Recognizing Child Maltreatment to Keep Children Safe

If you have questions about this presentation, please contact Cyndy Kern, Director of Coordination Of Care.
Objectives

The objectives for this presentation are to:

– List the types of child abuse.
– Recognize the signs, symptoms, and red flags that indicate possible child abuse.
– Explore situations that may occur within the health system related to suspected child abuse.
– Identify who is responsible for reporting suspected child abuse.

Warning: Some sections use real, graphic photos to illustrate signs and examples of abuse.
Why are we talking about Child Maltreatment?

According to the National Council on Child Abuse and Family Violence, over 2.5 million child abuse reports are made yearly.

In North Carolina (2010-2011) there were 131,229 children referred to local Department of Social Services (DSS) agencies for abuse/neglect.

68,702 of those were new reports.
Why are we talking about Child Maltreatment?

<table>
<thead>
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<th>Cumberland</th>
<th>Hoke</th>
<th>Harnett</th>
<th>Sampson</th>
<th>Robeson</th>
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<td>452</td>
<td>63</td>
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The problem is huge! More children die every year as a result of abuse and neglect than for any other reason. This data represents proven child abuse reports in our surrounding counties.
So what is Child Abuse?

There are five primary categories:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Child medical abuse
  (the care provider causes the child to appear sick in order to get the attention and sympathy of others)
Signs, Symptoms, and Red Flags
Physical Abuse

The signs, symptoms, and red flags of physical abuse can include:

- Unexplained injuries (to include: bruises, fractures, or burns).
- Repeat injuries or multiple ER visits.
- Bruises in the shape of an object such as a belt buckle, electrical cord, hand, or fingertips.
- Injuries, scars, or bruising in various stages of healing.
- Cigarette burns.
- Similar injuries on both sides of the body (e.g. both hands, both legs).

Children who are abused may act out aggressively.
A SLAP MARK TO THE FACE
Would you report that?
The child in the last picture has a bruise with an identifiable slap mark outline shown by the lines on the skin where the fingers impacted her.

This is a very young infant that would not have been mobile enough to create this injury herself.
Should this be reported?
**Should this be reported?**

The last slide shows several bruises with horizontal lines which looks like an object was used to spank across the backs of both legs.

The bruises are different colors so they were probably caused at different times and are in various stages of healing.

**Red flags:**
- linear pattern,
- both legs, and
- various stages of healing.
Looped cord marks
Patterned Marks

Certain flexible objects like a belt or looped cord cause pattern bruising like in the last picture.

These are flexible objects that wrap around the curves of the body and leave obvious patterns.
Patterned Marks

Remember, injuries with the shape of an object are a red flag for possible abuse and should be reported.
DUNKING BURNS TO THE HANDS
Abuse or Accident?

Children touch, handle, and get into things they shouldn’t all the time. However, when both hands are involved and are injured in the same manner, we need to consider possible abuse.

Accidental burns leave random splash marks and uneven lines rather then perfect “gloves”. This glove pattern is seen on children whose hands are held in hot liquid.

Should this be reported?

Yes!
Both feet are burned in the same manner.
Both feet are burned in the same manner. Is there any doubt this should be reported?

Call the report to the Department of Social Services and document the report in the chart.
Sexual Abuse

The signs, symptoms, and red flags of sexual abuse can include:

- Sexually transmitted diseases and/or pregnancy in young children.
- Regressive behaviors such as thumb-sucking, bed-wetting, infantile behaviors, or other signs of dependency.
- Nightmares or night terrors.
- Displays a knowledge or interest in sexual acts inappropriate to their age.

Also remember: if a parent or guardian exposes a child to pornographic material, it is considered sexual abuse!
The signs, symptoms, and red flags of emotional abuse can include:

- Excessively withdrawn, fearful, or anxious about doing something wrong.
- Negative self statements.
- Lags in physical, mental, and emotional development.
- Self destructive behaviors.
- Highly aggressive.
- Cruel to others.
- Overly Demanding.
The signs, symptoms, and red flags of neglect can include:

- Poor nutrition or malnourished.
- Failure to thrive.
- Poor school attendance.
- No medical care.
- Lack of supervision, being left alone.
- Poor hygiene.
- Poorly dressed.
- Child being present during domestic violence.
What Signs, Symptoms, or Red Flags will you see?

As a staff member, there may be additional signs that will help you identify children at risk.

So how will you know what the signs are? And what can and should you do about it?

Let’s consider some situations.
Case Examples
Case Example #1

Sarah is an administrative assistant in admitting. She is completing admission paperwork for a 3 year old child. Sarah notices the child seems “clingy” but doesn’t think much of it until she observes a large purple bruise under the child’s left ear.
CASE EXAMPLE #1

So – what should Sarah do?

A. Sarah should do nothing - the nursing staff will surely see it upstairs.

B. Sarah should confront the mother with an allegation of abuse.

C. Sarah should contact CPS and make a report.
Case Example #1

A. Notifying the unit – Sarah should ask to speak to the unit nurse, doctor, and/or social worker to discuss her concerns and make sure the child will be evaluated.

B. Confronting – Sarah should not confront the mother. At this point we don’t know why the child has a bruise. Additionally, Sarah could put herself and/or the child at additional risk.

C. Reporting to CPS – at this point Sarah has nothing to report. Who knows why the child got the bruise.
Case Example #2

Manuel is an Emergency Medical Technician. He and his team receive a call for an adult with seizures.

EMS arrives to find the patient, several other adults, and two children in the home.

Manuel observes the area is dirty. There is what appears to be leftover food and cups on the tables and on the floor.

The home has a funny smell which the adults in the home attribute to cigarette smoke.
Case Example #2

Manuel looks at the two young children.

One is an older infant, wearing a t-shirt. The infant’s diaper appears to be full of urine. The infant is in a portable crib, crying and holding an empty bottle.

The other child appears to be a female, approximately 2 years old, wearing a dirty shirt and panties. The child is sitting on a couch drinking what looks like grape soda.

The team loads up the patient for transport to the hospital but Manuel has a funny feeling about leaving the children in the house.
CASE EXAMPLE #2

So – what should Manuel do?

A. Manuel should report his concerns to the Emergency Department Staff.

B. His only concern should be the patient they have transported.

C. Manuel should put the children in the ambulance and take them to the hospital too.

D. Manuel should call CPS (Child Protective Services) or local Law Enforcement.
Case Example #2

A. Reporting his concerns to the Emergency Department Staff is good, but not the best solution. CPS will consider the information provided by the ED as second-hand information.

B. Ignoring the situation in the home is ignoring his legal duty to report.

C. Unless there is an emergent medical need, the children should not be transported to the hospital.

D. Notifying CPS is the best response. Manuel can report to CPS what he observed.
Case Example #3

Sharon is a nurse on 3 South. As she is leaving the cafeteria, she observes a man berating a child who appears to be around 9 years old.

At first she doesn't think anything of it, but the man pushes the child against the wall and starts cursing at the child.
Case Example #3

So – what should Sharon do?

A. Sharon should confront the man.

B. Sharon should call CPS or Law Enforcement.

C. Sharon should call Security.
A. Confronting someone who appears aggressive and out of control could be dangerous for you, other staff, the child, and patients.

B. Sharon is not directly involved with these people so she doesn’t know the name of the adult or child to make a report. Also, confronting him to gain that information could be dangerous for both her and the child.

C. At a minimum, security should be called whenever there is a situation involving unknown persons and a safety issue. Security can evaluate, identify the persons, call law enforcement or Child Protective Services.
NC Citizens are required by law to report suspected abuse/neglect.

Any suspected child abuse and/or neglect by a parent, guardian, or caretaker should be reported to Child Protective Services.

Physicians and hospitals must also report to law enforcement in certain circumstances.

Photo processors or computer technicians must report images of a minor engaging in sexual activity.
How We Can Help

Call the Department of Social Services (DSS) in the county where the child lives. Your call can be anonymous.

You can also contact the North Carolina State Department of Social Services at 919-733-4622 or http://www.ncdhhs.gov/dss

- Cumberland County DSS
  910-677-2450
- Harnett County DSS
  910-893-7500
- Hoke County DSS
  910-875-8725
- Robeson County DSS
  910-671-3500
- Bladen County DSS
  910-862-6800
- Scotland County DSS
  910-277-2500
- Sampson County DSS
  910-592-7131
**Reporting Hints**

When reporting an incident:

- call the Sheriff’s Department in the County where the child lives.
- call the Department of Social Services in the County where the child lives.
- call Law Enforcement officials where the abuse/suspected abuse occurred.
The Abuse and Neglect policy can guide you.

- Abuse and/or Neglect – Child
- Abuse and/or Neglect - Child (HRSH)

When you call DSS, they have a set template of questions to ask you. *Be patient with the process* and just answer the questions honestly.

Don’t be afraid to say “I don’t know” whenever needed.
Coordination of Care (COC) can help with any questions you may have.

COC can be contacted by phone:
- Monday-Friday between 0800-1800 at extension 6835 or 6996.
- Saturday and Sunday between 0800-1630.

The on-call list with phone numbers is available from your nursing supervisor, and is located physically in the COC department.

The Department Director is available outside these hours by contacting hospital operator.
Every 10 seconds an innocent child is abused, molested, or killed.
In one day, five of those children will die.

*Our children and our community are Depending on you.*
Do the Right Thing – Report Suspected Abuse

Protect the child from possible injury or even death.

Protect yourself from being charged with a misdemeanor for suspecting abuse but not reporting it.

Protect Cape Fear Valley from lawsuits for not reporting suspected abuse.

Reporting suspected abuse is everyone's responsibility.
**Additional Information**

From Reference Material:
- [HelpGuide.org - Child Abuse and Neglect](http://cpem.med.nyu.edu/teaching-materials/child-abuse-neglect)

CFVHS / HRSH Policy and Procedures:
- Abuse and/or Neglect – Child
- Abuse and/or Neglect - Child (HRSH)
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