Cognitive aid tool for the use in the PED

Detecting and reporting child abuse in the ED to prevent further harm!

1. Screening questions (adapted after the ESCAPE instrument)[1]

A "no" answer to any of the following questions should trigger collection of more information and prompt notification of the child protection services.

- Is the history consistent (taken by at least 2 assessors)?
- Are findings of the head-to-toe examination in accordance with the history?
- Is the injury compatible with the child's developmental stage?
- Was seeking medical help unnecessarily delayed?
- Is the behavior/interaction of the child and his/her carers appropriate?
- Are there other signals that make you doubt the safety of the child/other family members?

2. Alarming clinical/behavioral findings of abuse/neglect within the context of the history[2]

- Intraoral injuries, bruising in pre-cruising child without adequate explanation ("no cruising, no bruising")
- Fractures in infants/toddlers < first birthday (esp. femur/long bone fracture, rip fracture), complex skull fractures with a drop height <1m, metaphyseal fractures, fractures of different age/ multiple fractures by alleged simple trauma
- Subdural hematoma, especially in combination with retinal hemorrhage, scald burns on hands, feet, and urogenital area

Neglect:

 Poor standard of hygiene (child persistently smelly/dirty), insufficient provision of food, unsafe living environment), persistent infections (scabies, headlice) or tooth decay, inappropriate clothing, or footwear

Abuse/neglect:

- Marked change in behavior or emotional state (e.g., nightmares, extreme distress, becoming withdrawn, substance/alcohol misuse, self-harm, eating disorder, suicidal behavior, bullying or being bullied, indiscriminate, coercive, or precocious sexual behavior), social isolation, exclusion

Family findings:

- Failure to seek medical attention or follow up appointments or failure to administer treatment essential to the child's well-being (e.g., immunization, screening, developmental follow-up)
- Harmful parent-child interaction (e.g., negativity toward child, rejection/scapegoating of child, inappropriate threats, or methods of disciplining, using child for relational/marital conflicts

3. Child factors that increase vulnerability to child abuse and neglect

Socio-economic factors

 Disability/chronic illness of the child, less disclosure of sexual exploitation by boys, younger age, extreme prematurity, crying infant, child with persistent sleep or eating problems, identifying as, or being identified as lesbian, gay, bisexual or transgender

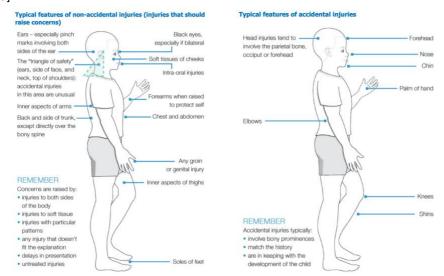
4. Family factors that increase vulnerability to child abuse and neglect

- Substance misuse, history of domestic/family violence, anger management issues, mental health issues impairing parenting, adverse childhood experience
- Financial difficulties, unwanted pregnancy, young maternal age, parental delinquency

Family factors that increase the risk for recurring child abuse

- ≥1 previous episode of child abuse, parental non-engagement with services, substance abuse, chronic parental stress, parent experienced abuse/neglect as a child

5. Typical locations for accidental and non-accidental injuries (Reproduced with permission from Harris et al.[3]



We recommend the TEN-4-FACESp tool as an additional, validated resource for use in children under 4 years of age[4].

6. Suggested questions when approaching the child and his/her family for suspected child abuse**Preparation of the conversation: Use non-leading, open questions in a quiet and private atmosphere, avoid discussing stressful topics in the presence of the child, listen without condemning and describe your findings as objectively as possible (e.g., size and colour of haematoma instead of estimated age)

**Introduction: "We routinely ask standard questions with this type of injury and may notify child protection services, if appropriate." "We routinely involve child protection services with this kind of injury at this age."

Example questions (child/adolescent):

- Can you tell us what happened?
- Who is looking after your child/you and how often? Who does your child/do you live with?
- Is your child crying a lot/not sleeping/refusing to feed/eat? How does that feel for you? Have you ever felt overwhelmed by such a situation? Do you have someone to talk to or ask for help?
- Is your child/are you safe at home? Is your child/are you threatened by someone (at /out of home)?
- Do you/does someone in the household intake alcohol or drugs?
- Are there mental health issues in the family? Do conflicts occur often at home?
- Please describe your/you parents' relational status (separation or divorce situation)? How is your child/are you affected by this situation?

You may insert here: Contact details of local child protection services, link to hospital CAN reporting policy

References

- [1] E. C. F. M. Louwers *et al.*, "Accuracy of a screening instrument to identify potential child abuse in emergency departments," *Child Abuse Negl.*, vol. 38, no. 7, pp. 1275–1281, Jul. 2014, doi: 10.1016/j.chiabu.2013.11.005. [Online]. Available: https://linkinghub.elsevier.com/retrieve/pii/S014521341300344X. [Accessed: Feb. 10, 2022]
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- [4] M. C. Pierce et al., "Validation of a Clinical Decision Rule to Predict Abuse in Young Children Based on Bruising Characteristics," JAMA Netw. Open, vol. 4, no. 4, p. e215832, Apr. 2021, doi: 10.1001/jamanetworkopen.2021.5832. [Online]. Available: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2778559. [Accessed: Jul. 15, 2022]