

Child Abuse Prevention Toolkit for Health Professionals



Health professionals, including doctors, nurses, dentists, dental hygienists, and many others have unique opportunities to interact with and examine children. A health professional may be the only adult interaction an isolated family has, which is why it is so important to ask questions, provide key information that can reduce stress, and observe kids and their caregivers for signs of abuse and neglect.

Educate parents about development, including crying, potty training, and discipline

- Appointments with children and their caregivers are great opportunities to educate and build relationships with families. Let parents know that it is OK to ask any questions they may have, without judgment. When possible, use appointments as an opportunity to educate caregivers about topics related to child development and how to handle difficult situations.
- One of the most common risk factors in child physical abuse cases is unrealistic expectations for the child's age and level of development. This can apply to crying, potty training issues, or the child's response to instruction or other behavioral issues. When a caregiver mistakenly believes a child can completely control his actions, then frustration, anger, and inappropriate discipline can follow. Help parents to have realistic expectations for children. Explain that their little brains are still learning to do some of the most basic things!
- Explain that crying is normal in young babies and is also usually a daily part of toddlerhood. Most children do not gain the ability to stop crying on demand until at least 4 years of age or even older – depending on the reason the child began to cry. It is important to not take the crying personally! It doesn't mean the baby doesn't like them.
- Remind parents and caregivers that it is normal to feel frustrated when a baby or young child cries – but NO ONE should EVER shake or harm a baby or young child. If parents are feeling frustrated or angry – they can take a break. It's OK to leave the baby in a crib or other safe place while they take a moment to regroup.
- Warn caregivers that some abusive events in toddlers occur in response to toilet training accidents. Most children are not fully potty-trained until after 3 years of age, and even after that accidents are common. Again, having unrealistic expectations for a toddler can increase frustration for the caregiver.

- Share with parents that the American Academy of Pediatrics does not recommend spanking or other physical discipline at any age. Research has shown that its effectiveness wears off over time, and the risk of inadvertently causing an injury far outweighs any potential benefits. Research also tells us that children who are spanked or physically disciplined have a higher rate of aggressive behavior toward adults and other children. Provide parents with age-appropriate discipline techniques and anticipatory guidance.

Encourage parents to have a plan for when things get difficult and to choose safe caregivers

- Offer yourself and/or your staff as a resource for parents who are feeling stressed or need advice when situations get tense.
- Recommend that parents and caregivers keep a list of phone numbers on hand that they can call for support. This can include friends, family, neighbors, members of their church or faith community, and mental health or other health care providers.
- Advise parents and caregivers to use care when deciding who can watch their child. Make sure that parents and caregivers are aware that anyone who cares for their child should be prepared to watch their child and wants to watch their child. If they don't have total and complete trust in the person, then they shouldn't trust him or her with their child. Brand new relationships, substance use, intimate partner violence, or a partner who is mean to pets or swears at mom or child are warning signs not to leave the child with that person.

Build relationships with, and observe, kids and their caregivers

- Strong connections to trusted professionals are important in keeping kids safe. It is important that both caregivers and kids feel like they can be open with you and share any difficulties they are having.
- During appointments, obtain a thorough social history, including questions about who cares for the child, who lives in the home, any new people in the home, substance use, intimate partner violence, mental illness, symptoms of postpartum depression, Child Protective Services and criminal histories of those who care for or share a home with the child. Parents are often willing to discuss these sensitive issues if the questions are asked in a confident, non-judgmental manner.

(Note: Never screen for intimate partner violence in the presence of an intimate partner. This has been shown to increase the risk of escalation for the victim, and victims may not wish to discuss the violence in front of their children. If you have concerns, try to make an excuse to get the parent alone to allow for screening.)



- Complete a thorough skin exam on all children under 4 years of age whenever possible, but especially at well-child exams or visits related to injury. Document all injuries that are noted on children during physical exams—even those that appear normal and benign.
- Substance use is commonly associated with child physical abuse. If a child is brought for an appointment by an adult who appears to be under the influence or not thinking clearly, call 911 immediately and report your concerns. If at all possible, do NOT allow a child to leave your office in a vehicle being driven by an adult that appears impaired.

Staff intervention and awareness

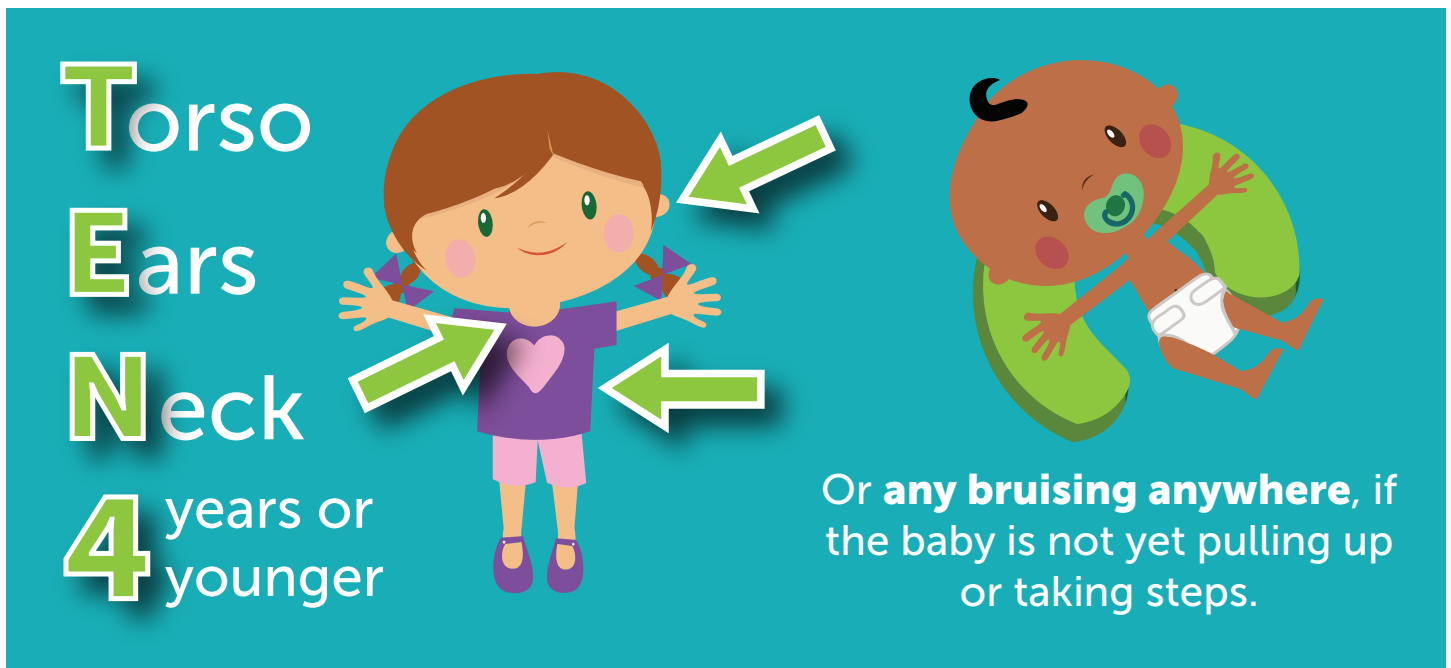


- Educate the entire staff about de-escalation techniques. If staff witness an event that causes concern (rough-handling of a child in the exam room, for example), attempt to intervene and de-escalate the situation in a kind and non-judgmental manner. Offer assistance with distraction of siblings or a drink of water. De-escalation and caring support can go a long way to diffuse tense situations. If appropriate, use the incident as a “teachable moment” regarding realistic expectations; include statements that acknowledge the frustration that can accompany caring for a young child.
- Post child abuse reporting hotline information in the office, and ensure that staff is trained about recognition and mandated reporting.

Recognition of child abuse and neglect

Maltreatment occurs in all ethnic, social, and economic groups. It can and does happen in every type of family.

Bruises are the most commonly missed early warning signs of abuse, but they’re also the most easily recognizable if you know what to watch for. When it comes to child abuse, it is very, very rare for a child to be seriously injured or killed the very first time they are abused. There tends to be an escalation of violence over time, and that’s why it is so important for all of us who care for children to notice those early warning signs so that we can stop that violence before it escalates.



Warning signs of abuse in young children: TEN-4 Bruising Rule

Kids are kids, and sometimes they play in ways that result in minor cuts, scrapes, and bruises. These minor injuries are often found on bony areas of the body like knees, shins, elbows, and foreheads. However, there are other types of bruises that should be a red flag for possible abuse. For children 4 years of age or younger, bruising in these areas are cause for concern and need to be reported.

TEN-4 is an acronym to build public awareness of how to recognize bruising in young children, encouraging caring adults to watch for bruising on the torso, ears, and neck. Recent research, however, has expanded the clinical definition of concerning bruising, revising the acronym from TEN-4 to TEN-4-FACES-p. We encourage all health professionals to become familiar with the expanded guidelines on what bruising is concerning. Recent research has identified an update to the bruising clinical decision rule (BCDR) to refine the TEN-4 rule to TEN-4-FACES-p for (TEN) torso, ears, neck, (FACES) frenulum, angle of jaw, cheeks (fleshy), eyelids, subconjunctivae (often blood spots on the white of the eye), and (p) for patterned (bite, loop, hand slap, squeeze, grab, and linear marks). The '4' represents any bruising anywhere to an infant through 4 months. The rule applies only to children with bruising who are younger than 4 years. A positive response for any of these components signals a classification of abuse.

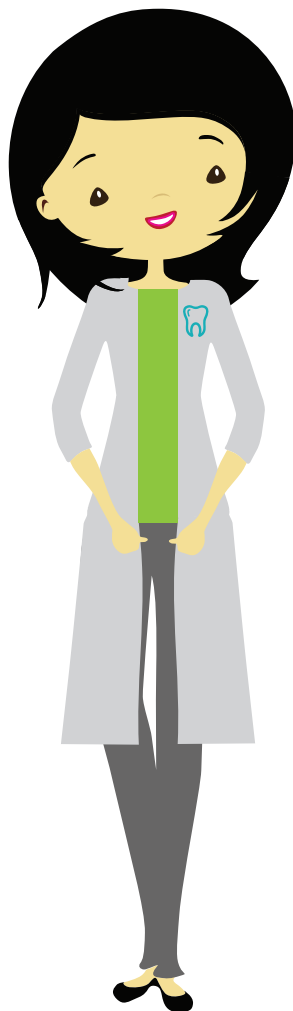
Source: Pierce MC, Kaczor K, Lorenz DJ, et al. Validation of a Clinical Decision Rule to Predict Abuse in Young Children Based on Bruising Characteristics. JAMA Network Open. 2021;4(4): e215832. doi:10.1001/jamanetworkopen.2021.5832

Warning signs for oral health professionals

- It is estimated that more than 50% of injuries due to child abuse are on the head and neck – meaning the warning signs of abuse are front and center for dental professionals. This group of health professionals have unique opportunities to ask important questions, provide key information, and observe both parents, caregivers, and children for the warning signs of child abuse and neglect.
- There are certain injuries that oral health professionals may be more likely to see than other types of health professionals, including:
 - Torn frenula
 - Soft palate
 - Pharyngeal injuries
 - Missing primary teeth (Be sure to ask for a history of why this happened, as it can happen accidentally.)

Additional warning signs of abuse

- For a child of any age, bruising to the ears, neck, torso, buttocks, or genitals
- Burns on a young baby or child, such as those caused by cigarettes or immersion in hot water
- Pain when toileting, frequent yeast infections or urinary tract infections, or any sexually transmitted disease or related symptoms could be signs of sexual abuse
- Aggression toward peers, pets, other animals
- Seems afraid of parents or other adults



Warning signs of neglect

- Denial of basic necessities, such as food, water, clothing, shelter
- Parental substance use that interferes with their ability to properly care for the child
- Poor standards of hygiene (i.e. child consistently unwashed) or inadequate clothing
- Lack of medical/dental treatment, including untreated sores, severe diaper rash, urine scalds and/or significant dental decay
- Lack of proper supervision
- Low weight for age and/or failure to thrive for no medical reason
- Poor school attendance
- Abandonment or extended stays at school, public places, and other homes
- Permitted alcohol and other drug use

What to do if you see signs of abuse or neglect

- Do not overlook signs of abuse because the child is part of a nice family, or a family that looks like your own
- If you see any of the warning signs above, stay calm and conversational
- It is OK to ask open-ended, non-leading questions, such as:
 - What happened? Where were you?
 - Did an adult see it happen?
 - Did you tell a grown-up what happened? What did he/she do after that?
 - Do you feel safe at home?
 - Is there anything else you would like to tell me about?
- Document what questions you ask along with what the child or parent says
- Refrain from asking specific questions or jumping to conclusions
- Don't try to date a bruise or describe it as being old or new, just describe bruising by location, shape, and color

All Kentuckians are mandated reporters of abuse and neglect

Make a report to Child Protective Services by calling

1-877-KY-SAFE-1 (1-877-597-2331)

or visiting reportitky.org

Learn more and order free materials for your office at

faceitmovement.org

Thank you to Delta Dental of Kentucky for their support of this toolkit.



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