

# CHILDREN SAFETY ADOLESCENT MEDICINE

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# Fall, Crash and Slip

*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.

DIMENS CRIT CARE NURS. 2009



# Agenda

- LEGISLATION
- SAFE KIDS:
  - from accidental & non-accidental injuries
- ADOLESCENT GROUP
- CHILDREN SAFEGUARDING



# HUMAN RIGHTS



**THERE IS NOTHING WORSE  
FOR A PARENT THAN  
LOSING A CHILD.**

*Now imagine  
if the tragedy  
could have been  
**PREVENTED.***



**PREVENTABLE INJURIES  
ARE THE #1 KILLER  
OF KIDS IN THE U.S.**

*Every year, 9,000 families lose a child because of a preventable injury. When a child dies, the lives of families are changed forever.*

**IT'S A SERIOUS PROBLEM  
AROUND THE WORLD.**

*Globally, a child dies from a preventable injury every 30 seconds. Too many families don't have access to the information and resources they need to keep their kids safe from tragedies such as drownings, car crashes, fires and falls.*

**every  
30  
seconds**



**MILLIONS MORE  
CHILDREN ARE  
INJURED EVERY DAY.**

*In the United States nearly 9 million children are treated for injuries in emergency departments every year. These are often serious injuries that can affect them for a lifetime.*

**THIS IS A PROBLEM WE CAN FIX.**

*No parent should have to endure the loss of a child. Help us give all children the chance to grow up and become whatever they can imagine.*

learn

educate

protect

act

donate

# 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



# So, What is Abuse??



# Definitions from the **Council of Health Services, KSA**

- **The Child:**
- Any person who is less than **18 years** of age.



# 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.**

# Introduction

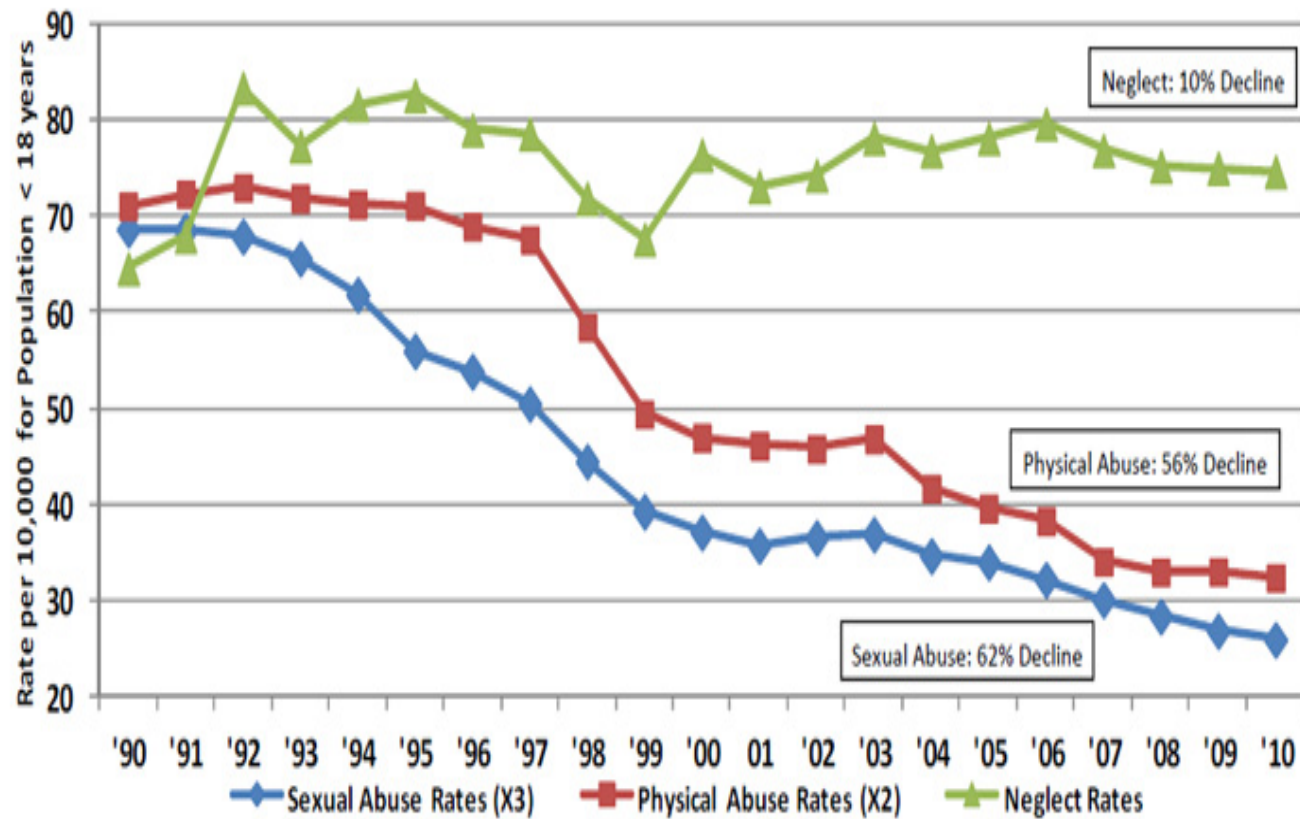
- In 1974, the Child Abuse Prevention and Treatment Act was signed into law in the US
- Defined as “the physical and mental injury, sexual abuse, negligent treatment or maltreatment of a child under the age of 18 by a person who is responsible for the child’s welfare under circumstances which indicate that the child’s health and welfare is threatened or harmed.”

# EPIDEMIOLOGY OF CHILD ABUSE:

## International

- 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.<sup>[1]</sup> 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

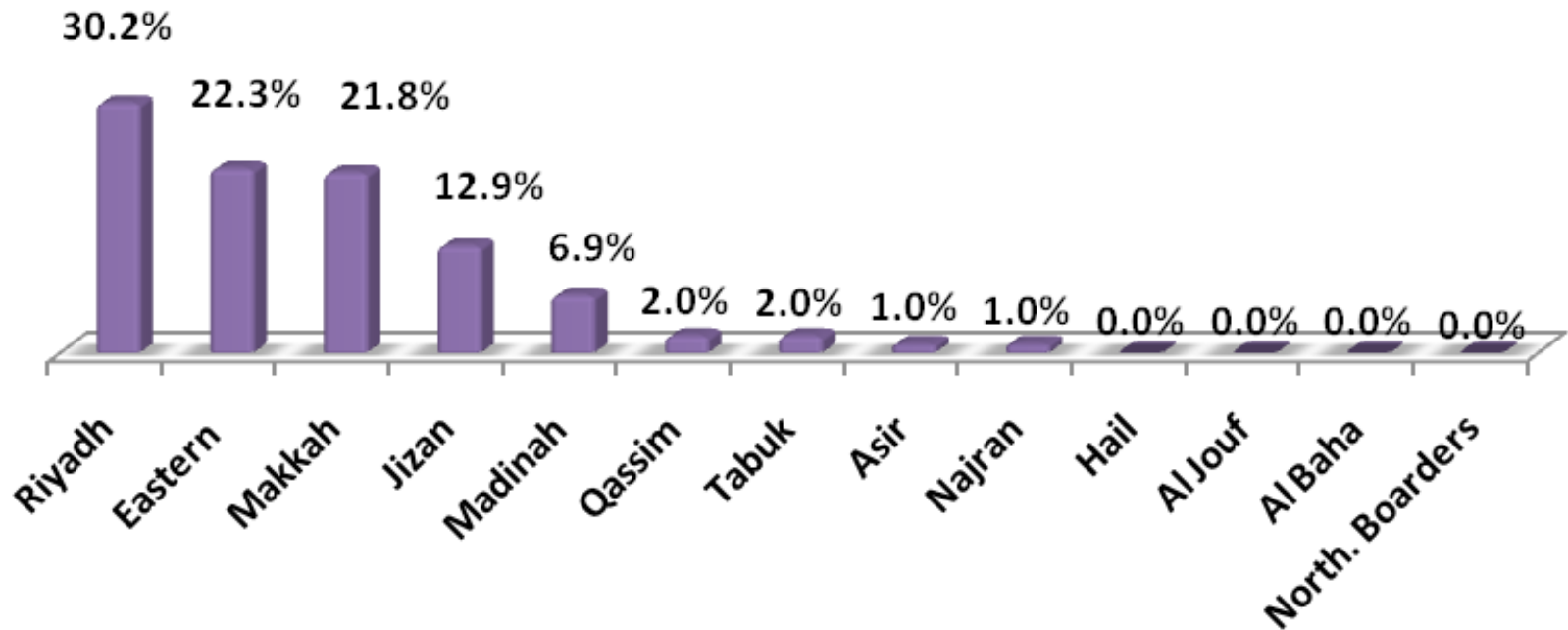
**Figure 1: U.S. Maltreatment Trends: 1990-2010**



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.

# 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



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



# Emotional abuse

- More difficult to pinpoint
- 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.

# 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.

# Neglect

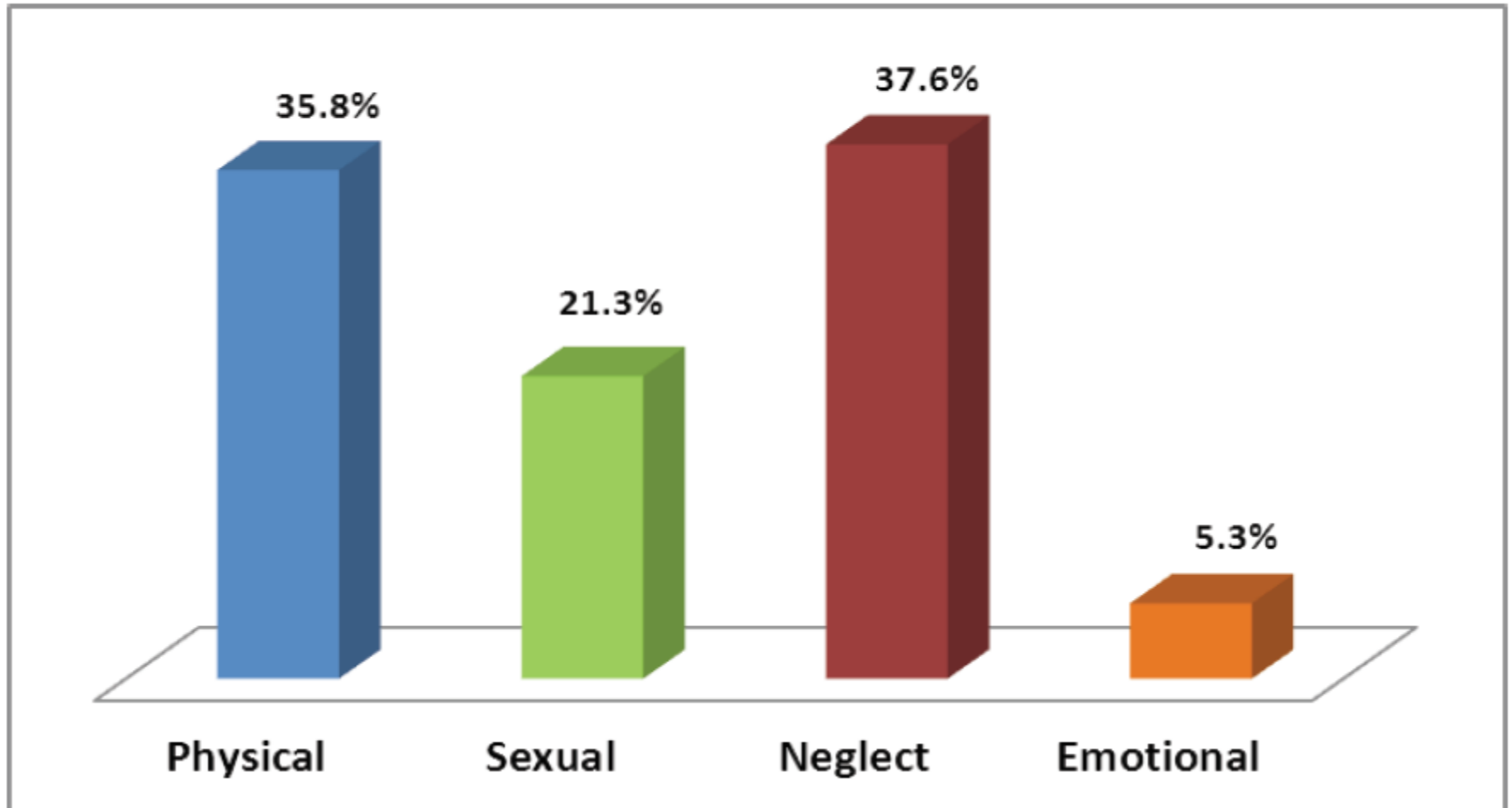
- failure to provide for the minimum physical needs or the lack of appropriate supervision based on the child's age and developmental stage.
  - This includes food, shelter, clothing, and heat, and for those children with health problems, it also includes any medications, treatments, and follow-up appointments that they require for ongoing care.

# Munchausen syndrome by proxy

- 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

# Maltreatment Registry The Annual Report 2012

Fig. 1-1: Distribution of child maltreatment forms.





# RECOGNISING ABUSE

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

- Discrepancy between history and injury seen
- 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
- 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

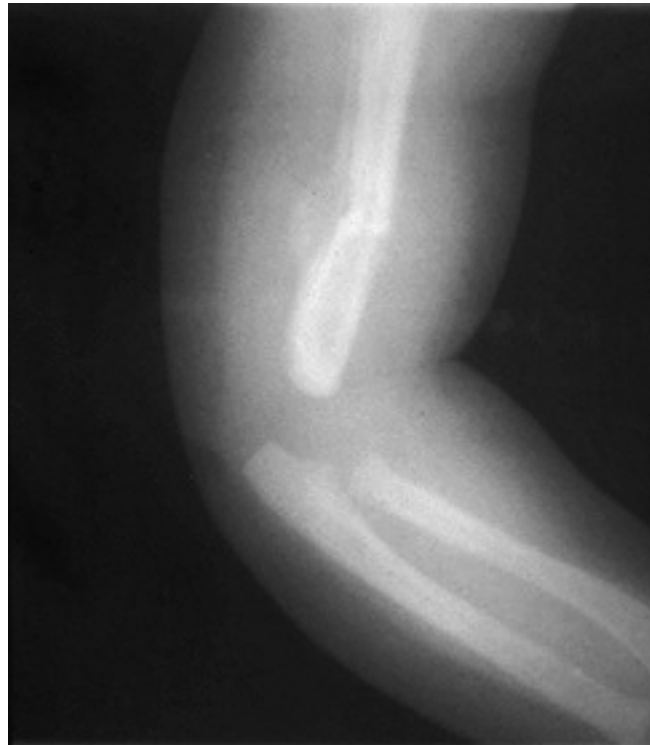


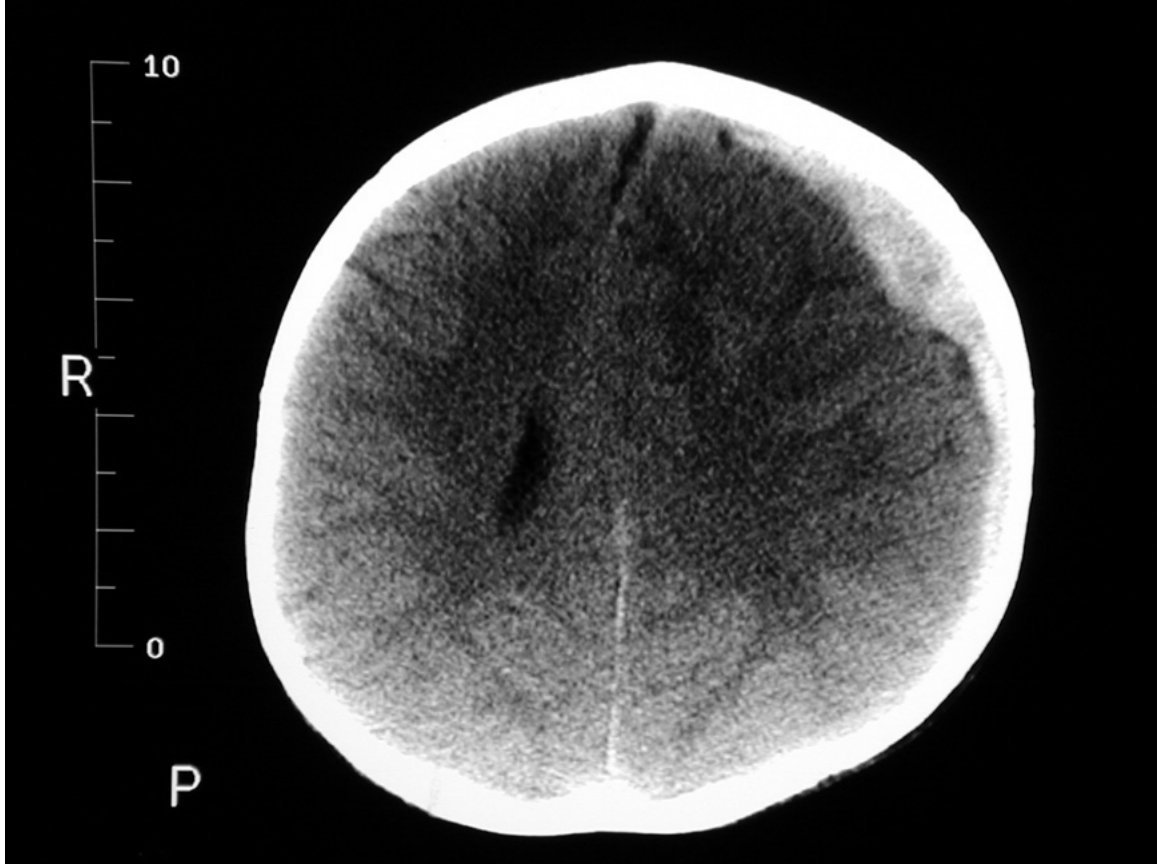




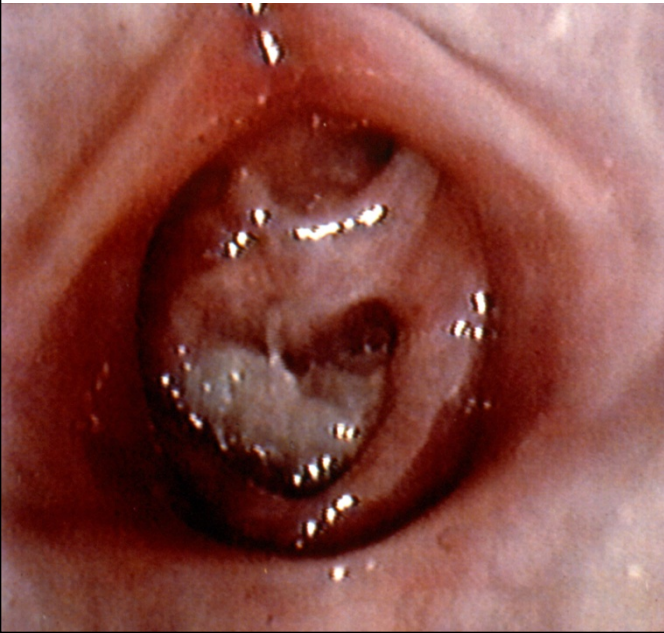
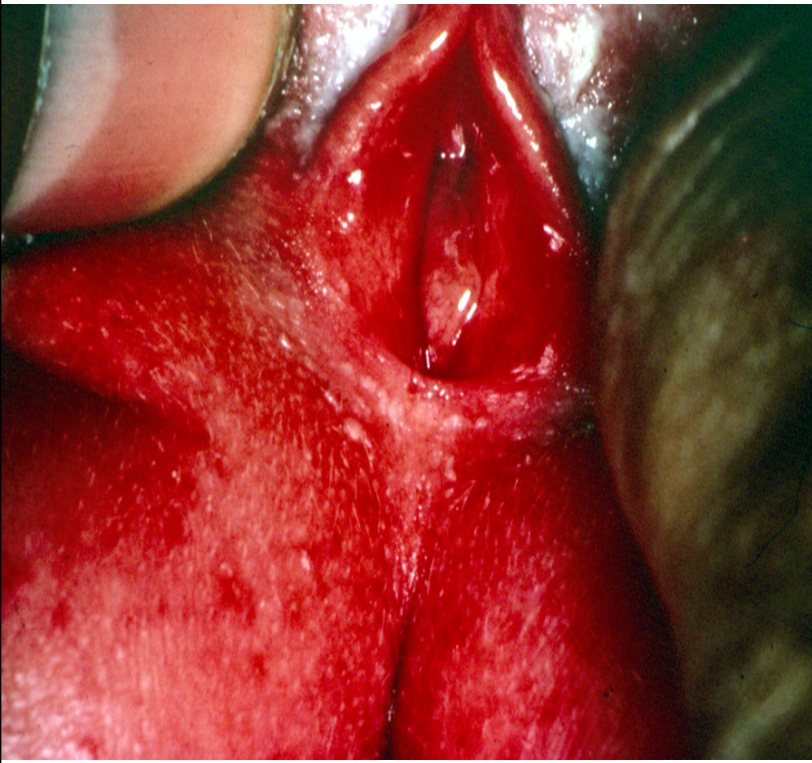








# Sexual Abuse



# Examination

- 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
- Epiphysis torn off: swinging
- Subdural haematoma: shaking
- Retinal haemorrhages: shaking
- Multiple injuries and injuries at different ages

# Potential pitfalls

- Mongolian spots
- Bleeding disorders: CBC and clotting profile
- Underlying bony disorder: OI, Copper deficiency – skeletal survey

# WHAT TO DO IF YOU SUSPECT IT?

- Work in the best interest of the child: Full clinical assessment with Invx
- **Good documentation** and share your concerns despite uncertainties and insure child safety
- **Do not be judgemental**
- 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
  - Policies and procedures put into practice
  - Induction and probationary periods



# Childhood Safety Tips:

Scan:



# SAFETY TIPS

- Pedestrian.
- Crossing the road



SAFE  
KIDS  
AMERICA

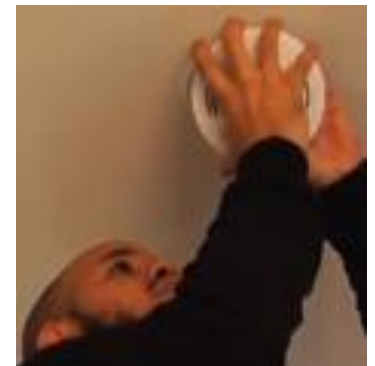
TEENS AND DISTRACTION  
Are In Depth Look at Teen  
Walking Behavior  
10/10/11





# SAFETY TIPS

- Fire and heat: burns
- Furniture tip over
- Travelling



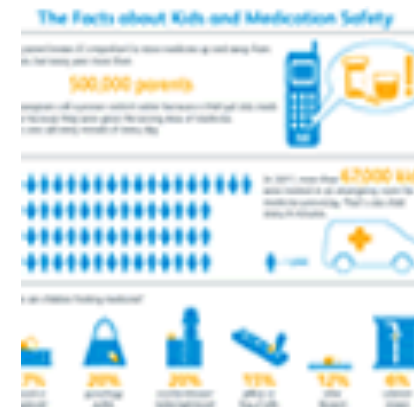
# SAFETY TIPS

- Sports
- Playground



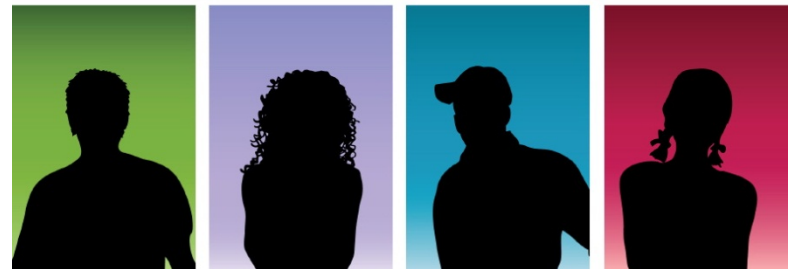
# SAFETY TIPS

- Poisoning: drugs and others.
- Others: Suffocation, Inhalation, Drowning, Near drowning



# ADOLESCENT MEDICINE

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



- The 22 countries of the East Mediterranean Region (EMR) have large populations of adolescents aged 10-24 years.
- These adolescents are central to assuring the health, development, and peace of this region. We described their health needs.
- Tobacco smoking and high body mass were common health risks amongst adolescents.

Adolescent health in the Eastern Mediterranean Region: findings from the global burden of disease 2015 study

May 2018

# HEEADSSS

- *A screening tool for conducting a comprehensive psychosocial history and health risk assessment with a young person*
- *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)**

# The role of HEEADSSS conversations



# Well adolescent care

Holistic 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.
- Confidentiality
- Legal issues
- Chaperon: 3<sup>rd</sup> person approach ( especially with female teenager ))
- Normal or abnormal? Puberty -Normal variants

# 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?

# E

- ***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?

# E

- ***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) ?

Do other family members take drugs/drink?

# S

- ***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?

# S

- ***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?



# S

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

# Fall, Crash and Slip

*All part of being a kid*



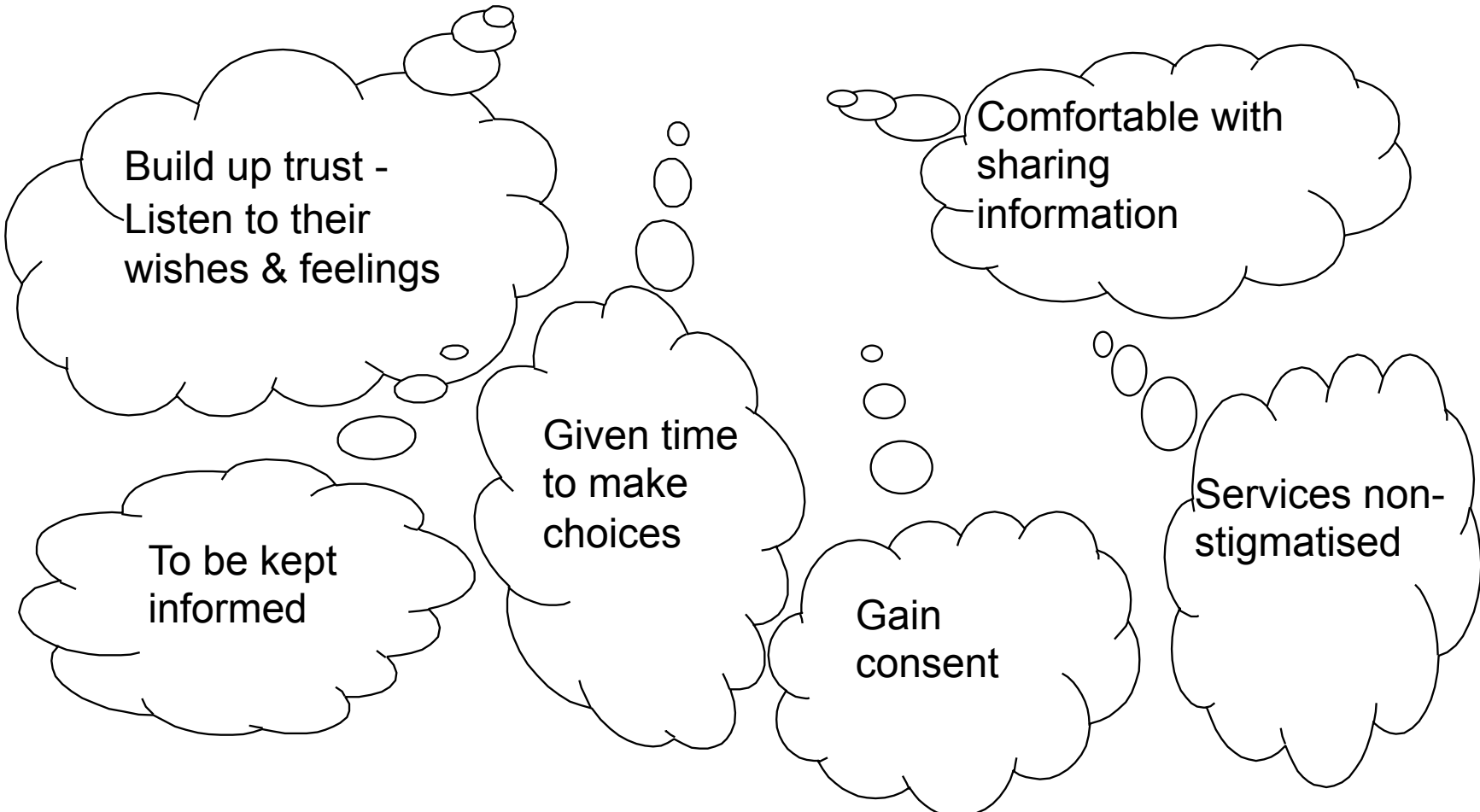
# CHILDREN SAFEGUARDING

- What is safeguarding?  
→ Wide definition, including the child protection
- Outcomes if every child matters?
- What is abuse?

# PREREQUISITES

1. Understanding the principles and values essential for working with children and young people
2. Understanding health and safety requirements
3. Knowing how to communicate effectively
4. Understanding the development of children and young people
5. [Context of Safeguarding Children](#)
6. CPD: developing yourself

# What children want from health professionals?



Build up trust -  
Listen to their  
wishes & feelings

Comfortable with  
sharing  
information

To be kept  
informed

Given time  
to make  
choices

Gain  
consent

Services non-  
stigmatised

# Every Child Matters

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:

- Be healthy
- Stay safe
- Make a positive contribution
- Enjoy and achieve
- Achieve economic well being

# 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'.

# 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



# WORKING TOGETHER FOR OUR KIDS *GET INVOLVED !*



**QUESTIONS?**

***DISCUSSION***

***Want to get involved in Childhood  
Safety Campaign?***

***Email: [mtemsah@ksu.edu.sa](mailto:mtemsah@ksu.edu.sa)***

***WhatsApp 0554124457***