Child Maltreatment Case Series: 
What Happens After Transport?

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Objectives

• Review case examples that demonstrate the medical evaluation and response to cases of alleged child maltreatment after the child has been transported

• Understand how Pediatric Forensic Medicine at UofL and UK become involved in cases and our role

• Discuss recognition and intervention in suspected human trafficking cases, aka commercial sexual exploitation of children
Case 1

• 4 month old baby boy is transported to the hospital after an episode of limpness and apnea at home.

• When EMS arrived at the home, the infant was having gasping respirations and seemed lethargic.

• After oxygen administration, the respirations became regular and unlabored.

• Patient gradually became more alert over the course of transport to the Children’s Hospital and was crying upon arrival to the ED.
Case 1

- EMS providers complete their documentation, including information about a small bruise noted to the infant’s face when they arrived at the home.
- This is important, otherwise EMS might be blamed for causing that bruise with the oxygen mask.
- Providers also document father’s history, which is that the baby awakened from a nap crying, he went to get him a bottle, and when he came back, baby was limp and unresponsive.
Case 1

- Father attempted rescue breaths “a few times” before calling patient’s mother at work.
- Patient’s mother is who called 911.
- Father was calm and matter-of-fact in his demeanor, not seeming particularly upset.
- Again, EMS providers document all of this.
Case 1

• A skeletal survey (series of 21 images, not the same as a babygram) is normal.

• Screening occult abdominal trauma labs are performed: AST, ALT, amylase, lipase, bag urine specimen for urinalysis. AST and ALT are both over 1000.

• Large right lobe hepatic laceration with intraparenchymal hematoma

• Laceration extends in close proximity to gallbladder fossa and porta hepatis
Case 1

• CPS and police are notified.
• Forensics team and ophthalmology is consulted. Clinical photography is obtained of the bruising on the face.

• Patient admitted to PICU on Keppra for seizure prophylaxis.
• MRI brain and spine is obtained.
• Ophthalmology is consulted.
• Forensics interviews family and liaisons with investigators. Father provides a different history to us—says baby became limp after attempting to feed the bottle.
• Infant is discharged home with mother; father is allowed no contact.
• Infant returns for follow up skeletal survey in 2 weeks.
Case 1

- Multiple healing rib fractures not visible on initial skeletal survey, even in retrospect.
- Father was ultimately indicted on criminal abuse 1st degree.
- He pled guilty to criminal abuse 3rd degree and was sentenced to 2 years in prison.
- Infant went on to have mild-moderate developmental delay.
- He is at risk for long-term developmental issues, often not apparent until school aged.
The Medical Evaluation

- Head CT (looking for subdural bleeding, brain swelling) if acute injury is a concern
- Skeletal survey and follow-up skeletal survey in 10-14 days (NOT a babygram!) for those 2 years and under
- Eye exam (to look for retinal hemorrhages)
- Trauma and bleeding labs to screen for signs of internal injury or bleeding disorder and abdominal CT if OAT labs abnormal (OAT=occult abdominal trauma)
- MRI of the brain and spinal cord if CT is abnormal (MRI can demonstrate subtle brain injury that CT can miss)
- Photograph all visible injuries
- Report to DCBS whenever maltreatment is a reasonable concern (DCBS=Department of Community Based Services, aka Child Protective Services in Kentucky. In Indiana, it is called DCS=Department of Child Services)
The Medical Evaluation

• Head CT—perform when there are signs/symptoms of increased ICP, bruising in an infant, fracture in a child < 1 year, ALTE, or whenever a full evaluation is indicated acutely

• Skeletal survey – 21 different images, perform in children < 2 years of age. Older children only in special circumstances.

• Abd CT (not ultrasound) for abnormal OAT labs or abdominal bruising/symptoms

• Eye exam – if retinal heme is present, ask ophtho to take photos if possible

• Labs: CBC, PT, PTT, AST, ALT, amylase, lipase, bag urinalysis (NOT catheterized if possible)

• Photograph all visible injuries as soon as possible
Case 1- Take Home Messages

- EMS and ED documentation is critical in these cases.
- Bruising in babies isn’t normal.
- Brief Resolved Unexplained Events (BRUEs) are sometimes the concussive symptoms after a violent shaking/slap event.
- The full medical evaluation is extensive, and when done correctly, can identify numerous occult (hidden) injuries.
- Don’t forget the follow-up skeletal survey.
- Forensics team helps communicate to investigators about the injuries, any history inconsistencies, and our overall impression.
Case 2

• 2 year old boy is transported after a full arrest in the care of aunt and uncle.

• During transport, a heartbeat is regained after several minutes of CPR.

• The child has extensive bruising noted when EMS arrived at the home – EMS takes the time to document the bruising.
Case 2

- Continued resuscitation in the ED requiring multiple pressors.

- CT scan shows diffuse cerebral edema with bilateral subdural hematomas.

- Trauma labs are all elevated, including both liver and pancreatic enzymes.

- CT scan of abdomen reveals liver laceration, splenic contusion, free fluid in the abdomen, pancreatic laceration.

- Patient is not stable enough for OR, and his brain injuries are not thought to be survivable.
Police and CPS were notified by EMS en route to hospital.

Pediatric Forensic Medicine took clinical photographs while patient was in the PICU, within a few hours of admission.

PFM explained the nature and seriousness of the injuries to police and CPS, who immediately interviewed aunt and uncle separately.

Patient went on to die about 16 hours after admission to the hospital.

By the time of autopsy, most of the bruising was no longer visible.
Case 2

• Police communicated with PFM during their interviews with the suspects to ensure that all the injuries were accounted for by the suspects’ accounts…this prevents ending an interview/interrogation prematurely.

• PFM testified at the criminal trial, along with the medical examiner, about the child’s injuries and what can/cannot cause them.

• Both suspects were convicted on multiple counts Criminal Abuse 1\textsuperscript{st} Degree and were each sentenced to 30 years in prison.
Case 2 – Take Home Messages

• Again, EMS and ED documentation is critical.
• Early clinical photographs preserved injury evidence that faded by the time the toddler died, allowing for complete descriptions of the child’s condition (important for the courtroom.)
• Everyone plays a role in the effective resolution of such cases.
• PFM works hand in hand with medical examiners to present a complete picture of the child’s injuries to a jury.
Case 3

• 17-year-old girl is transported to Children’s Hospital after an overdose while in a residential treatment facility.

• Had previously run away from facility and had missing persons report filed.

• Unconscious on arrival. Responds to 1 dose of Narcan. UDS positive for opiates and alcohol, patient reports shooting heroin.

• On exam, she complains of “foul smelling” vaginal odor and discharge as well as “painful bumps” in the genital area. She also has tooth decay and complaints of tooth/mouth pain.

• Bruises noted to the upper arm. 3 tattoos noted, one including the names of 2 individuals.
Case 3

- Past Medical History: Multiple previous detox visits, depression, bipolar, PTSD, Hepatitis C, HSV
- Currently POSITIVE for pelvic inflammatory disease with testing positive for Chlamydia and Trichomonas
- Admitted for IV antibiotics, psych consult
- CPS and police notified of suspected human trafficking
- Investigators are no longer allows to charge victims of trafficking with crimes or status offenses such as prostitution, truancy, runaway, etc. Instead, victims are offered resources.
Case 3

- Further questioning and evaluation:
  - Repeatedly stated she was not a “snitch”
  - Longstanding history of drug abuse
  - Previous child abuse and CPS involvement
  - Housing was previously at the Economy Inn (known trafficking establishment)
  - Denied working and had a “family friend” supporting her
  - When asked about STIs, she states that she “don’t care anymore.”
Case 3

Examples of screening questions include the following:

• Have you ever run away from home? How many times in the last year?
• Where are you living now? With whom?
• Do you have to ask permission to eat/sleep/use the restroom?
• Can you come and go as you please?
• Is anyone forcing you to do anything you don’t want to?
• Has anyone ever touched you in a way you didn’t want or hurt you in any way?
• Has anyone ever threatened you or your family?
Case 3

Examples of screening questions include the following:

- Do you have a boy/girlfriend? How old are they? How did you meet?
- Have you ever had sex? How many partners have you had in the last 6 months?
- Ever had an STI or been pregnant?
- How often do you or your friends use drugs/alcohol?
- Are there pictures of you on the internet? Where?

APSAC Practice Guidelines, 2013
Case 3

• Once medically cleared and detoxed, patient was admitted to inpatient psychiatry due to suicidal ideations.

• She was discharged back to residential treatment facility with more frequent therapy appointments and a new approach to treat her PTSD symptoms.

• She was given information about Women’s Healing Place and Beacon House for when she turns 18.

• Also Free2Hope has drop-in center in Portland.
Case 3 – Take Home Messages

• Human trafficking is common—up to 41.2% homeless youth in Louisville reported being a victim of sex trafficking.

• We are all mandatory reporters.

• The victims of human trafficking—esp. sex trafficking—do not often view themselves as victims.

• We have to have a high index of suspicion in order to avoid missing it.

• The “Safe Harbor Law” passed in 2013 made it the law to treat trafficking victims as victims, rather than as criminals.

Case 3 – Take Home Messages

• Runaways are the #1 victims – 90% turn to sex trade if away from home >3 months

• 1 in 3 teens in the street will be lured into prostitution within 48 HOURS of leaving home

• Substance abuse, pre-existing mental health issues, h/o abuse/neglect are common risk factors

• Remember that boys are victims, too.

• Recruitment is usually under the guise of romance

• Trafficker will often intentionally addict the victim to illicit substances.

• National Human Trafficking Hotline: 1-888-373-7888