Recognizing & Responding to Children at Risk
Suspected Child Abuse & Neglect Education for Hospital Staff
A program of the PA Chapter, American Academy of Pediatrics

Learning Objectives
• Identify the role of child protection
• Define categories of child abuse in the law
• Recognize potential risks/indicators of child abuse/neglect
• Describe role of mandated reporter
• Explain referral process and follow up
• Identify prevention resources

Facts at a Glance
• Over 3 million abuse & neglect referrals
• 686,000 child victims
• 78% - neglect
• 1,640 deaths – average of 5 per day
• 70% of fatalities under age 3


“One day last November, we had four battered children in our pediatrics ward. Two died in the hospital and one died at home four weeks later. For every child who enters the hospital this badly beaten, there must be hundreds treated by unsuspecting doctors. The battered child syndrome isn’t a reportable disease, but it damn well ought to be.”
Dr. Henry Kempe, Janusweek, April 1962

How far have we come?
• 1874 – Rescue of Mary Ellen Wilson
• 1875 – New York Society for Prevention of Cruelty to Children
• 1935 – Social Security Act with obscure provision for “protection and care of homeless, dependent and neglected children…”
• 1946 – Article by pediatric radiologist John Caffey
• 1962 – The Battered Child Syndrome – Henry Kempe
• 1967 – All states have reporting laws
• 1974 – Child Abuse Prevention and Treatment Act (CAPTA)

Where are we today?
PA Task Force on Child Protection - 2011
• Appointed by governor in wake of Sandusky case
• Multi-disciplinary
• Resulted in passage of over 20 child protection bills
• Act 31 of 2014 – licensing requirements – Department of State
PA Child Protective Services Law (CPSL)

- ChildLine
- Children and Youth
- Mandated Reporting

Mandated Reporter

- 16 categories of mandated reporters
- Required to make a report
- Based on reasonable cause to suspect
- Child does not need to “come before” the mandated reporter
- Must report directly and immediately

Suspicion

“The act or instance of suspecting something wrong without proof.”

True or False

Mandated reporters are required to report suspected abuse regardless if they are “on the job” as an employee or volunteer.

True

- Person makes disclosure that identifiable child is victim of child abuse
- Individual 14 or older discloses he or she has committed child abuse

Why it matters

Sequence of Child Abuse & Neglect

- Physical
- Psychological
- Sexual
- Educational
- Social
- Psychological
- Physical

Death
ACE Study

ACEs and the next generation

- Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
- Adoption of Health Risk Behaviors
- Social, Emotional, & Cognitive Impairment
- Disrupted Neurodevelopment
- Adverse Childhood Experiences
- Death
- Conception

Identified ACE’s

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- Alcohol/drug abuser in household
- Incarcerated household member
- Chronically depressed, mentally ill, suicidal
- Domestic violence
- One or no parents
- Emotional or physical neglect

Three Levels of Stress Response

Positive
Brief increases in heart rate, mild elevations in stress hormone levels.

Tolerable
Serious, temporary stress responses, buffered by supportive relationships.

Toxic
Prolonged activation of stress response systems in the absence of protective relationships.

Center on the Developing Child / Harvard University

Ask Yourself...

- Could this be an abused child?
- Should I make a report to ChildLine?
- What can be done to help this child and family?

Two-tiered System

Child Protective Services (CPS)
General Protective Services (GPS)

- Assessment of safety
- Interview/see child
- Visit home
- Determine need for services

Perpetrator of Child Abuse

- Parent of child
- Spouse or former spouse of child’s parent
- Paramour or former paramour of child’s parent
- Person 14 years of age or older and responsible for the child’s welfare or having direct contact with children as an employee of child-care services, a school or through a program, activity, or service
- Household member 14 years old or older
- Non-household member over 18 related to child within 3rd degree of consanguinity or by adoption
Key Point

Mandated reporters must report suspected abuse, regardless of whether the perpetrator is known or unknown.

Child Abuse

An act or failure to act committed “Intentionally, knowingly or recklessly” to a person under the age of 18

- Intentionally – Done with the direct purpose of causing the type of harm that resulted
- Knowingly – Understanding that the harm is “practically certain to result”
- Recklessly – Conscious disregard for foreseeable risk

Bodily Injury

Causing bodily injury to a child through any recent act or failure to act that causes impairment of physical condition or substantial pain.

Caregiver-Fabricated Illness

“fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease...”

Serious Mental Injury

Causing or substantially contributing to serious mental injury through act(s) or failure(s) to act.

Sexual Abuse or Exploitation

A. The employment, use, persuasion, inducement, enticement or coercion of a child to engage in or assist another person to engage in sexually explicit conduct involving, but not limited to:
   i. Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in an individual
   ii. Participating in sexually explicit conversations in person or by electronic means for the purpose of sexual stimulation or gratification of any individual
   iii. Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual
   iv. Actual or simulated sexual activity for the purpose of producing visual depiction (including photographing, videocapturing, computer depicting or filming) of sexually explicit conduct.
Sexual Abuse or Exploitation

Any of the following offenses against a child:

- Rape
- Statutory sexual assault
- Involuntary deviate sexual intercourse
- Sexual assault
- Institutional sexual assault
- Aggravated indecent assault
- Indecent assault
- Indecent exposure
- Incest
- Prostitution
- Sexual Abuse
- Unlawful contact with a minor
- Sexual exploitation

Exclusion

Consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older and whose age is within four years of the child’s age.

Reasonable likelihood of bodily injury

Must report, even if no injury, recent acts that endanger a child

A. Kicking, biting, throwing, burning, stabbing or cutting
B. Unreasonably restraining or confining a child
C. Forcefully shaking a child under the age of one
D. Forcefully slapping or striking a child under the age of one
E. Interfering with the breathing of a child
F. Causing a child to be present where methamphetamine is being manufactured and law enforcement have begun an investigation
G. Leaving a child unsupervised with an individual (outside of the child’s parent) who is a registered sex offender

Likelihood of sexual abuse or exploitation

Serious Physical Neglect

- Repeated, prolonged, or egregious failure to supervise a child in a manner that is appropriate given the child’s age, development and abilities. (can be one-time event)
- Failure to provide a child with adequate essentials of life, including food, clothing, shelter or medical care.
Suspicious Death

Causing the death of the child through any act or failure to act

Recent Acts

Within two years of the report to ChildLine.
- Bodily injury
- Caregiver-Fabricated Illness
- Reasonable likelihood of bodily injury
- Likelihood of sexual abuse/exploitation
- Certain recent acts

Recent act does not apply:
- Serious mental injury
- Sexual abuse or exploitation
- Serious physical neglect
- Suspicious death

Exclusions from child abuse

A. Environmental factors
B. Practice of religious beliefs
C. Use of force for supervision, control and safety
D. Rights of parents to use reasonable force
E. Participation in events involving physical contact
F. Child-on-child contact
G. Defensive force

*These exclusions apply to substantiation of child abuse, not to the requirement to report!

Risk factors for Child Abuse and/or Neglect

Child factors
- Prematurity
- Chronic medical conditions (i.e. medically fragile child)
- Disability
- Poor bonding with caregiver
- Child perceived as “difficult” (i.e. colicky baby)
- Unwanted child
- Sibling of abused child

Caregiver factors
- Abused as a child
- Mental illness
- Substance abuse
- Teenage parent
- Unreasonable expectations for the child
- Punitive childrearing style
- Multiple births
- Poor coping skills
Risk factors for Child Abuse and/or Neglect

Family factors
- Domestic violence
- Unemployment
- Financial stressors
- Lack of support/isolation
- Nonbiologically-related male in the home
- Parent-child conflict
- Animal abuse

Triggering events
- Crying baby
- Child’s misbehavior
- Discipline gone awry
- Argument, family conflict
- Toilet training

When Should Abuse be Considered?
- History inconsistent with injuries
- History incompatible with child’s development
- History that changes with time
- Delay in seeking treatment
- Suspicious injuries

Bruises and Other Abusive Skin Findings

Discipline or abuse?
Delayed identification of pediatric abuse-related fractures

- OBJECTIVES: primary objective of this study was to determine how frequently abusive fractures were missed by physicians during previous examinations. A secondary objective was to determine clinical predictors that are associated with unrecognized abuse.
- METHODS: Children who were younger than 3 years and presented to a large academic children's hospital from January 1999 to December 2007 and received a diagnosis of abusive fractures by a multidisciplinary child protective team.
- RESULTS: Of 358 patients with abusive fractures, 54 (15.2%) had at least 1 previous physician visit at which abuse was missed. 17% of missed abuse cases, children sustained repeat injuries.
- CONCLUSION: 20.9% of cases missed; 17% of missed cases sustained repeat injuries

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Head trauma misdiagnosed as...

- Accidental trauma
- Viral gastroenteritis
- Reflux
- Apnea, ALTE, SIDS
- Seizure disorder
- Sepsis
- Otitis media

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Oral Injuries

- Perpetrator well known to child...no intent to physically injure
- Strive to maintain secrecy and shift blame, guilt and fear of discovery to the child
- Behavioral changes may lead to inquiry
- Rarely about positive physical findings or positive culture for STD
- A disclosure
Child Advocacy Centers

Law enforcement, child protective services, prosecution, victim advocacy, medical and mental health professionals in one location.

General Protective Services

- Neglect
- Truancy
- Inappropriate discipline
- Hygiene issues
- Abandonment

When Should Neglect be Considered?

- Failure to thrive
- Medical problems not addressed
- Delay in seeking care
- Extreme lack of cleanliness
- Inappropriate clothing for environment
- Special health care needs not addressed
- Truancy without medical explanation

Dental Neglect

- Willful failure of a parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection.
- Untreated, rampant caries
- Untreated pain, infection, bleeding or trauma
- Lack of continuity of care once informed that above conditions exist

American Academy of Pediatric Dentistry

Mandatory reporting regarding infants

- Illegal substance abuse by the child’s mother.
- Withdrawal symptoms resulting from prenatal drug exposure.
- A fetal alcohol spectrum disorder.
Medical Approach to Reporting

Initial thought — “Could this be abuse?”

Making a report — “Reasonable cause to suspect”

History to Gather

- Past medical history
  - Previous trauma/injuries/chronic illnesses
  - Birth trauma and administration of Vitamin K at birth
- Developmental history
  - Current milestones and any delays
  - Observe child’s abilities while in the room

Family History

- Bleeding disorders, collagen vascular disease, easy bruising, easily fractured bones, poorly healed fractures, dental and hearing abnormalities
- Recurrent infant deaths (concerning for SIDS, metabolic disorders, and infanticide)
- “Small children” — could signal neglect

Physical Exam

- Completely undress the child
- Look at everything
- Document

Laboratory and Radiographic Assessment as Indicated

Observed Interaction

- Behavior and demeanor of child
- Behavior and demeanor of adult
- Indicators/“Red Flags” of abuse/neglect

Decision time: Should a report be made?
Making a report to ChildLine

File the report electronically
or
Call 1-800-932-0313

Child Welfare Portal

- [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis)
- Establish Keystone ID and password
- For clearances and referrals
- Will receive submission confirmation
- Have access to previous entries
- Can register at any time

Immunity from liability – civil and criminal

Acting in good faith when:
- Making a report
- Cooperating and consulting in investigation
- Testifying in a proceeding
- Taking authorized actions

Applies to CPS and GPS referrals

Confidentiality

- Identity of mandated reporter and those who cooperated with investigation can not be disclosed.
- If law enforcement involved, person(s) to be treated as confidential informant.

Penalties

Mandated reporter “willfully fails to report”

Role of Children and Youth

- Timeline for response
- Safety assessment, photographs
- Law enforcement
- Risk assessment
Outcomes

Indicated = Children and Youth finds abuse occurred
Founded = Judicial finding
Substantiated = Indicated and/or founded
Unfounded = Lack of evidence that child was abused, or child was not abused

Sharing of information

Certified Medical Practitioner
→ Children & Youth
“circumstances which negatively affect the medical health of a child.”

Shared by certified medical practitioner

- Info on child’s prior or current health
- Info on subsequent exam
- Treatment of child
- Relevant medical info on other children
  Parental consent is not required.

Shared by Children & Youth

- Final status of GPS assessment
- Final status of child abuse investigation
- Services provided or arranged
- Other certified medical practitioner(s)

ChildLine will notify mandated reporters via mail on child abuse investigation outcome/services.

Prevention

- Providing anticipatory guidance
- Patient handouts
- Purposeful Parenting
- Protective Factors

“It is easier to build strong children than to repair broken men.”
- Frederick Douglass (1817–1895)

Thank you for attending!

- For more information:
  www.pascan.org
  www.keepkidssafe.pa.gov