

Child Abuse: Clinical, Ethical and Legal Issues

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Learning Objectives

- Describe the epidemiology of child abuse among the American populace
- Describe the predisposing factors for child abuse
- Identify the categories of child abuse
- Recognize clinical signs observable on child abuse victims

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Learning Objectives

- Recognize clinical findings and conditions that mimic child abuse
- Recognize typical behaviors of child abusers in the healthcare setting
- Discuss the ethical and legal implications of child abuse for healthcare practitioners
- Describe the impact of child abuse situations on healthcare practitioners

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Introduction: What is Child Abuse and Neglect?

- Recognizing the signs of child abuse and neglect is the first step in helping abused or neglected children
- A single sign does not mean maltreatment is happening
- Further investigation may be warranted if the signs appear repeatedly or in combination

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“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.”

The Federal Child Abuse Prevention and Treatment Act (CAPTA),
(42 U.S.C.A. §5106g), as amended and reauthorized by the CAPTA Reauthorization Act of 2010

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Epidemiology

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Frequency

- In 2011, 3.4 million referrals were made to CPS in the U.S.
 - 8.4% of referrals were from medical personnel
- Rate of child maltreatment in the U.S. was 9.1 cases per 1,000 children
 - 78% were from neglect
 - 17.6% from physical abuse
 - 9.1% from child sexual abuse
- Overall child fatality rate was 2.1 deaths per 100,000 children
- Women represented 53.6% of perpetrators

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Mortality/Morbidity

- There are many long-term health consequences of maltreatment and adverse experiences
- Mortality increases with recurrent episodes of inflicted trauma
- In 2010, homicide was the 3rd leading cause of death in children ages 1-4
- 81.6% of fatalities from child abuse were in children younger than 4 years

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Causes

- Complex interplay of individual, family, environmental, and social factors
- Can be triggered by caregivers with inadequate resources interacting with a high-risk child (children who are physically, mentally, temperamentally, or behaviorally difficult)
- Stressors and factors we will go over are not specific causes - but increase the risk of child abuse occurring

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Stressors: Socioeconomic

- Poverty
- Unemployment
- Frequent geographic moves
- Isolation
- Hostile environment
- Domestic violence
- Punitive child-rearing styles
- Inadequate social and practical support networks

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Stressors: Parental

- Low self-esteem
- Abused as children
- Substance abuse
- Mental health problems
- Marital separation
- Unrealistic expectations of the child
- Attachment problems

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Factors: Child

- Young age
- Behavior problems
- Medical problems
- Prematurity
- Mental or physical disability
- Nonbiological relationship to caretaker

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Triggering Situations

- Perceived need for discipline/punishment
- Argument/family conflict
- Substance abuse
- Acute environmental problems

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Childhood Problems

- Children who are exposed to domestic violence are at risk of exposure to traumatic events
- Psychological problems
- Cognitive problems
- Long-term problems

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Types of Abuse

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Types of Abuse: Physical

- Physical Abuse - nonaccidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap or other object), burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person who has responsibility for the child
 - Considered abuse regardless of whether the caregiver intended to hurt the child
 - Physical discipline is not considered abuse as long as it is reasonable and causes no bodily injury to the child

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Types of Abuse: Neglect

- Neglect - failure of a parent, guardian, or other caregiver to provide for a child's basic needs.
- Most common type of child maltreatment in the U.S. (78.5%)
- Neglect may be:
 - Physical
 - Medical
 - Educational
 - Emotional

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Types of Abuse: Sexual and Emotional

- Sexual abuse
- Emotional abuse (or psychological abuse)
 - Often difficult to prove
 - Almost always present when other types of maltreatment are identified

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Types of Abuse

- Abandonment
- Substance abuse

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Types of Abuse

- Munchausen syndrome by proxy (MSBP) - also called Factitious Disorder
 - Chronic
 - Episodic
 - Mild
 - Intense
- Prevention

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Signs of Abuse

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Signs of Abuse

- Signs in the child
- Signs in the parent
- Signs during interactions between the child and parent

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Signs of Physical Abuse

- Signs from child
- Signs from parent or caregiver

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Signs of Neglect

- Signs from the child
- Signs from the adult

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Signs of Sexual Abuse

- Signs from the child
- Signs from the adult

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Signs of Emotional Maltreatment

- Signs from the child
- Signs from the adult

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History

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History

- May be with offending parent or both parents
- History provided may not be true
- May be accompanied by CPS worker

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Obtaining the History

- First step - obtain a thorough history, although this may be challenging
- Obtain a history from everyone - including children
- Interview each person separately

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Don't Jeopardize the Investigation

- Don't interview young children (< 11 years) extensively - may ultimately jeopardize the investigation
- Use open-ended questions
- Do not use close-ended (yes or no) questions
- If the child provides a history, document it in quotation marks when possible
- Document if the child or parent does not provide a history

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If the Injury Involves a Fall

- Initial position and location of child before fall
- Fall dynamics (distance - describe the fall)
- Final position and location of the child after the fall (landing surface)

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Reconstruct the Event

- Who witnessed the injury?
- Where did the injury occur?
- When did the injury occur?
- How did the child act after the injury?
- What did the caregiver do after the injury?
- Obtain a developmental history (e.g., what is the child able to do physically? Roll over? Crawl? Walk? Climb?)

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Other History

Diet History - Especially important in failure to thrive (FTT)

- Birth weight and serial weights if available
- Twenty-four-hour diet history

Past Medical History

- Birth history
- Behavioral problems
- Previous traumatic events, illnesses, operations, ED visits, evaluations by any other medical specialists

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Family History

- Best left to be determined by a social worker in the ED

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Interpretation of Injuries

- Does the description of how the injury occurred fit with this child's developmental capabilities?
- Does the pattern of injury fit with the description given?

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Historical Characteristics Concerning Abuse

- Unexplained or poorly explained injuries
- Injuries incompatible with the stated history
- A changing history recognizing that minor discrepancies in the history may have little or no significance
- Inappropriate delay in care (e.g., waiting several hours to bring an unresponsive baby in for evaluation)

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Abusive Head Trauma (AHT)

Infants with AHT may present in extremis or with nonspecific symptoms such as:

- Altered mental status, coma
- Irritability, fussiness
- Vomiting
- Apparent life-threatening event (ALTE), apnea
- Seizures, abnormal movements
- Poor feeding
- Cardiopulmonary arrest
- Increased head circumference (more likely to be found in chronic rather than acute AHT)

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Physical

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Physical Examination

- Child's general appearance
- Vital signs
- Nutritional status
- Growth parameters (height, weight, head circumference for children less than 12 months)
- Glasgow Coma Scale score
- Injury specific examination (eg extremities, neurological)
- Complete skin examination
- If abuse is suspected, they should be examined in a hospital gown to facilitate a full examination
- Parental interaction should be documented in objective, no subjective, terms

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Common Sites of Injuries

- Head
- Face
- Eyes
- Ears
- Mouth
- Neck
- Torso
- Extremities
- Genitals
- Bruises
- Bite marks
- Burns

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Cutaneous Injuries: Bruises

- Most common potentially abusive finding reported to CPS from the ED
- Scalp, ears, oral frenula, neck, torso, and inner aspects of the arms and legs should be carefully examined
- May appear alone or in conjunction with deeper injury (e.g., fracture, abdominal injury, head injury)

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Types of Bruises



Ecchymoses
(contusions)



Petechiae



Hematoma

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Cutaneous Injuries: Bruises

- Mobile children typically bruise over bony prominences but specific bruise patterns might indicate abuse
- An inflicted bruise can be an important red flag for abuse and should be taken seriously
- Bruises cannot be reliably aged by examination of color or any other techniques in a clinical examination

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Cutaneous Injuries: Bites

- Oval impression
- Severity depends on location, force, and movement

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Cutaneous Injuries: Burns

- Typically caused by hot-water immersion or contact with household items, such as a hot iron or cigarette
- If victim is less than 2 years old, obtain a skeletal survey
- Intentional scald burns
- Accidental scald burns
- Inflicted contact burns
- Accidental contact burns

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Differential Diagnoses

- Bruising
- Burns
- Skeletal Trauma
- Head trauma
- Hair loss disorders
- Emotional abuse

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Sudden Unexpected Infant Deaths

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Prevalence

- > 3,500 infants die suddenly of no obvious cause each year in the U.S.
- 50% SIDS
- Peaks at age 2 to 3 months

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Etiology

- Cause remains unknown
- Association with the infant's sleep position and inadequate cardio-respiratory function
- Back-to-Sleep Campaign
- Resource in lesson materials - AAP issued recommendations to reduce the risk of SIDS and other sleep-related deaths

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Etiology

- Other causes need to be considered
- These circumstances do not determine whether or not there was fatal abuse

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Safe to Sleep Campaign

- Reduced SIDS rates by more than 50% since the original recommendations in 1992
- Instances of prone sleeping decreased, however bed sharing has increased
- Advice to give to patients in order to reduce risk of SIDS

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Common Misconceptions

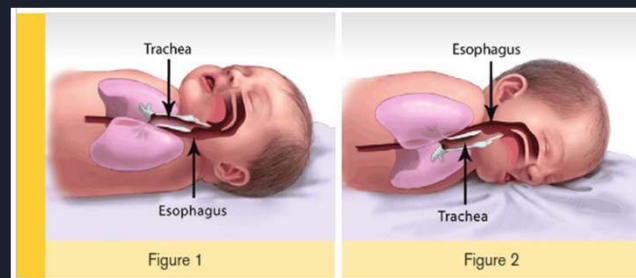
- Avoid crib bumpers and other products that claim to reduce the risk of SIDS - they have not been tested
- No evidence that sleeping on side clears their airways of amniotic fluid
- Even with gastric reflux, patients should still sleep on their backs because the chance of SIDS is greater than death from aspiration due to reflux

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Common Misconceptions

- No evidence that aspiration is more common among healthy infants who sleep in the supine position
- Babies may actually clear secretions better when placed on their back



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Cultural Differences: Aspects

- 25% of the U.S. population is a minority
- 20% of American population speaks a language other than English
- Understanding cultural differences can assist in trauma recovery

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“The integrated pattern of human knowledge, beliefs, and behaviors that depend on transmission to succeeding generations, and the traditional beliefs, social manner, and material traits of a racial, religious, or social group.”

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Interpreting Observed Behaviors

How healthcare providers typically perceive behavior:

- Eye contact - normal behavior
- Touch shows compassion

How other cultures may perceive behavior:

- Eye contact - disrespect or hostility
- Touch outside of necessity is forbidden

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Foreign Practices

- Coining - Southeast Asia
- Cupping - Hmong, Vietnamese, Chinese, Russians, Koreans and others



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Foreign Practices

- Stick burns and moxibustion



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Reporting of Abuse

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Mandatory Reporting

- Who is required to report abuse?
- Standards for making a report

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Reporter's Name and Identity

- Most states allow confidentiality, but 19 states require mandatory reporters to provide their name and contact information
- Exceptions

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Effects on Healthcare Practitioners

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Types of Professional Stressors

- Compassion fatigue
- Vicarious trauma
- Job stress

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Compassion Fatigue

- Can result from helping or wanting to help a traumatized or suffering person
- Happens more suddenly than burnout
- Inability to adapt - typically continue giving themselves to clients, unable to separate themselves from the victim's suffering

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Vicarious Trauma

- Negative transformation in the provider's inner experience
- Results from empathic engagement with clients' traumatic events

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Management Techniques

- Individual Stress Management

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Summary and Review

- Defined child abuse
- Epidemiology
- Abuse is caused by a complex interplay of individual, family, environmental, and social factors
- Triggering situations

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Summary and Review

- Types of abuse
- Signs of abuse

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Summary & Review

- Importance of gathering history
- Avoid jeopardizing the investigations
- What to do if the injury involves a fall
- Event reconstruction

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Summary & Review

- What information to gather during physical exam
- Common sites of injuries, bruises
- Bites and burns
- Differential diagnoses

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Summary & Review

- Sudden unexpected infant deaths and SIDS
- Safe to Sleep campaign
- Common misconceptions about SIDS
- Foreign practices that may mimic abuse

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Summary & Review

- Mandatory reporting of abuse
- Standards for reporting
- Effects of child abuse on healthcare workers
- How to manage individual stress

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