



Announcement to D.C. Pediatricians Concerning Increased Risk for Child Maltreatment

The novel coronavirus pandemic (COVID-19) has abruptly disrupted the normal daily life for every family across the United States and D.C. is no exception. Stay-at-home orders along with “social distancing” orders are necessary to slow the spread of a very serious infection, but they also have placed considerable stress upon nearly every household. The cumulative anxiety and stress in the community has skyrocketed and children are very much affected by all of this. In addition to the economic stress of having so many families suddenly unemployed, furloughed, or otherwise having markedly reduced income, there is the added stress of having everyone cooped up in the same household for days on end and with no end in sight. Add to this, many parents are now teachers for their homeschooled children and daycare providers as well. Children sense the anxiety in their adult caretakers and this often results in an increase in acting-out behaviors. This anxiety is amplified in the homes that have family members who have become infected or have been exposed to COVID-infected people.

Previously in times of societal stress, there have been increases in reported cases of child abuse, such as was noted during the “Great Recession” of 2007-2009 when there was a near doubling of abusive head trauma (AHT) cases (Berger 2011). But with this pandemic, the social distancing is creating an additional challenge as there will not be any teachers or daycare workers to see the bruises or hear the stories from the children so that the maltreatment will be more likely to go unrecognized and unreported. Layered on top of that, most pediatric offices are appropriately trying to reduce face-to-face visits by providing more telehealth services via telephone and/or videoconferencing.

As pediatricians, you are aware of the increased stress being placed on all families with children during this most difficult time. You also need to stay attuned to the fact that increased stress in the homes increases the incidence of child maltreatment occurrence of all types, but particularly of neglect and physical abuse including abusive head trauma. The following are a few suggestions to consider in order to assist families with children and at the same time, screen for the possibility of child maltreatment. When triaging patients on the phone, do not forget about inquiring about risk factors for maltreatment in addition to the fever, cough, and abnormal breathing. Ask about how the parent/caregiver is handling the stress. Ask if they have adequate food and income resources. Be prepared to direct them to resources to assist them if they report problems.

- Be prepared to counsel caretakers on positive parenting techniques. One excellent resource to direct them to is the AAP’s Healthychildren.org website (<https://www.healthychildren.org>).
- If the caretaker is reporting symptoms or injuries concerning for abuse, **those children should be seen in person**, not managed over the phone. Remember the mnemonic, **TEN-4 FACES p (Pierce 2010)**:
 - **T-E-N-4**: bruises on the **T**orso (chest, abdomen, back, genitals, or buttocks), **E**ars, and/or **N**eck under the age of 4 years are concerning along with any bruising under 4 months of age.



- **FACES:** bruises involving **F**renula (3 - upper & lower lip and tongue); **A**ngle of the jaw, **C**heek (buccal), **E**yelids, **S**cleral hemorrhaging,
- **P** patterned bruises
- Other concerning symptoms & situations include:
 - Symptoms of head injury with lethargy, change in consciousness, vomiting, irritability, seizures
 - Ingestion of a toxic or illicit substance
 - Large area burns
- Sexual abuse concerns that should be examined directly face to face, not delayed or performed using telemedicine:
 - Any reported inappropriate sexual contact that occurred within the previous 72 hours should be directed to the nearest pediatric SANE (PSANE) examination center.
 - Children reporting ano-genital pain, bleeding, blisters, bruises, or vaginal discharge
 - Menstruating female reporting contacts that increase the risk for an STI or pregnancy

If you suspect child maltreatment, you must report your concerns to your county Department of Social Services /Child Protective Services (CPS) office or local law enforcement agency (LE). If you have urgent concerns about the safety of the child (or children) in the home, you should contact the local law enforcement agency (LE) and ask them to check on the children in the home. It will be a bit more complicated if you notice concerning injuries while performing a videoconference telehealth visit. You will need to report your concerns to CPS or LE, but if or when you notify the caretaker/parent that you are making the report will depend on your concern for the immediate safety of the child. There is no one correct answer for this scenario and ultimately the safety of the child should always take priority.

AAP Resources:

- AAP Tip sheet for parents at home due to COVID-19: <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/The-American-Academy-of-Pediatrics-Advises-Parents-Experiencing-Stress-over-COVID-19.aspx>
- Healthy Children website: <https://www.healthychildren.org/English/Pages/default.aspx>

Other Resources

- District of Columbia Child & Family Services Agency Hotline: 202-671-SAFE
- Maryland Department of Human Services County Child Protective Services Lookup website:
<http://dhs.maryland.gov/child-protective-services/reporting-suspected-child-abuse-or-neglect/local-offices/>
- Virginia Department of Social Services Child Protective Services website:
<https://www.dss.virginia.gov/family/cps/index.cgi>
- Children's National Hospital Child & Adolescent Protection Center (CAPC): call 202-476-4073 Monday to Friday, 8am to 4:30 pm. Website: <https://childrensnational.org/departments/child-and-adolescent-protection>
- For after hours and weekend advice regarding child maltreatment questions: CAPC call 202-476-5000, and ask for the on-call clinician for child protection
- National Parent Helpline 1-855-4A PARENT (1-855-427-2736)



Reference:

1. Berger RA, et al. Abusive head trauma during a time of increased unemployment: a multicenter analysis. *Pediatrics* 2011;128 (4):637-643.
2. Pierce MC1, Kaczor K, Aldridge S, O'Flynn J, Lorenz DJ. Bruising characteristics discriminating physical child abuse from accidental trauma. *Pediatrics*. 2010 Jan;125(1):67-74.

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