



The Role of First Responders in Child Maltreatment Cases

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Disclosures

- I have no financial disclosures



CHILD ABUSE AND NEGLECT
USER MANUAL SERIES

The Role of First Responders in Child Maltreatment Cases: Disaster and Nondisaster Situations



U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect



Role of the First Responder



- First responders often are the first professionals to arrive at a scene where child maltreatment may have occurred or where children may be at risk for being abused or neglected.
- When first responders encounter a suspected case of child maltreatment, their initial objectives are
 - **to evaluate and address immediate medical and psychological needs,**
 - **to assess and ensure the safety of victims, and**
 - **to secure the scene in order to collect and preserve evidence.**
- Before arriving at a scene, you may not be alerted to the possibility of child maltreatment

Definition of Abuse



- *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.*

Child Abuse Prevention and Treatment Act (CAPTA)

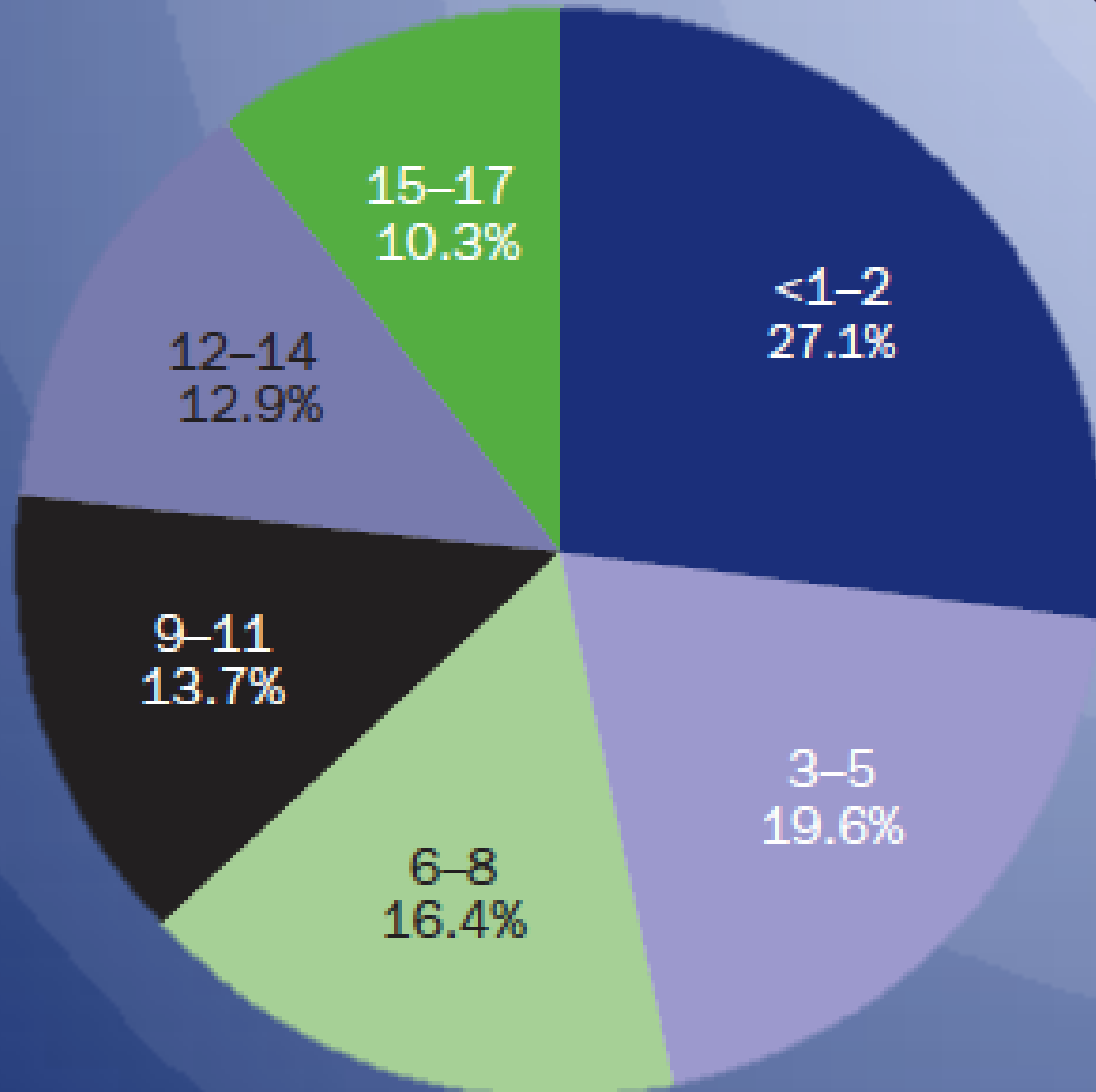
By the numbers



- An estimated 676,569 children were victims of abuse or neglect.
- The national estimate of 3.4 million referrals were estimated to include 6.2 million children were received by child protective services (CPS) agencies. Of those referrals, 60.8 percent were accepted for investigation or assessment.

2011 data from the National Child Abuse and Neglect Data System (NCANDS)

Victims by Age



Break it down



- **78.5 %** of child victims experienced neglect (including medical neglect)
- **17.6%** were physically abused
- **9.1%** were sexually abused
- Additionally, **10.3%** of victims experienced “other” types of maltreatment, including abandonment, lack of supervision, and congenital drug addiction.
- ***A child could be identified as a victim of more than one type of maltreatment.***
- U.S. Department of Health and Human Services, Administration for Children and Families (ACF). (2012). *Child maltreatment 2011*.

Child fatalities



- In 2008, an estimated **1,740 children died** from abuse or neglect
- **79.8 %** of child fatality victims were younger than 4 years
- **39.7 %** of child fatalities were attributable to multiple types of maltreatment,
- **33.4 %** were caused by neglect only (including medical neglect), and
- **22.9 %** were due to physical abuse only.
- The most common injury that results in a child fatality is severe head trauma

Risk factors for maltreatment



- Being born prematurely or having a low birth weight
- Being perceived as unusual or different in terms of appearance or temperament
- Being unhealthy or having congenital abnormalities
- Being irritable or displaying behaviors that are contrary to the expectations of the parents
- Living in poverty
- Having a physical, emotional, or developmental disability

Risk factors for maltreatment



- Living in an environment in which there is drug abuse, crime, or violence
- Having young parents
- Living in a single-family home
- Having parents who lack education
- Having parents who abuse substance

Children who possibly are maltreated may:

- Be aggressive, oppositional, or defiant
- Cower or demonstrate a fear of adults
- Act out, displaying aggressive or disruptive behavior
- Be destructive to self or others
- Come to school too early or not want to leave school, indicating a possible fear of being at home
- Show fearlessness or extreme risk-taking
- Be described as “accident prone”
- Cheat, steal, or lie (may be related to too high expectations at home)



Children who possibly are maltreated may:



- Be a low achiever
- Be unable to form good peer relationships
- Wear clothing that covers the body and may be inappropriate in warmer months, such as wearing a turtleneck sweater in the summer (Be aware that this may possibly be a cultural issue instead.)
- Show regressive or less mature behavior
- Dislike or shrink away from physical contact (e.g., may not tolerate physical praise, such as a pat on the back)

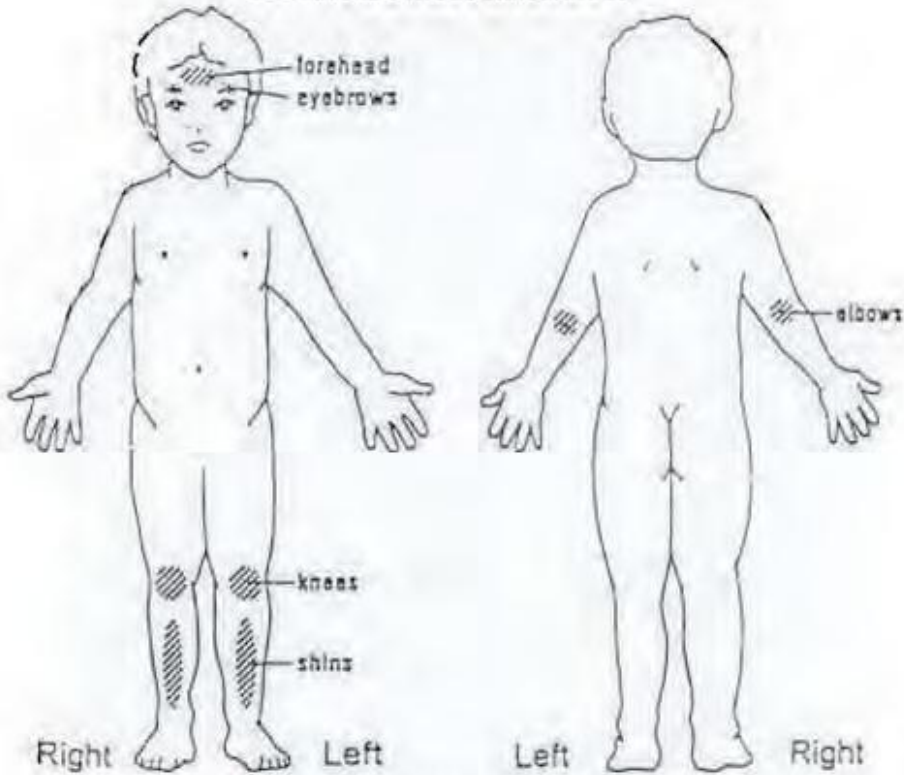


BRUISING

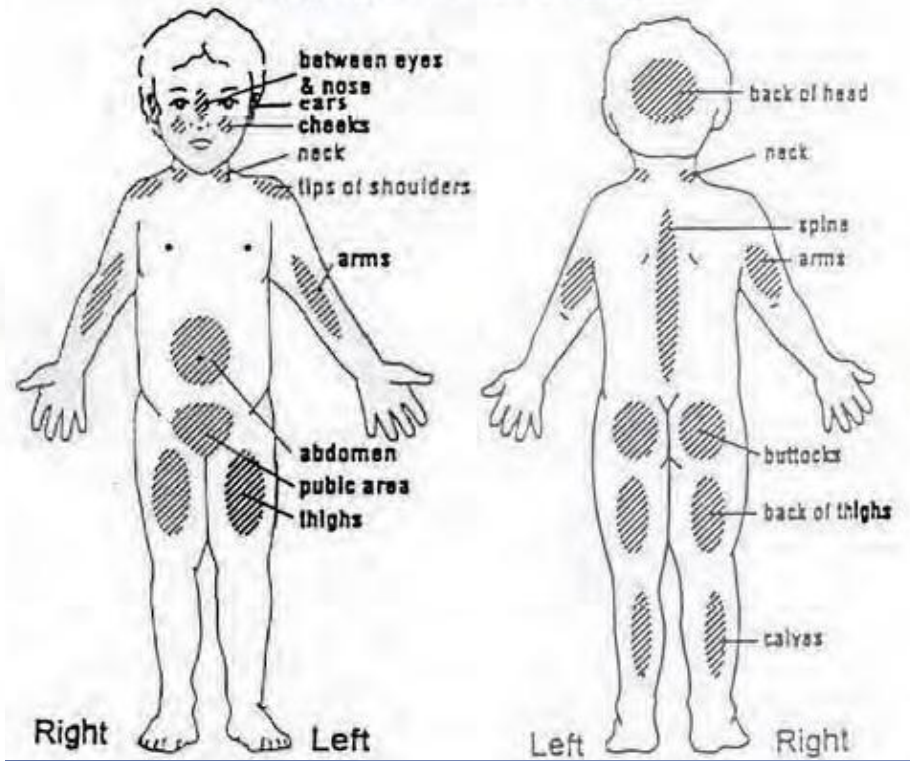
BRUISING



COMMON SITES FOR BRUISES



QUESTIONABLE SITES FOR BRUISES



Marks from instruments



belt buckle



belt



looped cord



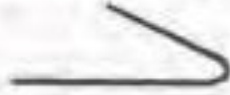
stick/whip



fly swatter



coat hanger



board or spatula



hand/knuckles



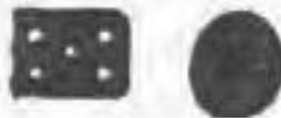
bite



sauce pan



paddles



hair brush



spoon



Marks from burns



hot plate



light bulb



curling iron



car cigarette
lighter



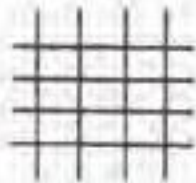
steam iron



knife



grid



cigarette



forks



immersion



Mongolian spot



Ear bruising





BRUISING VS. ECCHYMOSIS

Raccoon eyes



Normal Variant



STRANGULATION





BURNS

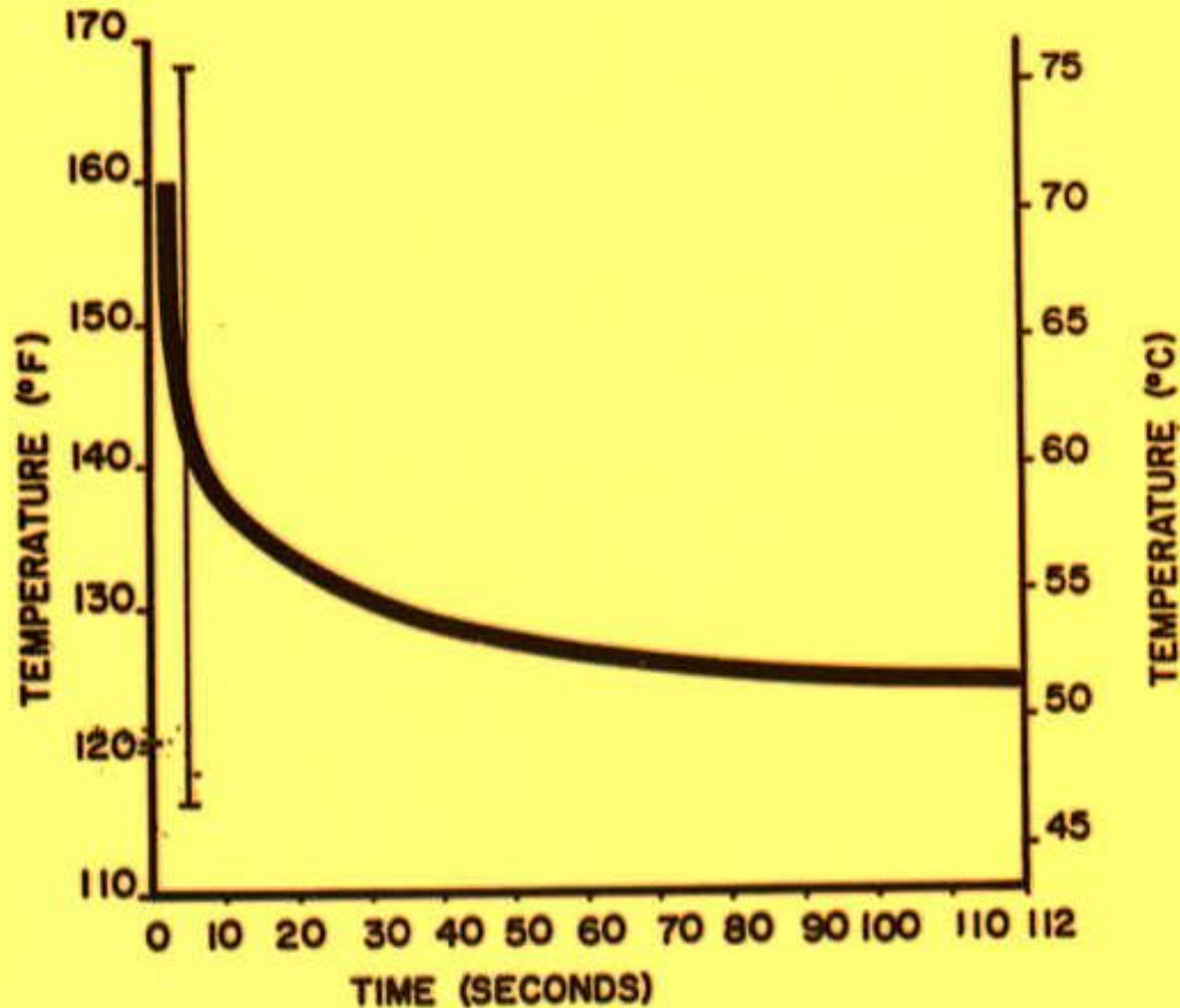


FIG. 3. Mean home bathtub water temperature (± 2 SD) plotted on curve of duration of exposure to hot water required to cause full-thickness scalds of adult skin at various water temperatures. Adapted from Mortiz and Henriques.¹

Reference Temperatures (in F°)



- 101 Comfortable Infant Bathing
- 106-108 Hot tub
- 109-113 Painful for adults
- 113 2nd degree burn; 6 hours
- 120 2nd degree burn; 10 minutes
- 127 2nd degree burn; 1 minute
- 130 2nd deg; 10 sec (child), 30 sec (adult)
- 140 2nd deg; 1 sec (child), 3 sec (adult)
- 156 3rd degree burn; 1 second child

Take Home Message



- When confronted with a suspicious burn, think:
 - Developmental ability
 - Precipitating factors
 - History
 - Scene investigation

Pull Down Burn

Note the “inverted triangle” shape.



Grease Splatter

Note the splatter marks



CPR & Rib fractures



Children & Rib Fractures: Does CPR Cause Them?



- Betz P, Liebhardt E. Rib fractures in children-resuscitation or child abuse? Int J Legal Med 1994;106(4) 215-8.

Children & Rib Fractures

Does CPR Cause Them?



- Review of autopsy reports of 233 children 5 days to 7 years of age.
- Included 190 cases of nontraumatic death & 43 cases of traumatic death.
- In 94 of 190 cases of nontraumatic death closed chest massage was performed.
- Bilateral rib fractures were seen In only 2 of these 94 cases.

Rib Fractures & Children

Does CPR Cause Them?



- Fractures of the ribs (chiefly posterior) were noted in 15 of the 43 cases of traumatic death.

Rib Fractures in Children

Does CPR Cause Them?



- Spevak MR, Kleinman PK, Belanger PL, Primack C, & Richmond JM. Cardiopulmonary resuscitation and rib fractures in infants. A postmortem radiologic-pathologic study. JAMA 1994 Aug 24-31;272(8):617-8.
- Retrospective review of the autopsies, medical records & skeletal surveys of 91 infants dying without evidence of abuse after undergoing CPR.

Rib Fractures in Children

Does CPR Cause Them?



- Patient age range of 26 hours to 8.5 mos.
- No rib fractures were found in any patient.
- Sewell RD, & Steinberg MA. Chest compressions in an infant with osteogenesis imperfecta type two: no new rib fractures. Pediatrics Vol. 106 No. 5 November 2000 p e71.

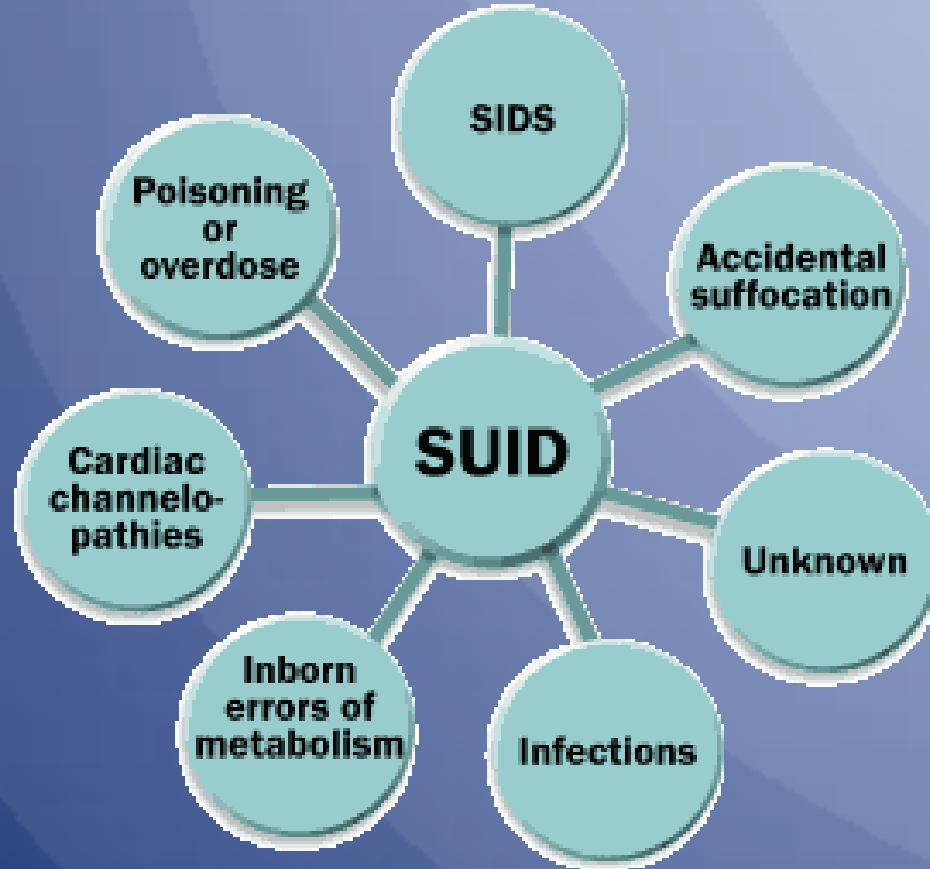
Rib Fractures in Children

Does CPR Cause Them?



- Case study of a 38 week 2355g female infant who was delivered in a rural community hospital with OI type 2.
- Chest x-rays were obtained for therapeutic reasons prior to, & following 5 minutes of closed chest compressions.
- X-rays were reviewed by three separate sets of radiologists.

Sudden Unexpected Infant Death



What is SIDS?



- The sudden and unexplained death of an infant under one year of age, whereby the death apparently occurs during sleep and the death is unexplained after a thorough investigation including complete autopsy and review of the circumstances of death.

SIDS



- Usually occurs between one and six months of age
- Males greater than females
- African American, Native American, Alaskan Native

Risk factors for SIDS

- Premature birth
- Low birth weight
- Maternal smoking
- Lower socioeconomic class
- Young maternal age
- Prone sleep position
- Soft bedding, Soft objects in bed
- Head covered by blanket
- Overheating



SIDS mimics

- Long QT syndrome
- Metabolic disorders
- Congenital malformations





Some Fatal Unsafe Sleeping Environments

11 day old sleeping with mom at
suggestion of hospital nursing staff



2 ½ month old sleeping with family
friend on lower bunk



4 month old sleeping with mom



1 month old sleeping with mom & 2
sibs



Initial response and investigation



- First responders who discover signs of possible child maltreatment, or who are in a situation in which child maltreatment may have occurred, should first ensure the safety of the child.
- Assess whether there are any significant and immediate threats to the child or others at the scene, including the first responders themselves
- Take immediate action to establish a safe environment
- Once the scene is safe, first responders should begin an investigation and assess the future safety of the child and other family members



Responsibilities

ROLES



Emergency Medical Techs

- Ensure emergency medical needs are met
- Identify and report possible child maltreatment
- Preserve evidence
- Testify in court

Law Enforcement

- Receive reports of child abuse and neglect
- Conduct investigations of reports of child maltreatment when there is a suspicion that a crime has been committed
- Identify and report suspected child abuse
- Examine the crime scene
- Collect and preserve evidence
- Take statements and confessions
- Determine whether a crime occurred and if there is sufficient evidence to prosecute alleged offenders
- Assist in securing the protection of the child
- Testify in court

Frustrations!?!?!



- Working on possible abuse cases can be very emotional
- Common responses include anger, disgust, and denial
- Should not let emotions affect the way a case is handled
- Remain objective

Questions to consider



- Does anyone need medical care or assistance?
- Have the injuries been documented? How?
- Should referrals be made to CPS or law enforcement?
- Have any statements that were made by anyone at the scene been documented? How? Where?

Observing the scene



- When gathering information for the case, the first responder should observe the identified child victim, the other family members or adults, and the environment, including the scene
- Everything that is *viewed, heard, smelled, or otherwise observed* at the scene is important information that must be documented.

Observing the scene



- The physical condition of the child, including any observable effects of maltreatment
- The emotional status of the child, including mannerisms, signs of fear, and developmental status
- The reactions of the parents or caregivers to the first responder's concerns
- The emotional and behavioral status of the parents or caregivers during the interview process
- The interactions between family members, including verbal and body language
- The physical status of the home or site of maltreatment, including cleanliness, structure, safety hazards, signs of excessive alcohol use, and signs of illicit drug use (e.g., drug paraphernalia, evidence of a methamphetamine lab)

Infant death



- In cases of an infant death, first responders should take note of:
 - the position of the infant,
 - marks on the body,
 - body temperature,
 - the type of crib and any defects,
 - the amount and placement of clothing and bedding,
 - the room's temperature
 - the type of ventilation and heating
 - the reaction of the caregivers.

Testifying



- Be prepared. Have a thorough knowledge of the case
- Listen to each question and pause before answering
- Ask for clarification if needed.
- Answer only the question asked.
- Do not be afraid to respond “I don’t know.”
- Do not give an opinion unless asked to do so. Be specific and give exact times and dates. Describe events step-by-step rather than narrate long stories.
- Avoid taking sides.

Testifying



- Speak a little louder, slower, and more distinctly than normal. This helps the judge, attorneys, and others to understand the responses. The answer must be spoken; the first responder should not shrug her shoulders or nod her head.
- Make eye contact. If a jury is present, the first responder should make eye contact with them while answering questions.
- Use an open body posture. The first responder should keep her hands on the witness table for the jury to view. This gives an open, truthful, and confident appearance.
- Use appropriate language. Never use professional jargon or slang.
- Always tell the truth.

Reporting



- CHO-125 form
- Social Services and DHS
- Child Protection Committee
- Child Death Review Board
- In Oklahoma, EVERYONE is required to report abuse
- Considered a misdemeanor and can carry up to a \$5000 fine

Thank you



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