

# Clinical guideline

- from evidence to outcomes

It is worthwhile to ask direct questions about child maltreatment because when asked, parents often admit having maltreated the child.

## Efficient methods for identifying child maltreatment in social and health care

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## Efficient methods for identifying child maltreatment in social and health care

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## Introduction

Child maltreatment is a national health issue with various detrimental effects on the child, both in the short and in the long term. All forms of maltreatment (physical, emotional and sexual abuse, neglect, witnessing domestic violence) pose a significant risk to the child's health and well-being, and may even endanger the child's life. Maltreatment is detrimental to the child's normal physical, emotional and social development, interferes with learning, and has a negative effect on behaviour. Maltreatment along with its consequences causes suffering to the children and families concerned, but also results in societal costs. The aim should be to identify maltreatment at as early a stage as possible or to prevent it altogether, for example by developing efficient risk assessment tools, identification methods, and ways of supporting at-risk families and children. Identification of and intervention in maltreatment is still hampered by the sensitivity of the phenomenon and the difficulty of identification, the emphasis on family privacy, the difficulty of raising the subject, the inefficiency of multidisciplinary cooperation, and the insufficient content of education on the issue.

## Aim of the guideline

This guideline is an update on the "Identification of Child Maltreatment" guideline published in 2008. The aim of the updated guideline is to gather methods of identifying child maltreatment proven efficient based on the latest research-based evidence.

## Delineation of the topic

Maltreatment was defined as either physical or emotional abuse, or as neglect of care. The chosen studies assessed the effects of a certain identification method (e.g. screening tool, examination of physical injury, education, multidisciplinary approach) on whether or not maltreatment was identified. The target group consists of social and health care professionals as well as other professionals caring for and encountering children and families with children. Their task is to identify the children and adolescents under 18 years of age who have encountered physical or emotional abuse or neglect of care in their family, or who are at risk of being subjected to maltreatment. In addition, their task is to identify the families in which child maltreatment occurs or children are at risk of being subjected to maltreatment.

## Special considerations while applying the guideline

The care guidelines are not a substitute for an appraisal of the patient's/client's health by a health professional. In applying the guidelines, points to consider include the viewpoint of the patient/client, resources available in the surrounding operational environment, and the clinical appraisal of the overall situation made by a health professional.

The guideline can be found in its entirety at:

<http://hotus.fi/hotus-fi/suositukset> (in Finnish)

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#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Knowledge and appraisal of risk factors

Knowledge of risk factors in **children** and their behaviour facilitates the identification of and intervention in child maltreatment. **B**

### Risk factors related to the child may include

- complications associated with pregnancy or birth: preterm birth, low birth weight.
- child's disability, poor language development, young age, behavioural problems, weepiness
- irritability of the child. Irritation factors in children include: misbehaviour, defiance, disobedience, the child triggers childhood memories in the mother, the child dislikes/rejects the mother, the child offends the mother, the child fails to live up to the mother's expectations.
- special risk factors for baby shaking include: premature baby, twins, male child, the child cries a lot
- risk factors for Münchausen Syndrome by Proxy include: the child is under 2 years of age, the mother as perpetrator of violence, often also complicated medical history (e.g. lots of visits to health care services) in siblings or sudden death of a sibling.
- (a single risk factor alone is not indicative of maltreatment)

#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Knowledge and appraisal of risk factors

Knowledge of risk factors in **parents** and their behaviour facilitates the identification of and intervention in child maltreatment. **B**

### Risk factors related to the parents may include

- **substance abuse, emotional coldness, smoking**
- **low level of parental involvement in child care on the part of the father or mother**
- **serious illness, mental health problems, emotional immaturity**
- **low educational level, young age, criminal record, parental history of maltreatment as a child**
- **unwanted pregnancy/denial of pregnancy**
- **divorce, single parent, parental experience of lack of social support**
- **poor compliance with treatment, low level of appointment keeping**
- **authoritarian parenting style and related disciplining practices, extreme over-protectiveness**
- **unrealistic expectations regarding the child**
- **(a single risk factor alone is not indicative of maltreatment)**

#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Knowledge and appraisal of risk factors

Knowledge of risk factors in **family situation** or **family** behaviour facilitates the identification of and intervention in child maltreatment. **B**

### Risk factors related to family may include

- **several children in the family, low income, socioeconomic disadvantage, history of child protective interventions**
- **intimate partner violence, unemployment, family stress or crisis, quarrelling**
- **parental reluctance to engage in conversation with health professionals**
- **social isolation or marginalisation of the family, family perception of lack of social support**
- **(a single risk factor alone is not indicative of maltreatment)**

The screening tools may be used in the appraisal of maltreatment or risk thereof, as part of the overall appraisal. **B**

#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Knowledge and appraisal of risk factors

No single risk factor or sign alone is necessarily indicative of maltreatment having taken place; the situation of the child and family **needs to be considered as a whole**. When some type of maltreatment has been substantiated, it is reasonable to suspect the presence of other types of maltreatment as well. **C**

### Combinations of risk factors accounting for maltreatment:

- parental depression, alcohol abuse and history of intimate partner violence
- maternal isolation, emotional and communication problems
- low income, lack of social support, single parent family, personal parental experience of maltreatment as a child
- mother smoking during pregnancy, more than two children in the family, unwed parents, low birth weight
- low maternal educational level, failure to attend the antenatal clinic during pregnancy, single parent, multiple births, smoking, several children in the family

The **accumulation of multiple risk** factors increases the risk of child maltreatment. Knowledge and appraisal of the quantity and nature of risk factors facilitate identification of maltreatment. **B**



#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Signs of child maltreatment

Knowledge of signs and symptoms associated with child maltreatment facilitates the **identification of and intervention** in child maltreatment. **B**

### Physical signs:

- bruises on cheeks, thighs, torso, upper arms, buttocks
- bruising in a child under 9 months of age
- multiple bruises, bruises/lacerations in the shape of an object
- clearly demarcated burns in the shape of an object, burns resembling sock-like markings
- injuries in different stages of healing, e.g. bruises of different colours
- perineal injuries, cigarette burns
- injuries by location: skin injuries, head injuries, skeletal injuries, abdominal injuries
- passivity, seizures, vomiting, sleepiness, respiratory arrest

### Other signs

- emotional burden, fear, substance abuse
- psychosomatic symptoms, e.g. abdominal pain and headache
- depression, adjustment problems, school attendance problems
- long-term emotional or behavioural problems, child's recurrent clinic visits
- signs of neglect in the child
- health problems
- child's reports of pain without a clear cause
- manifestation of signs in the home (e.g. untidiness, clutter)
- manifestation of aforementioned signs in relation to the child's age and stage of development

#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Principles and methods of identifying and intervening in cases of child maltreatment

When **identifying** and intervening in cases of child maltreatment, health professionals need to consider a number of issues associated with the child and family (background, child, adults, their relationship), and show caution and consistency in their reasoning. **C**

When child maltreatment is suspected, it is also essential to ascertain, besides the child's injuries and symptoms, parental behaviour by asking parents directly about their behaviour. **C**

It is worthwhile to ask direct questions about child maltreatment because when asked, parents often admit having maltreated the child. **C**

#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Principles and methods of identifying and intervening in cases of child maltreatment

Parents should be asked about **child care** and **their spousal relationship**. **D**

Supporting questions may include:

- What is it like to care for this child? Who is available to help you or both parents with child care and day-to-day life?
- Do you have enough time for yourself? Do the parents have time for each other?
- What do you do when the child's behaviour makes you nervous? What do you do when the child cries?
- Do you/the parents experience difficulties feeding the child or putting the child to bed?
- How is the relationship between the parents? How do you cope with the daily routine of family life?

When working with parents who **have been maltreated as children**, it is essential to ascertain and ask direct questions about how they raise their own children and how they act as parents. **C**

#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Principles and methods of identifying and intervening in cases of child maltreatment

Family violence needs to be appraised during postnatal checks for all children, and mothers who have experienced intimate partner violence need to be informed about the effects of **violence between family members on children**. **C**

- **Discuss attitudes towards and forms of discipline and consider them with the parents. Is maltreatment caused by educational disciplining or by a parent losing control over the situation?**
- **Does your child irritate you? (see irritation factors above) -> often gives rise to lively discussion.**
- **If necessary, ask directly about maltreatment, using appropriately tangible questions.**
- **Find out whether parents are aware of the normal stages of child development and other age-related issues, such as the obstinate age.**
- **If necessary, discuss the issue with a multidisciplinary team. Make sure that parents are properly informed about the normal stages of child development and that they have, for example, the contact information for an appropriate service agency in case they feel overexerted.**

#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Principles and methods of identifying and intervening in cases of child maltreatment

Carefully planned and implemented **home visits** by health professionals or other professionals have been found to be useful tools in both identification of and intervention in child maltreatment. **B**

The following criteria are conducive to a successful home visitation programme:

- home visits need to begin early and occur frequently enough (family and practitioner get to know one another)
- the main purpose of a home visit is to create a therapeutic relationship with parents
- the practitioner: discusses the possibility of maltreatment and its signs, is capable of offering a model of appropriate parenting, does not ignore the needs of the child, is capable of offering tangible services for the family
- service delivery needs to involve all members of the family
- home visits need to be personalised to meet the individual needs of the family in question; no "one-size-fits-all" services

#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Principles and methods of identifying and intervening in cases of child maltreatment

Children benefit from early home **interventions in high-risk families** where maltreatment is likely. Interventions may include family guidance on child development, tangible aid and support, parenting skills training, or supporting positive interaction between child and parent in the home environment. **B**

Long-term family interventions, the family's commitment to them, shared goals, good interaction between practitioner and family, and the fact that the family accepts the support offered, are essential for **intervening in child maltreatment**. **B**

#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Principles and methods of identifying and intervening in cases of child maltreatment

The **role and interaction skills of the nurse** are highly relevant to the identification of and intervention in child maltreatment. **C**

### The health care provider's duties include:

- observation and documentation of injuries, signs, and situation: date, description of injury (including photographs), appraisal of the aetiology of injury, issues associated with the child's growth (e.g. nutritional status) and development
- assessing and ensuring of the child's safety in the situation and afterwards
- reporting findings to the rest of the team involved in care
- observation of child and parent behaviour (e.g. whether verbal communication matches nonverbal communication, the quality of the child-parent relationship)
- gathering information from the family by asking questions
- listening to the family
- identifying family risk factors (see Knowledge and appraisal of risk factors)
- making arrangements for continued care
- primary nursing is important with regard to encountering the child/family, and to their treatment
- systematic documentation
- important: e.g. flow charts regarding critical pathways, as well as check lists, might be useful. Training should be provided to assist practitioners in using these tools.

#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Principles and methods of identifying and intervening in cases of child maltreatment

Knowledge of the following **principles** facilitates the arousal of suspicion of child physical maltreatment: location and severity of the injury are inconsistent with the explanation given, young age of the child, non-specific symptoms in a child, delayed medical care, belittling parental attitude. **C**

- **the younger the child suffering an injury (fracture, skull trauma, bruising, burn), the more likely it is that the injury is caused by abuse**
- **changing explanations regarding the cause of injury or symptom are indicative of maltreatment**
- **history of repeated injuries or clinic visits may be indicative of maltreatment**
- **careful physical examination of the child is important (diagnosis is the duty of a physician)**



#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Principles and methods of identifying and intervening in cases of child maltreatment

In case of a suspected head injury and related injury to the eye, a **variety of methods** is required in order to substantiate maltreatment. **B**

- When an eye injury is associated with head injury of an infant, the possibility of maltreatment needs to be appraised.
- The examination of a child with acute head trauma must include: CT, MRI & DWI, in case the first CT shows an abnormality or the symptoms persist.

Especially in the case of small infants, maltreatment can be identified by **radiological examinations and location** of bruising. **B**

- Rib fractures are indicative of maltreatment with 95% certainty in children under 3 years of age. The rib fractures of children under 3 need to be appraised and examined carefully in order to substantiate maltreatment. In the case of children under 2 years of age, a full-body radiological examination should be considered in case of a strong suspicion of maltreatment.
- Bruising on the torso, ear, or neck in children under 4 years of age, and any bruising on infants under 4 months of age, are indicative of maltreatment and call for further examination.

#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Principles and methods of identifying and intervening in cases of child maltreatment

In the case of suspected maltreatment, **elevated transaminase levels** (liver enzymes, over 80 IU/L) may be indicative of an abdominal injury **C**.

**Burns** should be suspected as caused by maltreatment with the following criteria: burn caused by hot water, immersion mechanism, sharply demarcated injury, explanation inconsistent with the injury. **B**

- **Other factors may include passivity, withdrawnness, fearfulness, or previous injuries of the child.**

#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Principles and methods of identifying and intervening in cases of child maltreatment

Investing in and developing **multidisciplinary cooperation** improves the identification of maltreatment. In addition, regional and national changes in operational policy are required. **B**

- **Combining services for families with children to form a flexible chain of services is a functional model even for the families facing challenges and risks in their day-to-day life that make them susceptible to maltreatment.**
- **Identification is facilitated by multidisciplinary services that are available close by, easily accessible, and well organised.**
- **A multidisciplinary mode of operation agreed upon in cooperation improves the identification of maltreatment, but is not sufficient alone.**
- **The process of development requires changes in practices on different levels, commitment from organisational administration and supervisors, and changes in operational policy.**

#### Degree of evidence

- A** Strong evidence
- B** Moderate evidence
- C** Weak evidence
- D** No evidence

## Principles and methods of identifying and intervening in cases of child maltreatment

One essential method in improving the identification of and intervention in maltreatment is **wide-scope education** aimed at several professional groups together. The education concerns e.g. the phenomenon itself, methods of identification and intervention, documentation, and legislation. **C**

The know-how and attitudes regarding the identification of child maltreatment can be improved by **educating staff**. **B**

- **Education improves practices in cases of identifying maltreatment. Those participating in the education experience an increase in their knowledge and skills.**
- **Positive changes are seen in every field, especially in the case of raising the subject of risks such as stress, alcohol abuse, or violence, as well as addressing them. The effect is long-lasting (36 months).**