



Service Priorities and Programmes Electronic Presentations

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Effective Management of Child Abuse Victims by a Designated Team and Protocol

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Introduction

Child protection is an important aspect of general paediatric care nowadays. In Hong Kong, child abuse victims are admitted to the paediatric ward which provides a platform for multidisciplinary care, such as evaluation by pediatricians, social workers, clinical psychologists, school teachers and police. Due to the peculiar socio-economical background of the local families, Yuen Long and Tuen Mun had the largest number of child abuse cases reported in Hong Kong Child Protection Registry. The CAN'T HIT Program in Department of Paediatrics of Tuen Mun Hospital allows direct referral of child abuse victims from social workers. All cases are evaluated by Medical Co-ordinator of Child Abuse. Early discharge plan is formulated after the evaluation. A multidisciplinary case conference will be conducted to discuss the welfare plan of the family.

Objectives

To evaluate the effectiveness of management of child abuse victims with the department protocol

Methodology

Retrospective review of patients from Department of Paediatrics of Tuen Mun Hospital in the period of January 2013 to December 2014, aged less than 18 years old, for evaluation of child abuse.

Result

There are 409 patients with 206 boys (48%) and 222 girls (52%) included. Among these, 268 (66%) cases were established or high risk for abuse in the multidisciplinary case conference. Physical abuse n=149 (56%), sexual abuse n= 64 (24%), child neglect n=33 (12%), psychological abuse n=2 (0.5%), mixed abuse n=20 (7.5%). The median age was 8 years old. There were three age peaks noted. 1) Infancy: most victims suffered from child neglects or were born from drug abuser mothers; 2) primary school age children: physical abuse victims; 3) teenage girls: sexual abuse victims. Parents were the abusers in 70% cases (mother: 40%, father: 30%). More than 60% cases came from single parent families and had history of family violence.

In 19% families, either parent was new immigrant. Mental illness parents were identified in 22% cases. Another 19% cases were noted substance abuse parents. 46% child abuse victims were noted to have behavioural or mental problem (ADHD, dyslexia). The median length of hospital stay was 2 days (average 4.6 days). The readmission rate due to another child abuse event in the 24 months study period was only 2.2%. All studied children survived. Only one case suffered from neurological damage after a serious inflicted head trauma. Conclusion Child abuse accounts an important problem and significant workload in NTWC. High percentage of various kinds of risk factors for child abuse was observed among the admitted children and their family members. The short length of hospital stay and low readmission rate reflect current management and collaboration with social worker is efficient. The high case numbers in recent years may reflect more alertness from public. Serious case or death due to child abuse were less common nowadays.