

Primary Health Care Initiatives (PHCI) Project
Contract No. 278-C-00-99-00059-00
Abt. Associates Inc.

CHILD ABUSE

LEARNING OBJECTIVES

- Establish a set of working definitions of the various types of child abuse according to local circumstances
- Prevention of child abuse
- Describe risk factors for child abuse
- Develop an effective intervention strategy

TEACHING STRATEGIES

- Discuss types of child abuse in small groups
- Use lecture to present the epidemiology and clinical signs of physical abuse
- Review the data and experiences in Jordan dealing with child abuse.

MATERIALS AND EQUIPMENT NEEDED

- Audiovisual aids
- Health education pamphlets
- White board or flip chart and markers
- TV & Video tape
- Overhead head projector and transparencies

LEARNING POINTS

- Types of child abuse
 - Physical abuse
 - the most common cause of abuse
 - accidental or non-accidental injuries on young children such as beating, burning applying pepper or other substances to eye or mouth, chaining and exposure to heat or cold. (Moyaser, 1995)
 - Neglect
 - Malnourishment
 - failure to thrive
 - lack of bonding
 - Emotional, Verbal and Social abuse
 - It is a kind of psychological maltreatment which may take the form of nagging, scolding, ridiculing etc
 - Occurs when the needs of the child for safety, self esteem, belonging and actualization are not being met
 - Often related to unavailability of parent
 - Makes the child feel nervous, with loss of self-confidence. Leads to aggressive or withdrawn behavior (Kuplan, 93).

- Medical abuse
 - Mistreatment by a medical professional
 - Is a violation of the trust placed in a health care provider
 - Sexual abuse
 - Carries the potential of significant traumatic effect on the child
 - defined as unwanted sexual experiences before the victim turns eighteen, with relatives (familial abuse), or with persons unrelated by blood or marriage, ranging from petting to rape (Kuplan, 1993)
- Physical and behavioral indicators of children that are being sexually abused
 - Physical indicators
 - Venereal disease
 - Pregnancy
 - Bruised genitals
 - PID
 - Recurrent urinary tract infections
 - Difficulty in walking or sitting
 - Bloody underclothing
 - Eating disorders
 - Behavioral indicators
 - Inappropriate sexual behavior
 - Extremes of behavior
 - Self-destructive behavior
 - Sleep and / or eating disorders
 - Nightmares
 - Withdrawal
 - Fearful of a certain person or place
 - Child who starts fires
 - Anxiety
 - Low self-esteem
 - Suicidal child
- Epidemiology of child abuse
 - The number of reported cases is increasing
 - Implicated in accidents and Sudden Infant Death Syndrome
 - Most cases occur at home by a known and trusted person
 - Day-care and foster-care setting are involved in child abuse
 - More common when spousal abuse (domestic violence) is present
 - Fathers abuse children more than mothers
 - Rural and urban settings have the same incidence of child abuse
- Consequences of child abuse
 - Death
 - Developmental delay
 - School refusal and separation anxiety
 - Risk of substance abuse
 - Aggressive behavior
 - Depressive and affective disorders

- Causes of child abuse – Table 1

Table 1. Risk factors for child abuse

Community/societal		
High crime rate	Lack or few social services	
High poverty rate	High unemployment rate	
Parent-related		
Lack of social support	Lack of stress management	
Lack of parenting skills	Personal history of abuse	
Teenage parents	Single parent	
History of depression	Multiple young children	
Unwanted pregnancy		
Child-related		
Pre-maturity	Low birth rate	Handicap

- Health provider role and prevention:
 - Role of the health provider
 - primarily early detection and prevention of cases
 - may use supplemental home visits and family assessment to gain more information
 - health education regarding child abuse
 - The main 3 steps in evaluating a child with suspected abuse are:
 - Basic medical and family history.
 - Physical examination
 - Non-judgemental investigative interview of the child and family.
 - During history health provider should observe the following features (King & Rayan, 1996)
 - Discrepancy with the injury seen.
 - Changing story with time or different people.
 - Delay in reporting.
 - Unusual reaction to injury.
 - Repeated injury
 - Health provider should report and refer any suspected or doubted cases to the key authority
 - Be prepared to provide detailed information about any unreasonable injury, and of the child-parent interaction
- Health Center Strategies to prevent child abuse
 - Diagnose pregnancy early, and assess parent's acceptance of pregnancy
 - Assess stressors on new parents:
 - Social support
 - Financial situation
 - Family support or conflict
 - Level of education

- Identify families with problems
 - Substance or alcohol abuse
 - Domestic violence
 - Mental health problems
 - Large number of children, or closely spaced children
- Offer new parents services of a social worker, if available
- Educate new parents regarding
 - Developmental tasks of children
 - Age-anticipatory guidance
 - Parenting classes
 - Nutrition and feeding problems
 - Safety and discipline
- Discourage physical punishment; encourage other forms of discipline, such as:
 - “Time out” in an isolated room or chair
 - Withdrawal of privileges
 - Firm behavioral guidelines, with rapid consequences for infractions
- Provide:
 - Evening and weekend hours for working mothers
 - A readily available list of social service workers and their telephone numbers
 - Survey parents to identify health issues that are of interest to them

CRITICAL ELEMENTS FOR REFERRAL

- All suspected cases of violence or abuse
- Treat severely injured or traumatized cases in hospital

CASE STUDIES

Sameer is a 3-year old boy who presented to the health center because of cough and fever for 5 days. On examination he was very irritable and had a black eye and bruises of different ages covering different sites of his body.

Discussion:

1. What further history would you obtain?
2. What other areas would you examine in this child?
3. How would you proceed in followup of this case?

Group Tasks - Attachment 1