Child Maltreatment Guidelines

Introduction

The World Health Organization (WHO) defines child maltreatment as "all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity."

There are four main types of abuse: neglect, physical abuse, psychological abuse, and sexual abuse. Abuse is defined as an act of commission and neglect is defined as an act of omission in the care leading to potential or actual harm.

What may appear as a minor injury could be a sentinel event and, if caught early, has the potential to prevent further abuse and even a fatality. More than 27 percent of children seen in the emergency department for abusive head trauma had been seen previously for what was a suspected sentinel injury that may have been initially overlooked. This horrifying statistic should motivate us to make a real difference in the lives of these patients by staying alert for signs of abuse and report concerning cases early to child protective services.

Abuse

- **Physical abuse** is deliberate actions resulting in injuries to a child or genuine threats of such actions, or concerns about physical injuries of an unexplained or suspicious nature.
- **Sexual abuse** includes:
    - Sexual indecency, sexual assault, or aggravated sexual assault.
    - Failing to make a reasonable effort to prevent sexual conduct to a child.
    - Using the child for the creation of obscene or pornographic material.
- **Emotional abuse** is an emotional or mental injury caused by the parent or caregiver that results in an observable effect on the child.
    - Psychological state - Concerns about the child's mental stability, as demonstrated by mood, behavior, and thoughts.
- **Trafficking**
    - Labor trafficking - parent or caregiver forcing a child into labor or services that are unhealthy or harmful to the child.
    - Sex trafficking - parent or caregiver receiving compensation for forcing a child to engage in prostitution or other sex acts.

Neglect

- **Neglectful supervision** means improper supervision of a child left alone which could have resulted in substantial harm.
- **Medical neglect** is failure to seek, obtain or administer medical treatment that could result in substantial harm.
- **Physical neglect** is the failure to provide a child with the necessary food, clothing, and shelter to maintain a healthy life.
- **Abandonment and refusal to accept parental responsibility** are where the parent or caregiver left the child in a potentially harmful situation and did not plan to return for the child.
    - Refusal to accept parental responsibility - Child has been out of the home for any reason, and parent/caregiver refuses to allow the child to return home.

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BORDER REGIONAL ADVISORY COUNCIL

Child Maltreatment Guidelines

Red Flags

History of Present Injury

- No history or inconsistent history
- Changing history
- Unwitnessed injury
- Delay in seeking care
- Prior ED visit(s)
- Domestic Violence in home
- Premature infant (< 37 weeks)
- Low birth weight/intrauterine growth restriction
- Chronic medical conditions
- Injuries described as self-inflicted or inflicted by another child
- Injuries not compatible with development stage of the child.

Physical Exam Findings

- Isolated oral frenulum injury
- FTT (weight, length, head circumference)
- Large heads in infants (consider measuring of OFC in children < 1 yr)
- Any bruise in any non-ambulating child – "if you don't cruise you don't bruise"
- Any bruise in a non-exploratory location (especially the TEN region-Torso [area covered by a standard girl's bathing suit], Ears and Neck) <4yrs old (TEN-4)
- Bruises, marks, or scars in patterns that suggest hitting with an object
- Multiple injuries with different stages of healing
- Poor hygiene
- Poor caretaker-child interaction
- Patterned injuries: hand imprint, cigarette burns, grill marks, or loop marks.

Radiographic Findings

- Metaphyseal fractures (Bucket handle or corner)
- Rib fractures (especially posterior) in infants
- Any fracture in a non-ambulating infant
- An undiagnosed healing fracture
- SDH and/or SAH on neuro-imaging in young children, particularly in the absence of skull fracture < 1 year
- Scapular and spinous process fractures
- Sternal fractures
- Multiple "eggshell", occipital impression fractures and fractures crossing sutures.

Recommended evaluation in cases of suspected physical abuse

Laboratory

General for most patients:

- CBC, platelets: PT/PTT/INR (if concern of Low/falling Hgb; repeat in am with retic)
- CMP
- Urinalysis – Dip, send for microscopic

If fractures are present

- Phos
- PTH
- Vit D 25-OH

If suspected abdominal injury

- LFT
- Amylase
- Lipase
- Stool Occult Blood

If altered mental status or seizure activity:

- Urine toxicology screen (if suspicion for substance abuse)

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The following radiology studies are recommended, guided by examination results. *****If the facility does not have capability to complete the studies and/or provider specialty required for intervention, transfer should be considered without delay.*****

Radiology

- Skeletal imaging for < 2 years old (repeat and compare in 2 – 3 weeks). Report confirmed/new findings to CPS/LE.
- Head CT (non-contrast with 3D reconstruction) IF:
  - < 6 months of age and other findings for abuse
  - Bruising to face or head AND < 12 months of age
  - Neurologic symptoms < 12 months of age (including soft symptoms such as vomiting, fussiness)
- MRI
  - Consider cervical, thoracic and lumbar MRI if intracranial injuries are found
  - Consider CTA/MRA neck if C1 – C3 fractures are diagnosed
- Thoracic imaging
  - Routine CT of the chest is not recommended
  - Chest CT with IV contrast may be indicated if blunt cardiac injury is suspected
- Abdominal/Pelvic CT with IV contrast IF:
  - Signs and/or symptoms of abdominal trauma
  - ALT or AST twice normal

Consultations

- Abnormal head CT and abuse is being considered: consult
  - Neurosurgery
  - Ophthalmology
    - Ophthalmology for retinal exam is NOT necessary if ALL of the following criteria are met:
      - No facial bruising, **AND**
      - NORMAL head CT or CT with only a single, simple non-occipital skull fracture, **AND**
      - NORMAL mental status/neurological exam
    - Obtain clearance for pupil dilation from neurosurgery
- Orthopedic surgery, otolaryngology, plastic surgery, urology, dental and oral maxillofacial surgery should be consulted as needed.
- Social Work/Child Life Specialist
- Notify Child Protective Services / Law Enforcement to report suspicion of abuse.
  - Child Protective Services of El Paso 915-546-2153
  - CYFD of New Mexico 575-373-6640 Hotline: 855-333-7233
- Sexual Assault (law enforcement can assist if no parental consent * see attachment)
  - Sexual Assault occurred within 120 hours → transfer to nearest hospital with Pediatric SANE services
    - UMC El Paso / El Paso Children's Hospital
  - Sexual Assault with last contact > 120 hours → does not warrant SANE exam.
    - El Paso Children's Hospital, C.A.R.E.S. Clinic – provides medical forensic care to children who disclose sexual abuse or are suspected of being sexually assaulted.
    - 915-242-8560

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Disposition

- If any suspicion of NAT is raised during the ED encounter, members of the patient's care team should convene to discuss admission, transfer or discharge to an appropriate, safe environment.
- **In Texas, anyone who suspects that a child is being abused or neglected has a legal obligation to report it. Anyone licensed or certified by the state or works for an agency or facility licensed or certified by the state and has contact with children as a result of their normal duties are required to report suspicion of abuse or neglect within 48 hours. By law, professionals may not delegate their duty to report to another person such as a coworker or family member**.
- Prior to discharge, obtain clearance from Child Protective Service or law enforcement and document in the record.

Notification of Family

- Hospitals should inform parents if a CPS Referral is filed and/or if law enforcement is notified. Notification to family should be straightforward and non-punitive.
- **Communication should clarify that medical providers are not investigators and that is the role of Child Protective Services.**
- Be direct and objective. Inform parents inflicted trauma is part of the diagnostic consideration.
- Keep the focus on the child. Avoid appearing judgmental. Assure parents of thoroughness of evaluation.
- If you are unable to have this conversation with the parents ask Social Worker or senior colleague to do so.

Pearls

- < 1 y.o. with first-time, non-febrile seizure → non-contrast head CT
- Obvious deformity → imaging
- Unexplained ecchymosis → labs and/or imaging
- Sudden non-ambulation in a previously ambulating child → imaging

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Minors, Consent, and Sexual Assault: Texas Laws

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How old do you have to be to...	Age	Statutory Citation
Consent to sexual activity?	17	Tex. Pen. Code § 22.011(c) (aff. defense if minor is 14-16, partner is not more than 3 years older, and sex is factually consensual)
Make a police report without your parents?	Any age	Tex. Code Crim. Proc. Art. 2.13
Refuse to a sexual assault forensic examination?	16; Minors younger than 16 may be compelled.	Tex. Fam. Code 32.005
Consent to a sexual assault forensic examination without police involvement.	18	Tex. Code. Crim. Proc. 56.065(h) & Tex. Fam. Code Sec. 261.101.
Consent to the release of evidence collection kit to police?	14	Tex. Gov. Code § 420.0735(a)
Consent to counseling at a rape crisis center?	Any age	Tex. Fam. Code § 32.004
Consent to advocacy from a rape crisis center?	Any age	Tex. Code Crim. Proc. Art. 56.045
Decide whether your parents can participate in your counseling sessions at a rape crisis center or see your file?	18	Tex. Fam. Code § 32.004(b)(2)
Waive/choose not to waive confidentiality at a rape crisis center?	18	Tex. Fam. Code 261.101 Tex. Gov. Code § 420.071 42. U.S.C.A. § 13925
Apply for a protective order to protect you from sexual assault, dating violence, or stalking.	Any age; Guardian or prosecutor can file on minor's behalf	Tex. Code Crim. Proc. Art 7A.01 Tex. Fam. Code § 82.002
Consent to medical care from a physician or mental health care?	18; 16 if living separate from guardians and independently managing finances	Tex. Fam. Code § 32.003(a)(2)
Consent to pregnancy-related care, excluding abortion?	18	Tex. Fam. Code § 32.003(a)(4)
Consent to an abortion?	18; If no medical necessity, minors need parental consent or court order authorizing minor's consent.	Tex. Fam. Code §§ 33.002-33.004 Tex. Occ. Code § 164.052(a)(19)

* The information contained in this sheet provides general information only. It does not constitute specific legal advice to address your specific situation. For personal legal advice please consult with an attorney.

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