MED439
KING SAUD UNIVERSITY

pediatric
439 Teamwork

Revised by The Academic Leader
Homoud Algadheb

CHILDREN SAFETY
ADOLESCENT MEDICINE

objectives:

- To introduce the background and legal aspects in regards to child abuse and neglect
- To highlight clinical aspects that relates to protecting children from accidental & non-accidental injuries
- To acquaint the medical students with screening of the special needs in the adolescent age group

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Special thanks to team 437 & Faisal alsaif

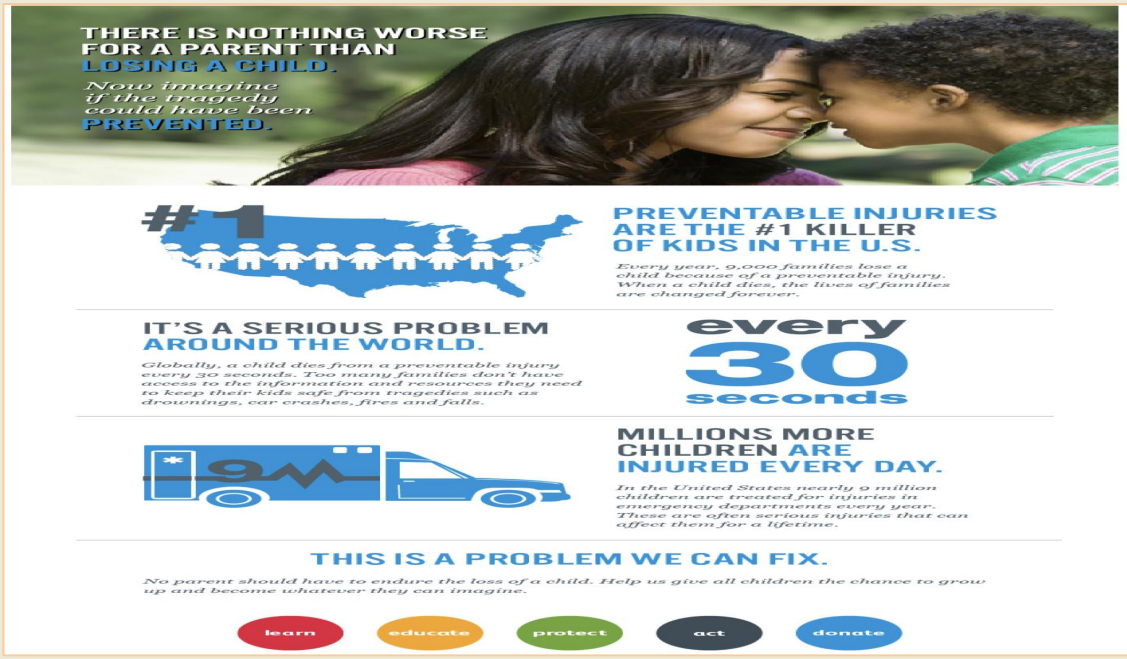
Notes

Important

Book

HUMAN RIGHTS

- Fall, Crash and Slip is All part of being a kid
- Children are the future of the world and deserve their chance to succeed, cheered on by the caretakers and adults who surround them.



CHILDREN SAFETY

- Preventable Injuries remain a major source of Childhood Morbidity: Unintentional Injuries in Families Visiting the Childhood Safety Campaign in Saudi Arabia
- Preventable Injuries remain a major source of Childhood Mortality: Unexpected Mortality and Parental Distress: Drowning in the desert: family denial of brain death
- Unintentional injuries are still present in high percentage in our community.
- The worse than accidental injuries is the non-accidental = child abuse.
- Milder cases of child abuse is unfortunately a misconception of parents that this is the way to discipline the chil

The Child: any person who is less than 18 years of age. Definitions from the Council of Health Services, KSA

Violence against the Child:

- All forms of physical, sexual, emotional maltreatment, as well as neglect or exploitation of the child by his/her parents or caregivers, which might affect the health, the development, or the dignity of the child.
- There's a difference between abuse and violence, for example if you have a kid walking in the street and someone comes and hit them.. that's not an abuse its an assault. Abuse is not something that happens once and it's gone.
- No case of child abuse is similar to the other, each case is different

Child Abuse

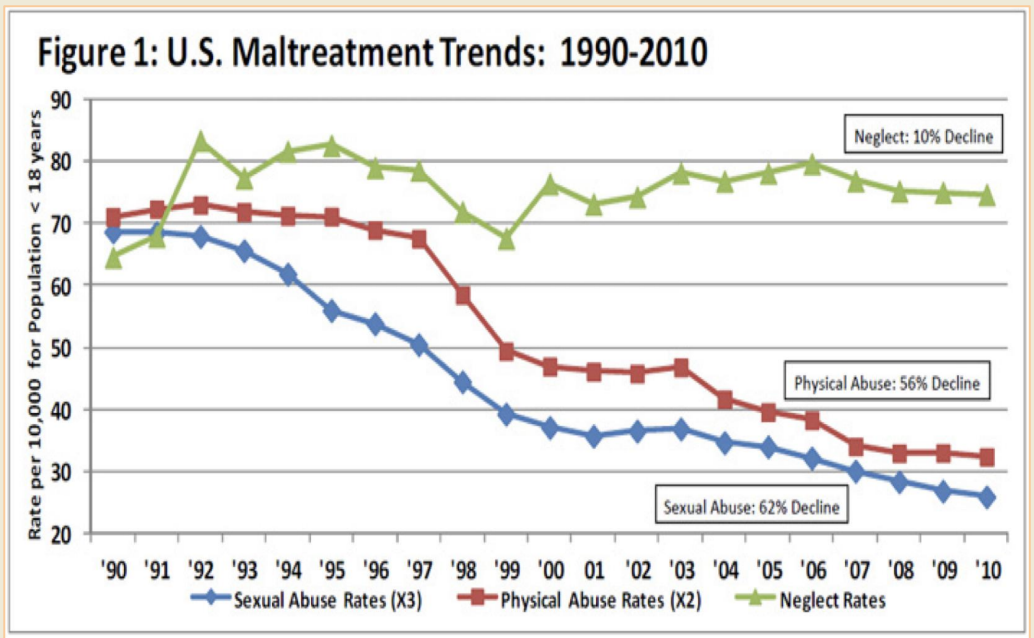
Introduction:

- In 1974, the Child Abuse Prevention and Treatment Act was signed into law in the US
- Defined as ''the physical and mental injury, sexual abuse, negligent treatment or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's heath and welfare is threatened or harmed.''
- Before 1970 no one used to talk about it.. it was just part of discipline.

Child Abuse

EPIDEMIOLOGY OF CHILD International wise ABUSE:

- More than 3 million reports are made to child protective authorities in the United States each year.
- Every year, nearly 1.4 million children (approximately 3% of the population < 18 y) are victimized in some manner.
- Child maltreatment is 12.3 per 1000 children.
- One in 50 infants are victims of nonfatal child abuse or neglect yearly.[1] Each year, 160,000 children experience serious or life-threatening injuries.
- Approximately 1500 children die each year from abusive injuries or neglect.
- Children aged 0-3 years are most likely to experience abuse; 79% of children killed are younger than 4.
- Many of these seriously injured and murdered children have presented to the ED for initial care this is why it's important



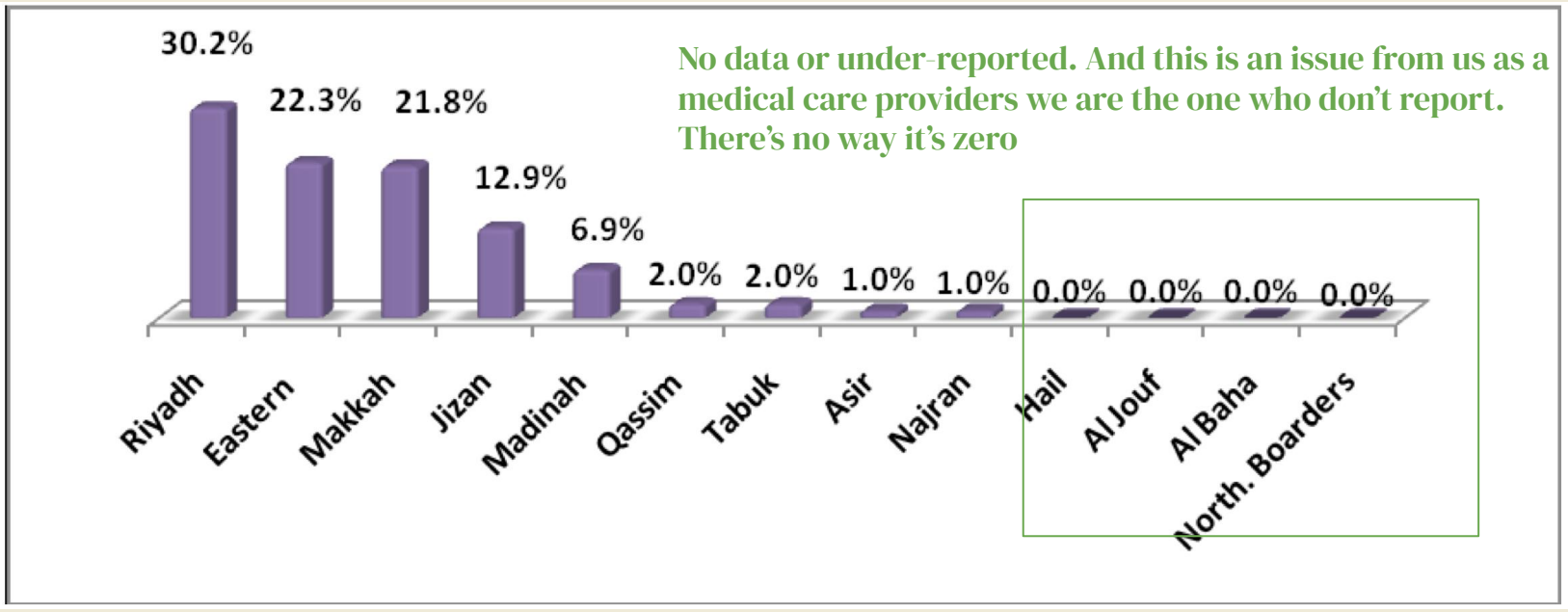
Note: Trend estimates represent total change from 1992 to 2010. Annual rates for physical abuse and sexual abuse have been multiplied by 2 and 3 respectively in Figure 1 so that trend comparisons can be highlighted.

- With time: the two forms of abuses that we were really able to report and adress and manage are the physical abuse and sexual abuse which are with time trending down.
- However unfortunately child neglect is still not well controlled, it's still there and still high

EPIDEMIOLOGY OF CHILD ABUSE: National

- In 2012 National Family Safety Program Report: 202 maltreated children
- 263 events reported by 21 (out of 41) of the
- child protection teams around the country 53% required hospital admissions
- one-third (30.3%) of the maltreated children has had previous unreported maltreatment events; the majority of them were females, What does this mean? It means of these reported cases which are 200. We missed the diagnosis in one third of them. So please at least have a high index of suspicion.
- If you have something that doesn't add up or the hx doesn't explain much. Think about it! Could it be abuse? Don't ever say that this family is too good to do so

Child Abuse



- Child maltreatment cases in these regions could have been undiagnosed, not referred to the hospitals' child protection teams, or were not reported by the team to the registry..

Physical abuse

- Impulsive reaction to environmental stressors where the perpetrator causes physical injury to a child, including anything from bruises, fractures, or brain damage
- This is the most obvious form of abuses

Emotional abuse

- More difficult to pinpoint (Difficult to detect)
- involves a child's unmet emotional needs such as for affection, nurturing, and positive attention; instead, the caretaker rejects, terrorizes, verbally assaults, and attempts to destroy a child's self-
- esteem.
- It can be tied to poor knowledge of normal growth and development so that the parent expects a child to do or understand things beyond his/her years, even expecting the child to take on the parental role in the relationship.
- It's really bad.. it could be even worse than physical abuse

Sexual abuse

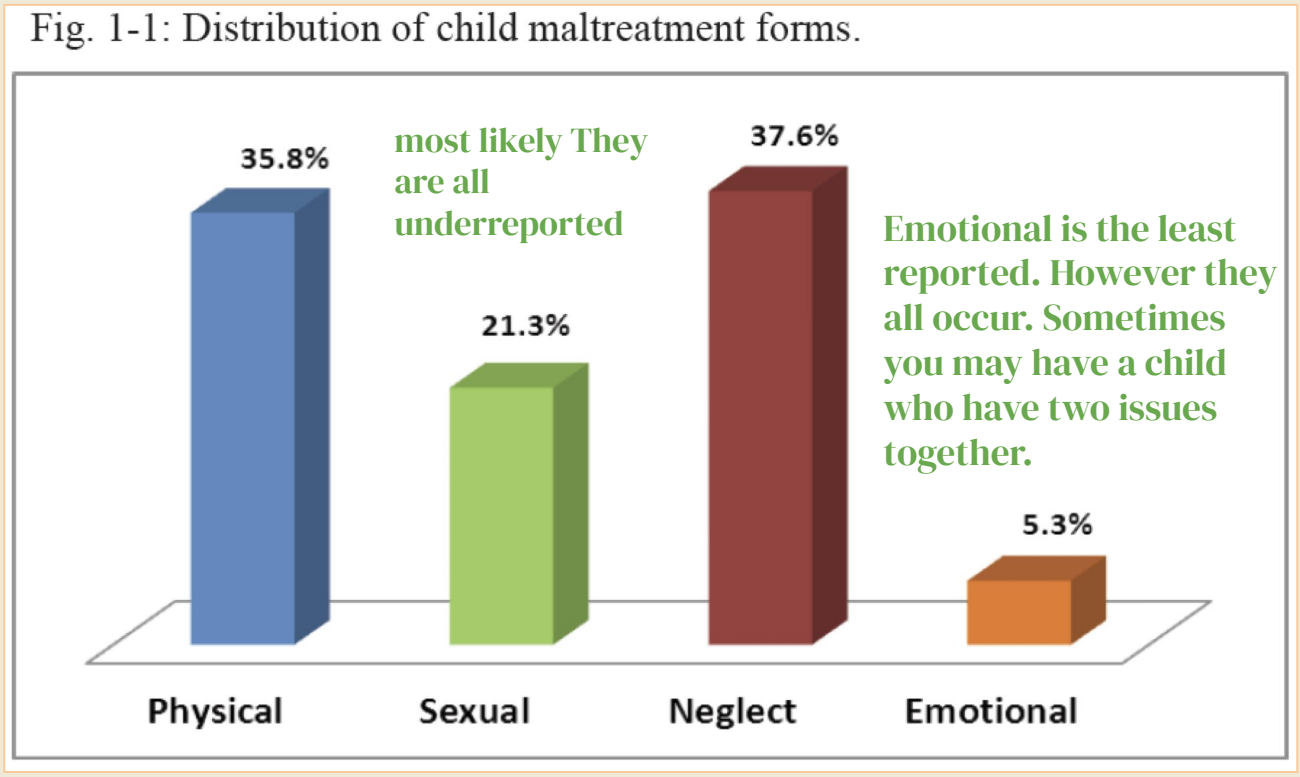
- The least reported.
- any form of sexual contact or attempted contact between a child and a caregiver (or another adult) for the purposes of the adult's sexual gratification or financial benefit, including any injuries related to the sexual activity.
- Usually, the perpetrator is a male, but females also sexually abuse children, both with and without coercion by their partner.
- A woman who knows that sexual abuse is occurring to a child is considered as guilty as the perpetrator in a court of law. Because she is considered also as legally responsible. This is important for us because we need someone to speak up for these children.

Neglect

- failure to provide for the minimum physical needs or the lack of appropriate supervision based on the child's age and developmental stage. not necessarily on purpose
- This includes food, shelter, clothing, and heat, and for those children with health problems, it also includes any medications, treatments, and follow-up appointments that they require for ongoing care.
- Part of neglect we see is the vaccination. It's a really common problem so do we consider it as a neglect? We do our rule as a physicians we remind the parents and follow up with them. If they persistently refuse then yes we put it under the umbrella of neglect.

Munchausen syndrome by proxy

- Very rare.
- when the parent or caretaker causes or fabricates an illness causing unnecessary medical evaluation and treatment that result in hospitalizations, morbidity, or death of the child.
- the most frequent parent involved is the mother
- The condition can be extremely difficult to diagnose, but may be suspected if the child has frequent unexplained illnesses and multiple hospital admissions with symptoms that only occur in the carer's presence and are not substantiated by clinical findings



Maltreatment Registry The Annual Report 2012

Child Abuse

RECOGNISING ABUSE

The following should alert the clinician for a possibility of NAI:

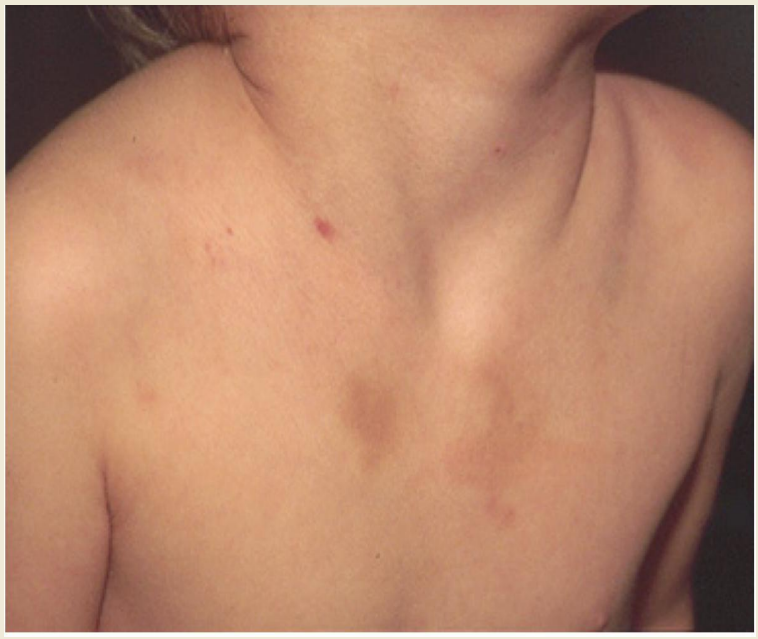
- Discrepancy between history and injury seen, "my baby fell of the crib" yet he's having a severe brain injury
- Changing story with time or different people
- Delay in reporting
- Unusual reaction to injury
- Repeated injury
- History of NAI or suspicious injury in sibling
- Signs of neglect or FTT

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour

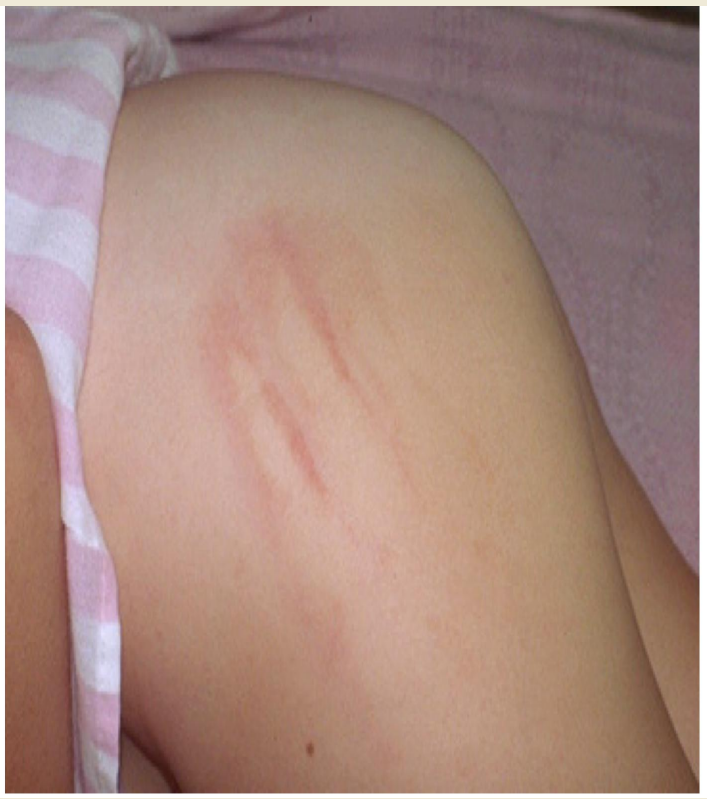
Possible social and family indicators of abuse

- Domestic Abuse (For example a father who is abusing the child maybe also abusing the mother)
- Alcohol Misuse
- Drug Misuse
- Mental Health Illness
- Frequent missed appointments (especially health)
- Highly mobile families
- Living in poor conditions
- Criminality
- Poor or negative family support
- Un co-operative with services

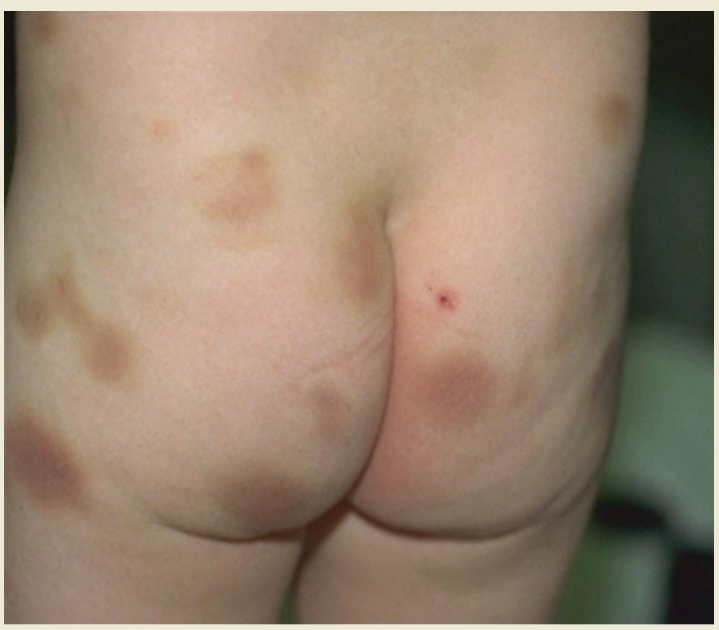


- Bruises of different ages that means they occured in different times.
- Bruises in odd places (in the chest).
- We check the coagulation profile for this pt to make sure I don't have bleeding tendency. But it could be expected if the pt has thrombocytopenia

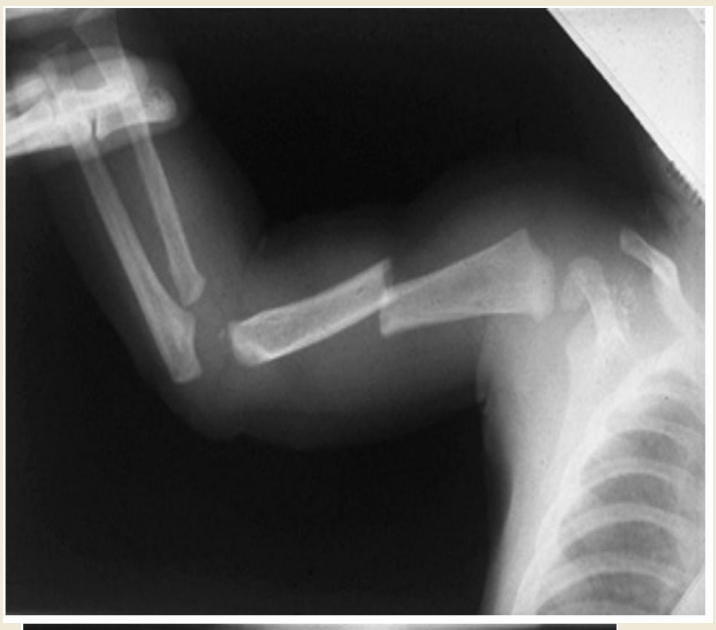
Child Abuse



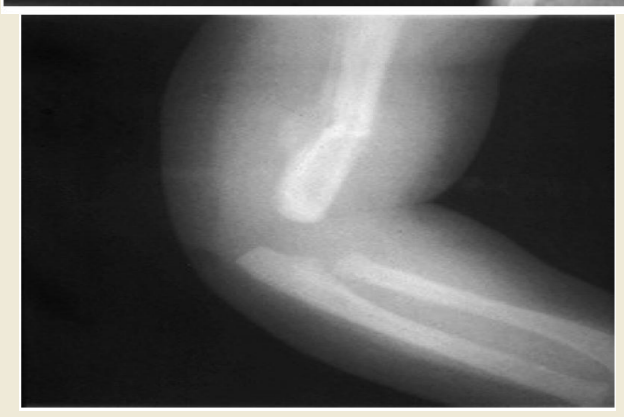
- A clear slap
- Sign of fingers
- pictures need to be taken for medico-legal purposes if the parents refuse -> document and refer to the child protection team



- Cigarette burn
- Different bruises from different ages, some are fading

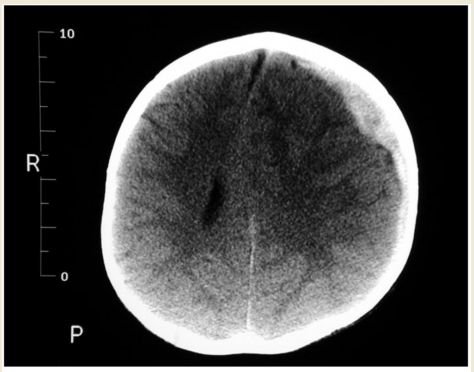


- Multiple fractures.
- They will just say he fell down but this is not the way you see these injuries.
- Even if you just suspect it, alert the child protection team. You don’t need to prove it to alert it this is not your job. Proving it is for the child protection team and children's services.

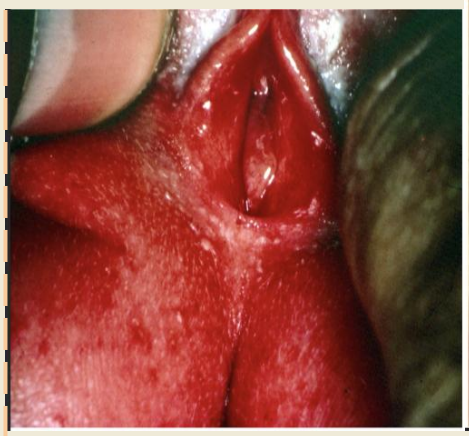


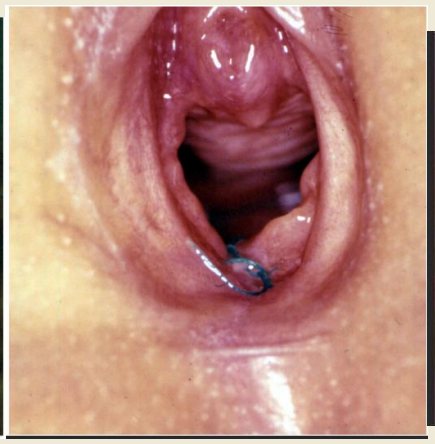
- Old fractured

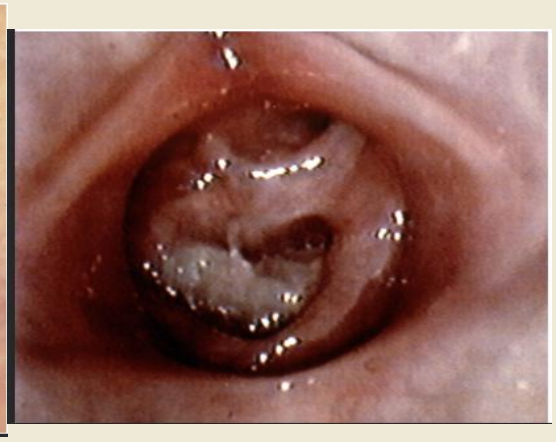
Child Abuse



- Epidural hematoma
- Especially with Hx of significant trauma e.g he fell from crib







Ulcerations of sexual abuse

Examination

- These physical exam findings must be documented, because when they go to the authority, the judge will look at medical records. Also because these findings will fade away with time.
- Bruises: in under 1 yr, finger marks, different ages, around wrists and ankles (swinging), inside and behind pinna (blow with hand), ring of bruises (bite mark)
- Two black eyes
- Strap or lash marks
- Torn frenulum: blow or forced feeding
- Small circular burns: Cigarette burns
- Burns or scalds of both feet or buttocks
- Fractured ribs: Shaking, When the parents want to calm the baby down they shake them.. they end up with shaking baby syndrome giving fractured ribs, retinal hemorrhages and subdural hematomas.
- Epiphysis torn off: swinging
- Subdural haematoma: shaking
- Retinal haemorrhages: shaking. pathognomonic for shaken baby syndrome
- Multiple injuries and injuries at different ages

Potential pitfalls

Rule Them out it, Not to confuse with abuse

- Mongolian spots (bluish discoloration that will fade out with time)
- Bleeding disorders: CBC and clotting profile
- Underlying bony disorder That gives pathological fracture : OI, Copper deficiency skeletal survey

Child Abuse

WHAT TO DO IF YOU SUSPECT IT?

- Work in the best interest of the child: Full clinical assessment with Investigation
- **Good documentation** and share your concerns despite uncertainties and insure child safety
- **Do not be judgemental** You just document and report
- Common assessment framework
- Robust referral system and clear pathway.

Features of safe culture:

- Open, no secrets
- Belief that 'it could happen here'
- Clear procedures for reporting concerns
- Support in raising concerns and commitment to take action
- Code of conduct

ADOLESCENT MEDICINE

This population needs more effort

- Most vulnerable
- Copy each other
- Media/technology effect
- Psychosocial issues

Well adolescent care

- Holistic (360 degree) approach to provide care for adolescents with endocrine and/or other problems including liaison with other colleagues in different specialties such as: Dermatology, sexual health, gynaecology, mental health, Dietician, Psychology and Psychiatry as well as other health agencies such as Mental health, Eating disorders, Birth control and Substance abuse.

Well adolescent care: Challenges

- interview: move from norm to sensitive, ask for permission to ask sensitive questions. Usually these are done without the parents present, otherwise they will not disclose. You can't ask sensitive questions in the present of parents
- Confidentiality
- Legal issues
- Chaperon: 3rd person approach (especially with female teenager))
- if ur asking about smoking in a 14 y/o start with general non specific questions "what do you think about smoking? is smoking common among your community? do your friends smoke? have you tried smoking before? how was it?" and gradually escalate from there. Avoid judgement to keep the conversation going even if the act was against your beliefs
- Normal or abnormal? Puberty Normal variants

HEEADSSS

- A screening tool for conducting a comprehensive psychosocial history and health risk assessment with a young person
- It's not an easy tool and i'm not going to give a headache because of it. It's a 360 assessment (full assessment for adolescents)
- HEEADSSS also provides an ideal format for a preventive health check
- It provides information about the young person's functioning in key areas of their life:

H– Home
E – Education & Employment
E – Eating & Exercise
A – Activities & Peer Relationships
D – Drug Use/Cigarettes/Alcohol
S – Sexuality
S – Suicide, (Self harm) and Depression
S – Safety (and spirituality)

H:

- Explore home situation, family life, relationships and stability:
  - Where do you live? Who lives at home with you?
  - Who is in your family (parents, siblings, extended family)?
  - What is your/your family's cultural background?
  - What language is spoken at home? Does the family have friends from outside its own cultural group/from the same cultural group?
  - Do you have your own room?
  - Have there been any recent changes in your family/home (moves; departures; etc.)?
  - How do you get along with mum and dad and other members of your family?
  - Are there any fights at home? If so, what do you and/or your family argue about the most?
  - Who are you closest to in your family?
  - Who could you go to if you needed help with a problem?

E1:

- Explore sense of belonging at school/work and relationships with teachers/peers/workmates; changes in performance:
  - What do you like/not like about school (work)? What are you good at/ not good at?
  - How do you get along with teachers/other students/workmates?
  - How do you usually perform in different subjects?
  - What problems do you experience at school/work?
  - Some young people experience bullying at school, have you ever had to put up with this?
  - What are your goals for future education/employment? Any recent changes in education/employment?

HEEADSSS

E2:

- Explore how they look after themselves; eating and sleeping patterns:
  - What do you usually eat for breakfast/lunch/dinner?
  - Sometimes when people are stressed they can overeat, or under-eat – Do you ever find yourself doing either of these?
  - Have there been any recent changes in your weight? In your dietary habits?
  - What do you like/not like about your body?
  - If screening more specifically for eating disorders you may ask about body image, the use of laxatives, diuretics, vomiting, excessive exercise, and rigid dietary restrictions to control weight.
  - What do you do for exercise?
  - How much exercise do you get in an average day/week?

A

- Explore their social and interpersonal relationships, risk taking behaviour, as well as their attitudes about themselves:
  - What sort of things do you do in your free time out of school/work?
  - What do you like to do for fun?
  - Who are your main friends (at school/out of school)?
  - Do you have friends from outside your own cultural group/from the same cultural group?
  - How do you get on with others your own age?
  - How do you think your friends would describe you?
  - What are some of the things you like about yourself?
  - What sort of things do you like to do with your friends? How much television do you watch each night?
  - What's your favourite music?
  - Are you involved in sports/hobbies/clubs, etc.?

D

- Explore the context of substance use (if any) and risk taking behaviours:
  - Many young people at your age are starting to experiment with cigarettes/ drugs/ alcohol. Have any of your friends tried these or other drugs like marijuana, injecting drugs, other substances?
  - How about you, have you tried any? – **if Yes, explore further**
  - How much do you use and how often?
  - How do you (and your friends) take/use them? – **explore safe/unsafe use; binge drinking; etc.**
  - What effects does drug taking or smoking or alcohol, have on you?
  - Has your use increased recently?
  - What sort of things do you (& your friends) do when you take drugs/drink?
  - How do you pay for the drugs/alcohol?
  - Have you had any problems as a result of your alcohol/drug use (with police; school; family; friends) ?

HEEADSSS

S1

- Explore their knowledge, understanding, experience, sexual orientation and sexual practices – Look for risk taking behaviour/abuse:
  - Many young people your age become interested in romance and sometimes
  - sexual relationships. Have you been in any romantic relationships or
  - been dating anyone?
  - Have you ever had a sexual relationship with a boy or a girl (or both)? – if Yes, explore further (If sexually active)
  - What do you use to protect yourself (condoms, contraception)?
  - What do you know about contraception and protection against STIs?
  - How do you feel about relationships in general or about your own sexuality?
  - (For older adolescents) Do you identify yourself as being heterosexual or
  - gay, lesbian, bisexual, transgender or questioning?
  - Have you ever felt pressured or uncomfortable about having sex?

S2

- Explore risk of mental health problems, strategies for coping and available support: Sometimes when people feel really down they feel like hurting, or even killing themselves.
  - Have you ever felt that way?
  - Have you ever deliberately harmed or injured yourself (cutting, burning or putting yourself in unsafe situations – e.g. unsafe sex)?
  - What prevented you from going ahead with it?
  - How did you try to harm/kill yourself?
  - What happened to you after this?
  - What do you do if you are feeling sad, angry or hurt?
  - Do you feel sad or down more than usual? How long have you felt that way? Have you lost interest in things you usually like?
  - How do you feel in yourself at the moment on a scale of 1 to 10? Who can you talk to when you're feeling down?
  - How often do you feel this way?
  - How well do you usually sleep?
  - It's normal to feel anxious in certain situations – do you ever feel very anxious, nervous or stressed (e.g. in social situations)?
  - Have you ever felt really anxious all of a sudden – for particular reason?
  - Do you worry about your body or your weight? Do you do things to try and manage your weight (e.g. dieting)?
  - Sometimes, especially when feeling really stressed, people can hear or see things that others don't seem to hear or see. Has this ever happened to you?
  - Have you ever found yourself feeling really high energy or racey, or feeling like you can take on the whole world?

S3

- Sunscreen protection; immunisation; bullying; abuse; traumatic experiences; risky behaviours.
- Beliefs; religion; What helps them relax, escape? What gives them a sense of meaning?

CHILDREN SAFEGUARDING

What is safeguarding? Wide definition, include the child protection From accidental and non-accidental injuries

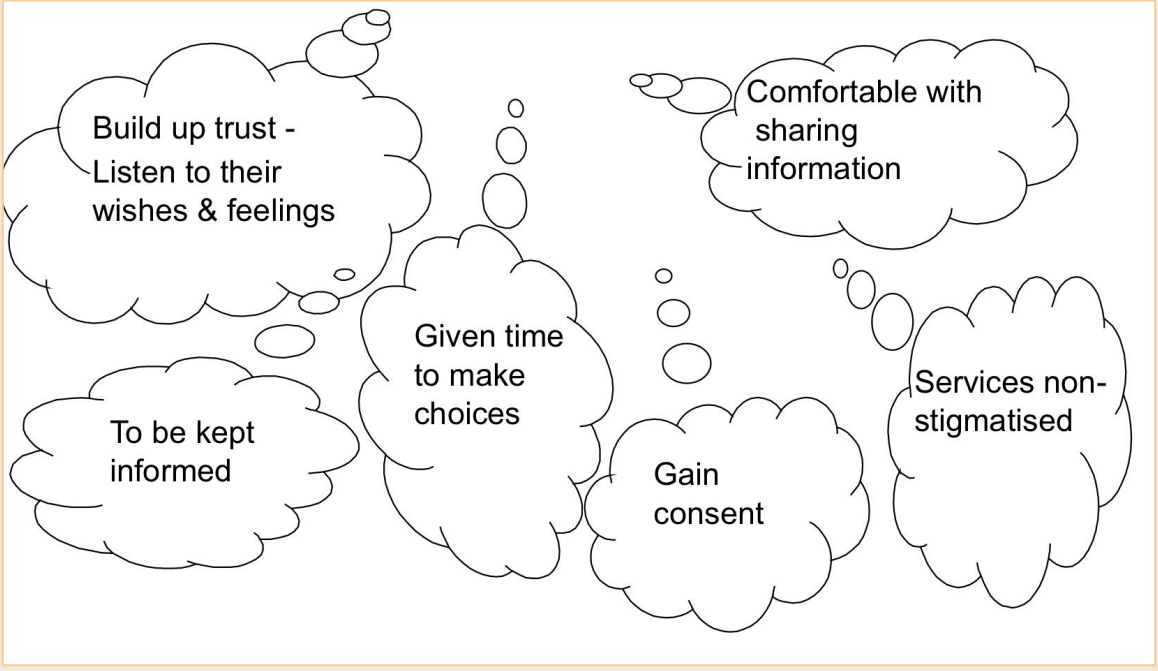
CHILD PROTECTION:

- Is part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who suffered, are suffering or likely to suffer significant harm

WHO IS RESPONSIBLE?

- Some people have specific responsibilities, but everyone who works with children and young people has a part to play in helping to keep children and young people safe.
- All practitioners have a role to play in supporting children to achieve the 5 every child matters outcomes – which includes **'stay safe'**.

What children want from health professionals?



- Focuses on ensuring that all children and young people have the opportunity to achieve the five outcomes that are key to their well being in childhood and later life:

Make sure every child is:

1. Be healthy
2. Stay safe
3. Make a positive contribution
4. Enjoy and achieve
5. Achieve economic well being

Questions

1- Alfie is a 2-year-old boy who presents to the Emergency Department with a painful right leg. His grandmother reports that he had fallen down the stairs earlier that day. He has not been walking on his leg since then. She thought he had pulled a muscle. On returning home, his parents brought him to the hospital. He has no other injuries and his development is normal for his age. The X-ray is shown in Fig. 8.1.

What is the most likely cause of this finding?

A. Accidental Injury
B. Non-accidental injury
C. Osteogenesis imperfecta (brittle bone disease)
D. Osteosarcoma
E. Vitamin D deficiency

2- You are a junior doctor working on the paediatric ward. You are asked to take some bloods from Chloe, an 11-year-old girl. Her parents do not wish to be present. When rolling up her sleeve to look for a suitable place for venepuncture you note numerous bruises from strap marks to her upper arm. You ask her how she got the bruising. She replies that her uncle did it as she had been naughty. She doesn't want you to tell her parents.

What should you do with the information?

A. Document what was said in the medical notes including sketches and inform the consultant on call
B. Document what was said in the notes including sketches and where possible photographs
C. Ignore it; she was being disciplined for misbehaviour and she has expressed her desire that no-one else is informed
D. Inform the health visitor and request a home assessment
E. Inform her mother what she said and suggest she asks the uncle about it

3- Chelsea is a 2-year-old girl who presented 6 months ago with a fractured femur which was felt to be accidental. She presents to the Emergency Department having slipped in the bath whilst briefly being left alone. On examination there is swelling and bruising over Chelsea's anterior right chest wall. She has some older bruises on her right thigh. She has no other medical problems and is not on any medication. The chest X-ray (Fig. 8.2) reveals rib fractures.

What is the most appropriate next step in management?

A. Check vitamin D status
B. Discharge home with follow up by GP the next day
C. Ensure a child protection medical takes place
D. Genetic counselling
E. Health visitor home assessment

4- Claire is 15 years old. She visits her general practitioner as she wants to go on the oral contraceptive pill. She is sexually active and has a boyfriend with whom she has been in a relationship for 6 months. Her mother is not aware she has come to see the doctor today, and is also not aware she is sexually active. Claire does not want her mother to know she is getting the oral contraceptive pill. She has no other medical problems. She has regular periods and her blood pressure is normal.

What advice should you give her?

A. You will only give her the pill if her parents are present to consent in writing
B. You will prescribe the pill and promise not to tell her parents
C. You will prescribe the pill and encourage her to tell her mother that she is going to start taking the pill
D. You will prescribe the pill but will inform her parents you are doing so
E. She cannot have the pill as she is not legally allowed to have sex

Answers

1- **A.** Accidental injury
There is an oblique midshaft fracture of the femur. The most common cause is an accident, though non-accidental injury always has to be borne in mind.

2- **A.** Document what was said in the medical notes including sketches and inform the Consultant on call.
This is a safeguarding issue, as the girl has alleged physical abuse and this needs to be taken seriously. Other agencies, e.g. social services need to be contacted to identify any concerns, and the patient needs a full medical examination by a paediatrician trained in child protection. Photographs will be helpful but consent must be obtained for these first. It is vital that the consultant on call knows what is happening and is involved.

3- **C.** Ensure a child protection medical takes place
Even if you do not see the fractures on this X-ray, there are some features in this history which are very concerning. The child is left unsupervised in the bath; she has had a previous femur fracture and has bruises on her thigh. A child protection medical review needs to be undertaken now by a consultant and a place of safety found for this child. This is usually in hospital but sometimes an alternative place of safety can be identified quickly.

4- **C.** You will prescribe the pill and encourage her to tell her mother that she is going to start taking the pill
It is usually desirable for the parents to be informed and involved in contraception management. She should be encouraged to tell them or allow the doctor to, but if the young person is competent to make these decisions for herself, in the UK the courts have supported medical management of these situations without parental knowledge. This is referred to as Fraser Guidelines