CHILD ABUSE 101: an INTRODUCTION

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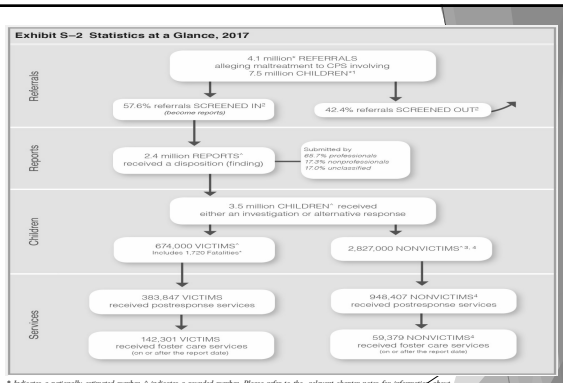
Objectives

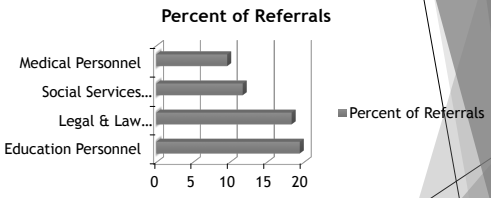
- Definition and types of "child abuse"
- Epidemiology and risk factors of child abuse
- Explore reporting process and who is a mandated reporter
- Identify the "red flags" in the history and presentation that increase the concerns for child abuse



* Indicates a nationally estimated number. ^ indicates a rounded number. Please refer to the relevant chapter notes for information about thresholds, exclusions, and how the estimates were calculated.
1 The average number of children included in a referral was (1.8).
2 For the states that reported both screened-in and screened-out referrals.
3 The number of unique nonvictims was calculated by subtracting the unique count of victims from the unique count of children.
4 Includes children who received an alternative response.

Child Maltreatment 2017

Report Sources



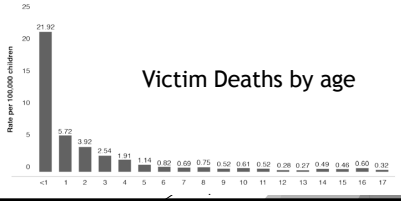
Child Maltreatment 2017

Child Fatality Rates per 100,000 Children, 2013-2017

Year	Reporting States	Child Population of Reporting States	Child Fatalities from Reporting States	National Fatality Rate Per 100,000 Children	Child Population of all 52 States	National Estimate of Child Fatalities
2013	51	74,116,816	1,548	2.09	74,378,641	1,550
2014	51	74,081,066	1,585	2.14	74,339,990	1,590
2015	49	70,432,795	1,589	2.26	74,360,792	1,680
2016	49	72,028,582	1,699	2.36	74,352,938	1,750
2017	50	72,689,585	1,688	2.32	74,312,174	1,720

Data are from the Child File and Agency File. National fatality rates per 100,000 children are calculated by dividing the number of child fatalities by the population of reporting states and multiplying the result by 100,000.

If fewer than 52 states reported data, the national estimate of child fatalities is calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. Because of the rounding rule, the national estimate could have more or fewer fatalities than the actual reported number of fatalities.



Texas Reporting Law

- Texas Family Code section 261.101
- A person having cause to *believe* that a child's physical or mental health or welfare has been adversely affected by abuse or neglect by *any* person shall immediately make a report.
- Reporting a suspicion of child abuse and neglect is *not* an accusation

1-800-252-5400 CPS Hotline

Mandated Reporters

"PROFESSIONAL" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state and who, in the normal course of official duties or duties for which a license or certification is required, has direct contact with children. The term includes teachers, nurses, doctors… employees of a clinic or health care facility that provides reproductive services…" (TFC Sec. 261.101)

What The Laws Says: Texas Family Code

- Professionals have 48 hours to make report
- Confidential*
- Not a breach of patient confidentiality
- Immunity from criminal & civil liability
- Class B misdemeanor for failure to report suspected abuse
- Class A misdemeanor for failure to stop or report aggravated sexual assault of a child

Texas Family Code Sect. 261.101, 261.106, 261.201, TFC & Occupation Code 159.003, 261.109, Texas Penal Code Sec. 38.17

Risk Factors

Risk Factors? ACEs?

In the Parent:

- Previous child abused
- Poor understanding child development
- Poor impulse control
- Young age
- Single parent, few supports
- Mental Illness
- Domestic Violence
- Substance abuse…

In the Child:

- Unwanted pregnancy
- Different from expectations
- Born prematurely
- Handicapped
- Perceived as difficult
- Hyperactivity
- Developmental delays…

Why does it matter?

4.7 children each day die from abuse

- 4-8% of all US children maltreated each year
- 1 out of 3 girls and 1 out of 5 boys will be sexually abused before they reach age 18. ... Boys (48.5%) and girls (51.2%) become victims at nearly the same rate
- Nearly **one in 12** American children has asthma
- Approximately 1 in **285** children in the U.S. will be diagnosed with cancer before their 20th birthday

Siegel RL, Miller KD, Jemal A. Cancer Statistics, 2017. CA: A Cancer Journal for Clinicians 2017; 67(1):7-30.

By The Numbers

Child Maltreatment by Type, 2017					
Neglect	Physical Abuse	Sexual Abuse	Medical Neglect	Psychological Maltreatment	Other
74.9	18.3	8.6	2.2	5.7	7.1

Child Maltreatment 2017

Maltreatment Types of Child Fatalities, 2017

Maltreatment Type	Child Fatalities	Number	Percent
Medical Neglect		**101**	**7.4**
Neglect		**1032**	**75.4**
Other		223	16.3
Physical Abuse		569	41.6
Psychological Abuse		30	2.2
Sexual Abuse		8	0.6
Unknown		-	-
NATIONAL	1368	1963	143.5

Child Maltreatment 2017

Physical Abuse Injuries

- Cutaneous (skin)
  - Bruises
  - Bites
  - Burns
- Fractures
- Visceral (abdominal)
- Head Trauma
- Poisoning

Bruises

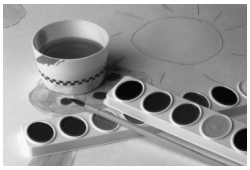
- Color
- Shape
- Size
- Location
- Pattern

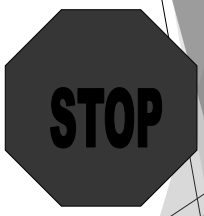
"Those Who Don't Cruise Rarely Bruise"

- Age
  - Rare less than 6 months
  - Increasing with age
- Development
  - Pre-cruisers
  - Cruisers
  - Walkers

Sugar et al. Bruises in Infants and Toddlers. *Archives of Pediatric and Adolescent Medicine.* 1999;153: 399-403

Estimation Of Age Of Bruises by color…..

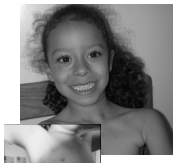




Differential Diagnosis of Bruises

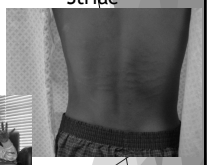
- Mongolian Spots
- Ehlers Danlos Syndrome
- Erythema Multiforme
- Allergic “shiners”
- Phytophotodermatitis
- ITP
- Leukemia
- Hemophilias
- VW Disease
- HSP
- Cao Gio
- Cupping
- Ink, dye on body
- Meningococcemia
- Urticaria pigmentosa
- Popsicle panniculitis
- Pediculosis
- Accidental Injury
- DIC
- Hemangiomas

Phytophotodermatitis



Cupping (Glass Leach)

Striae

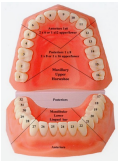


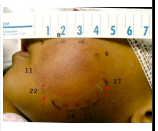
Coining

Markers

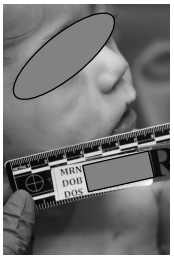
Bites

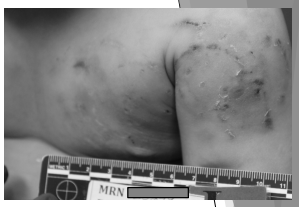
- Size of teeth does not correlate with gender or persons age
- Size of bite may not correlate with adults vs. child
- Photograph/ Measure – canine to canine (inter-canine distance)
- May compare with impressions





The numbers on the bite mark are labeled according to standard tooth numbering. The 2 red arrows point to teeth # 22 and 27, the mandibular canines. The distance between these teeth is 4.0cm, as is the distance between the impressions from the maxillary canines, teeth # 6 and 11.



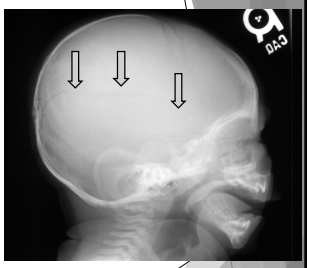


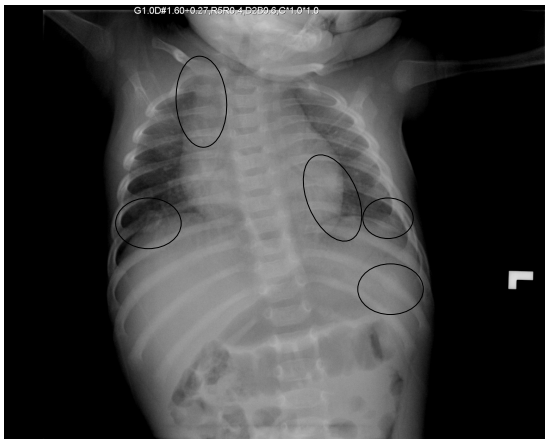
Burns

- Classified by depth and extent (%)
- Nature of exposure
- Time of exposure
- Temperature
- Pattern of exposure

Fractures

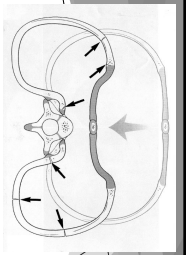
- May involve any part of the skeleton
- Fractures may be "occult"
- Presence of multiple fx at different stages of healing suggests child abuse

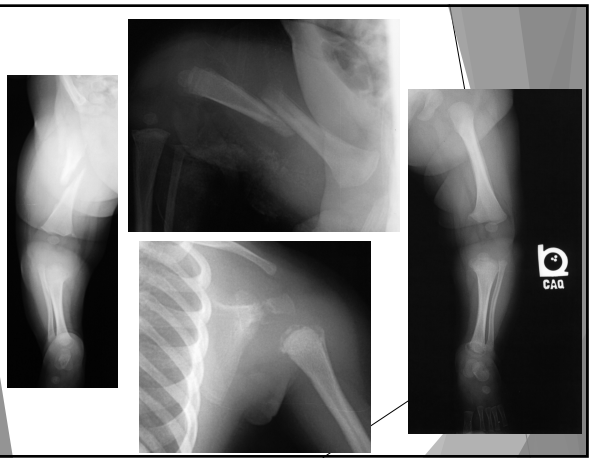




Rib Fractures and Child Abuse

- Commonly seen in infants/toddlers (90% are seen in infants <2 yrs)
- Usually multiple rib Fx's are *not* apparent on physical exam
- Rib Fx's should *not* be considered a complication of CPR (in absence of MVA-should be considered *evidence abuse* unless proven otherwise)





CML Classic Metaphyseal Lesion

"Corner" or "Bucket Handle" fxs

Concerning Radiologic Findings

- Classic Metaphyseal Lesions
- Multiple rib fractures
- Scapular/sternal/acromial fx's
- Transverse, oblique, or spiral fx's in non-ambulating children
- Unsuspected fx's in children with normal mineralization of bone
- Lack of repeated fx's in a protective environment

Differential Diagnosis of Multiple Fractures

- Rickets
- Osteogenesis Imperfecta
- Osteomyelitis
- Leukemia
- Menke's Syndrome
- Congenital indifference to pain (CMT), scurvy, Vitamin A intoxication

Medical Evaluation

- History and Physical Exam
- Laboratory Tests
  - CBC
  - CMP (liver enzymes), Amylase, Lipase
  - Calcium, Phosphorous, Alkaline, Phosphatase
- Skeletal Survey
- Head CT and/or MRI
- Retinal Exam (if neuro-imaging positive)

Injury To A Child?

Is the history consistent with the medical findings:

- Severity of the injury?
- Timing of the injury?
- Location of the injury?
- Pattern of the injury?
- Developmental age of the child?

Abusive Head Trauma (AHT)

- AHT is the most common cause of death from CA
- About 95% of fatal head injuries in infants during the 1st year of life result from abuse.
  - Most common age: infants <1 year of age
  - Most patients: infants <6 months of age

Figure 1 The shaken infant. (Illustrated by Laura Perry, M.D., based on descriptions by assailants. Reproduced with permission from Weinman PR: Diagnostic imaging in infant abuse. Review article. AJR 151:781-792, 1988.)

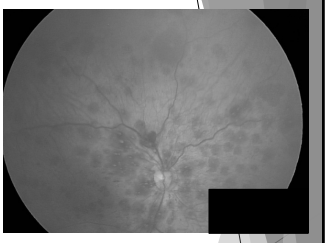
AHT

Infants are particularly vulnerable

- Relatively large head
- Weak cervical musculature
- Immature un-myelinated brain, with higher water content
- Nonverbal

Retinal Hemorrhages

- Nonspecific term
- Reported in 50-100% of CM in which shaking (+/- impact) is documented
- Severity of RH correlates with neurologic outcome



Certain type of RH in infants < 2 yrs of age suggests an acceleration/deceleration mechanism w/wo impact (injury)

Again…the Force Required

- Is intense
- Is not c/w playing, swinging, or bouncing a baby on the knee
- Would be evident to a reasonable caregiver

To lift and "shake" a child requires an adult size person

NEGLECT

What Is Neglect?

- When child's basic needs are not met
  - and
- Omission in care by a parent/caregiver
- Causes significant harm or risk of significant harm

https://www.google.com

Children Need:

- Supervisory neglect: supervision, protection
- Nutritional neglect: food
- Educational neglect: education
- Psychological neglect: love and acceptance
- Medical neglect: health care
- Physical neglect: clothing, shelter

Why Is Identification Of Neglect Important?

- Ensure the safety, health and development of children
- Child neglect affects:
  - the cognitive development
  - emotional health
  - physical health
  - social development
  - children die from neglect

https://www.google.com

Risk Factors for Neglect

- Families often are chaotic with impulsive parents
- Parents with unrealistic expectations
- Families may be socially isolated
- Poverty and lack of social resources contribute
- Families may be under stress with illness, loss of job, etc.

Neglect: continuum

Needs fully met < > Not met at all

- Neglect not typically intentional
- Can involve psychopathology of caregiver
- There is seldom a single contributor to neglect
- Neglect can be difficult to assess

Supervisory Neglect

Supervisory neglect occurs when a caregiver's supervisory decisions or behaviors place a child at significant ongoing risk for physical, emotional, or psychological harm.

- Injuries
- Fall in the pool
- Ingestion (meds, drugs chemicals)
- Left in the car
- Firearms
- Death

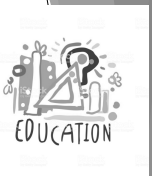
https://www.google.com

Flaherty EG, Sege R. Barriers to physician identification and reporting of child abuse. Pediatr Ann. 2005;34:349-356

Educational Neglect

The failure of a parent or guardian to ensure that a child has prompt and regular attendance in school

Keeping of a child out of school for impermissible reasons resulting in an adverse affect on the child's educational progress or imminent danger of such



Nutritional Neglect

Nutritional neglect in infants and children results from inadequate nutrition to maintain physical growth, development, and intelligence (FTT?)

or

The allowing the ingestion of an abundance of calories that can lead to obesity and other health consequences.

Psychological Neglect

Actions or lack of actions

Including language that may have an adverse effect on the emotional and psychological well being of the child.

- These may include:
  - Ignoring
  - Rejecting
  - Isolating
  - Terrorizing
  - Corrupting or Exploiting

Americanhumanesociety.org

Psychological Neglect

- **Ignoring**
  - consistent failure to respond to the child's need for stimulation, nurturance, encouragement and protection or failure to acknowledge the child's presence
- **Rejecting**
  - actively refusing to respond to the child's needs, e.g., refusing to show affection
- **Verbally assaulting**
  - constant belittling, name calling or threatening

Psychological Neglect

- **Isolating**
  - preventing the child from having normal social contacts with other children and adults
- **Terrorizing**
  - threatening the child with extreme punishment or creating a climate of terror by playing on childhood fears
- **Corrupting or exploiting**
  - encouraging the child to engage in destructive, illegal or antisocial behavior

Medical Neglect

Medical neglect usually takes 1 of 2 forms:

- Failure to heed obvious signs of serious illness
- Failure to follow a physician's instructions once medical advice has been sought

Jenny C, "Recognizing and Responding to Medical Neglect," PEDIATRICS Volume 120, Number 6, December 2007, 1385-1389.

Medical Neglect

Several factors are considered necessary:

- Child harmed or at risk of harm because of lack of health care
- Recommended health care offers significant net benefit to child
- Anticipated benefit of treatment is significantly greater than morbidity (so that reasonable caregivers would choose treatment over non-treatment)
- Can demonstrate that access to health care is available and not used
- The caregiver understands the medical advice given

SEXUAL ABUSE (SA)

American Academy of Pediatrics 1999

"SA occurs when a child is engaged in sexual activities the child cannot comprehend, for which the child is developmentally unprepared and cannot give consent, and/or that violate the law or social taboos of society. The sexual activities may include all forms of oral-genital, genital, or anal contact by or to the child, or non-touching abuses, such as exhibitionism, voyeurism, or using the child in the production of pornography.

Sexual abuse includes a spectrum of activities ranging from rape to physically less intrusive sexual abuse"

Important knowledge about SA

- It's normal to be normal: "The absence of physical findings does not rule out the possibility of SA or prior penetration."
- Normal does not mean "nothing happened"
- A child's disclosure alone, can make the diagnosis of sexual abuse

Remember this please!!!!

Why do most children remain free of significant medical findings (normal)?

- Nature of assault may not be damaging
- Perception of "penetration" ?
- Disclosures often delayed
- Complete healing can occur quickly
- The hymen changes with puberty

Sexual Abuse Presentation*

Physical
- Bleeding
- Discharge
- Pain
- Soiling
- Wetting
- Infection
- Pregnancy

Behavioral
- Sleep disorders/Nightmares
- Depression
- School problems
- Anxiety/Increased activity
- Changes in appetite
- Regression
- Phobias
- Somatizations
- Concerning sexual behaviors

Clinical Findings *Specific* for SA

- Presence of sperm, semen, prostate specific antigen in the mouth, vagina, or anus
- Complete hymenal transection (tear) → vaginal wall
- Pregnancy in early adolescence
- Evidence of STI (not acquired perinatally) in pre-pubertal children

Disclosures

- Why do children keep silent?
  - Psychological manipulation—abusers may threaten, or "bribe" the child
  - Shame/guilt
  - If the child discloses, the family will "fall apart"
  - Dissociation and repression

SA Physical Examination

- Routine vs **Urgent?** (acute vs non-acute)

  - Disclosure of inappropriate sexual contact within 120 hours (**Texas**)
  - Genital or anal pain, discharge or bleeding

What do you do if a child discloses?

- Listen carefully
- Believe them
- Assure them that it was not their fault
- Reassure they did the right thing in disclosing
- Spontaneous disclosure: don't need to stop them…don't ask for additional details except time frame

Conditions Mistaken for Sexual Abuse

- Erythema
- Urethral prolapse
- Lichen sclerosis
- Labial adhesions
- Hemangiomas
- Rectal prolapse
- Chronic constipation, anal fissures

Driscoll Children's Hospital CARE Team

- Coordinate and Communicate
- Detailed Psychosocial Assessments
- Medical Evaluation and Treatment
- Collect forensic medical evidence
- Perform photo-documentation of injuries
- Referrals to:
  - CPS
  - Law Enforcement
  - Counseling Services
- Testify