

Recognizing Child Abuse

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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)

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

<http://www.childhelp.org/pages/statistics#gen-stats>. Accessed 5/4/2010.

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

<http://www.childhelp.org/pages/statistics#gen-stats>. Accessed 5/4/2010.

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

http://www.childwelfare.gov/systemwide/laws_policies/state/index.cfm?event=stateStatutes.processSearch. Accessed 5/4/2010.

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

http://www.childwelfare.gov/systemwide/laws_policies/state/index.cfm?event=stateStatutes.processSearch. Accessed 5/4/2010.

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

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

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

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

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**

Labble, J and Casouette, G. Recent skin injuries in normal children. Pediatrics. 2001. 108:271-276

Accident vs. Abuse

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

Labble, J and Casouette, G. Recent skin injuries in normal children. Pediatrics. 2001. 108:271-276

Worrisome Bruise Locations

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

AAP. Visual Diagnosis of Child Abuse on CD-ROM. 3rd Edition. 2008

Phytophotodermatitis

- **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

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 $\frac{1}{4}$ to $\frac{1}{2}$ the time as adults

AAP. Visual Diagnosis of Child Abuse on CD-ROM. 3rd Edition. 2008

Burn Patterns

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

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 | • Subtle findings |
| – Seizures | – Irritability |
| – Lethargy | – Vomiting |
| – Apnea | – Poor feeding |
| – DOA | – 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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