

Children are our collective “village” responsibility What is Mandatory reporting?

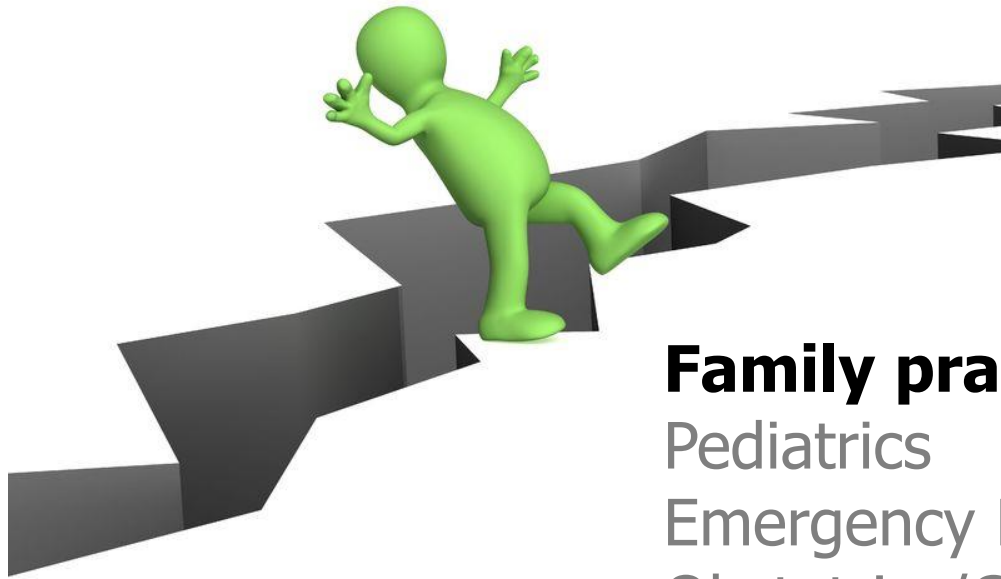
RESMIYE ORAL, MD

Dartmouth Health Children’s CHaD
Child Advocacy & Protection Program

Resmiye.oral@Hitchcock.org

2021





Family practice

Pediatrics

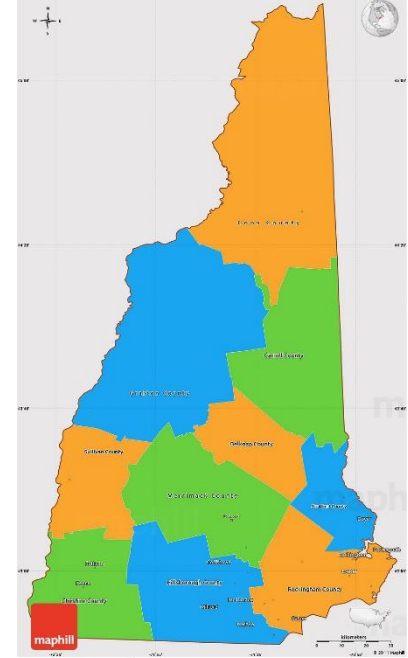
Emergency Medicine

Obstetrics/Gynecology

Mental Health

Nursing

Social Work...



© 2017 WaterproofPaper.com



Case example

- 5 m/o infant, typically developed
- Left in care of mom's boyfriend
- Mom returns home to find bruising on infant's back
- Brings child to PCP Thursday afternoon
- Possible explanation:
 - mom's sister with a disability visited two days ago, "she must have squeezed infant too hard"

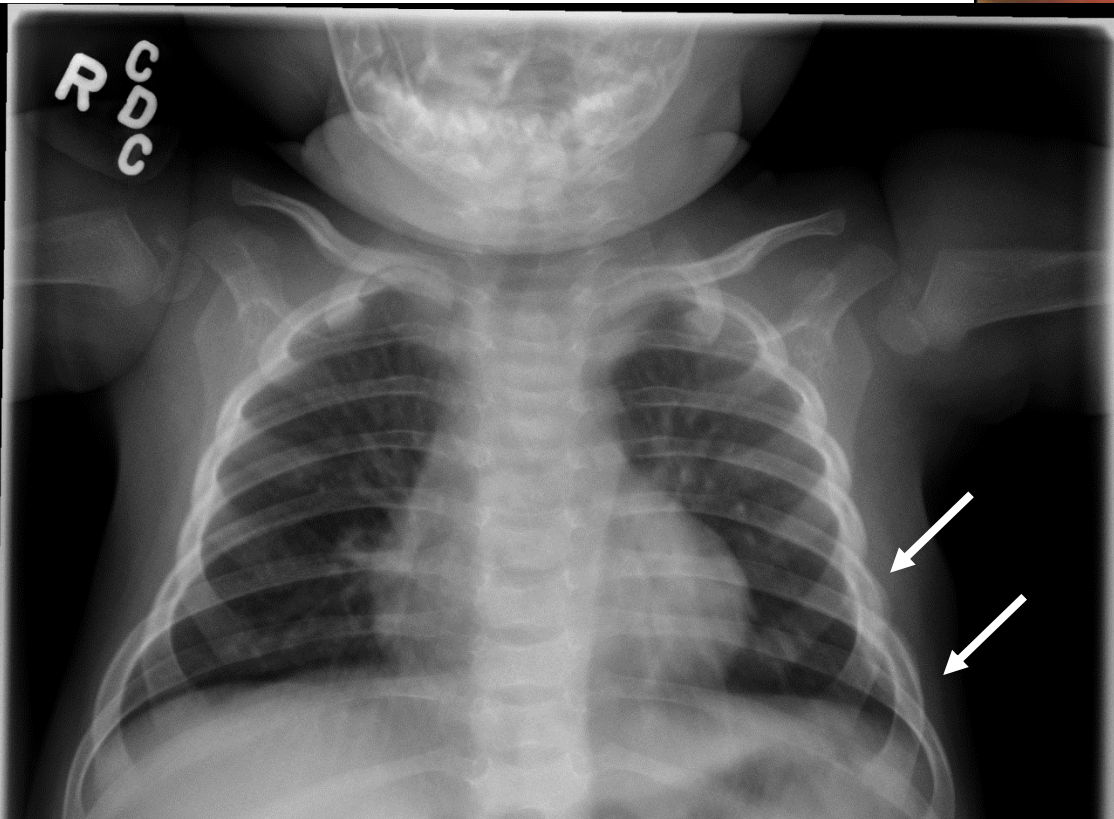
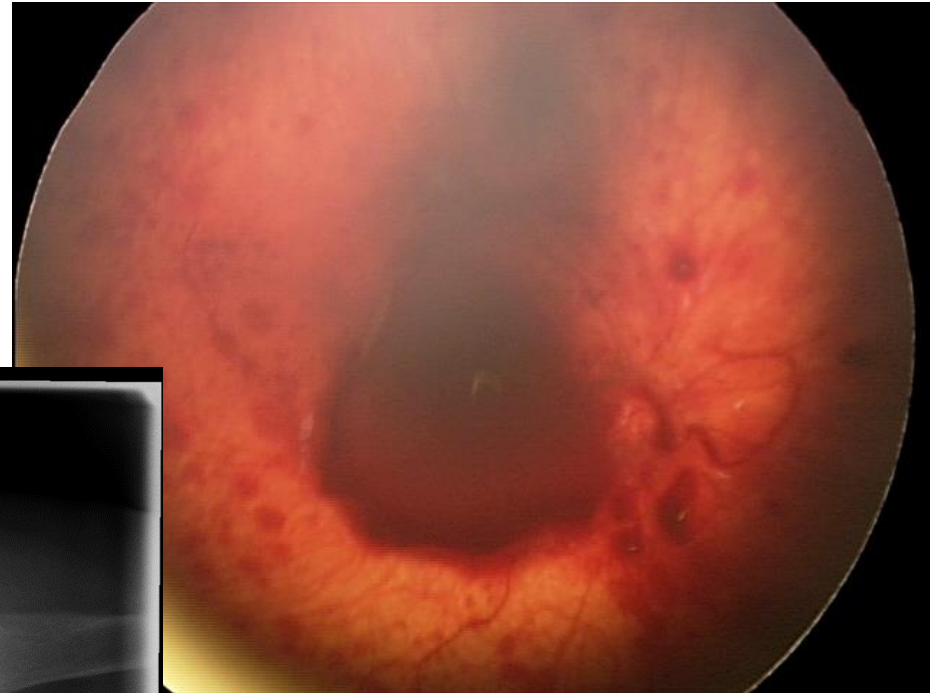
Case example

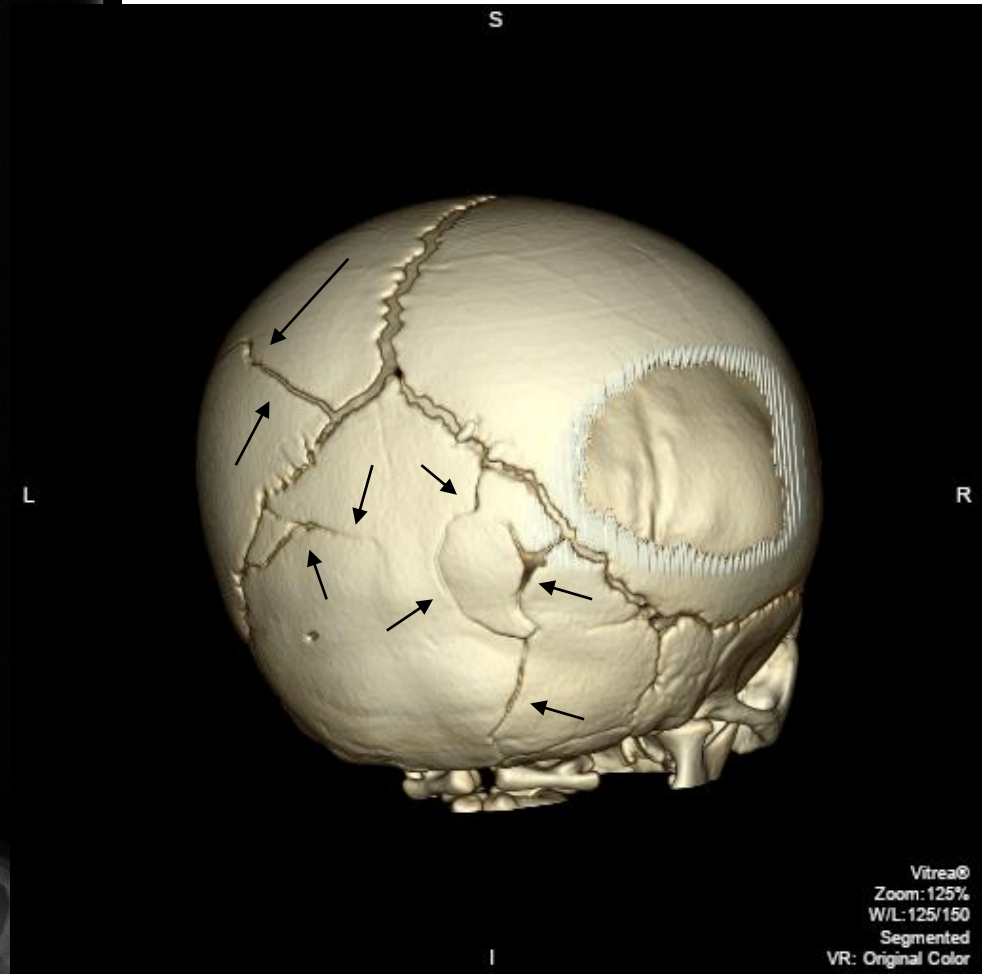
- Exam otherwise normal, photos of injuries taken
- **Neither DCYF nor CAPP is called**
- Infant discharged home to mom's care with f/u plan: "if new bruising RTC"



Case example

- Monday: Infant admitted to DHC with abusive head trauma







**Fresh Subdural Hematoma,
infarction, brain swelling**



**Spinal bleeding
(Chest & waist levels)**

■ Olympic Ntl Park, WA

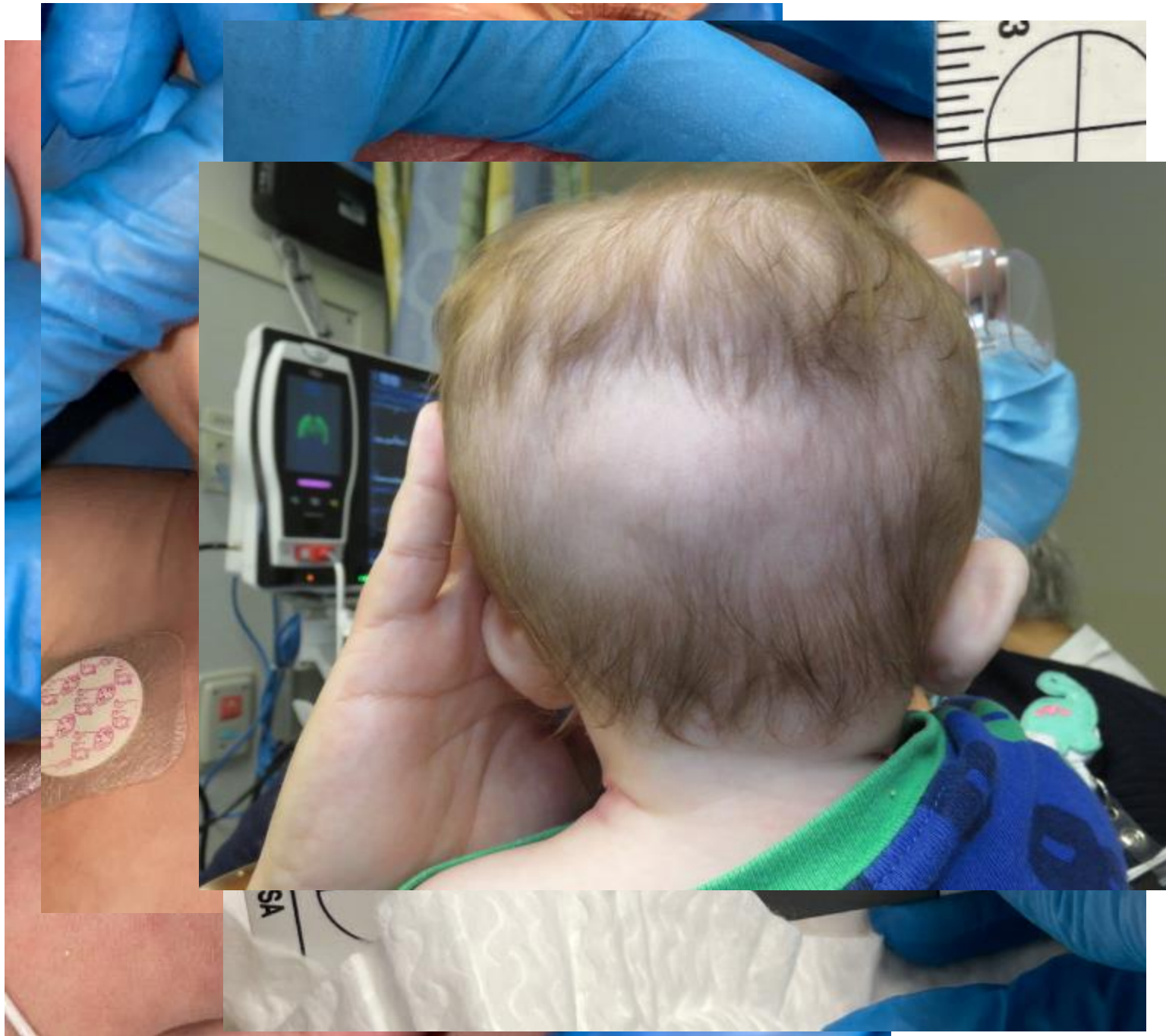


Case example

- 6 m/o infant, typically developed
- In care of mom and dad
- PCP sees infant regularly for lack of weight gain
- 3 m/o: Report of bruising on forehead
- 3.5 m/o: Report of bleeding from mouth
- 4 m/o: Report of bruising on chest
- 5 m/o: Recurrent bleeding from mouth, drooling, rectal prolapse
- 5.5 m/o ED visit I: Fever, diarrhea, UTI
- 6 m/o ED visit II: Fever unresolved...



- Cousin threw a toy
- It will heal on its own
- Somebody must have grabbed him hard
- No comment
- No comment on previous injuries





KNOWTM
&TELL

NO EXCUSE - END ABUSE

Introductions



- **Dr. Gwendolyn (Wendy) Gladstone**

- Retired pediatrician who practiced primary care and the specialty of Child Abuse Medicine in New Hampshire who currently holds an administrative position in the Child Advocacy and Protection Program at Children's Hospital at Dartmouth. She is a charter member of the Attorney General's Task Force on Child Abuse and Neglect



- **Dr. Resmiye Oral**

- Professor of Pediatrics at the Geisel School of Medicine at Dartmouth College and Director of the Child Advocacy and Protection Program at the Children's Hospital at Dartmouth Hitchcock who is board-certified in child abuse pediatrics.



Dartmouth-Hitchcock

CHILDREN'S HOSPITAL
AT DARTMOUTH

Medical Fundamentals of Child Abuse & Neglect



Three Elements of KNOW & TELL

Be **Educated**, to **Inform** so you can **Protect**



Educate

Learn signs of physical, sexual, psychological abuse and neglect to identify a child victim. Understand your responsibility as a mandated reporter.



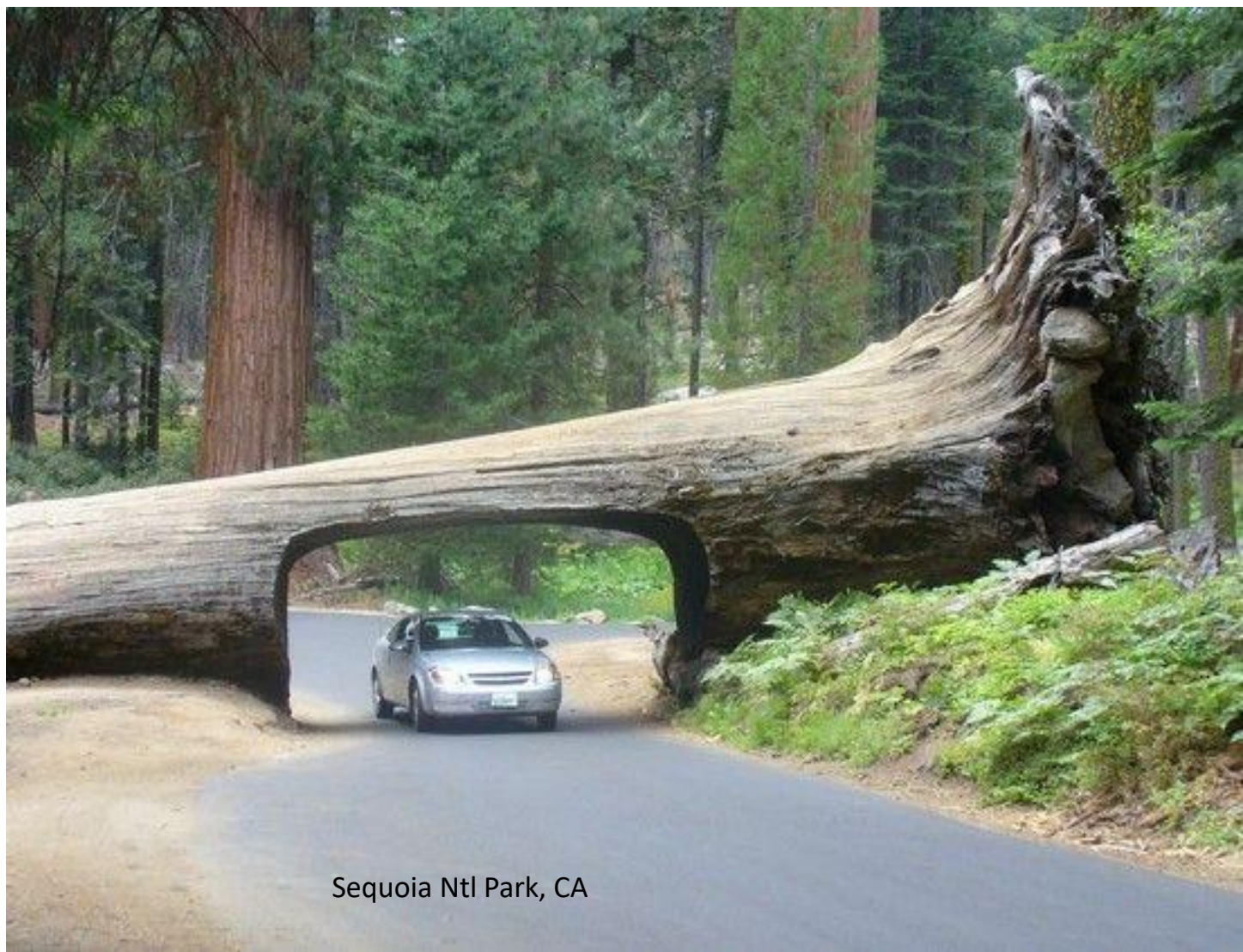
Inform

Know how and when to report suspected abuse when a child needs your help.



Protect

Recognize your role in the child protection system; we all have a responsibility to protect children.



Sequoia Ntl Park, CA

Module #1

Healthcare providers will learn



- how to recognize child abuse and neglect in medical settings,
- how to talk with children and their caregivers about possible maltreatment,
- the why and how of reporting suspected abuse and neglect to appropriate agencies, and
- how to participate effectively with multidisciplinary teams that evaluate suspected child abuse and neglect.

Child Abuse
assessment
and
reporting

Module #2



Module#3

Physical Abuse Part 1



ABUSIVE
HEAD
TRAUMA

Module #4

Sexual
abuse
Emotional
abuse
Neglect

Module #5

Module # 6

Video

Examples of How to Talk With Parents & Caregivers

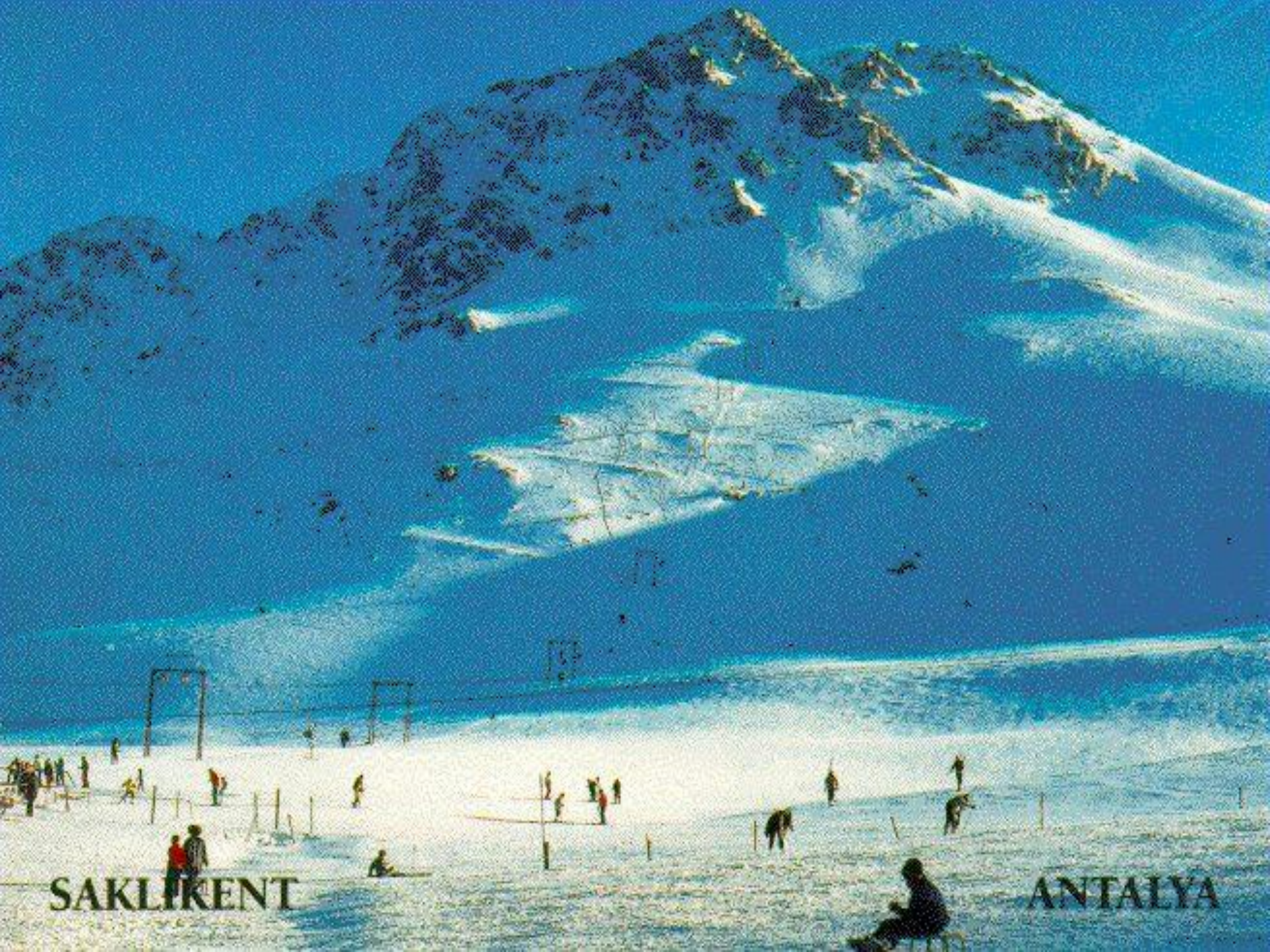


A healthcare provider explains that she will share Sally's injuries with DCYF (suspected physical abuse)



OPTIONAL VIDEOS ON TALKING WITH PARENTS ABOUT REPORTING:

- suspected sexual abuse
- suspected neglect
- suspected physical abuse—and how to handle a situation in which the parents then leave the facility with their infant



SAKLIKENT

ANTALYA

Diagnosing Abuse



Suspicion



Recognition



Diagnosis



Suspecting Abuse

Knowing the risk factors

Child Risk Factors

- Developmentally disabled
- Premature, physical illness
- Dysmorphic features
- Behavioral problems
- Unloved/unwanted
- Runaway
- Previous abuse in index child / sibling



Environment Risk Factors

- Poverty, unemployment
- Social isolation
- Pedophilia, internet
- Community and domestic violence
- Substance abuse

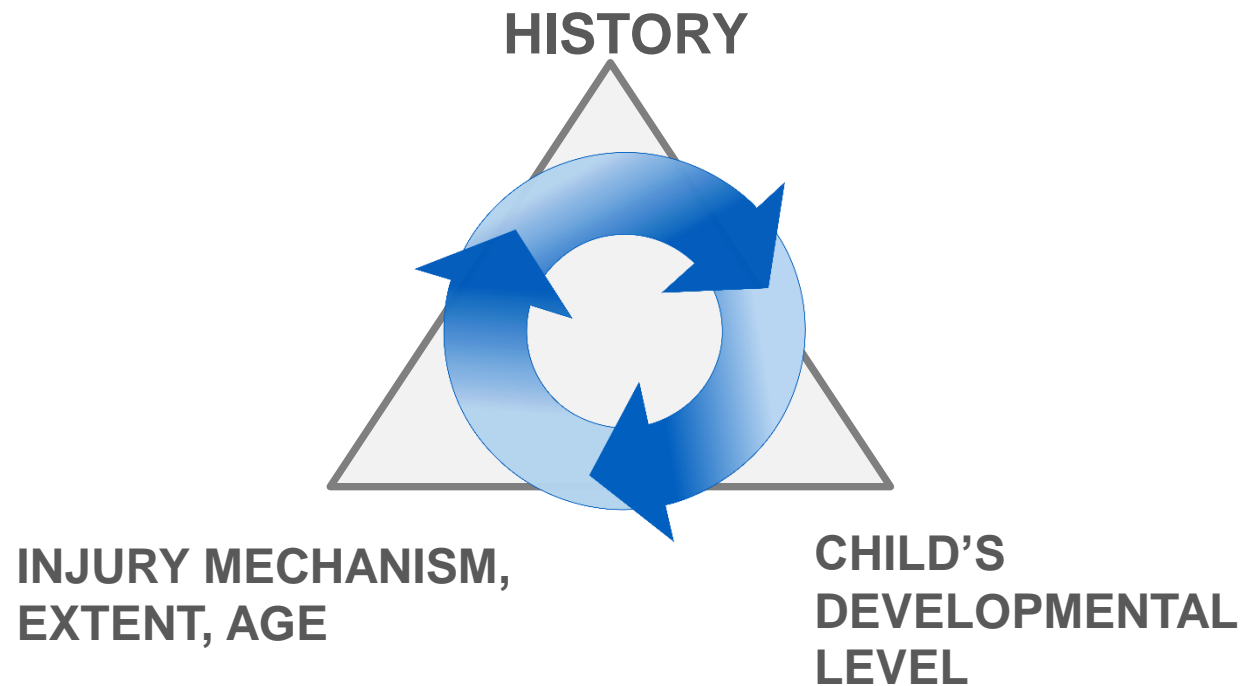


Caretaker Risk Factors

- Mother/father unavailable (Dead, depressive)
- Family disruption
- Substance abuse
- Live in boyfriend
- Single / teenage parent
- Childhood abuse experiences
- Unrealistic expectations
- Perceptions of the child

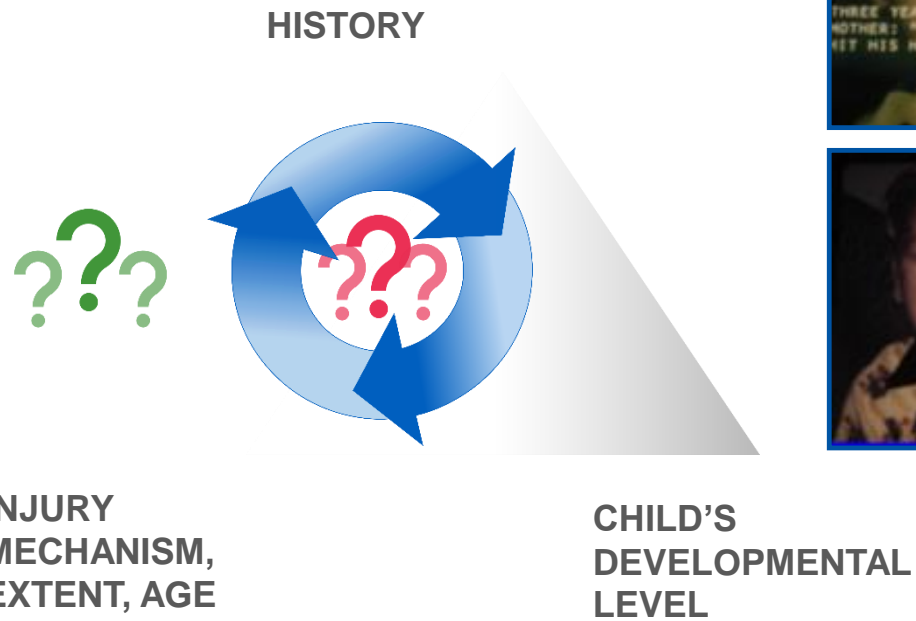


Do they
make sense
together?



Does the History
Make Sense?

Two children of a similar age present with
a history of having fallen off a tricycle.





Behavioral indicators of physical abuse

- **Extremes** of behaviors
 - Withdrawn or aggressive
 - Polite or rude
 - Compulsively neat or messy
 - Obedient or resistant
 - Friendly/affectionate or hostile
 - Dependent or role reversal



Behavioral indicators of physical abuse

- Poor self-esteem, self-destructive
- Antisocial, runaway, delinquent
- Wary of adult contact/touches
- Complains of soreness, moves uncomfortably
- Refuses to go home

APPALACHIAN TRAIL, NJ





Behavioral indicators of neglect

- Withdrawn, self-comforting behaviors
- Regular fatigue, falling asleep in class
- Stealing/hoarding food, extreme need for affection or loneliness
- Reports no caretaker at home
- Frequent school absence
- Developmental/language delay



Behavioral indicators of sexual abuse

- New fears of persons/places
- Withdrawn/aggressive
- Excessive sexual play, seduction, promiscuity
- Fear there is genital abnormality
- Regressed/baby-like
- Sleep problems, nightmares
- Depression, suicidal tendency



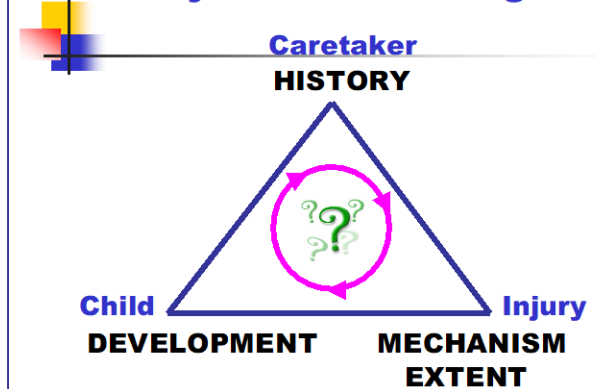
Observations

- Hostile parent/child or parent/parent interactions
- Child fearful of caretaker
- Caretaker indifferent to child
- Caretaker too defensive or aggressive
- ? Caretaker covering up

Physical Indicators of Physical Abuse

- **Unexplained !!!**
 - Bruises/welts/burns
 - Fractures/dislocations
 - Brain injuries/SDH/RH
 - Internal organ injuries
- Delay in seeking medical help for injuries

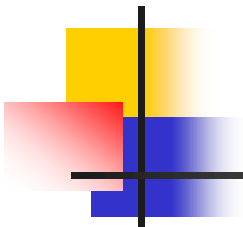
Do they make sense together?





Recognizing Abuse

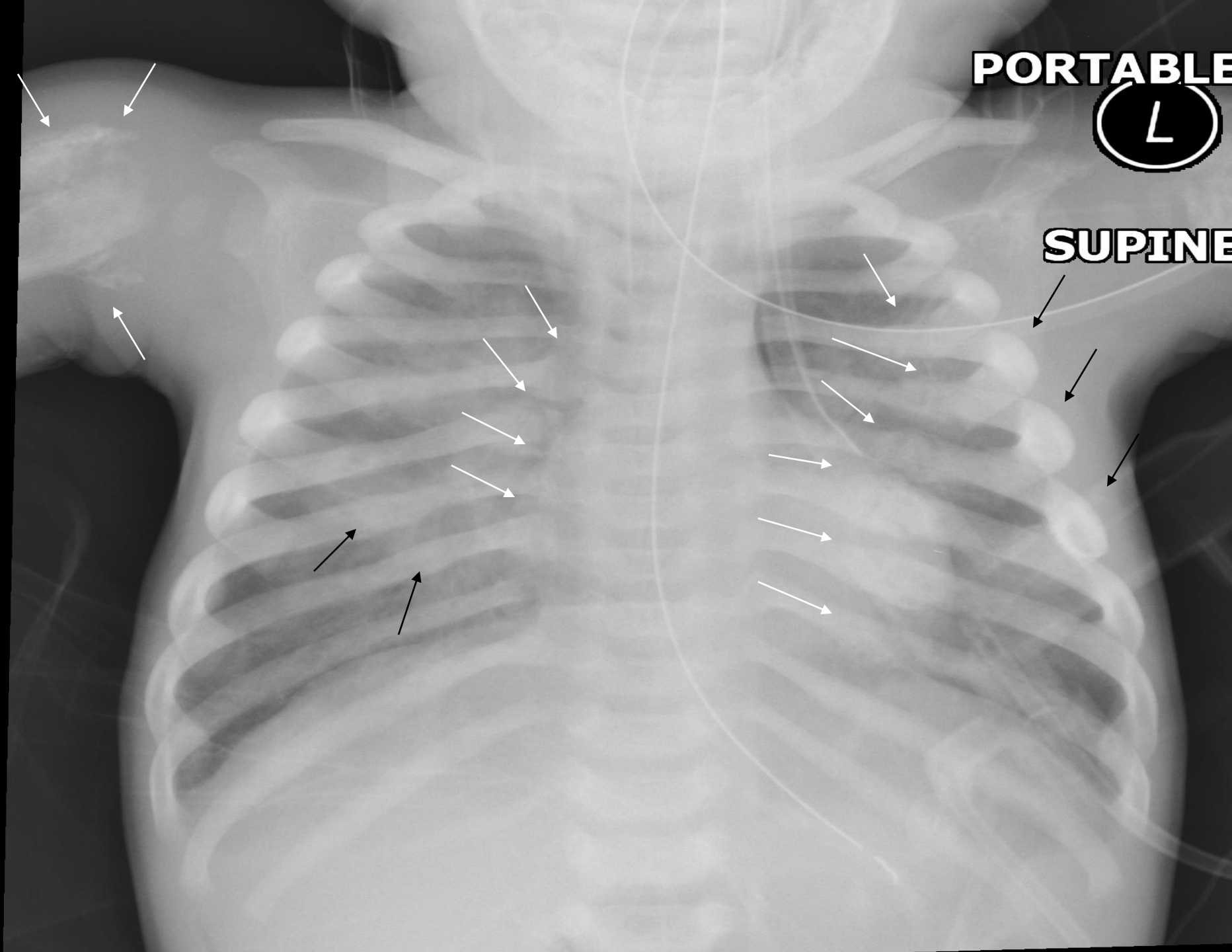
- Inconsistency in description of injury
(type, severity, age, mechanism)
- Inconsistency in developmental level of child
- Injuries typical for intentional injury
- Injuries with no history
- Patterned injuries
- Multiple injuries at various stages of healing





PORTABLE
L

SUPINE





Physical Indicators of Neglect

- Abandonment
- Unattended emotional/physical problems, medical needs
- Emaciated appearance
- Constant hunger, poor hygiene, inappropriate clothing
- Constant lack of supervision
- Illicit drug exposure

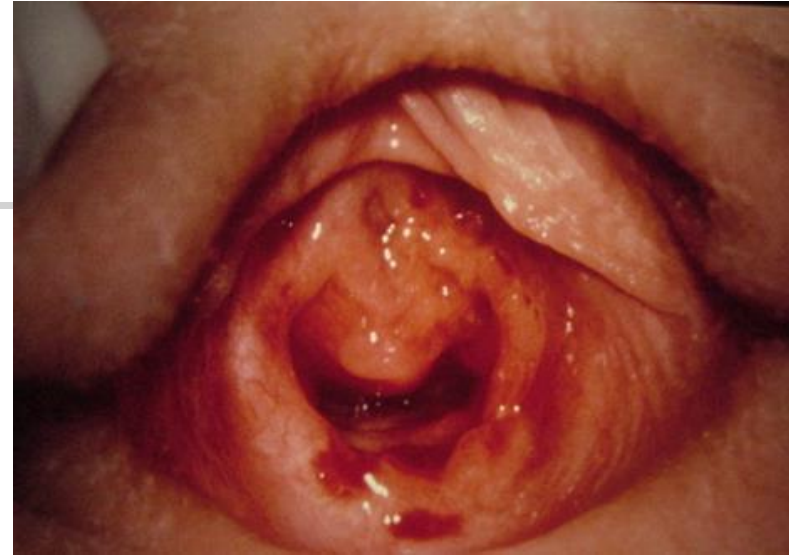


Physical Indicators of Sexual Abuse

- Non-accidental genital injury/trauma with bruises/bleeding
- Torn, stained, bloody underwear
- Genital pain, swelling, itching
- Sexually transmitted disease
- Pregnancy



Sucking marks due to sexual abuse



**Bruising over
hymen**





**Transection of
hymen, bleeding**

Olympic Ntl Park, WA





DIAGNOSTIC WORK-UP

Physical Abuse/Neglect

- Skeletal survey :
 - Repeat skeletal survey in 2 weeks
- Bone scintigraphy on select cases in consultation with Radiology

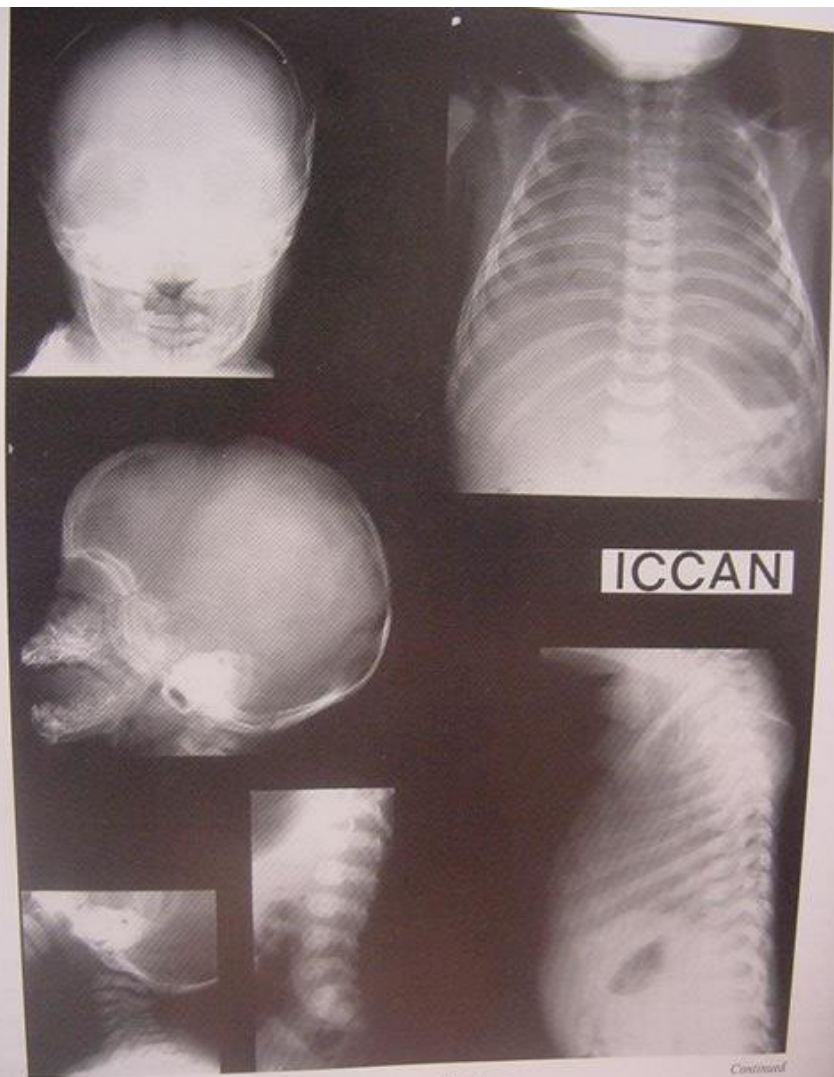


Fig. 23-2. Standard skeletal survey.

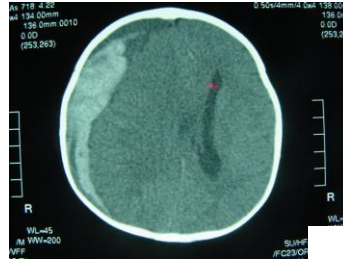
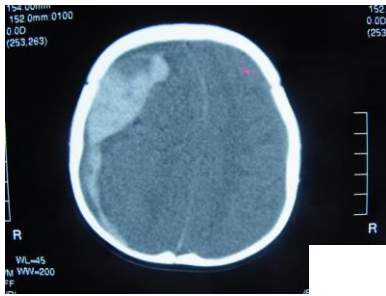




DIAGNOSTIC WORK-UP

Physical Abuse/Neglect

- Head CT in acute head trauma
 - First week of injury
 - No contrast
- MRI in subacute/chronic phase
 - Follow up of acute injuries
 - Growing head circumference
 - No contrast
- MRI of spine
 - In severe head trauma cases



CT images

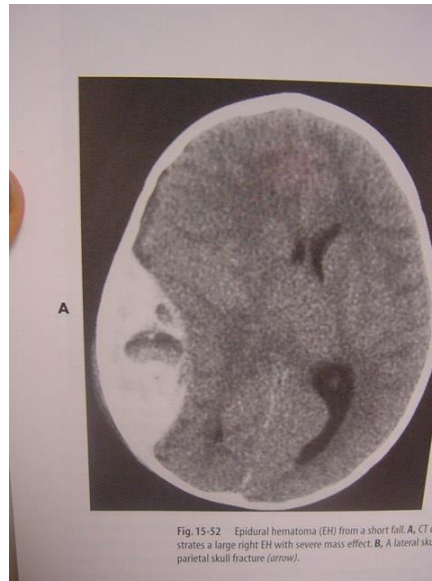
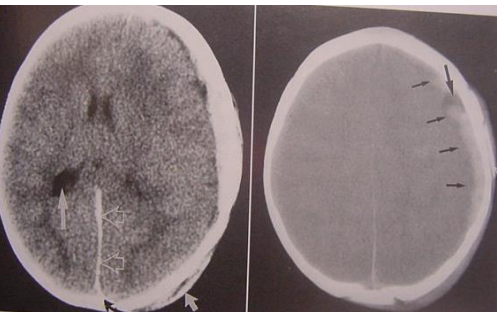
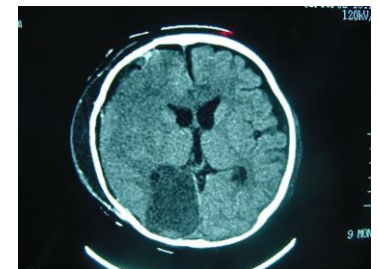
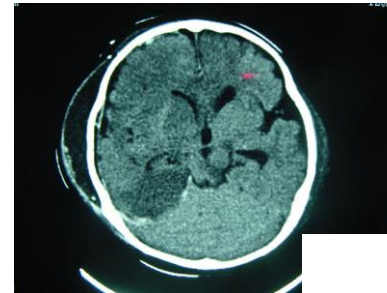


Fig 15-52 Epidural hematoma (EH) from a short fall. A, CT of a large right EH with severe mass effect. B, A lateral skull parietal skull fracture (arrow).





MRI
images

Rocky Mountain Ntl Park, CO





DIAGNOSTIC WORK-UP

Physical Abuse/Neglect

- Chest/abdomen CT
 - Chest, abdomen injuries
 - Child with abusive head trauma in coma
- Blood count and coagulation studies
 - CBC, PLT, PT, PTT, Von Willebrand Panel
 - Child with bleeding, bruising



DIAGNOSTIC WORK-UP

Physical Abuse/Neglect

- Urinalysis, urine/meconium/hair drug testing, electrolytes, liver, kidney & pancreas functions tests
 - Head, chest, abdominal trauma
 - Excessive soft tissue bruising
- Metabolic tests when metabolic disease ??
(Type I Glutaric aciduria)
- Ophthalmology consult for eye exam



DIAGNOSTIC WORK-UP

Physical Abuse/Neglect

- Genetics consult for genetic conditions
- Serum proteins, stool & urine tests for infections, lead, drug screening
 - Failure to thrive
- Developmental assessment
- Nutritional assessment



DIAGNOSTIC WORK-UP

Sexual Abuse

- Skeletal survey (<2 y/o)
- Urine, hair testing for illicit drugs
- Testing for sexually transmitted infections (STI)
 - Genital, oral, anal contact with perpetrator's genitalia
 - Genital, oral, anal trauma
 - Genital/anal discharge
 - Child is non-verbal/history unreliable


Reporting Implications of STIs

STI	Sexual abuse	Action
Gonorrhea	Diagnostic	Report
Syphilis	Diagnostic	Report
HIV	Diagnostic	Report
Chlamydia	Highly susp.	Report
Trichomonas	Highly susp.	Report
Warts	Suspicious	Report
Herpes	Suspicious	Report
Bacterial vag.	Inconclusive	Follow up

<http://www.cdc.gov/std/treatment/2006/sexual-assault.htm#table6>

References

- Jackson AM et al, 2015. Aspects of abuse: recognizing and responding to child maltreatment. Curr Probl Pediatr Adolesc Health Care **45**(3): 58-70.
- Young JC et al, 2014. Long-term effects of child abuse and neglect. Child Abuse Negl **38**(8): 1369-1381.
- Saul J et al, 2014. Creating a healthier future: prevention of child maltreatment." MMWR Morb Mortal Wkly Rep **63**(12): 260-263.
- Flaherty EG et al, 2005. Barriers to physician identification and reporting of child abuse. Pediatr Ann **34**(5): 349-356.
- Flaherty EG et al, 2000. "Health care providers' experience reporting child abuse. Arch Pediatr Adolesc Med **154**(5): 489-493.
- Warner JE et al, 1994. The identification and reporting of physical abuse by physicians. Child Abuse Negl **18**(1): 11-25.



Thank you.
Questions,
comments...

MOUNT ILGAZ NTL PARK, TURKEY