Child Abuse & Neglect: Recognition, Referral & Outcomes

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Introduction: Why speak at NPO?

- Child Abuse (CA) is a big problem in Oregon
- NPs are mandated reporters and first line responders to CA
- The “system” is complex & may not be familiar
- Child abuse is a complex issue & may create stress for the provider when it is suspected.
  - Suspicions must be reported
  - PCPs want to preserve a relationship with their patients
  - Addressing concerns to Child Protection is uncomfortable & may induce some avoidance behaviors
- Understanding how the “system” works can help!

Oregon DHS Data (2012)

- 69,000 reports of abuse and neglect received
- 30,850 reports referred for investigation
- 6,332 were “founded” for abuse or neglect
- 10,000 victims
- 48% younger than 5 years old
- 20 Oregon children died from abuse
- Abuse reports have increased 61% in the past 10 years
United States Data (2012)*

- 3.4 million referrals involved alleged maltreatment of 6.3 million children
- 3.2 million were further screened
- 686,000 were victims of child maltreatment
- 1,640 children died from abuse
- 2.2 deaths per 100,000 children (about the same as cancer deaths in children)
- 69% of children experienced more than one form of maltreatment

Data from www.childwelfare.gov Feb 2014

Costs of Abuse/Neglect

- Annual cost of abuse & neglect in US is > $100 billion
- Abuse is a risk factor for:
  - Sexual risk taking
  - Teen pregnancy
  - Teen criminal activity
  - Substance abuse
  - Continuing the cycle of abuse, as adults, with their children
- Remember though, that the majority of abused children are resilient and survive as healthy adults!

Reporters of Child Abuse/Neglect

2012: In Oregon, only 10% were medical referrals.
- 19% police
- 18% schools
- 6% parent/self
- 25% other mandated reporters
- 23% other non-mandated reporters

We believe that if you have more information about:
- recognition of abuse/neglect,
- how and where to make a referral,
- what happens when a referral is made,
- what you can expect when you make a referral
that we can change the statistics and help many more kids.
Child Abuse: RECOGNITION

Case Presentations
- Physical abuse
- Sexual abuse
- Neglect
- Emotional abuse/witness to domestic violence

Karly’s Law
- HB 3328 (2007)
- “any physical injury that is suspected to be caused by abuse” must have:
  - Immediate photos
  - Physical exam within 48 hours
- What You Need to Know About Karly’s Law: a training video for professionals
  - www.childabuseintervention.org
There are different types of child abuse:

- Sexual abuse
- Physical abuse
- Emotional abuse
- Neglect

Here is one way to think about the different types of abuse:

- Things which are done to children which are abusive
- Things caretakers don’t do for children which are abusive or neglectful

**Commission**

Physical abuse

Sexual abuse

Emotional abuse

Neglect

**Omission**

Neglect

Consider a few OPEN-ENDED questions:

“I heard somebody was worried about you. Did something happen?”

“Tell me how come your (mom) brought you to see me today?”

“What happened to your arm?”
Questions of child best done without caretaker in the room
Have another staff member in room to take notes

OPEN-ENDED questions:
• Allow the child to use his own language
• Usually requires a child to give multiple-word responses
• Encourage a narrative response from the child
• Decreases potential for interviewer bias

Child abuse & neglect cross all socioeconomic boundaries, ethnic groups, and exist both in rural and inner-city populations
Risk factors for child abuse & neglect:

- **Parent/caregiver factors** (personality characteristics/psychological well-being, h/o abuse, substance abuse, attitudes/knowledge, age)
- **Family factors** (family structure, marital conflict/DV, stress, parent-child interaction)
- **Child factors** (age, disability, other)
- **Environmental factors** (poverty/unemployment, social isolation, violent communities)

Evaluation: common mistakes

- Avoid dealing with/don’t look
- “Overcall” physical findings
- Question child in presence of caretaker
- Follow parents lead “don’t want to pursue charges”
- Wait to report until you’re “sure”
- Don’t report because the abuse happened “a long time ago”

Child Abuse: REFERRAL
Alphabet Soup

• CAC/CAIC: Child Abuse Center/Child Abuse Intervention Center
• DHS: Department of Human Services
• LEA: Law Enforcement Agency
• ORS: Oregon Revised Statutes

There are mandatory reporting laws in all 50 states

Mandatory reporter = you make the call

Not your supervisor
Not the parent
Mandatory Reporting in Oregon

419B.010 DUTY OF OFFICIALS TO REPORT CHILD ABUSE

“Any public or private official having reasonable cause to believe that any child with whom the official comes in contact has suffered abuse ...”

Mandatory Reporters

- Court Appointed Special Advocates
- Attorneys
- Clergy
- Peace Officers
- Firefighters
- Emergency Medical Services Provider
- Physicians
- Psychiatrists
- Psychologists
- Pharmacists
- Nurses (LPN & RN)
- Nurse’s Aide, Home Health Aides or employee of in-home health service
- Nurse Practitioners
- Dentists
- Optometrists
- Chiropractors
- Physical Therapists
- Speech Therapists
- Occupational Therapists
- Audiologists

Mandatory Reporters

All EMPLOYEES OF THE FOLLOWING:

- Law Enforcement
- Department of Human Services
- Oregon Health Authority
- Oregon Youth Authority
- State Commission on Children and Families
- Child Care Division of the Employment Division
- County Health
- County Juvenile Department
- Licensed Child Care Agency
- Drug & Alcohol Treatment Program
- Community Mental Health
- Community Developmental Disabilities Program
- Foster Care Providers
- Respite Providers
- Schools including Higher Ed.
- Public or Private Officials
- Member of Legislative Assembly
- Regulated Social Workers
Mandatory Reporters

- Speech Language Pathologists
- Licensed Professional Counselors
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists
- Coach, Asst. Coach, or Trainer of amateur, semiprofessional or professional athletes, if compensated and the athlete is a child
- All employees of public or private organizations providing child-related services
- Including, but not limited to:
  - Youth Groups or Centers
  - Scout Groups or Camps
  - Summer or Day Camps
  - Survival Camps or Groups
  - Centers or Groups that operate under the guidance, supervision or auspices of religious, public or private educational systems or community service organization

**“reasonable cause to believe…”**

**Is it my job to prove abuse occurred?**

No!

- Your report is a request for a further safety assessment to be made.
- The law clearly states that you must report any time you have reasonable cause to believe a child has been abused.
Good practice/good ideas/the law

• Be as honest with caretakers as you can be, always putting child safety first
• Child abuse “trumps” HIPAA, records can ALWAYS be shared with LEA and DHS WITHOUT a release
• Report “immediately,” not tomorrow or when it is convenient
• Think twice before sending child home and then reporting!

DHS: Child Abuse Hotline

• www.oregon.gov “Child Abuse Hotline”
• Multiple resources, including how to report child abuse & neglect, state definitions of child abuse & neglect, booklet “What you can do about Child Abuse”
• Multnomah 503 731 3100
• Washington 503 681 6917
• Clackamas 971 673 7112
• DHS can let you know if they will do an assessment
• They must keep details of the assessment confidential
• Oregon law mandates that DHS & LEA share information
Oregon Child Abuse Intervention Centers

- 20 centers serving 36 counties
- Funded, in part, by state (CAMI) funds

www.childabuseintervention.org

State-mandated activities happen at the county level:

- Multi-Disciplinary Team (MDT)
- Written MDT protocol for how professionals will work together to assess children for concerns of abuse (law enforcement, DHS, Children’s Center, medical, DA, victims advocate, mental health, victim’s advocates, CASA)
- Child Fatality Review
- DEC (drug endangered children) protocol

Children’s Center

- Medical clinic
- Comprehensive assessment by a team: medical provider & child interviewer
- Medical exam: head to toe including the private area; use of colposcope & photos when necessary
- Forensic interview: digitally recorded
- Family Support Team meets with caretakers to assist in counseling resources/referrals, behaviors, family dynamics
- LEA & DHS attend
- Subspecialty clinic: call for consults, call to refer (must be reported prior to us seeing the child)
Children’s Center

- See 450-500 children/year
- Referrals: DHS, LEA, counselors, teachers, parents, medical providers
- Coordinate appointment with family (child & non-offending caregiver), also DHS & LEA
- Final report goes to primary care, DHS, LEA & therapist
- Also: Caregiver Support Groups, community education & outreach, review of cases in county involving juvenile offenders (<12yo)

Child Abuse: OUTCOMES

Outcomes

- Childhood Adversity has LIFELONG consequences!
- CDC estimates that the average lifetime costs for nonfatal child maltreatment is $210,012 (in 2010 dollars).
- In the U.S. it is estimated that is spends >$100 billion a year on all aspects of child maltreatment.
- More than 70 billion/year is being spent on indirect costs: special education, juvenile delinquency, mental health and health care, the adult criminal justice system, and lost productivity.
What is the ACE Study?

The ACE Score attributes one point for each category of exposure to child abuse and/or neglect included in the Study. Add up the points for a Score of 0 to 10. The higher the score, the greater the exposure, and therefore the greater the risk of negative consequences.
ACE Pyramid

ACEs

Mental Health

Social Interactions

Health Risks

Sexual Health

Toxic Stress:

AAP papers (2012)

Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health (policy statement)

The Lifelong Effects of Early Childhood Adversity and Toxic Stress (technical report)
What is toxic stress?

Positive stress response: a normal & essential part of healthy development, characterized by brief increases in heart rate & mild elevations in hormone levels. Some situations that might trigger a positive stress response are the first day with a new caregiver or receiving an injected immunization.

Tolerable stress response: activates the body’s alert systems to a greater degree as a result of more severe, longer-lasting difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury. If the activation is time-limited and buffered by relationships with adults who help the child adapt, the brain & other organs recover from what might otherwise be damaging effects.

Toxic stress response: can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

Risk factors for toxic stress:

• Chronic neglect
• Caregiver mental illness
• Caregiver substance abuse
• Violence or repeated conflict

Combined with
• Lack of supportive, responsive relationships early in life
Impact of Toxic Stress

Why we do what we do

• If it’s tough for us to “deal with” as a provider, how do you think it is to live it?
• We can be the important link for some families to help break the cycle of abuse/violence
• resilience
• It’s the right thing to do!

Take Home:

• Remember risk factors for abuse
• Abuse is common!
• Don’t be afraid to examine, talk to kids, call for consultation
• Know when to report, how to report & where to report
• Understand state law, your responsibilities as a medical provider
References

www.childabuseintervention.org
www.childrenscenter.cc
www.albertafamilywellness.org
www.developingchild.harvard.edu
www.acestudy.org
www.childwelfare.gov


