Non-Accidental Trauma

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Objectives

- Identify injuries that are suspicious for child maltreatment
- Review the regional child maltreatment guidelines
- Understand the resources available to you
What is Child Maltreatment

“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”
Types of Child Maltreatment

- Physical abuse
- Sexual abuse
- Medical child abuse
- Emotional abuse
- Neglect
  - Supervisory, medical, educational, dental, physical, emotional
National Statistics

- 4 million reports made to Child Protective Services
- 676,000 victims of child maltreatment
## National Statistics

### Child Maltreatment by Type, 2016

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>74.8</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>18.2</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>8.5</td>
</tr>
<tr>
<td>Medical Neglect</td>
<td>2.1</td>
</tr>
<tr>
<td>Psychological Maltreatment</td>
<td>5.6</td>
</tr>
<tr>
<td>Other</td>
<td>6.9</td>
</tr>
</tbody>
</table>

*Threatened abuse, parent’s drug/alcohol abuse, safe relinquishment of a newborn*
Exhibit 3-D Victims by Age, 2016

The youngest children were the most vulnerable to maltreatment

Rate per 1000 children

<1: 24.8
1: 11.9
2: 11.2
3: 10.6
4: 10.1
5: 9.9
6: 9.9
7: 9.7
8: 8.8
9: 8.1
10: 7.4
11: 6.8
12: 6.7
13: 6.7
14: 6.7
15: 6.4
16: 5.5
17: 3.6

Age

Based on data from 51 states. See table 3-5.
National Statistics

- 77.6% parents
- 6.2% relative other than a parent
- 3.8% other
  - Foster sibling, nonrelative household member, household staff, clergy etc.
Statewide Statistics

- 295,485 reports made to TDFPS
- 39,570 cases ruled reason to believe
Statewide Statistics

- 70% of cases was neglectful supervision
- 34% of children between 1 and 3
- 77% of confirmed perpetrator was a parent
- 54% Female
34,000 reports made
4700 RTB cases
7800 children
National Statistics

- 1,750 child fatalities
  - Approx. 4 children a day!
- 70% of fatalities under age of 3
Neglect

- Most common form of child maltreatment
  - 75% of all cases

- No clear definition

- “We’ll know it when we see it”
Neglect

- Acts of Omission
- Not Tangible
  - Developmental delay
- Attracts less attention
  - “Neglect of Neglect”

Abuse

- Acts of Commission
- Tangible
  - Bruises
  - Fractures
- Evokes intense response from professionals, public and media
Neglect

Optimal Care  Adequate Care  Inadequate Care  Life-threatening Neglect
Identifying Neglect

- Minimally necessary for safety, growth and development
- Must cause or threaten harm
Subtypes of Neglect

- Physical neglect
  - Inadequate food, clothing, shelter and hygiene
Subtypes of Neglect

- Medical neglect
  - Failure to provide prescribed medical care or treatment
  - Failure to seek appropriate medical care in a timely manner
Subtypes of Neglect

- Supervisory neglect
  - Failure to provide age-appropriate supervision
Subtypes of Neglect

- Psychological or emotional neglect
  - Failure to provide adequate nurturance or affection
  - Failure to provide necessary psychological support
  - Allowing children to use drugs and/or alcohol
Subtypes of Neglect

- Exposure to Domestic Violence
  - In homes with DV, children are physically abused and neglected at a rate 15 times higher than the national average.
Subtypes of Neglect

- Exposure to Domestic Violence
  - 12% of children present during a violent episode are injured
    - A physical injury that resulted during domestic violence is child abuse
Physical Abuse

- Cutaneous injuries
- Fractures
- Abusive head trauma
- Abdominal trauma
Physical Abuse

- Cutaneous injuries are most common presentation
  - Bruises, lacerations, abrasions, bites, burns
  - 50-60% of victims have skin findings
What is the Mechanism of the Injury?

- Blunt force trauma
- Penetrating trauma
- Friction
- Heat
- Shear
- Compression
- Tension
- Bending
- Twisting
- Shaking
- Impact
History is Key

- Absent
- Inconsistent
  - With injury
  - With development of child
- Changing
Taking the History

- Interviewing technique
  - Listening
  - No interrupting
  - Do not provide a “reasonable” explanation
  - The “Colombo” approach
  - Non-judgmental
Evaluation of Injuries

- What is the mechanism?
- History ✗ mechanism
- History ✗ development of child
Any Bruise in an Immobile Infant
Anterior or Posterior Torso Bruises
Genital or Buttock Bruises
Face and Ear Bruises
Neck Bruises
Eyelid Bruises & Subconjunctival Hemorrhage
Frenulum Tears
Evaluation of Bruises

TEN 4-FACES
TEN-4 FACES

TEN
- Torso
  - Chest, abdomen, back, genitals, buttocks
- Ears
- Neck

FACES
- Frenulum
- Angle of the jaw
- Cheek
- Eyelids
- Subconjunctival hemorrhage
TEN-4 FACES

- Any bruise in an immobile infant
- Any bruising in the TEN FACES regions of a child ≤ 4 years

- Did the incident occur in a public place or have adult witnesses?

Pierce, MC et al. Bruising characteristics discriminating physical abuse from accidental trauma Pediatrics 2010;125:1
Patterned Injury

- Suggestive of an object
- Do not have to determine what object is used
- Can make generalizations about the object
  - Flat
  - Textured
  - Flexible
Phytophotodermatitis vs Slap Mark
Abusive vs. Accidental Burns

- Scalding by hot liquid is the most common agent for both accidental and inflicted burns in childhood
  - Abusive burns are most commonly due to immersion in hot tap water
  - Symmetric with sharp demarcations
  - Usually without splash marks
Abusive vs. Accidental Burns

Accidental burns are usually smaller, less severe, without a pattern, with an irregular depth
FIGURE 7. Distribution of inflicted and unintentional immersion burns on young children.
Be Concerned If

- Child discloses physical abuse
- Infant with any bruise
- Injury on thorax, ears, neck, mouth of older child
- Patterned injury
- History is not consistent with injury
Mandated Reporting

- **Child Abuse Prevention and Treatment Act (CAPTA) originally passed in 1974**
- All 50 states have passed some form of mandatory child abuse and neglect reporting
Who is a Mandated Reporter?

- In Texas EVERYONE is a mandated reporter

- A professional who has contact with children must report suspected abuse within 48 hours
When to report

- Whenever you suspect a child is being physically abused, sexually abused, or neglected

- You do not have to know that abuse is definitely occurring
1-800-252-5400
Welcome to the DFPS internet reporting website.

The Department of Family and Protective Services provides this secure website for reporting suspicions of abuse, neglect, and exploitation of children, adults with disabilities, or people who are elderly (65 years or older).

This website is only for reporting situations that do not require an emergency response. An emergency is a situation where a child, adult with disabilities, or person who is elderly faces an immediate risk of abuse or neglect that could result in death or serious harm.

The Texas Family Code 261.101 requires professionals to make a report within 48 hours of first suspecting abuse, neglect or exploitation of children. The Texas Agency Code Chapter 48 (48.051) requires a person having cause to believe that an elderly or disabled person is in the state of abuse, neglect, or exploitation to report the information required immediately.

What if my report is an emergency?

Call 911 or your local law enforcement agency if the situation is an emergency.

When should I call the abuse hotline rather than use this website?

Reports made through this website take up to 24 hours to process. Call the Texas Abuse Hotline at 1-800-252-5400 if:
- You believe your situation requires action in less than 24 hours.
- You prefer to remain anonymous.
- You have insufficient data to complete the required information on the report.
- You do not want an e-mail to confirm your report.

NOTICE

Effective September 1st, Adult Protective Services (APS) updated their policies and applicable rule (Texas Administrative Code, 5703) to help the in-home program more effectively target the most vulnerable adults. As a result, persons who were eligible for APS services in the past may no longer meet APS eligibility criteria.

Deaf or Hard of Hearing

If this is an emergency and you are deaf and equipped with a Teletypewriter (TTY), call Relay Texas by dialing 711 or 1-800-735-2989. Tell the relay agent you need to call the Texas Abuse Hotline at 1-800-252-5400.
Calling TDFPS

- Give as much information as you can
  - Child’s name and date of birth
  - Mother's name and date of birth
  - Address including apartment number
  - Working phone number(s)
  - What your concerns are
  - Name and date of birth of other children in the home
§ 261.106 Immunity from liability.
A person acting in good faith who reports or assists in the investigation of a report of alleged child abuse or neglect or who testifies or otherwise participates in a judicial proceeding arising from a report, petition, or investigation of alleged child abuse or neglect is immune from civil or criminal liability that might otherwise be incurred or imposed.
However...

§ 261.109 A person commits an offense if the person is required to make a report under Section 261.101(a) and knowingly fails to make a report as provided in this chapter

- Class A misdemeanor
- State jail felony
Anonymity

- CPS cannot tell family who called
- Giving your name and position adds credibility to your concern
- You can decide whether to tell family about the report
Telling Families

- Straight-forward, non-judgmental approach
- Explain why you are filing
- Never use reporting as a threat to families
Child Abuse Pediatrics

- Subspecialty of general pediatrics
- Provide children with an expert who is trained and experienced in assessing, diagnosing and treating child maltreatment

Training
- 3 years of a pediatric residency
- 3 years of child abuse pediatric fellowship
Child Abuse Pediatrics

- Medical evaluation of any child with concern for child maltreatment
- Work with social services and police departments
- Prepare medical-legal documents for court
- Testify in civil and criminal court cases
Center for Miracles Team

- 3 board certified child abuse pediatricians
Center for Miracles Team

- 3 board certified child abuse pediatricians
- 2-3 fellows
- 2 social workers
- 1 NP
- 1 SANE
- 1 MA
- 1 unit secretary
- Counselors
Forensic Assessment Center Network

- Statewide network available to all CPS investigators and other workers for requesting case review or other assistance from Child Abuse Pediatricians
STRAC Regional Child Maltreatment Work-up Guidelines

- Leading cause of trauma related death in children < 4 years of age
- Medical professionals fail to recognize abusive injuries
  - Leads to increased morbidity and mortality from repeated or worsening abuse
STRAC Regional Pediatric Committee  
Child Maltreatment Work-up Guideline

**Purpose:** Identify children who have sustained non-accidental trauma and/or whose injuries were caused by neglect.

If the child meets STRAC Pedi Red/Blue trauma criteria, call MEDCOM **210-233-5815** for immediate transfer to a Trauma Center.
Identify an at risk child using the list provided*

*list is not all inclusive. Contact CFM for any questions or concerns regarding the need for an abuse/neglect evaluation
- Any unexplained death <18 years of age*
- Any unexplained serious injury to a child ≤ 3 years old (nonverbal children)
- Any fatal or near fatal submersion or asphyxiation event*
- Any fracture in any child with an inconsistent or unexplained mechanism
- Any bruising in a non-mobile infant or in a child of any age that is patterned, extensive, or located on the ears, neck, or torso including buttocks and genital region
- Any frenulum tears in a non-ambulatory child
- Any burn in children ≤ 3 or unexplained burns of any age
- Any unexplained skull fracture or intracranial injury in a child ≤ 5 years old
- Any retinal hemorrhage in trauma patients

* A REPORT MUST ALWAYS BE MADE TO CPS IN THIS CIRCUMSTANCE
Any unexplained solid organ or internal injury
Any sexually transmitted disease in a pre-pubertal child
Any child ≤ 12 years of age with a positive screen for drug/ETOH and/or recent exposure to drugs in the home
A primary caregiver who appears to be intoxicated or under the influence of a drug and/or ETOH OR with a positive screen for drugs at the time that the child was injured
Any delay in seeking medical care for a serious injury or condition
Any child with concern for non-organic failure to thrive
Any child with an injury that occurred during an incident of family violence*
Any child with concern for caregiver fabricated illness

* A REPORT MUST ALWAYS BE MADE TO CPS IN THIS CIRCUMSTANCE
Identify an at risk child using the list provided*

Do you have a concern for/are uncertain if abuse and/or neglect caused/contributed to the injury?

Call Center for Miracles (CFM) 210-612-8271

*list is not all inclusive. Contact CFM for any questions or concerns regarding the need for an abuse/neglect evaluation
Calling Center for Miracles

- Mechanism of injury
- Neglect issues
- Our level of concern for abuse based on available information
- Need for further work-up
Calling Center for Miracles

- Calling CFM does not replace making a report to CPS
  - May not need to make a report after discussion
- We will never tell anyone they should not make a report to CPS
Identify an at risk child using the list provided

Do you have a concern for/are uncertain if abuse and/or neglect caused/contributed to the injury?

Call Center for Miracles (210-612-8271)
Consult social work

Perform work-up

CFM will discuss mechanism of injury, neglect issues, need for further work-up and our level of concern for abuse

Consider transfer for prior to work-up after stabilizing patient
Work-up for Diagnosis & Treatment of Suspected Child Maltreatment

- Most suspicion for abuse starts with
  - Cutaneous injuries
  - Fractures
  - Head injury
WORK-UP FOR DIAGNOSIS AND TREATMENT OF SUSPECTED NON-ACCIDENTAL TRAUMA IN CHILDREN

Recommendations for work-up and/or transfer are not all inclusive and providers are encouraged to contact the Center for Miracles 210-612-8271 if they have questions or are unsure if an abuse/neglect evaluation is indicated.

1. File report with Child Protective Services: 1-800-252-5400. Consider also reporting directly to Law Enforcement for egregious injuries, suspected sexual abuse, or if child or staff safety are at risk.

2. Complete Skeletal Survey if age 24 months or less. Consider in older children if egregious injuries, child is nonverbal, or other clinical indications. If patient condition and time permit, study should be performed in Radiology.

3. CT Scan of Head without contrast and with 3D Reconstruction if age 6 months or less, whether symptomatic or not. CT scan of head without contrast in older children if CNS symptoms, multisystem trauma, or other clinical indications.

4. MRI brain and c-spine with contrast if CT Scan of the Head with abnormal intracranial findings as soon as clinical condition permits.

5. Coagulation Screen: CBC, PTT, INR, (PT if available), PFA-100

6. Abdominal trauma Screen: CMP (including ALT, AST, Amylase, Lipase)

7. Bone health screen (with multiple fractures or abnormal bone appearance): CMP (including Ca and Alkaline Phosphatase), Phosphorus, 25-OH Vitamin D.

8. CT Abdomen/Pelvis with IV contrast if abdominal trauma suspected, polytrauma, or if ALT or AST are > 80 (most sensitive screen for abdominal trauma in absence of other signs). Should be performed after CT Head (if CT head is indicated).

9. CT Chest with IV contrast if major chest blunt/penetrating trauma is suspected.

10. Ophthalmology Consultation (recommend within 24-72 hours) if intracranial blood is found on radiographic imaging AND THE PATIENT HAS BEEN CLEARED BY NEUROSURGERY FOR PUPILLARY DILATION. Request photo documentation of positive findings.

11. Photodocument visible injuries including burns if this has not already taken place. Patient/family permission not required when abuse is suspected.


13. If suspected acute sexual assault (last contact within 96 hours): contact Sexual Assault Nurse Examiner (SANE) team. If the last known sexual contact exceeds 96 hours, make a report to CPS and Law Enforcement. Providers may contact the Center for Miracles with any questions.
Experience Using the Guidelines

- Improved documentation of type of abuse
- Increased number for reports made to CPS
http://www.brainshark.com/strac/nat
STRAC Regional Child Maltreatment Work-up Guideline

- Standardize the care for child maltreatment
  - Improve recognition child maltreatment
  - Conduct appropriate work-up
  - Decrease the number of unnecessary medical interventions and/or CPS intervention
- Provide CPS with accurate and helpful medical information
Center for Miracles
315 N San Saba, Suite 201
San Antonio, Texas 78207
Main phone: 210-704-3800
Call phone: 210-612-8271