Assessment and Management of Suspected Child Abuse

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Objectives

• Review National and State child abuse statistics
• Study some possible child maltreatment scenarios that could present to a pediatrician’s outpatient clinic
  – Failure to Thrive
  – Starvation
  – Psychological Maltreatment
  – Physical Abuse

National Child Abuse Statistics 2008

- Age of Victims - National Average
- Child population 73.5 million
- 772,000 victims
- 75% are first time victims
- 18.9%
- 23.6%
- 32.5%
- <1 y 12.3%
- 1y 7.2%
- 2y 6.8%
- 3y 6.3%

Texas Child Abuse Statistics 2008

- Total child population = 6,725,771
- Total # cases substantiated by CPS = 70,976
  – Unsubstantiated cases = 188,290

Victimization rate 2008 = 10.6 (per 1000)
(2008 nat’l rate = 10.3)
2004 = 8.2

Bexar County 2008 Statistics

- Child population = 419,165
- Alleged victims of abuse/ neglect = 25,290
- Confirmed victims of abuse/ neglect = 6,612
- Victimization Rate per 1,000 = 15.8
- Fatalities = 12
Case 1: CPS asks you to examine this 5yo boy for injury

- Child was being beaten in the head by Mom with her cell phone in her BF’s front yard. BF and neighbors called CPS.
- Family is basically homeless, moving from place to place, currently in BF’s home.
- Mom has hx of mental illness.
- PMH: negative
- ROS: picky eater, no V/D/C, nml development

PE negative for injury but...

Incidental finding at clinic visit:

5 y.o. with BMI of 12
Thoughts:

• Is this a case of Failure to Thrive? When Is Failure to Thrive a manifestation of Neglect?
• If the diagnosis of FTT is made, is a million dollar work up then required?
• What non-medical factors may have influenced the child’s poor growth?

FTT Definitions

• Crossing 2 major %iles on a growth chart over any period (Bithoney, 1983)
• Falling 2 major %iles in 6 months time despite remaining above 5th %ile (Bithoney, 1992)
• Any child > 2 SD below the mean weight for age and sex (Homer & Ludwig, 1981)
• Weight-for-length <80% of ideal (AAP Nutrition Handbook, 2003)

DDX of causes of FTT

• Any disorder that increases caloric/metabolic needs
• Any disorder that causes poor utilization of calories
• Any cause of inadequate caloric intake

Evaluating which category a patient falls into is “the ultimate test of the pediatrician’s ability to evaluate simultaneously biomedical and psychosocial information” (Gahagan, 2006)

Evaluation

• History, history, history!
• IS the million dollar work up necessary?
  – Base tests on positive findings from history and PE
• Psychosocial evaluation
  – Feeding observation is helpful (in clinic, by home visit, or by videotape)
• Evaluation is not complete after one visit – a long process

Management

• Management must begin before the evaluation is complete
  – Nutrition and feeding intervention at the first visit
  – Many visits may be required before the process(es) that caused FTT are known
  – Tracking compliance and follow up is a must
  – If there are other children in the home, they need to be seen

Most Failure to Thrive cases do not require a million dollar work up, but a million hour work up.
Why is identifying and treating FTT important?

- Children with FTT have worse cognitive and school outcomes
- Irreversible developmental deficits have been clearly identified with associated diagnoses (iron deficiency anemia, lead exposure)
- Caloric malnutrition is often associated with other environmental deficits

Lozoff, 2000; Drotar, 1988; Skuse, 1994

Example of why following these patients closely is so important:

- The following child was seen by her PCP and diagnosed with FTT at age 3. Family showed up for 2 weekly weight checks then were lost to follow up. A year and a half later family shows up requesting immunizations for school.
- Clinic contacted LE and CPS when they saw child at this visit. She weighed 2 pounds less than she did 1 ½ years ago.

FTT and Neglect

Poverty is the #1 risk factor for FTT
Other factors often present that should alert the pediatrician:
- Adolescent &/or single parent
- Parent with maladaptive social behaviors
- Parental history of abuse as a child
- Preterm, delayed or chronically ill infant or child
- Social isolation or lack of extended family
- Substance abuse
- Family violence
- Unemployment/ Financial stressors
- Career development removing parent from home
- Mental health or cognitive concerns in parent
- Disturbances in attachment
- **Failure to adhere to medical regimens**

Block, AAP C. Rpt., 2005

Starvation

FTT Take Home Points

- Once FTT is identified at the very least start nutritional interventions with a plan for close, long term follow up
- If resistance to treatment of loss to follow up occur then STRONGLY consider CPS involvement if it has not already been done
Mom has a Black Eye

- At a 4 month WBV for a little boy, you notice that Mom has a rather large bruise on her left cheek and eye.
- Mom admits the FOC hit her during an argument.
- She insists that FOC has never harmed their child because he is the apple of his eye.
- Mom is Romanian, speaks poor English, stays at home with the baby and reports no phone or transportation and receives no money from FOC, who is a 1st class petty officer in the USN.

History continues

- MOC is petrified of reporting IPV because FOC has threatened to divorce her, send her back to Romania and keep the baby. She states the PGF is a judge and “can make it happen”.

There is no trauma noted to the baby and mother does not want to report. What do you do?

Mandated Reporting Laws for IPV

- Most states, including Texas, do not have mandated reporting laws for IPV.
- TX – mandated to report injury with a deadly weapon, not mandated to report intentional injuries or violence (but some other states do mandate this).
- TX Family Code- medical professionals suspecting IPV must offer information about shelters, etc and document concerns in the record.
Psychological Maltreatment

- AAP definition: “a repeated pattern of damaging interactions between parent(s) and child that becomes typical of the relationship.”
- Occurs “when a person conveys to the child that he/she is worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another’s needs.”
- Belittling, humiliating, terrorizing, exploiting or corrupting, rejecting or ignoring, isolating
- Witnessing IPV
- Very low substantiation rate but quite common

IPV and Child Abuse

- Co-occurrence in one family is 30-60%
- IPV in the home during first 6 months of life makes child physical abuse 3.4 times more likely and child neglect and psychological maltreatment 2 times more likely
- Child as a collateral victim of IPV
- IPV is a leading precursor to child maltreatment → addressing it may be an effective means of CAN prevention

Long Term Consequence

- Emotional abuse as an adult - 6 times more likely
- Physically Abused as an adult – 4.8 times more likely
- Sexually Abused as an adult – 2.6 times more likely
- Significant association with many risk factors for leading causes of death – obesity, smoking, depression, suicide attempts

Case Outcome

- Discussed the issues and concerns for baby’s safety with mother
- Discussed the services available to her
- She agreed I could speak with FAP on her behalf and then she spoke with them. She ultimately consented to a report being made.
- MPs arrested FOC; mom and child were placed in safe-house. Multiple disciplines immediately became involved.

Know Your Community’s Resources

- Communicate and collaborate with them prior to this mom sitting in your office
- National Hotline 1-800-799-SAFE for local resources
- Consider a clinic protocol, especially if you are screening for IPV
What’s THAT?!?!

- You are asked to do a 10 year old’s physical for camp. You notice some strange marks during your exam. After, you speak alone with the young lady, as you normally do. You ask about the marks. She said she was giving her mom too much sass the other day so she got a spanking.

When is physical discipline abusive?

Per the AAP (1998), the following is “unacceptable”:

- Striking with an object
- Striking body part other than buttocks or extremities
- Leaving marks on the skin that last more than a few minutes
- Pulling hair
- Jerking a child by the arm
- Shaking
- Delivered in anger
- Delivered with intent to cause pain

Definition of Physical Punishment

- Use of physical force with the intention of causing the child to experience bodily pain or discomfort so as to correct or punish a behavior.
- Includes: spank, slap, paddle, wash mouth out with soap, hot sauce on tongue, kneel on painful objects (rice, grates)
- No national consensus on how to distinguish physical punishment from assault

Physical Punishment in the US

- 29% of Americans are opposed to physical punishment by parents
- >90% of families report having used it at some point
- 77% DISAPPROVE of physical punishment by school personnel (2005) yet only 29 states have banned it in public school systems & 2 have banned it in private schools
Physical Punishment in Texas

- How TX (and 14 other states) regards what is allowable: “reasonable” or “moderate” standard is applied to physical punishment
- 1.4% of students/yr subjected to physical punishment in schools (largest absolute number of students in the US)

Are children who are physically punished better behaved?

- Less likely to empathize with others
- The more physical punishment, the more defiant and aggressive children are (27 studies) & linked with antisocial behaviors (12 studies) even after accounting for child’s initial levels of aggression and personality

Gershoff, Ctr. For Effective Discipline, 2008

Are there negative side effects?

- Increased severity or frequency associated w/ increased mental health problems (12 studies) which persists into adulthood
- Chronic stress cycle phenomenon
- Poorer quality of parent-child relationships (13 studies)
- Adolescent males more likely to report hitting a dating partner
- 7x greater risk of being severely assaulted by a parent (3/4 of PA cases are from discipline)

Gershoff, Ctr. For Effective Discipline, 2008

Our case - Management

- Discuss with parent the following:
  - Effective discipline strategies
  - Why spanking is a less desirable option
  - Why you will be making a CPS referral

Pediatrician’s Role

- 1992 survey showed 59% of pediatricians supported physical discipline in at least some situations (McCormick)
- Most pediatricians were spanked as children and find their parents’ discipline more acceptable than other methods
- Discussing discipline with parents is awkward and emotionally charged

AAP Guidance for Effective Discipline, 1998
### Avoiding Bad Outcomes Through Good Prevention Education

- Become familiar with effective non-physical discipline techniques
- Understand the negative consequences of physical discipline and risks for injury and abuse
- Counsel families at well child visits, start when child is very young
- Be clear about what constitutes acceptable discipline
- Help the family develop their own plan for discipline that benefits your patient
- Public education and advocacy for cultural change

AAP Guidelines, 1998

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### Knox, JPedHC, 2010

“In the United States it is against the law to hit prisoners, criminals or other adults. Ironically, the only humans it is still legal to hit are the most vulnerable members of our society – those we are charged to protect – children.”

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### Conclusions

- CAN exists and it is everywhere.
- It walks into your office.
- Don’t try to handle it all yourself. The best outcomes occur with a multidisciplinary approach.
- Know your area resources.
- Don’t step out of your role as a doctor. Keep emotions in check. Resist the temptation to be investigator, judge and jury.

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### RESOURCES

**Resendis Safe**

Hope and Healing for Sexually Abused Children

**Center for Miracles**

A Healing Place for Children & Families

315 N. San Saba St. | San Antonio, Texas 78207 210.704.3800

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