Child maltreatment occurs in all ethnic, social and economic groups.

It can, and does, happen in “nice” families.
How can I not miss abuse?

• Consider the possibility in every child you see
• Ask for explanations for any visible injury (kindly, respectfully, benign curiosity)
• Get photos, preferably via the KCH ED or Forensics
• Keep written documentation of all interactions
Contributors to maltreatment

- Domestic violence
- Criminal history
- Substance abuse
- Untreated mental illness
- Unrealistic developmental expectations of children
- Financial stress
- Immature caregivers/lack of parenting skills
Case

You are seeing a mom and her 3 children under 6 years of age, and one of them has a bruise on his ear (that you notice incidentally.) The explanation is that he fell and hit his ear on a coffee table the day before.

What next?
Case

- +/- detailed injury history
- +/- social history
- +/- physical exam
- Call CPS
Case

- Injury occurred 2 days ago while in care of boyfriend
- History of DV in previous relationships (denies DV in current relationship)
- This is high risk and needs to be reported!
- All of the children need complete skin exams
- Depending on ages of children, they might also need skeletal survey +/- head CT
- DCBS (CPS) needs to be involved to ensure adequate safety planning
Case, continued

- Further examination of the oldest sibling reveals bruising on the buttocks.
- Initial history is that child “fell down.” Later, he discloses that he was “paddled.”
Injuries and Implements

“He fell down.” (Actually paramour’s paddle#3)
Tips on Taking a History

• Don’t ask leading questions of the patient or caregiver
• Don’t assume the caregiver to whom you’re speaking knows the truth
• Stay non-accusatory; just get information
• Avoid mentioning mechanisms
• Go for the timeline
Photograph Warning

Some of the following photographs are graphic and disturbing, as they depict injuries in young children.
TEN-4 BRUISING RULE

ANY bruising of the
• TORSO
• EARS
  or
• NECK

in a child 4 years of age or younger

OR

ANY bruising, ANYWHERE, on a child 4 months of age or younger

TORSO
ANY Bruising, ANYWHERE, on a child 4 months of age or younger
What is Normal?

- Normal accidental bruises in toddlers and older children are typically
  - On the front of the body
  - Over bony prominences (forehead, elbows, knees, shins)
Determination of contusion age is unreliable!!
Mongolian Spots
Blanching
Case: Periorbital Ecchymosis

- You are seeing this 2-year old during a WIC, HANDS, or immunization visit (take your pick.)
- History is that he hit his forehead on a coffee table the night before and "just woke up looking this way."
Periorbital Ecchymoses
Periorbital Ecchymoses
Case: “He ran into the wall…”
Inflicted slap mark
Slap marks
Inflicted adult bite marks
Case: 2 month old with blood from mouth – what is this injury?
Another example of torn frenulum
Definition PAHT/Shaken Baby Syndrome

• Pediatric Abusive Head Trauma
  – A form of inflicted brain injury
  – A serious form of child abuse
  – Non-accidental
  – Caused by violent forces including shaking, impact, or both
How does shaking cause injury to a baby?

- Bridging veins stretch, rupture, and bleed, leading to subdural bleeding.

- Brain tissue is distorted/stretched during the event, causing damage to nerve cells and brain tissue (either temporary or permanent damage).
AHT: Common presenting scenarios

• Infants with bruises*

• Vomiting without diarrhea

• Apparent life-threatening event (ALTE)

• Blood from mouth of infants

*This especially important for PREVENTING escalation of violence and AHT.
AHT: Common presenting scenarios

- Sudden increase in head circumference
- Seizure
- Occult fracture/ incidental finding/ fracture in child under 1 year of age
“The act of shaking leading to shaken baby syndrome is so violent that individuals observing it would recognize it as dangerous and likely to kill the child.”**

The Medical Evaluation

- Head CT (looking for subdural bleeding, brain swelling)
- Skeletal survey and follow-up skeletal survey in 10-14 days (NOT a babygram!)
- Eye exam (to look for retinal hemorrhages)
- Trauma and bleeding labs to screen for signs of internal injury or bleeding disorder
- MRI of the brain and spinal cord if CT is abnormal (MRI can demonstrate subtle brain injury that CT can miss)
- Photograph all visible injuries and call DCBS immediately
Case

• 4-month-old baby boy presents for immunizations and is noted to have two fingertip-sized bruises on each thigh. Parents explain that they came from a diaper change when the child was squirming. Social history offers no red flags.

• What do you need to do???
• Unfortunately, medical professionals missed an opportunity to protect this child.

• This patient had a bruise on his thigh at his pediatrician’s office one week prior to presenting with seizures, bilateral subdurals, and 13 broken bones (inflicted by dad, who was tearful and outraged when told that someone had harmed his son).

• Pediatrician described family as “very nice, no concerns.” Under social hx: “Family appropriate.”
Lessons Learned

• Maltreatment can and does occur in “nice families”.

• Bruises in babies aren’t normal.

• Medical professionals (that includes nurses!) need specific training about recognizing the signs of abuse…as does anyone else who works with children.
Interacting with Caregivers

- Benign curiosity
- Remember that the caregiver you’re speaking to may not know the true history
- Nothing is gained by being confrontational, accusatory or judgmental
- No harm is ever done by being kind to a perpetrator; but irreparable damage can be done by being accusatory of a non-offending caregiver
“Can’t he just take some anger management classes or something?”

“There’s no way we killed him, we do that stuff to his brother all the time and he’s fine…”

“Do you have any idea how hard this has been for me?” (says the mother of a child hospitalized for nearly a month with 3rd-degree burns....)
Talking with parents…

- Don’t stop talking after mentioning CPS
- Only be as honest as you have to be, but NEVER tell a lie (i.e. selective details are ok)
“Ms. Smith, I’ve asked you a lot of questions about Johnny and his injury, and I appreciate your patience with all of this. You are already aware that his leg is broken. The challenge that we’re now facing is that when we see fractures like this in children of Johnny’s age, we have to be concerned about the possibility that someone may have caused this injury to him. (Don’t pause here…keep talking.) Because of this, we are obligated to notify child protective services, and one of their representatives will be coming here to speak with you. (Again, don’t pause, keep talking) Part of my job is to help support you and Johnny through this process, so let me tell you a little bit about what will happen from here. A social worker will be coming soon to ask you a lot of questions similar to the ones I’ve already asked. It will be up to that person and his supervisor to determine what will happen next with Johnny. My job is to explain the medical findings to them and to you, and to answer any questions you may have. I know this is difficult to hear, but I want to do whatever I can to help your family through this process. Do you have any questions for me?”
• Any person who has reasonable cause to believe a child is abused, neglected, or dependent…shall immediately report…

• KENTUCKY HOTLINE
  1 (800) 752-6200
Reporting…

• You may remain anonymous, but that hinders CPS’ ability to investigate
• They will want to know child’s identity, the person believed responsible for maltreatment (if known), nature and extent of maltreatment, where the child can be found
• Be specific about your concerns and how certain you are
• If you are worried for the child’s life, say so
• Mention siblings if applicable
Reporting Tips

Give facts not opinions
• “I have a 4-month-old with bruises to the head, abdomen and buttocks.”
• “These are injuries that are indicative of abuse in a child this young.”

Specify your concerns
• “I’m concerned there could be internal injuries.”
• “I don’t feel comfortable leaving the child alone with her caregivers.”
• “If this child does not receive their seizure medication as prescribed, they could have permanent impairments.”

• Ask the hotline worker to read back your report
• Request a call back
Tips for talking with CPS…

• Ask the hotline to read the report back to you
• Write down the name of the hotline worker
• Give them your contact info and ask them to have the worker to call you
• Don’t assume the worker understands why they should be concerned… explain.
CPS Definition of “Critical Areas”

- Head
- Face
- Neck
- Genitals
- Kidney area
- Abdomen
Tips for talking with CPS…

• Inform the worker if this injury is part of an ongoing pattern. And if it is, what made you finally decide to call.

• If you aren’t satisfied with the plan, ask to speak to the supervisor (this applies to conversations with the worker, not usually the hotline.) The hotline won’t usually discuss plans.
Take Home Messages

- Linear and other patterned bruising is common and often overlooked.
- Remember the TEN-4 Bruising Rule
- Bruises can’t be dated.
- Call CPS if you have concerned—it’s the right thing to do, and it’s the law.
- Abusive Head Trauma is the most dangerous and deadly form of physical abuse.
Take-Home Messages

• Experience tells us that we often fail to recognize early warning signs—and we therefore miss opportunities to intervene and prevent further harm to abused children.
• Recognize common presenting scenarios: ALTE, vomiting without diarrhea, fussiness, seizure, sudden or drastic increase in head circumference, bruising in infants.
• Kindness and benign curiosity are critical to obtaining information from caregivers—never be confrontational.
Take-Home Messages

- When communicating with CPS, be objective, be clear about why you are concerned, remember that the workers are NOT medically trained, ask for a call-back, ask the hotline to read back to you what they have recorded.
Resources

REPORTING Child abuse & neglect
• If you believe a child is being abused, neglected or is dependent, you should call the Child Protection Hot Line number below or the Protection and Permanency office in your county.
• Child Protection Hot Line: 1-800-752-6200 (Toll free)

Frequently asked questions about reporting child abuse & neglect
• http://chfs.ky.gov/dcbs/dpp/faqchildabuse.htm

DCBS Reporting child abuse & neglect manual

HELP for parents- Prevent Child Abuse KY – www.pcaky.org
• 1-800-CHILDREN is a statewide helpline that offers a lifeline of support, encouragement and information regarding resources in local communities. Parents and caregivers can call 1-800-CHILDREN during regular business hours and talk with a trained volunteer who can provide them with information, support and/ or referrals in their local communities.
• The Kentucky Safe Infants Act allows parents to leave babies younger than three days old at a safe place. No one will call the police, and no one will ask for your name. Log on to http://chfs.ky.gov/dcbs/dpp/KYSafeInfants.htm or call (800) 752-6200 for more information.
• Prevent Child Abuse America- http://www.preventchildabuse.org/index.shtml

University of Louisville’s Kosair Charities Division of Pediatric Forensic Medicine
• Call 502-629-3099 during normal business hours for non-urgent matters
• For a new patient consultation or real-time assistance, call Kosair Children’s Hospital main operator: 502-629-6000 and ask to have the Forensics on-call clinician paged. We’re available 24/7.
Questions/Comments?