

EMERGENCY MEDICAL SERVICES & CHILD MALTREATMENT

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Objectives

- ◆ Learners will detail the overall incidence and types of child abuse in the US
- ◆ Learners will describe the signs, symptoms, and red flags of potential abusive situations that they may come into contact with when treating children
- ◆ Learners will describe their legal obligation and process for reporting child abuse

EMS & The Pediatric Patient

- ◆ Absence of nationally representative data describing peds pts who use EMS and factors associated with EMS use by children
- ◆ Children account for ~4-10% of all EMS contact
- ◆ Use EMS as mode of transport 5-7% of time

Shah, Cushman, Davis, Bazarian, Auinger, & Friedman (2008).

EMS & The Pediatric Patient

- ◆ Low utilization rate but more complaints r/t injury & poisoning
- ◆ Admit rates up to 26% when arriving by EMS
 - ◆ 3xs greater than arrival by other means

Shah, Cushman, Davis, Bazarian, Auinger, & Friedman (2008).

Challenges for EMS

- ◆ Experience with caring for pediatric patients
- ◆ Assessment challenges
- ◆ Limited amount of time and intervention
- ◆ Frequently chaotic environment
- ◆ Nature of illness/injury

Transporting Criteria/Thresholds

- ◆ Medically unnecessary emergency medical services transports among children ages 0-17 years
 - ◆ (Patterson, Baxley, Probst, Hussey, & Moore, 2006)
- ◆ How do you define medically unnecessary especially within the context of child maltreatment???

Incidence of Child Maltreatment in the U.S.

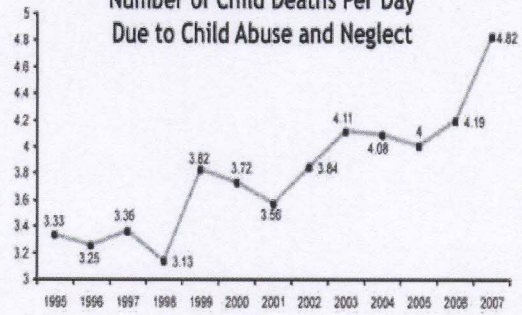
- ◆ 3.2 million CPS investigations in 2007
- ◆ 5.2 million children involved
- ◆ 794,000 cases substantiated for abuse or neglect

- ◆ 59% neglect
- ◆ 10.8% physical abuse
- ◆ 7.6% sexual abuse
- ◆ 4.2% emotional/psychological abuse

- ◆ 1760 deaths

Child Maltreatment 2007: <http://www.acf.hhs.gov/programs/cb/pubs/cm07/cm07.pdf>

Number of Child Deaths Per Day Due to Child Abuse and Neglect



<http://www.childhelp.org/resources/learning-center/statistics>

NC Statistics

FY07_08	National	North Carolina
#Reports	3.2 million	72094
Substantiations	*794,000	*12,420
	*Reflects total abuse & neglect numbers	*Reflects total abuse, neglect & dependency numbers

Why Is Abuse Bad?

- ◆ Injuries (Physical, Emotional)
- ◆ Death

- ◆ Impacts normal growth & development
- ◆ Medical & Mental Health outcomes
- ◆ Substance abuse
- ◆ Crime
- ◆ Cycles of abuse

What Happens If We Miss Abuse?

- 35% will be re-abused

- 10-15% of these will die

How well do we recognize & report abuse?

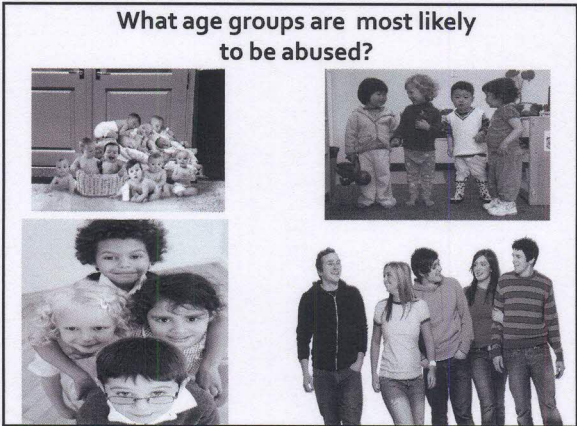
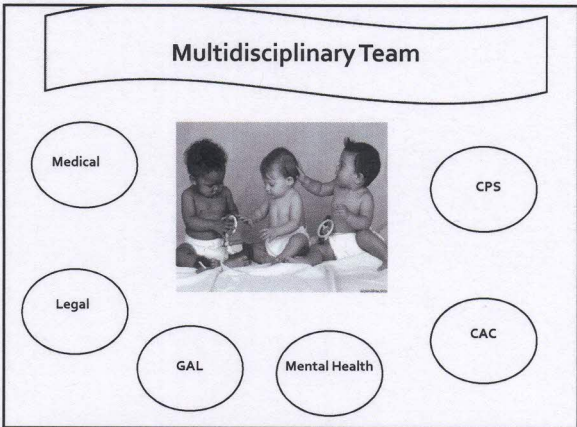
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- ◆ Study: Many doctors don't report child abuse suspicions
- ◆ More than 25% fail to notify CPS with concerns
- ◆ "Study of 15,003 child-injury visits to doctors in more than 40 states highlighted a disparity between doctors' suspicions and their willingness to contact local authorities"

- ◆ A Lowell boy died in 2008 despite his pediatrician documenting her concerns multiple times in the months leading up to his death, Indiana Department of Child Services records show. The doctor of 18-month-old Anthony Mogan never shared her worries with authorities.
- ◆ Anthony died of blunt force trauma injuries in October 2008, three months after his pediatrician treated the first signs of suspected abuse.

- Flaherty, E., et al. (2008). From suspicion of physical child abuse to reporting: Primary care clinician decision-making. *Pediatrics*, 122(3).**
- ◆ Clinicians did not report 27% of injuries considered likely or very likely caused by **child abuse** and 76% of injuries considered possibly caused by **child abuse**

- ### Why Don't We Report?
- ◆ an uncertainty as to whether the injuries are abuse-related
 - ◆ a lack of faith in child protective agencies' ability to stop abuse
 - ◆ a fear the state agency will take children away from their parents
 - ◆ a hesitation to get involved in a potential legal process



- ### “RED FLAGS” FOR ABUSE
- History changes
 - No history available
 - Verbal child recants
 - Injury self-inflicted
 - Developmentally impossible
 - Caretaker doesn't come with child to doctor
 - Delay in seeking care
 - Injury blamed on sibling
 - Prior history of inflicted/suspicious injury
 - Prior CPS case
 - DV/substance abuse

