Child Abuse
An Adverse Childhood Experience

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EVERY child deserves to grow up feeling safe and loved.
Introduction

Every year in the US, child protective service (CPS) agencies investigate more than 2 million reports of suspected child maltreatment.

- 18% of which involve concerns of physical abuse.

>650,000 children are substantiated as victims of maltreatment, over 1500 child deaths are attributed to child abuse or neglect annually.

80% of these deaths are in children <4 y/o
Definition of Physical Abuse

The Federal Child Abuse Prevention and Treatment Act - minimum standards to define maltreatment, but each state defines child physical abuse within its own civil and criminal statutes.

“Any recent act or failure to act on a part of parent or caretaker which results in death, serious physical or emotional harm, sexual abuse, or exploitation”

“An act or failure to act which presents an imminent risk of serious harm”
Abuse, an “Adverse Childhood Experience”

- Adults maltreated as children have poor health outcomes, early ACEs are strong contributors to many adult diseases.
- Adults who self-report physical abuse as children are more likely to report chronic physical and mental health conditions, even when controlling for family background and additional ACEs.
- High rates of depression, conduct disorder, drug abuse, tobacco abuse.
- Permanent disability - (ex) victims of abusive head trauma have high rates of neurologic and cognitive disability.
- Behavioral problems - aggression, poor academic performance, decreased cognitive functioning.
Risk Factors

Boys > girls

Adolescents more likely to be injured from physical abuse

Infants and toddlers more likely to suffer fatal or severe physical abuse

Infant abuse - maternal smoking, >2 siblings, low birth weight, unmarried mother

Children with disabilities - high risk of physical, emotional, sexual abuse

Households with unrelated adults - high risk of fatal abuse
Preventive Factors

Parental resilience

Parental knowledge of child development and parenting

Concrete support system

Social connections

Safe, stable, nurturing relationships
Evaluation of Potential Abuse

Things to keep in mind: witnesses uncommon, perpetrators will infrequently admit to their actions, child victims often preverbal or too severely injured or too scared to talk about abuse, injuries can be non-specific

Sentinel Injuries - inflicted minor injuries that are recognized by physicians or parents before recognition that the child has been abused.

25% of abused infants and 1/3rd of those with abusive head trauma had sentinel injuries -- bruises, intraoral injuries such as frenulum tears or fractures
What can pediatricians do to prevent child abuse?

Recognize sentinel injuries, inquire, obtain detailed histories

Thorough HEADS exams on adolescents

Recognize changes in behavior, school performance, social interactions

Screen for ACEs in the clinic

Know when to ask for help, e.g. child abuse specialist, social work

Low threshold to report if suspicious - save a life!
Resources

https://www.chcs.org/media/TA-Tool-Screening-for-ACEs-and-Trauma_020619.pdf

https://pediatrics.aappublications.org/content/135/5/e1337