Child Abuse and Neglect: Screening and Reporting

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Disclosure Statement

• We provide medicolegal consultations in cases of suspected child abuse and neglect
• Sensitive subject matter ahead
• We will not be discussing any off-label product use.
• This class has no commercial support or sponsorship, nor is it co-sponsored
Objectives

To identify the scale and types of child maltreatment

To identify objective tools and resources to identify child maltreatment and mitigate against bias

To review roles and responsibilities of the SCAN team

To recognize our legal obligation as mandated reporters
OBJECTIVE 1:
The scale and types of child maltreatment
Child maltreatment fatalities

In 2019, there were 1840 abuse/neglect fatalities → 2.5 per 100,000 children

Among children under 1 year old → 22.9 per 100,000 children

Contrast with childhood leukemia → 0.6 per 100,000 children
Neglect, 74.9%
Physical abuse, 17.5%
Sexual abuse, 9.3%
Forms of Maltreatment

Physical Abuse

Sexual Abuse

Neglect

Medical Child Abuse

Psychological Abuse
Forms of Maltreatment

- Physical Abuse
  - Non-accidental trauma
  - Injuries in pre-mobile/pre-verbal children
- Sexual Abuse
- Neglect
- Medical Child Abuse
- Psychological Abuse
  - Oral Injuries
  - Abdominal Injuries
  - Disclosed Abuse
  - Eye Injuries
  - Abusive head trauma (formerly shaken baby syndrome)
  - Bruises
  - Fractures
  - Burns
Forms of Maltreatment

- Physical Abuse
- **Sexual Abuse**
  - Sexual abuse/assault (acute or remote)
  - Commercial sexual exploitation of a child (CSEC)
  - Sexualized behaviors (sometimes)
  - Disclosure-driven diagnosis
  - “It’s normal to be normal”
- Neglect
- Medical Child Abuse
- Psychological Abuse
Forms of Maltreatment

- Physical Abuse
- Sexual Abuse
- Neglect
  - Physical neglect
  - Supervisory neglect
  - Medical neglect
  - Educational neglect
  - Psychological/emotional neglect
  - Frequently conflated with poverty
- Medical Child Abuse
- Psychological Abuse

Most common reported maltreatment
Forms of Maltreatment

- Physical Abuse
- Sexual Abuse
- Neglect
- Medical Child Abuse
- Psychological Abuse

A child receiving unnecessary and/or harmful, or potentially harmful care at the instigation of a caregiver

(formerly Munchausen’s syndrome by proxy)
OBJECTIVE 2
Evidence-based tools to identify maltreatment and mitigate bias
Identifying maltreatment is challenging 31%

Analysis of Missed Cases of Abusive Head Trauma

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Context Abusive head trauma (AHT) is a dangerous form of child abuse that can be difficult to diagnose in young children.

Objectives To determine how frequently AHT was previously missed by physicians in a group of abused children with head injuries and to determine factors associated with the unrecognized diagnosis.

Design Retrospective chart review of cases of head trauma presenting between January 1, 1993, and December 31, 1995.
Identifying maltreatment is challenging

History

Signs and symptoms can be subtle

Denial

The myth of the “evil” abusive parent

Strain on the therapeutic relationship

Lack of familiarity with child abuse

Reticence about CPS

Bias
Bias in Child Abuse

Analysis of Missed Cases of Abusive Head Trauma

Racial Differences in the Evaluation of Pediatric Fractures for Physical Abuse

What Factors Affect the Identification and Reporting of Child Abuse-related Fractures?

Influence of Race and Socioeconomic Status on the Diagnosis of Child Abuse: A Randomized Study
In no other medical diagnosis do we base our decision-making on the profile of the caregiver...

...and we don’t have to.
Those who don’t cruise rarely bruise

0.6% of infants under 6 months had bruises

< 2% of infants under 9 months had bruises

When bruises were present in the cruising children, they were over bony prominences
**TEN-4-FACES-P**

- **TEN:**
  - Torso/trunk, Ear, Neck

- **4:**
  - ≤ 4 mo of age with any bruise

- **FACES:**
  - Frenulum, Auricular area, Cheek (Buccal), Eyelid, Sclera
What’s the big deal about bruising?

Kids bruise all the time, don’t they?

Won’t it just fade away by itself?
Sentinel Injuries: Minor Injuries, Major Risk

Sentinel Injuries in Infants Evaluated for Child Physical Abuse

AUTHORS: Lynn K. Sheets, MD, Matthew E. Leach, MD, Ian J. Koszewski, MD, Ashley M. Lessmeier, BS, Melodee Nugent, MA, and Pippa Simpson, PhD

WHAT'S KNOWN ON THIS SUBJECT: Although it is known that relatively minor abusive injuries sometimes precede more severe physical abuse, the prevalence of these previous injuries in infants evaluated for abuse was not known.

WHAT THIS STUDY ADDS: A history of bruising or oral injury in a precrusing infant evaluated for abuse should heighten the level of suspicion because these injuries are common in abused infants and rare in infants found not to be abused.

27% abused infants had a preceding injury
42% of those injuries were observed by medical staff but there was no intervention
What’s the big deal about bruising?

Kids bruise all the time, don’t they?

Those who don’t cruise, rarely bruise

Won’t it just fade away by itself?

It’s about how it got there
Sentinel Injuries

• Infants and young children can’t tell us, but they can show us

• Recognizing a sentinel injury is an intervention to prevent further harm

• The severity of the injury is not the same as the severity of the risk
OBJECTIVE 3
Roles and responsibilities of the SCAN team
Meet the SCAN Team

Team of physicians and social workers who provide consultation on cases concerning for child abuse and/or neglect

Physicians
• 24/7 coverage for provider-to-provider consults at Seattle Children’s and Harborview, as well as phone advice to providers throughout the WAMI region
• Research, advocacy, and evidence-based medical assessments

Social workers
• Protection assessments and ED/inpatient consultations
• Guidance on mandatory reporting
• Coordination of care and communication with CPS, law enforcement, and community agencies
Common Consult Questions

Is this injury concerning for physical abuse?

What kind of medical evaluation is needed to assess for abuse/non-accidental trauma?

Does this rise to the level of mandated reporting to CPS, law enforcement, or both?
OBJECTIVE 4:
Mandated reporting
Mandated Reporting

By law, as a mandated reporter, you must make a report, or cause a report to be made, to child protective services (CPS) or law enforcement if there is:

“Reasonable cause to believe that a child has suffered abuse or neglect”

• Doesn’t mean you have proof
• Doesn’t mean you know who did it
Corporal Punishment

RCW 9A.16.100
Use of force on children—Policy—Actions presumed unreasonable.

It is the policy of this state to protect children from assault and abuse and to encourage parents, teachers, and their authorized agents to use methods of correction and restraint of children that are not dangerous to the children. However, the physical discipline of a child is not unlawful when it is reasonable and moderate and is inflicted by a parent, teacher, or guardian for purposes of restraining or correcting the child. Any use of force on a child by any other person is unlawful unless it is reasonable and moderate and is authorized in advance by the child’s parent or guardian for purposes of restraining or correcting the child.

The following actions are presumed unreasonable when used to correct or restrain a child: (1) Throwing, kicking, burning, or cutting a child; (2) striking a child with a closed fist; (3) shaking a child under age three; (4) interfering with a child’s breathing; (5) threatening a child with a deadly weapon; or (6) doing any other act that is likely to cause and which does cause bodily harm greater than transient pain or minor temporary marks. The age, size, and condition of the child and the location of the injury shall be considered when determining whether the bodily harm is reasonable or moderate. This list is illustrative of unreasonable actions and is not intended to be exclusive.

“...bodily harm greater than transient pain or minor temporary marks”
CPS, Law Enforcement, or both?

Report to **CPS** if family members, caretakers (including daycare workers), or household members are suspected of causing abuse or neglect.

Report to **law enforcement** if the individual of concern is a non-family member (e.g. sexual assault by a stranger).

Report to **both** if the abuse/neglect places the child in imminent danger, causes serious injuries, and/or is criminal in nature.
CPS referrals are made to the county the child resides in. Each region has its own number, or you can call central intake.

Central intake: 1-866-END-HARM

Information to share:
- Native American heritage
- COVID exposure
- Other children in the home
- Domestic violence/firearms
- Report what you know, even if incomplete
Reporting Challenges

The decision to make a CPS referral can sometimes be challenging:

- Equity concerns
- Relationship with the family
- Inadequate/ineffectual CPS response
- Worries about making a “false report”

Simultaneously hold these concerns while fulfilling our legal obligations as mandated reporters.

Engage social work for guidance and advice.

Reporting is not an accusation or a question about the parent’s love for their child—but an expression of concern that a child’s safety is at risk.
Take-Home Points

Recognizing sentinel injuries in infants and young children can help prevent further abuse

Those who don’t cruise rarely bruise and the TEN-4-FACES-P tool

Use of evidence-based resources to prevent bias in reporting

It takes a village (really!)
Any Questions?