Child Protection

May 25th 2022
Residents training
Introduction:

• Child protection is increasingly a common problem in all settings.
• There is a range of presentations, including neglect, physical abuse, sexual abuse and emotional abuse.
• It is important to recognise these children early and seek help.
• Ensure that they are not blamed or made to feel responsible.
• Some of these situations vary with cultural norms, however there are still important principles which must be maintained.
Case study:

• SH, aged 4 presented to under 5 clinic with a history of vaginal bleeding.
• Child was accompanied by Aunt, who was extremely guarded in describing history.
• Patient also had discharge and evident signs of an infection.
• Some lower abdominal pain and febrile on presentation.
Case study: Examination

• Sensitive examination revealed lower abdominal tenderness, particularly in the suprapubic region.
• In addition to this there was evidence of a torn hymen and obvious vaginal bruising.
• Otherwise child was febrile but no other obvious clinical concerns.
• No evidence of bruising.
Case study: Labs

• HIV, Syphilis, hepatitis testing all negative.
• Urinalysis revealed blood, leucocytes and nitrites.
• MPS negative, Hb 10.7.
• All other labs entirely normal.
Case study: Actions:

- Admitted direct onto peds ward as a place of safety.
- Antibiotic therapy initiated, initially Ceftriaxone, then cotrimoxazole.
- Child clinically recovered.
- Immediate contact made with social work team who began a process of information gathering and involvement of law enforcement.
Further details:

• Child disclosed that she had been taken to Freetown by her father.
• At this time, she also disclosed that the father had asked her to lie down.
• She stated he had put a “stick” inside her, and that this was painful.
• This had happened on repeated occasions, involving injuries to the vaginal area.
• She had been moved around between several places.
• Child’s father found to be a serial drunkard and substance misuser.
Actions:

• Child removed from father and placed with women’s and children’s support unit.
• Close follow up with social work team at ELWA.
• Regular reviews mandated.
• Police aware.
• Contact made with World Hope International.
Signs of physical abuse:
Signs of Physical Abuse:
Child abuse:
Physical Abuse

• May be less obvious than appears.
• Take any disclosure seriously.
• Evidence of frequent beatings, child may be excessively fearful of adults or certain people.
Sexual abuse: Behaviours:

• Overly sexualised behaviour very common.
• Child may have bleeding, discharge or unexplained infective symptoms.
• Often on examination the hymen will be perforated.
• Unexplained abdominal pain.
• Any of these signs should prompt immediate further action and investigation.
Sexual abuse:

The Biggest Myth about Child Abuse

The biggest myth is that the dangers to children come from strangers. In most cases, the perpetrator is someone the parent or child knows, and is often trusted by the child and family.
Sexual Abuse:

“LET’S KEEP THIS OUR LITTLE SECRET”

They were so nice at first.

I thought it was love, but things changed.

GROOMING INVOLVES DECEIT, MANIPULATION AND CONTROL. REASSURE CHILDREN THEY’RE NOT TO BLAME.

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Sexual abuse:

• Be aware that many adolescents may not immediately disclose abuse.
• Red flag signs include:
  1) Significant age differences between partners.
  2) Evidence that someone is a “special friend” or “close uncle”.
  3) Intimidatory behaviour with threats.
  4) Constant monitoring.
  5) Taking inappropriate pictures of/with partner.
Neglect:

- Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse\(^2\). A child might be left hungry or dirty, or without proper clothing, shelter, supervision or health care. This can put children and young people in danger. And it can also have long term effects on their physical and mental wellbeing.
Neglect:

• Can be more difficult to define in resource-limited settings, where families may not have the means.
• However, children consistently left without adequate food, shelter or clothing should raise concerns.
• Particularly where there is evidence of a disparity between children.

• For example – wealthy parents with malnourished children = red flag.
• Large donor base for an orphanage which is full of malnourished children = red flag.
Neglect:
Actions:

- Involve social worker, patient advocate, peds team and medical director.
- Do NOT bill patient or family.
- Admit suspected cases in order to ensure safety and improve history.
- Manage any physical illness quickly according to malnutrition protocols.
- Will need to sensitively alert authorities.
- Limit family member visits. If there are concerns expressed about a family member by child or person who brought child then need to prevent excessive visits.
Child trafficking/servitude:

- Red flags: Children treated differently to other family members.
- Concerns from family members.
- Sudden movements.
- Unexplained disappearances.
- Changes in wealth.
Summary:

• Be alert and watchful for signs that are obvious.
• Ask questions if things are unusual.
• Remember to seek help.
• Remember different types of abuse.