Objectives

- Participants will be able to identify rate of abuse as well as various types/forms of abuse & neglect
- Participants will explore the role of Child Life Specialists when working with abuse & neglect cases in the outpatient and emergency department settings
- Participants will be able to identify the barriers and challenges when working with this delicate population

Ice Breaker – “Get on the Bus!”
Familiarization of Terminology

- **Neglect**: failure, refusal or inability on the part of a caregiver, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care or shelter so as to seriously endanger the physical health of the child.
- **Physical Abuse**: physical injury inflicted on a child by other than accidental means.
- **Sexual Abuse**: sexual intercourse or sexual contact with a child 15 years or less, 16-17 years without consent.
- **Emotional Abuse**: emotional damage for which the child’s parent, guardian or legal custodian has neglected, refused or been unable for reasons other than poverty to obtain the necessary treatment or to take steps to ameliorate the symptoms.

Terminology Cont’d

- **Screened-in Referral**: one or more allegations of child maltreatment in the referral (which may include one or more children in a family) that have been deemed as rising to the level of maltreatment or threat of maltreatment as defined by Wisconsin statutes and therefore must be assessed.
- **Screened-out Referral**: all allegations in the referral are deemed as not rising to the level of maltreatment or threat of maltreatment as defined by Wisconsin statutes. No further assessment of the allegation is required. The family may be referred for voluntary CPS services or other appropriate community services.
- **Substantiation**: the information gathered during the CPS Initial Assessment provides a preponderance of evidence (that is, the proof shows that the fact sought to be proved is more probable than not) that the maltreatment allegation made in the CPS report or identified during a CPS initial assessment has occurred. In general, a known maltreater is substantiated for the maltreatment; however, an allegation can also be substantiated when the maltreater is unknown or not identified.

Familiarization of Terminology

- **CAC** – Child Advocacy Center
- **NCA** – National Children’s Alliance
- **SANE** – Sexual Abuse &/or Neglect Exam
- **Patient Advocate** – a supporter, believer, sponsor, promoter, campaigner, backer, or spokesperson
- **Reporter** – Person who contacts a CPS agency or the police department with information regarding alleged maltreatment of a child or children
Statistics (no math required)

- In 2012: 70,266 referrals from reporters alleging maltreatment of children were made.
- Total number of CPS Maltreatment reports statewide:
  - 2003: 40,473
  - 2012: 39,460
  - 2.5% decline in reports over the past 10 years.

- There were 4,537 unique child victims of maltreatment in 2012.
- Maltreatment substantiations by maltreatment type (2012):
  - Physical Abuse: 9,157
  - Neglect: 2,773
  - Sexual Abuse: 1,256
  - Emotional Abuse: 56

- 2,578 children were removed from their family home and placed in an out-of-home placement during the CPS initial assessment in order to ensure child safety.

---

Injury Pattern Recognition

---

Why Advocate?

"Unless someone like you cares a whole awful lot, Nothing is going to get better. It's not."

- Dr. Seuss, The Lorax
Mandated Reporting

- Goal: To make EVERYONE a mandated reporter
- Who is a mandated reporter?
- What does a mandated reporter do?
- Mandated reporter meetings
  - Awareness
  - What to report
  - Who to report

Persons Required to Report Abuse and Neglect: Mandated Reporters

- Physicians
- Coroners
- Medical examiners
- Nurses
- Dentists
- Dieticians
- Chiropractors
- A medical or mental health professional
- Social workers
- Marriage & family therapists
- Professional counselors
- School teachers
- School administrators
- School counselors
- Child-care workers in a day care center, group home, or residential care center for children and youth
- Day care providers
- Alcohol or other drug abuse counselors
- Member of the treatment staff employed by or Physical therapists
- Physical therapist assistants
- Occupational therapists
- Speech language pathologists
- Emergency medical technicians
- First responders
- Police and law enforcement officers

Reporting Child Abuse and Neglect

- Reports of alleged child abuse or neglect should be made to the county where the child or the child's family resides.
- Reports can also be made to local law enforcement offices.
- Any concerned individual can report suspected abuse or neglect directly to a local child protective service agency or law enforcement agency. Certain individuals whose employment brings them into contact with children are required by law to report any suspected abuse or neglect or threatened abuse or neglect to a child seen in the course of their professional duties.
Child Life Assessment of Needs

- Patient advocate present?
- County appointed
- Caregiver present?
- Siblings
- Environment
- Coping plan
- Developmentally appropriate activities
  - To quickly build rapport
  - Smooth transitions

Child Life Interventions

- Safe place
- Preparation
- Language
- Medical play
- Familiarization of equipment
- Distraction & Support
- Praise & REASSURANCE!

Child Life Advocacy in the Clinic & ED

Clinic
- Consults – Scheduled
- Medical interventions
- Clinical Team
- Time spent with patient
- Patient Advocates
- Clinic Photography
- Documentation
- Environment

Emergency Department
- Consults – Unscheduled
- Medical Interventions
- Hospital Team
- Time spent with patient
- Patient Advocates
- SANE RN Photography
- Documentation
- Environment
Environmental Factors

- Enjoy a brief tour of our Child Abuse Clinic with the help of our toddler tour guides

Special Considerations

- Challenges
  - Ages
  - Time
  - Resources
  - Location
  - Staff involved
  - Keep in mind...
    - Privacy, Sensitivity, Time, Necessary Interventions
    - The accuser could be in the room with the patient

- Tips & Tricks
  - Build rapport
  - Know your staff/team
  - Know the entire process
  - ASK QUESTIONS
  - Variety & lots of toys/distraction items
  - Smooth Transitions = KEY
  - If possible, build rapport while caregiver interviewing with RN, Law Enforcement, etc
  - Timelines for patients if appropriate for coping
  - Direct questions & requests to patient with ONE VOICE
  - Identify SAFE persons

Media Presence
Case Studies

- Clinic
  - 23 mon male & 5 mon male (brothers)
  - Mother & Father present
  - Sedated MRI & Skeletal Surveys
  - Suspicion of abuse by babysitter

- Emergency Department
  - 3yr old female
  - Mother & family friend present
  - Time 2215
  - Mother reported redness in private parts along with hand prints on back

References


Contact Information

Hayley Patoka, BS, CCLS, CTRS
Outpatient - Child Life Specialist
Ministry Saint Joseph's Children's Hospital/Marshfield Clinic
Children's
611 Saint Joseph's Ave
Marshfield, WI 54449
715-221-7419
Hayley.patoka@ministryhealth.org

Nicole Austin, BS, CCLS, CTRS
Emergency Department - Child Life Specialist
Ministry Saint Joseph's Children's Hospital/Marshfield Clinic
Children's
611 Saint Joseph's Ave
Marshfield, WI 54449
715-387-7200
Nicole.austin@ministryhealth.org