

# Child Abuse and Neglect

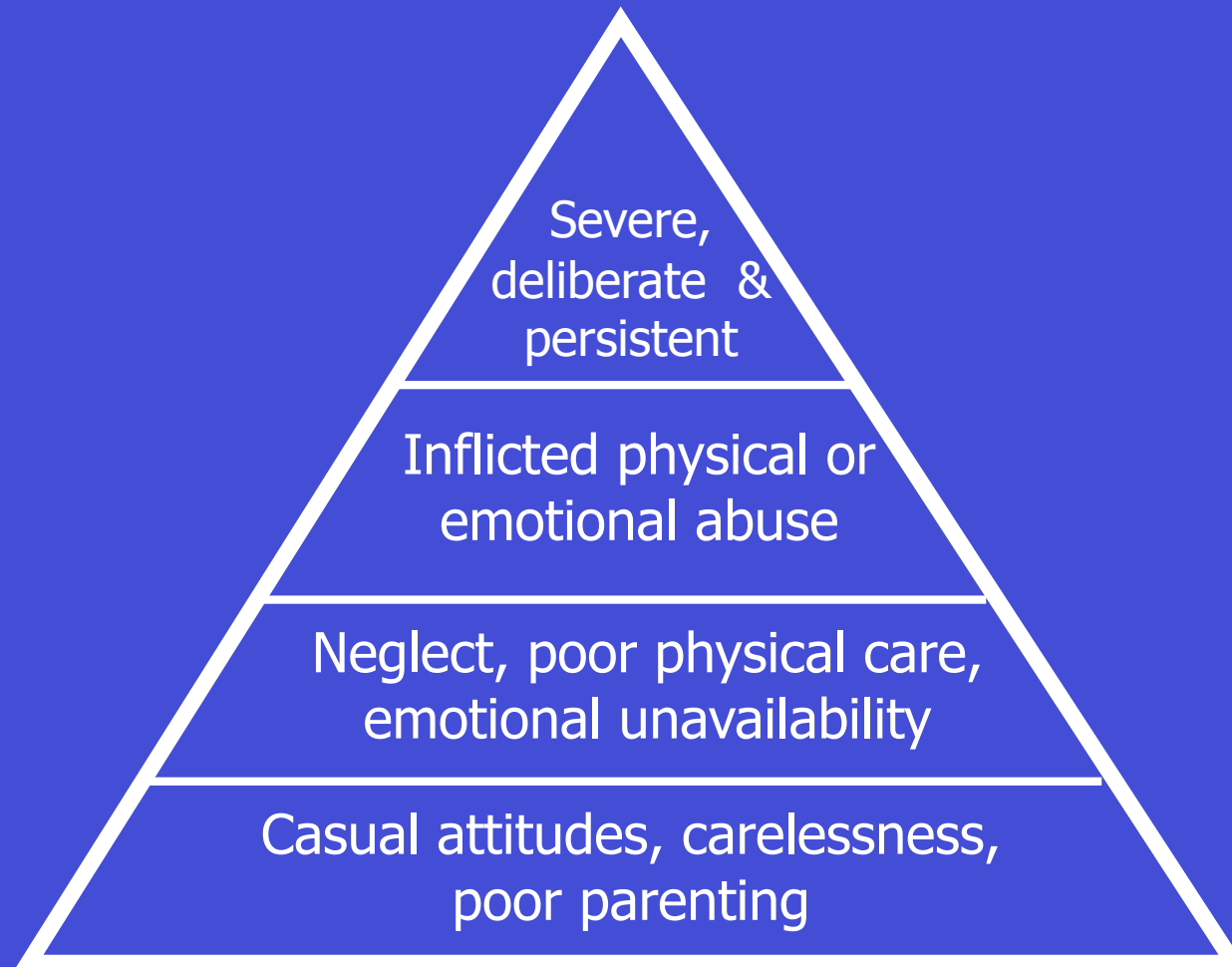
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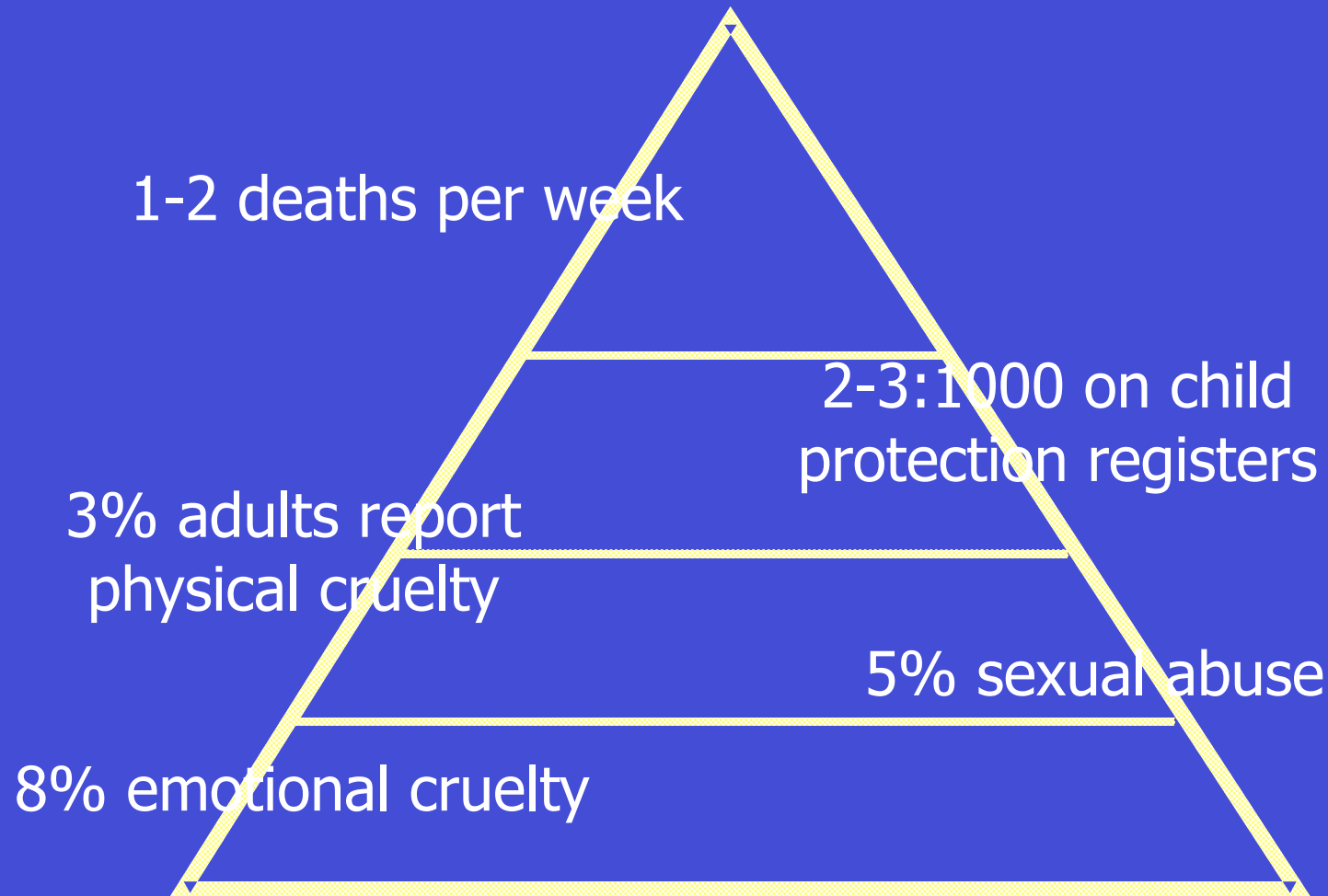
# Child Abuse & Neglect

**Aims: To understand the nature and impact of child abuse and neglect and to equip you with a framework for the initial evaluation of suspected child abuse and neglect**

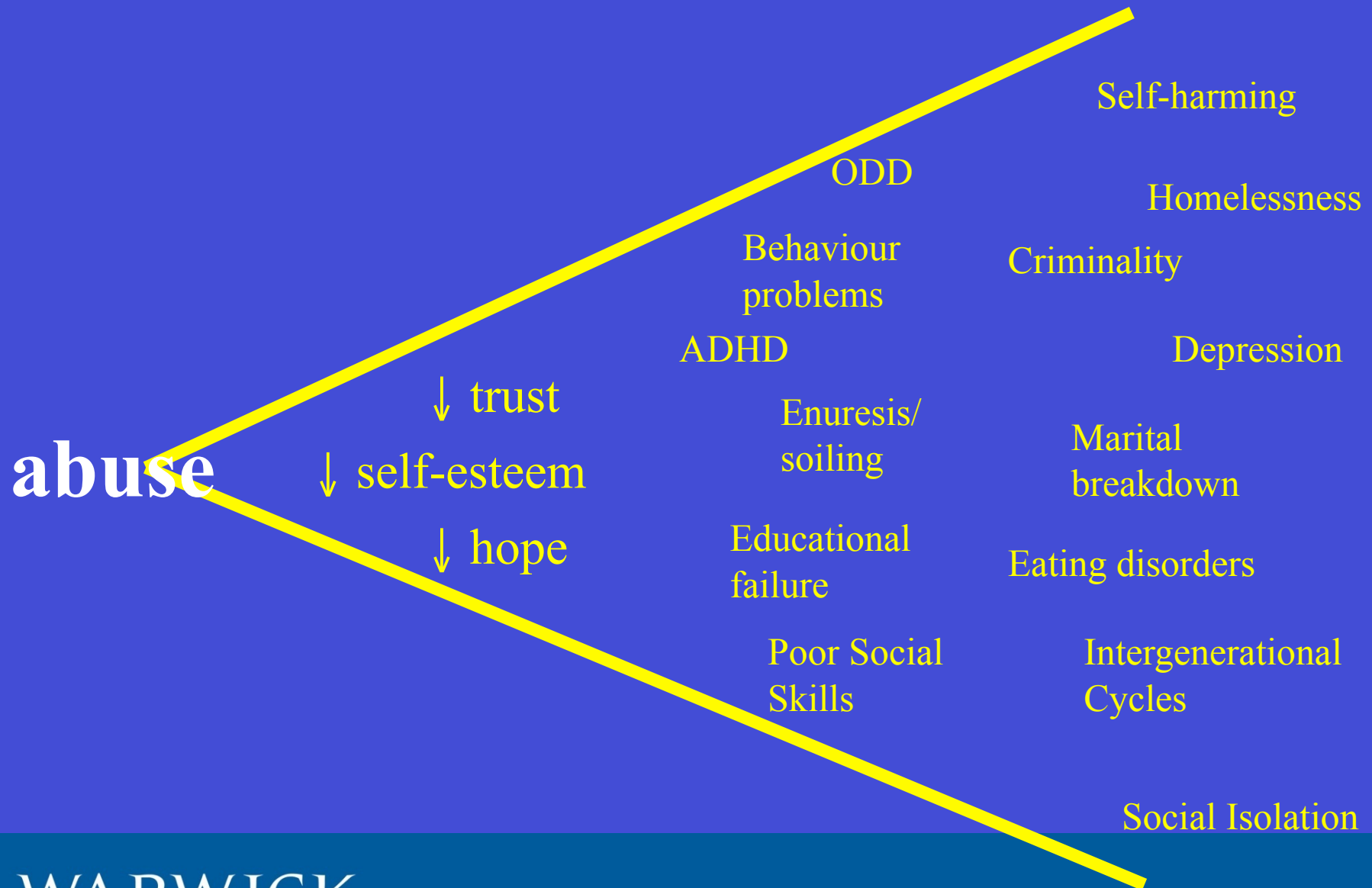
# A pyramid of severity



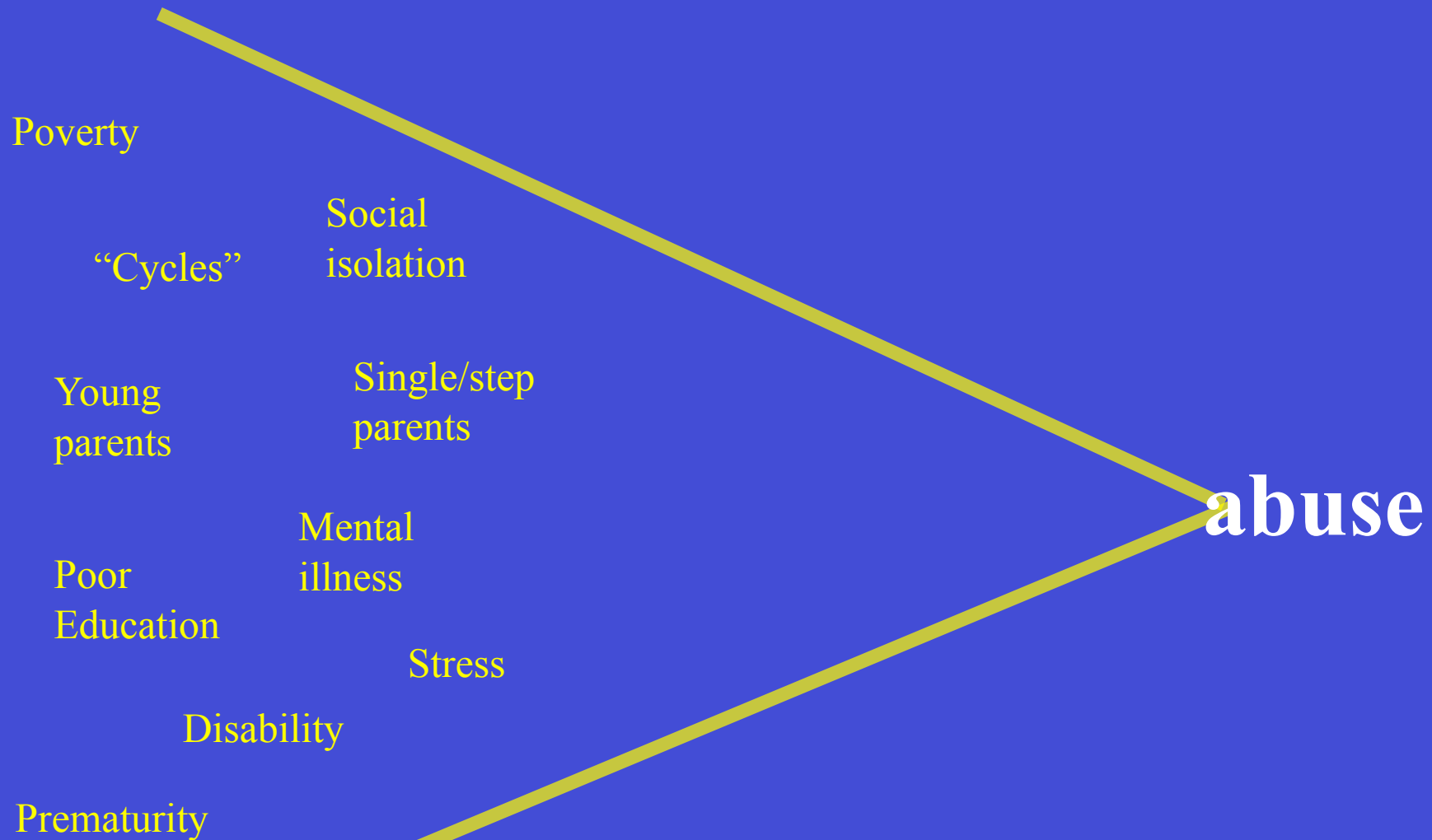
# A pyramid of severity



# Effects of abuse



# Antecedents of abuse



# Risk Factors

- Identifiable features in the parental background, family, socio-economic environment and in the child themselves which increase the risk of maltreatment
- Parents' Background
- Society and culture
- Family Environment
- Socio-economic environment
- Child

# Understanding risk factors

- Most children/families in whom an individual risk factor (or even a group of factors) are present will not go on to abuse their children

	Abused children	Controls
Mothers < 20	40 (35%)	1,122 (8%)
Mothers $\geq$ 20	75	13,134



# How does abuse present?

- Direct allegation
- Signs and symptoms
- Other concerns
  - Child Behaviour
  - Parent-child interaction

# Categories of Abuse

- Physical Abuse
  - Fabricated and Induced Illness
- Neglect
- Emotional Abuse
  - Emotional harm
  - Emotional neglect
- Sexual Abuse
- Other forms of abuse

# Signs and symptoms

- Signs – things that you can observe (e.g. a bruise, or dental caries)
- Symptoms – things that are reported (e.g. pain, or a child not using their arm)
- These are features that may in themselves indicate abuse or neglect. Very rarely are they *diagnostic*

**Neglect:  
What does a child need to  
thrive?**

Limits

Love

Opportunities

Increasing Independence

Decreasing Vulnerability



Physical  
Motor  
Cognitive  
Spiritual  
Emotional  
Communicative  
Self care  
Social

Health Nutrition Security



Nutrition  
Hygiene  
Immunisation

Family Stability  
Economic  
Environmental

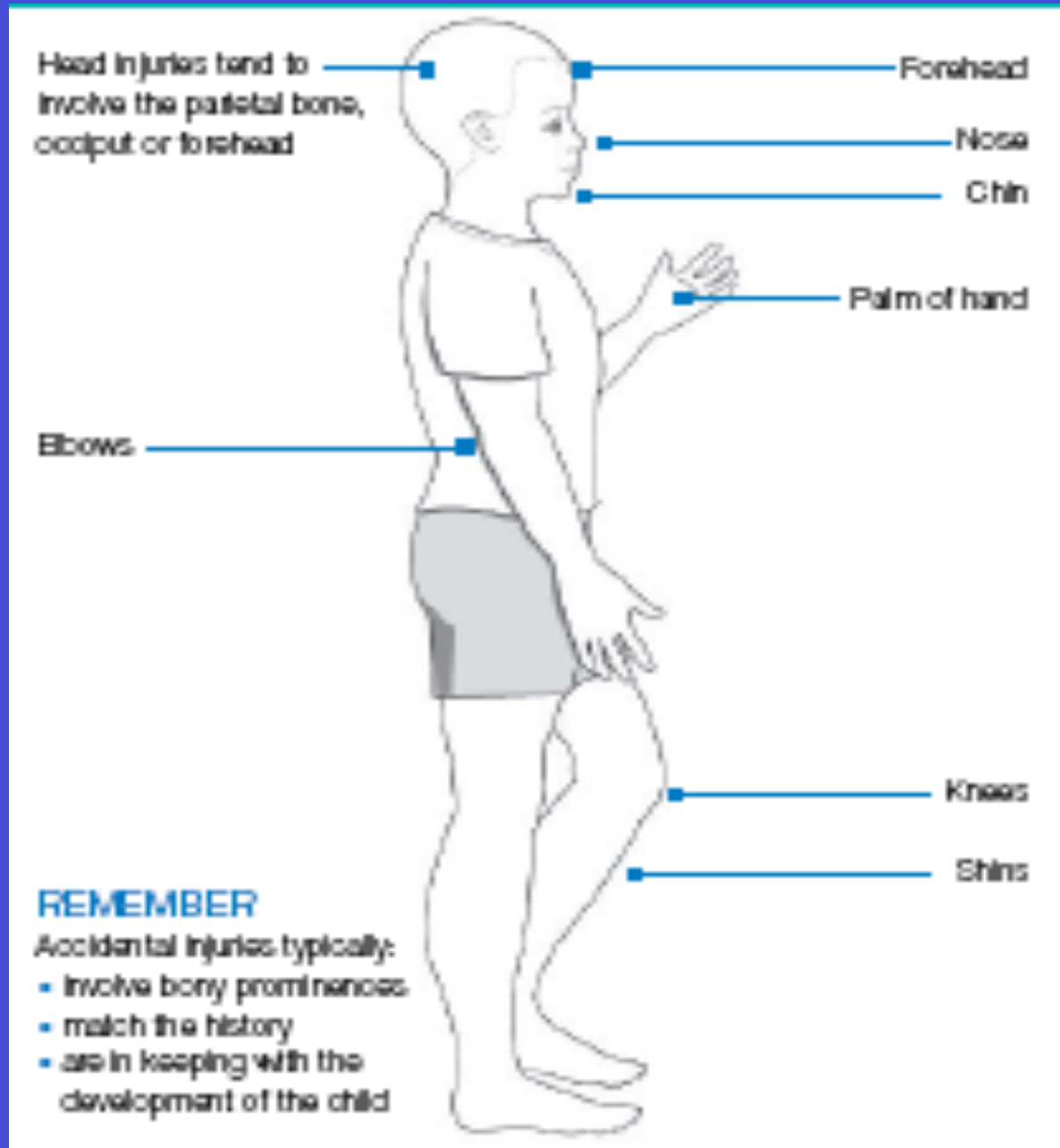
# Neglect: how does it present?

- Poor health
  - Hygiene (including headlice, dental caries)
  - Failure to access healthcare
  - Uncontrolled disease
- Poor nutrition
  - Faltering growth
  - Obesity?
- Lack of supervision/ boundaries
  - Accidents and injuries
- Lack of stimulation
  - Delayed development
  - Poor school attendance
- Lack of affection
  - Withdrawn/ craving affection
  - Physical effects

# Physical injury: Assessment

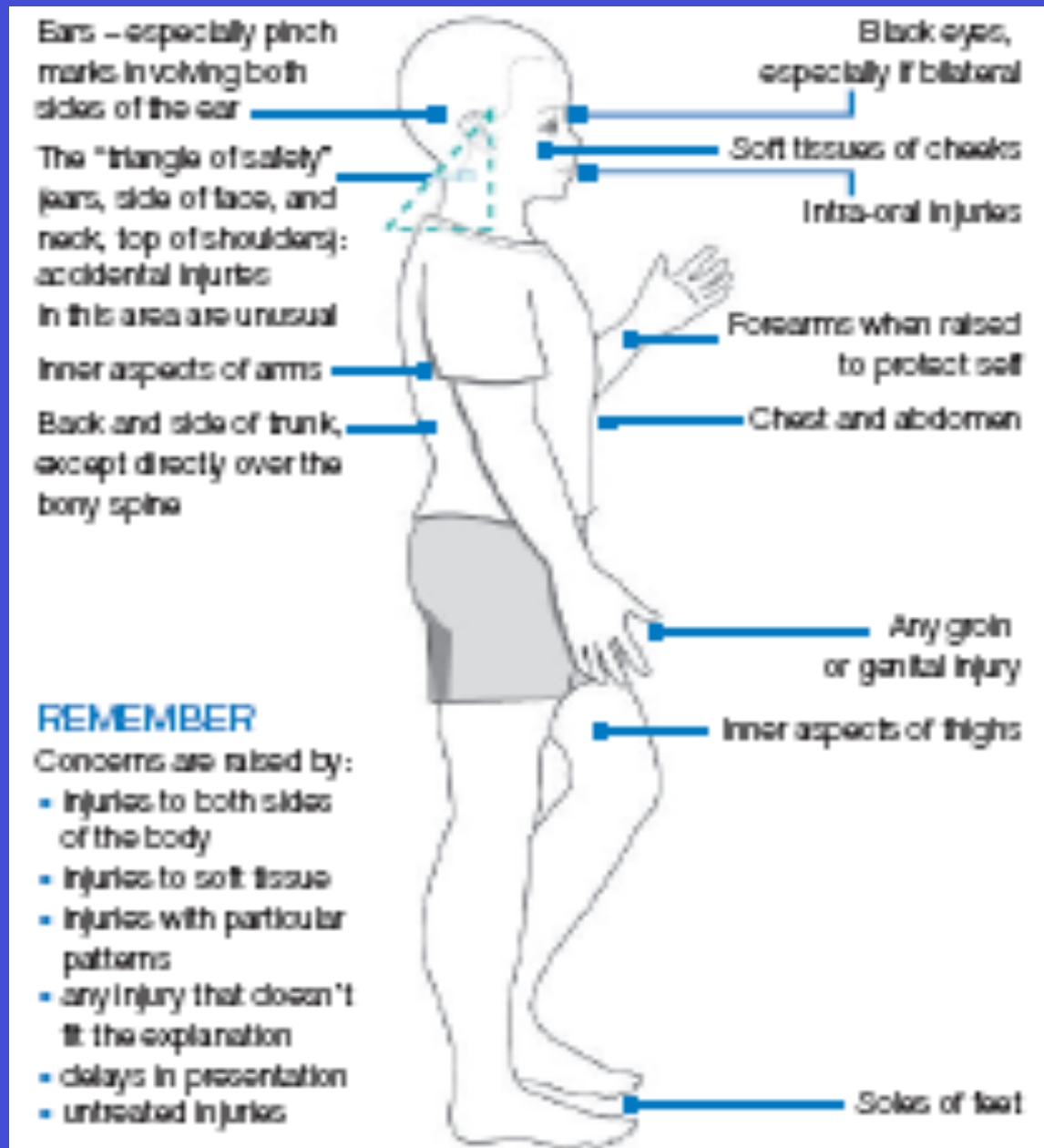
- The injury itself
  - Site
  - Extent
  - Patterns
- Does it fit?
- The broader picture

# Sites of Accidental Injury





# Sites of Non-Accidental Injury



# Assessment

- The injury itself
- Does it fit?
  - Is the history consistent?
  - Does it fit with the child's development?
  - Is there a delay in presentation?
  - Differential diagnoses
- The broader picture

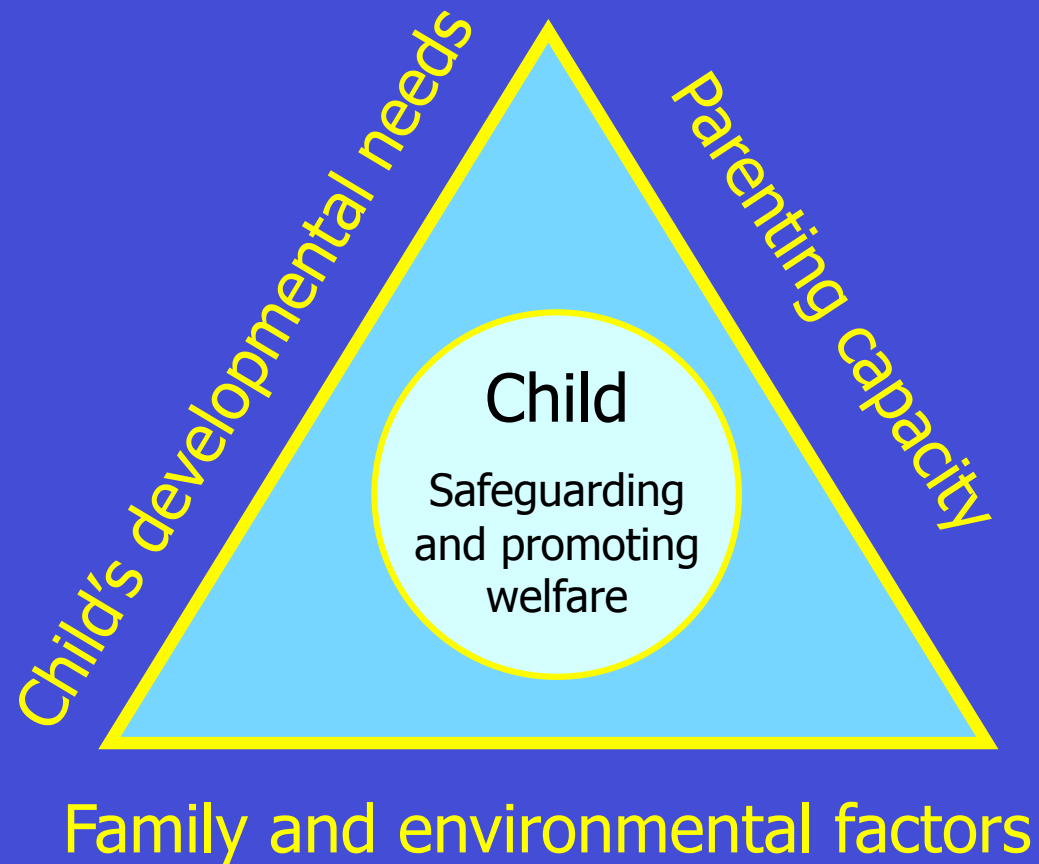
# Differential diagnoses

- Birth marks
  - Haemangiomas; mongolian blue spots
- Infections e.g. scabies
- Unintentional injury
- Bleeding disorders
- Osteogenesis imperfecta

# Assessment

- The injury itself
- Does it fit?
- The broader picture
  - Markers of emotional abuse
  - Markers of neglect
  - The family and environmental context

# Understanding the context

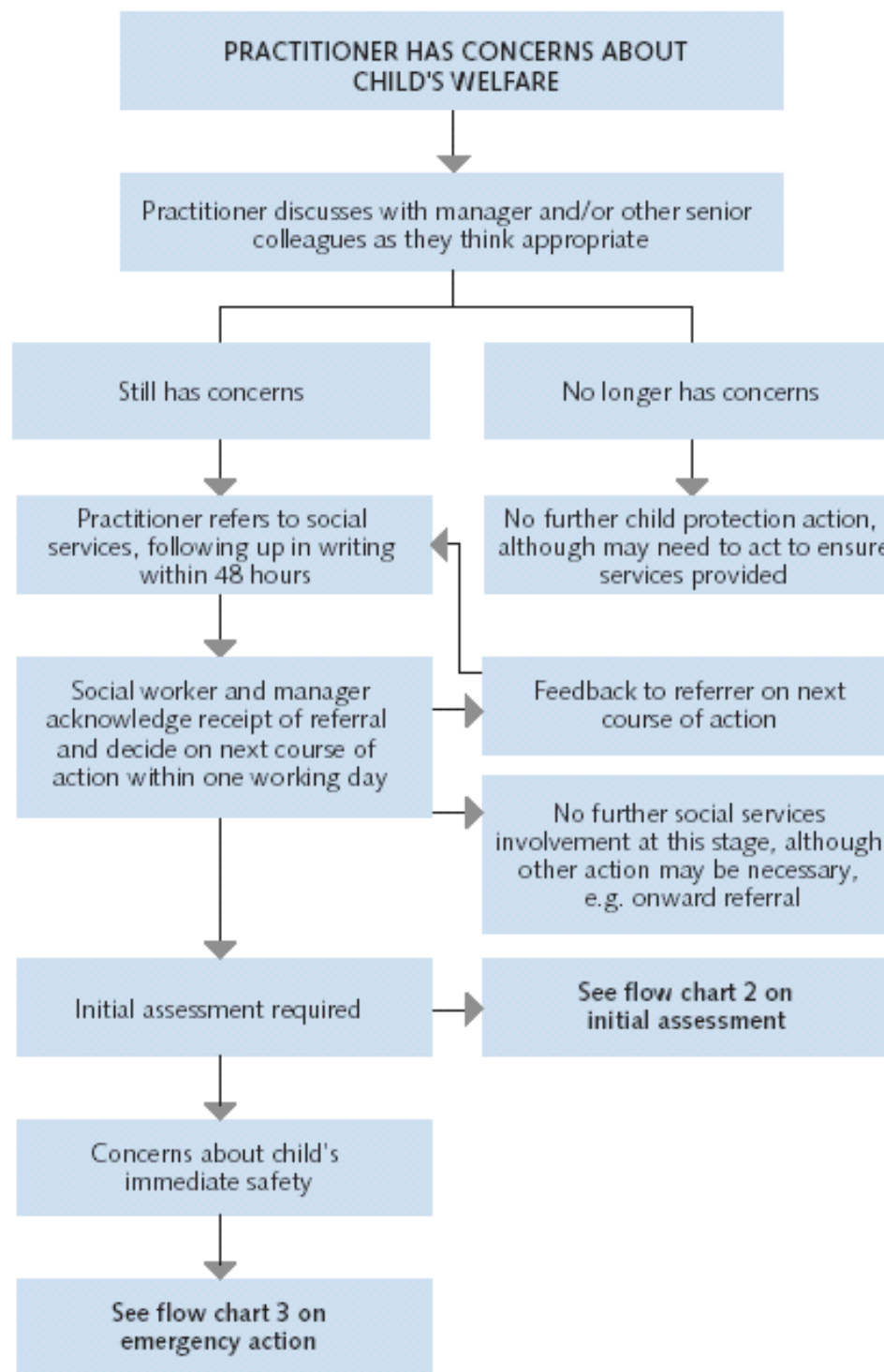


# Markers of emotional abuse

- Poor growth
- Developmental delay
- Educational failure
- Social immaturity
- Lack of social responsiveness
- Aggression
- Attachment disorders
  - Anxious
  - Avoidant
- Indiscriminate friendliness
- Challenging behaviour
- Attention difficulties

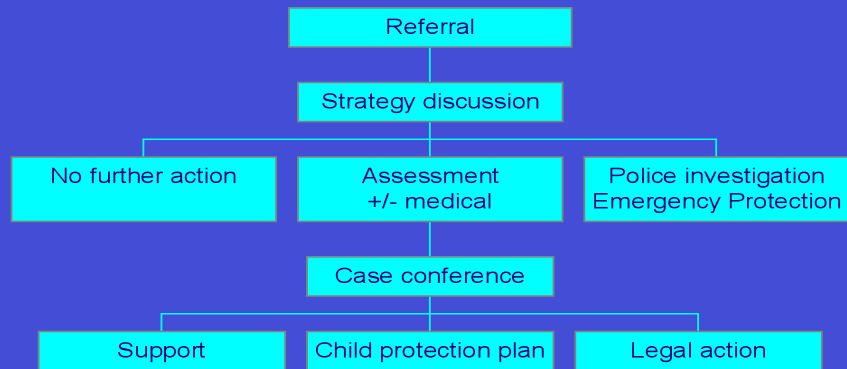
# Sexual abuse: presentation

- Direct allegation
- STI, pregnancy or trauma
- Behaviour
  - Withdrawal
  - Self harm, or self-stimulatory behaviour
  - Enuresis or encopresis
- Inappropriate sexual behaviour or knowledge





# What happens next?



# Safeguarding Children

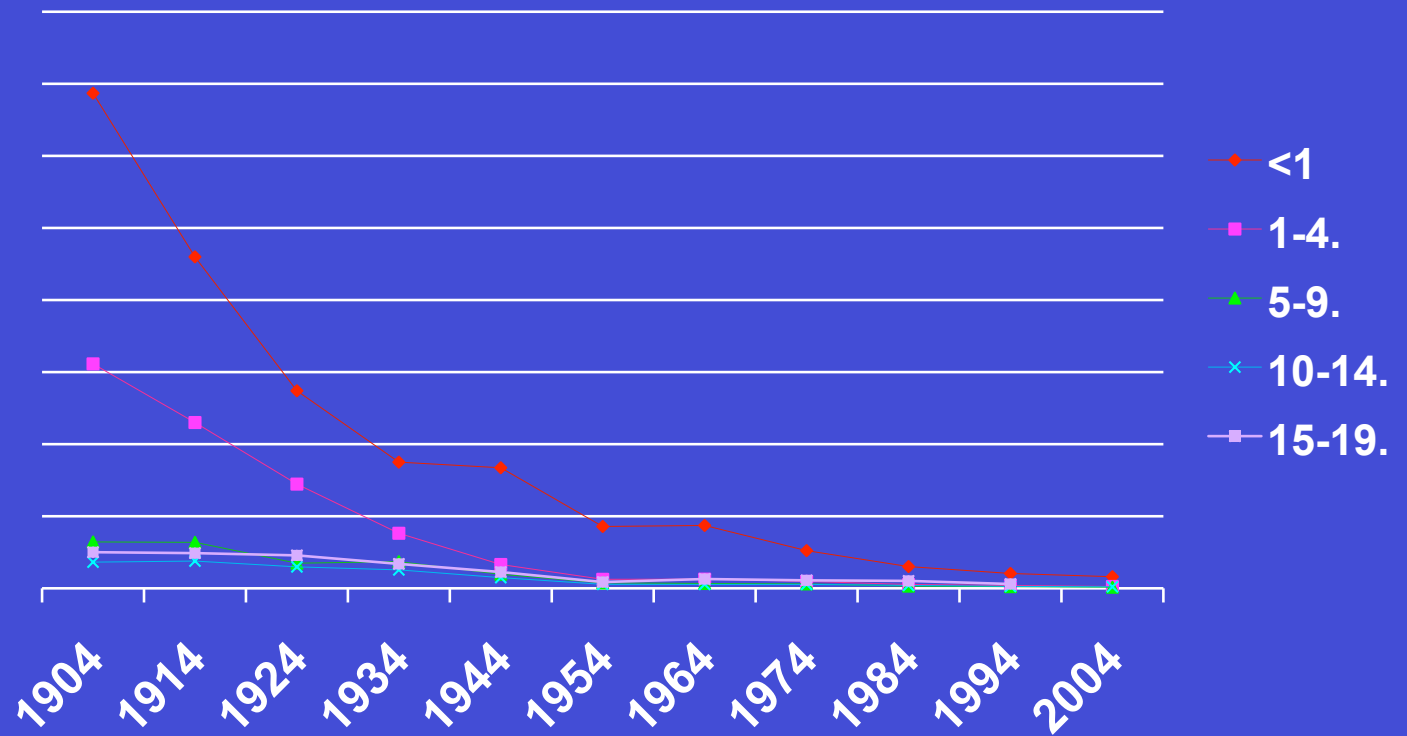
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# Childhood deaths in the UK

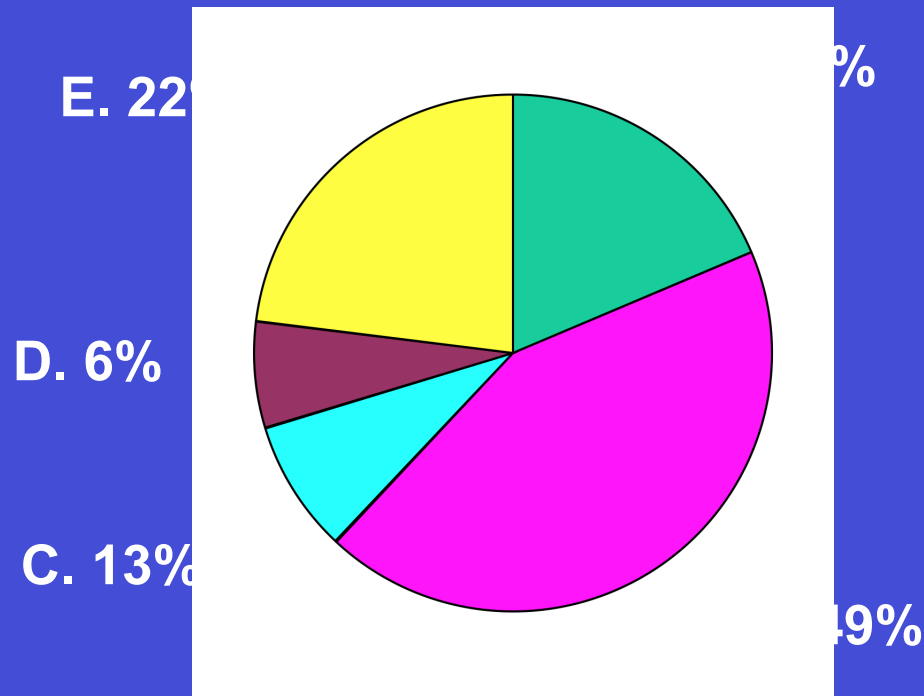
Child mortality has fallen dramatically over the past century. How many children (<16) currently die each year in the UK?

- a) 5,000
- b) 2,000
- c) 1,000
- d) 500



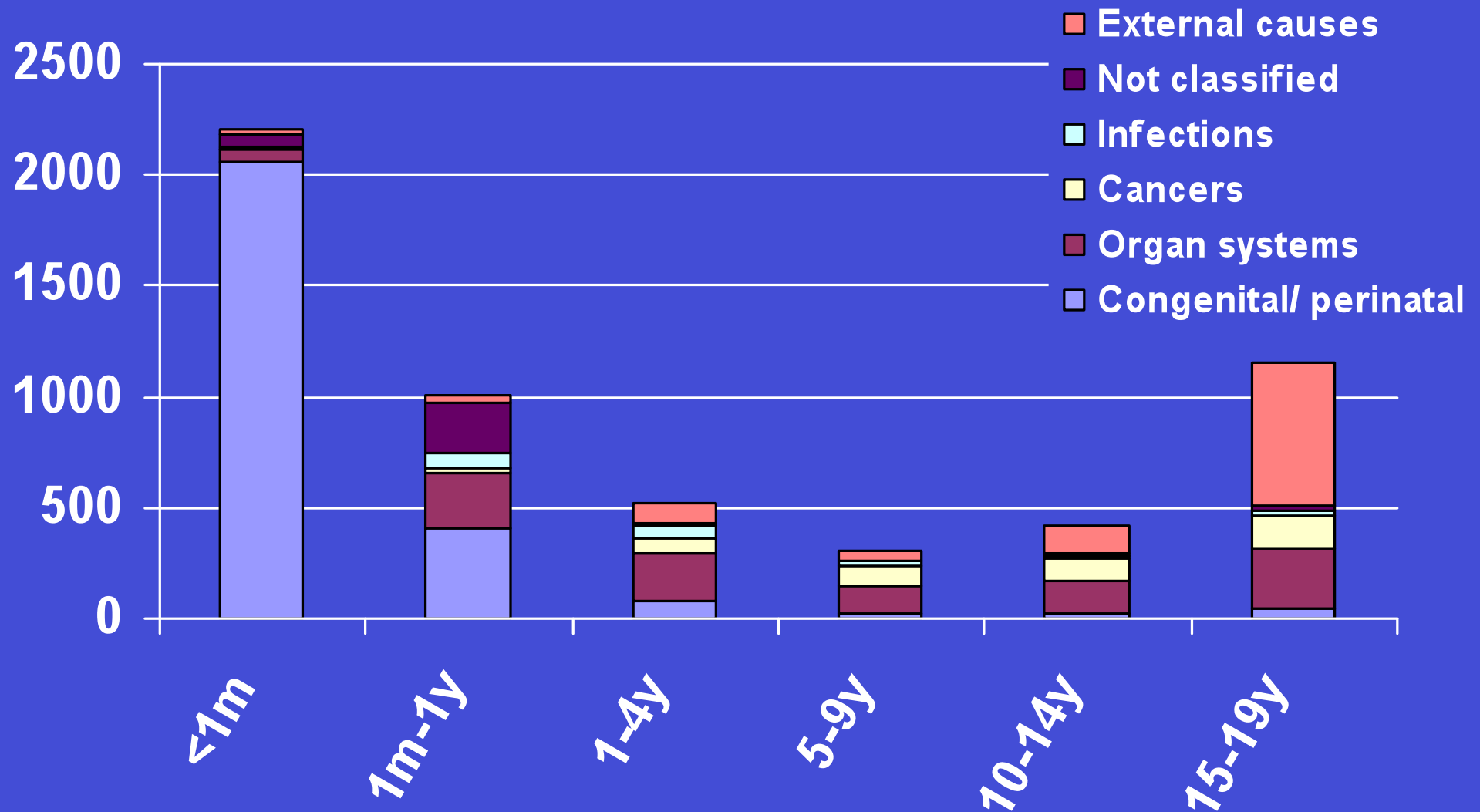
# Childhood Deaths (1 m – 15 y)

Match the 5 broad categories of death to the proportions shown on the graph



1. Perinatal & Congenital abnormalities
2. Infections
3. Cancers
4. Other "medical" causes
5. External causes / unclassified

# Causes of childhood death



# Why Children Die



A recent national study by CEMACH (now CMACE) examined factors in 119 children's deaths. In what proportion were avoidable factors identified?

- a) 6%
- b) 16%
- c) 26%
- d) 36%

# Why Children Die



The following primary care issues were identified:

- Timely and complete immunisation of children can prevent deaths
- GPs should be alert to the child who re-presents on 3 or more occasions during the course of an evolving illness
- Children with epilepsy should have at minimum an annual review including a medication review
- Children with an exacerbation of asthma should be reviewed within a few days of starting oral steroids.

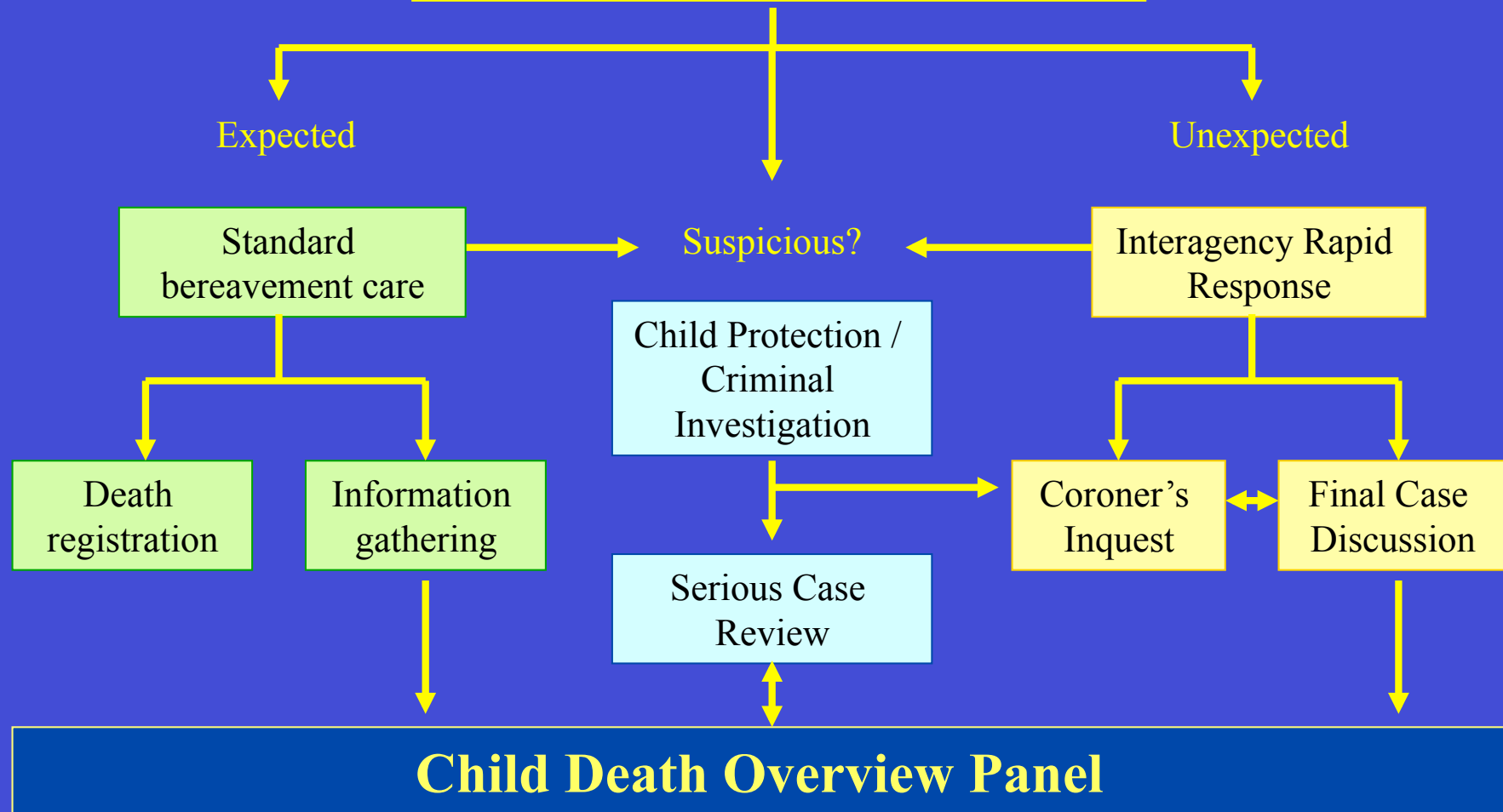
# Child Death Review

Multi-agency Child Death Overview Panels, introduced in each Local Authority in 2008 are required to review:

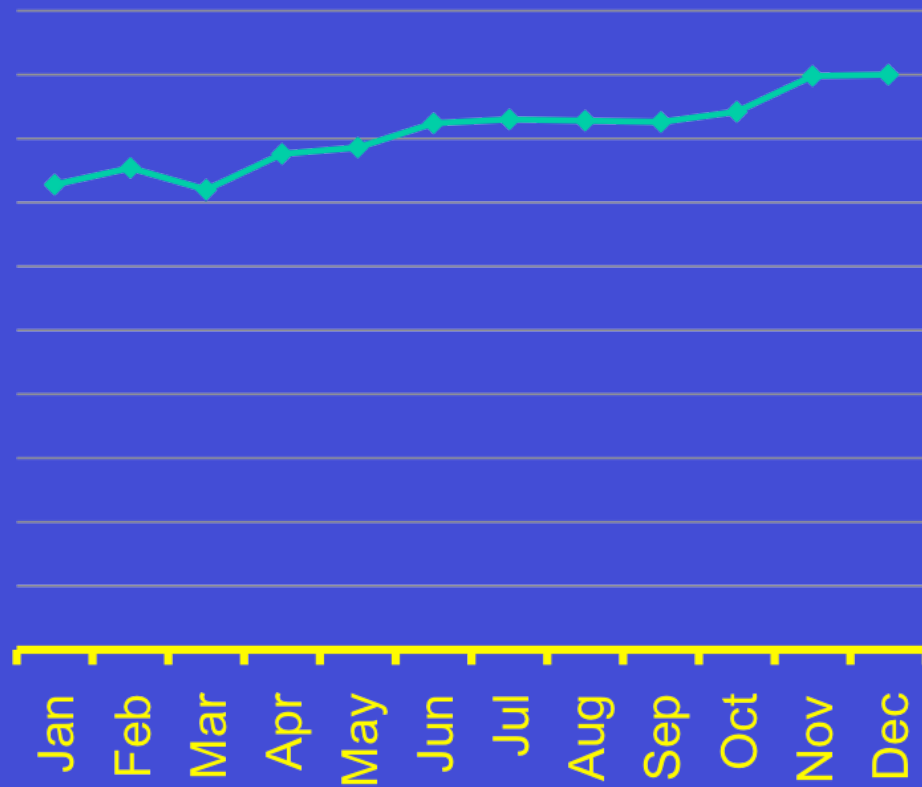
- a. All deaths from child abuse and neglect
- b. All accidental child deaths
- c. All unexpected child deaths
- d. All child deaths from 1 month – 16 years
- e. All child deaths from 0 – 18 years



# Death of an infant or child



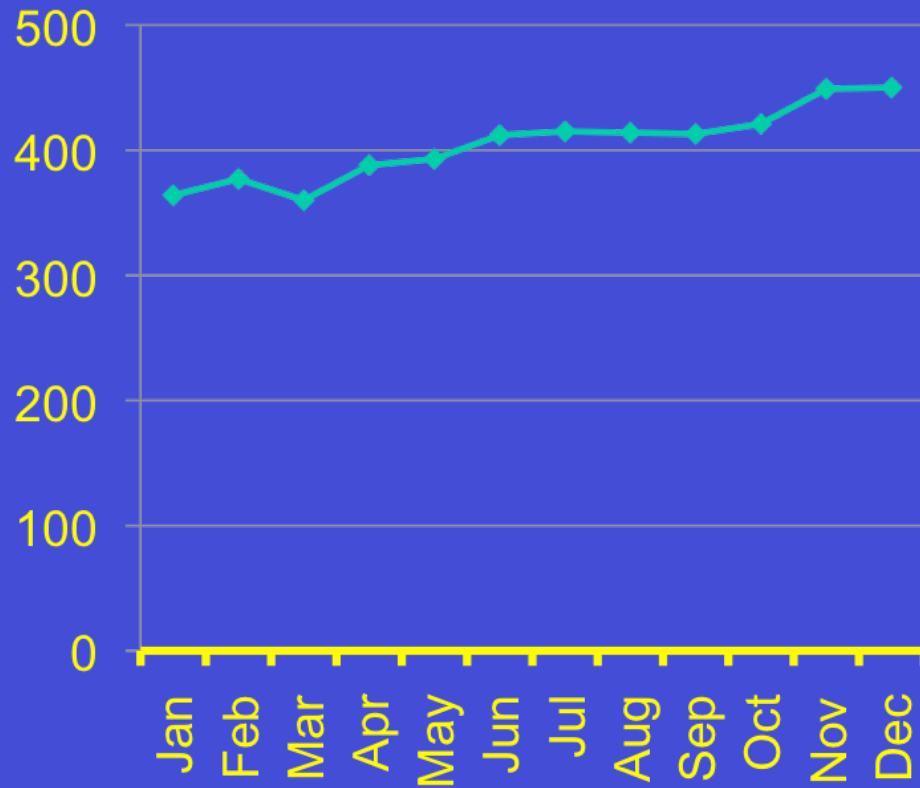
# Warwickshire Child Protection Plans



The number of Warwickshire children subject to child protection plans has increased over the past year. How many are there currently?

- a. 90
- b. 450
- c. 500
- d. 870

# Warwickshire Child Protection Plans



There are currently 450 children subject to child protection plans in Warwickshire and 560 looked after children (including 70 asylum seekers).

Children's Services receive 40-90 child protection enquiries per month.

# Which of the following features should make you consider neglect?

- a. A child attends an afternoon clinic with grubby hands, feet and neck
- b. A child has severe and persistent infestations
- c. A child is below the 0.4<sup>th</sup> centile for weight
- d. A child with a chronic health condition persistently fails to attend follow up appointments

# Neglect: NICE guidelines

- Suspect neglect if a child is persistently smelly and dirty.
- Consider neglect if a child has severe and persistent infestations, such as scabies or head lice.
- Consider neglect if a child displays faltering growth (failure to thrive) because of lack of provision of an adequate or appropriate diet.
- Consider neglect if parents or carers repeatedly fail to attend essential follow-up appointments that are necessary for their child's health and wellbeing.

NICE (2009)

[www.nice.org.uk/CG089](http://www.nice.org.uk/CG089)

# Emotional abuse

Which of the following should make you consider emotional abuse:

- a. recurrent nightmares containing similar themes
- b. extreme distress
- c. markedly oppositional behaviour
- d. withdrawal of communication
- e. becoming withdrawn.

# NICE guidelines: emotional abuse

- Consider child maltreatment:
- if a child or young person displays a marked change in behaviour or emotional state or
- shows repeated, extreme or sustained emotional responses that are out of proportion to a situation
- and which would not be expected for the child's age or developmental stage or explained by an alternative stressful situation or a medical / neurodevelopmental / psychiatric cause

**What features of the injuries seen should make you suspect maltreatment in this 2 year old child?**





# NICE guidelines: physical injury

## Suspect child maltreatment :

- 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 and if the explanation for the bruising is unsuitable
- if a child has burn or scald injuries:
  - if the explanation for the injury is absent or unsuitable or
  - if the child is not independently mobile or
  - on any soft tissue area that would not be expected to come into contact with a hot object in an accident or
  - in the shape of an implement or
  - that indicate forced immersion

# Underage sexual activity

- What is the (normal) legal age of consent to sexual activity in the UK?
  - a. 13 years
  - b. 15 years
  - c. 16 years
  - d. 18 years

# Sexual offences act, 2003

- any sexual intercourse with a girl younger than 13 years is unlawful and will be charged as rape;
- It is illegal for children aged 13–15 years to have sexual intercourse. However, children of these age groups involved in consensual experimentation should not normally be prosecuted;
- The age of consent in the UK is 16 years unless there is a proven abuse of trust between a young person and an adult, in which case the age of consent rises to 18 years

# Information sharing

- Which of the following statements are true:
  - a. The data protection act forbids the sharing of personal information with another professional without the subject's consent, unless demanded by a court order
  - b. Parents should always be informed of the decision to make a referral to children's services
  - c. Information on a child can legitimately be shared with other health professionals without consent

# Information sharing

1. The Data Protection Act is not a barrier to sharing information
2. Be open and honest
3. Seek advice
4. Share with consent where appropriate
5. Consider safety and well-being
6. Necessary, proportionate, relevant , accurate, timely and secure
7. Keep a record of your decision and the reasons for it

Information sharing: pocket guide

HM Government, 2008

Endorsed by GMC, BMA, RCGP

# Child protection conferences

- Where should the minutes of a child protection conference be scanned/stored?
  - a. In the records of the index child
  - b. In the records of other children in the household
  - c. In the records of adults/carers mentioned in the minutes

# RCGP toolkit recommendations

	Read code significant details	Scan in summary	Scan in full minutes if relevant
Index child	Yes	Yes	Yes
Other children in household/with carers	Yes	Yes	No
Adults / carers mentioned in the minutes	Yes	Yes	No