Child abuse and the pediatric surgeon:
A position statement from the Trauma Committee, the Board of Governors and the Membership of the American Pediatric Surgical Association

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Child Maltreatment:
Public Health Definition

• Center of Disease Control:

acts of **commission**
  • deliberate or intentional inflicted injury referred to as
    child abuse [formerly NAT]

or

acts of **omission**
  • failure to provide for a child's needs resulting in harm or
    injury (neglect)
Child Maltreatment: Legal Definition

• **The Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 100–294)**
  (amended by the CAPTA Reauthorization Act of 2010 [P.L. 111-320])

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
2016
Child Maltreatment Statistics
U.S. Department of HEALTH AND HUMAN SERVICES

4.2 million reports of suspected child maltreatment

676,000 (17.2%) classified as victims of abuse
  • 9 victims per 1000 children
  • 25 victims per 1000 children age < 1yr

1750 fatalities (2.36 per 100,000 children)
  • 70% all fatalities were < 3 yrs old
  • 3 x fatality rate in children < 1 yrs

$124 billion total lifetime cost of child abuse and neglect per year

Fatalities based on race
  • White 45%
  • African American 28.5%
  • Hispanic 13.8%

78% involved the parents

30% of fatalities had at least 1 prior CPS report
Position statements in child abuse supported by American Pediatric Surgical Association:

1. APSA endorses the concept of child physical abuse as a **traumatic disease** that justifies the **resource utilization** of a trauma system to assess, stabilize and manage this patient population in a **standardized** fashion including **evaluation by pediatric surgeons**

- Perform complete primary, secondary and tertiary evaluation
2. APSA encourages the **admission** of a suspected child physical abuse patient **to a surgical trauma service** because of the potential for **polytrauma** and increased severity of injury and to provide reliable **coordination of services**, including mandatory reporting to CPS.

child abuse = trauma

- higher ISS scores
- prolonged ICU stay
- prolonged hospitalization
- craniotomy
- exploratory laparotomy
- increased mortality (Head Injury)
3. APSA recognizes the need for pediatric surgeons to participate in a **multidisciplinary team** and to be involved in the screening, evaluation, and management of patients with suspected child physical abuse at their respective hospitals

- Pediatric Surgeon works as the *coordinator* of care
- trauma system, social workers, CPS, law enforcement, EMS, fire responders
- child abuse pediatricians
- multidisciplinary surgical specialists (polytrauma)
- therapy and rehab services (long-term disabilities)
4. APSA endorses the requirement for the **creation of a child abuse team** for the Children's Surgery Verification Program as outlined in The Optimal Resources for Children's Surgical Care

Recommendations:

- multidisciplinary child protection team: including pediatric surgeons
- helps standardize protocols
- meet periodically
- performance improvement
- full-time availability of child abuse team
5. APSA endorses the requirement for the **systematic evaluation** of child physical abuse and **admission to a surgical service** of acutely injured children for **Level I or Level II Pediatric Trauma Centers** as outlined in Resources for Optimal Care of the Injured Patient.
6. APSA recognizes that if a **pediatric surgeon has a reasonable suspicion** that a child has been abused, a **report to CPS** for further investigation is **mandated by law**

If a pediatric surgeon is suspicious that the patient was maltreated, **transferring** the child to another physician or facility for medical care **does not relieve** the pediatric surgeon of his or her **responsibility as a mandated reporter** of suspected abuse

- **APSA advocates for increased resources for CPS**
7. APSA recommends the implementation of a **standardized tool to screen** for child physical abuse at all Trauma verified or designated hospitals and Children's Surgery verified hospitals.

APSA supports **universal application** of the screening tool regardless of socio-economic, racial, ethnic, or gender status.

**Sentinel injuries:**

- poorly explained minor injuries that are suspicious of physical abuse
- opportunity to intervene before abuse escalates
- only 42% sentinel injuries were identified by medical providers in a hospital-based setting

**Ex:**

- patterned burns
- any fracture in a non-ambulatory child
- bruising in a non-ambulatory child
- bruising TEN-4 (torso, ears, neck in child < 4y)
- torn frenulum
- ICH without skull fracture
8. APSA supports the concept of **accrual of data** on child physical abuse screening and diagnosis as defined by the Centers for Disease Control and Prevention into a **trauma registry** and **reporting to the National Trauma Databank and TQIP-P** for benchmarking purposes and quality improvement.
9. APSA recognizes the existence of abusive head trauma (AHT) as sequelae of child physical abuse which can result in often permanent and significant brain damage and understands that pediatric surgeons are frontline providers caring for this group of injured infants and children.

AHT

- subdural hemorrhages
- multilayered retinal hemorrhages
- cerebral edema
Prevention

• standardized screening

• strategies aimed
  • risk factors prior to occurrence of child abuse
  • prevent reoccurrence