



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Reporting and Documentation of Trauma Disclosure

Jessica Tippery, APRN-NP, CPNP-PC, SANE-P, SANE-A

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf



Mid-America Mental Health Technology Transfer Center (MHTTC)

- Funded by the federal Substance Abuse and Mental Health Services Administration (Grant number: H79SM081769).
- Awarded to UNMC's Behavioral Health Education Center of Nebraska (BHECN).
- Serves to align mental health services across Missouri, Iowa, Nebraska, and Kansas with evidence-based practice.

Disclosures

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Announcements

- The recording is available here

<https://mhttcnetwork.org/centers/mid-america-mhttc/implementing-trauma-informed-practices-pediatric-integrated-primary-care>

Suspected Child Abuse and Neglect for the Primary Care Provider

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Project Harmony Medical Program Manager



Objectives

- Recognize the purpose of a Child Advocacy Center
- Provide the basics of state reporting laws
- Determine how to report child abuse and neglect and what information is important to obtain and document
- Discuss what happens when a report is made
- Discuss documentation of trauma disclosures and factors to consider with documentation

What does abuse look like?

- **Neglect**
 - Evidenced in lack of food, shelter, supervision, clothing or health care
- **Physical**
 - Evidenced by unexplainable injuries such as bruises, broken bones, burns, cuts, internal trauma, head injury, strangulation
- **Sexual**
 - May include touching, fondling, kissing, photos/video taping, enticement, trafficking, manipulation
- **Emotional**

Neglect

- Most common form of abuse
- Can be difficult to assess
- Most of the harm is emotional, not physical so difficult to assess
 - Dirty home is dangerous or unsafe
 - Animal feces, bad food, unsanitary conditions
- Failure to thrive or failure to seek medical care
- Failure to follow medical advice
- Failure to provide proper supervision
- Witness to Domestic Violence

Physical abuse: Bruises

- Accurate dating of bruises by color is not possible because:
 - Color varies with depth of bruise or skin color
 - Rate of healing varies with location on body
 - Timing of bruise appearance depends on depth
- The ability to see certain colors (yellow) varies with age and there is poor correlation with bruise color
- The more bruises a child receives, the faster they heal (the body increases its ability to heal when needed)



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Bruising is concerning when...

- In infants <6mo old
- TEN-4-FACESp
 - Torso
 - Ears
 - Neck
 - 4 months and younger
 - Frenulum
 - Angle of the jaw
 - Cheeks
 - Eyelids
 - Subconjunctivae
 - Patterned bruising
- Determining accidental vs abusive:
 - History
 - Development/age
 - Location
 - Pattern



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Sexual abuse

- Difficult to determine incidence because most abuse is not reported at the time of occurrence
- Difficult to prosecute
- Definitions vary from state to state
- Estimated 1 in 10 children will be sexually abused before age 18
- About 90% of children who are victims of abuse know their abuser
- As many as 40% of children who are sexually abused are abused by older, or more powerful children
- Problematic Sexualized Behaviors

Sexual abuse

- Injuries are rare!
- 95% of exams are normal
- Usually only seen in an acute exam and even then rates are low
- Debunking myths of the hymen- we cannot tell if penetration has occurred in most cases
- Heals quickly and usually completely

When a child makes a disclosure to you



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When a child makes a disclosure to you...

- Children typically disclose abuse in fragments and is not most commonly reported when the abuse occurs
- On average it can take a child up to nine years to tell someone about their abuse

The CAN Discovery Process

- **Step 1:** If a child discloses they are being abused or neglected **LISTEN** first.
- **Step 2: BELIEVE** them, but do not have to verbalize “I believe you” unless it is a concern of the child.
- **Step 3: ASK** the CAN Discovery Process Questions

Reduces trauma and inconsistencies

Only gathers enough information to decide next course of action

Use open ended questions

A more detailed interview will be conducted by others as needed



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The CAN Discovery Process- Minimal Facts

1. **WHAT** happened?
 - Have the child tell you in their own words, not your impression of what happened
 - Can clarify if needed
2. **WHEN** did it happen?
 - To determine if immediate medical attention may be necessary, this helps investigators know priority
3. **WHERE** did it happen?
 - Helps establish jurisdiction
4. **WHO** did these things to you?
 - Adult vs child, also determines which investigative agency will accept
5. **WHEN** is the next time you will see them?
 - Determines child's safety



Do

- Establish rapport with children during exam so they feel safe to disclose
- Do your best to gather the information needed for the report
- Let the child know they are safe with you
- Remember the importance of this moment for the child

Don't

- Pressure children for information
- Ask leading or “why” questions
- Make promises you can't keep
- Tell the child “nothing bad will happen to you”
- Judge their behaviors



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Who needs to report and when?



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Mandatory reporters

- The burden of reporting, or reasonable cause to believe there is something of concern.
- Statue: (1) When any physician, any medical institution, any nurse, any school employee, any social worker, the Inspector General appointed under section [43-4317](#), or any other person has reasonable cause to believe that a child has been subjected to child abuse or neglect or observes such child being subjected to conditions or circumstances which reasonably would result in child abuse or neglect, he or she shall report such incident or cause a report of child abuse or neglect to be made to the proper law enforcement agency or to the department



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How do I report?



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Call the Child Abuse Hotline

- If the abuse occurred in Nebraska:
 - 1-800-652-1999
- If the abuse occurred in Iowa:
 - 1-800-362-2178
- Or call local law enforcement

- Reports are best made by the person who the disclosure was made to or who the initial concern was observed by

To make a report:

- Make the report
 - Give as much detail as you have
 - It's okay if you don't know everything they ask
 - Resist the urge to interpret or give opinions, just facts
- Make sure the child is safe
- Can let the child/caregiver know you are calling people who can help them and the family
- Be honest with older children about the fact that you have to report what they have told you

Communicating with the Caregiver

- Be direct with your plan to caregiver
- If caregiver is the suspect, ensure the child is safe and separated from the parent until LE arrives
- If the caregiver is aware, can encourage them to make a hotline report as well or you can make it together
- Assess the caregiver's ability to protect if unbelieving
- What if the caregiver wants to leave with the child?



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What if the caregiver suspects abuse?

- Gather information on why abuse is suspected from the parent
 - May need to be completed without the child present depending on the child's age
- Encourage the parent to call the hotline and make a report of their own concerns
- Make a hotline report as a mandatory reporter
- Common concerns for abuse:
 - Vaginal hygiene/rash
 - UTI symptoms
 - Change in behaviors observed when transitioning between households
 - Disliking diaper changes
 - “Hole” is too big
 - Regression
 - Sexualized behaviors



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What happens after a report is made?



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- DHHS/CPS and LE decide whether the report will be accepted depending on:
 - Urgency of exam
 - Safety of the child
 - Dynamics of the family
 - Details of report

- Information is shared between the two entities

- **Now...**

- Is it safe to send the child home?

Law Enforcement	Child Protective Services	Child Advocacy Center
Accepts reports	Accepts reports	Referrals come from LE and CPS
Investigates crime and ensure child safety	Assesses safety and future risk of maltreatment	Interviews child and conducts medical exam
Arrests/charges perpetrator	Develops safety plan & contracts ongoing services	Provides advocacy support and follow-up to family
Consults with criminal county attorney	Consults with criminal county attorney/juvenile county attorney	May facilitate or participate in 1184 MDT Meetings

How We Respond to Reports



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Documentation and Examination



HPI

- Documentation is very important!
 - Document what you ask and what the child states verbatim and in quotes if possible
 - Be careful to avoid any unnecessary questions, only obtain the facts
 - Document CAN Discovery Process questions here
 - Include asking child/caregiver if any current injuries or concerns about their body
- Example:
 - I asked Sally if someone has ever touched her inappropriately and she said, “Yes my uncle did”.



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Physical exam

- If concerns of sexual abuse, perform a basic assessment to ensure there are no injuries or findings that would require emergency medical care
- It is common for genital exams to be deferred so Project Harmony can complete
- If concerns of physical abuse or neglect, document appearance and any concerning injuries along with full head to toe assessment
- Be sure to document any normal skin alterations
- No need to send to emergency room unless emergent medical concerns to address

Treatment plan

- STI testing can be completed at Project Harmony
- Referrals for therapy are completed by family advocates at Project Harmony

Diagnosing

- Suspected child abuse unless we can confirm child abuse

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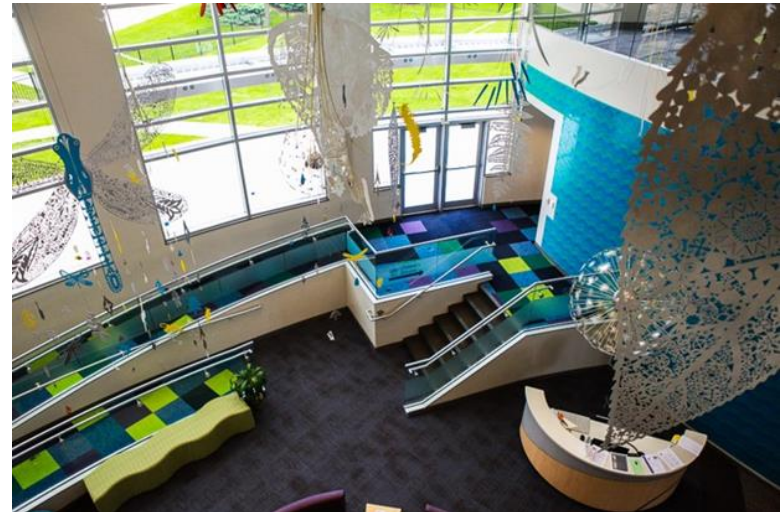


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- Project Harmony has assembled a multidisciplinary team who work together for the common goal of protecting children
 - Law enforcement
 - DHHS/CPS
 - Medical Providers
 - Forensic Interviewers
 - Family Advocacy
- This collaborative approach strives to ensure that children are not further victimized by the systems intended to protect them
- We serve the Omaha Metro area and surrounding counties and 16 counties in Southwest Iowa



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When do they come to Project Harmony?

- Timing depends on urgency
- DHHS/CPS and/or LE will follow up with parent to schedule
- Not all cases come to Project Harmony



Forensic Interviews

- Interviewers are trained in child development and court-approved question techniques
- Interview is recorded so child does not have to tell their story multiple times
- While child is being interviewed, LE and CPS can watch on TV monitor in the next room
- Interviewer and Medical provider collaborate to provide care to the child
- Environment is important
 - Safe
 - Comfortable
 - Free of distractions
 - Dogs can be present



Understanding Child Disclosures

- Delay of disclosure is common
- Disclosure is often determined by characteristics of child, family environment, community influences and social attitudes
- Disclosure is a process not an event
- There is no one expected affect or demeanor of a child who has been abused



Medical Team

- 5 APRNs, 1 RN, Child Abuse Pediatrician- Dr. Haney
 - Daily coverage from 8am-7pm
 - On call 24/7
 - Specialized training in child abuse/neglect injuries and medical conditions
 - Pediatric/Adolescent SANE trained
 - Work closely with LE and DHHS on a regular basis



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Medical Exams

- Types of exams:
 - Sexual abuse
 - Historic
 - Acute
 - Problematic sexualized behaviors
 - Physical abuse
 - Foster Care exams
- Requested by
 - DHHS/CPS
 - Law Enforcement
 - Medical providers by consult
- Scheduled with the forensic interview because
 - Timing is important
 - One time, one place
 - Child may disclose to medical staff
 - Allows opportunity for child to ask questions, share worries about body concerns
 - Reassurance



Physical exams

- Complete head to toe assessment
- STI testing
- Referrals- medical and therapy
- Use of Cortexflo
 - Equipment used to magnify area and obtain high density digital images or videos
 - Non-invasive genital exams
 - Physical abuse injuries



Sexual Assault Forensic Evidence Collection Kit

- Detailed DNA/evidence collection
- Must be requested by law enforcement
- Only institution who provides prepubescent SA kits in the area

Children's Advocacy Team (CAT)

- Clinic located at Children's Hospital and Medical Center
- 2 Physicians, 3 APRNs, 3 RNs, 2 Social workers
- Inpatient consultations at Children's and Nebraska Medicine
- Outpatient follow up for physical abuse, failure to thrive/neglect
- Foster Care Clinic
- Collaboration with Project Harmony

How else can I help as the Primary Care Provider?



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How to help

- Empower caregivers/children to know the names of their body parts
- Provide education about boundaries
- Education on what to do if someone touches or tries to touch their private parts
- Educate adolescents on consent and safe sex practices

What is one thing you will think about or do differently
after attending this training?

Questions?

Take the pledge to
be someone in the
life of a child today at
ProjectBeSomeone.org



THANK YOU!

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