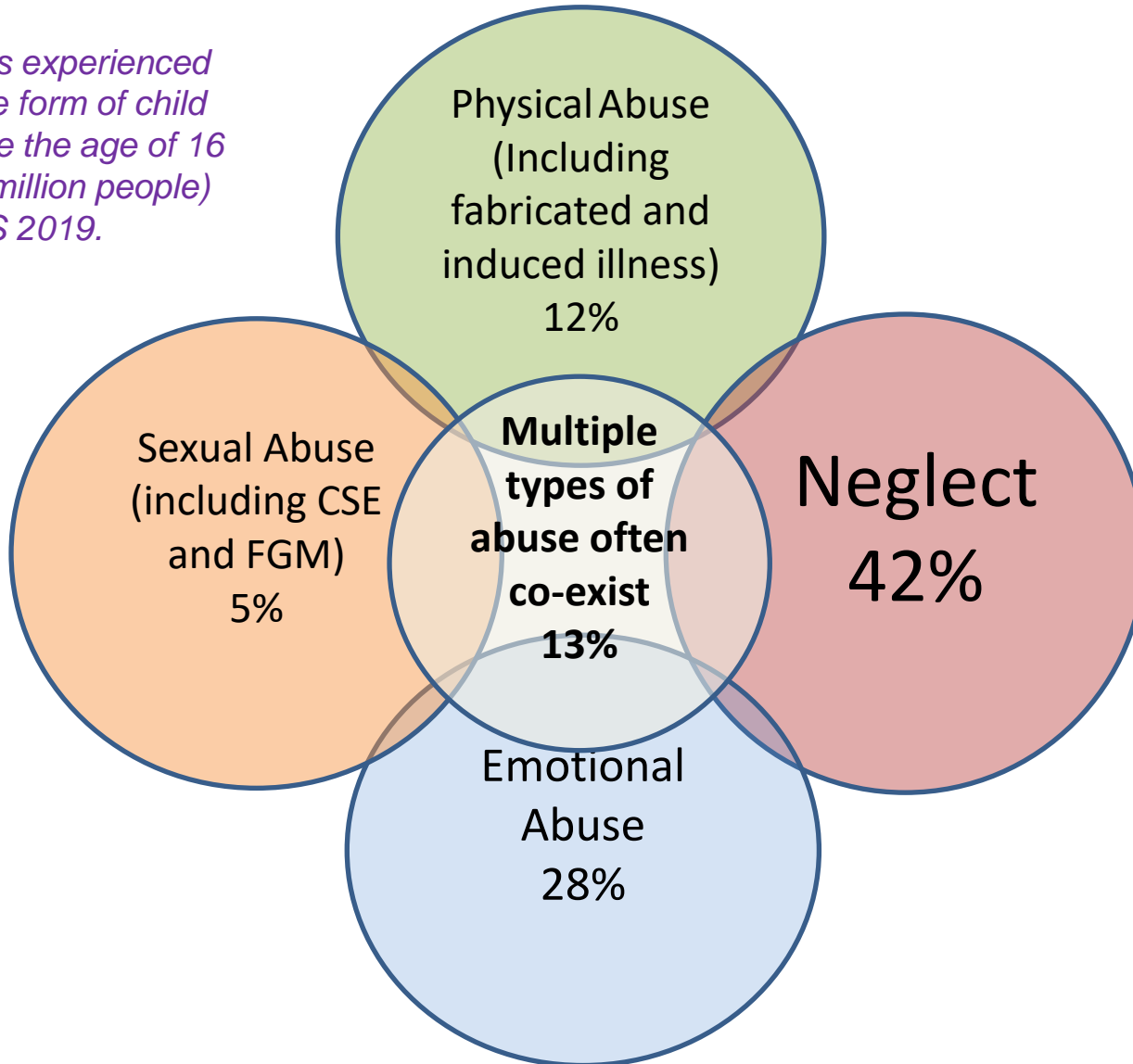


# Safeguarding – early warning signs

Dr Anna Riddell

# Types of Child Abuse

*1 in 5 adults experienced  
at least one form of child  
abuse before the age of 16  
years (8.5 million people)  
ONS 2019.*



# Physical abuse

Deliberately causing injuries such as bruises, broken bones, burns or cuts.

Hitting, Shaking, Poisoning, Burning or scalding, Drowning, Suffocating

Includes **fabricated and induced illness** where this involves physical harm to a child

## History fails to explain the injury

Vague history/ un-witnessed

History keeps changing

Not in keeping with child's developmental stage

Delay in seeking medical help

Repeated attendance with injuries

Disclosure of abuse

## What to look out for:

Bruising in the under 1s

Burns not consistent with described accident

Witnessed physical chastisement

Fractures in non-ambulant child

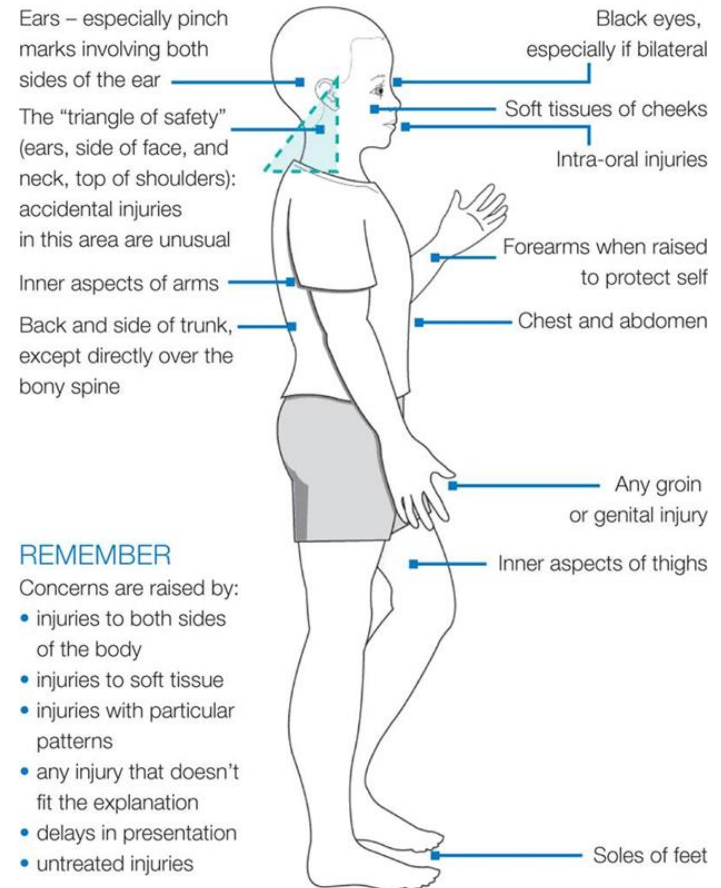
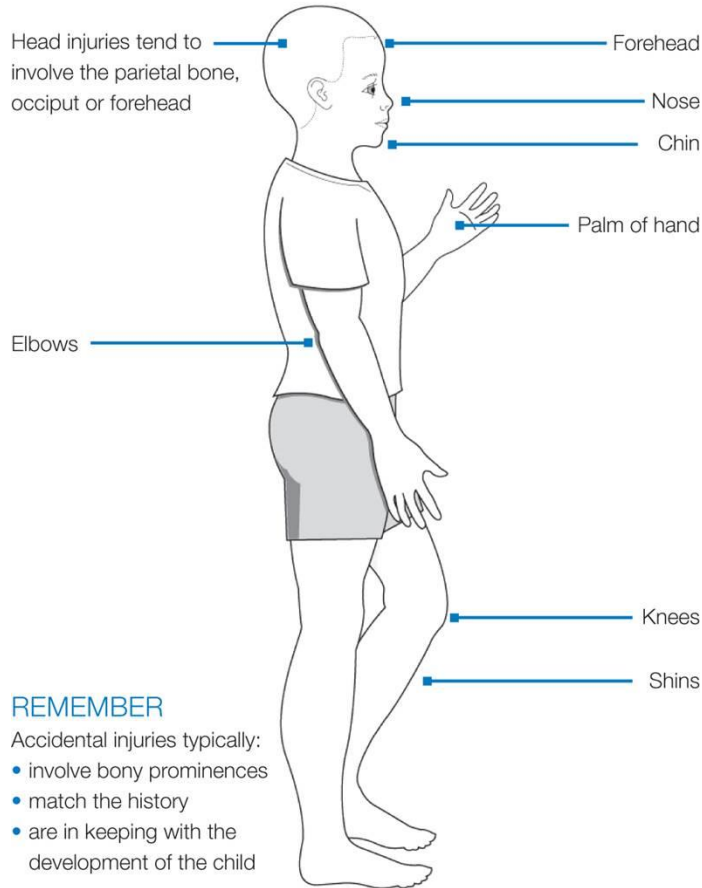
Multiple injuries of different ages

Seizures, unusual behaviour, altered mental state - poisoning

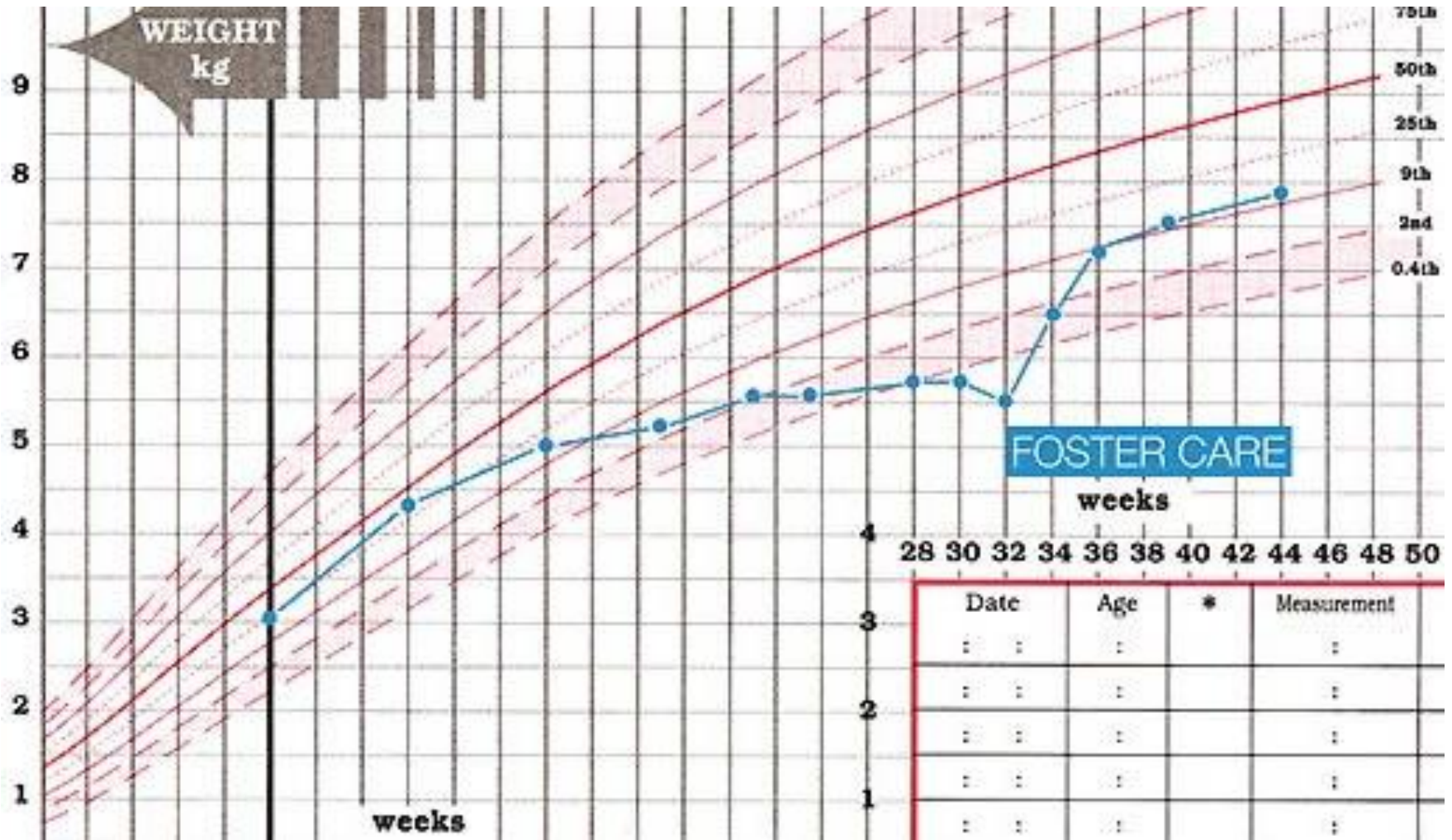
Parent requesting unwarranted medical interventions



# Injuries: accidental or non-accidental



# Failure to thrive



Date	Age	*	Measurement
: :	:		:
: :	:		:
: :	:		:
: :	:		:
: :	:		:

# Early warning signs of Neglect

Failure of provision and failure of supervision

## Infants

Faltering growth with developmental delay

SUDIC

Language delay

Severe nappy rashes and other skin infections

Recurrent and persistent minor infections

Non-engagement with universal healthcare

Repeated DNAs to appointments

## School aged children

Short, underweight, unkempt and dirty

Learning difficulties with poor concentration

Immature, no confidence, aggressive and overactive – requiring CAMHS referral

Wetting and soiling

Poor educational performance – discuss with school

Poor dental hygiene requiring multiple extractions

Frequent accidental injuries, often unwitnessed

## Teenage

Short, underweight/ overweight  
Poor general health, unkempt and dirty

Delayed puberty

School absence and poor school achievement

Gang membership – victim of violence  
Conduct disorder leading to criminality and prison.

Smoking, drinking, substance abuse  
Sexual promiscuity



# Warning signs of emotional abuse

Eating disorder

Sleep disorder

DSH

Multiple functional health problems e.g.  
constipation, myalgia, headaches

Anxiety and mental health issues



# Spotting Emotional abuse

## Emotional states:

Fearful, withdrawn, **low self-esteem**, anxiety

## Behaviour:

Mental health issues - aggressive, oppositional, dissociation  
Recurrent nightmares  
Extreme distress  
**Running away or going missing**  
Self harm  
**Eating disorders**  
Wetting and soiling  
Sexualised behaviour

## Interpersonal behaviours:

Indiscriminate affection seeking  
**Over-friendliness to strangers**  
Demonstrating excessively 'good' behaviour to prevent parental disapproval  
Controlling behaviour towards others  
Poor emotional intelligence  
**Lacks social skills and has few friends**

## Parent Child Interaction:

Negativity or hostility  
Rejection or scapegoating  
Developmentally inappropriate expectations  
Inappropriate threats or methods of disciplining.  
**Exposure to domestic abuse.**  
Failure to promote the child's appropriate socialisation

***Consider child maltreatment if a parent refuses to allow a child or young person to speak to a healthcare professional on their own.***



# Warning signs of Sexual Abuse

## Pregnancy

## Sexually Transmitted infection

Vaginal/Rectal bleeding

Recurrent vulvo-vaginitis

Dysuria/pain on passing urine/UTI

Bedwetting/Soiling

Behavioural problems/sexualised behaviour

## Disclosure

Signs of emotional abuse

Missing school

Much older boyfriend

Becoming disengaged from friends / family

Self harming

Genital warts: worry in older child with other concerning signs.

Warts in themselves are not diagnostic of CSA

Only 1 in 8 children who are sexually abused are known to the police and children's services.



# Child Sexual Exploitation

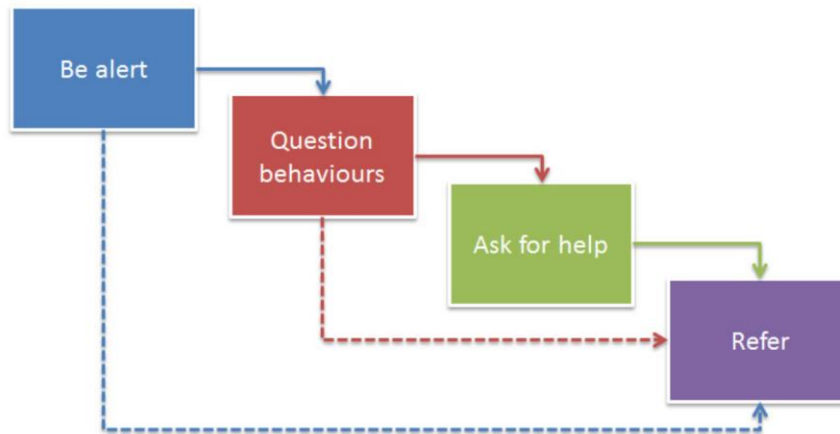
**Exploitative situations, contexts and relationships** where young people receive 'something' (e.g.. Food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing or others performing on them sexual activities.

**Exploiter has power** due to their age, gender, intellect, physical strength and or economic resources.

**Violence, coercion and intimidation** are common aspects of the relationship due young persons limited choices as a result of social/economic and emotional vulnerability.



# What to do if you are worried a child is being abused



## ***Consider* abuse**

If you have identified features of abuse :

1. **Discuss your concerns** with a colleague (GP, Paediatrician, Named Professional)
2. **Gather information** from other agencies e.g. CAMHS, school, HV, police.
3. **Review the child or young person** looking out for any other alerting features.

## ***Suspect* abuse**

If you then suspect child maltreatment **refer the child or young person to children's social care,**

following local multi-agency safeguarding arrangements.

## ***Exclude* abuse**

Exclude maltreatment **when you have found a suitable explanation for the alerting features.**

# Helping a child or parent to share a worry

React calmly & be aware of non-verbal messages

Don't stop a child or parent who is talking freely about what has happened

Observe and listen but don't ask for more information – *do not ask leading questions*

If you have difficulty in understanding the child or parents find someone who can help – *use advocates*

Tell the child or parent what will happen next, and *be honest – unless this would put the child at risk of harm*

Avoid making comments/ judgements about what is shared

# Case

An unsupported 19 year old woman had a baby that died unexpectedly at 7 weeks of age. The coroner agreed a cause of death as Sudden Infant Death Syndrome. She then spent a period of time as a sex worker and became pregnant, delivering a girl weighing 3.2Kg at term. During the pregnancy she was treated for an STD and possibly had some drug exposure. She was supported by social workers and her GP prior to the birth and was under a specialist midwifery team post-natally

Following birth the baby had repeated attendances at a local A&E department with minor complaints. She had several admissions to hospital and a monthly follow up in a paediatric out-patient clinic. She also saw her health visitor regularly. She was breast fed for 5 months and had normal development. At 7 months of age she presented with a cut lip, caused when her mother threw a feeding bottle at her.

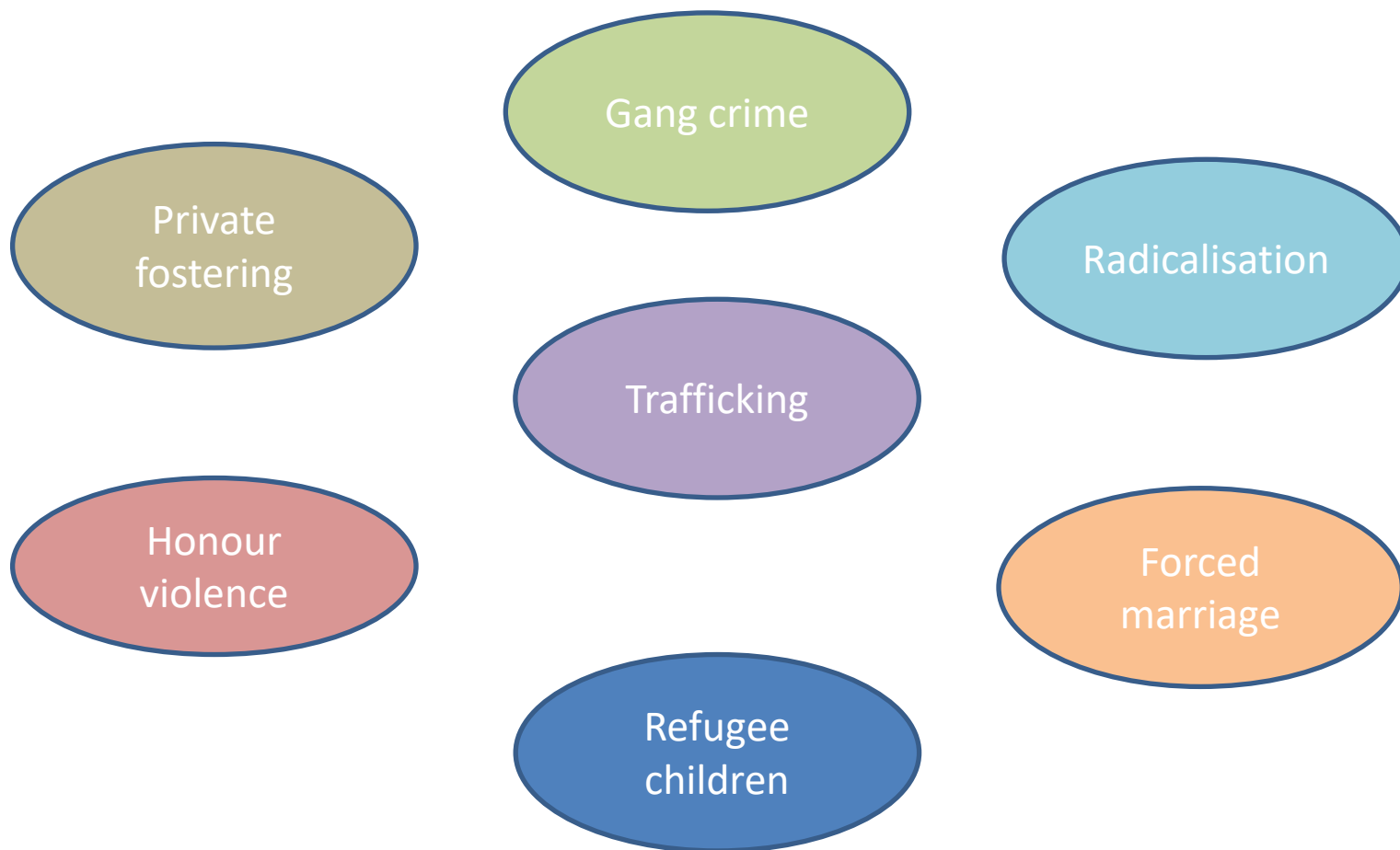
Mother was rehoused and began living with a new partner who was supportive and helped care for her child. Mum found a job and he looked after the girl when she was at work. The child began attending nursery and was initially described as happy and sociable but then became inexplicably withdrawn and fearful.

One day on returning home mother found bruises over the girls thighs and became concerned as her daughter had recently developed a sore bottom. She presented to the GP concerned that her child may have been “interfered with”.

## What would you do?

Consider the warning signs but also the protective factors  
and how you could signpost to support services

# Other issues in child safeguarding



Any many more emerging!



# Resources

<https://www.nice.org.uk/guidance/cg89>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What to do if you re worried a child is being abused.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)

<https://www.nspcc.org.uk/what-is-child-abuse/spotting-signs-child-abuse/>

Kingston M et al. How to manage children with anogenital warts. Sex Transm Infect 2016;1-3

Level 3 training available to GPs

<https://www.e-lfh.org.uk/programmes/safeguarding-children/>