3 R's: Reporting, Recognition and Response to Child Abuse

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Legal Definition of Child Abuse

- The Federal Child Abuse Prevention and Treatment Act (CAPTA) provides minimum standards that States must incorporate in their statutory definitions of child abuse and neglect.
- "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."

Why do I love that definition?

- Commission
- Omission
Reporting Child Abuse

- Texas family Code: Any person having cause to believe that a child’s physical or mental health or welfare has been or may adversely been affected must report to CPS.
- Physicians and other health care workers are particularly expected to report sexual abuse

What is reasonable Cause?

- May encompass suspicion to actual signs of abuse
- Would a reasonable practitioner at my level of education and experience suspect abuse in this clinical situation?
- Reports by mandated reporters are more frequently substantiated than those by everyday citizens

Mandated Reporters

- Social workers
- Teachers and other school personnel
- Physicians and other health-care workers
- Mental health professionals
- Child care providers
- Medical examiners or coroners
- Law enforcement officers
Sources of Reports on Completed Investigations in 2009

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>36,494</td>
<td>19%</td>
</tr>
<tr>
<td>Medical Personnel</td>
<td>31,811</td>
<td>16%</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>30,351</td>
<td>16%</td>
</tr>
<tr>
<td>Other</td>
<td>24,380</td>
<td>13%</td>
</tr>
<tr>
<td>Relative</td>
<td>23,392</td>
<td>12%</td>
</tr>
<tr>
<td>Parent</td>
<td>18,004</td>
<td>9%</td>
</tr>
<tr>
<td>Friend/Neighbor</td>
<td>13,386</td>
<td>7%</td>
</tr>
<tr>
<td>Anonymous</td>
<td>9,212</td>
<td>5%</td>
</tr>
<tr>
<td>DFPS Staff</td>
<td>5,686</td>
<td>3%</td>
</tr>
<tr>
<td>Child Care Facility</td>
<td>1,794</td>
<td>1%</td>
</tr>
<tr>
<td>Victim</td>
<td>632</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Total Reports</td>
<td>193,143</td>
<td></td>
</tr>
</tbody>
</table>

Failure to Report

- It is the responsibility of the individual noting the abuse
- Failure to report is a Class B misdemeanor (up to $1000 fine and/or prison stay up to 180 days) there have been physicians charged with this
- Successful malpractice suits
- Protected from liability unless malicious report
- High risk of another serious injury if no intervention

Barriers to Reporting

- Feeling incompetent
- Being incompetent
- Long-term relationships may affect judgment
- Prejudice
  - Racial
  - Socioeconomic
Who to Call?

• CPS: Pressing Concerns
  – When the offender lives in the home or is a family member
  – Priority 1: Contact made in 24-48 hours
  – Priority 2: Contact made within 14 days
  – Priority 0: Ruled out
• Police: Urgent Matters
  – May come to the scene immediately
  – Schedule an appointment with family

You May even Call Both Agencies

Police
  • Call the local agency where the offense occurred

Child Protective Services
  • Call the local agency where the child lives
  • CPS Hotline
    800-252-5400

What Happens Now?

Police
  • Conduct an investigation
  • Determine if laws have been broken

Child Protective Services
  • Conduct an investigation
  • Findings may include
    – RTB: reason to believe
    – UTC: unable to complete
    – UTD: unable to determine
    – RO: ruled out
Recognition

• Educate yourself
  – Basic Texts
    • Child Abuse medical Diagnosis and Management (Reece)
    • Diagnostic Imaging of Child Abuse (Kleinman)
    • Evaluation of the Sexually Abused Child (Heger)
    • Child Maltreatment (Alexander)
    • Visual Diagnosis of Child Abuse on CD-ROM (AAP)

Recognition

• Maintain a high index of suspicion
• Does the story make sense
• Is it developmentally appropriate
• Delay in seeking care

Just Remember These Pearls

• Any injury can be the result of abuse
• Maintain a high index of suspicion
• A changing history is concerning
• No history is even worse
• Does the story fit the development?
• How plausible is it?
• Was there a delay in seeking care?
Mother of All Pearls

• “Those Who Don’t Cruise Rarely Bruise”
• Prospective Study of 973 children
• 2.3% of children 0-9 months had bruises


What Else About Bruises?

• Dating bruises?
  – Don’t do it!
  – Coloration depends on many variables like pigment, force, extent of damage
  – Red/purple/blue does not necessarily indicate fresh
  – Green/yellow/brown does not necessarily indicate old

What Makes a Bruise Abusive

• Corporal punishment that leaves a bruise
• Patterned markings more likely to be abusive
• Unusual locations such as face, buttocks, upper thigh
• Diffuse, indistinct bruise
• Old mixed with new
• Bruises in a non-ambulatory child
Location of Bruises

• Rarely – face, trunk
• None – hands, buttocks
• Most frequent – shins, knees, forehead


Grab Marks

Belt Beating
Beating with Sparing of the Gluteal Cleft

Prominent Loop Marks

Loop Marks
Patterned Marks

What's the pattern? Chip Clip

Slap Mark

Factors Affecting Bruising

- Weapon/amount of force used to inflict injury
- Anatomic location of injury (skin thickness/vascularity)
- Amount of blood extravasated
- Age of victim (younger heal more rapidly)
- Nutritional/health status of victim
- Skin tone
Burn Injury

- Accidental burns are a common occurrence of childhood
- Usually due to improper supervision
- Does the story fit with the injury?
- Skin of a child/infant is thinner than an adult
  - Not an excuse for burns, but reason to be more vigilant

Burns

- Beware of “the sibling did it”
- Delay in seeking care is common
- Burns change in appearance quickly
- Look for pattern marks, symmetry, unusual location
- What happened before and after the burn?
- Consider NEGLECT as contributing factor

Be concerned…

- Burns localized to perineum, genitals
- Mirror-image burns
- Immersion burns
  - Stocking/glove distribution
  - Perineal burns after toileting accident
- Developmental level not compatible
- Toilet Training Difficulties
Scald Burns

• Spills
• Pulling a hot liquid down onto body
• Follows a flow pattern

Flow Burn

• Point of initial contact usually more severely affected
• Inverted triangle
• Clothing not necessarily protective
Responding to Child Abuse
An issue that cannot be ignored

Texas Statistics

- 34th in overall child well-being
- 43rd in child poverty
- 48th in teen pregnancy.

• Source: The State of Texas Children
  2011 Texas Kids Count Annual Data Book by the Center for Public Policy Priorities
Case Dispositions in 2009

Total 175,924

- Confirmed
- Unable to determine
- Administrative Closure
- Unable to complete
- Ruled Out

Confirmed Allegations in 2009

<table>
<thead>
<tr>
<th>Allegation Type</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglectful Supervision</td>
<td>49,588</td>
<td>62%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>13,875</td>
<td>17%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>6,570</td>
<td>8%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>6,316</td>
<td>8%</td>
</tr>
<tr>
<td>Medical Neglect</td>
<td>2,109</td>
<td>3%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>648</td>
<td>1%</td>
</tr>
<tr>
<td>Refusal to Accept Parental Responsibility</td>
<td>625</td>
<td>1%</td>
</tr>
<tr>
<td>Abandonment</td>
<td>205</td>
<td>&lt;1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>79,936</td>
<td></td>
</tr>
</tbody>
</table>

Now What?

- Treatment/ Safety Plan
- Voluntary Placement: Parents maintain legal custody, but not physical
- Foster Care: CPS has custody
- Termination
In-home Services

• CPS’ goal is to keep the family intact
• Cases are closed when family no longer need services
• Average length of a case in 2009 was 7 months
• If the family is still unable to protect the child, then the child is removed

Substitute Care

• Relatives get priority
  – May be related or just have a longstanding relationship
• Foster Care
  – Family
  – Cottage
  – Campus
  – Emergency shelter
  – Residential treatment center
• Foster Care 63%
• Relatives 30%
• Other 6%
  – Adoption pending, runaways, and independent living programs

Drawbacks to Substitute Care

• Not always available where needed
• Disruption of school and family relationships due to distance
Reunification

- CPS has legal custody of the child
- Permanency hearings are held periodically to monitor family’s progress
  - First one within first 6 mo of placement, then every 4 mo afterward. Judge makes determination by 12 mo

Possible Outcomes of Reunification Process

- Return the child home
- Terminate parental rights to facilitate adoption
- Appoint a relative as the legal caregiver
- Continue state custody without terminating parental rights

Outcomes of Children in Substitute Care

- Return home
- Relative taking permanent custody
- Adoption by a non-relative
- Aging out of the system at age 18
And the bad news is that children who age out:

- No permanent home
- Less likely to achieve academic milestones
- Less likely to be employed, and if they are, less likely to make a living wage
- More likely to experience violence, mental illness, homelessness, incarceration, early pregnancy, and substance abuse

Take Home Messages

- Preventing abuse is so much easier than treating it
- Educate yourself
- If in doubt, ask for help
- Maintain a high Index of suspicion
- Children who do not cruise do not bruise
- Report when needed