

---

# Child Maltreatment

---



**Riley Hospital for Children**  
Indiana University Health



**SCHOOL OF MEDICINE**  
INDIANA UNIVERSITY

Subtitle Placeholder

- Understand the epidemiology and risk factors for child maltreatment.
- Become familiar with the basic elements of commercial sexual exploitation and sex trafficking.
- Understand the legal obligations and steps for reporting suspected child maltreatment.

# Federal Definition

- “At the Federal level, the Child Abuse Prevention and Treatment Act (CAPTA) has defined child abuse and neglect as "any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm.”

# 2020 National Data- Victims

- 8.4 per 1,000 children
- Girls 8.9 per 1,000
- Boys 7.9 per 1,000
- Under the age of 1 25.1 per 1,000
- Estimated 3.9 million referrals involving 7.1 million children
- ~618,000 victims of CAN

# National Data- Perpetrators

- DV and/or substance use/abuse
- 18-44 yrs old (83.2%)
- Female (52%) Male (47.1%)
- White (48.4%), African American (20.8%), Hispanic (20.1%)
- Parent (77.2%)

# Top 3 report sources

- Law enforcement
- Educational personnel
- Medical professionals

# Indiana Definition

- “Child abuse covers a wide variety of issues. At a basic level, child abuse is an action or lack of action by the parent, guardian or custodian seriously endangering child's physical or mental health. Sexual abuse, physical abuse, illegal manufacturing of a drug or controlled substance occurring where a child lives, or allowing a child to commit a sex offense are all examples of child abuse or neglect.”
- “Child neglect results from the inability, refusal, or neglect of parent, guardian, or custodian to supply a child with necessary food, clothing, shelter, medical care, education or supervision.”

- Substantiation
- Unsubstantiation

The following numbers are for the month of May 2022. The report is still under development. HT counts take precedence over the other allegation types.

# Statistics- May 2022

	sub	unsub	
HT	0	27	
SA	189	1241	
PA	119	2491	
Neglect	1364	9300	
Total	1672	13059	



**Riley Hospital for Children**  
Indiana University Health



**SCHOOL OF MEDICINE**  
INDIANA UNIVERSITY

# Statistics- Institutional Unit

	Sub	Unsub
HT	0	0
SA	4	70
PA	3	88
Neglect	9	57
Total	16	215

# Risk Factors (CDC)

- **Individual Risk Factors for Victimization**
- Children younger than 4 years of age (TEN-4)
- Children with special needs that may increase caregiver burden (e.g., disabilities, mental health issues, and chronic physical illnesses)
- **Individual Risk Factors for Perpetration**
- Caregivers with drug or alcohol issues
- Caregivers with mental health issues, including depression
- **Caregivers who don't understand children's needs or development- 7 deadly sins of childhood**
- Caregivers who were abused or neglected as children
- Caregivers who are young or single parents or parents with many children
- Caregivers with low education or income
- Caregivers experiencing high levels of parenting stress or economic stress
- **Caregivers who use spanking and other forms of corporal punishment for discipline**
- **Caregivers in the home who are not a biological parent**
- **Caregivers with attitudes accepting of or justifying violence or aggression**
- <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>

---

# Sexual Abuse

---



**Riley Hospital for Children**  
Indiana University Health



**SCHOOL OF MEDICINE**  
INDIANA UNIVERSITY

# Child Sexual Abuse

- Occurs when a child is engaged in sexual activities they can't understand, is developmentally unprepared for, and/or violates the law or social taboos of society.
- Includes a full spectrum of activities that range from genital, oral, or anal contact, and/or fondling to non-contact abuses

- 5 issues to be addressed when there is a concern
- 1. Child's safety
- 2. Reporting- in Indiana all suspected abuse must be reported
- 3. Child's mental health
- 4. Need for physical exam
- 5. Need for forensic evidence collection

# Talking with children

- Spontaneous disclosure
- No leading or suggestive questions
- Document using quotation marks and use child's own language.
- FORENSIC INTERVIEW

Normal, common behaviors	*Less common normal behaviors	#Uncommon behaviors in normal children	+Rarely normal
Touching/masturbating genitals in public/private	Rubbing against others	Asking peer/adult to engage in specific sexual act(s)	Any sexual behaviors that involve children who 4 or more years apart
Viewing/touching peer or new sibling genitals	Trying to insert tongue in mouth while kissing	Inserting objects into genitals	A variety of sexual behaviors displayed on a daily basis
Showing genitals to peers	Touching peer/adult genitals	Explicitly imitating intercourse	Sexual behavior that results in emotional distress or physical pain
Standing/sitting too close	Crude mimicking of movements associated with sexual acts	Touching animal genitals	Sexual behaviors associated with other physically aggressive behavior
Trying to view/peer nudity	Sexual behaviors that are occasionally, but persistently, disruptive to others	Sexual behavior that are frequently disruptive to others	Sexual behaviors that involve coercion
Behaviors are transient, few, and distractible	Behaviors are transient and moderately responsive to distraction	Behaviors are persistent and resistant to parental distraction	Behaviors are persistent and child becomes angry if distracted
assessment of situational factors (family nudity, child care, new sibling, etc.) contributing to behavior is recommended	assessment of situational factors and family characteristics (violence, abuse, neglect) is recommended	assessment of all family and environmental factors and report to child protective services is recommended	



---

# Trafficking

---



**Riley Hospital for Children**  
Indiana University Health



**SCHOOL OF MEDICINE**  
INDIANA UNIVERSITY

# Commercial sexual exploitation and sex trafficking (CSEST)

- A child under the age of 18 is advertised, solicited or exploited through a commercial sex act.
- A commercial sex act is the exchange of anything of value for sexual activity.
- Traffickers can be anyone who profits from the selling of a child for sex to a buyer.

- 2021 NCMEC received more than 17,200 reports of child sex trafficking in the US.
- 2021 NCMEC of 25,000 children reported missing who had run away, 1 in 6 were likely sex trafficking victims.
- Includes male, female and transgender children.
- Often unable to self-identify as victims or disclose their abuse.



# Indicators

- Physical
  - Signs of PA or SA
  - Symptoms of neglect
  - Overly controlling adult
  - Recovered at hotel, truck stop, etc
  - Has secret cell phone or apps
  - Material goods of unknown origins (including cash)
  - “Branding”
  - Drug use/abuse

- Behavioral
  - Chronic run away
  - Unexplained absence from school
  - Constantly sleeps at school
  - Stops engaging in enjoyed activities
  - Significant change in behaviors including online activity
  - Uses language or emojis often associated with prostitution

---

# Strangulation

---



**Riley Hospital for Children**  
Indiana University Health

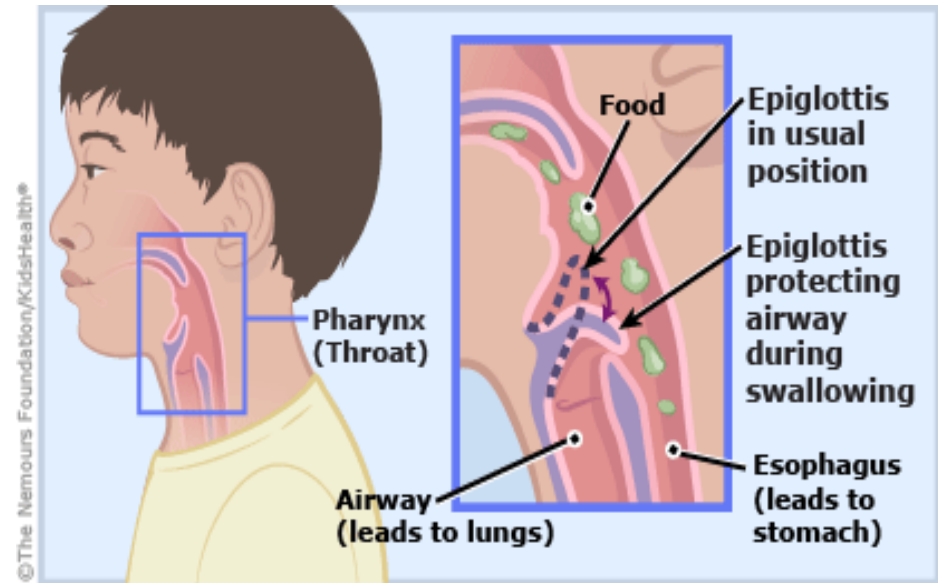
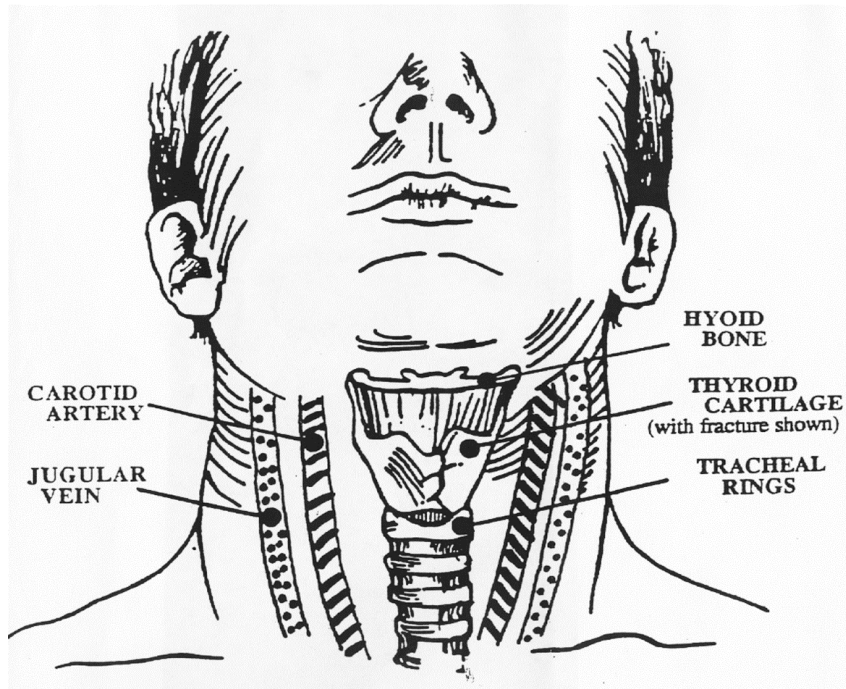


**SCHOOL OF MEDICINE**  
INDIANA UNIVERSITY

# Strangulation

- Death may occur by a combination of respiratory, circulatory, and neurological factors
- Damage caused by manual strangulation can be fatal even when there are no physical signs of assault
- 36 hours after assault, pt can develop edema of supraglottal and oropharyngeal soft tissue causing airway obstruction

# Is it choking?



# Types of Strangulation

- Hanging
- Manual
- Ligature
- Results in vessel occlusion (jugular/carotid and possibly airway obstruction (trachea)

- Voice
- Swallowing
- Breathing
- Mental status changes
- Involuntary urination/defecation
- Swelling of the neck
- Petechiae
- Subconjunctival hemorrhage
- Neuro – weakness, loss of sensation
- Psych- memory, nightmares
- Other: dizziness, tinnitus, acid reflux
- Visible injury



**Riley Hospital for Children**  
Indiana University Health



**SCHOOL OF MEDICINE**  
INDIANA UNIVERSITY

---

# Cigarette Burns

---



**Riley Hospital for Children**  
Indiana University Health



**SCHOOL OF MEDICINE**  
INDIANA UNIVERSITY



# Characteristics of CB

- If pressed directly into the skin, cause deep, punched out 5-10mm burns.



---

# Self Inflicted vs Inflicted

---



**Riley Hospital for Children**  
Indiana University Health



**SCHOOL OF MEDICINE**  
INDIANA UNIVERSITY

# When to notify DCS

- If you have a concern of child maltreatment, you are a mandated reporter.
- DCS determines the need for an investigation and then investigates the concern.
- 1-800-800-5556

# Child Protection Team @ Riley Hospital

- Team composition
- What we do
- 317-274-7401

# References

- <https://www.childwelfare.gov/pubPDFs/define.pdf#:~:text=At%20the%20Federal%20level%2C%20the%20Child%20Abuse%20Prevention,that%20presents%20an%20imminent%20risk%20of%20serious%20harm.%22>
- <https://faqs.in.gov/hc/en-us/articles/115005223068-What-is-child-abuse-and-neglect->
- <https://www.in.gov/dcs/files/AssessmentDecisions202205.pdf>
- <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2020.pdf#page=6>
- <https://www.missingkids.org/theissues/trafficking>
- Hornor, G. (2015). Domestic minor sex trafficking: What the PNP needs to know. *Journal of Pediatric Health Care*, 29(1), 88–94. <https://doi.org/10.1016/j.pedhc.2014.08.016>
- Varma, S., Gillespie, S., McCracken, C., & Greenbaum, V. J. (2015). Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the United States. *Child Abuse & Neglect*, 44, 98–105. <https://doi.org/10.1016/j.chiabu.2015.04.004>
- Jenny, C., Crawford-Jakubiak, J. E. & Committee on Child Abuse and Neglect (2013). The evaluation of children in the primary care setting when sexual abuse is suspected. *Pediatrics*, 132 (2) e558-e567; doi: 10.1542/peds.2013-1741
- Boos, S. C., & Feldman, K. (2011). Neck and spinal cord injuries in child abuse. In C. Jenny (Ed.), *Child Abuse and Neglect Diagnosis, Treatment and Evidence* (pp. 392-401). St. Louis, MO: Elsevier.

