Child Abuse and Non-Accidental Trauma (NAT)

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We have a problem here.



New report: NM among nation's worst in child abuse, maltreatment

BY DAN MCKAY / JOURNAL STAFF WRITER PUBLISHED: WEDNESDAY, SEPTEMBER 29TH, 2021 AT 5:58PM UPDATED: WEDNESDAY, SEPTEMBER 29TH, 2021 AT 10:12PM

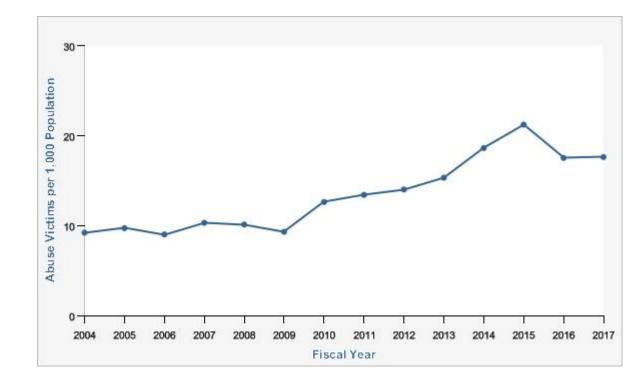


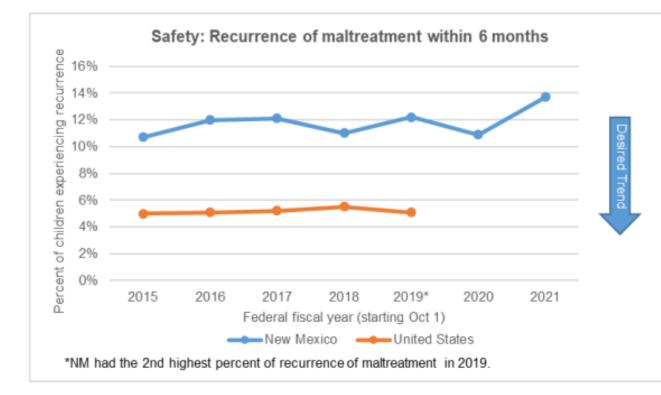
Table 1. Child Maltreatment Victimization Rate Per 1,000 Children									
	2015	2016	2017	2018	2019	2020*	2021*		
New Mexico	17.4	15.2	17.6	16.7	16.9*	15.1	14.3		
United States	9.2	9.1	9.1	9.2	8.9	N/A	N/A		

NM Child Abuse rates are twice the national average

*NM had the 6th highest maltreatment rate in the nation in 2019.

+State fiscal years (Jul-June) whereas 2015-2019 are federal fiscal years (Oct-Sep) Source: ACF and CYFD

Child Fatality Secondary To Abuse **DOUBLED** in 2020



i atant	y Rate	Per 1,0	00 Chil	dren	
2015	2016	2017	2018	2019	2020
2.8	2.2	3.3	2.5	2.3	4.8
2.2	2.3	2.3	2.4	2.5	N/A
	2015 2.8	2015 2016 2.8 2.2	2015 2016 2017 2.8 2.2 3.3	2015 2016 2017 2018 2.8 2.2 3.3 2.5	201520162017201820192.82.23.32.52.3

Source: ACF HHS Child Maltreatment Reports and CYFD ACF Submissions

Federal Child Abuse and Treatment Act

- 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
- An act or failure to act which presents an imminent risk of serious harm

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definition [def-uh-nish-uh n]

noun

- 1. the act of defining, or of making something definite, distinct, or clear.
- 2. the formal statement of the meaning or significance of a word, phrase, idiom, etc., as found in dictionaries.
- 3. the condition of being definite, distinct, or clearly outlined.

tics. sharpness of the image formed by ap

* Television. the accuracy of

Duty To Report

EMS Providers in NM (and ALL adults) are mandated reporters of suspected child abuse or neglect



Contact APD or notify hospital staff on patient hand-off, or directly report

Albuquerque/Bernalillo County EMS

- Cover Page
- Introduction
- 2022 Guideline Updates
- First Responder Protocols
- Adult Protocols
- Pediatric Protocols
- Miscellaneous Protocols
- Procedures
- Formulary
- Special Skills
- Transport / Transfer of Care / Patient Destination
- CPR Section
- Appendices
- References
- 2021-2022 UNM EMS Consortium
- Clinical Considerations with Capnography
- <u>Community Resource Numbers</u>
- Crisis Resources
- ECMO Inclusion / Exclusion Criteria
- Opiate Treatment Programs
- Staging for Structure Fires Blue Card
- Vasopressors



Community Resource Numbers

NOTE: Any of these shelters may close temporarily to new guests due to COVID-19 and/or may require COVID test before stay

All resources: <u>ABQcrg.org</u> (ABQ Coordinated Resource Guide)

Other Crisis Hotlines/Helplines

Poison Center/Medication Info 1-800-222-1222
NMCAL Crisis Line 24/7 (therapist) 1-855-662-7474
NMCAL Warm Line (peer support) 1-855-466-7100
Call 3:30-11:30 pm 7 days/week; or text 6-11 pm
(Download NMConnect app for easy access to NMCAL)
National Suicide Prevention Hotline 1-800-273-8255
Vetorans Crisis Line 1-800-273-8255, x1
Adult Abuse/Neglect Hotline 505-476-4912
Child Abuse/Neglect Hotline (CYFD)1-855-333-SAFE(7233)
ABQ Dept. of Senior Affairs info line 505-764-6400
ABQ Dept. of Senior Analys info line

Risk Factors

Parental Risk Factors

- Financial stress
- Domestic violence
- Substance abuse
- Single parenthood
- Social isolation, lack of support
- Parental psychiatric illness

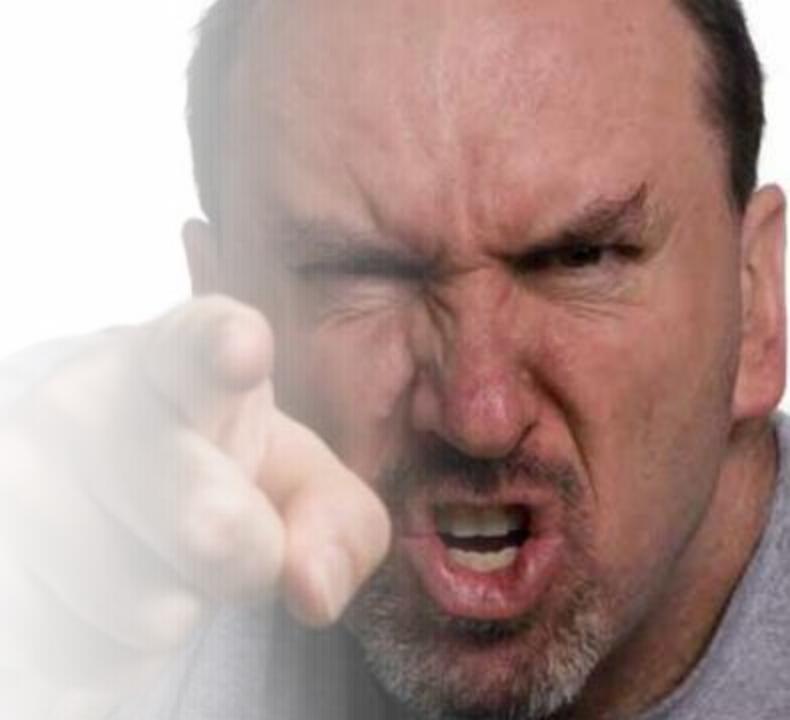
Child Risk Factors

- Age < 3
- Congenital anomalies/chronic illness
- Prematurity
- Developmental delays



Common Triggers For Serious Abuse

- Crying (58%)
- Toilet training
- Feeding problems
- Interrupting



UNM is the only hospital in New Mexico with certified child abuse experts and level 1 trauma care

 CART evaluates about 300-400 child abuse cases annually in the hospital; also have an outpatient clinic



Look for warning signs on your physical exam



Bruising – Most Common Finding

- Can have significant underlying injury
- Central location
- Patterns



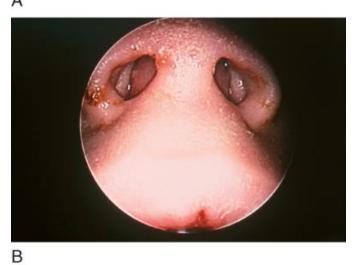


3 month old presented with fever and stuffy nose

Found to have:

- Multiple bruises
- Lip laceration
- Broken nose with septal abscess
- Several old long bone fractures
- Occipital skull fracture
- Subdural hematoma





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Exam findings may be subtle and can be associated with significant underlying injury!



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Be sure to completely expose children during your exam

Torso Ears Neck years or younger - where we are the stand of the stand with

Any bruising anywhere if the baby is not yet pulling up or taking steps



Torso

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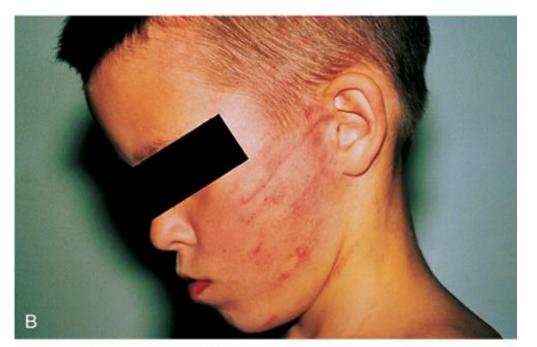


Ears



Signs of strangulation on the neck with small petechial hemorrhages

Hand Imprints



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Patterned bruising from belt buckles







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Contact Burns

Contact Burns



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Scalding/ Immersion



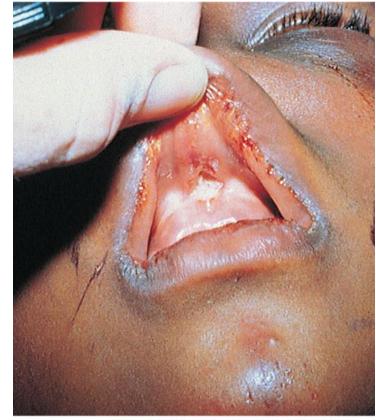
Document and report what you find on scene to collaborate the story!

Accidental Scalds



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Oral Injuries



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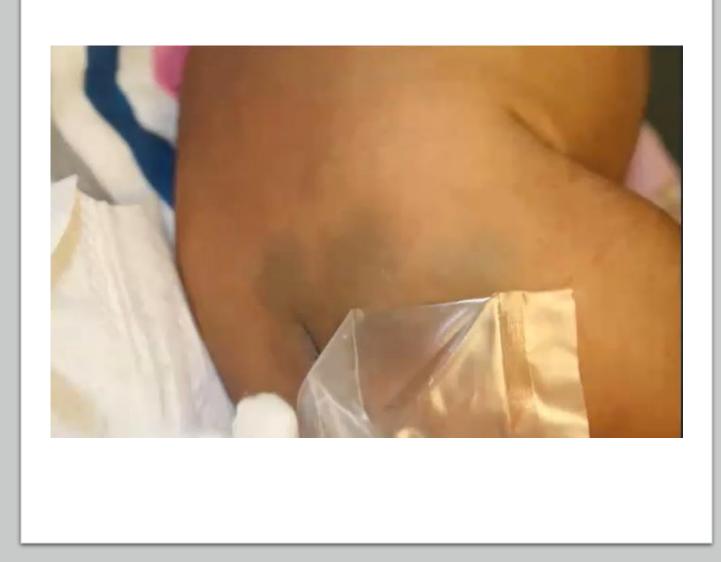
 Feeding difficulty, choking, gagging, bleeding

• Direct blow

Forceful insertion of object

Bruising Mimic!

- Slate gray macules (Mongolian Spots)
- Often located:
 - Back
 - Buttocks
 - Wrists
 - Ankles
- Do not change over time
- Common in persons of color



Closed Head Injuries from shaking or blunt force

- Inconsolable crying
- Altered mental status
- Seizures
- Vomiting







Fentanyl is a HUGE problem

Consider giving Narcan to ANY child who is not acting right



Note to Self: Pay Attention

Be suspicious

Get a good history

Do a thorough exam

Pay attention to surroundings

Evaluate the story

MILESTONES MATTER: LET'S TALK ABOUT THEM!



5 Key points for evaluation

Is the baby fussy, appear to have pain with exam

Do the injuries

match the story

Abnormal bruising patterns

Does the story

match the

developmental

stage

Delayed presentation



Mandatory reporting

Involve police early as needed

Transport to the hospital

Communicate any concern at hand off

Excellent documentation

