

# Documentation

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The Kempe Center  
FOR THE PREVENTION AND TREATMENT  
OF CHILD ABUSE AND NEGLECT



University of Colorado  
Anschutz Medical Campus



Children's Hospital Colorado

# LEARNING OBJECTIVES

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- Define mandated reporter
- Explain the process of how to make a report
- Review key concepts of photodocumentation
- Discuss objective documentation for charting



# REPORTING- Who?

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- Mandated Reporting Requirements
  - Any person specified who has reasonable cause to know or **suspect** that a child has been subjected to abuse or neglect, or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report this to law enforcement or social services.
  - Failure to report is a Class 3 Misdemeanor
  - It's not your job to determine whether abuse occurred, but rather to report any suspicions you may have
- Good faith clause
  - Immunity from prosecution for persons who in good faith report suspected child abuse or neglect under the State's reporting laws
  - Assumption that the reporter, to the best of his or her knowledge, had reason to believe that the child in question was being subjected to abuse or neglect
- Information sharing allowed by HIPAA
  - Allows for x-rays and photography
- Report regardless of what you think the family wants or what you think child protective services may do!



# Who does report get made to?

## 1-844-CO-4-KIDS

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### **DHS/CPS – In the county where the child resides (at least half of the time)**

1. Physical Abuse
2. Neglect
3. Sexual Abuse:
  - Perpetrator is living in the home
  - Perpetrator is a relative
  - There are children in the perpetrator's home

### **Law Enforcement – The jurisdiction where the abuse took place**

1. Physical Abuse
2. Sexual Abuse
3. Statutory Rape:
  - Victim under 15 yo, “perpetrator” 4 years older
  - Victim is 15-16 yo, “perpetrator” 10 years older
  - Victim is 17 yo, “perpetrator” in position of trust (no age limitation)



# What information is needed to make a report?

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Name, address and  
DOB of victim

Name, address and  
DOB (if possible) of  
POC and other  
adults in the home

Names and DOBs  
of siblings

Name and address  
of alleged  
perpetrator

Location where  
alleged  
abuse/neglect  
occurred

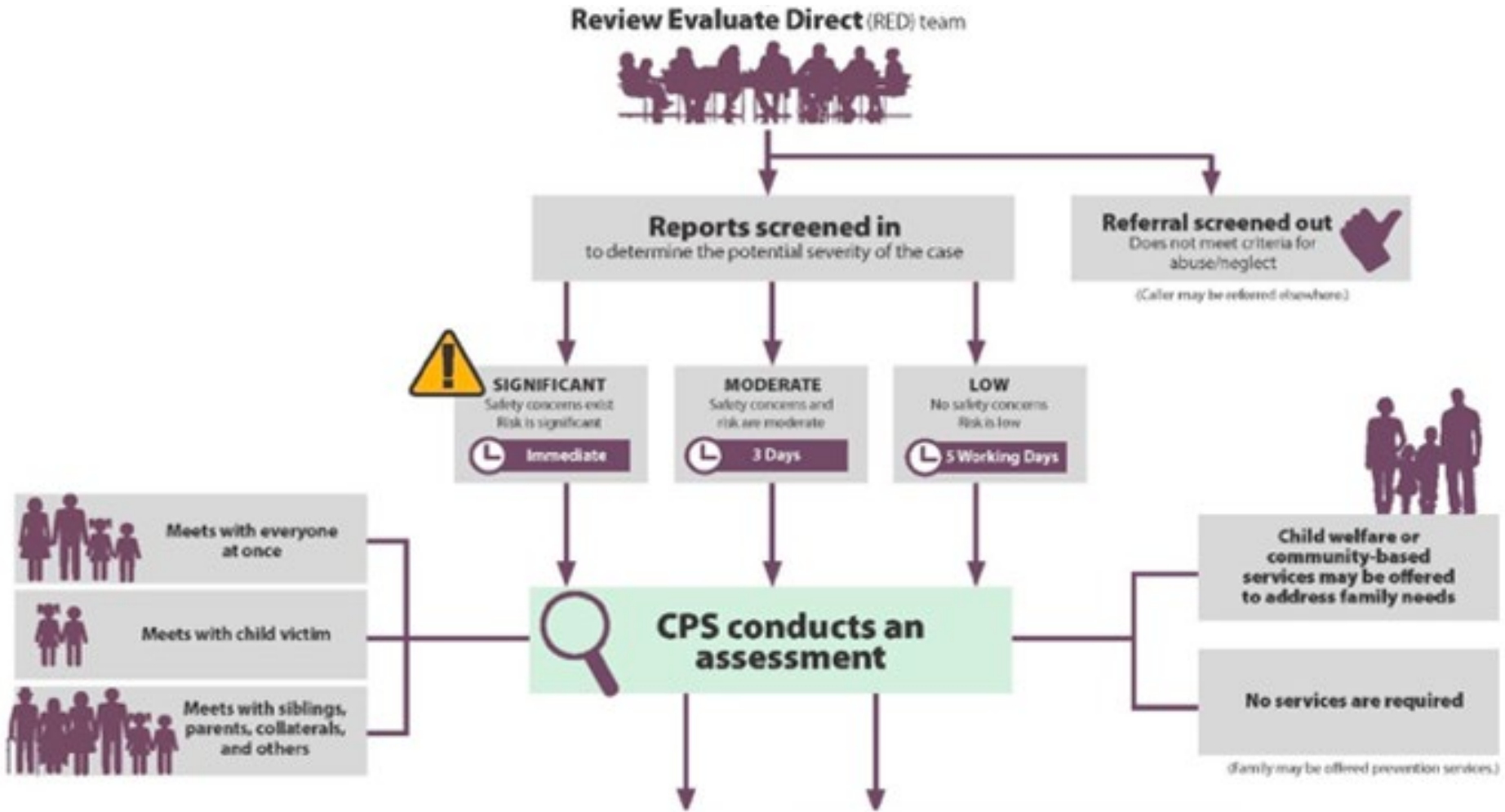
Nature of concerns

Objective  
observations of  
behaviors and  
interactions

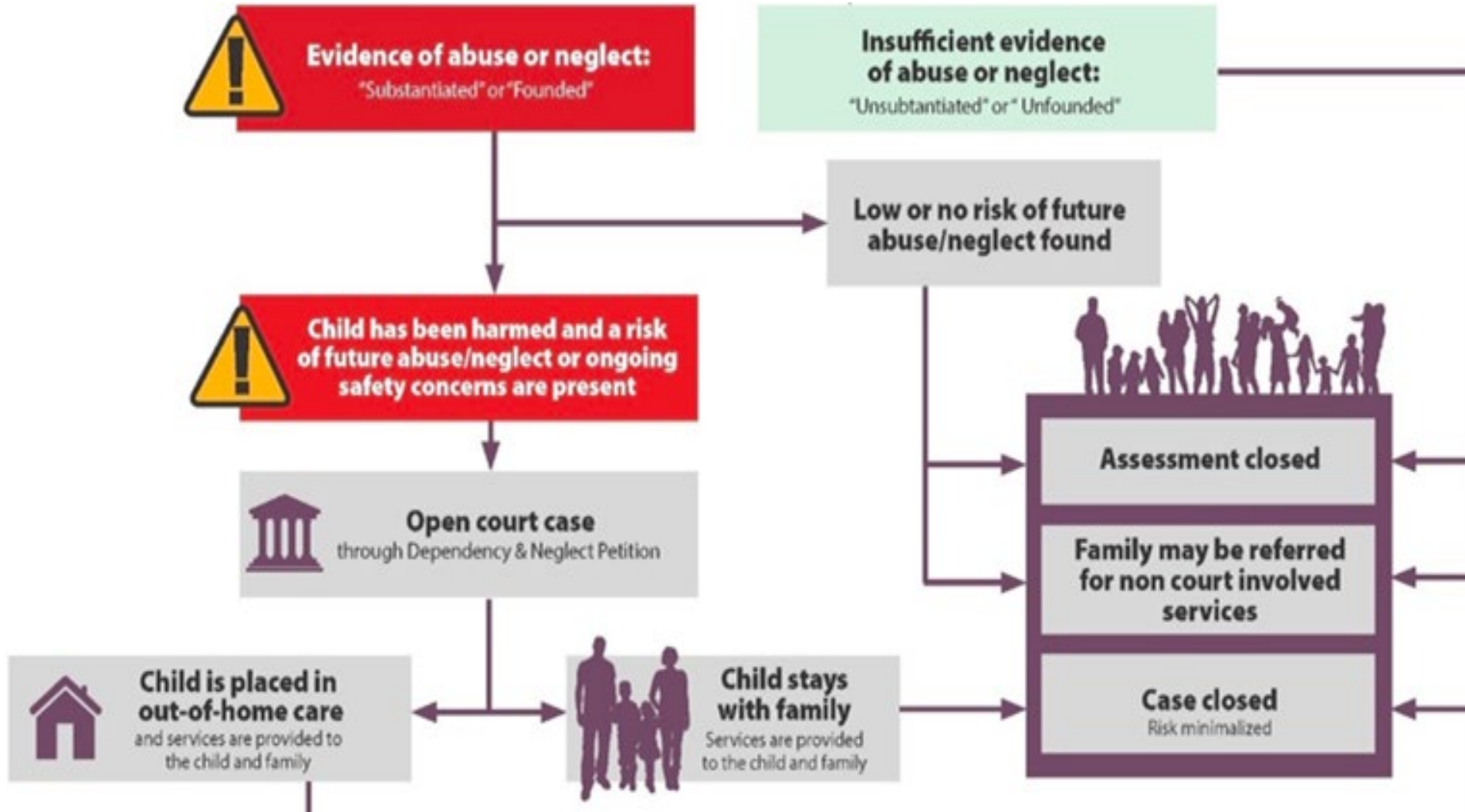
Strengths of family



# REPORTING- What comes next?



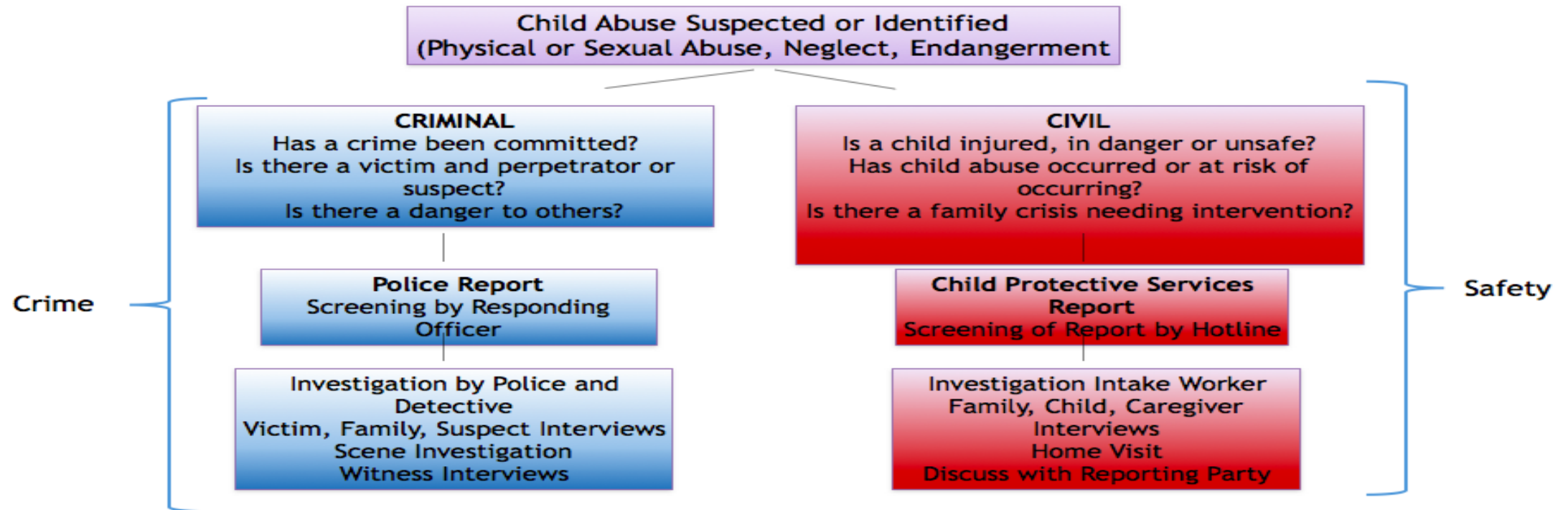
# REPORTING



# REPORTING

## Parallel Systems of Investigation

MANDATED REPORTED HAS INTERACTION WITH A CHILD





# REPORTING

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- Addressing the issue of reporting with families
  - Be straightforward and honest
  - “As a mandated reporter I am required by law to report any suspicion of injuries that could be related to abuse”
  - “I am worried that someone may have hurt your child”
  - “I don’t have the ability to look into this comprehensively. That is the role of the outside agencies.”
  - “We don’t have a good history to support this injury and when that’s the case, we have to worry about inflicted trauma.”
- Your information and report given to the statewide hotline is confidential to families, however, it is best practice to communicate your concerns to the family

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# Communicating Concerns: Respect

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- Respect your patient and his or her family
- It is NOT our place to judge families
- Use empathy when dealing with families where the suspected diagnosis is NAT
- Start from the positive
  - “I know you’re concerned...”
  - “I can see that you love your child...”



# Charting

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Be descriptive

Be objective – including when documenting other risk/protective factors

Use quotes where appropriate

Avoid “appropriate” – describe how!

Explain your diagnostic reasoning – including differential diagnosis and process for ruling out

## Qualifiers

- “suspicious for” is often less convincing than “consistent with” or “indicates”
- Ok to say that an injury is “unusual”
- OK to explain if you are unsure



# Youth in Out of Home Care

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- AAP recommendations
- High risk medical
  - Social determinants
  - Chronic medical conditions
- Medical home with integrated care is ideal
- Exams – more freq intervals, starting with placement
  - Physical exam
  - MH screening
  - Developmental screening
  - Dental screening
  - Immunizations



# PHOTODOCUMENTATION

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- Benefits of photodocumentation
  - Allows for exam review and confirmation of findings
  - Allows for comparison of lesions to implements potentially used to cause injury
  - Allows for second opinion of any potential unclear findings and allows for later peer review
  - Allows for comparison of injuries as new injuries may appear or as injuries heal
  - May be helpful for review in preparation for testimony and for presentation of injuries in court
- Consent for obtaining photos is not needed as part of a child abuse evaluation



# PHOTODOCUMENTATION

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- Equipment modalities
  - Cell phone
    - Privacy concerns unless able to utilize directly within EMR system
  - Digital cameras
    - Very good choice for basic digital photodocumentation
    - Images must be saved and stored securely and in compliance with HIPAA guidelines
  - Colposcope
    - Excellent but NOT NECESSARY for documenting anogenital injuries



# PHOTODOCUMENTATION

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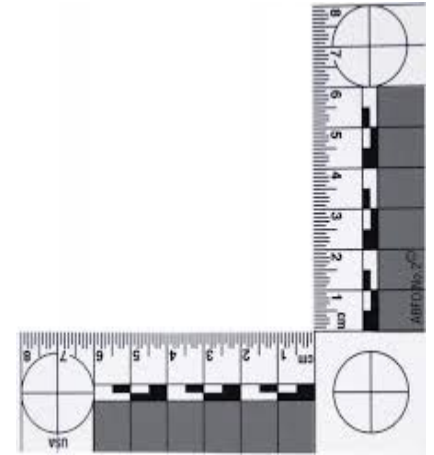
- Obtaining photographs with children
  - Explain what you are doing in a clear, developmentally appropriate manner
- Aim to obtain clear photos with good lighting
  - In general photos should not be deleted even if due to poor image quality
  - Images should also not be cropped or altered in any way
- Photos of wounds and excessive blood
  - Best practice to take photos before and after wounds are cleaned when possible
  - In some cases photos with excessive amount of blood may be excluded from court evidence



# PHOTODOCUMENTATION

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- Three photograph method:
  - Photo 1- wide view to orient to the position of the injury on the body
  - Photo 2- zoomed in, detailed view of the injury
  - Photo 3- photo of the injury with forensic scale +/- patient identifier
    - Photos should be taken perpendicular to the lesion or injury in order to accurately depict size/measurements
    - \*If three photos are not taken, be sure to include documentation of the body part captured in the photo for later clarification
- Inclusion of patient ID label in each photograph can be used to verify the photos are of the correct patient





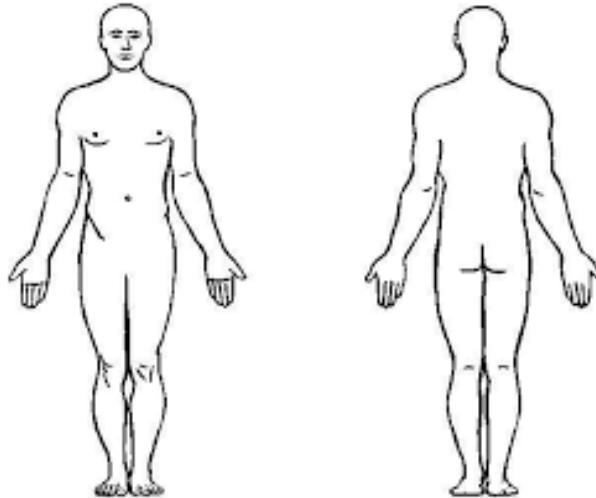
# PHOTODOCUMENTATION



# PHOTODOCUMENTATION

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- Photodocumentation does not replace the need for written documentation
- Injuries should still be documented in detail in the PE and/or using a body diagram
  - Especially important when photo images are blurred or shadowed to document the physical exam as it was seen, not as it is recalled by photo images



# RESOURCES

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Melville JD. Photodocumentation. In: Laskey A, Sirotnak A, eds. *Child Abuse: Medical Diagnosis and Management*. 4th ed. American Academy of Pediatrics; 2019:861-871.

Christian CW. The Evaluation of Suspected Child Physical Abuse . *PEDIATRICS*. 2015;135(5):1337-1349.

Ricci, MD, L., 2011. Photodocumentation in Child Abuse Cases. In: C. Jenny, ed., *Child Abuse and Neglect- Diagnosis, Treatment and Evidence*. St. Louis: Elsevier Saunders.



# THANK YOU!

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- Questions?

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