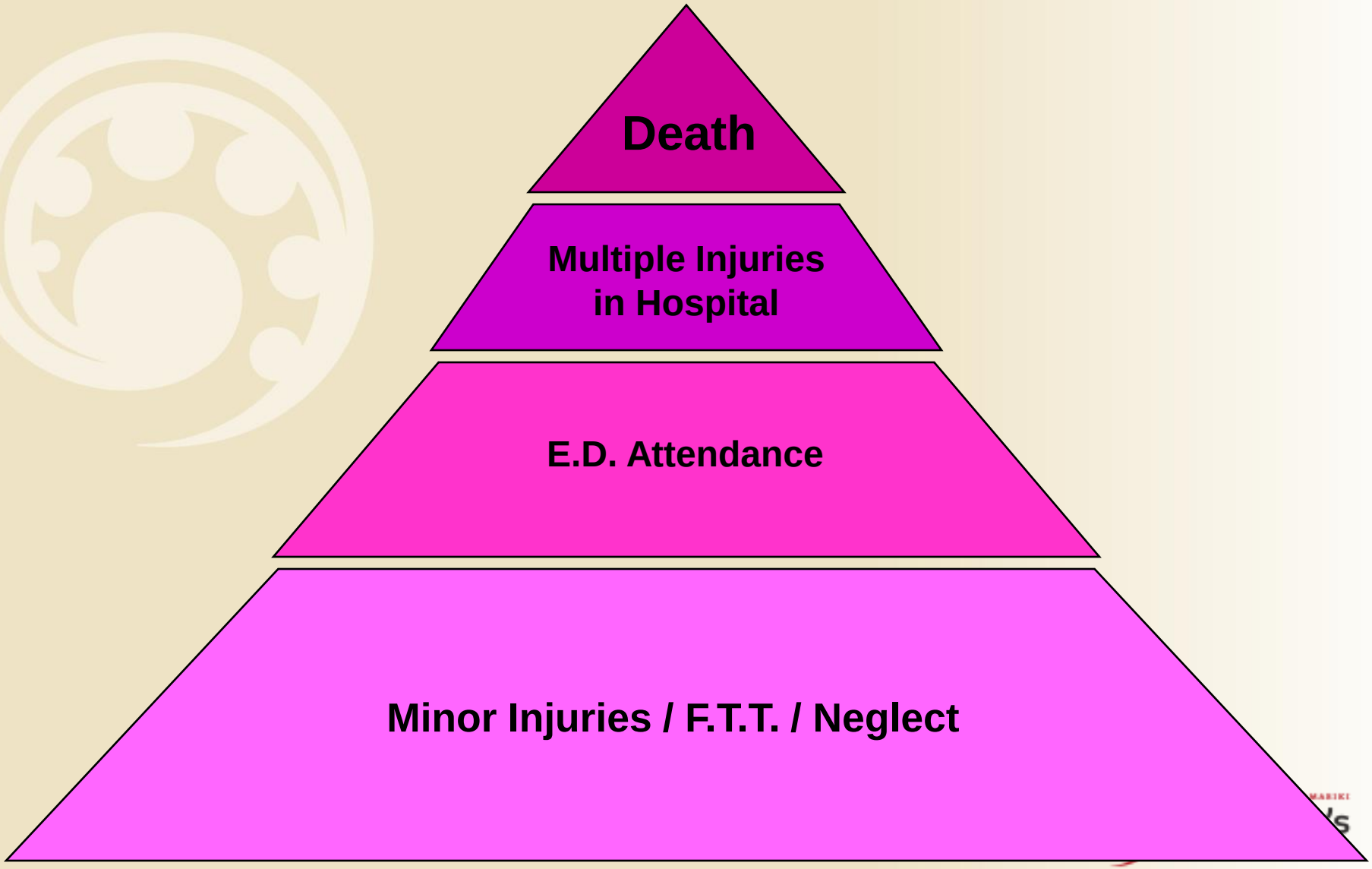
EPIDEMIOLOGY



Why intervene?

- Rights of the child
  - Child's safety is the immediate concern
- Consequences to the child
- Vulnerability of the child
  - Especially young children
  - If you don't intervene, no-one else will
- Access to the situation

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Risk of repeated abuse

- 13-60% risk of re-abuse
- Highest risk in the first twelve months after first notification
- Risk increases with severity of injury
- Other factors may also contribute to increased risk

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Recognition

- Consider the possibility
- Know what to look for
- Trust your judgement
- Translate your concern into action
- Think about the child or adolescent
- Consult

Actions

- Share the responsibility for making children and young people safe
- You don’t have to prove that abuse has occurred
- Be aware of your own biases
- Be honest, be professional

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New Zealand Family Violence Intervention Guidelines

6-step process

- Identify
  - –take a history
  - –examine the child
- Provide support
- Assess risk
- Safety planning
- Document
- Refer

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Take a good history!

- *All* injuries deserve a thorough history
- Who was there?
- Who saw it happen?
- Don’t forget to ask the child / adolescent
  - Be sensitive to the context
  - Use open-ended questions

Take a good history!

- If a child fell:
  - How did they come to fall?
  - In what manner did they fall?
  - How far did they fall (measure)?
  - What did they fall onto?
  - When did symptoms develop?

Further history

- Older children may be asked
  - How are things at home?
  - Who makes the rules, what happens when you break the rules?
  - What happens when your parents are angry with you?

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Further history

- You might also ask a parent
  - Do you ever fear for your children's safety? Are you able to keep the children safe?
  - Have you ever been worried that someone was going to hurt your children?
  - Who looks after the children when you are not at home?

Assess risk

- What is the **nature** of the abuse, neglect or risk?
- What is the **trend** (↓↔↑)?
- Are there **adequate protectors** present, e.g. family support, an adult who will keep the child safe, other support people
- Child's **ability to protect self**?
- Identify **other agencies involved** with the family and assist in co-ordination of interventions

Nature of risk 1

1. History of previous abuse or suspected abuse
2. Domestic violence
3. Parent indifferent or intolerant of child or report child as particularly troublesome
4. Severe social stress
5. Severe isolation and lack of support
6. Parents abused as children

Nature of risk 2

7. Alcohol and drug use
8. Mental illness including post natal depression
9. Parent very young
10. Frequent changes of address - more than two over last twelve months
11. At risk family actively avoids contact with health care providers or family support agencies.

Examine the child

- Examine from head to toe
- Remove all items of clothing
  - With due sensitivity, and not all at once
- Examine in natural light if possible
- **Describe and measure all injuries**

Suspect

- Uncorroborated history
- A discrepancy between the history and the injury
- Varying / changing history of injury
- History of repeated trauma
- Delay in seeking medical advice
- Inappropriate parental response

Never jump to conclusions

Diagnosis *only* at the *very end*

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Red flags

- Injuries to the face, head and neck
  - black eyes, boxed ears, torn frenula, skull fractures from trivial falls, complex skull fractures whatever the suggested cause
- Unusual bruises
  - bruises in babies, multiple bruises, bruises in unusual places, patterned bruises
- Fractures in non-ambulant children
- Burns other than splash burns

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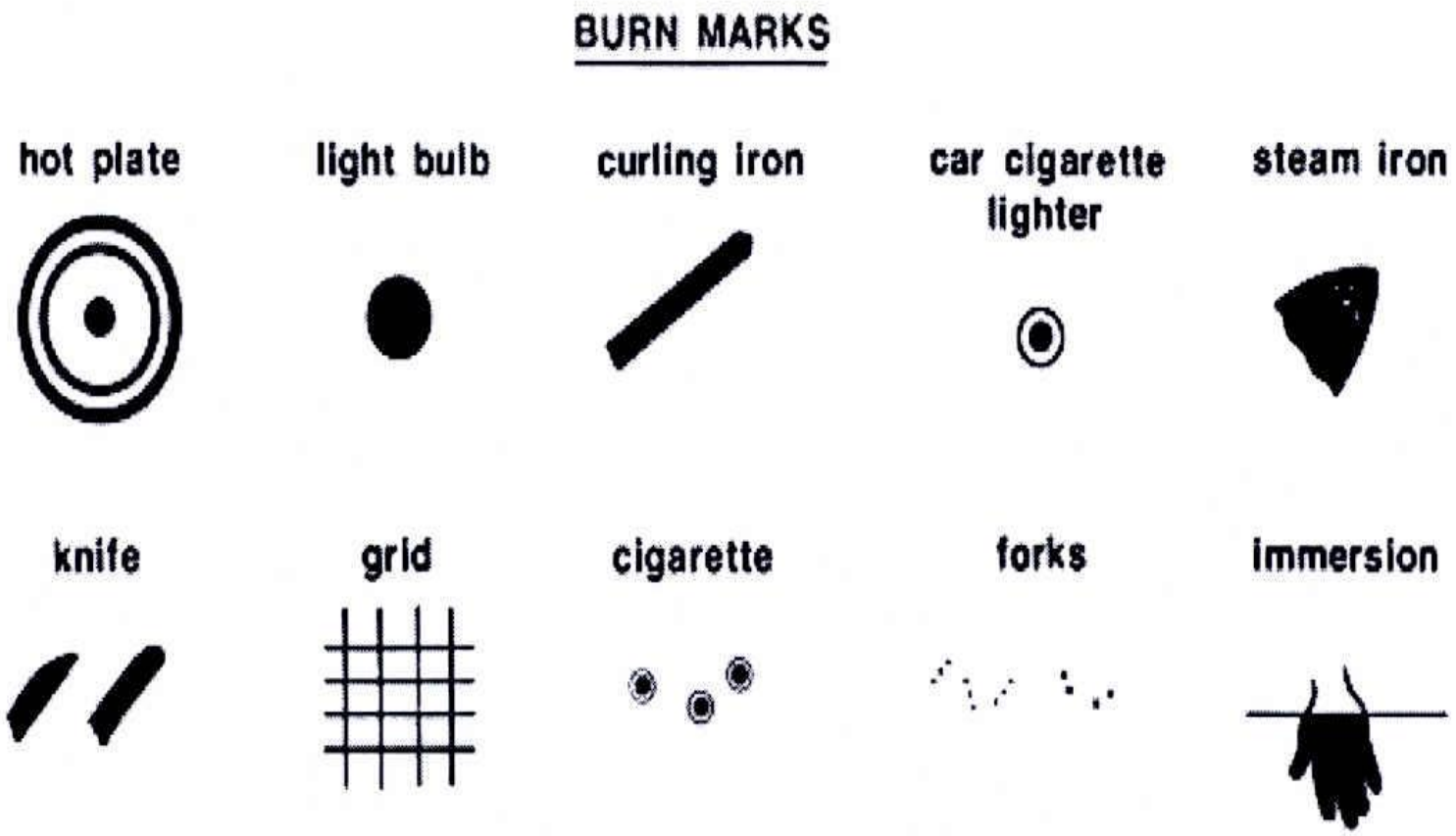
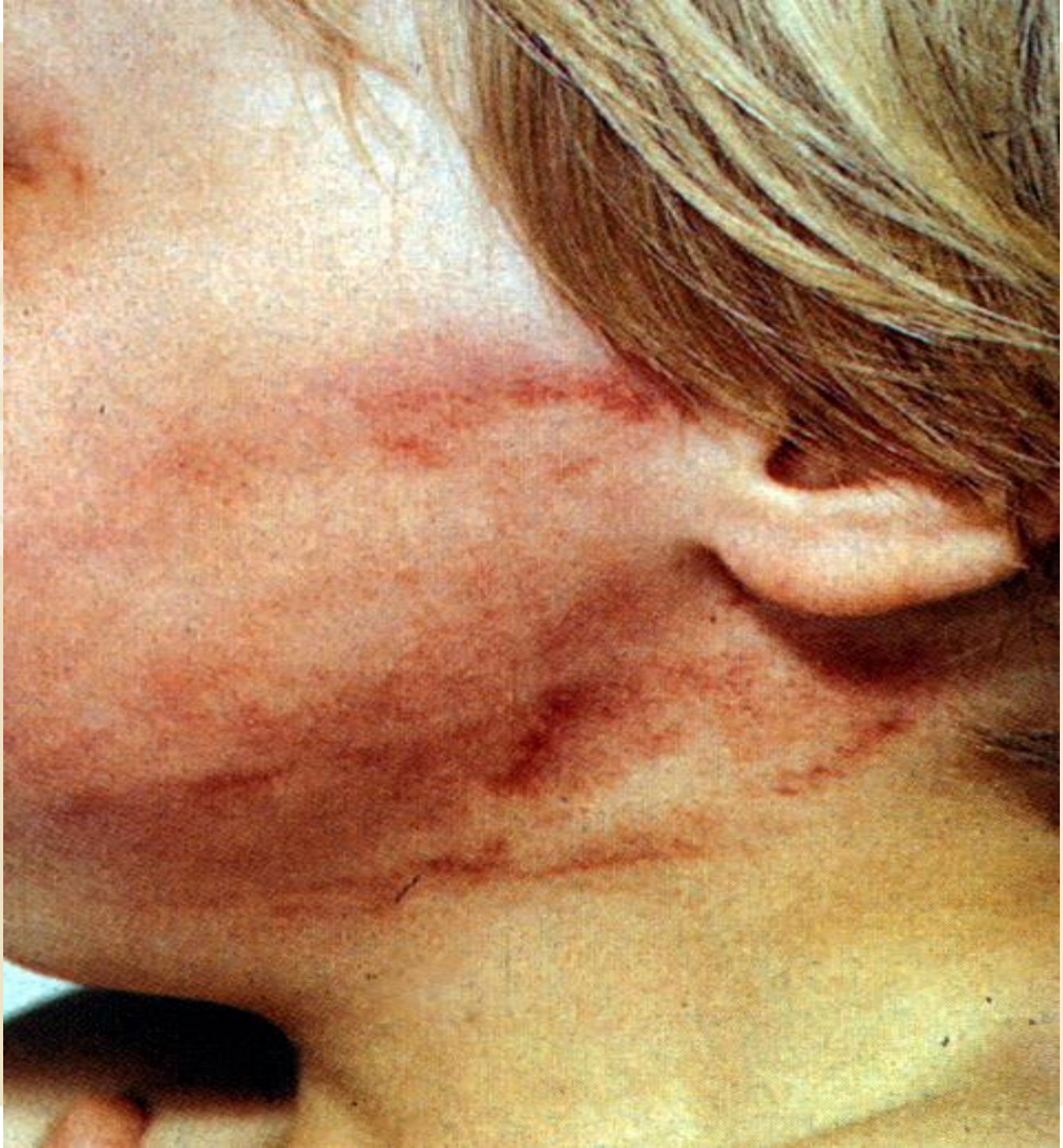


FIGURE 35–3 Marks from heated objects cause burns in a pattern that duplicates that of the object. Familiarity with the common heated objects that are used to traumatize children facilitates recognition of possible intentional injuries. The location of the burn is important in determining its cause. Children tend to explore surfaces with the palmar surface of the hand and rarely touch a heated object repeatedly.



Describe

- Position
- Shape
- Dimensions
- Distinguishing features

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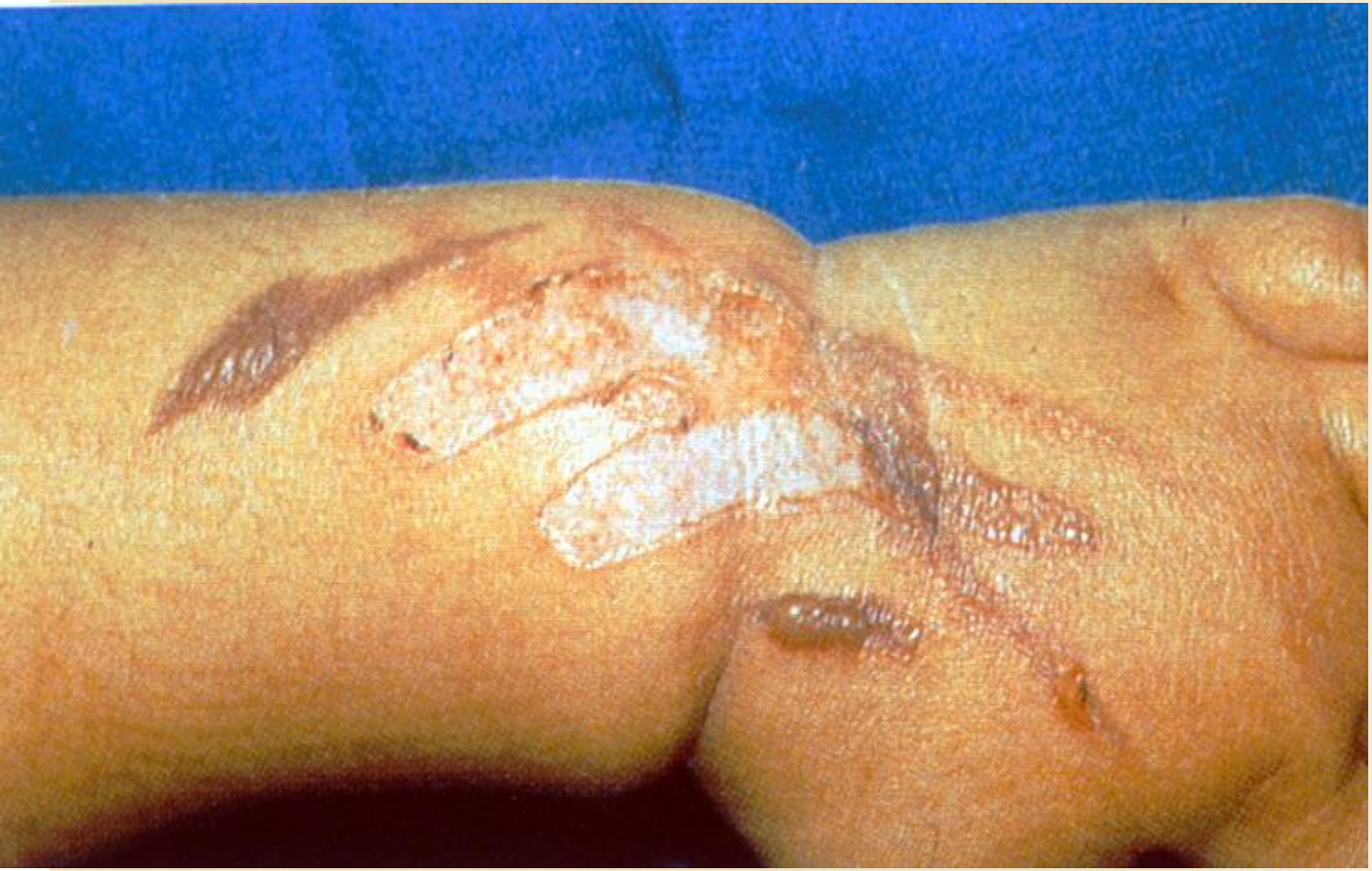

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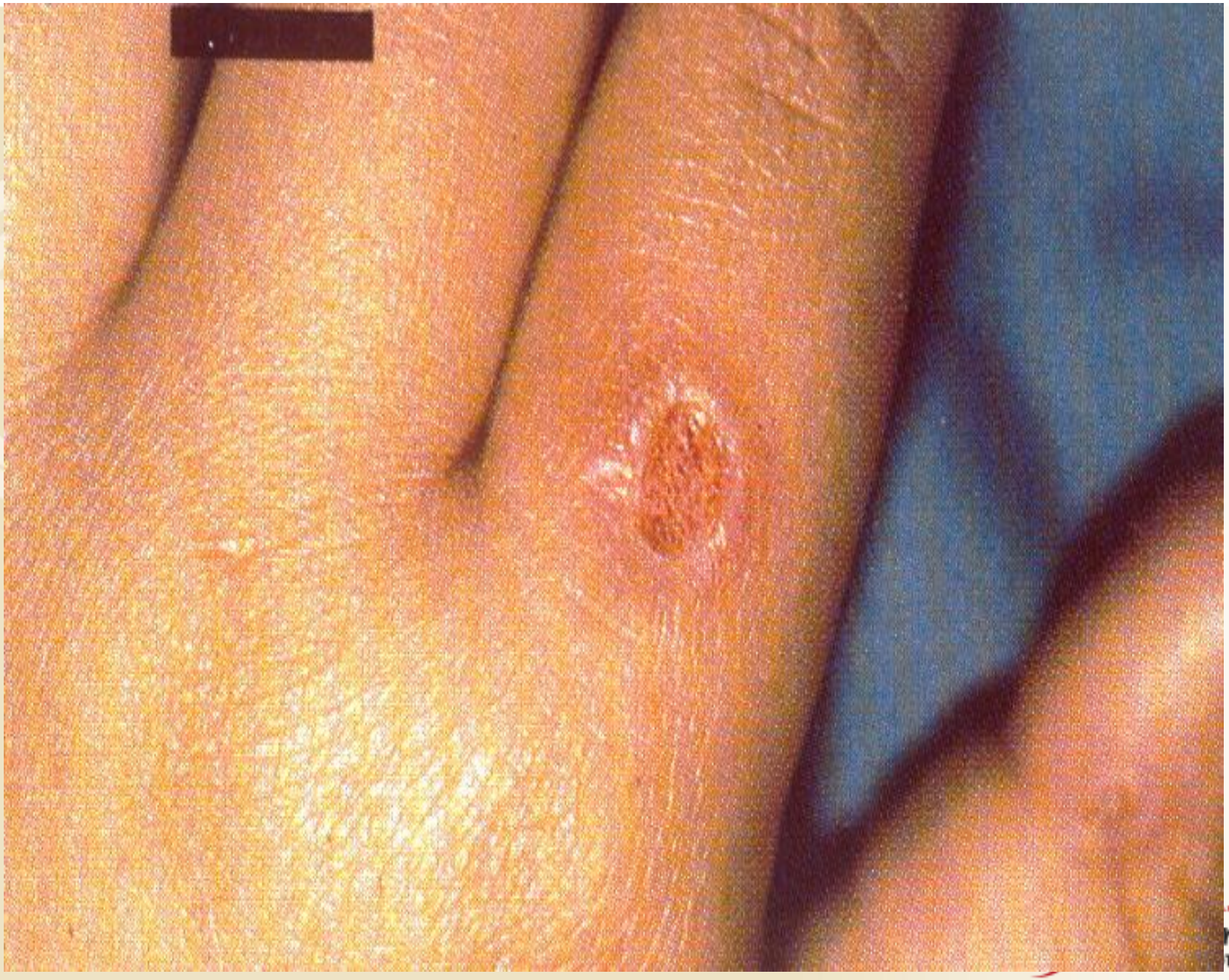

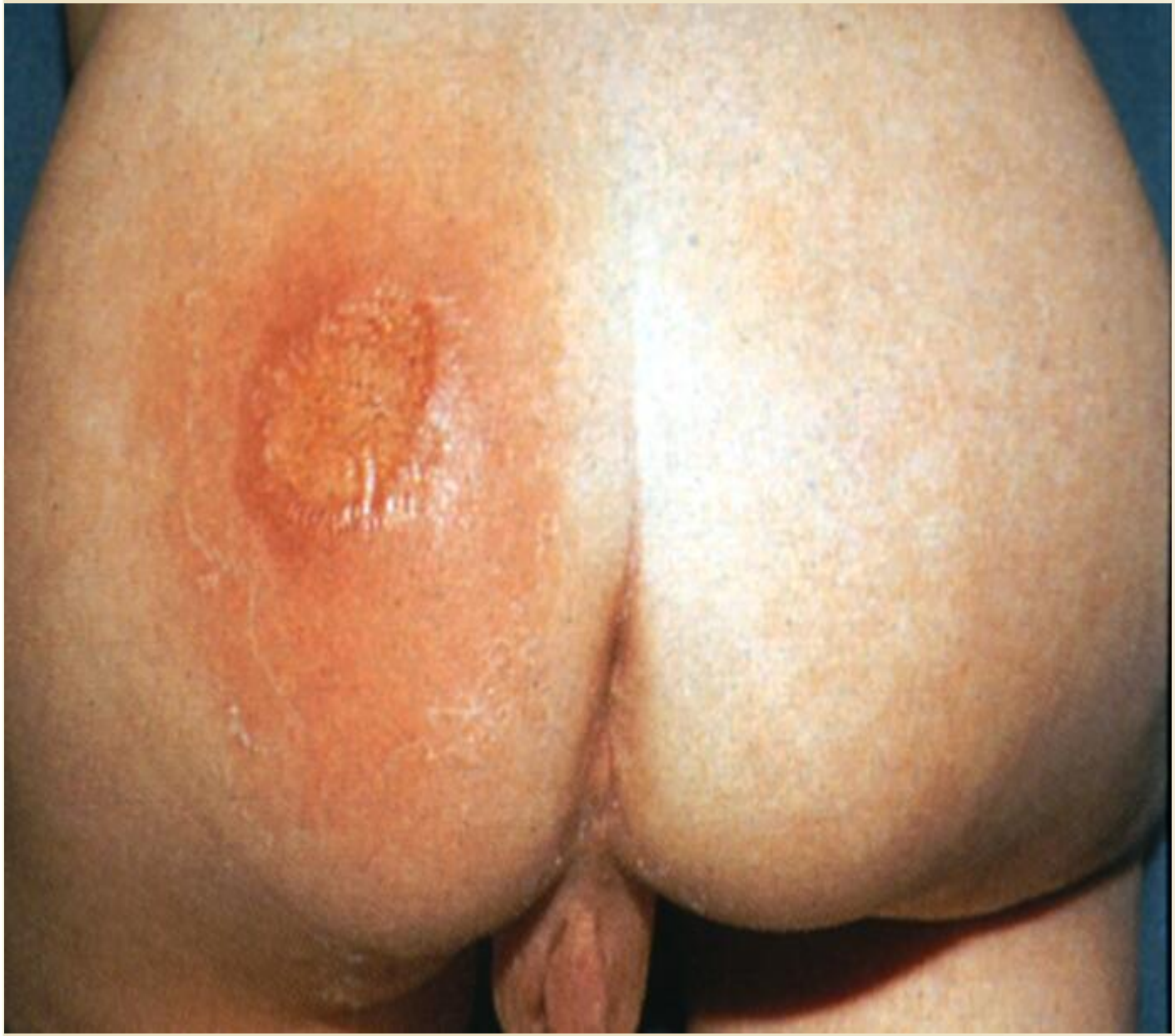

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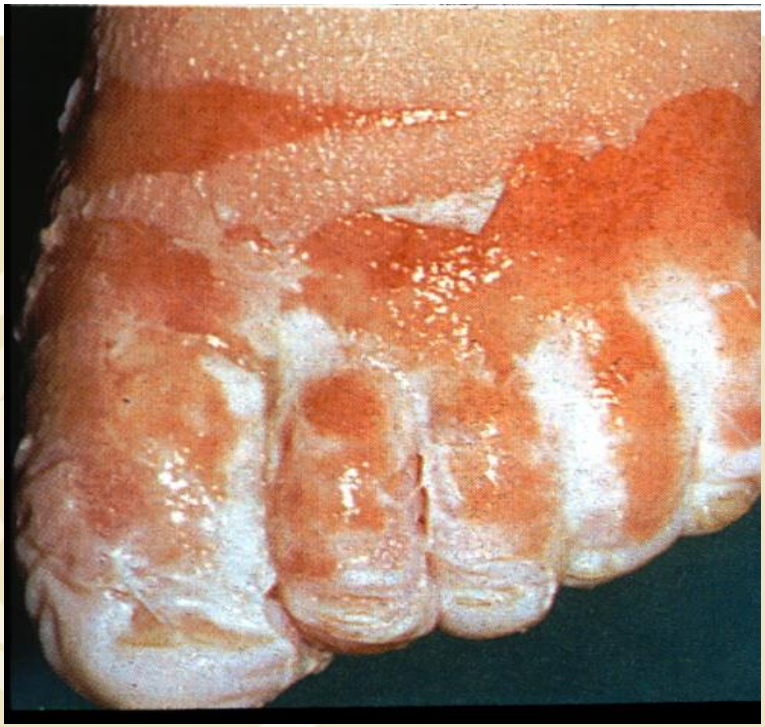

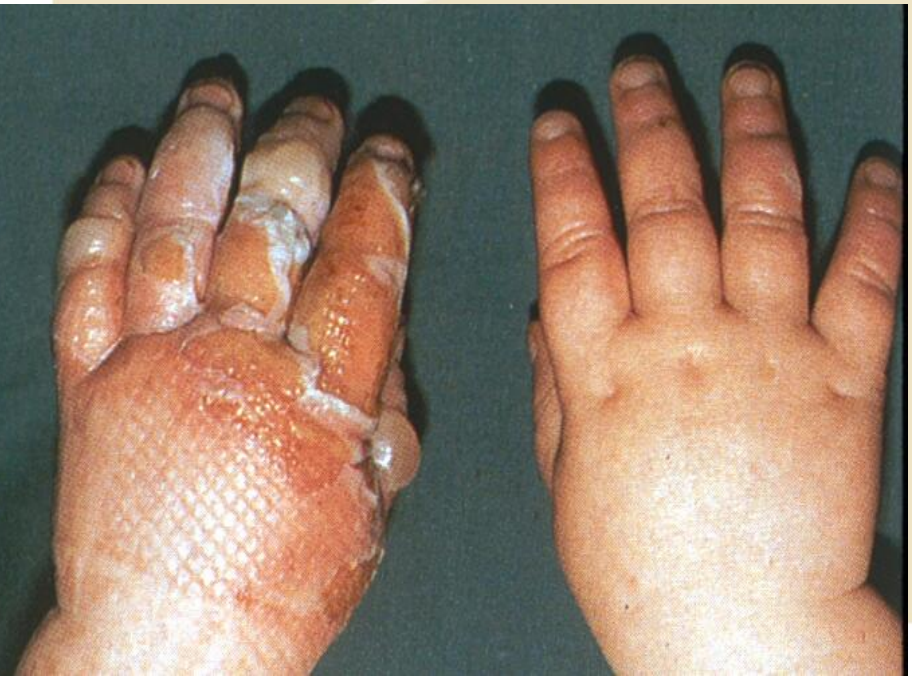

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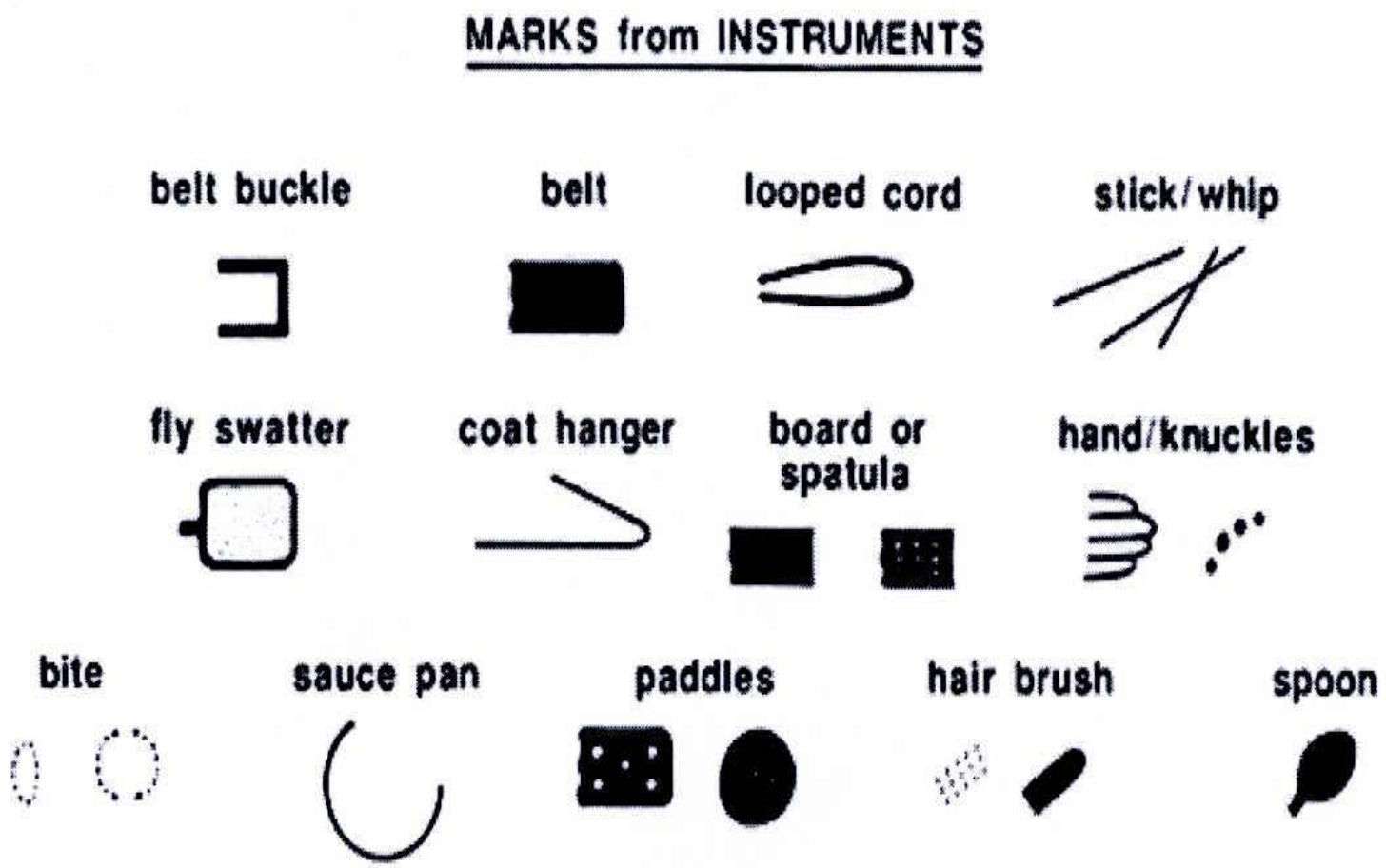
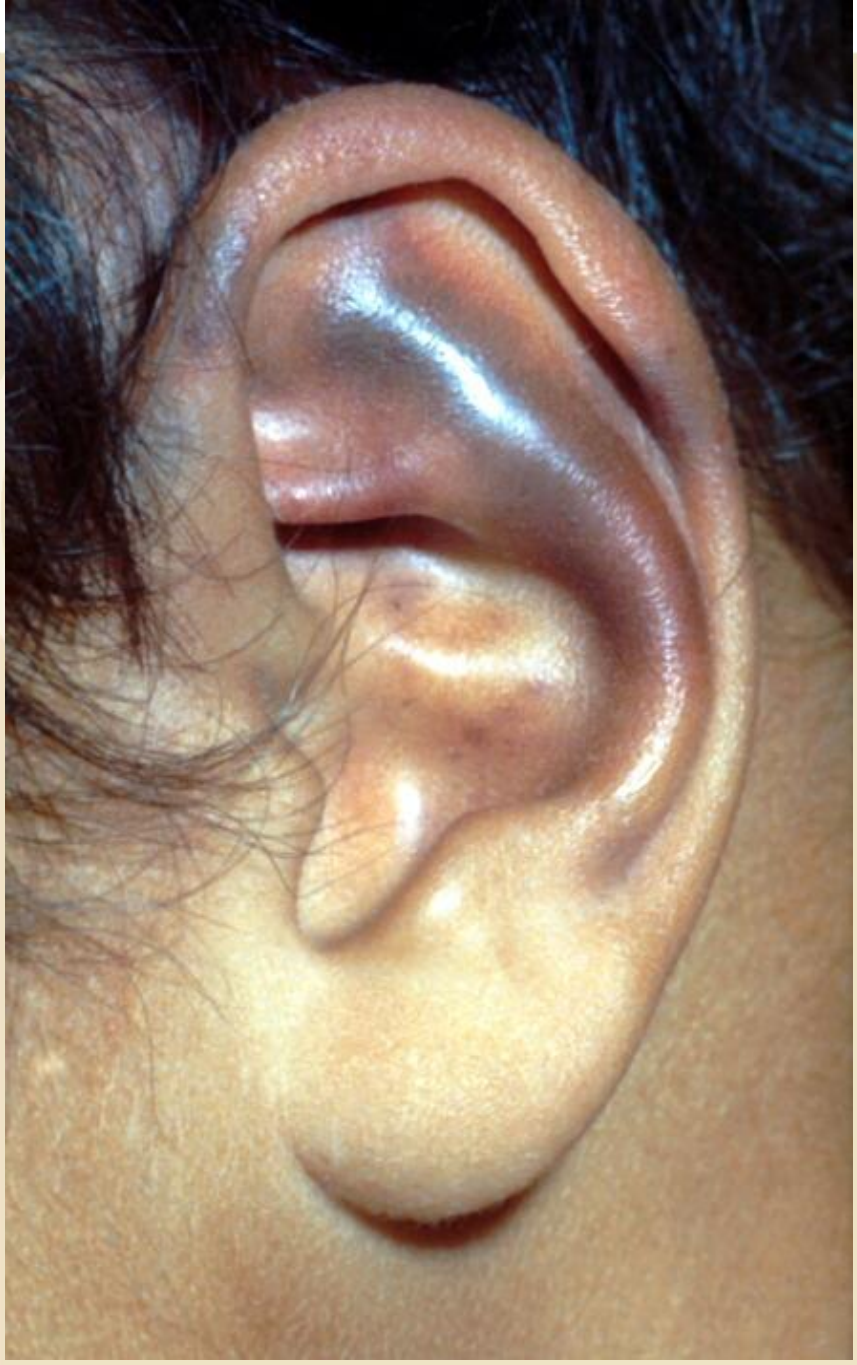
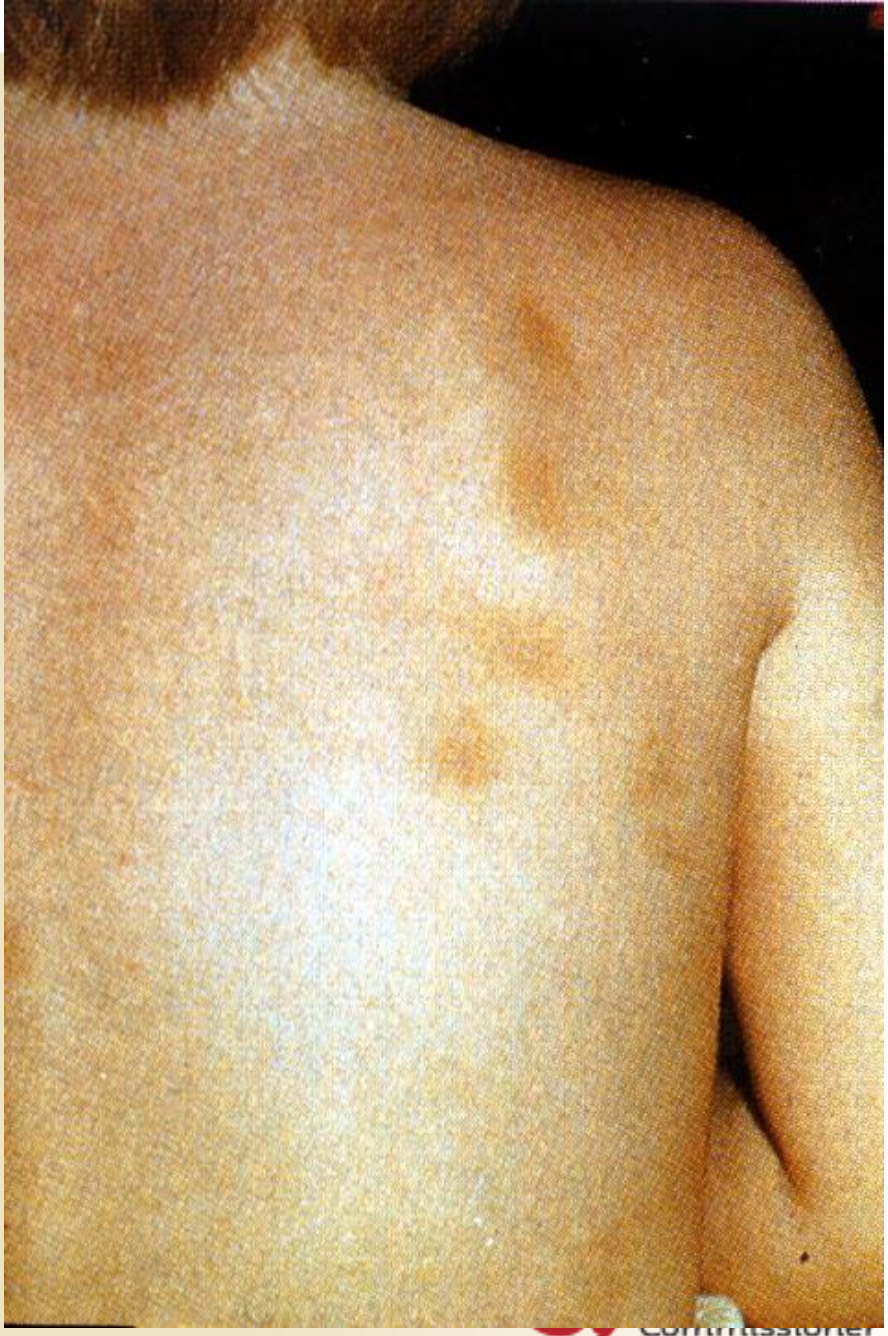
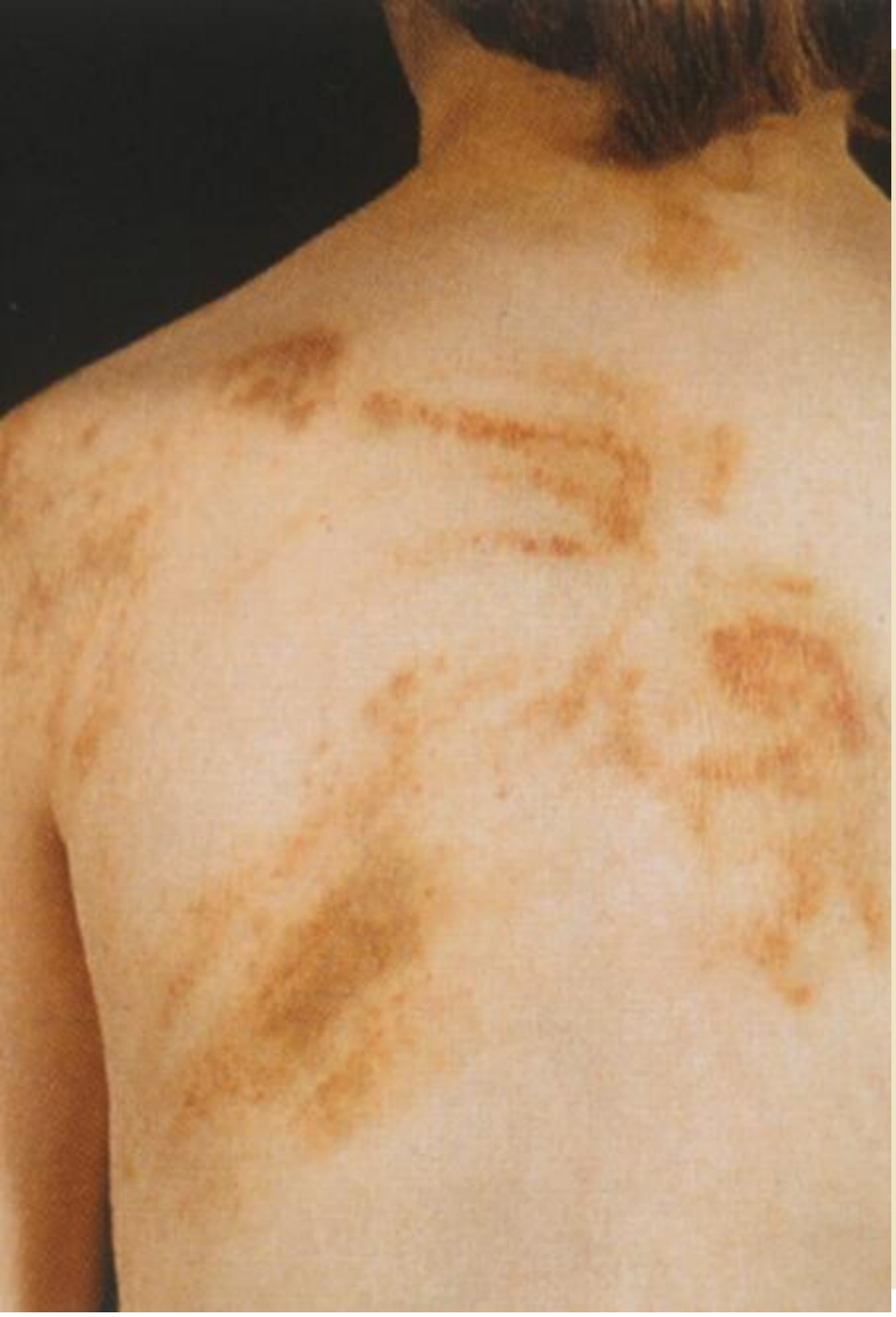
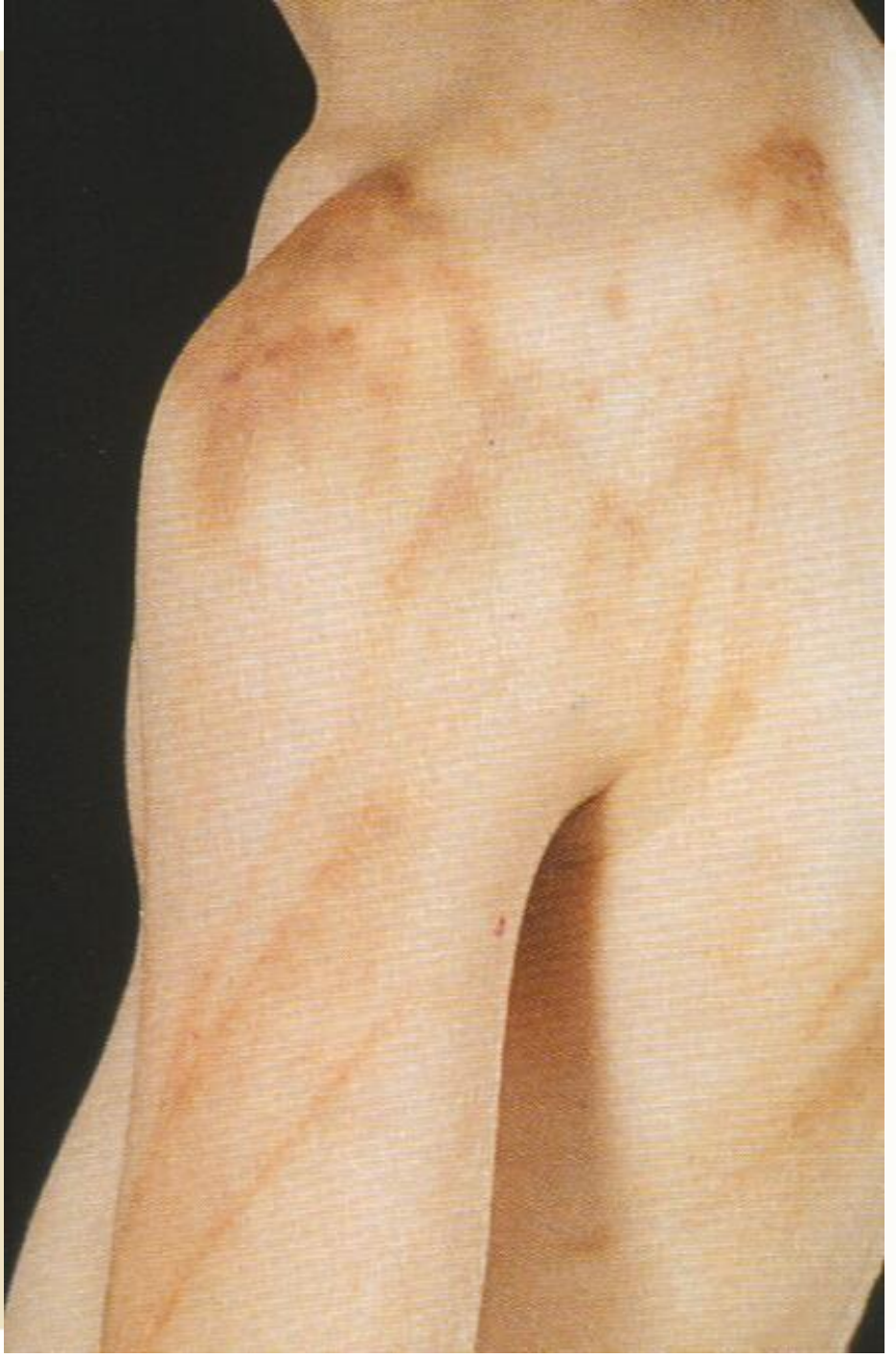
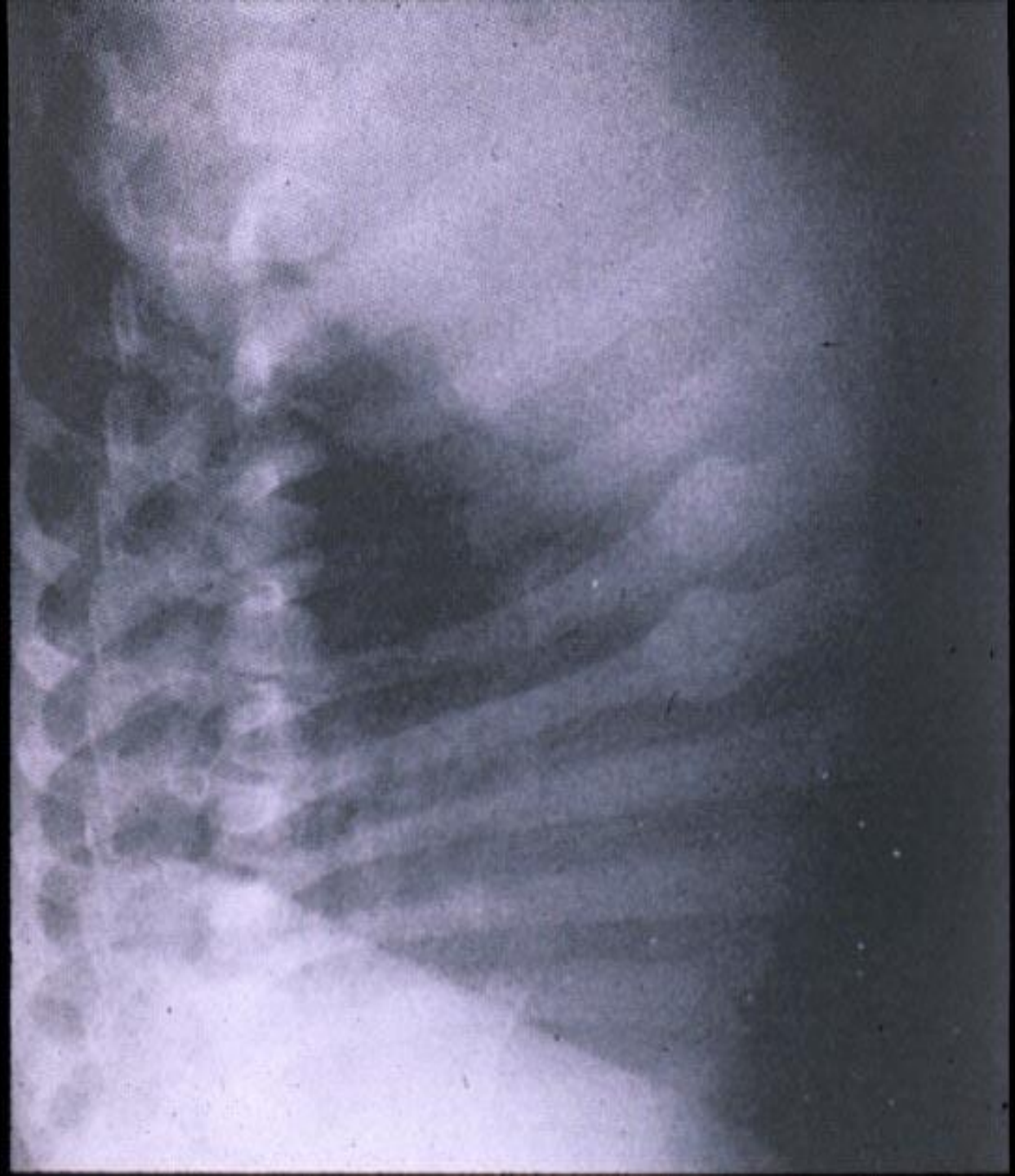


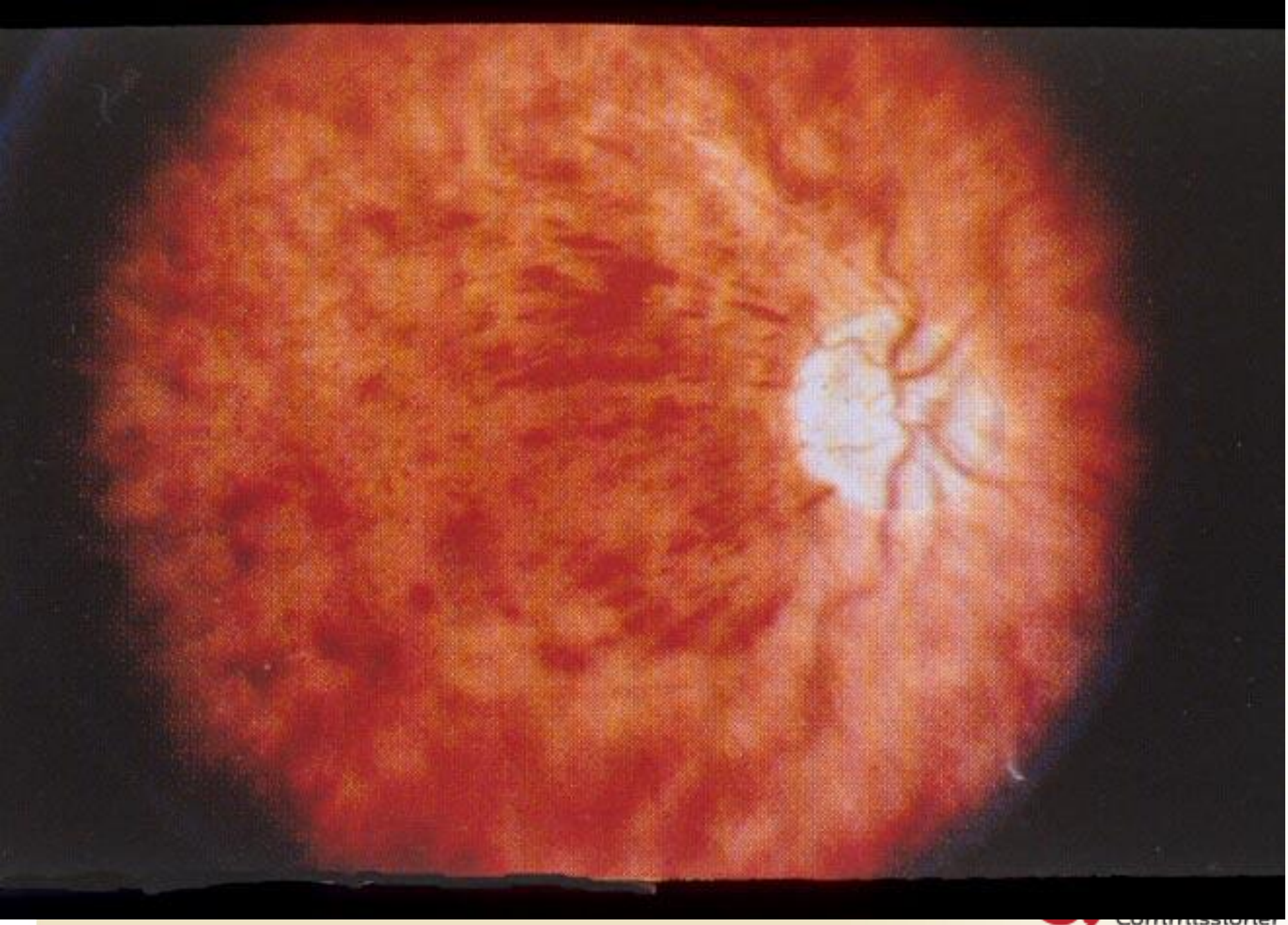
FIGURE 35–2 A variety of instruments may be used to inflict injury on a child. Often the choice of an instrument is a matter of convenience. Marks tend to silhouette or outline the shape of the instrument. The possiblility of intentional trauma should prompt a high degree of suspicion when injuries to 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.









Think

- Reflect on the history in the light of the physical findings
- Ask yourself:

Does this make sense?

Talk to the parents / caregivers

- Be professional
- Be honest
- Describe what you have found
- Explain the reasons for your concern
  - I am concerned that *someone* may have injured your child
- Explain what further investigations are necessary
- Explain what onward referral is necessary
  - Paediatrician
  - (CYF/ police)
- Don’t accuse anybody

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Management

- Immediate health needs
- Safety
  - Index child
  - Other children
  - Mother
  - Other adults - NB risk of DV to mother
- Follow up

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Investigations in suspected physical abuse

- Infant under two years
  - skeletal survey ± bone scan / repeat survey
  - CT head / MRI
  - Ophthalmoscopy
  - If bruising, coagulation screen (FBC, INR, APTT)
- Older child
  - If bruising, coagulation screen (FBC, INR, APTT)
  - other investigations according to findings

Child sexual abuse (CSA)

- Consider if:
  - Caregiver raises concerns
  - Child discloses
  - The history or exam raises concerns

Taking a history in CSA

- Take a history from the caregiver
  - Behavioural changes
  - Physical symptoms
  - What has the child said
  - Other relevant history
- Do not interview the child or adolescent
  - Unless necessary to determine the urgency of referral
  - Use open and non-leading questions
  - Remember they will be interviewed again

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! Don’t !

- Make promises you cannot keep
- Push the child / young person into giving details of the abuse

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CSA medical issues

- One examination is enough: refer / discuss with DSAC Doctor first
- Treat injuries
- Consider infection
- Consider pregnancy
- Forensic issues (72 hour rule)

Adolescents requesting emergency contraception

Consider the possibility of sexual assault

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Refer

On call paediatrician: 24 hours

Child Youth and Family

Inform the caregivers if safe to do so

- You are protected by the CYP&F Act
- Call Centre 0508 FAMILY (326 459)
- You can ask for advice without making a notification
- Referral will be triaged

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Other referrals

- Police
  - Serious offending / an acute crisis / abuse needing forensic exam
  - Risk of flight
  - Consider dual referral (CYF and Police) for all cases
  - CAT / SAT team
  - After-hours: local arrangements

- Refuge
  - 24 hour service

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If in doubt – consult

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If not in doubt – consult

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Documentation

- Stick to the facts
  - Describe first, interpret later
- Be thorough
- Record history obsessively
  - name of alleged perpetrator
  - use quotes where relevant
- Draw a picture or use a body map; photographs are better
- Note position, shape, size, colour, age of injuries
- Avoid medical terminology
- Sign with a legible signature & designation.

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What will CYF do when we refer?

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CYF

- Vision
  - Safe children
  - Strong families
  - Stronger communities
- Mission
  - Early help: the most effective intervention at the earliest possible point

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“In need of care and protection”

- A child or young person (0-17 years) is in need of care and protection if s/he:
  - Is being hurt
  - Their development or well-being is being impaired or neglected
  - Behaves in a way which is harmful and uncontrollable
  - Has committed offences
  - Has serious differences with their parent or caregiver
  - Has been abandoned

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The Privacy Act 1993

- An agency **may** disclose information if there is a belief that the disclosure of the information is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another individual
- Principle 11 (f)ii Privacy Act 1993

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How do I respond if a social worker asks me about a family?

CYPFA Act Section 66 – (1) Every Government Department, agent, or instrument of the Crown and every statutory body **shall**, when required, supply to every care and protection coordinator, social worker or member of the Police such information as it has in its possession relating to any child or young person where that information is required –

(a) For the purposes of determining whether that child or young person is in need of care and protection or

(b) For the purposes of any proceedings under this part of the Act

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Can I stay anonymous?

- Every effort will be made to ensure confidentiality
- State whether you wish to remain anonymous
- You may be called to give evidence, but this is very rare
- No Court action can be brought against a person reporting child abuse or neglect unless the information was supplied in bad faith (S16 CYPFA Act)

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What happens when you call Child, Youth and Family

- Call Centre 0508 FAMILY (0508 326 459)
- Does information warrant action by CYF?

No

↓

Advice given or

Referral to another agency

Yes

↓

Urgency of response determined by Call Centre

↓

Referred to site office (site may change urgency)

↓

Allocation to CYF social worker

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Determining urgency of response

- Critical (24 hours)
  - Immediate protection required
- Very urgent (48 hours)
  - Immediate investigation required
- Urgent (within 7 days)
  - investigation required
- Low urgency (within 28 days)
  - Exploratory interview required

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Emergency actions

- Range from interim care to immediate action via a warrant where the child's safety is paramount
- May include admission to a CYF Family Home, a foster home, whanau/ family or residence

Processes post allocation

- Allocation
- Investigation
- Care and Protection Resource Panel
- Possible actions
  - Family /whanau agreement
  - Family Group Conference
  - Court
  - Youth Services
  - No further action by CYF
- Your responsibility does not end with referral (just as with ref to hospital)

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Questions?

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