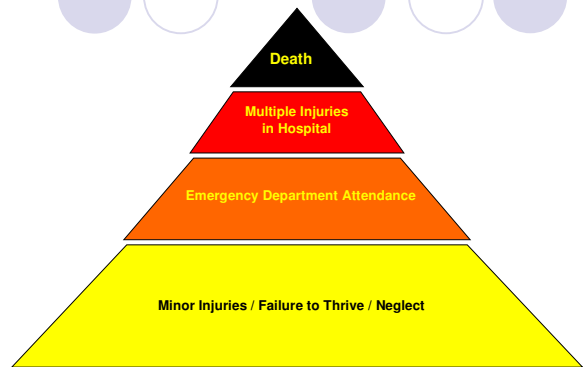


Child abuse and neglect

Non-Accidental injuries

Emma Barnes
Te Puaruruhau Nurse Specialist
Starship Children's Health

Epidemiology



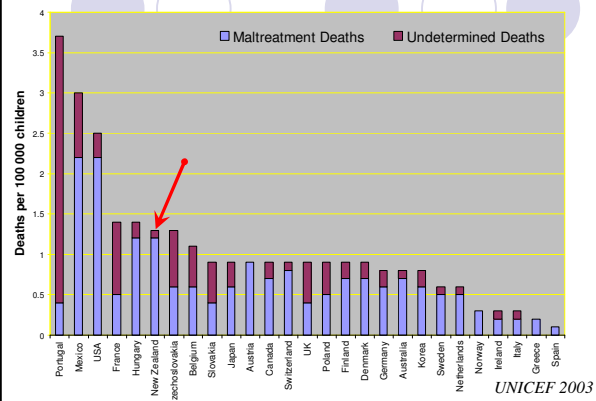
Abuse in New Zealand



Christchurch Study (Ferguson et al)

- 8% Physical Punishment used Regularly
- 4% Severe harsh or abusive treatment
- 6% of teenage girls experienced completed rape by age 16.

Child maltreatment deaths in rich nations



Why intervene?

- Rights of the child
- Consequences to the child
- Vulnerability of the child
- Access to the situation
- Risk of repeated abuse



Recognition

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



Routine Screening For Child Abuse

- No validated screening tool
 - Issues of consent and access
 - Developmental issues
 - Complex medico-legal issues
- Screening for risk factors is appropriate
 - Questions in the Family Intervention guidelines
 - Recognise the limitations of risk factors

Family Violence Intervention Guidelines

6-step process

- Identify – take a history!
- Provide support
- Assess risk
- Safety planning
- Document
- Refer

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

Suspect

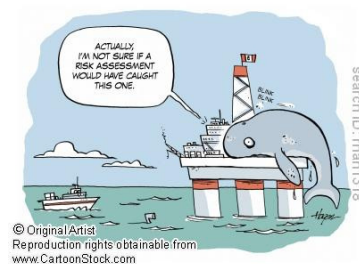
- Uncorroborated history
- Inappropriate parental response
- History of CYFS engagement
- Delay in seeking medical advice
- History of repeated trauma
- Varying/changing history.

Never jump to conclusions

Risk Assessment

- Family Violence
- Parent indifferent or intolerant
- Severe Social Stress
- Severe isolation and lack of support
- Parents abused as children
- Alcohol and drug use
- Mental illness
- Parent very young
- Frequent change of address (>2x per annum)
- At risk family actively avoids support agency.

RISK DOES NOT EQUAL ABUSE



Examination

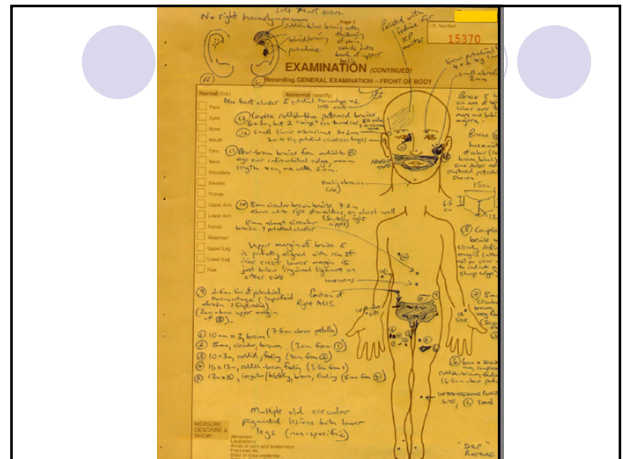
- Examine from head to toe
- Remove all items of clothing
 - With due sensitivity, and not all at once
- Examine in natural light if possible
- Describe and measure all injuries

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

Documentation

- **Stick to the facts**
 - Describe first, interpret later
- **Be thorough**
- **Record history obsessively**
- **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.**



Think

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

Does this make sense?

Management

- Immediate health needs
- Safety (Referral)
 - Index child or young person
 - Other children / young people
 - Mother
 - Other adults
- Follow up

Talking to caregivers

- Be professional
- Be honest
- Describe what you have found
- Explain the reasons for your concern
- Explain what further investigations are necessary
- Explain what onward referral is necessary
- Don't accuse anybody



"What do you want first? The good news or the bad news? Mind you the bad news means there can't possibly be any good news!"

Safety by Referral

- Ministry of Health Recommended referral process for GPs
- "The management of child abuse is complex. We recommend that multidisciplinary expertise is sought to ensure that:*
- *The safety of the child is paramount*
 - *Evidence of child abuse is not lost.*
 - *Trauma to the child from multiple assessments and questions is minimised"*

Referral

[4] Safety planning and referral

If there are concerns about immediate safety (including your own) contact the Police

If there are no concerns about immediate safety contact Child, Youth and Family.

When child abuse is a possibility, but you are uncertain about what to do, consult:

- an experienced colleague
- a paediatrician
- Child, Youth and Family.

Take advice from the person you consult.



Remember...

- The Statutory responsibility for investigation lies with Child, Youth and Family Social Worker or member of the Police

(RNZCGP, 200, WELLCHILD, p42)

Legislation

- There are no legal barriers to disclosure of patient information relation to suspected or actual abuse given in good faith to the appropriate authority
- Care of Children Act 2004
 - CYP&F Act 1989 sections 15 & 16
 - The Health Act 1956 section 22c
 - Health information Privacy code , rule 11

If in Doubt –
Consult



If Not in Doubt – Consult



“Here is Edward Bear, coming downstairs now, bump, bump, bump on the back of his head behind Christopher Robin. It is as far as he knows the only way of coming downstairs, but sometimes he feels that there really is another way. If only he could stop for a minute and think about it.”

Winnie the Pooh, AA Milne

AA Milne