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Recognizing and Reporting Abuse

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Project ECHO®
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Nebraska

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Objectives

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1. Recognize common abuse presentations
2. Define the reporting statutes in IA and NE and the role of healthcare professionals in reporting abuse
3. Describe the purpose of a workup and the basic testing for a child with suspected abuse

What is Abuse?

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- Federal definition:
  - CAPTA
  - "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation"; or
  - "An act or failure to act which presents an imminent risk of serious harm.“
- State definitions vary

www.childwelfare.gov

Types of Abuse

- Neglect
  - Most prevalent
  - Physical, medical, educational, emotional
- Physical Abuse
- Sexual Abuse
- Others
  - Emotional abuse
  - Medical child abuse/Munchausen by proxy
  - Abandonment
  - Trafficking

Statistics 2017

- Neglect 6.8 per 1000
- Physical abuse 1.7 per 1000
- Sexual abuse 0.8 per 1000
- Emotional abuse 0.5 per 1000

www.childtrends.org/indicators/child-maltreatment

NE Child Abuse Statistics 2017

- Over 37,000 reports of abuse to hotline
- 13,718 were accepted for investigation
- 2169 were substantiated regarding 3612 children
- Majority were victims of neglect (2989); physical abuse (546) and sexual abuse (346)

(NE DHHS website accessed 1/19)

So, what does this mean?

- You will see abuse in your practice!

Risk factors-child

- Younger than 4 years
- Special health care needs

cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html

Risk factors Parent

- Lack of understanding child needs/development
- History of abuse/neglect
- Substance abuse or mental health issues
- Young age, low education, single parent, low income
- Nonbiological, transient caregiver

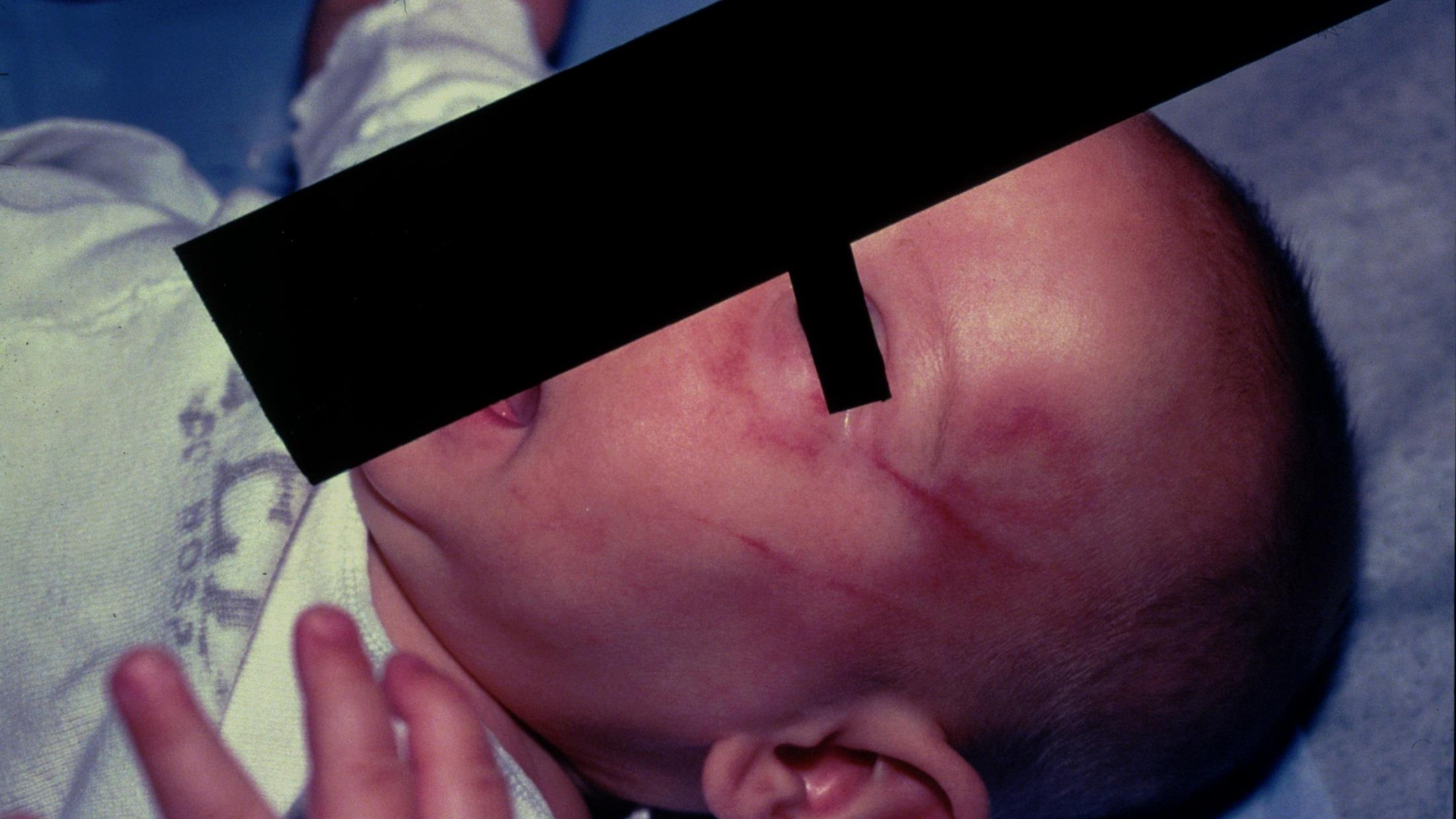
cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html

Protective Factors

- Supportive family/social network
- Basic needs support
- Nurturing parenting skills
- Parental employment, education
- Housing
- Access to health care and social services
- Role models/mentors

Case Scenario

- 6 month old male infant presents with mother for well child visit. He has a bruise on his face and no other injuries.



What next?

- History, physical, workup
  - History of injury (“what happened?”)
  - Assess for other injuries
  - Medical conditions
- Treat the family like any other…you do not know who did this
- You are there to help the child!

Reporting abuse

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- Mandatory reporter
  - State statute
  - NE 28-711
    "When any physician, medical institution, nurse, school employee, social worker, or other person…has reasonable cause to believe a child has been subjected to child abuse or neglect…he or she shall report…or cause a report…to the proper law enforcement agency or to the department…"

Reporting Laws

- Every state has mandatory reporting laws
- Reporting is based on reasonable suspicion of abuse, not absolute proof
- Good faith reporting confers protection from prosecution of the reporter
- Penalties exist for failure to report

Reporting

- Mandatory reporter…but to whom?
  - Law enforcement: 911
  - Child Protective Services: 1-800-652-1999
- Who is responsible for calling?
  - Office staff/social work are okay if they have the correct information, but the physician has the ultimate responsibility

What do you tell the parents?

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- Be very frank regarding your role in reporting abuse
  - They are likely expecting the report
  - Most families appreciate the honesty
- Calmly discuss the situation with the family,
  - Preferably away from the child
- Be respectful and polite
  - Accusations and blame help no one

What do you tell the parents?

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- Avoid the word “abuse”
  - “I’m concerned someone may have hurt your child”
- Okay to fall back on
  - “I am required by law…”
  - “It is part of my job to ensure your child is safe”
- Be careful of your own safety, trust your instincts
- Do not let your beliefs and emotions interfere with the child’s safety

What do you tell the parents?

- Ask if they will remain in the office while you make the call
  - Ask investigators what they want you to do with the family
  - You cannot force the family to remain, but usually they do
- Respect their privacy

Family Reactions

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- Usually are upset, angry, hurt
- Rarely is the anger directed at the provider
- Most appreciate the honesty and understand the reporting laws
- Commonly ask if their child will be taken from them
  - DO NOT answer that…

Worst case scenario

- Angry parents in your office pick up their infant son and head for the door after you discuss your concerns of abuse with them.

- What do you do?

What to do…

- Attempt to reason with them, if possible
- Do not attempt to physically restrain an adult
- Never put yourself in danger, even if the child may be critically ill
- Make an immediate call to police, reporting your concerns and the patient's information

Further recommendations

- Document, document, document
- Statements in quotes
- Photographs/drawings
- Who, when for conversations
- Concise statement of what was reported and why.

Why medical staff does not report..

- The family is nice, there is no way they could have hurt their child
- I can't prove it's abuse (what if I am wrong?)
- I don't want this child removed
- They will be mad at me/find out/come after me…
- It will ruin our relationship
- I can help them

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Questions?

Provider Information

Name
Erin Schmitz MD

Clinic/School/Facility Name
Pediatric Partners

De-Identified Case Information
ECHO ID#
CA2019-001

Age
10 months

Gender
Female

Patient Race
White

Patient Ethnicity
Unknown / Not Reported

Physcial Exam & History

Pertinent physical findings:
ER PROVIDER EXAM: GENERAL: well appearing, eating crackers, no distress. HEAD: NC, left lateral side of head above the left ear, swelling superficial scalp, 3 cm x 1.5 cm. No crepitus. Cap refill < 3 seconds. No ecchymosis. Non-tender. SKIN: no rashes or bruises or abrasions. NEURO: normal observed motor, speech, and coordination, CN II-XII intact.
CLINIC 2 DAYS LATER: Soft well-defined bump larger than described 2 days ago, about 2 cm x 4 cm. On her back there is a large dark brown irregular birth mark about 2 cm, no bruising, burns, or abrasions. Otherwise unchanged exam.

Pertinent past medical history:
Received ER note on a Monday morning about a 10 month old baby girl who was in over the weekend. Mom took her there for concerns of a "bump on her head". Dad did arrive to the ER later. ER note reviewed with soft swelling above the ear but baby acting well and no bruises and "parents seem nice". No imaging obtained. RTC guidelines discussed about abnormal neurological signs (vomiting, lethargy, etc.)
and advised to see PCP within a few days. They also found AOM and prescribed an antibiotic.
Our clinic called mom and she made an appt to be seen for her missed 9 mo HCM and ER follow up.
HPI- Mom is concerned that this is an injury, but she doesn't recall seeing her ever hit her head and no one else has reported an injury to her. Mom and dad have recently separated and are attempting to keep things cordial without lawyers. Baby did spend some time recently alone with dad on the weekend. She has also been with several different babysitters now that mom is seeking employment due to the separation. Mom thinks the swelling is getting smaller.

She is acting well. She usually has a lot of separation anxiety and doesn't like being away from mom. When she was with one babysitter, she cried the entire 3-4 hours while mom was away. She has been sleeping well without discomfort. No vomiting. No abnormal eye movements. No apparent pain in extremities. No bruising or skin color abnormalities. Mom missed her 9 mo appt because her own mother said the 9 mo appt is not routine care.

Development-She can pull herself up to stand and attempt to walk. Sitting well, crawls, pulls self to stand. Feeds self, thumb finger grasp, bangs two objects together. Separation anxiety. Good eye contact. Smiles. Responds to name, waves bye bye, imitates sounds.
Social-No daycare. Mom wants to return work, but child cries for hours when with babysitter. Recent parents separation, splits time between mom and dad. No substance abuse in the family.
OUTCOME: Mom took baby by car to outpatient hospital radiology for skeletal survey with "hold and call instructions". Skull fracture identified and mom and baby escorted by staff and police to the ER for further medical care and legal processes. Baby transported separately to a Children's hospital ER for further work up and hospital child protection team consult. Repeat x-rays 2 and 4 weeks later showed multiple healing fractures in femur and tibia that were not visible on the first skeletal survey.

Social and Family/Home Information
Does child attend daycare/school?
No

Primary caregiver
Biological mother

Who has custody of the youth? With whom does the patient live?
Biological mother currently. Previously living with both bio-parents and sharing time between both homes after parents' separation.

Previous trauma
Parental separation or divorce

Pertinent family history:
None
Overall Question or Concern for Case

What is your concern or goal for this case presentation?
Concerns:
(1) Unrecognized head injury in the ER.
(2) Coordinating diagnostics for suspected abuse in a daytime clinic setting. For instance, how do we safely get a child to radiology? This mom was appropriately concerned about abuse from the father (and brought baby to ER and clinic), but it is still a very real risk sending a child out with caregivers, hoping that they will cooperate and no further harm is done to the child. This could also allow caregivers time to prepare for any impending investigation (ie drugs in home, other children, etc.)

Is there anything else the HUB team should know to provide feedback and considerations?
The local hospital ER and radiology department has had multiple meetings for debriefing and policy making as a response to this case.