CHILD ABUSE

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OUTLINES

- Definition of child abuse
- Risk factors of child abuse
- Types of child abuse
- Prevention
**Definition of Child Abuse**

- Child abuse: All forms of physical and/or emotional, sexual abuse, neglect or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity (according to WHO in 1999).

- Because personal definitions of abuse vary according to religious and cultural beliefs, individual experiences, and family upbringing, various physicians have different thresholds for reporting suspected abuse to Child Protective Services.
Facts about child abuse

- Approximately 20% of women and 5–10% of men report being sexually abused as children, while 23% of people report being physically abused as children.

- Girls > boys
  - Girls are more likely to suffer emotional abuse & neglect
  - Boys are more likely to get physical trauma

- Fathers are more likely to kill via physical abuse

- Mothers are more likely to kill via neglect

- Most abusers are parents, then relatives

- Offenders are 87% under age of 40

- Offenders are 60% female
RISK FACTORS OF CHILD ABUSE

EVERY CHILD IS INNOCENT
SAVE THEM FROM THE FEAR.
That is a responsibility of you too.

STOP CHILD ABUSE
These risk factors are not present in all social and cultural contexts, but provide an overview when attempting to understand the causes of child abuse.

- **Child**

It is important to emphasize that children are the victims and are never to blame for abuse. A number of characteristics of an individual child may increase the likelihood of being abused:

- being either under four years old or an adolescent
- being unwanted, or failing to fulfil the expectations of parents
- having special needs, crying persistently or having abnormal physical features
Parent or caregiver

A number of characteristics of a parent or caregiver may increase the risk of child abuse. These include:

- difficulty bonding with a newborn
- not nurturing the child
- having been maltreated themselves as a child
- lacking awareness of child development or having unrealistic expectations
- misusing alcohol or drugs, including during pregnancy
- being involved in criminal activity
- experiencing financial difficulties
A number of characteristics of relationships within families or among intimate partners, friends and peers may increase the risk of child abuse. These include:

• physical, developmental or mental health problems of a family member
• family breakdown or violence between other family members
• being isolated in the community or lacking a support network
• a breakdown of support in child rearing from the extended family
Community and societal factors

A number of characteristics of communities and societies may increase the risk of child abuse. These include:

• gender and social inequality
• lack of adequate housing or services to support families and institutions
• high levels of unemployment or poverty
• the easy availability of alcohol and drugs
• inadequate policies and programmes to prevent child maltreatment, child pornography, child prostitution and child labour
• social and cultural norms that promote or glorify violence towards others, support the use of corporal punishment, demand rigid gender roles, or diminish the status of the child in parent–child relationships
• social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality or instability
TYPES OF CHILD ABUSE

- Physical abuse
- Sexual abuse
PHYSICAL ABUSE
- Alternative names: Battered child syndrome
- Non-accidental physical injury performed on a child
- It is also considered "abuse" if such a caretaker creates or allows to be created situations whereby a child is likely to be in risk of death or serious disfigurement or, impairment of physical health, or loss or impairment of the function of any bodily organ. (National Committee for the Prevention of Child Abuse)
• Non accidental means could include any of :

* Beating, slapping or hitting.
* Pushing, kicking.
* Biting, choking.
* Hair-pulling, throwing.
* Burning.
* Exposure to electric shock.
<table>
<thead>
<tr>
<th>Behavioral Indications in Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexplained recurrent injuries</td>
</tr>
<tr>
<td>Wearing clothes to cover injuries</td>
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<tr>
<td>Making excuses or refuse to explain injuries</td>
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<tr>
<td>Refusal to undress</td>
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<tr>
<td>Admitting that the punishment is too much</td>
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<tr>
<td>Fear of physical contact</td>
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<tr>
<td>Aggression towards others</td>
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<tr>
<td>Self-destructive tendencies</td>
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<tr>
<td>Fear of medical help or examination</td>
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<tr>
<td>History of running away from home</td>
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<tr>
<td>Fear of suspected abuser being contacted</td>
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</tbody>
</table>
Seems frightened by parents

Difficulty getting along with others

Late or absent to school

Comes early to school and reluctant to go home afterwards
Sign of physical abuse

1) Bruising

• Pattern of bruising: different parts of the body, with different ages, sizes and shapes
• Bruises on the sides of face, ears, outer thighs, buttocks and lower back are more often related to physical abuse
• The more frequent the bruising incidents occur, the more likelihood of physical child abuse
• The color of the bruise can tell us how fresh the bruises is.
Red purple
• Less than 24 hours

Blue
• 24 to 48 hours

Greenish
• 3 to 5 days

Yellowish
• 7-10 days
2) Beating

- **Pattern**: resemble the shape of the object or body part used.
- **The most common are**: belts, sticks, bats, bottles, and fists
- **Injuries are often to the face and head**: black eyes, bloody and/or broken nose, fat and split lips, swelling of the eyes, cheeks or jaw, bruising and abrasions to the side of the head
3) Burning

- There are several kinds of burns: chemical, cigarette, electrical, heat, water burns and contact burns (as with clothes iron)
- Accidental water burns generally appear as a splatter of splash burns. With non-accidental water burns, it is excessive splash marks.
4) Fractures

• Majority is involving children below the age of three years old

• Common sites of fractures in physical abuse are ribs, collar bone, long bones in children below two years of age.

• Highly specific for physical abuse is corner fracture and rib fracture (posterior and lateral)
fracture of the left 2nd and 6th ribs posteriorly (from forceful squeezing)
corner fracture of the distal femur (arrow)
Head injury:

- This is the most severe form of injuries.
- In abuse cases, it often associated with bleeding in the brain and may die.
- Can be subarachnoid, subdural, epidural, cerebral contusion, concussion, fractures crossing sutures, and any fracture that is inconsistent with the history.
- Multiple ('eggshell') fractures
This 2 month old baby girl was brought into the local ER with scalp swelling. There are multiple skull fractures—eggshell appearance (arrow).
Shaken Baby Syndrome

a form of child abuse caused by vigorously shaking an infant, often in anger, to get a child to stop crying.

Infants have **very weak neck muscles** and large and **heavy heads** in proportion to their bodies. In addition, because the infant brain is immature and **needs room to grow**, there is naturally a virtual space between the skull and brain to allow for development. Violently shaking an infant can cause **the brain to move within the skull**, resulting in cerebral contusions (bruising of brain tissue) and (tearing) of blood vessels. It could lead to a triad of medical findings:

- subdural hematoma,
- retinal hemorrhage, and
- cerebral edema.
5) Poisoning

- When noxious substances are force-fed to a child, depending on the substance, signs of physical abuse are: redness, chemical burns or bleeding in and around the mouth.
6) Hair pulling

- Thinning hair and bald patches on the scalp may be present with severe hair-pulling
- The child may experience headaches, and may also exhibit neck pain if the hair-pulling incidents are accompanied with jerking or snapping of the child's head.
7) Choking and Hanging

- A **choked** child will have bruising around the **front and back of the neck** that will resemble the fingers and thumb of the caregiver doing the choking.
- **Bruising and possibly 'rope burns'** around the neck will be evident when a child is **hanged**.
- **Consequences** - hoarse voice, cough and damage to the larynx (if severe).
8) Smothering and Drowning
• If the child has difficulty catching his/her breath, this may be a sign of smothering or drowning.

9) Abdominal injury
• Resulting from punching hard in the abdomen
• Can lead to injuries of the vital organs, such as liver and pancreas
• There are usually no bruising, but the child may presented with vomiting, distended abdomen and looking unwell.
Munchausen Syndrome By Proxy

A parenting disorder in which the parent either fabricates an illness or induces an illness in their child.

- The offending parent is almost always the mother

- The abusive behavior is clearly intentional, and not in reaction to the child's behavior

- This psychiatric illness of the parent(s) should be suspected if there are recurrent complaints that are not supported by physical or laboratory findings
Many abusive parents interpret the action of abuse as *punishment* or correction of bad habits.
**PHYSICAL ABUSE**

- Demonstrates anger and hostility
- Make child listen
- Teach child that decisions are at the whim of the caregiver
- Caregiver has all the power; child is given no respect
- Involves humiliation
- Requires submission

**PUNISHMENT**

- Demonstrates love and affection
- Teach child right from wrong
- Teach child to make healthy choices for him/herself and prepare child for eventual independence
- Based on a balance of power and mutual respect
- Does not involve humiliation
- Does not require submission
Non-accidental: physical injury performed on a child. It is also considered "abuse" if such a caretaker creates or allows to be created situations whereby a child is likely to be in risk of:
- death or serious disfigurement
- impairment of physical health
- loss or impairment of the function of any bodily organ

(National Committee for the Prevention of Child Abuse)

It’s estimated that 1% to 2% of children are physically abused during their childhood and approximately 2000 children are fatally injured each year.
How To Approach A Case Of Non-accidental Injury

• Record the **history** word by word. Document everything that is seen and heard. Use open questions (e.g. what happened?) rather than leading questions (e.g. were you hit?) try to take social history ,past history &family history

• **Physical Examination**; **General appearance**; Are there signs of neglect? **Growth, Injuries**; many non-accidental injuries have a characteristic appearance & multiple injuries are suspicious, particularly if sustained at different times, **Neurological examination**.

• **Investigations** : **Photographs**; Useful for further consultation and evidence in court, Full blood count, coagulation screen: to exclude thrombocytopenia or abnormal clotting profile. X-ray skeletal survey: for evidence of past and present fractures suggestive of non-accidental injury.

• Try to avoid jumping to conclusion
• Avoid confrontation at this stage
• Keep your minds open as long as possible
The effects on children

- Physical child abuse effects vary from child to child, depending on six factors:
  i. severity of the physical abuse.
  ii. frequency of the physical abuse.
  iii. age of the child when physical abuse began.
  iv. child's relationship to the abuser.
  v. availability of support persons.
  vi. child's ability to cope.
Physical abuse can have long-term effects on a child's health and development. It can cause:

- physical injury
- brain damage
- disability
- children developing emotional, behavioural or educational problems.
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<tr>
<th>Behavior</th>
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<tr>
<td>does not trust</td>
</tr>
<tr>
<td>lying</td>
</tr>
<tr>
<td>fearful of physical contact</td>
</tr>
<tr>
<td>afraid when other children cry</td>
</tr>
<tr>
<td>aggressiveness or withdrawn</td>
</tr>
<tr>
<td>exaggerated politeness</td>
</tr>
<tr>
<td>profound sadness</td>
</tr>
<tr>
<td>difficulties in school</td>
</tr>
<tr>
<td>difficulty concentrating</td>
</tr>
<tr>
<td>Stealing</td>
</tr>
<tr>
<td>low self-worth</td>
</tr>
<tr>
<td>psychosomatic illnesses</td>
</tr>
</tbody>
</table>
Youth

- does not trust
- developmental lags
- never cries or always cries
- extreme aggression or extreme passivity
- rage
- thrill-seeking behaviors
- self-harm and/or harms others
- failing in school, truancy
- sets up negative reactions from others
- short attention span
- substance abuse
- runaway
- criminal behaviors
- attempted suicide
• The department of health has produced full guidance on the management of suspected child abuse.

• If a GP suspects that a child has suffered non-accidental injury or sexual abuse, he should refer the child immediately for pediatric assessment.

• It is then the responsibility of the pediatrician to decide if the injury is accidental or not, or if sexual abuse has occurred, and to inform social services.

• If the child is thought to be in immediate danger, he should be admitted to a place of safety, which, in the case of a GP assessment, will usually be a hospital ward.

• When hospital admission is not immediately necessary, refer suspected cases of child abuse to social services.

• Whatever action is taken, it is important to try and maintain a relationship with the family of the child, as it is very likely that health and social services will have to work with them subsequently.
SEXUAL ABUSE
What you don't know CAN hurt me.

Be sure, BEFORE.

More than 70% of child sex abuse cases involve a relative, friend or someone else close to the child.

- NSPCC
Definition

• Sexual abuse is any involvement of children in sexual activities that he or she does not fully comprehend, that they are unable to give informed consent to and/or that violates the law or societal taboos. (WHO 1999)
WHO IS ABUSED?

Any child involve in sexual activity that he or she doesn't:

1- fully understand .
2- to give consent to .
3- developmentally prepared to.
4- that violates the law .

Abuser :
1) Family members or relative (Mostly)
2) Neighbour
3) Stranger
TYPES OF SEXUAL ABUSE:

- Sexual assault
- Sexual exploitation
- Sexual molestation
- Sexual grooming
**INDICATORS**

- Being overly affectionate in a sexual way
- Personality changes
- Being isolated or withdrawn
- Inability to concentrate
- Extreme reactions, such as depression
- Medical problems
- Sudden loss of appetite / compulsive eating
- Overreacting
- Lack of trust or fear
- Drawing sexually pictures
- Worried about clothing being removed
- Starting to wet again
History:

- Document fully any history including details of where, when, who was involved.
- Take the child's history separately from the adult's history.
- Record common and important symptoms e.g. vaginal bleeding, discharge, pain etc.
- Take a general paediatric history.
- Family and social history
- Any medical history (include constipation, skin disease, previous infections, injuries etc)
• **Physical examination**

The child should be examined with the knowledge and **agreement of parents**

- Mother should always be **present**, in adolescent patients should agree whether she present or not.

- **Repetitive examination** is usually abusive and should be avoided.

- The examination should be in **absolute privacy** and in environment where the child can be comfortable.
• Physical examination:
  ➢ Torn or missing hymen .
  ➢ External trauma and skin changes in anal region.
  ➢ Sexually transmitted disease
  ➢ Always look to the mouth for any petechial bruising on palate .
  ➢ Injury to genitalia
  ➢ Vaginal erythema.
  ➢ Labial adhesion
• **Investigation:**

Semen or blood in the vagina or anus of child (swab)
PREVENTION

PROTECT OUR ANGELS
Protecting Children from Abuse
Preventing child abuse requires a multisectoral approach. Effective programmes are those that support parents and teach positive parenting skills. These include:

- visits by nurses to parents and children in their homes to provide support, education, and information;
- parent education, usually delivered in groups, to improve child-rearing skills, increase knowledge of child development, and encourage positive child management strategies
- multi-component interventions, which typically include support and education of parents, preschool education, and child care.
Other prevention programmes have shown some promise.

- Programmes to prevent abusive head trauma (also referred to as shaken baby syndrome, shaken infant syndrome and inflicted traumatic brain injury). These are usually hospital-based programmes targeting new parents prior to discharge from the hospital, informing of the dangers of shaken baby syndrome and advising on how to deal with babies that cry inconsolably.

- Programmes to prevent child sexual abuse. These are usually delivered in schools and teach children about:
  - body ownership
  - the difference between good and bad touch
  - how to recognize abusive situations
  - how to say "no"
  - how to disclose abuse to a trusted adult