

How EMS Can Protect Children from Maltreatment



Joyce Foresman-Capuzzi and Dr. Katherine Remick

Teachers and physicians are often the first to spot child maltreatment.

But during the COVID-19 pandemic, school closures, fewer pediatrician visits and restrictions on case workers visiting at-risk families in the home mean fewer chances to detect when a child is in danger.

At the same time, increased family stress, job loss and social isolation are potentially leading to more aggression and abusive treatment of children.

By being the “eyes and ears” in the field, EMS practitioners can advocate for abused or neglected kids.

“When we go into someone’s home, we are doing more than just assessing the patient. We are really assessing the environment,” said Joyce Foresman-Capuzzi, a clinical nurse educator. “As EMS providers we have a very important role. We can identify a vulnerable group or a bad situation.”

Foresman-Capuzzi, Emergency Nurses Association liaison to the American Academy of Pediatrics, and Dr. Katherine Remick, a pediatric emergency physician and medical director for NAEMT’s Emergency Pediatric Care course, offered this advice on recognizing the warning signs of child abuse and ensuring it’s reported.

1 Babies should not bruise, break or bleed. Most times, a fracture or bruising in a child who can walk isn’t cause for alarm. But that same injury in a child who is less than 6 to 9 months old and is not yet walking, or who is disabled and non-mobile, should set off alarm bells. “Babies do not generate enough kinetic energy to self-injure,” Remick said.

One study of 1,000 kids attending well-child visits found accidental bruising occurred in less than 1% of children younger than 6 months, and 1.7% of children younger than 9 months who were not yet walking with support (cruising). Bruises become much more common when kids are mobile, with 18 percent of cruisers and over half of walkers bruised.

Likewise, fractures in infants and even toddlers under 18 months old are uncommon because their skeletal system is very cartilaginous. If you encounter bruising or a fracture on a non-mobile infant, document your concerns.

Older children and teens can be victims of human trafficking. EMS should post contact information for the National Human Trafficking Hotline inside the ambulance. (888) 373-7888 or Text HELP to BeFree (233733).

2 Pay close attention to certain burn patterns. Accidental and intentional burns tend to look different. Accidental burns are usually found on the front of the body. They are asymmetrical, of partial thickness, consistent with the child’s level of motor development, and occurred during one event, meaning the skin injuries are all the same age. In a splash burn, for example, burns of multiple depths are interspersed with non-burned areas.

Intentional burns are more likely to be symmetrical (such as both feet), full thickness or in areas such as the genitals or the buttocks, and are inconsistent with what the child could have done themselves.

3 Facial and intraoral (mouth) injuries can be warning signs. In small children, injuries to the frenulum (the skin that connects the lip to the gum), the eyelid or the eye, the cheek or the jaw deserve a closer look. This is especially true when facial or eye injuries are combined with bruising to the torso, neck or ears.

4 Even relatively minor injuries can be a sign of a bigger problem. Often, children who die due to abuse have recently been seen by medical professionals for prior injuries or illnesses that were not recognized as abuse. The abuse may escalate over time.

Not all injuries are obvious. Remick recalled a young child who was brought to the emergency department by EMS for a respiratory illness and suspected seizure. When EMS arrived in the home, the family and the toddler were calm and quiet. She had a fever, cough and a little blood in the corner of her mouth, which the family said happened during the seizure.

At the hospital, the child went into cardiac arrest. She was found to have multiple rib factors, liver and spleen lacerations, bleeding in her brain, and bruises at multiple stages of healing. None of the medical professionals who examined her suspected abuse, so they didn’t think to do a full body exam and look for the signs, Remick said.

5 Don’t assume child abuse only occurs in lower-socioeconomic circumstances. Certain situations, including poverty, substance abuse and alcoholism, and mental illness, raise the risk of child neglect or abuse. But child abuse occurs in families of all income levels.

6 Ask questions and document what you see and hear. Be thorough in your assessment, and document the behavior of the child, caregivers and other children present; what the family told you happened; and use a body map to show where injuries were found. “Ask questions and at least consider if anything you are seeing could be secondary to abuse,” Remick said.

Watch the webinar: This information was originally presented in an NAEMT/AAP webinar, “Assessing and Treating Child Maltreatment in the Prehospital Environment.” NAEMT members can watch a recording and access resource materials by logging into the Member Portal at naemt.org.