

Siblings should be screened in cases of suspected child physical abuse, says consensus statement

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Siblings of a child suspected of experiencing physical abuse should also be screened for abusive injuries, according to a new international

consensus statement led by researchers at UCL (University College London) and Great Ormond Street Hospital for Children (GOSH).

The team of 27 researchers, from six different continents, are calling for a [policy change](#) to stop inconspicuous injuries being missed in contact [children](#) (i.e., siblings, cohabiting children, or children who are under the same care), and to help prevent further [abuse](#).

Physical abuse is a common but preventable cause of long-term childhood illness and death. The World Health Organization (WHO) estimates that 300 million children aged 2–4 years regularly suffer [physical punishment](#) and/or psychological violence at the hands of parents and/or caregivers.

There is also a strong association between [physical abuse](#) being experienced by both an index child (i.e., the child who initially presents with suspected child physical abuse) and contact children; in 37% of cases, contact children will also have experienced physical abuse.

Nevertheless, there is currently no guidance on how to screen contact children for abusive injuries and previous surveys of child abuse pediatricians report disparate or incomplete assessment of contact children in up to 40% of cases.

The new international consensus statement, published in *JAMA Pediatrics*, calls for the routine radiological screening of contact children in the context of suspected child physical abuse.

It recommends that contact children under the age of five years should undergo a thorough physical examination, with particular attention paid to the skin, ears, oropharynx (throat), genitalia, and growth.

Those who show no signs of physical abuse should then also undergo

radiological screening. This would involve neuroimaging (preferably MRI) and skeletal survey for children aged less than 12 months and a skeletal survey for children aged 12–24 months. Children aged more than 24 months do not require imaging, under the newly proposed guidance.

Corresponding author, Dr. Kish Mankad (Associate Professor at the UCL Great Ormond Street Institute of Child Health and Clinical Lead for Neuroradiology at GOSH), said, "We wanted to create an evidence-based and consensus-derived set of best practices for the radiological screening of contact children in the context of suspected child physical abuse."

"Contact children are particularly vulnerable to physical abuse and so it is important to establish a recognized baseline for the stringent evaluation of these at-risk children and provide clinicians with a more resilient platform from which to advocate for them."

"This is important collaborative work which we hope will help to safeguard children across the globe," said senior author, Professor Amaka C Offiah (Chair, Pediatric Musculoskeletal Imaging, University of Sheffield and Chair of the European Society of Pediatric Radiology Child Abuse Task Force).

Researchers hope that their framework will also provide further epidemiological knowledge of how physical abuse affects children around the world.

Study limitations

There is a lack of literature reporting the yield of neuroimaging and follow-up skeletal surveys in children. This is, in part, due to inadequate implementation of contact screening but also due to the inherent

difficulties of studying child physical abuse, with the vast majority of evidence derived from retrospective observational studies, and with no comparative multinational prospective studies.

More information: International consensus statement on the radiological screening of contact children in the context of suspected child physical abuse, *JAMA Pediatrics* (2023). [DOI: 10.1001/jamapediatrics.2022.6184](https://doi.org/10.1001/jamapediatrics.2022.6184)

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