

Texas EMS

Serving Texas Emergency Care Professionals

For the love of a child

*April is National Child Abuse Prevention Month.
Do you know the signs of abuse and neglect?*

Have you been on a call with pediatric injuries where your instincts told you something didn't seem quite right? Did you suspect child abuse but didn't know what to do about it? Chapter 261 of the Texas Family Code requires EMS and other health care professionals to report suspected abuse to law enforcement or the Texas Department of Regulatory Services (800/252-5400). In Texas in 1998, there were 44,532 confirmed cases of abuse or neglect in children, and 176 died from abuse or neglect.

April is National Child Abuse Prevention Month. And while EMS professionals can certainly work to prevent abuse (see www.preventchildabuse.org for some ideas on how to help), the primary role for EMS in the battle against child abuse is recognizing the abuse or neglect and then reporting it. Of the types of abuse—physical, emotional, neglect and sexual—physical leaves the most obvious marks. This article will focus on physical abuse. For more information on other types of abuse and neglect, go to our website at www.tdh.state.tx.us/hcqs/ems/ and click on New Items.

Physical indicators of abuse

Bruises and welts that may indicate physical abuse:

- Bruises on any infant, especially facial bruises.
- Bruises on the posterior side of a child's body.
- Bruises in unusual patterns that might reflect the pattern of the instrument used, or human bite marks.
- Clustered bruises indicating repeated contact with a hand or instrument.
- Bruises in various stages of healing.

Burns that may indicate abuse:

- Immersion burns indicating dunking in a hot liquid ("stocking" burns on the arms or legs or "doughnut" shaped burns of the buttocks and genitalia).
- Cigarette burns.
- Rope burns that indicate confinement.
- Dry burns indicating that a child has been forced to sit upon a hot surface or has had a hot implement applied to the skin.

Lacerations and abrasions that may indicate abuse:

- Lacerations of the lip, eye, or any portion of an infant's face (i.e., tears in the gum tissue which may have been caused by force feeding).
- Any laceration or abrasion to external genitalia.
- Lacerations or abrasions on the torso or back.

Skeletal injuries that may indicate abuse:

- Metaphyseal or corner fractures of long bones—a kind of splintering at the end of the bone (these are caused by twisting and pulling).
- Epiphyseal separation—a separation of the growth center at the end of the bone from the rest of the shaft (caused by twisting or pulling).
- Periosteal elevation—a detachment of the periosteum from the shaft of the bone with associated hemorrhaging between the periosteum and the shaft (also caused by twisting or pulling).
- Spiral fractures—fractures that wrap or twist around the bone shaft (caused by twisting or pulling).

Head injuries:

- Absence of hair and/or hemorrhaging beneath the scalp due to vigorous hair pulling.
- Subdural hematomas—hemorrhaging beneath the outer covering of the brain (due to shaking or hitting).
- Retinal hemorrhages or detachments (due to shaking).
- Jaw and nasal fractures.

Internal injuries:

- Duodenal or jejunal hematomas—blood clots of the duodenum and jejunum (small intestine) (due to hitting or kicking in the midline of the abdomen).

Questions to ask in identifying indicators of abuse:

1. Are bruises bilateral or are they found on only one surface (plane) of the body?
2. Are bruises extensive—do they cover a large area of the body?
3. Are there bruises of different ages—did various injuries occur at different times?
4. Are there patterns caused by a particular instrument (e.g., a belt buckle, an extension cord, a straight edge, coat hanger, etc.)?
5. Are injuries inconsistent with the explanation offered?
6. Are injuries inconsistent with the child's age?
7. Are the patterns of the injuries consistent with abuse (e.g., the shattered egg-shell pattern of skull fractures commonly found in children who have been thrown against a wall)?
8. Are the patterns of the burns consistent with forced immersion in a hot liquid (e.g., is there a distinct boundary line where the burn stops—a "stocking burn," for example, or a "doughnut" pattern caused by forcibly holding a child's buttocks down in a tub of hot liquid)?
9. Are the patterns consistent with spattering by hot liquids?
10. Are there distinct patterns caused by a particular kind of implement (e.g., an electric iron, the grate of an electric heater, etc.) or instrument (e.g., circular cigarette burns, etc.)?

- Rupture of the inferior vena cava—the vein feeding blood from the abdomen and lower extremities (due to kicking or hitting).
- Peritonitis—inflammation of the lining of the abdominal cavity (due to a ruptured organ, including the vena cava).

Injuries should be considered to be indicators of abuse in light of:

- Inconsistent medical history.
- The development abilities of a child to injure itself.
- Other possible indicators of abuse.

Helpful info

National Child Abuse Prevention

This organization has a child abuse prevention kit that's downloadable. The recommended donation for downloading is \$5. www.preventchildabuse.org

Prevent Child Abuse Texas

(800) CHILDREN
(512) 250-3404
www.PreventChildAbuseTexas.org

Texas Department of Protective and Regulatory Services

Child Abuse Hotline: (800) 252-5400
www.tdprs.state.tx.us

Shaken Baby Alliance

Information on Shaken Baby Syndrome
www.shakenbaby.com

For a copy of the Child Death/Injury Interview and Documentation Guide, go to www.tdh.state.tx.us/hcqs/ems/ and click on New Items. You can print off this wallet-sized information and get it laminated to take with you.

What if a child discloses abuse?

What if a child tells you about abuse? How you react is important. When a child first discloses abuse, the professional should maintain a demeanor of respect and concern and allow the child to carry most of the conversation, interceding only as needed for clarification purposes. Keep notes as to what the child says, explaining that you want to remember their own words. Document exactly what the child says and your suspicions relating to the statements. You can write your suspicions in your report and they might help investigators evaluate evidence they find later.

The initial screening questions for abuse should be **open-ended**. Questions should **not** be leading, where the answer is suggested in the question ("Somebody broke your arm, didn't they?"), or suggestive where components of the answer are projected by the questioner ("Did

Mommy hurt your arm?"). In general, it is recommended that questions begin with "what", "who", "where", "when" or "how", **not** "did" or "why."

What do you do next?

1. **Report** as soon as it is determined that a physical exam or injury is suspicious for abuse, or a child discloses that they have been physically, sexually, or emotionally abused. Do **not** wait for "further evidence" (injuries, repeated incidents). If in doubt, make the call. The expert on the other end of the line is trained to make that determination.

Texas law states you may not delegate responsibility for reporting, even to your supervisor. You must either report or confirm (documenting the case number assigned by CPS or law enforcement number) that someone else has reported the suspected abuse.

2. **Document** as much of the child's statement as possible; quotes are preferable. In preverbal children and physical abuse cases, document the caretaker's words in quotes as well. Document which adult(s) are with the child, the presenting complaint, and the size, color, location, and shape of any injuries. The health professional's assessment should include a statement of whether the explanation or history is consistent or inconsistent with the injury(ies) found.

For example, "The severity of the acute subdural hematoma in this one-month-old child is *inconsistent* with the explanation that she rolled three feet off the bed onto the floor," or "The normal examination is *consistent* with the child's history for fondling" or "The normal examination is *consistent* with the adolescent's history for vaginal-penile penetration occurring one month prior

to the examination.”

3. **Address safety needs** of the child both in staying in the home and in potential for self-injurious behaviors: “*Have you ever felt so bad that you thought about hurting yourself?*” or “*When was the last time you felt that way?*” An immediate psychiatric consult is required in children with a suicide risk.

4. **Health professionals may consider the possibility of abuse** when a child presents with a non-specific sign (e.g., vague abdominal pain, burning on urination [dysuria], or soiling [encopresis]) or symptoms (e.g., anger, withdrawal, or sudden drop in school performance). If the child denies abuse or neglect and information-gathering reveals no other evidence of abuse, then you may either conclude that there is not enough evidence to suspect abuse. Still, if you have doubts, call!

Document, document, document

Use the following information as a guide when reporting suspected child abuse or neglect. Remember that if the case goes to court, what you say in the report could make the difference between getting help for the child and putting the child back in a potentially dangerous situation.

Specific injuries to the child

- Be sure to use the exact medical terms for the injuries in physical abuse cases; for example, use “spiral

Observations about parent/caregiver in suspected abuse cases

- Delay in seeking treatment for the child
- Alcohol or drug use
- Demeanor
- Caretaker’s physical appearance

fracture of the left femur”.

- Any milder trauma remote from the major injuries that might be indicative of old and new injuries.
- Results of any examinations for sexual abuse and their findings.

Other considerations

- Overall physical condition of the child: weight, hygiene, general appearance.
- Developmental or emotional difficulties noted.
- Parents’ explanation consistent with the child’s condition.
- Describe parents’ behavior and condition.
- Apparent drug or alcohol in the environment.
- Any other information that the medical staff believes is pertinent.

The last word

Because EMS professionals often enter the homes of patients, they have a unique opportunity to see the child’s environment. Being able to recognize the signs and symptoms of abuse may be the first step to getting help for an abused or neglected child. If you’re not sure, call the hotline. Let the experts make the decision. —*Researched by Kate Martin*

Kate Martin, MeEd, researched the issue of child abuse relying heavily on the work of Juan M. Parra, MD, MPH, of the University of Texas Health Science Center at San Antonio; and Nancy Kellogg, MD, of the Alamo Children’s Advocacy Center in San Antonio. Martin is the interpersonal violence prevention coordinator for the San Antonio Metropolitan Health District. She serves on the injury prevention committee of GETAC. Also, thanks to Jeff Hummel, LP, for his review of the article. Jeff coordinates TDH’s EMS for Children Program and formerly worked for Child Protective Services.