# Role of Primary Care Provider in Child Abuse

Jennifer Prince, DO Pediatric Hospitalist





## Question

- True or False?
- Over 3 million child abuse and neglect reports are filed annually in the United States





#### Answer

True. According to the Child Help National Child Abuse Statistics over 3 million reports of child abuse are made every year in the United States; however, those reports can include multiple children. In 2007, approximately 5.8 million children were involved in an estimated 3.2 million child abuse reports and allegations.





## Question

- In the United States, how many children are abused daily?
- A 2,500
- B 3,000
- C 5,000





#### Answer

3,000

According to the Children's Bureau in the United States, there are 3,000 children abused each day and four of them will die. Forty percent (40%) of these children were under the age of six.





## Question

- Which age group experiences the highest rates of abuse?
  - 0 3 years
  - 4 5 years
  - 6+ years





#### Answer

0 - 3 years

According to the Children's Bureau almost 32% of victims of child abuse and neglect are under the age of four. No group of children is immune from being a victim of child abuse or neglect, although girls are more often the victims of sexual abuse than boys. For all other types of abuse and neglect, statistics are about equal for boys and girls.





## Question

Nationally, the highest form of abuse is:

- Physical abuse
- Emotional Abuse
- Sexual Abuse
- Neglect





#### Answer

#### Neglect

- According to the Children's Bureau and Child Help National Child Abuse Statistics, the highest reported form of abuse is neglect, followed by physical abuse.
- Child abuse occurs at every socioeconomic level, across ethnic and cultural lines, within all religions, and at all levels of education.
- In 2007, nearly one-half of all victims of child abuse and neglect were White (46.1%), one-fifth (21.7%) were African-American, and one-fifth (20.8%) were Hispanic.





## Question

- The percentage of child sexual abuse victims that know their perpetrator in some way is:
  - **40%**
  - **•** 65%
  - **80%**
  - **90%**





### Answer

90%

 According to the Child Help National Child Abuse Statistics 90% of child sexual abuse victims know their perpetrator in some way and 68% are abused by family members





### Child Abuse

- In 1999, the WHO Consultation on Child Abuse Prevention compared definitions of abuse from 58 countries and drafted the following definition:
- "Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."





### Definitions of Child Abuse

"The physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened."

--Child Welfare Act

"Words or overt actions that cause *harm, potential harm, or threat of harm* to a child"

--CDC

"...all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, *resulting in actual or potential harm* to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."

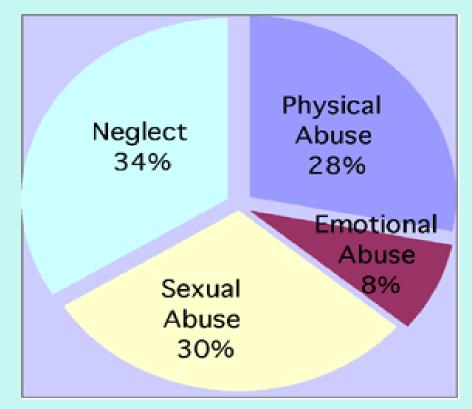
- WHO





## Types of Child Abuse

- physical abuse
- sexual abuse
- emotional abuse
- neglect







## Physical Abuse

 Physical abuse is any non-accidental injury to a child under the age of 18 by a parent or caretaker. These injuries may include beatings, shaking, burns, human bites, strangulation, or immersion in scalding water or others, with resulting bruises and welts, fractures, scars, burns, internal injuries or any other injuries.





### **Emotional Abuse**

- Emotional abuse includes the failure of a caregiver to provide an appropriate and supportive environment, and includes acts that have an adverse effect on the emotional health and development of a child.
- Such acts include restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other nonphysical forms of hostile treatment.





## Neglect

- Neglect refers to the failure of a parent to provide for the development of the child – where the parent is in a position to do so – in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions.
- Neglect is thus distinguished from circumstances of poverty in that neglect can occur only in cases where reasonable resources are available to the family or caregiver.





### Sexual Abuse

- Child sexual abuse is the exploitation of a child or adolescent for the sexual gratification of another person.
- May include:
  - Voyeurism
  - Fondling
  - Child prostitution
  - Child pornography
  - Intercourse
  - Sodomy
  - Oral-genial stimulation
  - Verbal stimulation
  - Exhibitionism





## Health Consequences of Child Abuse

#### Health consequences of child abuse

#### Physical

Abdominal/thoracic injuries

Brain injuries

Bruises and welts

Burns and scalds

Central nervous system injuries

Disability

Fractures

Lacerations and abrasions

Ocular damage

#### Sexual and reproductive

Reproductive health problems

Sexual dysfunction

Sexually transmitted diseases, including HIV/AIDS

Unwanted pregnancy





## Health Consequences of Child Abuse (Cont.)

#### Psychological and behavioural

Alcohol and drug abuse

Cognitive impairment

Delinquent, violent and other risk-taking behaviours

Depression and anxiety

Developmental delays

Eating and sleep disorders

Feelings of shame and guilt

Hyperactivity

Poor relationships

Poor school performance

Poor self-esteem

Post-traumatic stress disorder

Psychosomatic disorders

Suicidal behaviour and self-harm





### Roles of Healthcare Providers in Child Abuse

- Protect
- Suspect
- Inspect
- Collect
- Respect





### Protect

- Patient/family and team safety are paramount.
- Protect the life of the patient as well as as much evidence as possible.





## Suspect

- Does the history fit what you are seeing- either injury or illness?
- Is this a repeat patient or family member of a repeat patient?
- Is there a history of family violence?





### Collect

- Collect as much information as possible from caregivers.
- Do not question child
- Collect Evidence Photograph any bruises or injuries. Children heal quickly!





## Respect

- Respect diversity
- Respect privacy





## Identifying Physical Abuse

- Skin Injuries
- Human Bite Marks
- Hair Loss
- Falls
- Head, facial, oral injuries
- Shaken baby Syndrome





## Human Bites

- Strongly suggest abuse
- Easily overlooked







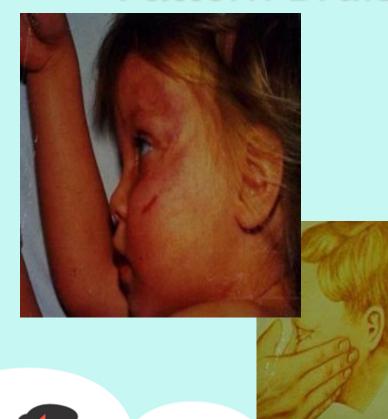
### Bruises: Ten-4 Rule

- Be aware of any bruising to the:
  - Torso
  - Ears
  - Neck
  - AND Bruising anywhere on a child 4 months old or younger. These bruises are significant indicators of abuse.
  - Bruising on babies is not normal! Those that do not cruise, DO NOT Bruise.





## **Pattern Bruises**







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### Burns

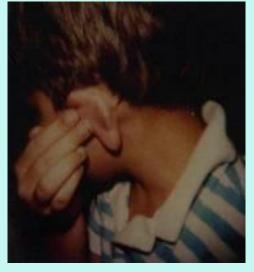
- Abusive Burn Patterns
- Scald: Immersion & Splash Burns
- Flexion Burns
- Contact Burns





### Head, Facial, and Oral Injuries

- Head is a common area of injury.
- Approx. 50 % of physical abuse patients have head or facial injuries.
- Injuries to the sides of the face, ears, cheeks, and temple area are highly suspicious for abuse.
- Mouth/lip/teeth injuries









## Resources - Guidelines/Protocols

#### Yukon-Kuskokwim HEALTH CORPORATION SUSPECTED CHILD PHYSICAL ABUSE PROCEDURE

Clinical Guidelines/Treatment Protocols • June 2019

#### Indicators of Abuse: History

- No/vague explanation of significant injury Important details of explanation change dramatically
- Explanation of injury is inconsistent with the child's physical and/or developmenta
- Injury occurred as a result of inadequate
- Delay in seeking medical care without reasonable explanation
- Children with injuries resulting from family/domestic violence incident
- Previous history of inflicted injury
- Inappropriate caretaker behavior that places child at risk

#### Indicators of Abuse: Physical Exam

- Bruising in infants < 6months of age or non-ambulatory infants
- Bruising in unusual locations in any age child; ear pinna, neck, under chin, torso.
- Pattern Bruises: loop marks, hand print, subgaleal hematoma due to hair pulling Bite Marks
- Semi-circular/oval nattern
- May have associated bruising

- Pattern contact burns
- Cigarette burns
- Stocking/glove pattern Mirror image burns on extremities
- Symmetrical burns on buttock
- Immersion burns

#### Facial Injury

- Unexplained torn frenulum in nonambulatory child
- Unexplained oral injury
- Ear injury

#### Injuries Suggestive of Abuse

- Rib fractures
- Multiple fractures Long bone fractures in < 6 months Any fracture (including femur) in non-
- ambulatory child
- Scapular fracture
- Sternum fracture
- Fractures of hands and feet

- Subdural hematoma with or without skull fracture
- Unexplained intracranial injury (Note: Infants with intracranial injuries frequently have no or non-specific symptoms)
- Any illegal drug exposure, prescribed controlled substance, ethanol or marijuana

This guideline is designed for the general use of mo patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitions

comments about this guideline, please contact

Suspicion, allegation, disclosure, or confession of child physical abuse. Please see Indicators of Abuse AND Injuries Suggestive of Abuse

Treat any acute issues as medically priate. If patient is in village and stab please arrange to have patient sent to ER via next commercial flight. funstable then activate MedEvac.

Mandatory reporters must report via phone to: OCS AND law enforcement (AST if incident occurre in village or BPD if incident occurred in Bethel)

#### Complete Non-Accidental Trauma (NAT) Work-up

- Skeletal Survey .(See Box) CT Head if <6 months, symptomatic, or evidence of Closed Head Injury
- Laboratory Testing for Occult Injuries (See Box) Take photos of any injury visible on exam, especially bruising. Take a photograph of the injury at a distance. followed up by a close-up photo to establish relative

Send RAVEN communication to Child Abuse Pool detailing reports made to Law Enforcement and OCS. May contact Child Abuse On-Call via TigerText if any

f unable to reach a discharge plan with OCS that YOU think is safe, then consider admission for safety and TigerText Child Abuse On-Call to help reach a safe discharge plan

- Child Abuse On-Call via TigerText Office of Children's Services (OCS): (800) 478-4444
- Alaska State Troopers (AST):
- (907) 543-2294 Bethel Police Department (BPD)
- (907) 543-378
- Alaska CARES: (907) 561-8301

andatory Reporters include Medical providers, nurses, health aides, achers, social workers, law enforcem officers, and mental health professionals

Report should be made by every mandated reporter who has a concern even if you think a report has already en made. This helps keep reports up to date with new information

#### Laboratory Testing for Occult Injuries

- Amylase/Lipase
- Above labs and Magnesium &

#### uising or Intracranial Hemon Above labs plus PT/PTT

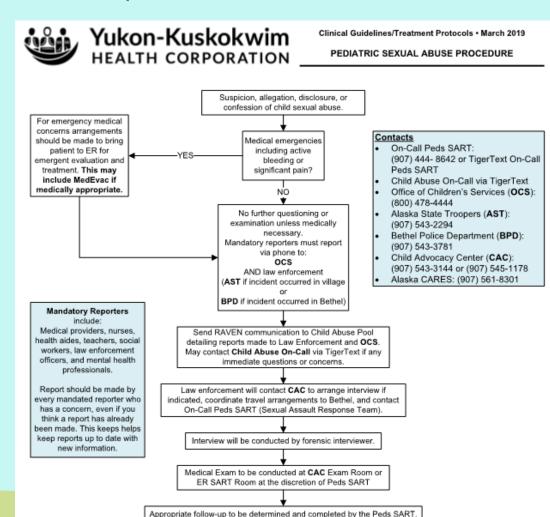
- If patient needs blood, obtain vWF (von Willebrand) antigen and activity. Factor VII and IX
- Itered Mental Status/Drug Ingestion
- Urine Drug Screen
- Ethanol level
- Tylenol level
- Aspirin level

#### Obtain Skeletal Survey For:

#### Children 0-24 months if concerns for child abuse or any of the following are present

- History of confessed abuse
- Injury occurred during domestic violence
- Report of impact from toy/object causing fracture
- Delay in seeking care >24 hours in child with signs of distress
- Additional injuries unrelated to chief complaint (i.e. bruising, burns)
- No history of trauma to explain fracture, However, it is not necessary to get skeletal survey in ambulatory patients >12 months with distal buckle fracture of radius/ulna or distal spiral or buckle fracture of the tibia/fibula
- L children 0-11 months with any type of fracture except the following: Distal radial/ulna fracture or spiral fracture of the tibia/fibula (Toddler fracture) in a cruising child > 9
- Linear, unilateral skull fracture in child >6 months with history of significant fall (fall from height > 3 feet or fall with caregiver landing on child)
- Clavicle fracture likely attributed to birth (acute fracture in infants <22 days old or healing fracture in infant <30 days old)
- idren 0-24 months with any of the following fractures:

- Humeral fracture with epiphyseal separation attributed to short fall (< 3 feet)
- Femur diaphyseal fracture attributed to fall from any height





## Still Have Questions?

- TigerText: Child Abuse on Call
- Raven Communication: Child Abuse Pool
- Alaska Cares On-Call: 907-561-8301



