

# A retrospective review of child abuse in children less than 3 years of age



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# Disclosures

- We have no conflict of interest or financial to disclose related to this presentation.

# Background

- Non-accidental trauma remains a significant public health issue
- Consequences of missed opportunities can be fatal
- National screening guidelines do exist
- Data exists that adherence to guidelines is variable and potentially biased

# Guideline Comparison

## AAP

Provides information and recommendations to help guide the provider in identifying potential abusive injuries in children; however ultimately leaves the decision to screen for abuse up to the individual.

## AAOS

Children younger than thirty-six months, with a diaphyseal femur fracture, should be evaluated for child abuse

# Guideline Comparison

**WOOD et al.**

- Multi-disciplinary expert consensus
- Defines injuries based on age
- Screening without bias
- Accounts for injuries in ambulating/cruising children

# Purpose

Compare the screening patterns of children, that presented to our institution with fractures, to the recommendations of these three nationally recognized guidelines

# Methods

- Retrospective review of the registry from our Level 1 Pediatric Trauma Center
- Children  $\leq 3$  years, evaluated for isolated orthopaedic fractures in 2014
  - $\leq 2$  years with any fracture
  - Between 2-3 years with a femur fracture
- Performance of skeletal survey was recorded as a marker of screening

# Demographics

	<b>N = 269</b>
<b>Age (mean)</b>	16 months
<b>Gender</b>	
Male	126 (46.8)
Female	143 (53.2)
<b>Race</b>	
White	176 (65.7)
African American	50 (18.7)
Other	42 (15.7)
<b>Insurance Status</b>	
Government	123 (45.7)
Private	146 (54.3)

# Screening Compliance

	AAP	AAOS	Wood
Eligible Patients	269	13	52
Screened	28 (10.4)	9 (69.2)	28 (53.8)
Not Screened	241 (89.6)	4 (30.8)	24 (46.2)

# Screened/Unscreened

	Screened	Not Screened
Gender		
Male	12 (42.9)	11 (32.4)
Female	16 (57.1)	23 (67.7)
Race		
White	15 (53.6)	24 (70.6)
African American	8 (28.6)	2 (5.9)
Other	5 (17.9)	8 (23.5)
Insurance Status		
Government	17 (60.7)	13 (38.2)
Private	11 (39.3)	21 (61.8)

# In Conclusion...

- According to the AAP guideline we

**A single, well-defined  
screening guideline is  
recommended**

- Inconsistent application led to disparate screening patterns

# What Now...

- Create a uniform guideline for use in Emergency/Urgent Care Departments (PTS)
- Conduct a multicenter, prospective study of this guideline to determine how to achieve optimal results
- Collect injury data from outside facilities (non-child abuse centers) to determine appropriate follow up care
- Creation of a database (based on area/national) of noted suspicion
- Develop guideline for out-patient department screening

# Questions....



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# References

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