DSHS Grand Rounds

May 7

Child Abuse and Neglect: The Science, Myths, and Reality

Presenter: James L. Lukefahr, MD
Professor of Pediatrics, Univ. of Texas Health Science Center San Antonio

Logistics

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https://tx.train.org

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for individuals not requesting CE hours
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1. webinar: http://extra.dshs.state.tx.us/grandrounds/webinar-noCE.htm

2. live audience: sign in at the door

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Logistics (cont.)

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Disclosure to the Learner

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Participants requesting continuing education contact hours or a certificate of attendance must register in TRAIN, attend the entire session, and complete the online evaluation within two weeks of the presentation.

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This educational activity received no commercial support.

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Our speaker and planning committee members have disclosed no relevant financial interests.

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David Lakey, MD
DSHS Commissioner
is pleased to introduce today's
DSHS Grand Rounds speakers

Child Abuse and Neglect: The Science, Myths, and Reality

James L. Lukefahr, MD
Division of Child Abuse Pediatrics
University of Texas Health Science Center at San Antonio

Acknowledgements

- Thanks to my colleague Dr. Sandeep Narang for letting me use many of his graphics and photos.

- Some of the photos are borrowed from the American Academy of Pediatrics' "Visual Diagnosis of Child Abuse" CD-ROM, and others are courtesy of the Shaken Baby Alliance (Fort Worth).

Learning Objectives

Participants will be able to:

1. Describe the incidence and prevalence of child abuse and neglect.
2. Identify characteristics of the client/patient history that should trigger concern for possible abuse.
3. Distinguish the physical and behavioral signs of physical abuse, sexual abuse, and child neglect.
4. Discuss Texas laws for mandatory reporting of suspected child abuse and neglect.
5. Understand the importance of a full, detailed, carefully documented history and physical examination in the evaluation of child abuse.
6. Recognize the role of the health and human service professional in reducing child maltreatment.

The Scope of Abuse

- Child maltreatment: 13 per 1,000 children every year (estimate)
- Comparison incidence of diseases:
  - All childhood cancers
    - 1 to 2 per 10,000 children in the US (National Cancer Institute)
  - Type 1 & 2 Diabetes
    - 19.0 per 100,000 children; Type 2 Diabetes--5.3 per 100,000 (CDC)

Texas 2013

- Child population 7,159,172
- 229,138—Reports of maltreatment
- 66,398—Confirmed victims (9.3/1000 children)
- 156 Fatalities

Childhood Injuries

- Kids get hurt all the time.
- When should a provider suspect an injury is inflicted, instead of accidental?

Accidental vs. Inflicted Injuries

- Is the explanation given by the caregiver(s) consistent with the mechanism of injury?
- Does the explanation for the injury remain consistent through repeated interviews and questioning?
- Is the child developmentally able to perform the action the caregiver attributes to the injury?

Children aren't just small adults

The developmental age of the child must always be considered

Accidental vs. Inflicted Injuries

- Did the caregiver seek medical attention promptly?
- Are there other concerning injuries on exam or after appropriate medical workup (other fractures, head injury, failure to thrive, etc.)?
- Are there risk factors for abuse/neglect in the home?

Accident…or Accident Waiting to Happen?

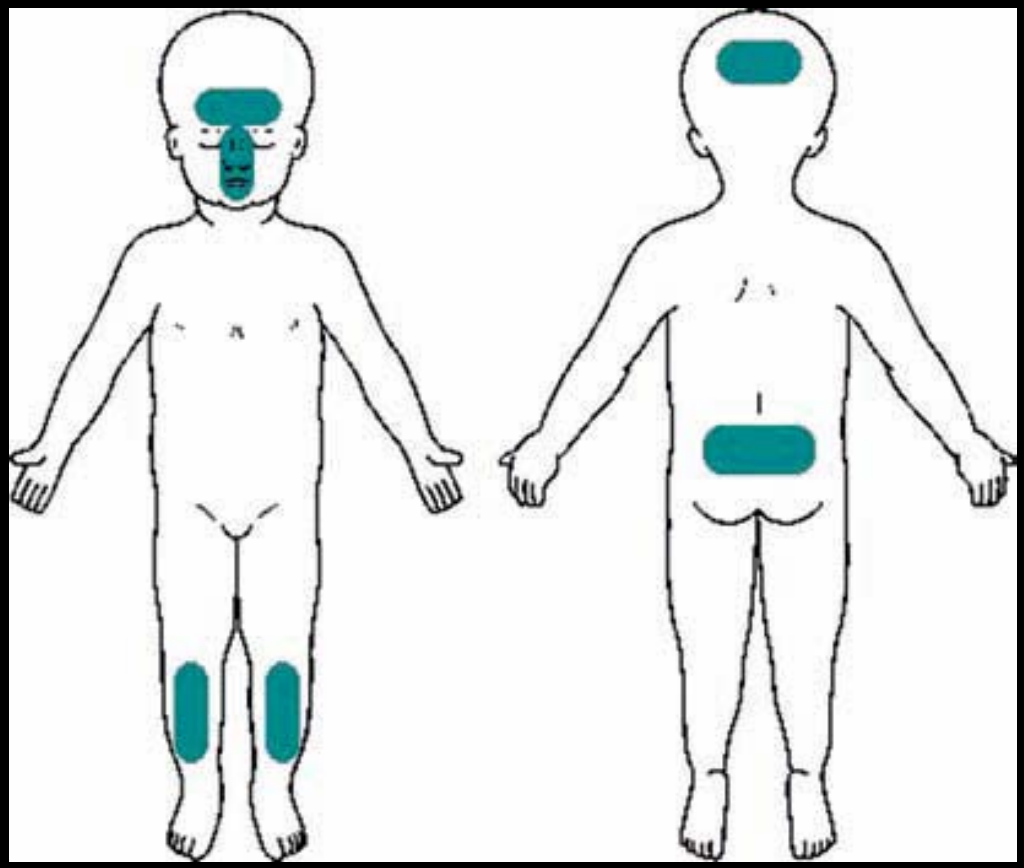
Just because the injury was ‘unintentional’ doesn’t mean intervention isn’t needed.

Bruises

Bruises

- All children get bruises
- The age of the child and where the bruise occurs is key in accidental vs. abusive
- Children move in a forward motion – we expect to find bruises on the front part of their bodies
- Accidental injuries typically occur on the forehead and extremities

Bruises



Locations of most accidental bruises in mobile children.

NOTE: ANY bruise is suspicious for abuse in a non-mobile child (less than 5-6 months of age)

Maguire 2010

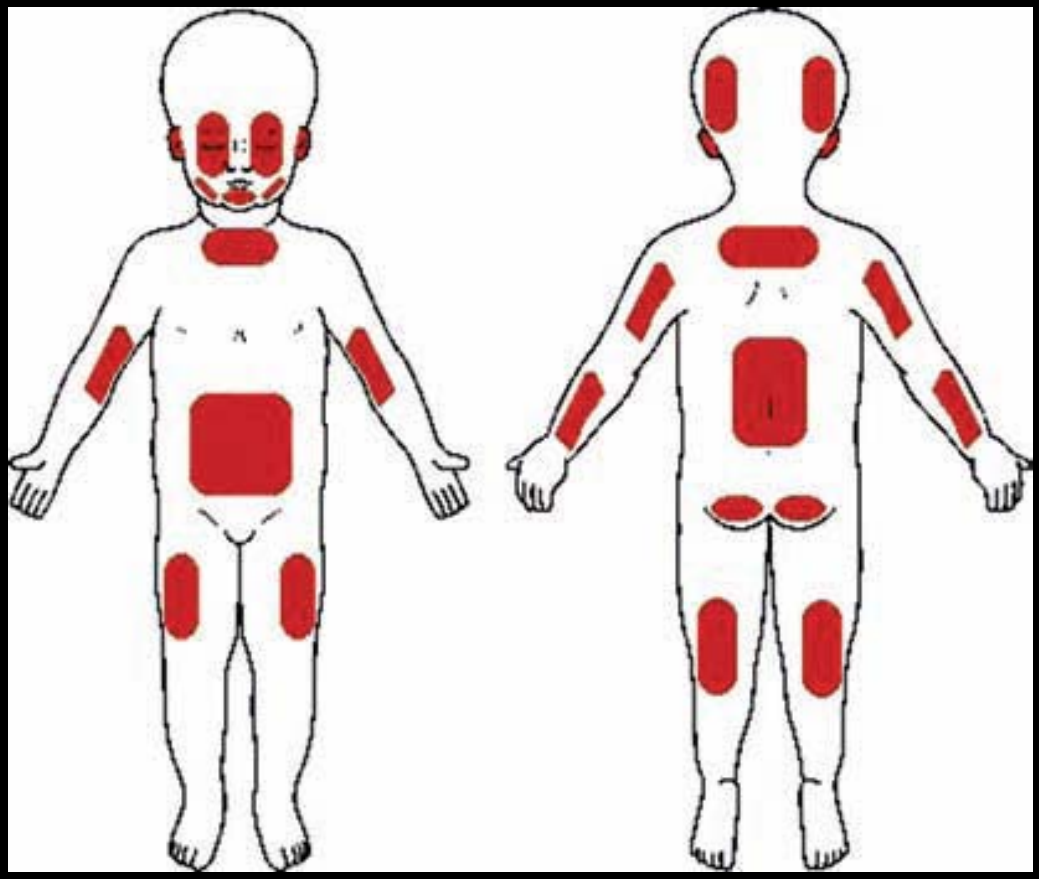
Normal Bruising

Bruises

Bruises are more likely due to abuse if they:

- Occur on different planes of the body
- Are in different stages of healing
- Have a central distribution
- Occur on the back
- Are pattern injuries

Bruises



Bruising patterns often seen in abused children.

Maguire 2010

Bruises

- Abusive injuries are more likely if they:
  - Occur on different planes of the body
  - Are in different stages of healing
  - Have a central distribution
  - Occur on the back
  - Are pattern injuries

“If you’re not old enough to cruise, you’re not old enough to bruise”

- Bruising and other soft tissue injury is extremely uncommon in children younger than 6 months of age
- *Any* bruising on an infant less than 6 months old should be considered suspicious for abuse

Bruising in the Ear

Facial Bruises

- Facial bruises are uncommon in non-abused children, but are a frequent finding in abused children

Pattern Marks

- Handmarks
- Switches or paddles
- Mini-blind rods
- Brooms
- Flyswatters
- Belts & belt buckles
- Ropes/Cords
- Shoes
- Kitchen tools

Belt and Buckle Marks

Mimickers

Mongolian spots

Burns

Burns

- > 2,000 children die annually from burns due to all causes
- 20% of burns in children < 3 years of age are abusive
- Peak age of abusive burn victims 13-24 months

Most Common Types of Burns in Children

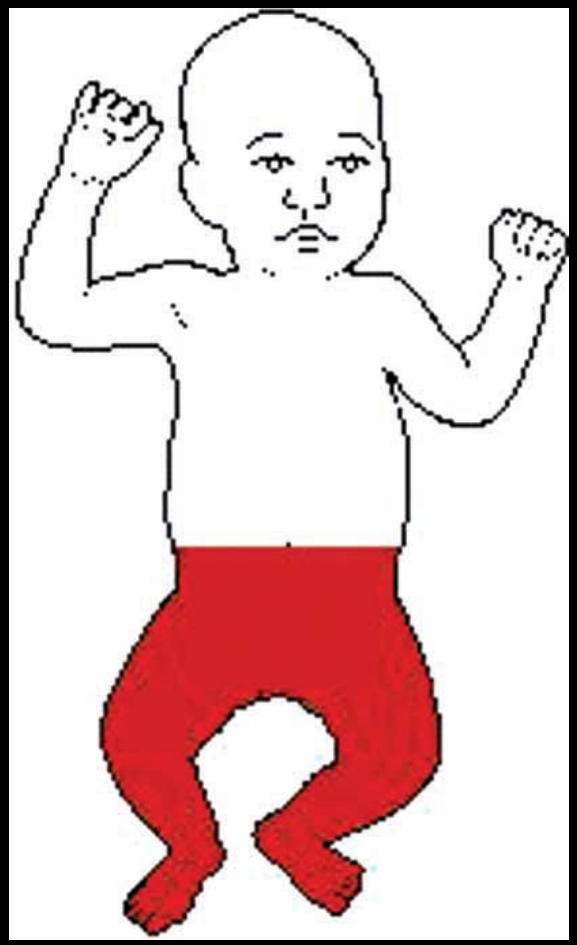
- Scald (Liquid) Burns
  - Account for most of the serious burns in small children
  - Immersion
  - Splash injury
- Contact (Object) Burns
  - Irons
  - Glue guns
  - Heaters
  - Beauty products (curling irons, flat irons, blow dryers)

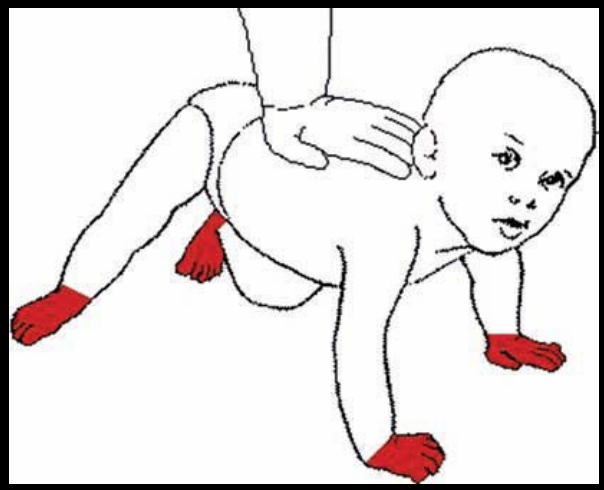
Scald Burns: Accident vs. Abuse

- **Accidental scald burns** often have an **irregular pattern** to the burn that looks like a “splash” or “drip” mark.
- In contract, **abusive burns** often have **distinct lines of demarcation** and are often referred to as “stocking” or “glove” patterns. This pattern occurs when the child’s body part is forcibly held in hot water.

Scald Burns

Typical accidental scald burn pattern





Scald burn patterns highly associated with abuse

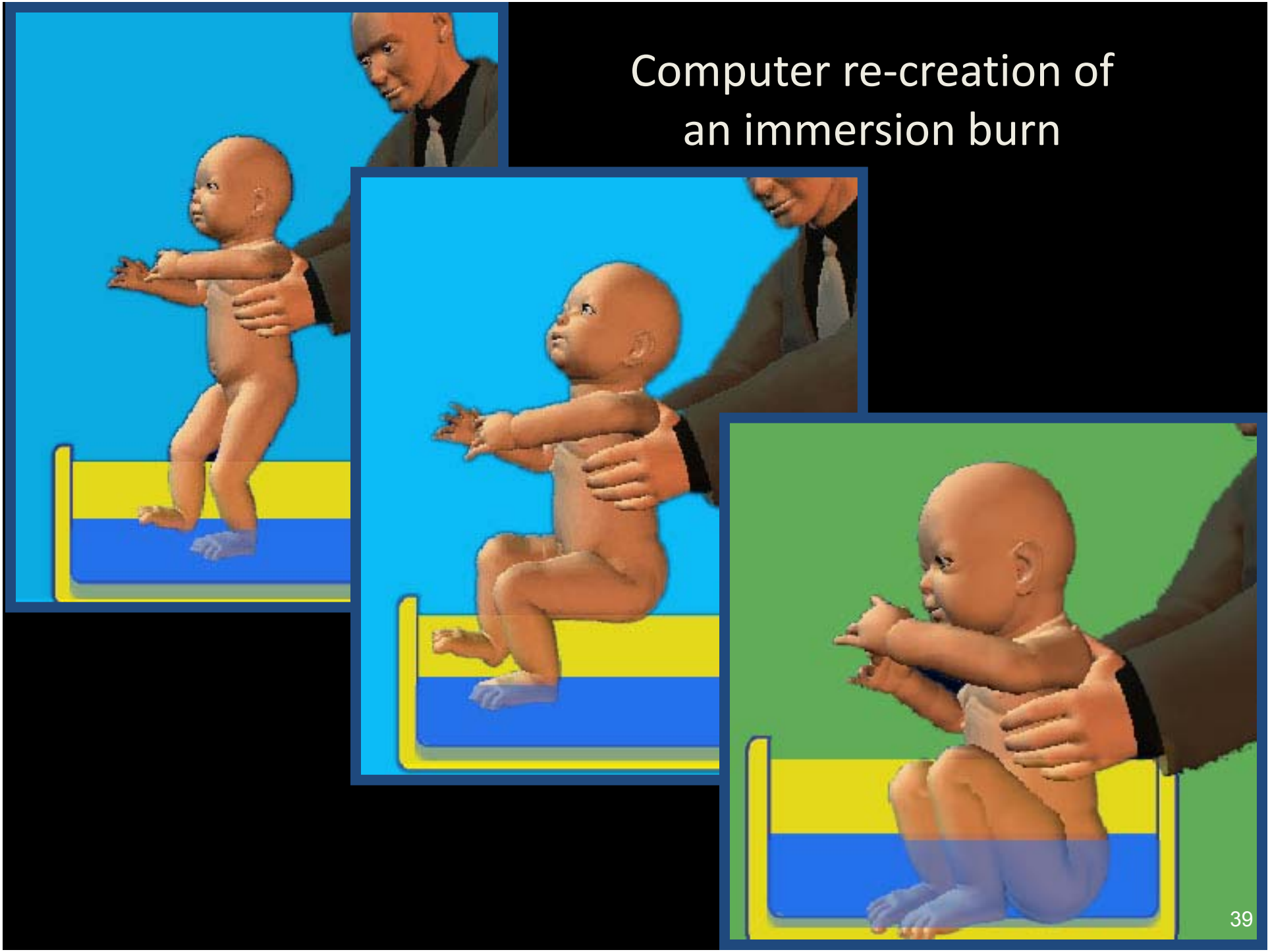
Maguire 2010

Burn Institute
NEWSLETTER
Vol. XI, No. 1
Winter, 198
"Hot Liquids Burn Like Fire"
Hot liquids over 155°F can cause a life threatening burn in just 1 second! Tap water and hot liquids such as coffee and tea can be hot enough to cause a third degree burn requiring hospitalization.
Scalds constitute the Number 1 cause of injuries and death to children under the age of 4 in the U.S. However, it is estimated that over 75% of these scald injuries can be prevented through awareness and education. As CHILDREN are most often the victims of scald burns caused by hot liquids, the Burn Institute launched a scald prevention campaign for parents and other child care providers during NATIONAL BURN AWARENESS WEEK, February 8-14, 1988. (See pages 2 and 3.)

Scald Burns: Accident vs. Abuse

Should the hospital call CPS? Why or why not?

Computer re-creation of an immersion burn



Contact Burns

- Contact burns are caused when a hot object is placed upon the skin

- Typically leave a distinct mark
  - Cigarettes
  - Cigarette lighters
  - Irons (household, curling irons, flat irons)
  - Blow dryers
  - Heaters

Curling iron

Clothes Iron Burn

History given: ‘He reached over and touched the iron.’

Any concerns?

Cigarette Burns

Cigarette Burns

- Intentional:
  - Firm contact typically produces a sharply-defined, circular, third-degree burn
  - Approximately 5-10mm diameter
  - Often on 'exposed' areas, such as hands, feet, head, and neck
- Accidental:
  - Typically causes only superficial "brush" burns
    - Short duration of exposure
    - Glowing coals insulated by layer of ash

Faller-Marquardt Foren Sci Intl 2007

Abusive Head Trauma

Abusive Head Trauma

- In a typical year, 1,500 or more US children die from abuse or neglect.
- About half are under 1 year of age.
- Head injury accounts for *at least* half of deaths due to abuse in infants under 1 year of age.
- Abusive head trauma is the leading cause of death due to head injury in infants—much more common than death due to accidental head trauma (thanks to success of infant car seat campaigns).

Abusive Head Trauma

- Crying is chief trigger for assault
  - Other triggers
    - Toilet training
    - Feeding problems
- Major force is required
  - Adult upper body strength

Missed Abusive Head Trauma

- At least 1/3 of infants who die from abusive head trauma are seen by health care providers during the 2 weeks prior to death!
- Symptoms are often nonspecific:
  - Vomiting
  - Lethargy
  - Poor feeding
- Caregiver gives inaccurate history (lying--or may not know that infant was injured)
- Don’t be too quick to diagnosis ‘viral syndrome’ in vomiting or lethargic infant without diarrhea or fever!

Child Sexual Abuse

Child Sexual Abuse

- About 10% of reports to CPS involve sexual abuse of children.
- In most cases, the child's disclosure ('outcry') is the most important evidence and initiates the investigation.
- Children rarely fabricate allegations of sexual abuse.
- If a child discloses sexual abuse, carefully document his/her words and report immediately to CPS or police.

Child Sexual Abuse

DO NOT question the child in detail about the abuse.

- He/she will have a forensic interview later—important that you not to ask leading or confusing questions.

DO talk with the child *in private* about the abuse.

DO ask enough questions to determine:

- Does the child have acute problems (pain, bleeding, discharge) that need immediate attention? *If so, transport to ER*.
- Has the child been abused within the past 96 hours? *If so, transport to ER*.
- Is the child safe going home from your clinic? DO NOT send a child home if he/she will have contact with a potential abuser. Call the police or CPS and keep child in your clinic until they arrive.

Child Sexual Abuse

- *DO NOT* attempt a detailed genital examination unless you are qualified to do so.
- DO examine the child:
  - For other findings of abuse (complete physical)
  - Enough to make sure child does not have acute or severe injuries (pain, bleeding, discharge).
- After reporting to CPS or police, DO:
  - Refer to a qualified examiner
    - Child Advocacy Center
    - ER with Sexual Assault Nurse Examiner program
    - Child abuse pediatric center

Child Neglect

Child Neglect

- About 70% of reports to CPS involve failure to provide for the basic needs of children:
  - Nutrition
  - Safety
  - Nurturing (psychological or emotional).

Child Neglect

- Important to consider reporting to CPS when these needs are not being met and a child is being harmed or potentially harmed.
- Three common examples:
  - A child is injured because he/she was not being properly supervised.
  - Failure to thrive: when a child does not gain weight after appropriate evaluation and dietary changes have been made.
  - A child's caregiver(s) use drugs or excess alcohol.

How do I document when I suspect abuse or neglect?

- Record the history as completely as possible. Use exact quotes when possible, and indicate *who* gives *which* history (father says…, mother says…, child says, etc.).
- Document the physical findings as accurately as possible. Use body diagrams. *Take photos if possible*.

Do I *have* to report child abuse or neglect?

- In Texas, all adults are required by law to report *suspected* abuse or neglect to Protective Services or to Law Enforcement.

- The law says we must report if we have "cause to believe" a child has been abused—not just if we KNOW a child has been abused.

Who Makes the Decision to Report Child Abuse?

- The person who is aware of the abuse is required to report.
- You can and should ask for advice from your supervisor or social worker.
- *What if you believe abuse occurred and your supervisor does not want a report made?*

How can we work with families if we have to report child abuse?

- Parents know professionals have a duty to report child abuse.
- Many parents are overwhelmed and secretly (or openly) are crying for help!
- Not reporting is not only against the law, but also puts kids at risk for more harm.

How Do We Report Suspected Abuse or Neglect?

Statewide Child/Adult Protective Services Intake Hotline:

1-800-252-5400

On-Line Reporting for *Non-Urgent* Cases:

https://www.txabusehotline.org

What happens when we report?

- CPS intake worker evaluates risk, assigns priority:
  - –Priority 1: local CPS makes contact within 24 hours.
  - –Priority 2: contact within 72 hours.
- CPS can take emergency custody if “exigent circumstances”—i.e., child is in danger.
- Custody hearing before a judge within 14 days, then every 60-90 days.
- Final order 1 year after initial hearing.

What about HIPAA? What information can I give CPS?

- State law supersedes HIPAA for reports of suspected child abuse or neglect.
- Texas law allows providers to examine and photograph children, and obtain necessary tests, *with or without parent permission*, if abuse or neglect is suspected.
- Texas law also allows reporters of suspected abuse/neglect to provide CPS or police with the pertinent medical records, *with or without parent permission*.

Preventing Child Abuse

- Individual patients, families:
  - Parenting education
  - Treat mental illness
  - Recognize high-risk families
- Community efforts:
  - Education (Period of Purple Crying, others)
  - Nurse Family Partnership
  - Healthy Families Program

Nurse-Family Partnership

- Community collaboration
- Identify high-risk first-time parents
- Trained health professionals support, empower parents to make better parenting decisions
- San Antonio: UHS partnering with Children's Shelter

Treating Child Abuse

Children's Advocacy Centers

- Forensic interviews of children
- Coordinating CPS and police investigations
- Referrals for therapy & other resources
- Careful medical examinations

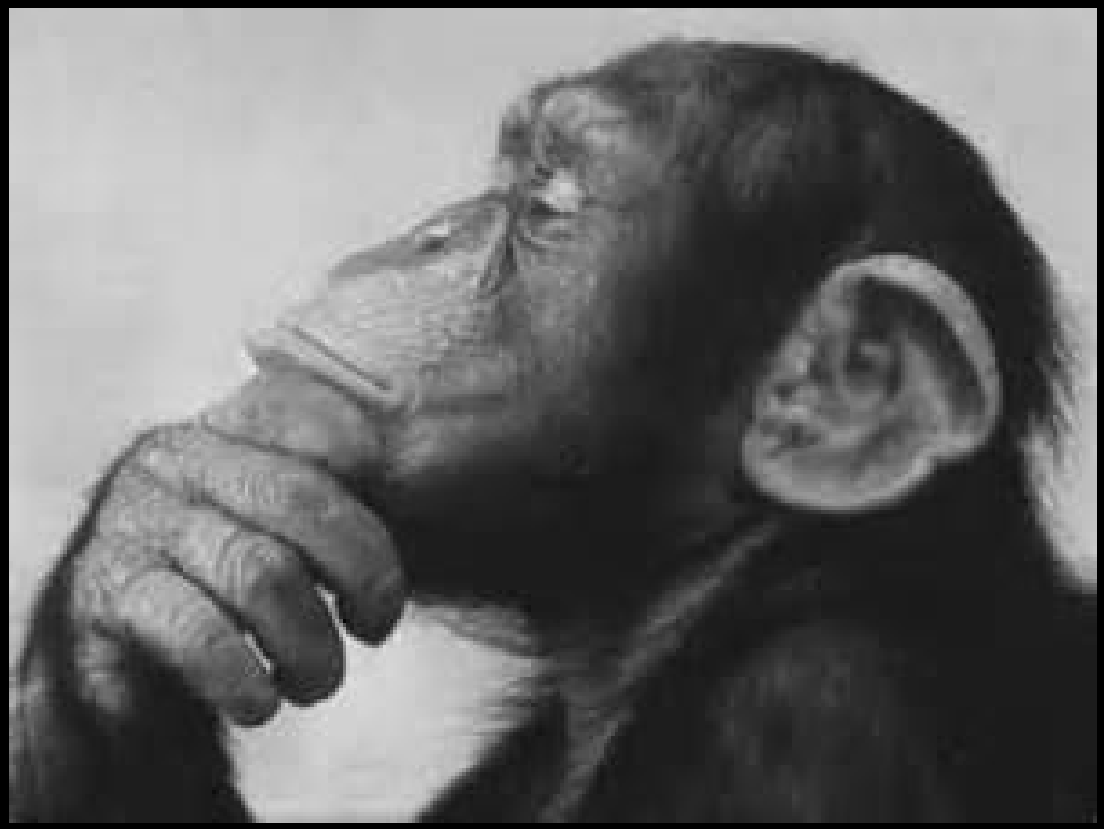
All in a child-friendly environment

Treating Child Abuse

Child Abuse Centers of Excellence

- Affiliated with academic medical centers
- Pediatricians specializing in child abuse
- Emphasis on forensic evaluation
- Multidisciplinary support
  - social workers
  - therapists
  - consultants (radiology, psychology/psychiatry)
- Ready availability to CPS, law enforcement, prosecutors

Summary



Identify possible abuse or neglect

- Does the history match the child's findings?
- Are there physical, developmental, emotional, or other findings of abuse or neglect?
- If a child discloses sexual or physical abuse, take that *very seriously*.
- Remember to talk to the child *in private* about the abuse and about his/her safety.

Report possible abuse or neglect

- *You* are responsible for reporting suspected abuse or neglect.
- Don't put it off or think someone else will do it:
  - That's against the law.
  - A child's life may be at stake.

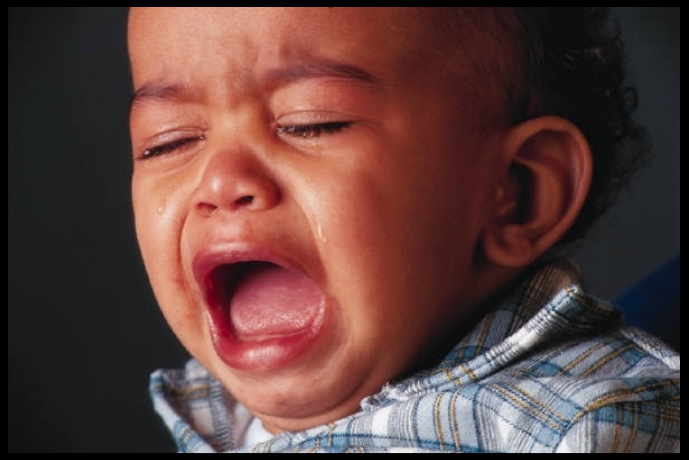
Document possible abuse or neglect

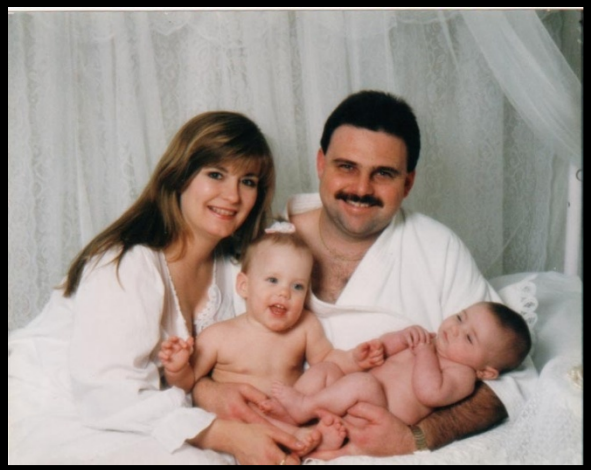
- Record the history and physical findings thoroughly.
- Take photos if possible.
- Provide the documentation to CPS or police upon request.

Prevent child abuse and neglect

- Provide your patients and families with information and guidance on parenting, discipline, and child safety.
- Know your community resources and programs. Refer families to community partners when appropriate.

THANK YOU FOR YOUR COMMITMENT TO CHILDREN!





Questions and Answers

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Jane Burstain, Ph.D.
Director of Policy Analysis
Texas Department of Family and Protective Services
Child Protective Services

Our Next Grand Rounds

May 14

Healthy Texas Babies: Maternal Mortality and Morbidity Review

Presenters: Lisa M. Hollier, MD, MPH, Medical Director, Obstetrics, Texas Children's Health Plan; Dorothy Mandell, PhD, Texas Dept. of State Health Services