

What to Do If You Are Mistakenly Accused of Child Abuse in a Hospital Emergency Room

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My 9-year-old daughter was jumping on her bed. She bounced off, and I wound up taking her to the emergency room. She got two small stitches under her eye. Just a week later, two of our sons were engaged in some rough horseplay. *Oops!* Off to the emergency room I went again. Thankfully, no stitches were needed on the 4-year-old's head. Both times, we were treated by the same nurse in the same examining room! I could sense that she looked at me with a tad of justifiable suspicion. That's why I made sure that in both instances the children told the nurse what had happened. I did not want to give the impression that the kids were being coached in any way.

Simply because a child gets injured and is treated at an emergency room does not mean that Child Protection Services (CPS) will become involved. The hospital contacts CPS only when staff suspect maltreatment. Assuming there really was no abuse or neglect, how should parents best handle this kind of emergency room encounter?

It is not the role of emergency department staff to substantiate a claim of child maltreatment, but only to report a reasonable suspicion of abuse or neglect. In most scenarios, the emergency department staff do not know a child or family prior to the encounter and they are meeting the family for the first time in a crisis situation. If the child is known, it is because the child has presented for multiple emergency scenarios. Therefore, the emergency personnel have a snapshot of a scenario, and must decide in a short period of time if the injuries and illnesses and associated history fall into the category of child maltreatment.

Health-care providers are mandated reporters, and thus have a legal obligation to report suspected cases of child abuse and neglect. The [National Child Abuse and Neglect Data System](#) reports that in federal fiscal year 2020, the national rate of child maltreatment victims was approximately 8.4 victims per 1,000 children, and that 77.2 percent of perpetrators were a parent of their victim. From these statistics, one can see why emergency personnel must be on high alert for signs of child abuse in patients and simultaneously wary of the **child's primary** caregivers.

Given this information, it is important to understand that it is the job of the providers in the ER to try to protect children from child maltreatment. In any injury or illness, the history of the injury/illness will be evaluated, accompanied by an examination of the child.

Depending on the child's age, medical stability and developmental level, the child may be questioned directly as to the nature of the injury/illness.

Making a decision to contact child protective services is a difficult call for the vast majority of health-care providers. After examining the physical evidence and corresponding history of the event or illness, the provider may feel that there are incongruencies or potential patterns in illness or injury that warrant further investigation.

It is important to note that a CPS investigation does not mean you **have been found “indicated” for child abuse if you are being** investigated. A particularly accident-prone or clumsy child may present to the ER for multiple injuries in the same way a child suffering from physical abuse might. It is the role of CPS to evaluate the claim of child maltreatment and to decipher the intent of the injuries.

As a parent, your worst nightmare is that your child will be taken from you. Interacting with a CPS investigator, especially in an ER setting, can be daunting. Here are some suggested guidelines:

- Your demeanor must always be serious, calm and polite. Despite the fact that no abuse occurred, do not ridicule or flippantly dismiss the CPS allegations or suspicions. A display of anger or annoyance can be interpreted as an attempt to hide wrongdoing. This could unconsciously lead the investigator to believe that **you’re “guilty until proven innocent.”**
- Even though things are happening fast in the ER, depending on the allegations, you may want to have an attorney present with you during any interviews with a CPS investigator.
- Under many circumstances — but not all — you may be inclined to proactively grant CPS access to your child. While you may have the authority to deny that access in some states, such a denial may cast you in a negative light. This is a judgment call to quickly consult an attorney about.
- In some states, an investigator is legally required by law to videotape or audiotape their interviews **with the child. If that’s**

true in your state, you should ensure that this happens. If it's not, document the time, duration and circumstances of the interview.

- If the unthinkable happens and your child is removed from your care, try to have your child be sent to the home of a relative or close friend. You will likely retain the right to see your child, barring a determination by a court that it would not be within the **child's best interests.**

False allegations happen — even inadvertently. Knowing your parental rights can keep your child safe and your family intact.

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