

Safeguarding Children

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Your objectives for the session

- Recognition of signs and symptoms of abuse (by type)
- How to investigate when you have concerns
- Who to contact

- Have you seen a safeguarding issue or a non accidental injury?
- Identifying what is normal and abnormal?

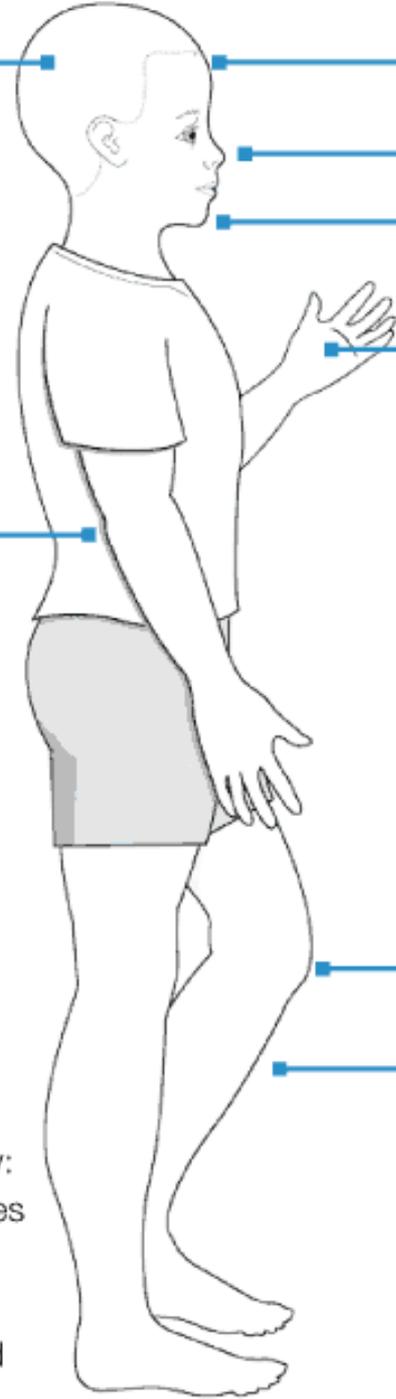
Case 1

- I see a 12 month old child brought by his mother one hour after he has fallen and struck the left side of his forehead on the edge of a glass coffee table, sustaining a laceration.
- Do I need to do anything other than close the wound? Take 10 minutes and please advise
- A combination of physical symptoms and signs, past medical history, behavioural patterns, and the psycho-social situation of a patient may raise the suspicion of abuse.





Head injuries tend to involve the parietal bone, occiput or forehead



Forehead

Nose

Chin

Palm of hand

Elbows

Knees

Shins

REMEMBER

Accidental injuries typically:

- involve bony prominences
- match the history
- are in keeping with the development of the child



Ears – especially pinch marks involving both sides of the ear

The “triangle of safety” (ears, side of face, and neck, top of shoulders): accidental injuries in this area are unusual

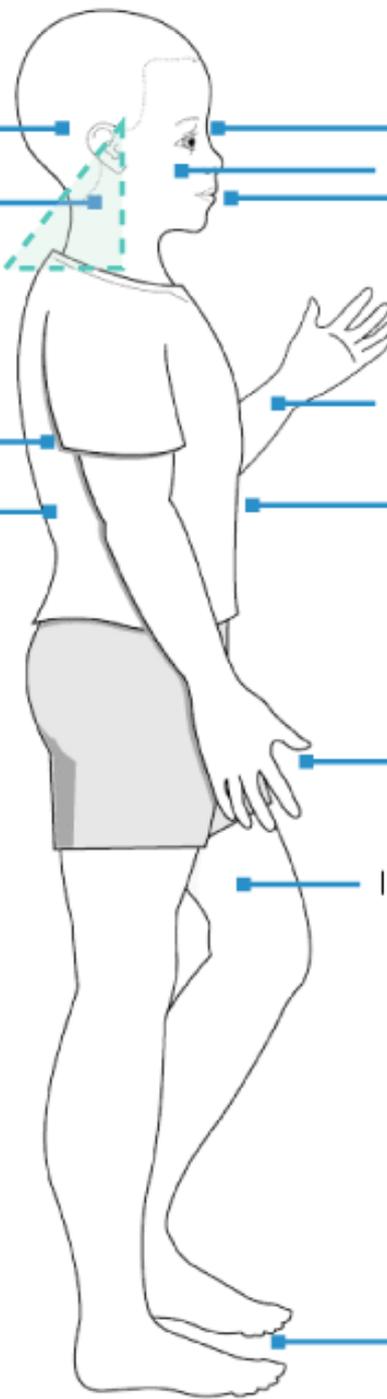
Inner aspects of arms

Back and side of trunk, except directly over the bony spine

REMEMBER

Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fit the explanation
- delays in presentation
- untreated injuries



Black eyes, especially if bilateral

Soft tissues of cheeks

Intra-oral injuries

Forearms when raised to protect self

Chest and abdomen

Any groin or genital injury

Inner aspects of thighs

Soles of feet

Abuse

- This is defined as deliberate harm or cruelty to a child, or persistent failure to provide adequate standards of care – whether this be physical, sexual, neglect or emotional.
- Detection of child abuse – note that for physical and sexual abuse there are generally widely agreed manifestations that can be recognised by health professionals.
- For neglect or emotional abuse the boundaries between normal variation and abuse may be more difficult to determine.
- **It is estimated that 7% of all children suffer serious child abuse and in England and Wales a child dies at the hands of its parents every ten days (National Society for the Prevention of Cruelty to Children, 2008).**
- **Under 1's 8 times more likely to suffer physical abuse (NSPCC)**

Epidemiology

Defn of a child – up to 18th Birthday

- Four Types (can have more than one type present; co-exist):
 - Neglect 40%
 - Physical Abuse 10%
 - Sexual 10%
 - Emotional 40%
- Prognosis
- If unreported, 30-50% chance of repeat abuse and 5-10% chance of death from abuse

Possible Contributory Factors

- Social exclusion
- Domestic violence
- Mental illness
- Drug and alcohol misuse
- Parent/ child with a physical or learning disability
- Pregnancy

Health Professionals

- Raise any concerns about a child's welfare
- Share such concerns with appropriate agencies
 - Within the Trust
 - Named and designated professionals
 - Senior colleague

Information Sharing

- The information you share should be relevant for the purpose for which you are sharing it
- You should only share information with those agencies or practitioners that “need to know”
- Practitioners should only share as much information as they need to – but should share enough information to achieve the purpose for which information is being shared

Why sharing information is important

- Sharing of information is part of early intervention and preventative services
- Can prevent problems from escalating and increases the chances of achieving positive outcomes
- Effective partnership working and appropriate information sharing equals good integrated working

Questions



Epidemiology of NAI

- incidence
 - >1 million children are victims of substantiated abuse or neglect in United States each year
 - child abuse is the second most common cause of death in children behind accidental injury.
 - in child abuse, head injury is the most frequent cause of long term physical morbidity in the child
- demographics
 - 79% of all cases of nonaccidental trauma occur in children younger than 4 years of age
 - 50% of fractures in children younger than 1 year of age are attributable to abuse
 - the most common cause of femur fractures in the nonambulatory infant is nonaccidental trauma
- social risk factors
 - recent job loss of parent
 - children with disabilities (cerebral palsy, premature)
 - step children

United Nations Convention on the Rights of the Child (UNCRC)

- Every child has the right to survival, protection and education, and to have their voice heard.
- The UNCRC is a legally-binding international agreement setting out the civil, political, economic, social and cultural rights of every child, regardless of their race, religion or abilities.



Definitions

- Safeguarding and promoting the welfare of children is defined as:
 - protecting children from abuse and maltreatment;
 - preventing harm to children's health or development;
 - ensuring children grow up with the provision of safe and effective care;
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Comments

- Protecting from abuse or neglect and preventing impairment – ***Stopping damage, or wrongdoing or neglect***
- Ensuring that they are growing up well – ***Positively putting things in place for good to happen***

Questions



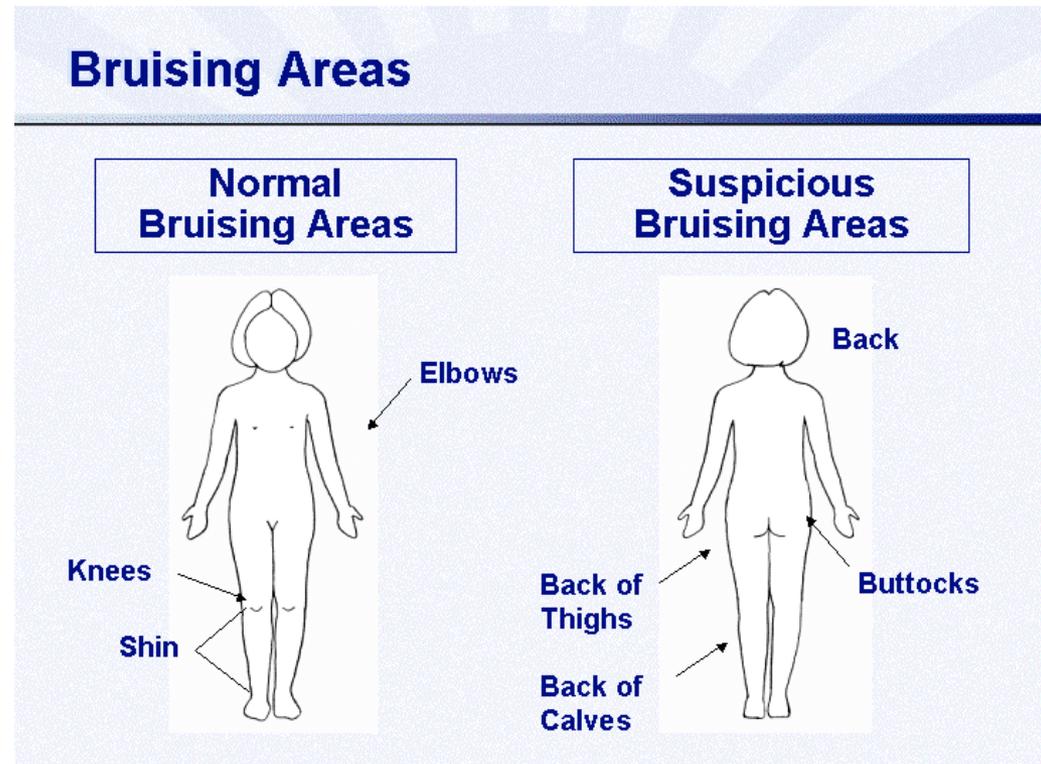
Marks on a 7 year old child – what do you think is happening here?

Signs of physical abuse

- Consider the possibility of physical abuse when the child ...
 - • Has unexplained burns, bites, bruises, broken bones or black eyes
 - • Has fading bruises or other marks noticeable after an absence from school
 - • Seems frightened of the parents and protests or cries when it is time to go home
 - • Shrinks at the approach of adults
 - • Reports injury by a parent or another adult caregiver
 - • Abuses animals or pets

Physical features of concern - bruises

- Unusual or excessive bruising – site and pattern. Bruises are common in a normal active child. However, they tend to occur in specific places - shins, elbows, foreheads. Bruising in other places is more suggestive of physical abuse.



NICE Guidance (bruises)

- Bruises in a child where child maltreatment should be suspected or considered:
- if a child or young person has bruising in the shape of a hand, ligature, stick, teeth mark, grip or implement
- if there is bruising or petechiae that are not caused by a medical condition (for example, a causative coagulation disorder) and if the explanation for the bruising is unsuitable. Examples where a clinician would suspect child maltreatment include:
- bruising in a child who is not independently mobile
- multiple bruises or bruises in clusters
- bruises of a similar shape and size
- bruises on any non-bony part of the body or face including the eyes, ears and buttocks
- bruises on the neck that look like attempted strangulation
- bruises on the ankles and wrists that look like ligature marks



Physical features of concern (injuries in unusual places)

- Unusual injuries in inaccessible places (neck, ear, hands, feet and buttocks)





Physical features of concern (other injuries)

- Cigarette burns
- Unexplained frenulum injury
- Genital/ anal trauma
- Trauma without an adequate history

- **Consider the possibility of physical abuse when the parent or other adult caregiver ...**
- • Offers conflicting, unconvincing or no explanation for the child's injury, or provides an explanation that is not consistent with the injury
- • Describes the child as "evil" or in some other very negative way
- • Uses harsh physical discipline with the child
- • Has a history of abuse as a child
- • Has a history of abusing animals or pets

Questions

Case 5

- I am asked to pick up my friend's son (aged 7) and take him to a children's party. This is something I have done on several occasions in the past but this time I notice the child is looking quite dishevelled and his hair isn't combed.
- Should I be concerned?
- If so, what should I do?



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Emotional abuse

- **The Child**

- • Shows sudden changes in behavior or school performance
- • Has not received help for physical or medical problems brought to the parents' attention
- • Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- • Is always watchful, as though preparing for something bad to happen
- • Lacks adult supervision
- • Is overly compliant, passive, or withdrawn
- • Comes to school or other activities early, stays late and does not want to go home
- • Is reluctant to be around a particular person
- • Discloses maltreatment

- **The Parent**

- • Denies the existence of—or blames the child for—the child's problems in school or at home
- • Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- • Sees the child as entirely bad, worthless or burdensome
- • Demands a level of physical or academic performance the child cannot achieve
- • Looks primarily to the child for care, attention, and satisfaction of the parent's emotional needs
- • Shows little concern for the child



Emotional abuse (continued)

- **The Parent and Child**
- • Rarely touch or look at each other
- • Consider their relationship entirely negative
- • State that they do not like each other

What does the Law say? 1

Children Act 1989

- Currently provides the legislative framework for child protection in England. Key principles established by the act include:
 - the paramount nature of the child's welfare
 - the expectations and requirements around duties of care to children.
- Children's Act 1989
- The main principles and provisions embodied in this legislation are that:
 - the welfare of children must be the paramount consideration when the courts are making decisions about them;
 - the concept of parental responsibility has replaced that of parental rights;
 - children have the ability to be parties, separate from their parents, in legal proceedings;
 - local authorities are charged with duties to identify children in need and to safeguard and promote their welfare;
 - certain duties and powers are conferred upon local authorities to provide services for children and families;
 - a checklist of factors must be considered by the courts before reaching decisions;
 - orders under this Act should not be made unless it can be shown that this is better for the child than not making an order;
 - delay in deciding questions concerning children is likely to prejudice their welfare.

What does the Law say? 2



- Children Act 2004, strengthens the 1989 Act.
Encourages partnerships between agencies and creates more accountability.

Whose business is it?

- Everybody's business
- All agencies working with children and their relatives should take all reasonable measures to ensure that the risk of harm to a child's welfare is minimised, and
- Where there are concerns about a child or a young person's welfare, all agencies take the appropriate actions to address these concerns working to agree local policies and procedures in full partnership with all the involved local agencies.

Case 2

- It is Saturday afternoon. You have been asked to see a four year old child who has been found by police wandering in the streets with her mother, who is clearly distressed and confused.
- Mum doesn't come from the locality and she can't say why she has come to your town.
- How will you approach this?



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Case 3

- It is just after midnight and I am driving home through Salford. I stop at some traffic lights and see about 20 children – some of whom look as young as 7 or 8 – congregating on the side of the road. Some of the bigger children are smoking and drinking cans of alcohol. One child is swinging on a lamp post.
- What do I do?



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Case 4

- I am on a train and at the next table there is a young mixed race child (aged about 8) who is obviously autistic. His guardian is struggling to stop him running about the carriage and climbing over the other passengers. His guardian raises his voice to the child on occasions and sometimes has to use force to restrain the child.
- What should I do?



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Case 5

- I am in a morning clinic where I am seeing a 4 year old child who has been brought by her grandmother. The nursing staff say to me that whilst in the waiting room, grandmother's behaviour is inappropriate – she is talking quite loudly and is slurring her speech: one of the experienced nurses says she thinks she can smell alcohol on her breath.
- Should I be concerned?
- If so what would you suggest I do?



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Case 6

- A young child (aged 9) is brought to see me in my clinic because whilst playing with four friends in the park yesterday, one of them picked up a discarded needle and stuck it in all the other children's arms. The park is known to be a place frequented by IVDUs.
- In my capacity as communicable diseases control consultant, I am dealing with the infection control aspects of the incident.
- However, I am ringing for your paediatric advice about whether there are any safeguarding or child protection issues I need to consider.

Case 7

- A young child (aged 10) is brought to my clinic by their parent because earlier yesterday they sustained a needlestick injury from a playmate who has haemophilia and with whom they had stayed for a sleepover.
- The playmate had given needlesticks to all 5 of the children who had been at the sleepover.
- In my capacity as communicable diseases control consultant, I am dealing with the infection control aspects of the incident.
- However, I am ringing for your paediatric advice about whether there are any safeguarding or child protection issues I need to consider.

Questions

Skin Lesions

- **Mongolian spots**
 - Well demarcated symmetric bluish gray to deep brown to black skin markings
 - Common among people of Asian, East Indian, African, and Latino heritage.
 - Often on the base of the spine, on the buttocks and back
 - Generally fade in a few years and disappear by puberty.

