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## The incidence of severe physical child abuse in Wales<sup>☆</sup>

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### Abstract

**Objectives:** The purposes of this study were: (1) to ascertain the incidence and nature of severe physical child abuse in Wales; (2) to ascertain the incidence of all physical abuse in babies under 1 year of age; and (3) to determine whether child protection registers (CPR) accurately reflect the numbers of children who are physically abused.

**Methods:** This is a population-based incidence study based in Wales, UK, for 2 years from April 1996 through March 1998. Children studied were under the age of 14 with severe physical abuse consistent with the criminal law level of Grievous Bodily Harm. This included seven categories of injury (death; head injury including subdural hemorrhage; internal abdominal injury; physical injury in Munchausen Syndrome by Proxy including suffocation; fracture; burn or scald; adult bite). Cases were ascertained by a pediatrician surveillance reporting system (WPSU). A criterion for inclusion was multidisciplinary agreement that physical abuse had occurred (at case conference, strategy meeting, or Part 8 Review). The incidence of all babies under 1 year of age with physical abuse was also studied. Ascertainment of babies under the age of 1 year was undertaken from CPR as well as the WPSU.

**Results:** Severe abuse is six times more common in babies [54/100,000/year (95% CI  $\pm$  17.2)] than in children from 1 year to 4 years of age [9.2/100,000 (95% CI  $\pm$  3.6)]. It is 120 times more common than in 5- to 13-year-olds [0.47/100,000 (95% CI  $\pm$  0.47)]. This is mainly because two types of serious abuse (brain injury including subdural hemorrhage and fractures) are more common in babies under the age of 1 year than older children. Using data from two sources (the WPSU and CPRs), the

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incidence of physical abuse in babies is 114/100,000 (CI  $114 \pm 11.8$ ) per year. This equates to 1 baby in 880 being abused in the first year of life. The largely rural Health Authority area in Wales had incidence figures for abuse in babies that were 50% of the three other predominantly urban Health Authority areas. Boys throughout the series were more at risk of being severely abused than girls ( $p < .025$ ). Only 29% of the babies under 1 year of age on the CPR had actually been injured. Thirty percent of abused babies under the age of 1 year and 73% of severely abused children over the age of 1 year had caused previous concern to health professionals regarding abuse or neglect.

**Conclusions:** Physical abuse is a significant problem in babies under the age of 1 year. Very young babies (under 6 months old) have the highest risk of suffering damage or death as a result of physical abuse. Severe abuse, in particular subdural hematoma and fracture, is much more common in babies than in older children. There is evidence of failure of secondary prevention of child abuse by health professionals, with a greater need to act on concerns regarding abuse and neglect. Interagency child protection work in partnership with parents should focus more on protecting babies under age 1 year from further abuse than on maintenance of the infant within an abusive home. The CPR is not intended as an accurate measure of children suffering abuse. It is a record of children requiring a child protection plan and must not be used as a measure of numbers of abused children. © 2002 Elsevier Science Ltd. All rights reserved.

*Keywords:* Physical child abuse; Epidemiology; Incidence; Child protection register

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## **Introduction**

In the United Kingdom, professional and political debate on child abuse tends to be informed either by extraordinary events such as the death of children at the hands of their caregivers (Reder, Duncan, & Gray, 1993; Parton, 1999). This debate can also be informed by process measures such as the nature and rate of entries on child protection registers (CPR) (Creighton, 1987). The definitional and methodological difficulties (Belsey, 1993; Creighton, 1998) associated with incidence and prevalence studies in this area have been well documented (Creighton, 1998). The available data are generally regarded as insufficiently robust to provide baseline measures for the evaluation of service delivery strategies and individual interventions, especially in the context of a general shift toward evidence-based practice.

Against this background, a population-based epidemiologic study of physical abuse in babies and severe physical abuse of all ages in Wales, UK, was undertaken. A successful experience was had using a monthly card return system from consultant pediatricians in the whole UK in our study of Munchausen Syndrome by Proxy (McClure, Davis, Meadow, & Sibert, 1996). It was therefore decided to use a similar system in Wales. Ascertainment in babies was confirmed using CPRs.

Wales is one of the four nations that make up the United Kingdom; although the National Assembly in Cardiff governs Health and Social Services, the systems for child protection are similar to England. CPRs are maintained by the primary statutory agencies for child welfare (social services departments). Registers record details of those children for whom an interagency child protection plan has been agreed through a formal process of investigation and case review. Their purpose is to provide a reference point for those professionals working with a child and to alert others who may engage with such children and their

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