



# Child Abuse 101

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# Disclosure

Neither I nor any members of my immediate family have a financial interest/arrangement or affiliation that could be perceived as a real or apparent conflict of interest related to the content or supporters of this activity.

# Red Flags of Child Abuse

- Notable delay in seeking of care
  - Reported mechanism of injury isn't plausible
  - No explanation or vague explanation for significant injury
  - Patterned burns/bruises
  - Injuries that aren't compatible with developmental/physical abilities
  - Witnesses provide markedly different explanations for injury
  - Behavior concerns
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- FROM THE AMERICAN ACADEMY OF PEDIATRICS | CLINICAL REPORT | MAY 01 2015 **The Evaluation of Suspected Child Physical Abuse** Cindy W. Christian, MD; COMMITTEE ON CHILD ABUSE AND NEGLECT *Pediatrics* (2015) 135 (5): e20150356. <https://doi.org/10.1542/peds.2015-0356>

# Skin Injuries

**T**runk

**E**ars

**N**eck

**4** years or younger

**F**renulum

**A**uricular area

**C**heek

**E**yes

**S**clera

**P**atterned bruising



**4** Any bruising on a child less than 4 months



*"Kids that don't  
cruise rarely  
bruise."*





# Skeletal Injuries

Fracture(s) in nonambulatory infants, especially in those without a clear history of trauma or a known medical condition that predisposes to bone fragility;

Children with multiple fractures;

Infants and children with rib fractures;

Infants and toddlers with midshaft humerus or femur fractures;

Infants and children with unusual fractures, including those of the scapula, classic metaphyseal lesions (CMLs) of the long bones,<sup>103</sup> vertebrae, and sternum, unless explained by a known history of severe trauma or underlying bone disorder;

and

The history of trauma does not explain the resultant fracture.



# Indications for Obtaining a Skeletal Survey

All children <2 y with obvious abusive injuries

All children <2 y with any suspicious injury, including

Bruises or other skin injuries in nonambulatory infants;

Oral injuries in nonambulatory infants; and

Injuries not consistent with the history provided

Infants with unexplained, unexpected sudden death (consult with medical examiner/coroner first)

Infants and young toddlers with unexplained intracranial injuries, including hemorrhage and hypoxic-ischemic injury

Infants and siblings <2 y and household contacts of an abused child

Twins of abused infants and toddlers





## Repeat Skeletal Surveys

Repeating skeletal surveys 2 to 3 weeks after an initial presentation of suspected abuse improves diagnostic sensitivity and specificity for identifying skeletal trauma in abused infants.<sup>107,-109</sup> Not all abusive fractures (eg, rib fractures and CMLs) are visible by radiograph initially, and prospective studies have shown that repeat skeletal imaging increases the number of fractures diagnosed by more than 25% in abuse victims.<sup>107</sup> Repeat skeletal surveys can identify fractures not visible on initial skeletal survey, assist in dating of injuries, clarify questionable findings, and alter the clinical diagnosis in equivocal cases.



# Tenn. Code § 37-1-403

## Mandated Reporter

**(a)(1)** Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately if the harm is of such a nature as to reasonably indicate that it has been caused by brutality, abuse or neglect or that, on the basis of available information, reasonably appears to have been caused by brutality, abuse or neglect.







Department of

**Children's Services**

## **CPS 101**

**Kim Garland, MSW  
Child Protective Services Director  
Office of Child Safety**

# Disclosure of Conflict of Interest Statement

I and/or my spouse have NO personal or professional financial relationships with commercial interests that could be perceived as a conflict of interest related to the content of this activity.



TM

Name, Position  
Date

# What You Will Learn



## You will learn the answers to these questions:

- Who is a mandated reporter in Tennessee?
- What information is important when a report is made?
- What can a professional reporter expect when a call is made?

# You will learn the answers to these questions:



- How are decisions made?
  - Screening decisions
  - Response Times
- What happens after the call?

# Tennessee Department of Children's Services Office of Child Safety

- Accepts all reports of alleged child abuse and neglect.
- Screens the report to determine if the situation meets criteria for assignment.





# Child Protective Services (CPS)

- Conducts investigations/assessments of child abuse and neglect.
- Makes decisions to keep children safe in the least restrictive setting.



# Who Is Mandated To Report

- **Any person** who has knowledge of or suspects abuse must report it.
- In Tennessee- The law makes no difference between professionals and non professionals on the issue of reporting.
- *The law does not relieve the individual who has knowledge of maltreatment from responsibility to report.*

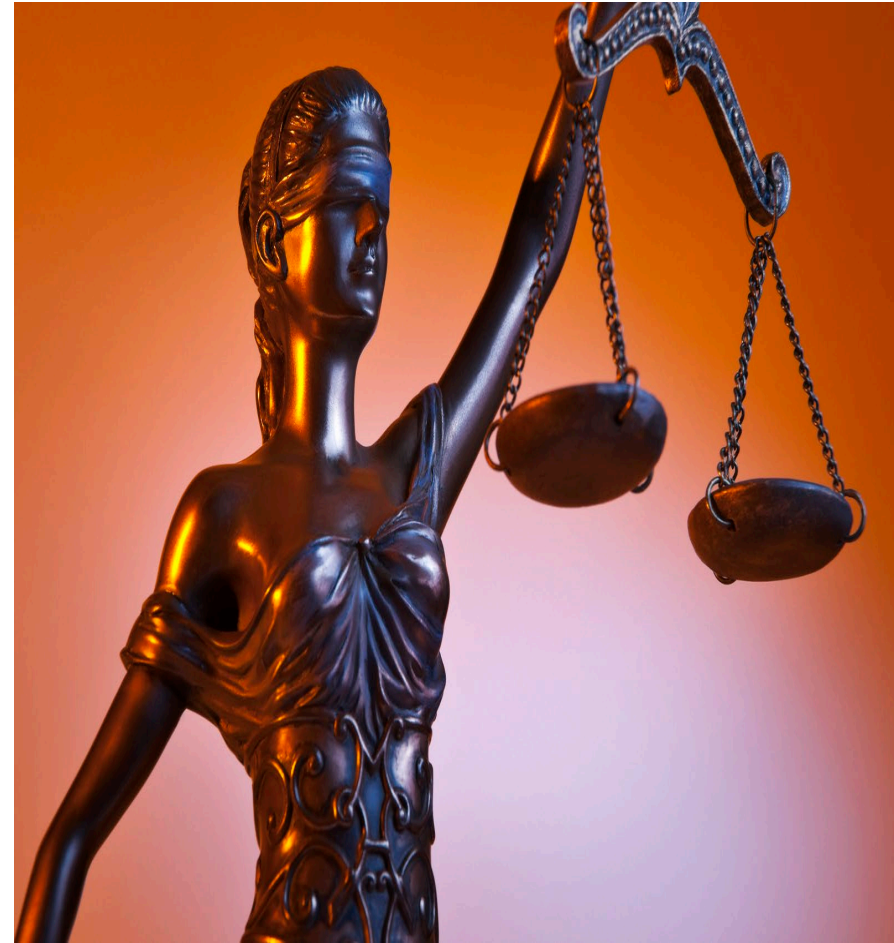
# Change in the Law TCA 37-1-403

- Old law said that schools and other institutions could have one person make all reports to CPS for the whole agency.
- Current law deletes that language.
- The current law says that institutions can track reports made by staff, but the individual who has the knowledge of the maltreatment must make the report.



# How does this law affect you?

- Interpretation and how this law affects you...should be directed to your legal counsel.





**How Do I Contact CPS?**

# Child Abuse Hotline

- The toll free number is:
  - 1-877-237-0004
- On line referrals can be made at:
  - <https://reportabuse.state.tn.us/>
- You can track your referral!
  - <https://apps.tn.gov/carat/>



# Child Abuse Hotline

- Takes your information.
- Screens the information to determine if the situation meets criteria for assignment
- All calls are recorded for Quality Assurance
- Someone is available 24/7

# Protection to Those Who Report

- State laws protect:
  - Persons who reports abuse or neglect
  - All information gathered during the investigation/assessment
- Only persons identified by law can be included in receiving and sharing CPS information.

# What professionals can expect from DCS

- When you call you will be asked if you want to receive information about whether CPS will investigate the information you provided.
  - You will have the option to receive a letter or email informing you of this decision.
  - You can also track your referral number through the CARAT system.
- If the case is assigned, you will be contacted by the CPS Case Manager.

## When you call in a report, the Child Abuse Hotline makes these decisions:

- Is the child currently **safe**?
- Does the information meet criteria for assignment?
- Are other **risk** factors present in the family?
- What are the strengths of the family?
- How fast should CPS respond?

## Information the Child Abuse Hotline will ask you:

- Demographic Information on the child, including:
  - Date of Birth,
  - Address and
  - Phone Number
- Names of child's parents
- Names of siblings of the child



## Information the Child Abuse Hotline will ask you:

- Details of the abuse or neglect - any physical evidence – injuries, behaviors, or environmental conditions
- Name of the person who may have abused or neglected the child.
- Does this person have access to the child currently?
- Where is the child now?

## Information the Child Abuse Hotline will ask you:

- How did you come to know about the abuse/neglect?
- Is there any danger for the CPS Case Manager?
- Who else knows the circumstances?



# When to Call

- **Emergencies:** Situations where you believe the child to be in imminent threat of serious harm - Call 911 Immediately. Then call the Child Abuse Hotline.
- **Non Emergencies:** Call anytime or use the online system.
- **When You're Not Sure:** Call Immediately

# When will CPS Respond?

- **Priority 1** – Immediately to no more than 24 hours – Reports that indicate imminent threat of serious harm or death.
- **Priority 2** – within 2 business days – injuries or risk of injuries that are not life threatening and do not require immediate medical care
- **Priority 3** – within 3 working days – reports that indicate a low risk of harm

# Priority 1 Examples

- Child has a serious injury that requires medical care.
- Infants born drug exposed, unless the child will be in the hospital for the next 2 business days.
- Allegations of sexual abuse and the alleged perpetrator will have access to the child within the next 48 hours





# Priority 2 Examples



- Minor bruises
- The alleged perpetrator is not in the home.
- Low risk lack of supervision

# Priority 3 Examples

- Child lives in a dirty home and comes to school dirty (environmental neglect).
- Medical neglect – Child needs to go to the doctor but not an emergency need.
- Alleged sexual abuse that occurred more than a year ago and perpetrator's whereabouts are unknown.

## Will someone come to school/hospital before the end of the day?

- Unless there is imminent threat of serious harm or death, it is not likely that CPS will respond on the same day.
- If you feel strongly that a child cannot safely go home that day, then be sure to discuss your specific concerns with the intake counselor at the Child Abuse Hotline when you make the report.

# When CPS responds, they will:

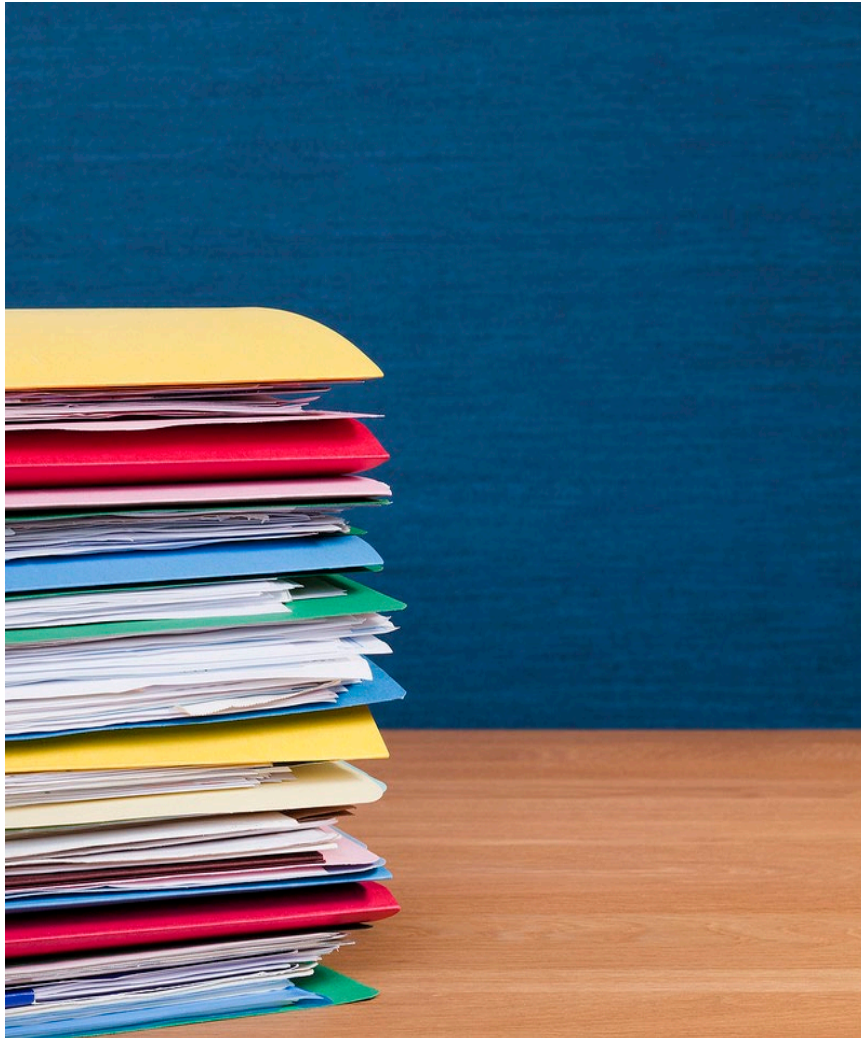
- Conduct an investigation/assessment to assess the safety and risk to the children in the home
- If necessary, they will take steps to keep kids safe.
- Offer services to help the family.

# Tasks in an Investigation

- Involve other people as needed:
  - Convening Child Protection Investigation Team
  - Notification to District Attorney
  - Notification to Child Advocacy Center
  - Notification to other agencies



# Case Tasks



- Safety assessment
- Interview and/or Observation of child victim/other children in the home
- Interviews with parent/caretaker

# Case Tasks

- Interview with alleged perpetrator
- Medical exam or treatment (when necessary)
- Home visit



# Case Tasks

- Collateral Interviews with others who have knowledge of the situation
- Background Check
- Other visits
- Mental Health Evaluation (when appropriate)
- Contact the person who made the report.

# After the Investigation

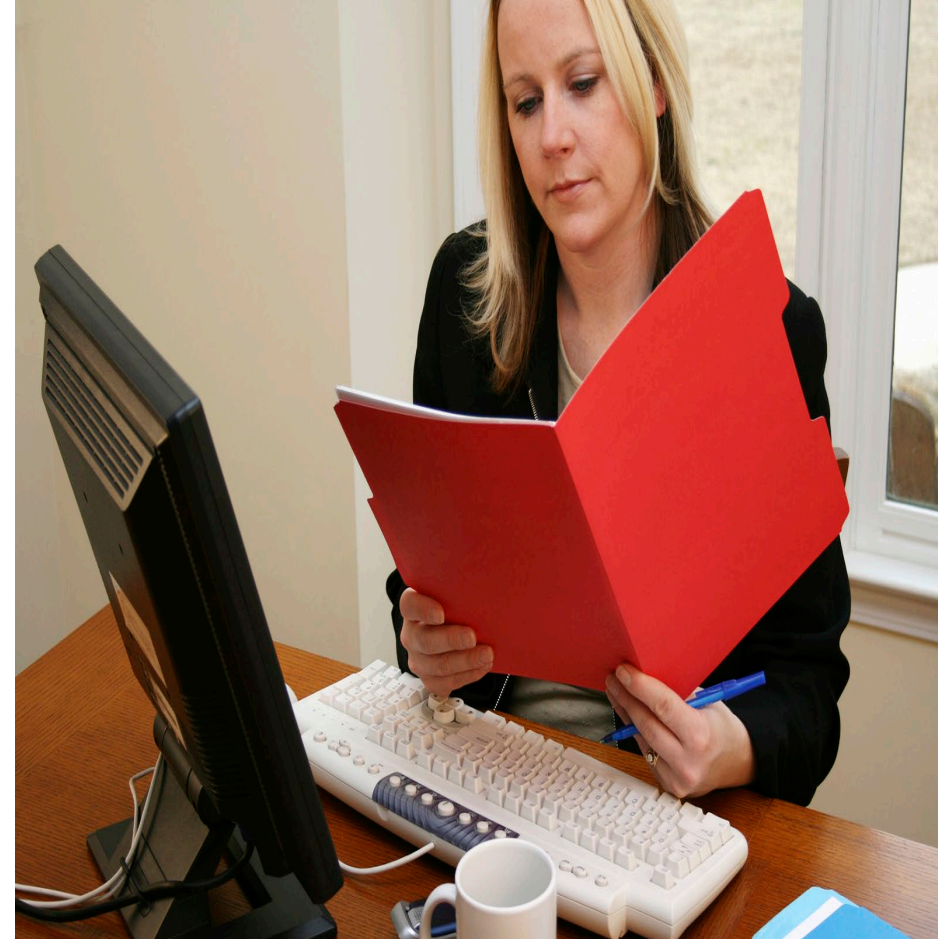
- CPS (and other team members when applicable) will decide whether child abuse or neglect has occurred and who is responsible
- Professionals cannot be given information on the classification decision





# After the Assessment

- CPS, the family, and other team members when applicable, will decide whether the family is in need of services.





# OTHER CRITICAL DECISIONS

- Is this child safe?
- If not, can we make the child safe without removing this child from the family?
- If we must remove the child, how can we preserve his/her relationships with family, friends, school, and community?

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