The Epidemiology of Child Abuse

Why do we do what we do...?
VFPMS Seminar June 2015
Anne Smith & Bindu Bali
Outline

• Definitions

• What is the Epidemiology?

• What are measures are being taken?

• What does this mean for you?
The Australian Institute of Family Studies (AIFS) is the Australian Government’s key research body in the area of family wellbeing. AIFS conducts original research to increase understanding of Australian families and the issues that affect them.
AIHW

What's new

Housing assistance in Australia 2015 (online report)

Demand for housing assistance grows; more seeking rent assistance and social housing waiting lists remain long (media release) (29 May 2015)
Child Abuse definitions (AIFS)

Child abuse and neglect = Child maltreatment

Child maltreatment refers to any non-accidental behaviour by parents, caregivers, other adults or older adolescents that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a child or young person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e., neglect) and commission (i.e., abuse)
4 main types of maltreatment (AIHW)

1. physical abuse
2. emotional maltreatment
3. neglect
4. sexual abuse

+/- the witnessing of family violence

Disagreement exists about exactly how to define these subtypes

No universal definitions
Definitional issues

Reflect cultural values and beliefs

Parental behaviour that is appropriate at one developmental stage may be inappropriate at another

Need to define potential perpetrators, so as not to inadvertently exclude particular behaviours and contexts

Categorical definitions

Either using abusive or neglectful adult behaviours or by the harm caused to the child as a result of such behaviours

Although perpetrator intent to maltreat a child is often a useful indicator, there are instances where abuse or neglect can occur even though the perpetrator did not intend to commit
Physical abuse

Non-accidental use of physical force against a child that results in harm to the child

+/- intent

Some physical forces are considered abusive even if no injury results

Includes shoving, hitting, slapping, shaking, throwing, punching, kicking, biting, burning, strangling and poisoning

Includes fabricated/induced illness by a parent or carer
Emotional Maltreatment

Emotional/psychological abuse/maltreatment

Parent or caregiver's inappropriate verbal or symbolic acts toward a child and/or a pattern of failure over time to provide a child with adequate non-physical nurture and emotional availability. Can damage a child's self-esteem or social competence.

Garbarino et al. (1986) defined 5 main behavioural forms:
- rejecting
- isolating
- terrorising
- ignoring
- corrupting

Some class emotionally neglectful behaviours (rejecting, ignoring) as a form of neglect.

DANYA GLASER (persistent and harmful)
Neglect

Failure by a parent or caregiver to provide a child (where they are in a position to do so) with the conditions that are culturally accepted as being essential for their physical and emotional development and wellbeing

Different sub-categories include:

- physical neglect – hygiene, clothing, housing, food, health care (some consider this medical neglect)
- emotional neglect - lack of caregiver warmth, nurturance, encouragement and support
- educational neglect
- environmental neglect
Sexual abuse

Complicated - varies depending on the relationship between the victim and the perpetrator

Very general definition - "the use of a child for sexual gratification by an adult or significantly older child/adolescent" Tomison (1995)

“Any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards" Broadbent & Bentley (1997)

Behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism and exposing the child to or involving the child in pornography
Other: witnessing of family violence

A child being present (hearing or seeing) while a parent or sibling is subjected to physical abuse, sexual abuse or emotional maltreatment, or is visually exposed to the damage caused to persons or property by a family member's violent behaviour, (Higgins, 1998)

Some classify this as a special form of emotional maltreatment

Children can experience significant disruptions in their psychosocial wellbeing – maladaptive behaviours
Additional forms of child maltreatment

1. fetal abuse
2. bullying, or peer abuse
3. sibling abuse
4. witnessing community violence, war
5. institutional abuse /
6. organised exploitation,
7. state-sanctioned abuse – neglect in orphanages, stolen generation, “forced” adoption
8. FGM, initiation rites eg Indigenous Australians
Difficulties with definitions

Definitions rarely mutually exclusive

Difficulties with categorisation (data entry person has choice +++., organisational culture influences “code”)

Maltreatment subtypes seldom occur in isolation - majority of children report exposure to two or more subtypes (cluster)

Some single acts of violence involve multiple maltreatment subtypes (sex crime + physical assault + emotional abuse)

Data are frequently not complete or accurate

Differing trends between states – eg. higher incidence of neglect (30-50% of all cases) vs. emotional abuse in SA and NSW – almost zero neglect in Victoria!
Difficulties

Asylum seeker worker tells of abuse of children as young as two on Nauru

Former Save the Children’s Viktoria Vibhakar details cases of sexual and physical abuse of children as young as two for Senate inquiry into Australia’s offshore detention of children

Read the submission in full
Break slide
Hours of this...
Maladaptive behaviours
Epidemiology data
AIHW definitions

- Notification – contact made to child protection department regarding allegations of harm to a child
- Investigation – obtain more information to determine if notification is substantiated or not substantiated
- Substantiation – sufficient reason to believe that a child has been, is being or is likely to be abused, neglected or otherwise harmed
AIHW snapshot

1 in 37 children received child protection services.

55,067 children were on care and protection orders.

Indigenous children were 7 times as likely as non-Indigenous children to receive child protection services.

Emotional abuse was the most common type of abuse.

Children from areas of lower socioeconomic status were more likely to be the subject of a substantiation.

9 in 10 children in out-of-home care were in relative/kinship care or foster care.

Nearly half of foster care households (49%) had multiple children placed.

Rates of children in substantiations, on care and protection orders, and in out-of-home care have increased since 2009–10.
Overall

Children receiving child protection services
143,023

Children who were the subject of investigations
99,210

Children who were the subject of substantiations
40,844

Children who were the subjects of non-substantiated cases
51,340

At 30 June
45,746

Children on care and protection orders
55,067

Admitted
13,171

Discharged
10,275

Children in out-of-home care
51,539

Admitted
11,085

Discharged
8,409

At 30 June
43,009

Children with investigations in process or closed with no outcome possible
7,026
Child Protection services

Figure 2.2: Children receiving child protection services by components of service received, 2013–14

Source: Table A1.
Overall

Figure 3.7: Number of notifications, investigations and substantiations, 2009–10 to 2013–14

Source: Table A38.
Table 2.1: Children receiving child protection services, states and territories, by number and number per 1,000 children, 2013–14

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<thead>
<tr>
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<th>Vic</th>
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<th>Total</th>
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<td>1,273</td>
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1 in 37 children received child protection services, with 73% being repeat clients

- 143,023 children received child protection services – this is 1 in 37 children aged 0-17 who had an investigation, care and protection order and/or were placed in out-of-home care
- This was a 6% rise over the past 12 months
- Almost 3 in 5 (59%) of these children were the subject of an investigation only (that is, they were not subsequently placed on an order or in out-of-home care), while 8% were involved in all 3 components of the system
- Almost three-quarters of the these children were repeat clients, that is they had previously been the subject of an investigation, care, protection order and/or out-of-home placement in a previous financial year.
Further Details

- Substantiation rates were stable despite longer term increases in numbers

- Rates of substantiated child abuse and neglect have remained stable since 2012-2013 at 7.8 per 1,000 children

- Rates of children on care and protection orders and in out-of-home care continued to rise

- Children on orders rose from 7.5 to 8.7 per 1,000 (over 55,000)

- Children in out-of-home care increased from 7.1 to 8.1 per 1,000 (over 51,500)
Category

Graph showing the number of children per 1,000 who experienced different forms of abuse from 2009-10 to 2013-14:
- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

The graph indicates a steady increase in the number of children per 1,000 who experienced physical abuse, sexual abuse, and emotional abuse, with a slight decrease in the number of children who experienced neglect.
Category by state
Age
## Age by state

<table>
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<th>Age group (years)</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
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<td>&lt;1</td>
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<td>9.0</td>
<td>7.4</td>
<td>18.7</td>
<td>12.0</td>
<td>10.1</td>
<td>42.8</td>
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<td>1–4</td>
<td>9.6</td>
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<td>6.4</td>
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<td>5–9</td>
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<td>6.2</td>
<td>5.5</td>
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<td>6.7</td>
<td>4.0</td>
<td>22.0</td>
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<td>5.5</td>
<td>5.6</td>
<td>5.1</td>
<td>5.0</td>
<td>3.4</td>
<td>18.6</td>
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<td>4.4</td>
<td>2.4</td>
<td>2.6</td>
<td>2.0</td>
<td>2.4</td>
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<td>7.8</td>
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<td>0–17</td>
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<td>9.0</td>
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<td>6.1</td>
<td>5.9</td>
<td>4.0</td>
<td>21.9</td>
<td>7.5</td>
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<td>All children</td>
<td>9.0</td>
<td>9.0</td>
<td>6.0</td>
<td>5.2</td>
<td>6.1</td>
<td>6.2</td>
<td>4.0</td>
<td>21.9</td>
<td>7.8</td>
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</table>

| Children in substantiations | 15,074 | 11,395 | 6,685 | 3,053 | 2,190 | 712 | 341 | 1,394 | 40,844 |

*Note:* The table represents the percentage distribution of children by state within different age groups, along with the total number of children in substantiations for each group.
Points to consider

• Emotional abuse and neglect were the most common types of abuse / neglect. Also, the most likely types of co-occurring abuse or neglect
• ATSI children continue to be over-represented (136 vs 19.0 per 1,000)
• Infants most at risk (vulnerability)
Child and Parental characteristics

**CHILD FACTORS**
- Age – older (PA)
- Sex – girls (SA)
- Race
- Difficult behaviour
- Disabilities
- Mental health problems
- LBW, prematurity

**PARENTAL FACTORS**
- Domestic violence
- Substance abuse
- Mental health problems
- Stress
- Intellectual abilities, lack of education
- Age of mother (<26 PA)
- Single parent
- Poverty
- Corporal punishment (PA)
- Poor parenting
- Social isolation (neglect)
Child deaths from abuse and neglect

CFCA Resource Sheet—August 2014
Overall rate

- 0.8 per 1,000 children (1994-1998) 9/27 economically developed
  State and territory based system

Low income countries (2.58 per 100,000)
High income countries (1.21 per 100,000)
WHO data 2006 (data collection)
Death due to maltreatment

- State and Territory based – Australian Bureau of Statistics
- AIHW data 2010 (0-14 years)
- 3rd cause of injury death after transport related deaths and accidental drowning
- 0.6 per 100,000 with under 12 months being 2.1 per 100,000
- Under recognition likely
Child Death Review Teams

• Collate data to improve understanding of circumstances of each child’s death
• Future prevention and action
• Victorian Child Death Review Committee to 2013
• Now, Commission for Children and Young People does VCDRC
Common themes

• Infants
• Previous contact with CP services, especially intergenerational history
• Co-occurrence of
  Family violence
  Alcohol and Drug usage
  Financial disadvantage (homelessness and poverty)
Comparison to other countries

US data
• Child Welfare Information Gateway
  • www.childwelfare.gov

UK data
• NSPCC
  • www.nspcc.org.uk
US data

STATE x 50

Physical Abuse
Emotional Abuse
Sexual Abuse
Neglect
  • Physical
  • Medical
  • Educational
  • Emotional

+/- Abandonment
+/- Substance Abuse
US data (2013)

- 3.9 million children reports made
- 17.5% substantiated
- 678,932 victims of abuse / neglect
- 9.1 per 1,000
- Highest rate in first year (23.1)
- White (44%) Hispanic (22%) A-A (21%)
US data (2013)

• Neglect (79.5%)
• Physical abuse (18%)

• Deaths 1,484 (2.04 per 100,000)
• 74% younger than 3 years old (<12/12)
• 80% caused by parents / caregivers
UK data (NSPCC statistics)

- Includes “children in need” which has a broader range

- Different system after investigation – section 47, child protection plan / register.

- 11.5 million children

  - 400,000 support (35 per 1,000)
  - 48,000 abuse risk (4 per 1,000)
  - 68,000 in care (6 per 1,000)
### Number of children on child protection registers or subject to a child protection plan at 31 March 2014 (or 31 July 2014 in Scotland)

<table>
<thead>
<tr>
<th>Nation</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<tr>
<td>England</td>
<td>39,100</td>
<td>42,700</td>
<td>42,850</td>
<td>43,140</td>
<td>48,300</td>
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<td>Scotland</td>
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<td>2,571</td>
<td>2,698</td>
<td>2,681</td>
<td>2,882</td>
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<td>Wales</td>
<td>2,730</td>
<td>2,880</td>
<td>2,890</td>
<td>2,955</td>
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<td>Northern Ireland</td>
<td>2,361</td>
<td>2,401</td>
<td>2,127</td>
<td>1,961</td>
<td>1,914</td>
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<tr>
<td><strong>UK</strong></td>
<td><strong>46,709</strong></td>
<td><strong>50,552</strong></td>
<td><strong>50,565</strong></td>
<td><strong>50,737</strong></td>
<td><strong>56,231</strong></td>
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</table>
UK data

657,800 The number of referrals to children’s social care in 2013-14 – an increase of 10.8% compared to the previous year when there were 593,500 referrals. Data collected for the first time, on the source of referrals, shows that nearly a quarter of referrals were from the police.

397,600 The number of children in need at 31 March 2014 – an increase of 5.0% from 378,600 at 31 March 2013, although the longer-term time series does fluctuate.

47.2% The proportion of children in need with abuse or neglect identified as their primary need. This is the most common primary need, followed by family dysfunction at 18.6%. This has remained broadly similar to the previous year.

142,500 The number of section 47 enquiries carried out in 2013-14. An increase of 12.1% on 127,100 last year.

48,300 The number of children who were the subject of a child protection plan at 31 March 2014. An increase of 12.1% on 43,100 at 31 March 2013 and an increase of 23.5% since 31 March 2010.
Characteristics of children in need

Figure 6: “Abuse or neglect” is the most common primary need
Children in need at 31 March 2014, by primary need at first assessment

- N1 - Abuse or Neglect
- N2 - Child's disability or illness
- N3 - Parent's disability or illness
- N4 - Family in acute stress
- N5 - Family dysfunction
- N6 - Socially unacceptable behaviour
- N7 - Low income
- N8 - Absent parenting
- N9 - Cases other than children in need
- N0 - Not stated
Overall

Figure 1: The number of children in need is increasing.
Children in need at 31 March.
Young Adult data

• 1 in 4 experienced severe maltreatment in childhood
• 1 in 4 experienced family violence in childhood
• Disclosure data (11-17yo)
  1 in 5 did not disclose re PA
  1 in 3 did not disclose re SA (adult)
  4 in 5 did not disclose re SA (peer)
Reimagine the future
Innovation for every child
Global child protection issues

- Sexual exploitation / Online exploitation
- Child trafficking

- One third of women aged 20-24 were child brides globally
- Every 10 minutes, an adolescent girl dies from violence
Break Slide
And more...
End result
What are the measures being taken?

• Review Process
  Federal review child sexual abuse
  Victorian Gov Family Violence initiative

• Key principles to guide frameworks

• Principles for legislation
Identifying extreme risk

• Household violence

• Heavy parental use of drugs and alcohol

• Serious mental illness

• Child’s vulnerability
Identifying miscommunication

- Services who communicate poorly internally and externally
- Services who do not work in partnership
Welcome to ARACY

Our shared vision for Australia’s children and youth (aged 0-24) is an Australia where:

‘All young people are loved and safe, have material basics, are healthy, are learning and participating and have a positive sense of identity and culture.’

[Read more]…

The Nest

The Nest is being used by many organisations to guide policy and prevention.

[Read more]…
Key principles

1. “Best interests of the child” principle
2. Public health model - early intervention
3. Participation of children and young people in decision-making
4. Out-of-home care
5. Culturally specific responses to Aboriginal and Torres Strait Islander people
State Legislation

Children and Young People Act 2008 (ACT)

Children and Young Persons (Care and Protection) Act 1998 (NSW)

Care and Protection of Children Act 2007 (NT)

Child Protection Act 1999 (Qld)

Children’s Protection Act 1993 (SA)

Children, Young Persons and their Families Act 1997 (Tas)

Children, Youth and Families Act 2005 (Vic)

Children and Community Services Act 2004 (WA)
Key features – CYFA 2005

- Common principles to guide decision making
- Pathways for prevention / early intervention
- Child Protection flexibility with responses
- Cumulative Harm
- Maintain ATSI children in their communities
- Promote stability
- Intervene in children 10-15yo sexual offenders
- Powers and orders of children’s court
- Community services framework
- Authorised information sharing
National Framework for Protecting Australia’s Children 2009-2020 - “Protecting children is everyone’s business”
(Council of Australian Governments)
Outcome areas:
• Children live in safe and supportive communities
• Children and families access adequate support to promote safety and intervene early
• Risk factors for child maltreatment are addressed
• Children who have been maltreated receive the support and care they need for their safety and wellbeing
• Indigenous children are supported and safe in their families and communities
• Child sexual abuse is prevented and survivors receive adequate support

National Child Protection Clearinghouse (research unit associated with AIFS)
Key features

• Long term approach to ensuring the safety and wellbeing of Australia’s children – aims to deliver reduction in child abuse and neglect over time

• “Protecting Children in Everyone’s Business”

• Children live in safe and supportive families / communities
• Access adequate support to promote safety and intervene early
• Support those children who have been abused / neglected and identify risk factors
• Indigenous children supported in their own communities
• Prevention of CSA and child exploitation
National framework for protecting Australia’s children 2009

Figure 1 – A system for protecting children
Framework

- **Universal services**: Generalist knowledge & skill; All GPs & Paediatricians
- **Targeted services**: Best bang for buck?
- **Reactive services**: Specialist knowledge & skill, abuse & neglect; small number of doctors

Workforce to be upskilled
Commonwealth Gov - indirect

Delivers universal support and services and targeted early intervention services to help families raise their children

- Income & family support payments
- Medicare, employment services, child & parenting support services, family relationship services and family law system, housing, disability services
- Mental health, substance abuse, intensive parenting services, intensive employment assistance, and allowances for young people transitioning from out-of-home care to independent living
Promote good parenting

• collaborate with many, many others
• start early
• share goals & strategies to achieve
  • e.g., secondary schools ‘health & relationships’ agenda – behaviour > biology
• antenatal care / neonatal care
• maternal & infant care – promote attachment
  • NB fathers (+ extended family)
  • mother-baby units
  • early childhood centres
  • PPP programs & similar
• identify modifiable & remediable factors that might affect capacity to parent well
Targeted services

Identify vulnerable children

‘Child Aware’ framework = epidemiology
ACT = intervene to reduce risk (support & refer for treatment)
• ACT
  • instead of Child FIRST
  • as well as Child FIRST
  • early intervention services for children with extra needs
  • health checks for children entering out-of-home-care
  • ATSI children
  • (parental) treatment programs
  • parenting support / financial support (+ Centrelink benefits)
• involve a broad range of govt. & NGO agencies +...
Targeted services

Identify vulnerable children

Identify mismatch between child’s needs & parental capacity to meet child’s needs

Solutions

Extra support & improve parental capacity?
Reduce child’s needs / improve health / development?
NO potential solution => call it for what it is!

Systemic problems for children

Incarcerated youth – youth justice, immigrants in detention
Severe behaviour problems / mental health
Intellectual disability, physical disability, ill
Geographically isolated / ‘culturally isolated’
Reactive services

After maltreatment & neglect

Tertiary level / Specialist
Forensic evaluation of injury -> report / court
Strong PREVENTION role
  • legal intervention (proof of assault / harm / neglect)
  • offenders off the street / no contact with child
  • protect other children, too
Accurate diagnosis is paramount!
Quality & safety – practice standards
Accountability and outcomes monitored -> service modified
Reactive services

After maltreatment & neglect

Centres of excellence
- hub for state-wide CAN health services
- research & publication
- education, teaching & training
- set standards, set benchmarks
- opinion re. cause of injury & RECOMMENDATIONS re. child’s future needs & how best to meet
- partners in investigations of serious assaults

Networks within Health system for advice

Leadership
Other countries examples

- ARACY
- Child Protection Working Group (UNICEF led)
- Child Protection Initiative (Save the Children)
- New Zealand Ministry of Health
What does this mean for you?
Children in the health system

- **Public**
  - Children are everywhere...
  - Structure
    - Community Health / Medicare Locals
    - Hospitals
      - Emergency Departments
      - Outpatient Departments
      - Inpatients
  - Policy framework ✓
  - Access
  - Accountability ✓
  - Funding
    - Federal
    - State
    - Other (fees / donations)
  - Education & training
    Prevention / detection / +tertiary level

- **Private**
  - Children are everywhere...
  - Structure
    - Primary care general practice
    - Specialists in private rooms
    - Private hospitals
    - Community Health Centres
  - Policy framework ≠?
  - Access
  - Accountability ≠?
  - Funding
    - Federal
    - Other (fees)
  - Education & training
    Prevention / detection
Medical evaluation of injury
Child abuse vs accident vs other

How do we determine likely cause of injury?

Were the child’s injuries caused by abuse?

How certain can we be?

Were the child’s injuries caused by parental neglect &/or lack of supervision?

Do some of the child’s injuries have differing causes?
Detecting child abuse

Common sense: sometimes child abuse is obvious to everyone.

Specialist recognition: sometimes child abuse is missed. Injury patterns are sometimes recognised only by experts.

Sometimes the stage of wound healing indicates when the injury occurred.

If we can determine the time when the injury occurred, we might identify the offender.
Excluding child abuse

Healthy active children commonly accidentally bruise themselves & fracture bones.

Patterns of accidental injury are recognisable.

Accidentally injured children should not be wrongly judged to be abused.

Excluding child abuse:
• protects adults from false accusations
• avoids harm that results when a child is removed from parents
Wrong medical diagnosis

Child abuse is often missed.

A missed diagnosis of child abuse might result in additional injury or the child’s death.

Some injuries caused by child abuse are difficult to differentiate from accidents.

Some medical conditions can be confused with abuse.

A wrong diagnosis of abuse can result in terrible consequences for child & parents.

Wrong medical diagnoses create havoc in the legal system.
Evidence based practice

Is evidence-informed / patient centred
  • not a one-size-fits-all approach

Is reliant on data

Evidence is ‘thin on the ground’
  • symptoms & signs
  • systematic reviews
  • meta-analyses
  • case studies – even n=1 are useful (possibility)

Dogma is challenged (e.g. retinal hhges)
Knowledge base is expanding (e.g. AHT)
There is much we don’t know
What do health professionals need?

1. **To be educated / well informed** (foundation)
   Knowledge about:
   - roles & responsibilities (local protocols)
   - populations of children who are most at risk
   - how to differentiate inflicted injury from accidents & medical mimics
   - what to do when child abuse is suspected
   - what interventions work?
   - how to share information with others
   - how to present medical evidence in court
What do health professionals need?

2. To be skilled (possess core competencies)
An ability to:

- ask questions
- examine children
- choose best tools / appropriate tools
- correctly recognise child abuse
- alert authorities
- present evidence to justice system
- write reports & provide testimony in court
- behave ethically & responsibly, with integrity
What do health professionals need?

3. To be available

Services should be adequate to serve population & ensure quality

• the right **model**, funding, policy, protocols, guidelines, standards, monitoring, accountability, adaptability

Child protection practitioners, police & health professionals should SEEK & USE children’s doctors’ expertise & advice.

• Use best practice tools
• Recognise limits of expertise
• Refer when wise to do so
• Lobby for improvements!
What do health professionals need?

4. Guidelines, standards & protocols

• Criteria
• Definitions
• Tools
• Templates
• Professional development
• Performance review
• Key performance indicators / monitoring
**Seminar timetable**

### Day 1: Monday 12th June

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>0830-0900</td>
<td>Welcome, Coffee and registration</td>
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<tr>
<td>PART 1</td>
<td>0900-0915</td>
<td>Our goals, roles and responsibilities</td>
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<tr>
<td>0915-1000</td>
<td>Violent violence – the epidemiology of child abuse</td>
<td>Dr Andrea Smith</td>
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<td>1000-1100</td>
<td>Panel session</td>
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<tr>
<td>Lunch</td>
<td>1200-1300</td>
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<tr>
<td>1300-1315</td>
<td>Overview of interprofessional child abuse</td>
<td>Barnaby Gargaro, Dr Andrea Smith</td>
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<tr>
<td>PART 2</td>
<td>1315-1400</td>
<td>Overview of clinical work</td>
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<tr>
<td>1400-1415</td>
<td>Psychological assessment – who, what, where, when</td>
<td>Dr Andrea Smith</td>
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<tr>
<td>1415-1500</td>
<td>Multidisciplinary team</td>
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<td>1500-1515</td>
<td>Ahmad Juval</td>
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<tr>
<td>1515-1600</td>
<td>Afternoon tea</td>
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<tr>
<td>1600-1715</td>
<td>Skin conditions associated with child abuse – a quiz</td>
<td>Dr Tanya Shen</td>
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### Day 2: Tuesday 13th June

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References

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• Thank you