

Recognizing Child Abuse

**Satellite Conference and Live Webcast
Tuesday, January 15, 2013
11:30 a.m. – 1:30 p.m. Central Time**

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

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Speaker Disclosures

- The speaker did provide disclosures
- The speaker does not intend to discuss an unapproved / investigative (“off-label”) use of a commercial product / device
- The speaker has no significant financial relationship(s)

Warning

This presentation contains pictures of babies and children who exhibit graphic examples of abuse including: bruises, fractures, and burns.

Statistics

- A report of child abuse is made every ten seconds
- Almost five children die everyday as a result of child abuse
 - 75% are under the age of 4
- Between 60-85% of child fatalities due to abuse are not recorded as such on death certificates

Statistics

- 90% of child sexual abuse victims know the perpetrator in some way; 68% are family members
- Child abuse occurs at every socioeconomic level, across ethnic and cultural lines, within all religions and at all levels of education

**Professionals Required to Report
Citation: Ala. Code § 26-14-3**

- The following persons are required to report:
 - Doctors, medical examiners, dentists, nurses, or pharmacists
 - School teachers or officials
 - Law enforcement officials

**Professionals Required to Report
Citation: Ala. Code § 26-14-3**

- Daycare workers or social workers
- Members of the clergy
- Any other person called upon to render aid or medical assistance to a child

Original Article www.jpedsbc.org

Physical Abuse: Recognition and Reporting

Gail Hornor, MS, RNC, CPNP

ABSTRACT
This article provides primary care providers, including pediatric nurse practitioners, with a framework for understanding the detection of child abuse, recognizing physical abuse injuries, and reporting outcomes of suspected physical abuse in child protective services. These children die in America every day as a result of child abuse or neglect. Many children who have severe injuries at the time that physical abuse is diagnosed have previously presented with less severe injuries, and physical abuse has been overlooked. Physical assessment for children presenting with bruising, lacerations, fractures, medical injuries, abdominal trauma, and head injuries will be discussed, as will recognition and reporting of physical abuse injuries by primary care providers in preparation for the protection of children. *J Pediatr Health Care.* (2005) 19, 4-11.

www.jpedsbc.org
Volume 19; Number 1

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Caretakers at Risk

- History of child abuse / neglect as a child
- Lack of social supports / social isolation
- Poor impulse control
- Unrealistic developmental expectations of the child
- Adolescent or young parent

Caretakers at Risk

- Mental illness / depression / developmental delay
- Substance abuse
- Domestic violence
- Poverty
- Unemployment
- Low education

Caretakers at Risk

- Single-parent home with mother head of household
- Previous involvement with child protective services
- Role reversal in the parent-child relationship

– Gail Hornor, MS, RNC, CPNP. Physical Abuse: Recognition and Reporting. *J Pediatr Health Care.* (2005) 19, 4-11.

Children at Risk


- Age (infants and preschoolers are at increased risk)
- Prematurity
- Developmental delay / disability
- Congenital anomalies or other medical condition
- Behavior problems
- Placement in foster care

Red Flags

- No history given for the injury
- Inconsistent / conflicting history given by caretakers
- History / injury is inconsistent with the developmental level of the child
- History is inconsistent with the injury
- Delay in seeking medical care
- Doctor shopping


Bruises

- Most common injury
- Data suggestive of abuse
 - Patterned bruises
 - Location
 - Inconsistent history for exam
 - Evolving history



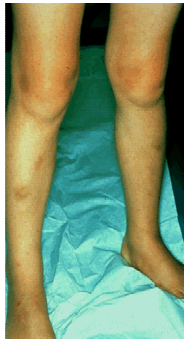
Bruises

- Accurate dating of bruises is NOT possible
 - Color is variable
 - Healing variable based on location
 - Appearance may depend on depth



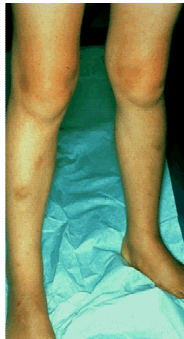
Accident vs. Abuse

- Location
 - Non ambulatory children rarely bruise accidentally
 - Normal bruises tend to occur on bony prominences



Accident vs. Abuse

- < 1% bruises to chin, ears, or neck
- < 2% bruises to thorax and abdomen
- Pattern



Worrisome Bruise Locations

- Back
- Buttocks
- Genitalia
- Ears
- Neck
- Axilla

Abuse?



Abuse?



Abuse?



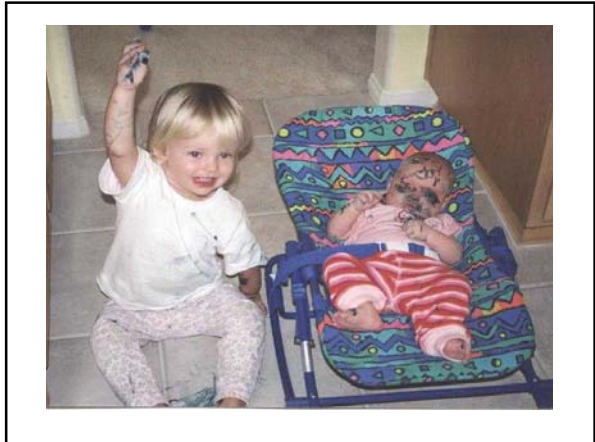
Buttock Bruising



Pinna Bruising



Abuse?



Phytopodermatitis



- Reaction to plant products after sun
- Lime, mangoes, celery, parsley
- Begins day after exposure
- Patterns of drips and streaks (? Burn)

Coining



- Southeast Asian medical practice
- Skin is rubbed with coin
- Impressive symmetric bruising pattern

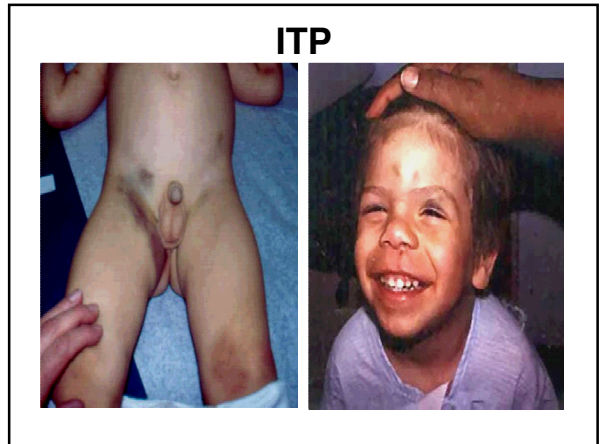
Cupping



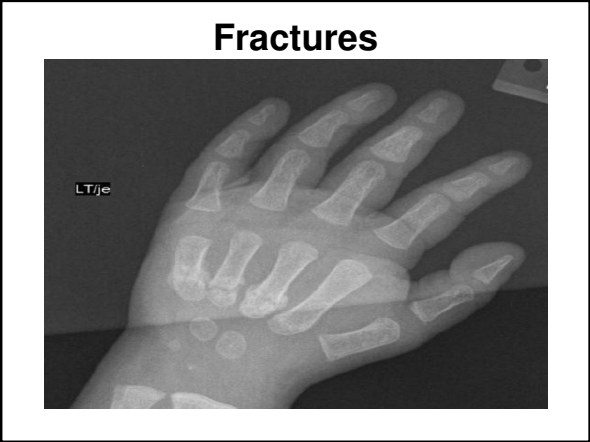
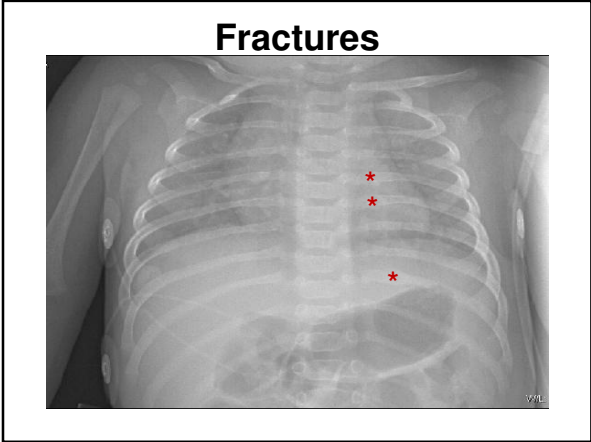
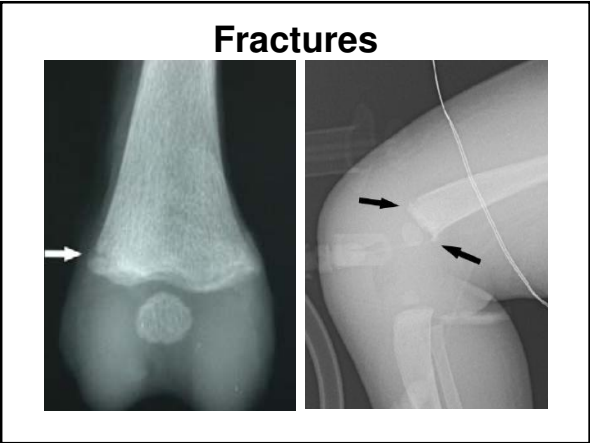
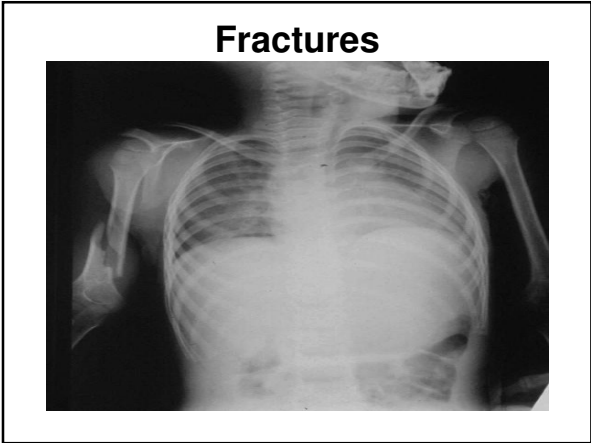
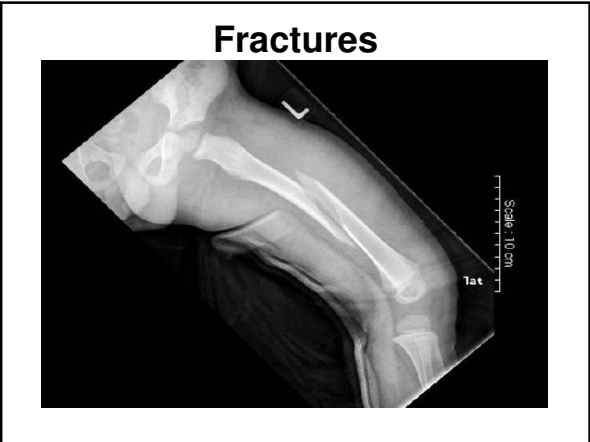
- Made by placing vessel with heated air on skin
- Circular erythema

Abuse?





- ### Fractures More Likely to be Abusive
- Multiple fractures
 - Combination of old / new fractures
 - Delayed presentation
 - Implausible mechanism
 - Discrepant history
 - Fractures with higher specificity for abuse



Burns

- 5-30% are inflicted
- Concerning patterns include:
 - Sparing of creases
 - Sparing of points of pressure
 - Stocking / glove distribution
 - More than 2 sites of involvement
- Kids burn in 1/4 to 1/2 the time as adults

Accidental?



Burns



Burn Patterns

- Look for spills and splashes
- Findings consistent with gravity
- Sharp lines of demarcation are a warning sign

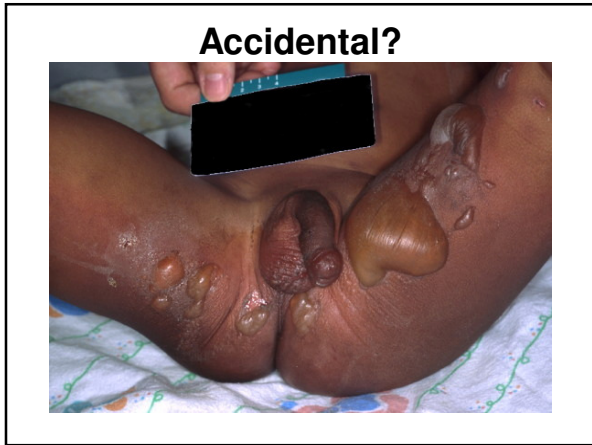
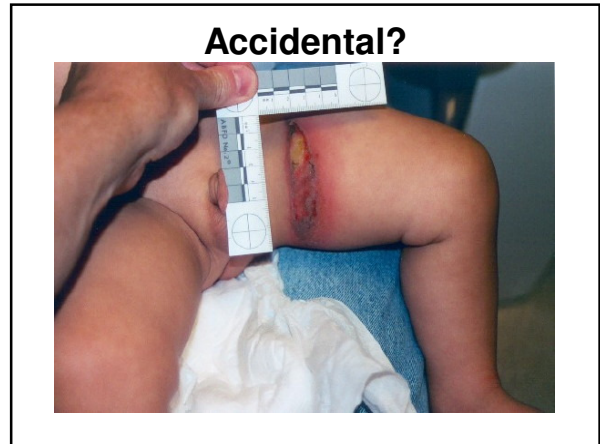
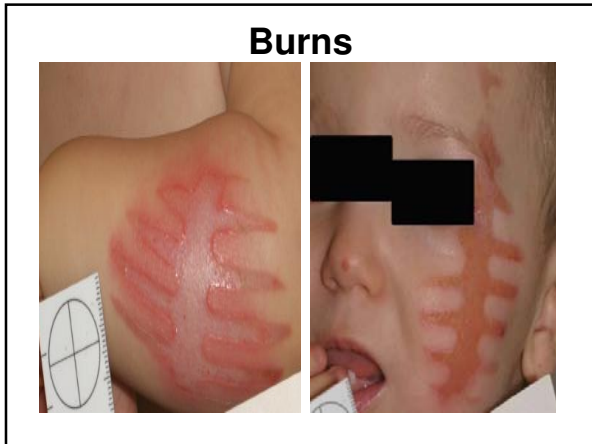


Burn Patterns






Burns





Burn Masqueraders

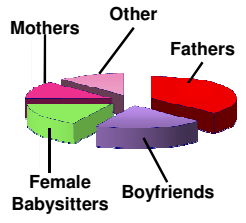
- Impetigo 
- Staphylococcal Scalded Skin Syndrome 
- Epidermolysis Bullosa 

Victims of Abusive Head Trauma

- Age range: 2 weeks to several years
- Average age: 6.6 months
- Slight predominance of male victims
- Death rates equal for males and females

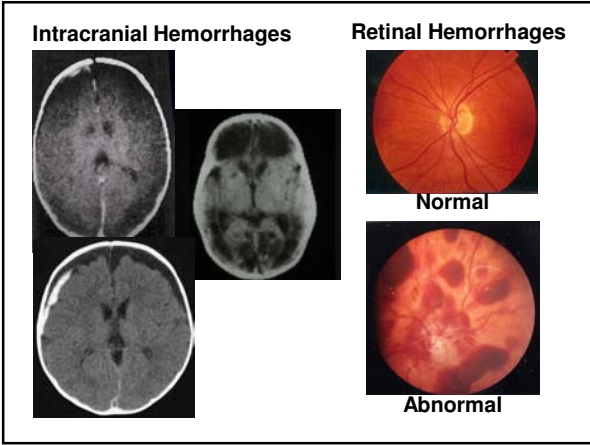
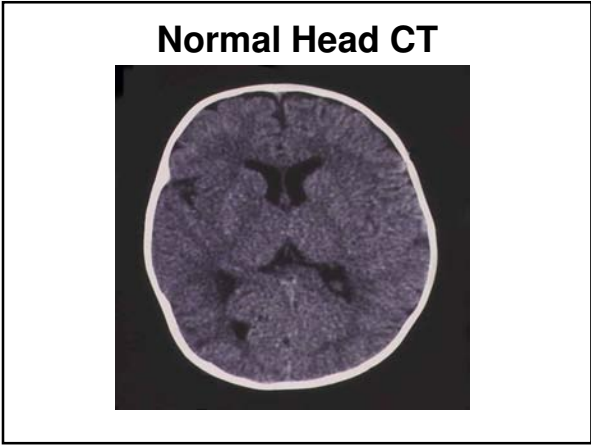
Who Shakes Babies?

- Fathers 37%
- Boyfriends 20%
- Babysitters 17%
- Mothers 13%
- Others 13%



- ### Presenting Symptoms
- Acute findings
 - Seizures
 - Lethargy
 - Apnea
 - DOA
 - Subtle findings
 - Irritability
 - Vomiting
 - Poor feeding
 - Apnea

- ### Findings
- Intracranial hemorrhage
 - Subarachnoid hemorrhage
 - Subdural hemorrhage
 - Acute
 - Chronic
 - Mixed
 - Epidural hemorrhage
 - Retinal hemorrhages



Abusive Head Trauma Is Diagnosed Based on a Constellation of History, Signs, and Symptoms

- ### Roles of the Medical Provider
- Medical provider roles:
 - Detailed documentation of history and exam
 - Look for medical conditions and complications
 - Treat conditions present
 - DHR and / or law enforcement investigate circumstances

Interactions with the Family

- Many families feel personally accused when subject of abuse is broached
- Non-judgmental approach to family often eases medical interaction
- Hiding medical studies and procedures frequently causes mistrust

Take Home Points

- Be suspicious
- Think twice when it just doesn't fit
- If you don't bruise, you shouldn't bruise
- It's normal to be normal

Contact Information

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