Child Protection

College of Emergency Nurses New Zealand
22nd Annual Conference
Nelson, October 2013

Dr Patrick Kelly

Starship Children's Health

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

Te Puaruruhau "The sheltering of the bud"
part of Puawaitahi "Blossoming in unity"

Starship Children's Health

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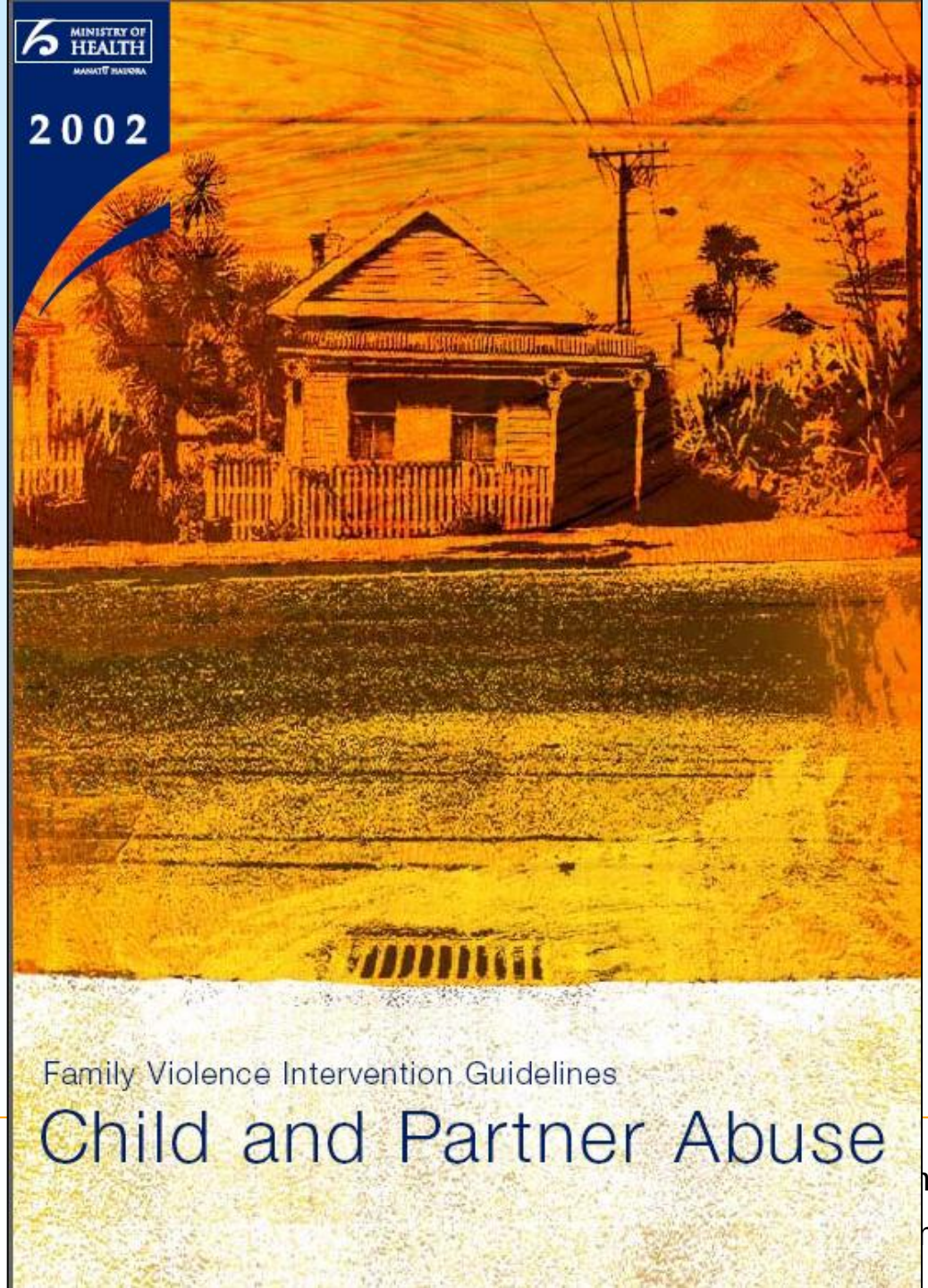
Screening for Family Violence



Starship Children's Health

ng of the bud"

ming in unity"

June 2012

- Nine week twins
- Referred from Child Youth and Family
- Two events the previous day

0500. Twins awoke

- Baby boy:
  - Picked up by his stretch ‘n’ grow
  - Face slapped
  - Squeezed around the chest, two hands
  - Picked up by neck, body dangling

- Mother:
  - Hair pulled
  - Punched in the head
  - Middle finger broken

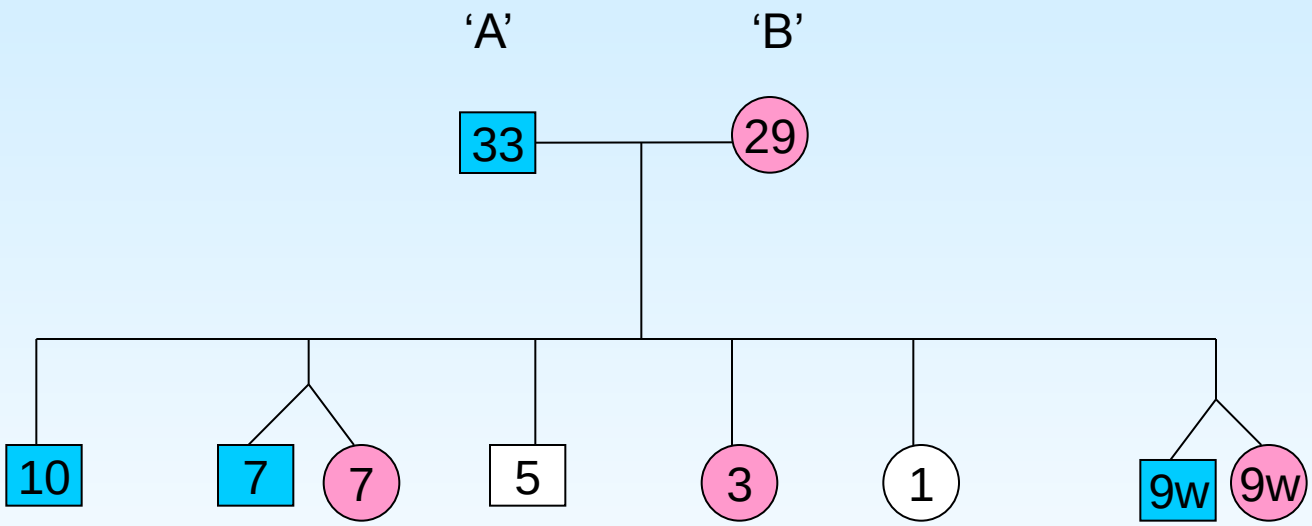
1400. Twin was crying

- Baby girl:
  - Face pressed against his facial hair, baby cried
  - Slapped
  - Squeezed around the chest, two hands
  - Pressed down on eyeballs, two fingers
  - Flicked her cheek with his fingers.

"*Why are they crying? They should be quiet, not noisy*".

- Mother went downstairs to get milk
  - Baby girl crying again
  - Went to school, picked up older children
  - Went straight to Police

Genogram



History of violence

- Father has been hurting both babies for some time
  - a couple of times a week.
  - more likely to happen when he was bored
- Father doesn't help in any way with the children
- Longstanding violence towards the mother
  - escalating over nine years
  - regularly witnessed by the children
  - threatened her with a friend's gun
  - threatened to kill her and her family if she told the Police
  - denied contact with her family for ten years
  - recently allowed to contact her parents before LSCS

Medical findings

- Twins
  - Girl: small abrasion right eye, upper lip
  - Boy: fracture of the right acromion

- Siblings
  - 3 year old. No history of physical harm, frequent witness of violence, major behavioural problems
  - 7 year old twins. Both punched in the stomach, both hit, girl choked and thrown

10 year old brother

- Frequent headaches
  - disclosures of violence
  - anxious since disclosing to CYF
- Information from mother
  - started around five years of age (smacking on bottom)
  - “hiding” once or twice a month (slapped with a hand)
  - “beating” less often – punched, kicked, hit with “wire” (electrical cable), metal spoon, vacuum stick, broken slat
  - father knelt on his chest while beating him on the head
  - beatings have increased in frequency this year
  - often had bruises
  - homework a trigger – bad answer, handwriting, too slow

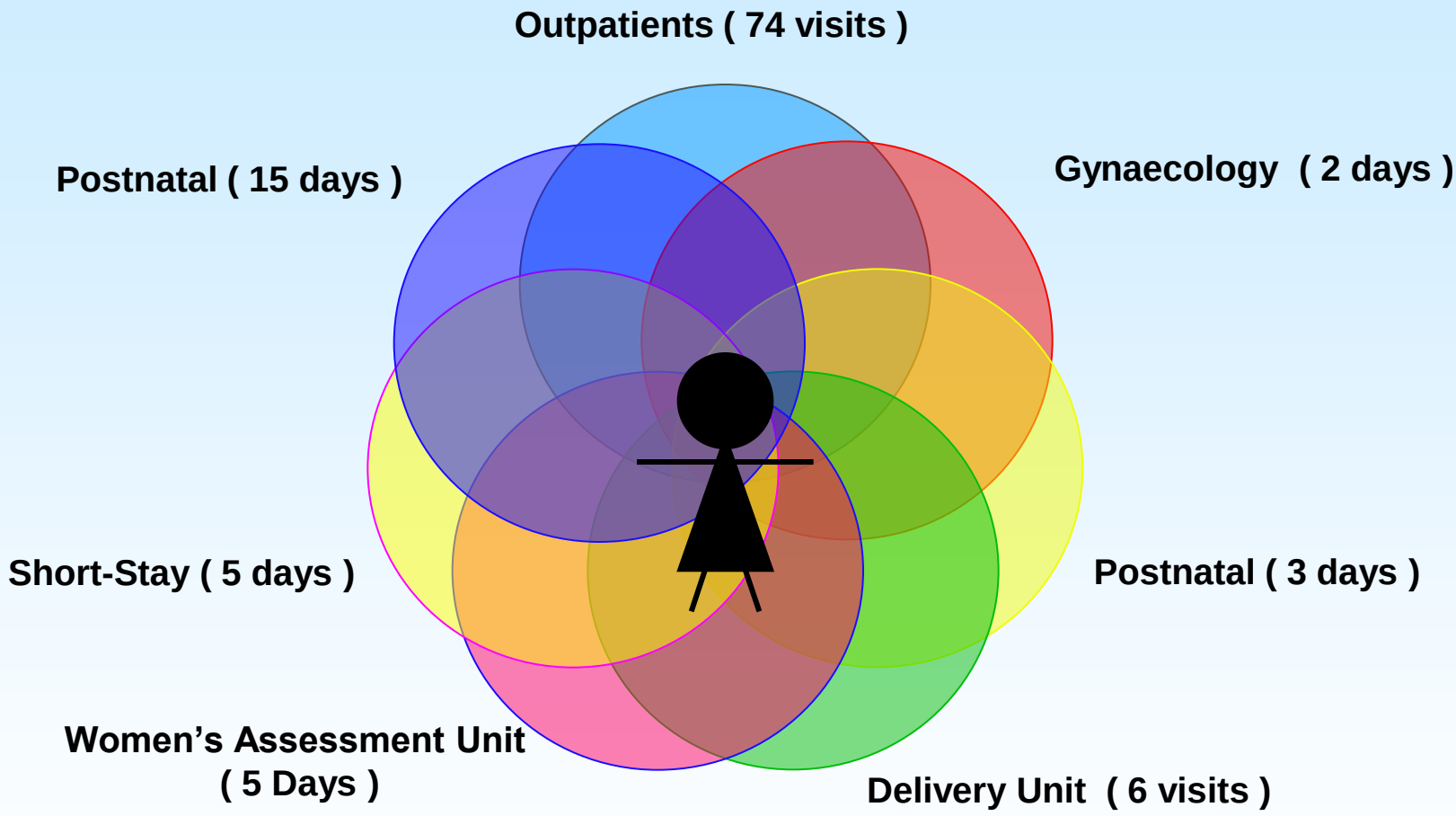
More information

- Tried to strangle him, happened “a lot”,
  - afterwards would force child to stand up
  - if he struggled to get up, hit and kicked to make him get up
- Hit on the knees and ankles with a metal spoon
  - afterwards unable to get up and walk properly
  - hit more on knees and ankles, to force him to walk normally
- “Hidings” and “beatings”
  - stopped while the father was receiving counselling
  - last “hiding” 2-3 weeks before for “looking sideways”
  - “beatings” stopped after the twins were born
- School
  - forced mother to lie to school, kept child home up to 1/52
  - poor school attendance record

10 year old's behaviour

- Does not talk in the presence of the father
  - "might say the wrong thing"
- Does not want to eat when the father is home
- Nightmares every night
- Has become very quiet at school

Women's Health Presentations 2006 -12



Other areas of presentation:

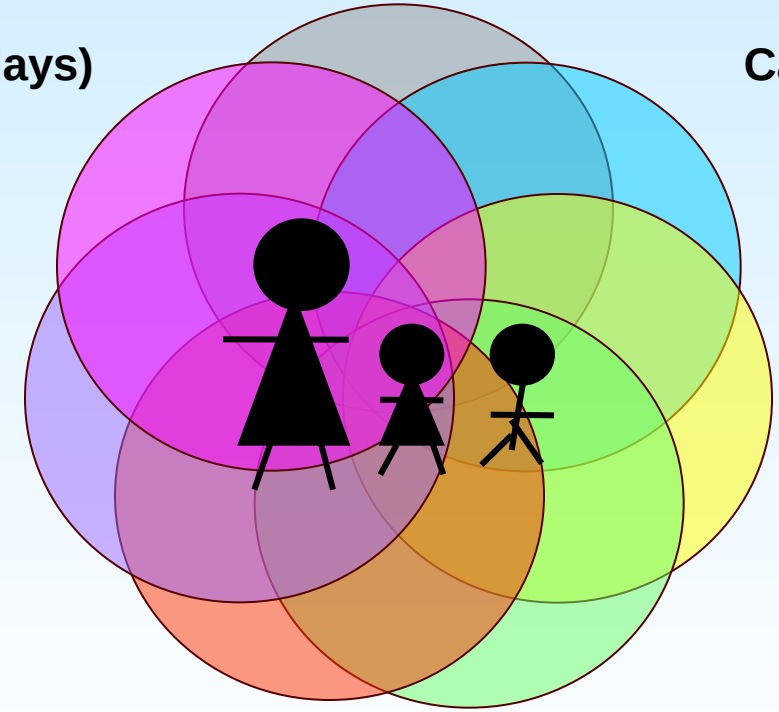
- Physiotherapy
- General surgery
- Surgical readmission
- Gastroenterology
- Adult Emergency Department

Starship Presentations 2006 -12

Children's ED (9 visits)
Negative

Orthopaedics (3 days)
Negative

Cardiology (1 day)



Outpatients (1 visit)

Paediatric Home Care
(multiple home visits)

Daystay (1 day)

General Paediatrics (3 days)

Missed opportunities?

2009 postnatal home visit

Large burn noted on the mother's upper right arm – said she walked into a kettle her husband was holding

2011 postnatal ward

Four children in the fire extinguisher cupboard, unsupervised on ward. Father asked to ensure they were supervised. Aggressive and verbally abusive to staff, walked around the ward swearing & "doing the fingers". Security and duty manager called. Mother went AWOL from the ward for hours ? "calming father down"

2012 surgical ward (cholecystectomy)

10 year old son in to visit. Had been beaten and had visible bruises (now alleges had been stabbed in back by dad)

Two negative screens

- The mother never told anyone because of the fear of what would happen
- She had made threats to tell, but got a "real hiding“ for saying this
- She wanted to tell someone

What if she had been screened…

- probably wouldn't have told anyone because of the fear she felt
- really doesn't know because she never was asked those questions
- In hindsight, if had been asked each time at hospital, may have said something

What made her disclose …

"I thought my babies were going to die"

How can I help you?

Do you have a telephone?

Does anyone smoke?

How much?

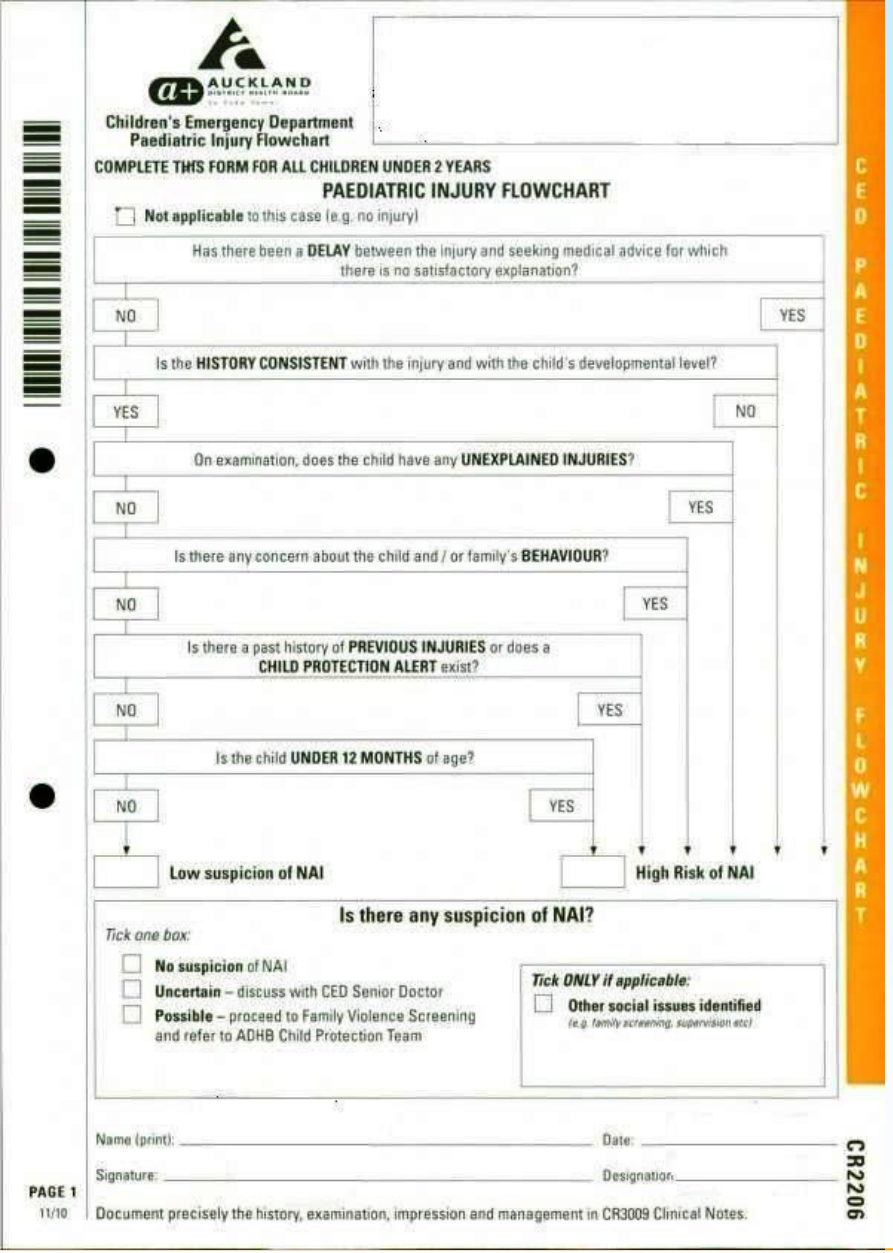
Have you ever tried to give up?

Do they all have the same father [apologetically]

Did you drink any alcohol during the pregnancy?

How much?

Assessment of injury



AUCKLAND DISTRICT HEALTH BOARD

Children's Emergency Department
Paediatric Injury Flowchart

COMPLETE THIS FORM FOR ALL CHILDREN UNDER 2 YEARS

PAEDIATRIC INJURY FLOWCHART

☐ **Not applicable** to this case (e.g. no injury)

Has there been a **DELAY** between the injury and seeking medical advice for which there is no satisfactory explanation?

NO — YES

Is the **HISTORY CONSISTENT** with the injury and with the child's developmental level?

YES — NO

On examination, does the child have any **UNEXPLAINED INJURIES**?

NO — YES

Is there any concern about the child and / or family's **BEHAVIOUR**?

NO — YES

Is there a past history of **PREVIOUS INJURIES** or does a **CHILD PROTECTION ALERT** exist?

NO — YES

Is the child **UNDER 12 MONTHS** of age?

NO — YES

☐ **Low suspicion of NAI**

☐ **High Risk of NAI**

Is there any suspicion of NAI?

Tick one box:

- ☐ **No suspicion** of NAI
- ☐ **Uncertain** – discuss with CED Senior Doctor
- ☐ **Possible** – proceed to Family Violence Screening and refer to ADHB Child Protection Team

Tick ONLY if applicable:

- ☐ **Other social issues identified** *(e.g. family screening, supervision etc)*

Name (print): _____ Date: _____

Signature: _____ Designation: _____

Document precisely the history, examination, impression and management in CR3009 Clinical Notes.

CED PAEDIATRIC INJURY FLOWCHART

CR2206

PAGE 1
11/10

1. Benger JR, Pearce V. Simple intervention to improve detection of child abuse in ED. *BMJ.* 2002;324(7340):780.
2. Guenther E, Olsen C, Keenan H, Newberry C, Dean JM, Olson LM. Randomized prospective study to evaluate child abuse documentation in the ED. Acad Emerg Med. 2009;16:249-57
3. Louwers EC, Affourtit MJ, Moll HA, de Koning HJ, Korfage IJ. Screening for child abuse at emergency departments: a systematic review. *Arch Dis Child* 2010;95(3):214-218.
4. Woodman J, Lecky F, Hodes D, Pitt M, Taylor B, Gilbert R. Screening injured children for physical abuse or neglect in ED *Child: Care, Health and Development.* 2010;36(2):153-164.
5. Newton AS, Zou B, Hamm MP, et al. Improving child protection in the emergency department: a systematic review of professional interventions for health care providers. *Acad Emerg Med.* 2010;17(2):117-125.
6. Louwers EC, Korfage IJ, Affourtit MJ, et al. Detection of child abuse in ED: a multi-centre study. *Arch Dis Child.* 2011;96(5):422-425.
7. Smeekens AE, Broekhuijsen-van Henten DM, Sittig JS, et al. Successful e-learning programme on the detection of child abuse in ED: a randomised controlled trial. *Arch Dis Child.* 2011;96(4):330-334.
8. Sittig JS, Uiterwaal CS, Moons KG, Nieuwenhuis EE, van de Putte EM. Child abuse inventory at emergency rooms: CHAIN-ER rationale and design. *BMC Pediatr.* 2011;11:91.
9. Teeuw AH, Derkx BH, Koster WA, van Rijn RR. Educational paper: Detection of child abuse and neglect at the emergency room. *Eur J Pediatr.* 2012;171(6):877-885.
10. Louwers EC, Korfage IJ, Affourtit MJ, et al. Effects of systematic screening and detection of child abuse in ED. *Pediatrics.* 2012;130(3):457-464.

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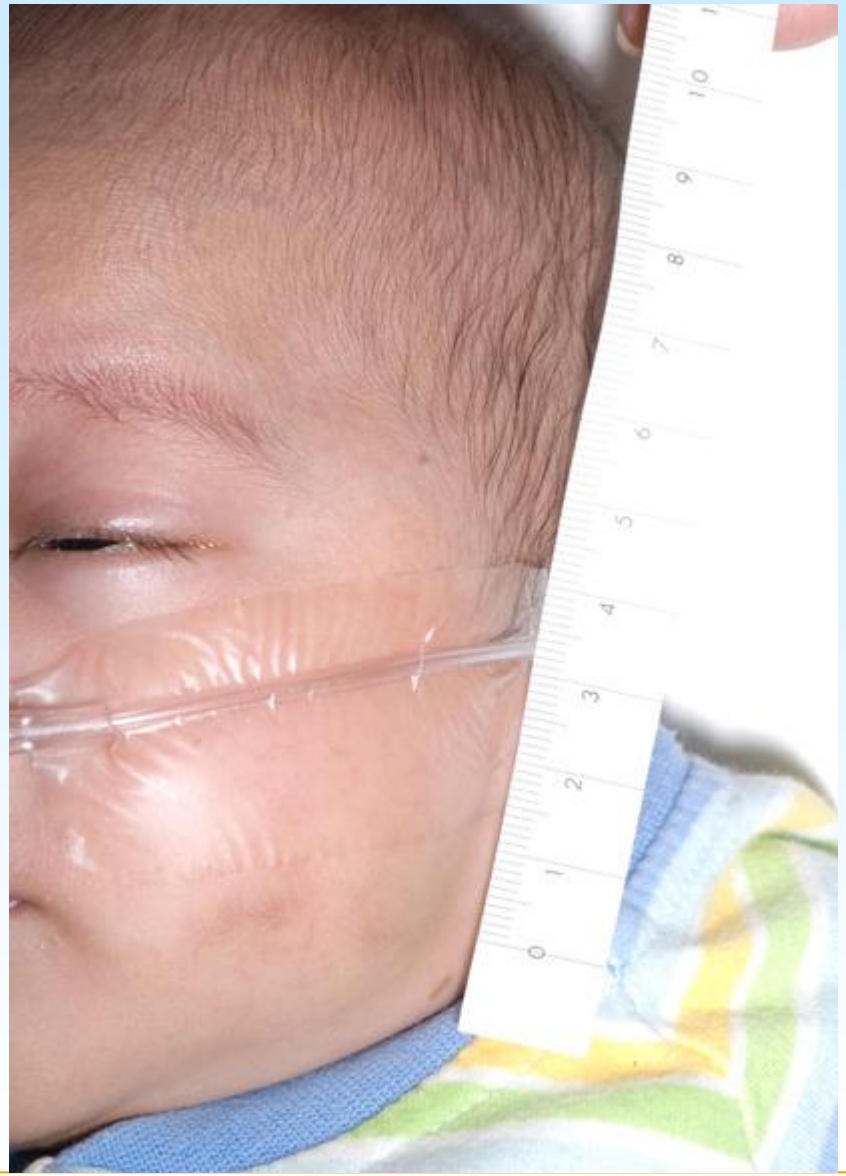
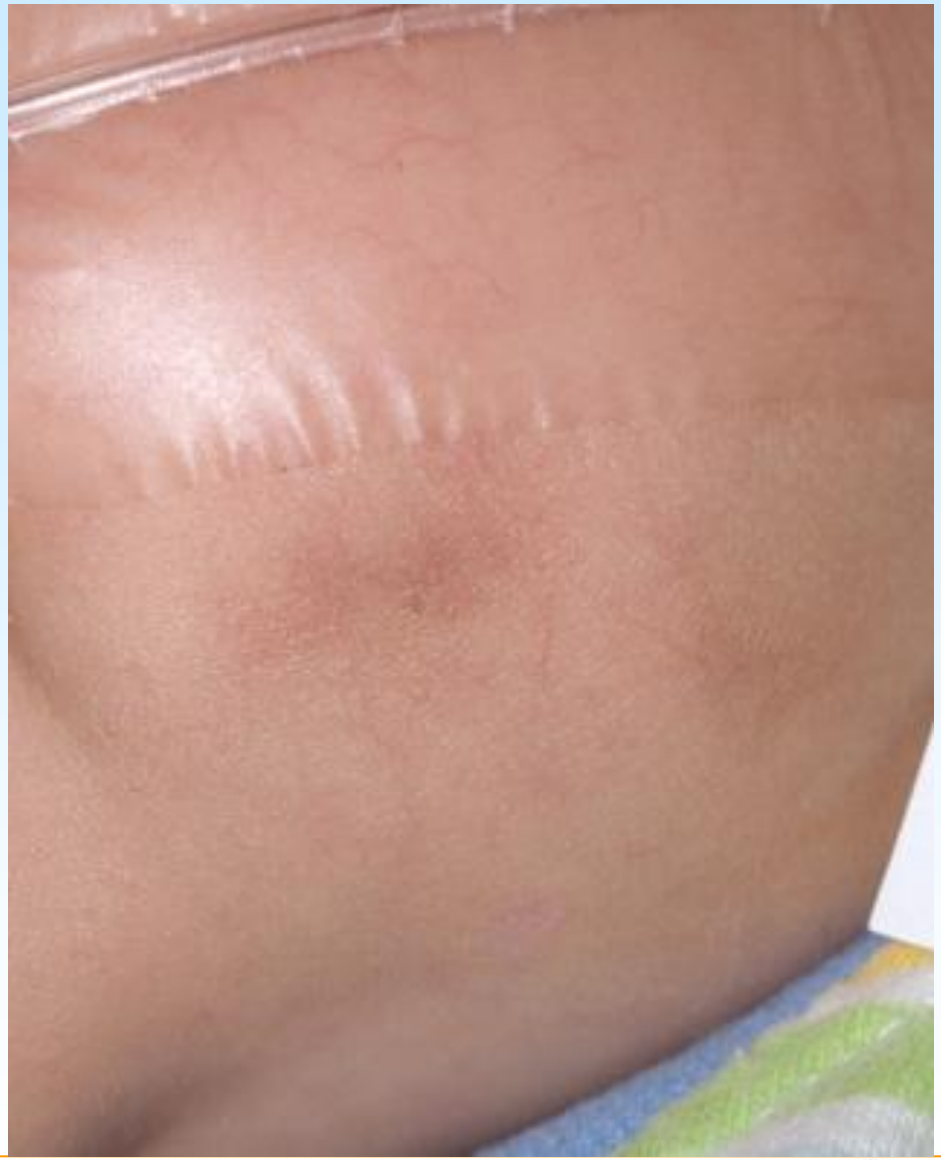
part of Puawaitahi "Blossoming in unity"





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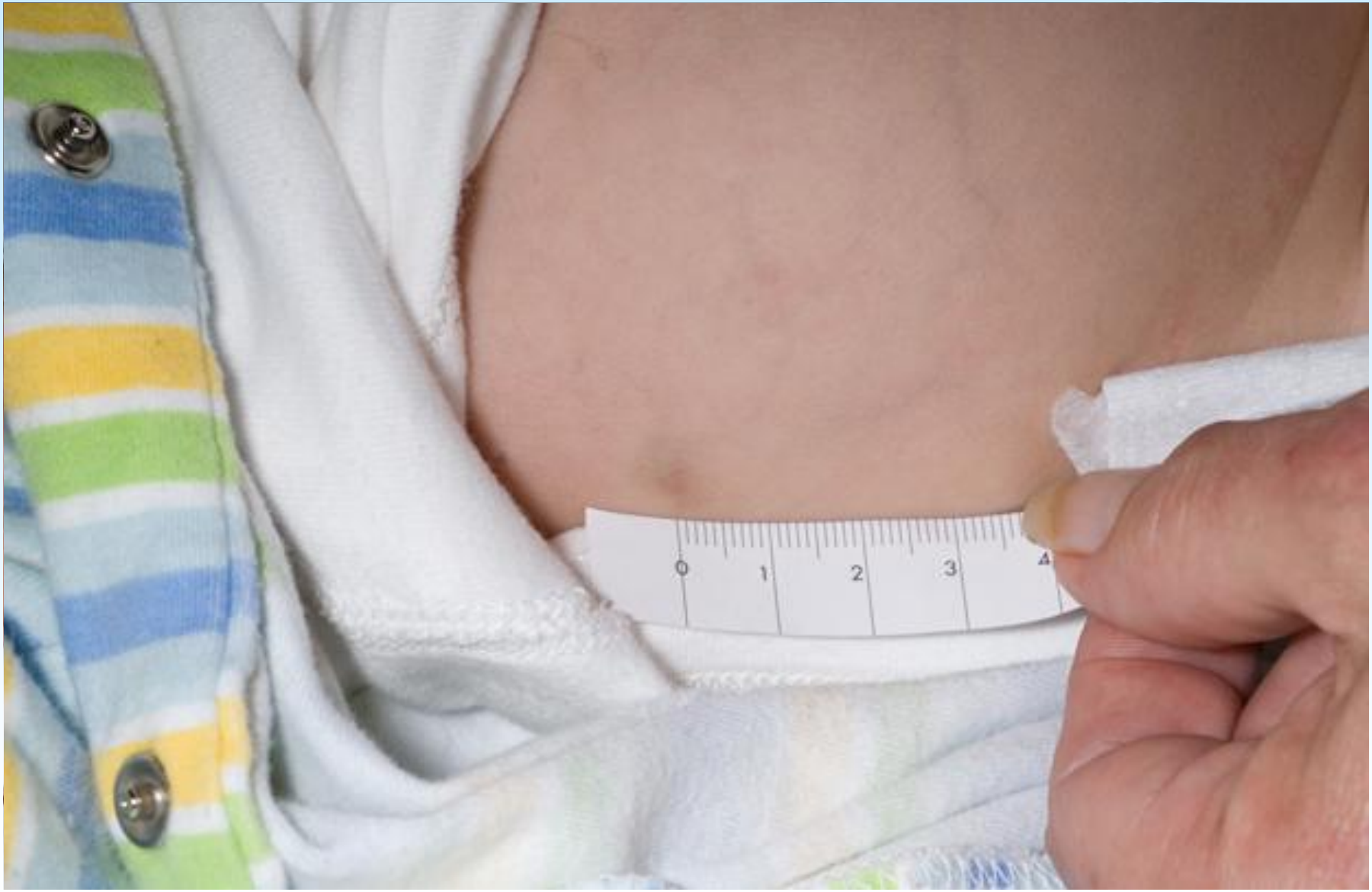
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1
2
3

Special Care Baby Unit notes

- History

  "No known trauma. 18 month sibling seen with child earlier and been jealous since going home"

- Findings

  "bruise around left eye consistent with trauma. Not boggy. No underlying depression…No other marks on body. Impression: likely hit by smaller child. Bruising not consistent with slap. Area too small for adult fist. Plan: going to their own GP now. Advised to see GP/ambulance when concerned in future"

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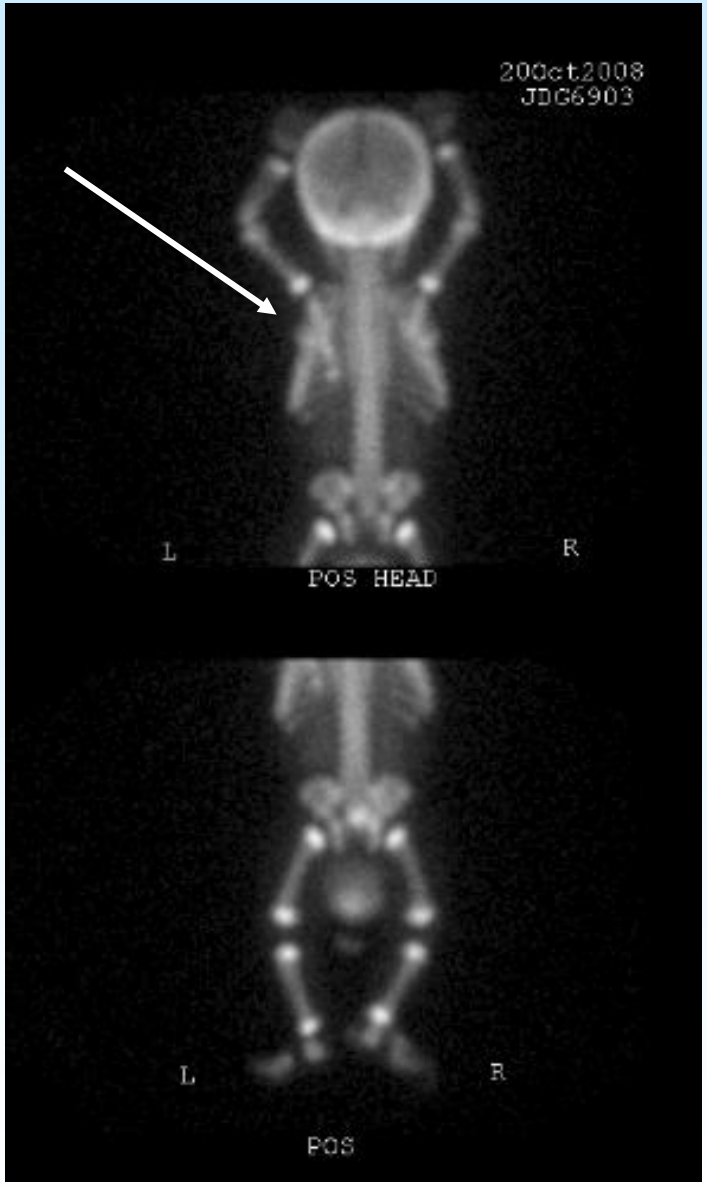
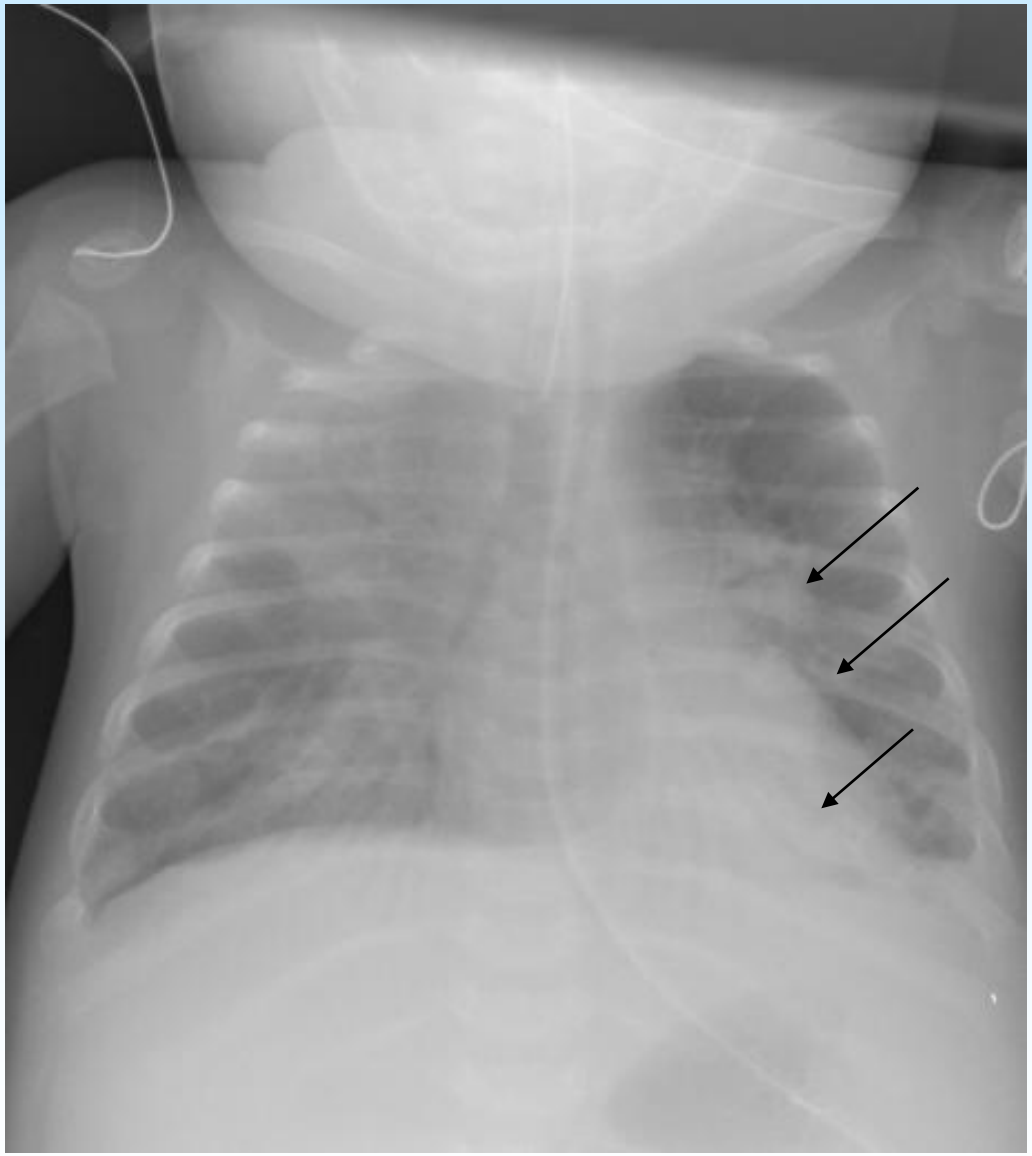
Other history

- Young parents
  - Mother 16, father 18, living with extended family
- Extensive social support
  - Teen parent support program
    - “star couple”
  - Parents as First Teachers
    - Every 2 weeks
  - Home Care Nurse
    - Twice a week
  - Barnardos

Summary

- Bruising to side of face
  - One week out of SCBU, age 3/12
- Bruise to thigh
  - Inpatient, age 4/12
- Bruise to side of face, age 5/12
  - possibly both sides of face
- Bruise to right flank, age 5/12





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Monday

Lessons

- Normal babies don't bruise
  - Until they're independently mobile
  - Every bruise demands an explanation
- Babies with serious injuries can look OK
- Social support is not a panacea
  - Never make assumptions
- Vigilance and rigour of approach is needed
  - Safety comes first

CHILD PROTECTION SCREEN

COMPLETE FOR ALL PATIENTS < 2 YEARS OF AGE

a) Is there any concern about the child and/or family's BEHAVIOUR?

b) Is there a past history of PREVIOUS INJURIES or does a CHILD PROTECTION ALERT exist?

c) On examination, does the child have any UNEXPLAINED INJURIES?

d) Is there any other concern?

COMPLETE FOR THOSE < 2 YEARS PRESENTING WITH AN INJURY

e) Has there been a DELAY between the injury and seeking medical advice, for which there is no satisfactory explanation?

f) Is the HISTORY INCONSISTENT with the injury and/or with the child's developmental level?

g) Is the child UNDER 12 MONTHS of age?

Child Protection Alerts

Privacy Impact Assessment

National Child Protection Alert System

Dr Patrick Kelly, Chair, Child Protection Special Interest Group, Paediatric Society of New Zealand
Miranda Ritchie, National Violence Intervention Programme Manager, Hawkes Bay District Health Board
Karen Belt, Senior Legal Advisor, Health Information Policy, Information Strategy & Architecture, Information Directorate, National Health Board Business Unit, Ministry of Health

New Zealand Ministry of Health
Paediatric Society of New Zealand

February 21 2011

MEMORANDUM OF AGREEMENT FOR

THE NATIONAL CHILD PROTECTION ALERT SYSTEM

Date: ……

BETWEEN ……. DISTRICT HEALTH BOARD
(hereinafter referred to as "the DHB")

AND **THE NATIONAL HEALTH BOARD BUSINESS UNIT, MINISTRY OF HEALTH**
(hereinafter referred to as "the Ministry")

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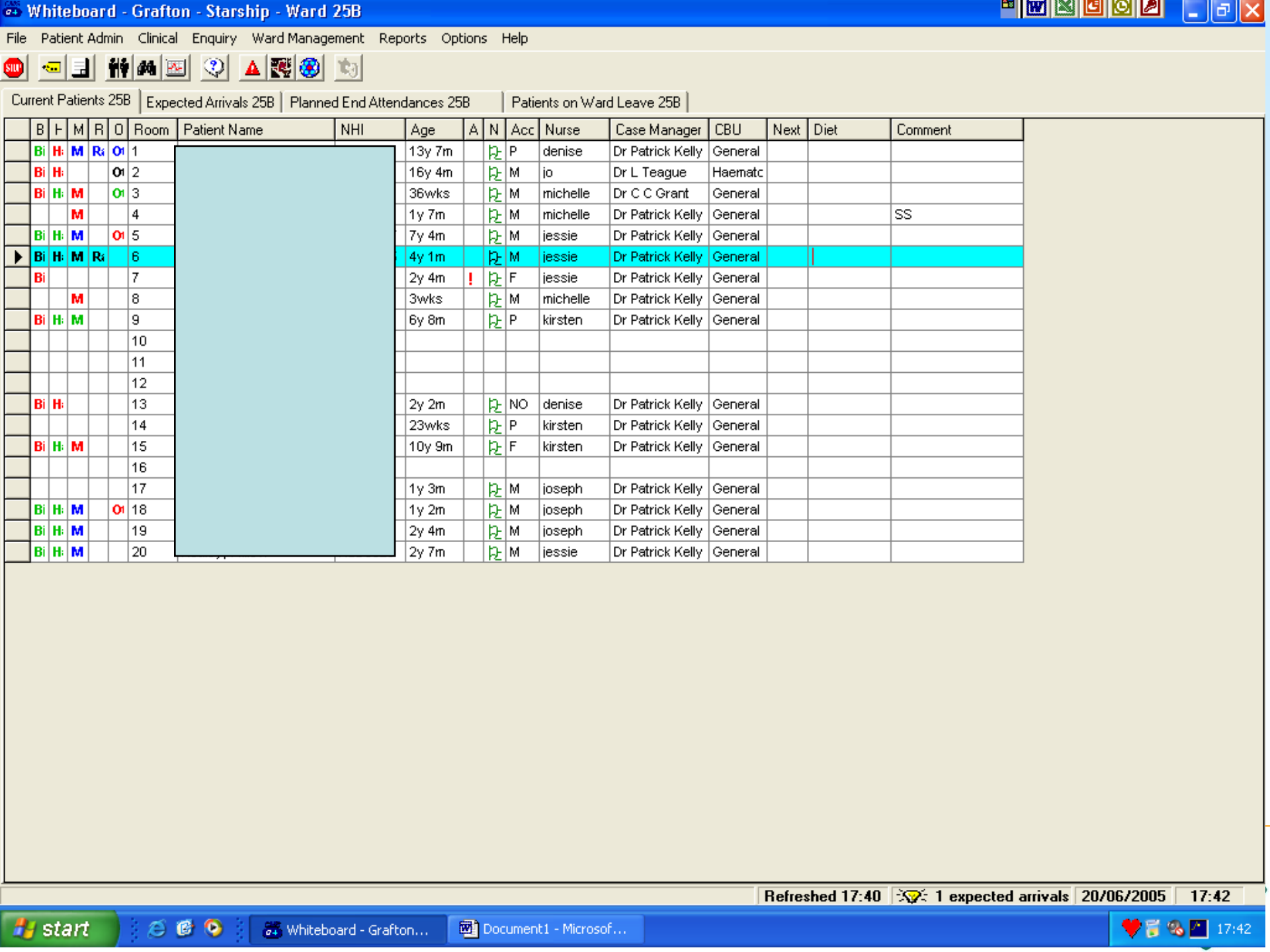
Child Protection Alerts

- Must meet certain basic requirements
  - the child was notified to CYF
  - the decision was ratified by a MDT
  - further information is readily available

- Draw attention to existing health information

- Do not replace clinical judgment
  - they inform clinical judgment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Current Patients 25B | Expected Arrivals 25B | Planned End Attendances 25B | Patients on Ward Leave 25B
B H M R O Room Patient Name NHI Age A N Acc Nurse Case Manager CBU Next Diet Comment
1 13y 7m P denise Dr Patrick Kelly General
2 16y 4m M jo Dr L Teague Haematc
3 36wks M michelle Dr C C Grant General
4 1y 7m M michelle Dr Patrick Kelly General SS
5 7y 4m M jessie Dr Patrick Kelly General
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7 2y 4m ! F jessie Dr Patrick Kelly General
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9 6y 8m P kirsten Dr Patrick Kelly General
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15 10y 9m F kirsten Dr Patrick Kelly General
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18 1y 2m M joseph Dr Patrick Kelly General
19 2y 4m M joseph Dr Patrick Kelly General
20 2y 7m M jessie Dr Patrick Kelly General
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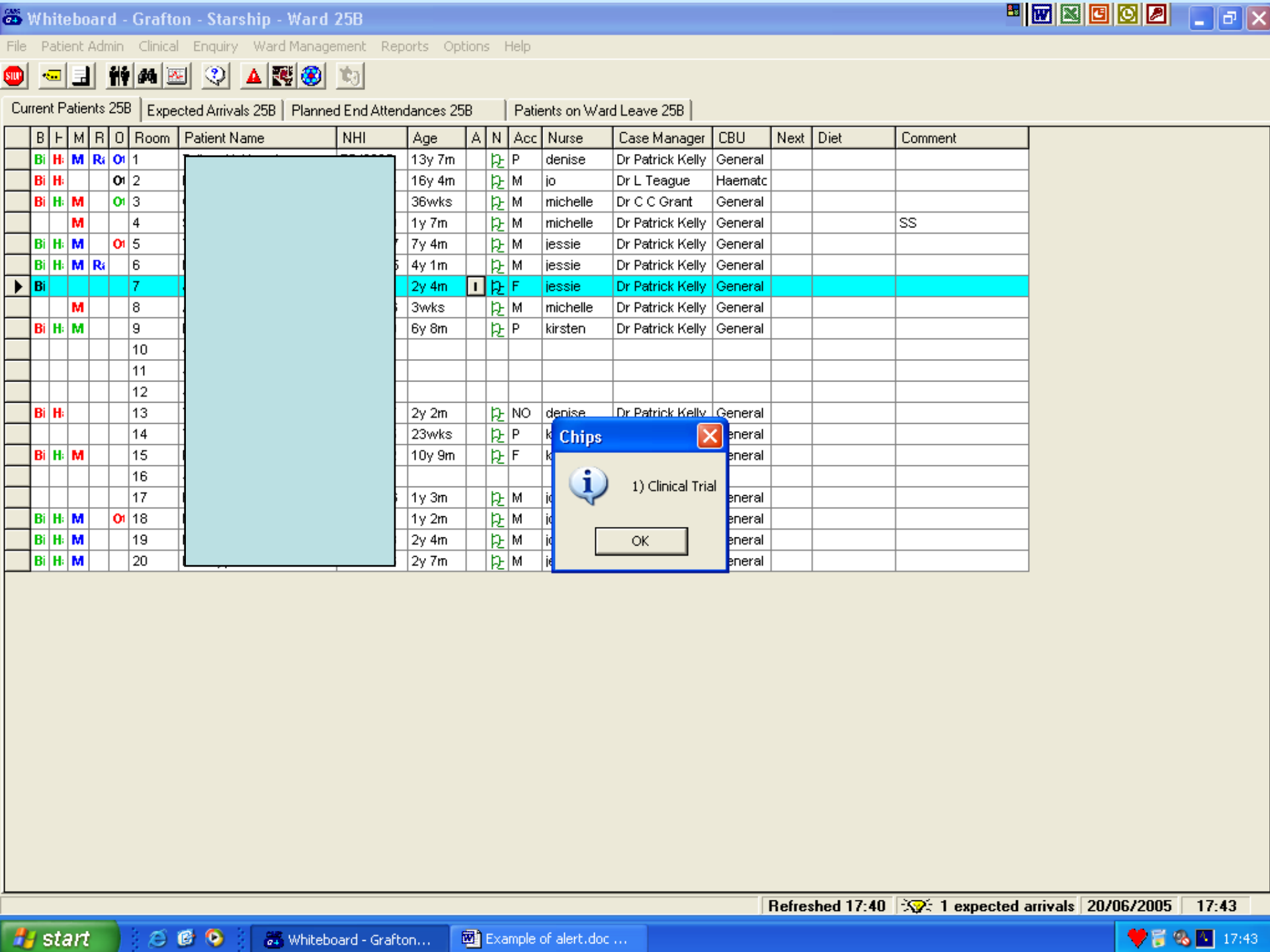
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4 1y 7m M michelle Dr Patrick Kelly General SS
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7 2y 4m I F jessie Dr Patrick Kelly General
8 3wks M michelle Dr Patrick Kelly General
9 6y 8m P kirsten Dr Patrick Kelly General
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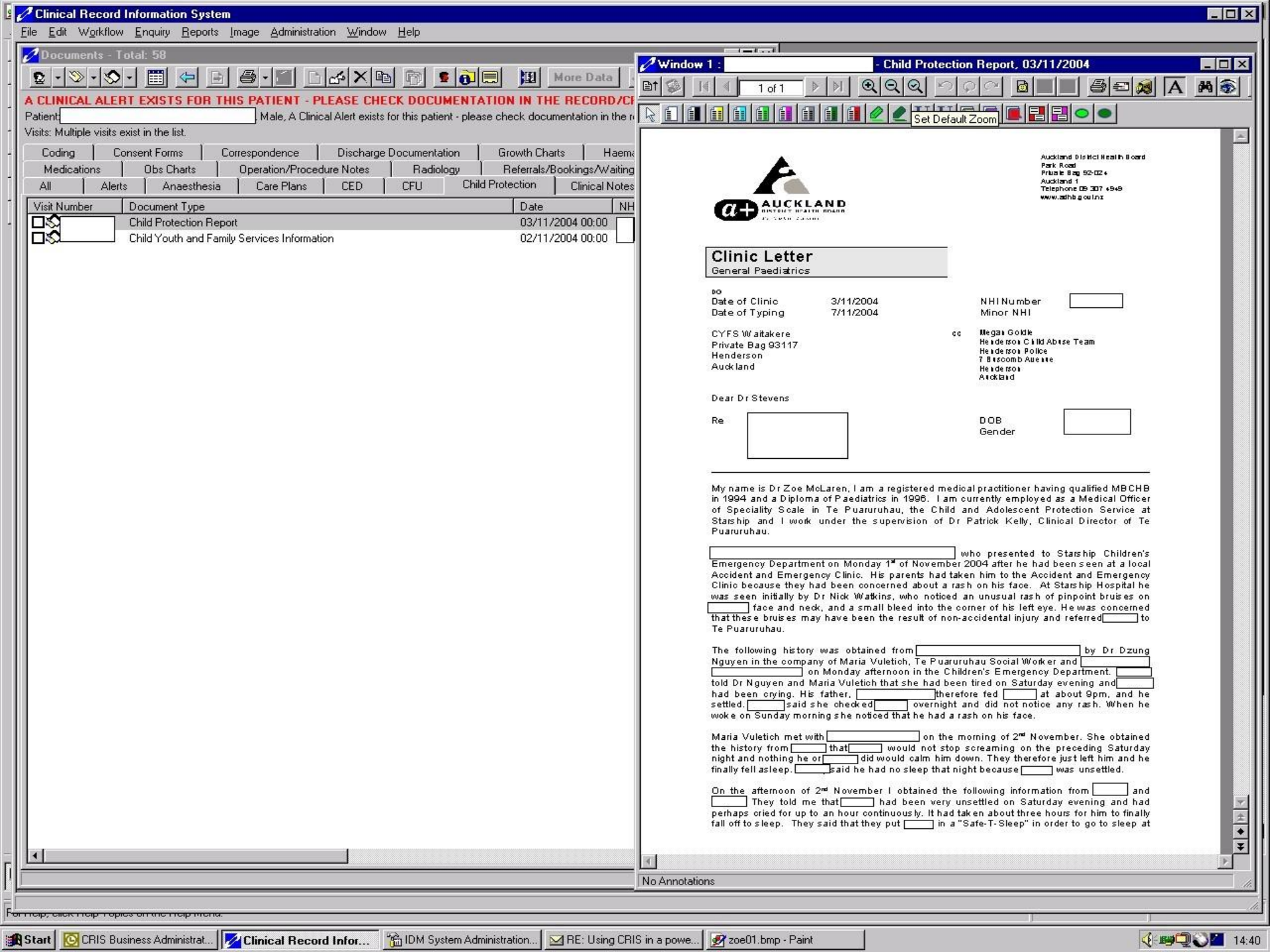
18 1y 2m M
19 2y 4m M
20 2y 7m M
Chips
1) Clinical Trial
OK
Refreshed 17:40
1 expected arrivals
20/06/2005
17:43
start
Whiteboard - Grafton...
Example of alert.doc ...
17:43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File Edit Workflow Enquiry Reports Image Administration Window Help
Documents - Total: 58
More Data
A CLINICAL ALERT EXISTS FOR THIS PATIENT - PLEASE CHECK DOCUMENTATION IN THE RECORD/CI
Patient:
Male, A Clinical Alert exists for this patient - please check documentation in the r
Visits: Multiple visits exist in the list.
Coding
Consent Forms
Correspondence
Discharge Documentation
Growth Charts
Medications
Obs Charts
Operation/Procedure Notes
Radiology
Referrals/Bookings/Waiting
All
Alerts
Anaesthesia
Care Plans
CED
CFU
Child Protection
Clinical Notes
Visit Number
Document Type
Date
NH
Child Protection Report
03/11/2004 00:00
Child Youth and Family Services Information
02/11/2004 00:00
Window 1 :
- Child Protection Report, 03/11/2004
1 of 1
Set Default Zoom
AUCKLAND
Auckland District Health Board
Park Road
Private Bag 92-024
Auckland 1
Telephone 09 307 4949
www.adhb.govt.nz
Clinic Letter
General Paediatrics
Date of Clinic 3/11/2004
Date of Typing 7/11/2004
NHI Number
Minor NHI
CYFS Waitakere
Private Bag 93117
Henderson
Auckland
cc Megan Goldie
Henderson Child Abuse Team
Henderson Police
7 Balcomb Avenue
Henderson
Auckland
Dear Dr Stevens
Re
DOB
Gender
My name is Dr Zoe McLaren, I am a registered medical practitioner having qualified MBCHB in 1994 and a Diploma of Paediatrics in 1996. I am currently employed as a Medical Officer of Speciality Scale in Te Puaruruhau, the Child and Adolescent Protection Service at Starship and I work under the supervision of Dr Patrick Kelly, Clinical Director of Te Puaruruhau.
who presented to Starship Children's Emergency Department on Monday 1st of November 2004 after he had been seen at a local Accident and Emergency Clinic. His parents had taken him to the Accident and Emergency Clinic because they had been concerned about a rash on his face. At Starship Hospital he was seen initially by Dr Nick Watkins, who noticed an unusual rash of pinpoint bruises on face and neck, and a small bleed into the corner of his left eye. He was concerned that these bruises may have been the result of non-accidental injury and referred to Te Puaruruhau.
The following history was obtained from by Dr Dzung Nguyen in the company of Maria Vuletich, Te Puaruruhau Social Worker and on Monday afternoon in the Children's Emergency Department. told Dr Nguyen and Maria Vuletich that she had been tired on Saturday evening and had been crying. His father, therefore fed at about 9pm, and he settled. said she checked overnight and did not notice any rash. When he woke on Sunday morning she noticed that he had a rash on his face.
Maria Vuletich met with on the morning of 2nd November. She obtained the history from that would not stop screaming on the preceding Saturday night and nothing he or did would calm him down. They therefore just left him and he finally fell asleep. said he had no sleep that night because was unsettled.
On the afternoon of 2nd November I obtained the following information from and They told me that had been very unsettled on Saturday evening and had perhaps cried for up to an hour continuously. It had taken about three hours for him to finally fall off to sleep. They said that they put in a "Safe-T-Sleep" in order to go to sleep at
No Annotations
Start
CRIS Business Administrat...
Clinical Record Infor...
IDM System Administration...
RE: Using CRIS in a powe...
zoe01.bmp - Paint
14:40

Summary

- Family violence screening
  - adults
- Systematic approach to assessment of injury
  - especially children under 2 years
- Past history
  - especially Child Protection Alerts

Questions?