

# Child Abuse

Andrea Z. Ali-Panzarella, DO, MPH, FAAP, FACOP  
Florida Society of Medical Assistants Conference  
April 17, 2021

# Learning Objectives

- Understand the impact that COVID-19 has on children
- Explore the increase of suicide in children
- Review how children can cope with the pandemic

# Learning Objectives

- Discuss the field of child abuse
- Define various types of child abuse
- Recognize physical abuse, sexual abuse, and human trafficking
- Review prevention of child abuse
- Discuss the role of the medical assistant in child abuse

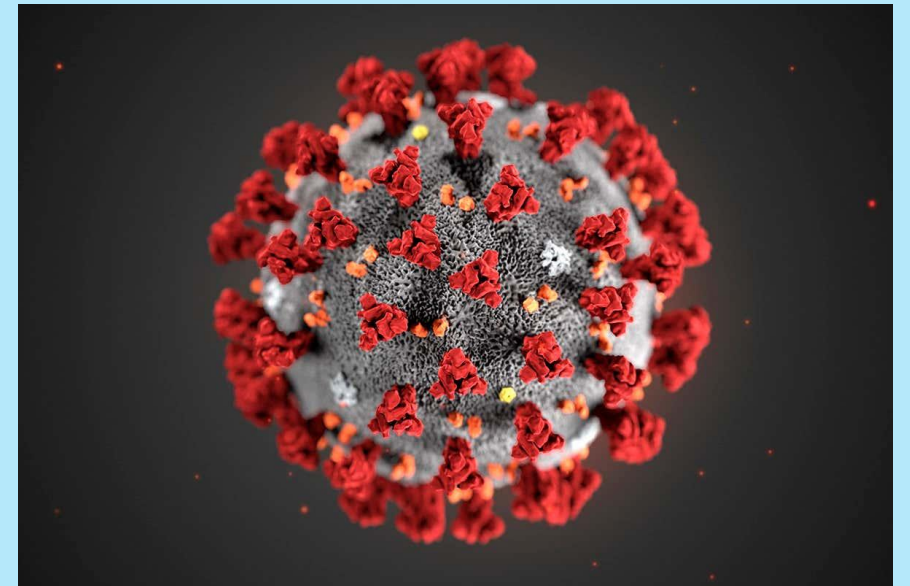
# COVID-19

## Coronavirus (COVID-19) pandemic

- profound challenges for communities, families, individuals
- emotional and behavioral responses

### Factors

- Uncertainty
- Messages
- Duration
- Quarantine
- Masking
- Social distancing
- Isolation
- Interruption of daily activities



# Racism

- Structural racism
  - Systemic racism
  - Inequities
  - Vulnerability
  - Xenophobia
- Effects on developing brains



# COVID-19 and Child Abuse

Increased anxiety and stress about health, education, finances

Children are not seeing teachers, guidance counselors, daycare providers, and other adults who would normally raise concerns about their well-being

- Educators are primary source of reports (20%) to CPS nationwide

Suicide hotline calls have increased around country

→ Increased risk of intrafamilial and online child sexual abuse

<https://www.nytimes.com/2020/04/07/opinion/coronavirus-child-abuse.html>

<https://www.apa.org/topics/covid-19/domestic-violence-child-abuse>

<https://www.jhsph.edu/research/centers-and-institutes/moore-center-for-the-prevention-of-child-sexual-abuse/resources/covid-19-parents-preventing-child-sexual-abuse/>

# Vulnerable Youth

LGBTQ, homeless, maltreated, foster care, substance use disorders

- Stay-at-home orders
- Economic instability
- Family pressures
- Safety nets that protect youth (child protective services, medical and mental health providers, educators) have fewer staff available or are inaccessible

→ Increase risks for harm

# School

March 2020

- Approximately 214 million children globally (1 in 7) have missed more than 3/4 of in-person learning
- 1 in 3 children worldwide were unable to access remote learning

COVID-19 and children - UNICEF DATA





# Manifestations by Age Group

## Infants and young children

- Disruptions in sleep, toileting, feeding
- Separation anxiety
- Regression

## Older children and adolescents

- Internalizing symptoms - withdrawal, fearfulness, overt anxiety
- Externalizing behaviors - oppositionality, irritability, argumentativeness, aggression
- Somatic symptoms - abdominal pain, headaches

## Adolescents and young adults

- May hide concerns - fear, shame, sense of responsibility to avoid burdening others
- Irritability, lack of concentration, declining school performance, substance use

# Loneliness

Difficulty communicating feelings

Cannot rely on coping strategies

Social distancing

Friendships

Long-term effects

Linked with mental health conditions (depression, anxiety)

Can worsen existing mental health conditions



# Cyberbullying

70% increase during pandemic

40% increase in toxicity on online gaming platforms

900% increase in hate speech on Twitter directed toward China and the Chinese

200% increase in traffic to hate sites

- Cybermobbing
- Cancel culture



<https://www.verywellfamily.com/what-are-the-effects-of-cyberbullying-460558>

# Addressing Cyberbullying

- Establish limits on screen time
- Block or unfriend cyberbullies
- Avoid sharing personal information
- Engage in online gaming with friends only
- Parental controls
- Supervision
- Talk to someone if cyberbullying is witnessed
- Mindfulness techniques
- App “RETHINK” - encourages to think before sending a message or posting



# Suicide

2nd leading cause of death among children and adolescents (ages 10-17) in US  
92% increase in annual Emergency Department (ED) visits for suicide ideation and attempts for children, without a statistically significant increase in overall ED visits

- Early increase in suicide-related behaviors between February and April 2020
- Texas - May 2020 began to lift COVID-19 restrictions; June 2020 resurgence of COVID-19 cases
- Data indicate rates of positive screens for suicide-related behaviors also increased during this time

# Suicide

Screen for depression

Screen for suicide risk

Any talk about suicide should be taken seriously

Home safe

- Remove weapons and ammunition
- Secure medications in locked cabinet

National Suicide Prevention Lifeline

1-800-273-TALK or Crisis Text Line text 'TALK' to 741741

# Coping with COVID-19

- Talk about COVID-19 outbreak
- Answer questions and share facts
- Reassure that they are safe
- Give permission to feel upset
- Share ways to cope with stress
- Limit exposure to news coverage

# Coping Strategies

- Maintain regular routines
- Sleep
- Exercise
- Nutrition
- Create schedule for education and play
- Take breaks
- Positive discipline
- Connection



Helping Children Cope \_ CDC

Helping kids cope with loneliness during COVID-19 - Mayo Clinic

Parenting in a Pandemic\_ Tips to Keep the Calm at Home - HealthyChildren.org

The COVID-19 Pandemic\_ Technology use to Support the Wellbeing of Children



# Coping by Age

Infants: secure attachments to nurturing adults to gain confidence

Toddlers: guidance and structure to master autonomy

Preschool-aged children: reassurance about reality to avoid perceived threats from magical thinking

School-aged and older children: social needs to avoid exaggerated fear and worry

Children and adolescents: communication about media to understand facts

All ages: promote resilience by being present, empathic, and nurturing through mindfulness, relaxation, and focusing on present moment

# Child Mind Institute

## **Keep routines in place**

- Consistency and structure are calming during times of stress
- Children, especially younger ones or those who are anxious, benefit from knowing what's going to happen when

## **Be creative about new activities and exercise**

- Puzzles, family game night, walks, bike rides

## **Manage your own anxiety**

- Keep sense of perspective

## **Limit consumption of news**

## **Stay in touch virtually**

## **Make plans**

- Virtual play dates, favorite foods to cook, safe activities

## **Keep kids in the loop — but keep it simple**

## **Check in with kids**

- Increase in tantrums, acting out

## **Sometimes the path of least resistance is the right path**

- Be reasonable and kind to yourself

## **Accept and ask for help**

# Avoid...



Physical punishment - spanking, hitting, "corporal" punishment

- Can increase aggression
- Fails to teach them to behave or practice self-control
- Can interfere with normal brain development
- Takes away sense of safety and security

Never shake, jerk, slam

# Assessment

- Telehealth – medical, behavioral health
- Surveillance of high-risk families
- Recognition of signs of abuse
- Inquiring about intimate partner violence, guns in the home, parental mental health, self-care, struggles with behavior, discipline, support system
- Continue well visits and scheduled immunizations



# Support During the Pandemic

## School

- Although funding for no cost lunches did not increase, number of students that qualify for free lunch increased
- Continue to provide special needs children with therapeutic services online

## Internet companies

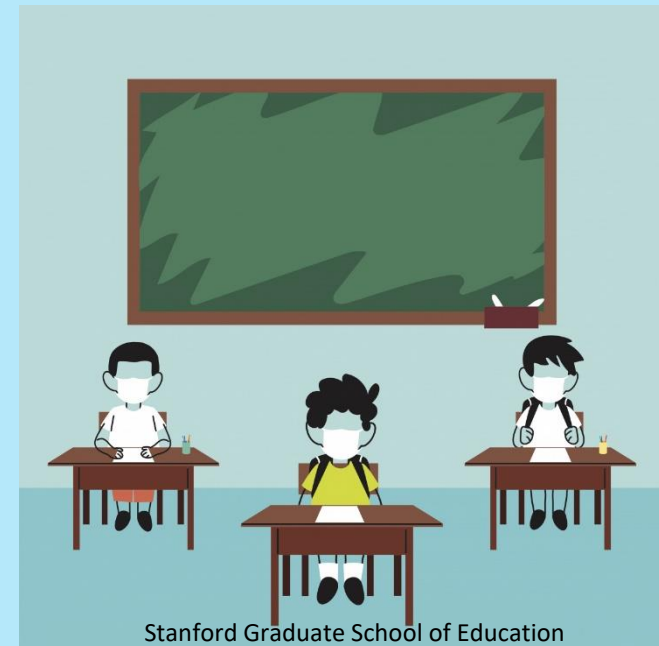
- Offered services for free for a limited time to low-income families

## Places of worship

- Created access through livestream worship on Facebook,

# COVID-19 Today

- Vaccine not available for children yet
- Students learn best in person
- Research shows that reopening schools for in-person learning does not seem to significantly increase community transmission of the virus, depending on the school's ability to follow guidelines
- Layers of safety measures



# CDC COVID-19 Resources



## 911

### Disaster Distress Helpline

- 1-800-985-5990 (press 2 for Spanish)
- text TalkWithUs for English

### National Suicide Prevention Lifeline

- 1-800-273-TALK (8255) for English
- 1-888-628-9454 for Spanish
- Lifeline Crisis Chat

### National Domestic Violence Hotline

- 1-800-799-7233
- text LOVEIS to 22522

### Veteran's Crisis Line

- 1-800-273-TALK (8255)
- Crisis Chat
- text: 8388255

### National Child Abuse Hotline

- 1-800-4AChild (1-800-422-4453)
- text 1-800-422-4453

### National Sexual Assault Hotline

- 1-800-656-HOPE (4673)
- online chat

### SAMHSA's National Helpline

- 1-800-662-HELP (4357)
- TTY 1-800-487-4889

### The Eldercare Locator

- 1-800-677-1116

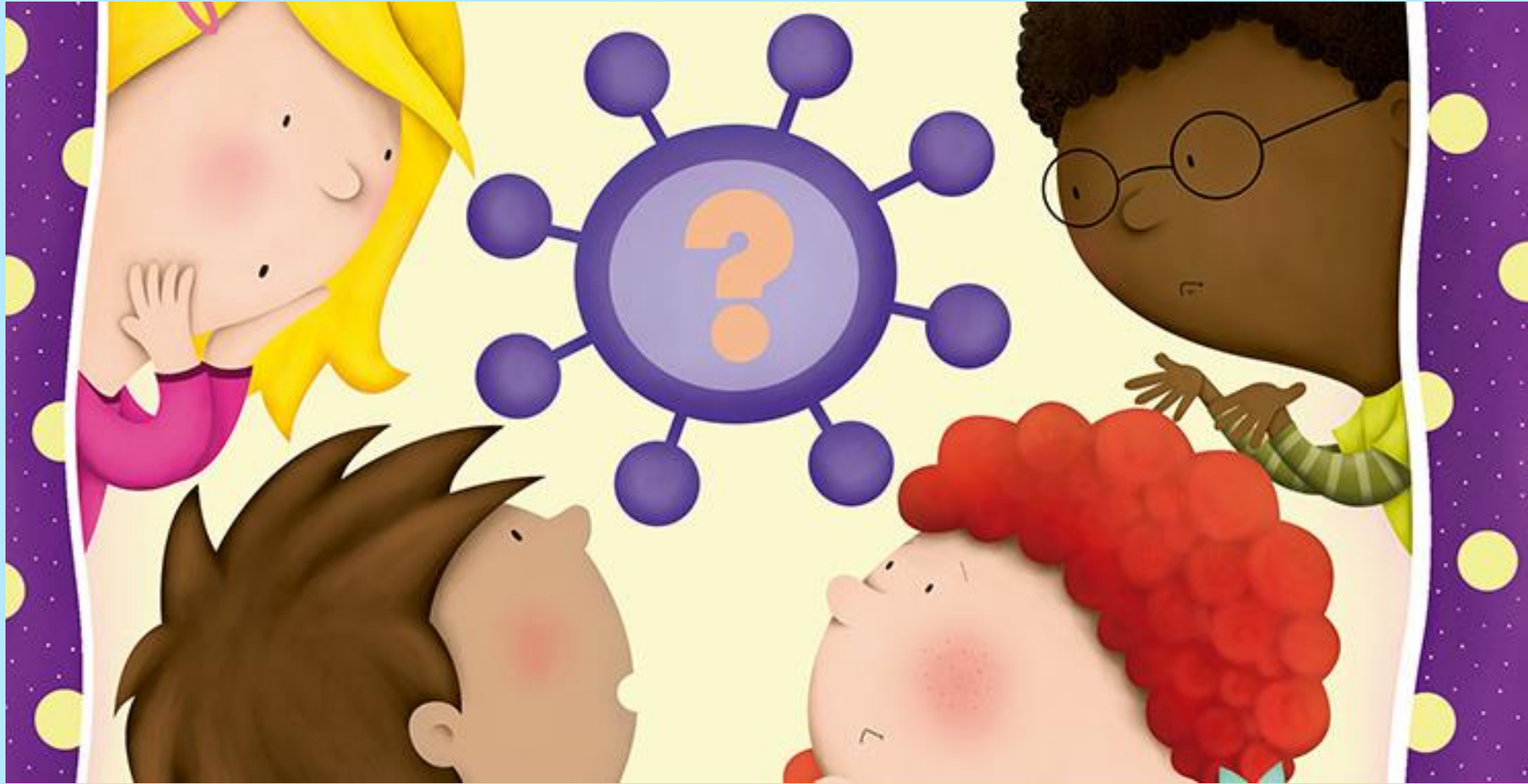
### Committee for Children

- global nonprofit offers parents How-to Guide on how to respond to disclosure to identifying signs of abuse

### World Childhood Foundation

- liaison between donors and community-based organizations and is currently supporting over 100 projects in 17 countries

# Questions?





# Learning Objectives

- Discuss the field of child abuse
- Define various types of child abuse
- Recognize physical abuse, sexual abuse, and human trafficking
- Review prevention of child abuse
- Discuss the role of the medical assistant in child abuse

# Child Abuse and Neglect

Child Abuse Prevention and Treatment Act (CAPTA), which was originally enacted by Congress in 1974, defines child abuse and neglect as, at a minimum:

“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.”

# Statistics

- At least 1 in 7 children have experienced child abuse and/or neglect
- 2019 - 1,840 children died of abuse and neglect in US
- 5 X higher in families with low socioeconomic status
- Total lifetime economic burden was approximately \$428 billion (2015)

# Child Abuse Pediatrics

Fairly new subspecialty recognized by American Board of Pediatrics (ABP) and American Academy of Pediatrics (AAP)

350 board-certified child abuse pediatricians in US



# Child Abuse Pediatricians

Doctors with special training, experience, and skills in evaluating, diagnosing, and treating children with suspected abuse or neglect

- Graduation from college and medical school
- Three or four years of residency training in medical care of children
- Three-year fellowship training in Child Abuse Pediatrics
- Child Abuse Pediatric Boards are administered by American Board of Pediatrics

# Role

- Gather history from parents and families
- Talk to children
- Examine children
- Review blood tests, x-rays, and other tests
- May order and review additional tests



# Evaluation

- Careful review all of details about child and why concern for abuse exists
- Speak with many professionals involved in care and protection of child
- Often, diagnosis is not abuse

# Important Points

- Child abuse pediatricians do not decide who has custody of child or which home the child lives in
- Child abuse pediatricians do not arrest people or determine who is “guilty”
- Child abuse pediatricians do not decide who is good or better parent/caregiver



# Types

- Physical Abuse
- Sexual Abuse
- Commercial Sexual Exploitation of Children
- Neglect
- Medical Child Abuse

# Image Warning



This presentation will show photos that may be indicative of abuse

# Physical Abuse

Characterized by physical injury resulting from hitting, punching, pinching, kicking, biting, burning, shaking, or otherwise harming a child

Injury is sometimes inflicted in course of physical punishment

From both legal and medical standpoint, intent of abuser (to inflict injury or not) is not relevant to diagnosis



<https://emedicine.medscape.com/article/800657-clinical#b4>





<https://emedicine.medscape.com/article/800657-clinical#b4>



<https://emedicine.medscape.com/article/800657-clinical#b4>



<https://emedicine.medscape.com/article/800657-clinical#b4>



# Case

3-year-old female admitted with acute transverse fracture of proximal left femur

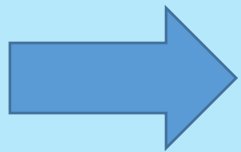
- Mother reported that patient and family dog were sleeping in living room, while mother and her boyfriend were playing video games in their room
- 11:30 PM - heard a "thud"
- Mother's boyfriend checked and found her laying between mattress and couch, calling out to dog, trying to crawl to dog
- He tried to stand her up and she fell
- Patient reportedly told them "I was jumping on the bed and fell"
- Felt her leg swelling and brought her to hospital

- 2 days prior to admission - patient reportedly fell off tricycle onto concrete
  - She was well later that night
  - Next day - “acting out” after visiting family members left because she was upset
  - Mother reported leg "bruised," "dark," and she "gets bruised easily”
- 

When asked mother about her eye injury (black eyes), she reported that she "got jumped" 1-2 weeks prior

Drinking; does not remember what happened; denied abusing alcohol

- Mother's boyfriend reported that patient was well during days prior to admission
- Recalled correcting her frequently because she forgot to say "sir" and "ma'am" when addressing others
- Initially did not report any falls, but later described bike accident
- Reported bruise on left cheek was from dog biting her

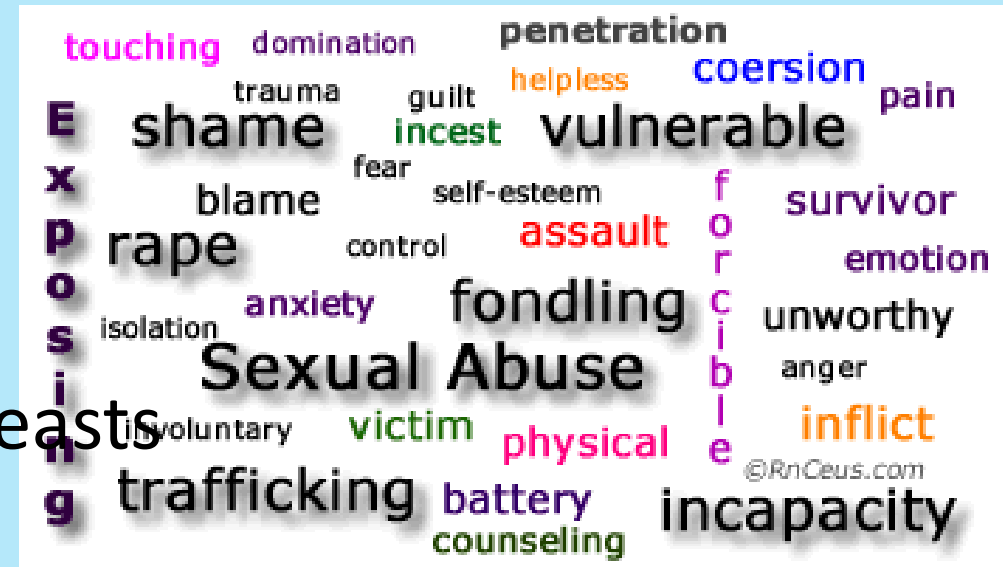


Inconsistent histories were provided to the ED staff



# Sexual Abuse

- Any nonconsensual sexual contact
- +/-penetration
- +/- contact of anogenital area or breasts
- +/- physical force
- Psychological coercion
- Impairment
- Unlawful sexual practices
- Pornography



Crawford-Jakubiak JE, Alderman EM, Leventhal JM, COMMITTEE ON CHILD ABUSE AND NEGLECT and COMMITTEE ON ADOLESCENCE. Care of the Adolescent After an Acute Sexual Assault. *Pediatrics*, 2017;139

[https://www.who.int/violence\\_injury\\_prevention/resources/publications/en/guidelines\\_chap7.pdf](https://www.who.int/violence_injury_prevention/resources/publications/en/guidelines_chap7.pdf)

# Features

Manipulation

Perpetrator is typically known

Grooming over many weeks or years with repeated episodes

## **GROOMING BEHAVIORS**

Before children are sexually abused, they are often groomed by abusers. Do you know the signs?

Special attention or gifts

Isolating the child from others

Filling needs and roles within the family



Treating the child as if he or she is older

Gradually crossing physical boundaries, even in public

**Learn the signs, stop the abuse.**

D2L.org/5Steps

# Disclosure

## Process

- Does not immediately follow incident in most cases

[https://www.who.int/violence\\_injury\\_prevention/resources/publications/en/guidelines\\_chap7.pdf](https://www.who.int/violence_injury_prevention/resources/publications/en/guidelines_chap7.pdf)



# Statistics

## The Fourth National Incidence Study on Child Abuse and Neglect

- 2006 - 1.8 children per 1000 (total of 135,300 children) victims of sexual abuse



## US Department of Justice

- 2011/2012 - 0.9 per 1000 persons 12 years and older victims of sexual assault (12-34 years of age - highest rate of sexual assault)

## CDC



Jenny C, Crawford-Jakubiak JE, and Committee on Child Abuse and Neglect. The Evaluation of Children in the Primary Care Setting When Sexual Abuse Is Suspected. *Pediatrics*, 2013; 132; e558

<https://www.cdc.gov/violenceprevention/childabuseandneglect/childsexualabuse.html>



# Case

10-year-old female presents with suspected sexual abuse

- Patient disclosed fondling
- Alleged perpetrator (AP) 34-year-old male roommate
- AP went into patient's bedroom at night, touched her body, including genital area
- Patient initially disclosed to two of her teachers
- AP no longer living in the home

Mother reported AP called patient's father, stating he has a lawyer because he has "not done anything"

AP advised father to tell patient to retract whatever she was saying because it is not true



# Commercial Sexual Exploitation of Children (CSEC)

Commercial transaction that involves sexual exploitation of child  
(prostitution of children; child pornography)

- May involve coercion and violence against children
- May involve offering sexual services of children for compensation

# Definition

Declaration of World Congress against CSEC (Stockholm, 1996)

“Sexual abuse by the adult and remuneration in cash or kind to the child or a third person or persons. The child is treated as a sexual object and as a commercial object”

Includes child sex tourism and other forms of transactional sex where child engages in sexual activities to have key needs fulfilled

- Food
- Shelter
- Access to education

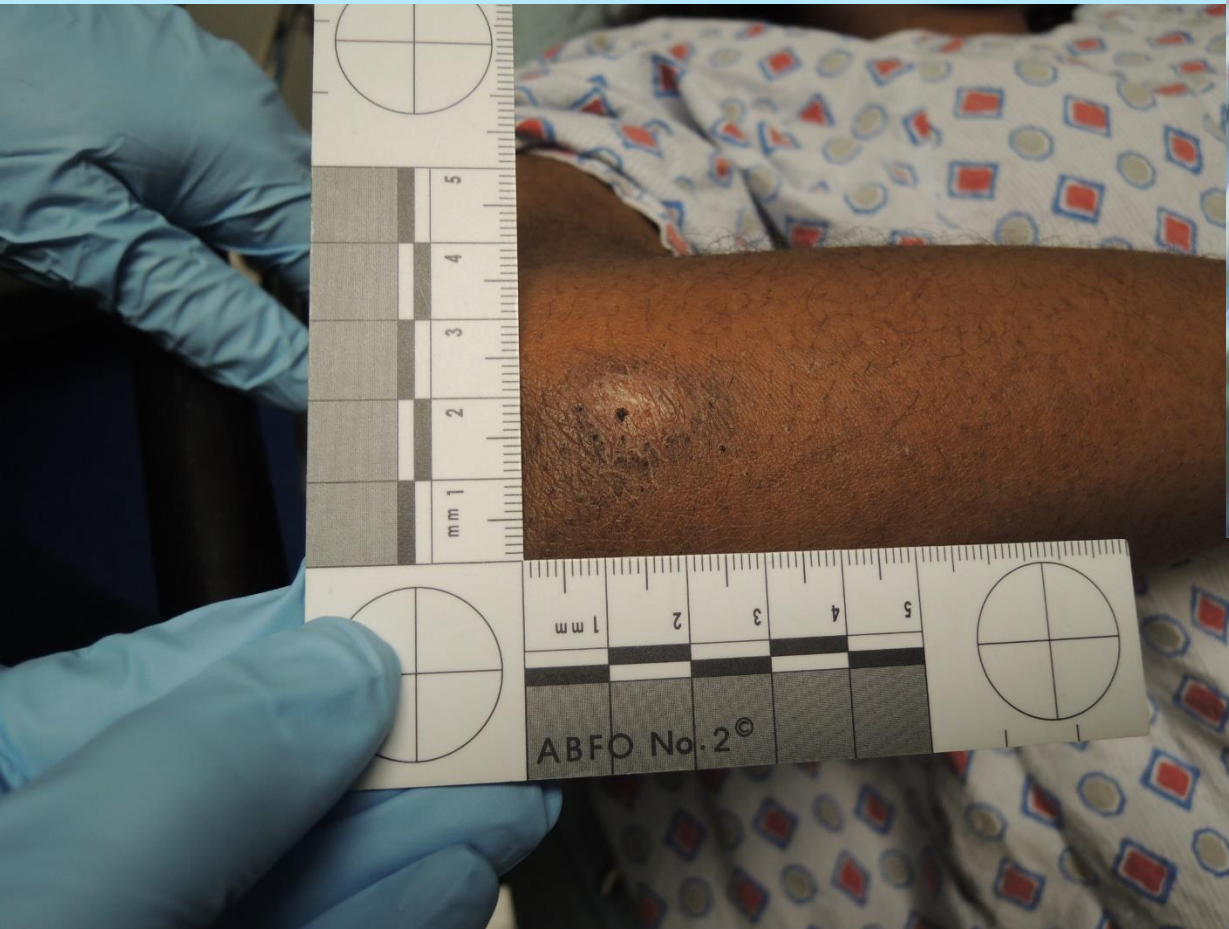
National Center for Missing and Exploited Children (NCMEC)

- 1 out of 5 girls and 1 out of 10 boys will be sexually exploited or abused before they become of age

# Case

16-year-old female presented to ED after she was found during an undercover police investigation/sting

- Patient reported that she learned she was being advertised for sex on underground online site
- 3 months prior - walking home and "hitched a ride" with a boyfriend/girlfriend couple
- Couple arranged for her to have sex at motels
- 3 "dates" every day for 3 months
- Disclosed oral sex, vaginal sex; denied anal sex
- Her family was actively looking for her



# Neglect

Acts of omission that often result in no clear injury

“The physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child’s welfare under circumstances which indicate that the child’s health or welfare is harmed or threatened.”

*US Government’s Child Abuse Prevention and Treatment Act*

Broader definition → when children’s basic needs are not adequately met

# Types of Neglect

- Physical
- Emotional
- Supervisory
- Educational
- Medical
- Dental









# Medical Child Abuse

Previously known as Munchausen-by-proxy

Involves complex dynamic of caregiver fabricating child's illness and then presenting persistently, often to an ED, for care

- Perpetrator is most often mother who appears very knowledgeable about child's condition
- Symptoms are often unusual and do not generally respond to treatment
- When children are brought repeatedly for care of unusual symptoms that do not respond to medical therapy, it is reasonable to consider this diagnosis and consult with child abuse pediatrician

# Case

5-year-old female (twin) with history of constipation presented with complaints of coughing and vomiting with feeds

- Extensive history of stooling difficulties
- Admitted one week prior and discharged few hours later for stooling problems that did not require cleanout
- Labs normal despite "dehydration" as concern for admission
- Mother returned to PMD with further concerns of decreased oral intake, weight loss, coughing/choking with feeds
- PMD spoke with GI to admit for further observation

## Per mother's report:

- Patient has only eaten 300 calories/day due to pain with eating for 2 weeks
- 5-pound weight loss in 2 weeks, though no weight loss documented from admission one week prior
- Coughs/gags and vomits with eating; symptoms also occur at nighttime
- EGD - 9 months of age and 22 months of age
  - Both resulted in 9 months of issues with swallowing and inability to manage secretions

Mother worried about repeating EGD, but also worried that she may have an "H-type fistula" based on recommendations from a doctor that she works with in an adult ED

## Mother's biggest concerns

- coughing/gagging with oral intake resulting in vomiting
- tired after eating
- weight loss

Mother was particularly concerned about stooling issues and colonoscopy one week prior to admission and did not mention these symptoms or concerns during this admission

Patient does not complain of pain

GI PA witnessed meal -- broccoli, cantaloupe, pineapple, strawberries, grilled chicken, juice

ate entire meal without difficulty, few coughs close to end of meal, no vomiting

Swallow study → aspiration on thins, though clinically without evidence of coughing or choking, no respiratory issues

Nutritionist evaluation → recommended high calorie diet

Mother refused high calorie options (red meat, milk products, soy, fried foods)

Child Abuse Pediatricians became involved when mother continued to be an obstacle to patient's care

Behaviors were witnessed by staff, raising concerns that mother was inducing vomiting in patient



# Video Surveillance

- Mother told her not to eat
- Mother told her that this won't continue at home
- Blowing in mouth to distend abdomen
- Spilling liquids on sheets and claiming that patient vomited

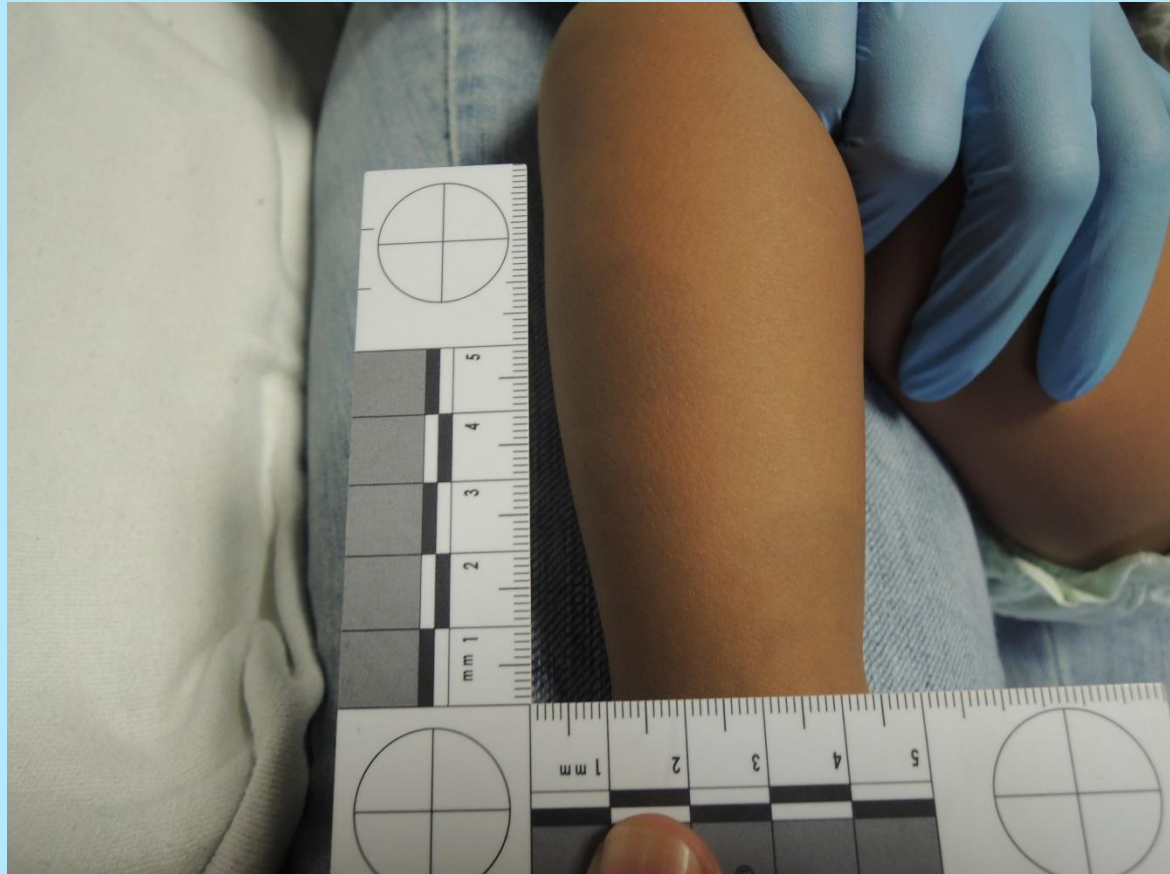


Mother was arrested

Patient significantly improved, stooling daily, eating/drinking high calorie foods, weight trending up, no vomiting

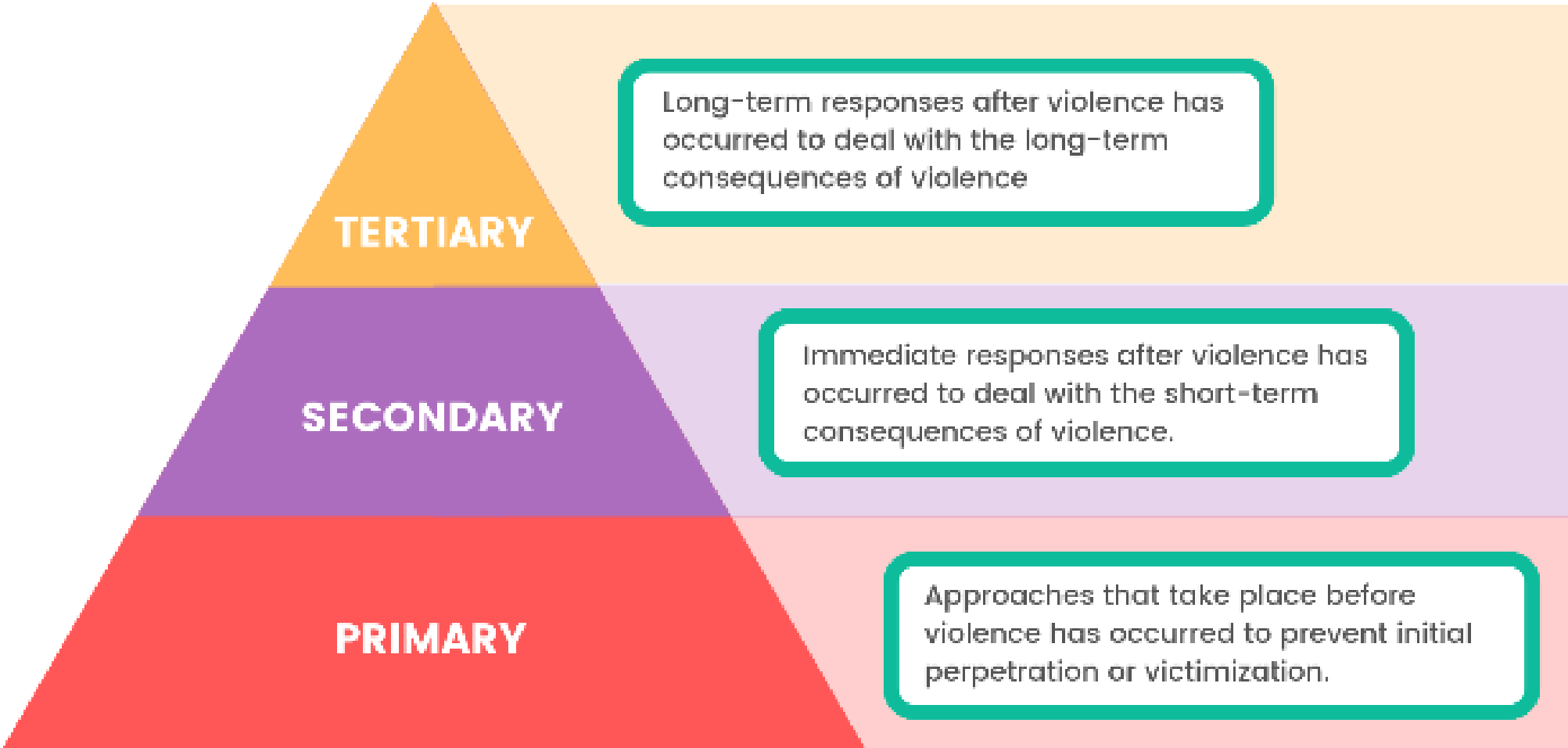
Medications stopped

# Mimickers and Accidents



# Prevention

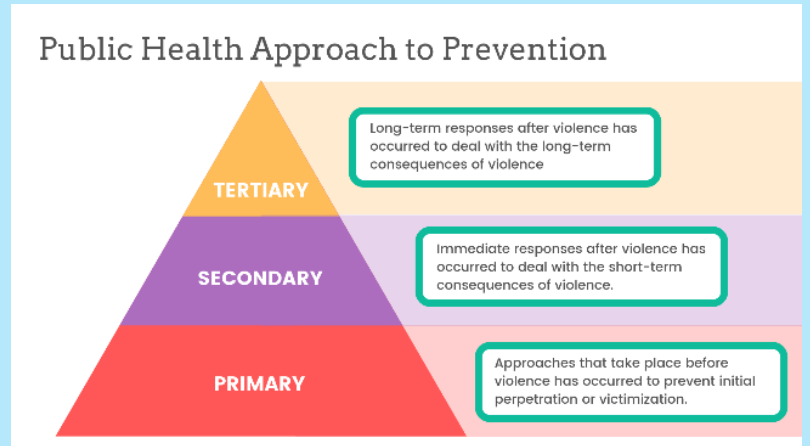
## Public Health Approach to Prevention



# Primary Prevention

Approach before abuse has occurred

- Educating about normal development, healthy relationships
- Identifying stressors, unsafe situations
- Teaching how to respond, how to report suspicious activity
- Creating protective policies at organizational level

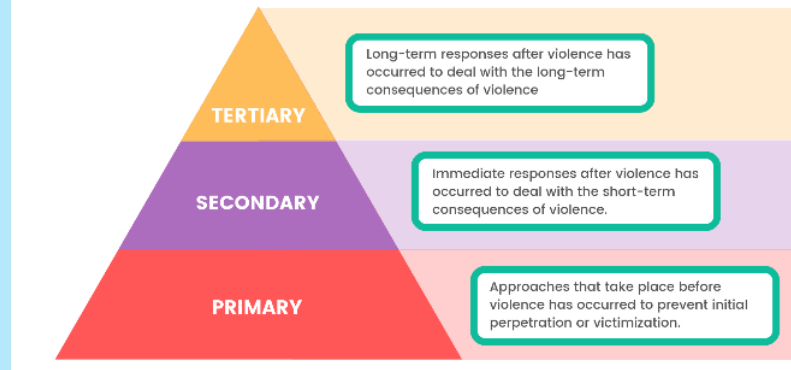


# Secondary Prevention

Immediate response after abuse has occurred  
Reducing potential short-term effects of abuse

- Teaching responders how to screen and what to do if they suspect abuse
- Increasing awareness about services available
- Reducing miseducation about physical abuse and stigma surrounding talking about sexual abuse
- History of multiple concerning visits and diagnosis of recurrent sexually transmitted infections (STIs)
- Adolescent pregnancy
- Depression
- Academic underachievement

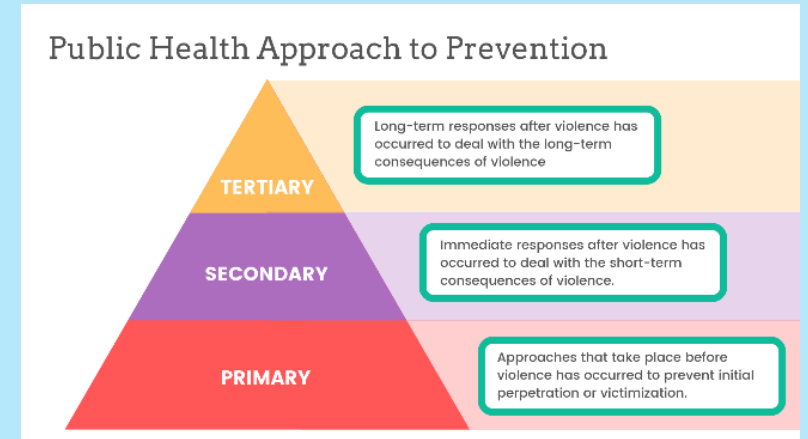
## Public Health Approach to Prevention



# Tertiary Prevention


Long-term response after abuse has occurred

- Taking steps to reduce recurrence
- Make a “warm referral” if disclosure of sexual abuse occurs - connecting with an advocate in person, by phone, or by virtual visit (rather than handing out hotline number)
- Preventing long-term problems (mental health consequences)
- Working with offenders



# Medical Assistant

- Taking medical histories
- Preparing patients for examinations
- Assisting the physician during examinations
- Wound care and changing dressings
- Welcoming patients
- Handling correspondence, billing, and bookkeeping
- Helping patients feel at ease in the physician's office and often explain the physician's instructions



## Duties of Medical Assistant

- *Preparing Treatment and Examination Rooms For Patients*
- *Getting Patients Ready For Examinations, Treatments and Procedures*
- *Assisting With Examinations and Routine Procedures, Including Minor Surgery*
- *Taking Blood Samples and Specimens, Dressing Wounds and Recording Vital Signs*
- *Performing Routine Lab Tests*
- *Aseptic Technique and Infection Control*
- *Sterilization of Equipment*
- *Administering Medications*
- *Performing Some Administrative Duties, For Example Arranging Lab Work and Prescriptions or Filing Patient Records*

PPT Designs | Slide Designs

This slide is 100% editable. Adapt it to your needs and capture your audience's attention.

# Role in COVID-19

Health professionals partner together to support emotional and behavioral health of children, adolescents, and families during this public health crisis



# Role in Child Abuse

- Recognize and respond to ongoing maltreatment
- Assess caregivers' strengths and deficits
- Observe parenting practices during visits

# Patient encounter

- Observation
- Documentation
- Communication
- Reporting



# Mandated Reporting (FL)

Every individual is considered mandated reporter of child abuse

Any individual suspecting abuse is bound by law to report it

May report anonymously unless professional

- doctors
- nurses
- hospital personnel
- licensed therapists and counselors
- teachers and other school personnel
- social workers
- daycare center workers
- foster care, residential, or institutional workers
- law enforcement officers
- judges

All reports are confidential (name of reporter may not be released)

All reports must be made to the central abuse hotline



# References for Florida

Florida Statute 39.201

[http://www.leg.state.fl.us/Statutes/index.cfm?App\\_mode=Display\\_Statute&URL=0000-0099/0039/0039.html](http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0000-0099/0039/0039.html)

Florida Council Against Sexual Violence

<https://www.fcasv.org/child-sexual-abuse/home>

# Services

- Department of Health's Child Protection Teams (CPTs)
- Department of Children and Families (DCF)
- Diagnostic medical evaluation
- Medical consultation
- Family psychosocial interviews
- Forensic interviews
- Children's Advocacy Centers (CACs)
  - community-based, child-focused/friendly facility with multidisciplinary team (MDT)
- Local certified sexual assault programs (rape crisis center, SANE program)

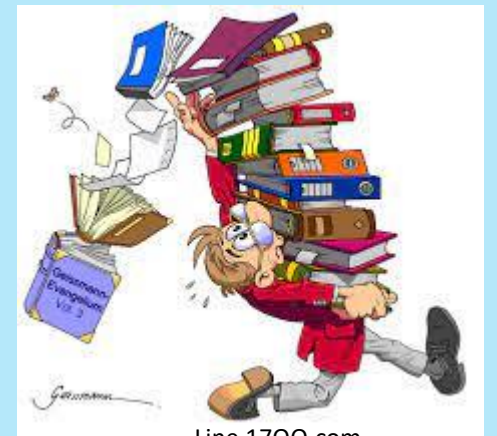
# Ways to Report

- Telephone: 1-800-96ABUSE/1-800-962-2873
- TDD (Telecommunications Device for the Deaf): 1- 800-453-5145
- Fax: 1-800-914-0004
- Online: <http://reportabuse.dcf.state.fl.us>



# Take Home Points

- COVID-19 has impacted children and adolescents on many levels
- Be aware of concerning signs and symptoms in patients, especially related to suicide
- There are various strategies to cope with the pandemic and multiple resources available to patients and families
- Child abuse presents in many forms and is preventable
- Medical assistants play a key role in identifying and reporting child abuse





"The labs are back."



# THANK YOU!



# Contact Information

[andreazali7@gmail.com](mailto:andreazali7@gmail.com)

# Questions?

