

Missed Opportunities in Child Abuse

Lessons from the Front Lines

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Disclosures

- I provide consultation and testimony in child abuse cases in Washington state



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Goals of Talk

- Put child abuse in your differential if appropriate
- Case based review of:
 - Mandatory reporting
 - Sentinel injuries
 - Bruising



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Consequences of Missed Child Abuse



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Adverse Childhood Experiences (ACES)

WHO PARTICIPATED IN THE ACE STUDY?

Between 1995 and 1997, over 17,000 people living in a community completed a survey providing information about their childhood experiences and current health status and behaviors. The information from these surveys was combined with results from their physical exams to form the study's findings.

RACE

- White: 50%
- Black: 25%
- Hispanic: 15%
- Other: 10%

AGE

- 0-4: 10%
- 5-9: 15%
- 10-14: 20%
- 15-19: 25%
- 20-24: 30%
- 25-29: 35%
- 30-34: 40%
- 35-39: 45%
- 40-44: 50%
- 45-49: 55%
- 50-54: 60%
- 55-59: 65%
- 60-64: 70%
- 65-69: 75%
- 70-74: 80%
- 75-79: 85%
- 80-84: 90%
- 85-89: 95%
- 90-94: 100%

EDUCATION

- Less than high school: 10%
- High school graduate: 20%
- Some college: 30%
- College graduate: 40%
- Postgraduate: 50%

GENDER

- Male: 50%
- Female: 50%

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[HTTPS://WWW.VIOLENCE.CDC.GOV/VPP/SPPL/RESOURCE_CENTER_INFORMATION.HTML](https://www.violence.cdc.gov/vpp/SPPL/RESOURCE_CENTER_INFORMATION.HTML)

What is an ACE?

ABUSE

- 11% EMOTIONAL
- 28% PHYSICAL
- 27% SEXUAL

HOUSEHOLD CHALLENGES

- 13% MOTHER TREATED VIOLENTLY
- 27% SUBSTANCE ABUSE
- 19% MENTAL ILLNESS
- 23% SEPARATION/DIVORCE
- 5% INCARCERATED HOUSEHOLD MEMBER

NEGLECT

- 19% EMOTIONAL
- 10% PHYSICAL

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Adverse Childhood Experiences (ACES)

Increasing number of ACEs correlates with:

- **Mental health disorders** – (anxiety, depression, substance abuse)
- **Chronic diseases** – (ischemic heart disease, stroke, diabetes)
- **Mortality** - Children exposed to 6 or more ACEs died at age 60, whereas children without ACEs died at age 80.
- **Lower educational attainment**
- **Increased social service costs**
- **Increased medical costs**

Types of Child Abuse

Physical Abuse

Bruises

Fractures

Burns

Sexual Abuse

Neglect

Medical Child Abuse

Case #1

Mandatory Reporting

Case #1

- 6 month old in ER
- Bumbo Chair
- Broken Arm



Images courtesy of Bumbo.com

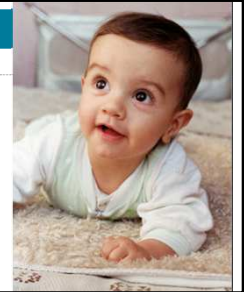


Case #1



Case #1

- Same 7 month old presenting to ER
- Intimate Partner Violence (IPV)
- Hit Head



Case #1

- Same 8 month old presenting to the ER
- Seizures

Where to intervene?



Where to intervene?

A horizontal timeline with four points marked: Birth, Fracture, IPV, and Head injury. A red arrow points down to the IPV point.

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Mandatory Reporting

RCW 26.44.030
Reports—Duty and authority to make—Duty of receiving agency—Duty to notify—Case planning and consultation—Penalty for unauthorized exchange of information—Filing dependency petitions—Investigations—Interviews of children—Records—Risk assessment process.

“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

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Reporting to CPS

Call

1-800-END-HARM

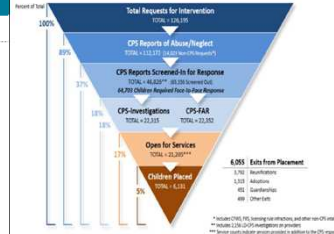
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Consequences of reporting to CPS

- Screens out
- Screens in, services
- Screens in, investigation
 - Founded
 - Unfounded

Figure 1
Child Welfare Overview CY 2018



SOURCE: DCYF Office of Innovation, Alignment, and Accountability, February, April 2019

Case #2

Sentinel Injuries



Case #2

- 6 week old
- Tongue laceration
- Dad's story

Case #2

- 2 weeks later



Sentinel Injuries

- Isolated small or “minor” injuries in children of a vulnerable age group, associated with abuse
- Concerning, even if the family presents well

[illegible]

Sentinel Injuries in Infants Evaluated for Child Physical Abuse

KEY WORDS abuse, bruising, infants, maltreatment, screening, abusive head trauma

WHAT'S NEW 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 promising infant evaluated for abuse should heighten the level of suspicion because these injuries are common in abused infants and more in infants found not to be abused.


WHAT THIS STUDY ADDS: A history of bruising or oral injury in a preinjury 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.

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Sentinel Injuries

< 6 month old	< 1 year old	< 2 year old
<ul style="list-style-type: none">• Bruising• Burns• Oropharyngeal injury	<ul style="list-style-type: none">• Long bone fracture• Intracranial hemorrhage• Skull fracture	<ul style="list-style-type: none">• Rib fracture• Abdominal trauma• Genital injury• Bleeding into whites of eyes

Linberg et al. Testing for Abuse in Children with Sentinel Injuries. 2015.

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- Bruising
- Burns
- Oropharyngeal injury

- Long bone fracture
- Intracranial hemorrhage
- Skull fracture

- Rib fracture
- Abdominal trauma
- Genital injury
- Bleeding into whites of eyes




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Lindberg et al. Testing for Abuse in Children with Sentinel Injuries. 2015

Sentinel Injuries- What to do

- Ask what happened
- Think about it, document it
- Report it if you are "reasonably" concerned
- Not sure?
 - Tell CPS that you aren't sure, but explain
 - Ask a colleague
 - Call SCAN- Seattle Children's Operator, 24/7



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[illegible]


Case #3



Bruising





Case #3



- 2 month old baby
- Face bruise





Case #3





Case #3

Normal Bruising

ABSTRACT

Bruises in Infants and Toddlers

Those Who Don't Bruise Rarely Bruise

Journal: Sugar, M, Jones, K, Taylor, M, Frank, W, Johnson, M, and DeAngelis, C. Pediatrics. 2015;135(4):e123-128.

Objectives: To determine the frequency and location of bruises in normal children and toddlers, and to assess the relationship of age and developmental stage to bruising.

Design: Cross-sectional survey.

Setting: Community pediatric care pediatric offices.

Subjects: Children younger than 36 months attending pediatric care.

Methods: Prospective data collection of demographic information, age, and presence and location of bruises. Data were collected from 10 pediatric offices and 10 community pediatric care offices. A total of 973 children were enrolled. A total of 366 children were enrolled in the community pediatric care offices.

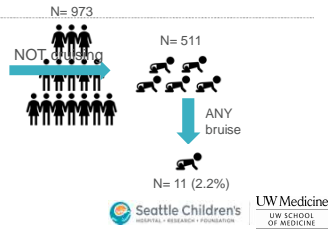
Main Results: Bruises were present in 10% of children younger than 36 months attending pediatric care. Bruises were present in 10% of children younger than 36 months attending pediatric care. Bruises were present in 10% of children younger than 36 months attending pediatric care.

Sugar et al: The numbers

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graph TD
    A[N=973] --> B[366]
    B --> C[ANY bruise]
    C --> D[N=2 0.6%]
    
```

Sugar et al: The numbers



TEN-4

- Any bruise in child under 4-6 months (4)
- Children less than 48 months (4)
 - Bruises on TORSO (T)
 - Bruises on EARS (E)
 - Bruises on NECK (N)

High risk bruising- What to do

- Ask what happened
- Think about it, document it
- Make a report if "reasonably" concerned
- Not sure?
 - Tell CPS you aren't sure, but explain
 - Seek out experienced colleagues
 - Call SCAN- Seattle Children's Operator, 24/7

In Summary

- Put child abuse in your differential
- Make a report when concerned
- Document what you see, hear, notice
- Do good skin exams in babies
- Pass on what you know!



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Thank you!

Questions?

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