

Paediatric Pearls

by Dr Julia Thomson, Paediatrician

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Monthly paediatric update newsletter for all health professionals working with children – put together by Dr Julia Thomson, Paediatric Consultant at Homerton University Hospital, London, UK. Housed at www.paediatricpearls.co.uk where comments and requests are welcome! July 2020 edited by Dr Jackie Driscoll.

The Youth Violence Commission – Final Report

After a delay with Covid-19, this report has FINALLY been published and makes for stark reading. It also makes for hopeful reading however as there are many opportunities for intervention. **This report represents the voices of 2,200 young people through their completion of the safer lives survey.**

Based on a compelling social and economic case for action, the Commission's main findings and recommendations are "designed to help us better understand and reduce the shocking levels of serious violence that saturate many young people's lives, while also seeking to prevent the traumatic experiences that drain away too many young people's opportunities, hopes and dreams for a better future.

A review of causes of youth violence based on a life stage approach:

Early Years	School Age	Across the Lifespan
<ul style="list-style-type: none"> Witnessing domestic violence Being subject to physical abuse Long periods being left alone due to economic pressures on parents or parental struggles with drugs, alcohol etc. 	<ul style="list-style-type: none"> Exclusions from mainstream education – <i>"a process that they invariably told the Commission further damaged their self-esteem and identity, while simultaneously closing off avenues for them to pursue healthy and prosocial lives."</i> Older siblings already involved in theft, drug distribution or violence 	<ul style="list-style-type: none"> Cuts to vital third-party organisations Policing cuts Inadequate and squalid housing – a factor young people found led to them feeling further demoralised and alienated from society, generating feelings of shame, anger and resentment that lie at the core of many instances of violence.

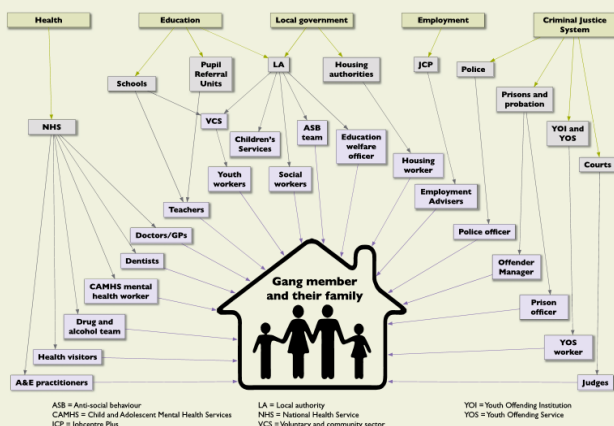


Visit Bedrooms of London for an eye opening view on the link between housing, self esteem and future opportunities.

Gapminder is a Swedish non-profit initiative to also demonstrate disparity and deprivation through images. <https://www.gapminder.org/dollar-street/>. It's a fascinating global website.

Visit Youth Violence Commission for the full report.

Figure 1 – Range of agencies involved with a typical gang member and their family



To hear more about the public health approach to youth violence, [listen to a leading trauma surgeon at the Royal London Hospital as well as from psychologist Karyn McCluskey about the lessons learnt in Glasgow with Violence Reduction Units](#)

When sweets carry more danger than a sugar high

The Department of Health and Social Care have issued [an alert](#) this week that a large quantity of NERDS ROPE sweets have been manufactured containing cannabis oil. The package has been made to a professional standard and heat sealed so is hard to distinguish from those packets without the cannabis. THC is the main psychoactive ingredient in cannabis and affects the CNS and cardiovascular system. Ingestion is associated with longer lasting effects than inhalation. As children have a lower body mass than adults, they are at greater risk of harm. A safeguarding referral must be made in all cases where children or vulnerable adults have eaten them.



What to watch out for:

- Loss of coordination
- Hallucinations
- Nausea or vomiting
- Lethargy, loss of consciousness
- Tachycardia, arrhythmias, hypertension

WHAT IS: Trauma Informed Care?

Terminology

Adversity and trauma are often used interchangeably but whilst *adversity* describes the situation and experience that a person has, *trauma* refers more commonly to the impact on their mental health. To work in an **adversity and trauma-informed** way, is to be sensitive to the wider context of the person's life, how this impacts them and any support you may be able to give them. This requires a shift in thinking from:

"What's wrong with this young person?"

"What's happened to this young person to get to this point?"

Why is it important?

- Research shows there is a strong relationship between experiencing adversity and trauma in childhood, and poor social and health outcomes in adolescence, adulthood and later life.
- Chronic activation of the sympathetic nervous system can increase the risk of heart disease, stroke and cancer.
- Relational trauma can increase the risk of depression, anxiety, substance abuse and suicidality.
- Almost half of UK adults have experienced ≥ 1 form of adversity in their childhood. For a sobering TED talk on what happens if they've experienced more than four, see https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime/discussion

What signs and symptoms might you see?

Physiological	Psychological	Behavioural
Sleep problems Palpitations Low energy Aches and pains Migraine Loss of appetite Medically unexplained symptoms	Irritability Anger Guilt Shame Anxiety Poor concentration	Developmental regression Bed-wetting Disengagement from school/peers Bullying Re-enactment of traumatic events

What next?

Every contact with someone who has experienced adversity and trauma can be an opportunity for healing and growth. To learn more, consider:

- [Adversity and Trauma-Informed Practice: A short guide for professionals working on the frontline](#)
- [Trauma and Young People: A guide for parents, carers and professionals](#)
- [A podcast episode with Dr Jonathan Tomlinson on trauma informed care](#)