THE ROLE OF THE MEDICAL PROVIDER IN CASES OF CHILD ABUSE

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FEBRUARY 21, 2020

OBJECTIVES

1. Review the multidisciplinary approach to child abuse investigations
2. Identify the role of the medical provider and the value added to investigations
3. Explore when a medical exam should be obtained
4. Discuss the importance of expert medical consultation and when it should be sought

MULTIDISCIPLINARY TEAM

- A group of professionals working together in a coordinated and collaborative approach to ensure an effective response to reports of child abuse and neglect

BENEFITS OF AN MDT

- Less “system inflicted” trauma
- Enhanced information sharing
- Improved agency decisions
- Efficient use of limited resources
- Improved training for all professionals
- Improved optics within the community

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- There are no relevant financial relationships related to this presentation/program
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- The content being presented will be fair, well-balanced and evidence-based
- Learners who wish to receive Continuing Education Credit (CME/CLE/CE) must complete and turn in evaluations to successfully complete this program
3 QUESTIONS
WHY?
WHEN?
WITH WHOM?

COMPONENTS OF THE IDEAL MEDICAL
- Chart review
- Medical history & interview
- Injury identification and documentation
- Forensic data collection

COMPONENTS OF THE IDEAL MEDICAL
- Standardized evaluation protocol
- Identification of occult injuries, infections, or other illness
- Review of injury mechanism
- Written report & testimony

WHAT ELSE DOES THE MEDICAL OFFER?
- Assessment for developmental delays
- Assessment of nutritional status
- Assessment for emotional, behavioral, and relational problems
- Identification and treatment of new or poorly managed health problems

WHAT ELSE DOES THE MEDICAL OFFER?
- Identification of deficits in care
- Referrals
- Education
- Reassurance

9 YEAR OLD FEMALE
- Seen in CAC for concerns of sexual abuse
- Masturbation and enuresis
- No disclosures made during the FI
- Mom’s history –
  “She’s never been dry.”
- Exam revealed an imperforate hymen
- Referred to gynecology

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Pause for Questions

3 QUESTIONS
WHY?
WHEN?
WITH WHOM?

“The injuries are minor”

2 MONTH OLD MALE
• Subtle bruising noted at 2 month visit
• Referred for CAN evaluation
• Chart review
  • ED visit at 1 month for elbow swelling
  • Xray negative for fracture
  • Discharged home w/o follow up

DOES THE NUMBER OF BRUISES MATTER?

146 infants less than 6 months with isolated bruising
Skeletal survey, CT brain and abdomen* performed
Diagnostic testing for bleeding disorders
Recorded clinicians level of concern

The Journal of Pediatrics • www.jped.com
Additional Injuries in Young Infants with Concern for Abuse and Apparently Isolated Bruises

HAFFER ET AL. 2014
DOES THE NUMBER OF BRUISES MATTER?

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<th>Number of bruises</th>
<th>High level of concern %</th>
<th>New injury identified %</th>
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<td>28</td>
<td>60</td>
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<tr>
<td>&gt;10</td>
<td>87.5</td>
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HAPPE ET AL, 2014

“The patient looks great”

10 MONTH OLD MALE

- Admitted for R parietal skull fracture and small SDH after a fall
- Physical exam:  - A very active cruising child
  - Right parietal swelling
  - Subtle bruising of the chest and right knee
- Trauma team signed off

“He looks great”

10 MONTH OLD MALE

- CAN consult obtained
- Standardized workup - specific labs and radiology
10 MONTH OLD MALE

- CAN consult obtained
- Standardized workup specific labs and radiology
- Other findings
- Required PICU admission and chest tube placement

“There’s a medical explanation”

8 MONTH OLD MALE

- Abnormal PTT & Factor VIII Diagnosis of Mild Hemophilia A
- CAN consult cancelled by the hospital team

“We don’t need it. We have a diagnosis.”

- Returned to PMD 12 days after discharge with right arm swelling

What else did we find?
- Angulated fracture left radius
- Right tibial fx near the ankle
- Left tibial fx near the ankle
- Fracture of the right foot
- Fracture of the left foot
"The mechanism fits"

15 MONTH OLD FEMALE
• "Slid" from a high chair to her butt while at daycare
• "Labored breathing" and "choking" per daycare provider
• EMS contacted
  * documented "lethargic" but "asymptomatic"
  * No transport
  * At home, sleeping more than usual and vomiting

15 MONTH OLD FEMALE
• Local ED found a subdural hemorrhage
• Transferred to MMC PICU for stabilization

15 MONTH OLD FEMALE
• Report made to LE and CPS
  "What do you want us to do? The story fits."
• CAN consult revealed frequent bruising of ears and "busted lips"
• Personally re-reported
• Review of eWISACWIS

6 YEAR OLD FEMALE
• Delayed disclosure of SA
• Over the clothes contact disclosed on FI
• Normal genital exam
• Urine NAAT positive for chlamydia

"The contact was months ago"
2 YEAR OLD MALE

- Seen in a local ED at the time of search warrant for concerns of exposure
- Brought to the MCAC for concerns of drug endangerment
- No medical records
- Caregiver report included concerns for language delay, self-harm, “spacing out,” and “no boundaries”

2 YEAR OLD MALE

- Physical exam normal
- Prealbumin – 14 mg/dL
- Hair toxicology positive for…
  - MAMP
  - Cocaine and metabolites
  - THC

Problem List:
1. Drug endangered child
2. Global developmental delay
3. Self-harm behaviors
4. Likely dissociation
5. Protein malnutrition
6. Environmental neglect
7. Likely emotional neglect

WHEN TO GET AN EXAM?

- ANY infant with a visible injury
- ANY child with a severe/patterned injury
- ANY child with an urgent/emergent need
- Injuries without plausible explanation
- Disclosure or significant concern for SA
- Concerns for STI, pregnancy, genital injury
- ANY child pulled from a drug endangered home

WE CAN ARGUE THAT EVERY CHILD DESERVES A MEDICAL EVALUATION

Pause for Questions
Three Questions

Why?

When?

With Whom?

What's the Difference?

- General practice and ED clinicians
- Sexual Assault Nurse Examiners (SANEs)
- CAN Experts

Primary care pediatricians' experience, comfort and competence in the evaluation and management of child maltreatment: Do we need child abuse experts?

- 147 pediatricians surveyed about abilities managing CA cases
- Often felt competent in performing evaluations
- Less competent in rendering a definitive opinion
- Not confident in ability to testify

Lane et al. 2009

Continuing Medical Education in Child Sexual Abuse Cognitive Gains but Not Expertise

- Providers completed 21 CME hours of sexual abuse training
- 30 question pre- and posttest
- 59% did NOT correctly interpret exam findings
- 28% did NOT provide appropriate reassurance
- 39% did NOT understand legal implications

Botash et al. 2005

Why Seek Expert Evaluation?

- Training
- Experience and confidence
- Time
- Documentation
- Access to other expertise
- Access to resources for the child and family

5 Year Old Female

- Brought to MMC for SANE evaluation
- Concern for SA by caregiver
- Exam found "tear" at the 6-o'clock position
- FI performed 2 days later at MCAC
- Clear disclosure of sexual contact
- PCP called 2 weeks later with concerns for discharge
5 YEAR OLD FEMALE

- Seen by MCAC physician
- Not aware of prior "injury" until the follow up visit
- Patient disclosed sexual contact
- Exam confirmed the lesion at the 6-o-clock position...
  ...but unchanged from the SANE exam

WHEN SHOULD AN EXPERT BE CONSULTED?

- Complex injuries are present
- Confirmation of injuries is needed
- Court testimony will be needed

WHEN SHOULD AN EXPERT BE CONSULTED?

TRULY, WHEN YOU HAVE ANY CONCERN FOR CHILD ABUSE AND NEGLECT

CONCLUSION

- Medical providers are an integral part of the MDT
- Medical exam provides important information for the investigation...
  ...and for the child’s overall health and wellbeing
- MDT should have a low threshold for obtaining a medical examination
- To optimize outcomes, seek an expert in child abuse and neglect

QUESTIONS?

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REFERENCES


• Lane WG, Dubowski H. Primary care pediatricians’ experience, comfort, and competence in the evaluation and management of child maltreatment: Do we need child abuse experts? Child Abuse and Neglect. 2009;33(2):79-82.