

Case Presentations

Ann Lenane, MD
Medical Director, REACH Program
Rochester, New York

Case One: Sarah

- A 13 year old girl came to our advocacy center for evaluation for sexual abuse
- Alleged perpetrator was her stepfather

History

- She disclosed to a girlfriend that her stepfather had been “having sex” with her for the past year
- It happened when her mother was working night shifts
- She told her girlfriend not to tell anyone but the girlfriend told her own mother who called the guidance counselor at school

Investigation

- Child Protective Services (CPS) became involved
- Sarah was brought to the Advocacy Center to talk to CPS
- The Law Enforcement investigator also met with Sarah
- Her mother was present and supportive

Social History

- Sarah lived with her mother, stepfather and 10 year old brother
- Her biologic father lived out of state; contact with him was infrequent
- Her stepfather had been in the home for 7 years

Medical Evaluation

- Sara had been having some problems in school over the past year
- Grades had dropped
- She was less social with her friends
- Prior to that she had been a good student and very active at school

Medical Evaluation

- Her history was otherwise unremarkable
- Menarche was at age 11.5
- Her examination was normal for an adolescent girl
- Cultures and pregnancy testing were done

Two days later

- Our program received a call from the Pediatric ICU resident
- Sarah had been admitted the night before with a drug overdose/suicide attempt
- She had taken a bottle of extra strength Tylenol, and some of her mother's antidepressant pills
- She did not tell anyone until about 4 hours later

Self Harm in Sexual Abuse Patients

- It is common knowledge that survivors of sexual abuse are at risk for mental health problems
- Review of some of the literature to get a better idea of what is known

My Questions

- What is the risk of suicide thoughts, attempts and completion in sexually abused children/adolescents?
- What is the age of risk?
- Can we screen our patients for risk factors?

Suicide: Background

- Rates vary by age
- 0.9/100,000 10-14
- 6.9/100,000 15-19
- 12.7/100,000 20-24
- Estimated 11 attempts for every suicide

- *National Institute of Mental Health

Suicide

- 1986: Study of patients in a crisis intervention center
- 55% (#69) sexually abused patients had attempted suicide compared to 23% of those without a history of sexual abuse
- Age at first attempt was under 14 years in 13/69 cases and 14-18 in 34/69 cases

Suicide

- 2001: Study in Australia followed 183 child sexually abused children for 9 years
- 32% attempted suicide; 43% had suicidal thoughts
- Another Australian study followed 7968 Emergency Room patients seen for self harm over 4 years
- 60 committed suicide, 30X increase over the rate in the general population

My Questions

- What is the risk of suicide thoughts, attempts and completion in sexually abused children/ adolescents?
- What is the age of risk?
- Can we screen our patients for risk factors?

Suicide Risk

- Abused children and adolescents are at increased risk of suicidal thoughts, attempts and completed acts
- Those that attempt suicide are at high risk for completing the act
- The age of risk is younger than we may think
- Multiple screening tools (used by mental health professionals)

Case Two: Kyla

- 15 year old girl being evaluated for sexual abuse by her uncle.
- The disclosure was made during an Emergency Dept evaluation for cutting.
- She was seen at the advocacy center
- Her interview was done by a law enforcement investigator

Case Two: History

- The abuse had occurred when she was between 9 and 12 years old.
- Her uncle was 16 at the time
- It stopped when the family moved

Case Two: Social History

- Kyla now lives with her mother, father and sisters ages 5 and 7
- She has been having behavior problems for some time
- Skipping school, stealing
- Her mother suspects she has been using drugs and may have an older boyfriend

Medical History

- Kyla has no significant medical problems
- She is on an antidepressant, managed by her primary care MD
- She has a counselor but compliance is poor due to family issues (hard to get her to appointments)
- Kyla does not like her counselor and calls the sessions a "waste of time"

Physical Exam

- Kyla is slim, dressed in black
- Her inner left forearm has multiple linear scars
- Similar marks are on her inner left thigh
- She says she has cut herself but says she does it to relieve stress and does not mean to harm herself

Physical Exam

- Her genital exam is remarkable for shaved pubic hair and is otherwise normal for an adolescent girl
- She had cultures, pregnancy and STD testing
- She cannot be referred to a counselor specific for sexual abuse unless she stops seeing her current counselor (insurance will not pay)

Self Mutilation

- Described mainly in Borderline Personality but also in PTSD
- (Borderline Personality is one of the mental health problems commonly seen in victims of child abuse)
- Consists of cutting, burning, self-hitting, self-biting, self-pinching/scratching
- Some include tattoos and piercing

-

My Questions

- How common is it?
- Is sexual abuse a risk factor
- Is it related to suicide risk

Self Mutilation: How common is it?

- In 2002 a study of high school students (#440) found 14 % reported some type of self mutilating behavior
- Those that reported these behaviors were found to have more anxiety and depression that those that denied such behaviors

Self-Mutilation and Suicide: College Study

- In 2007 college students were asked to take a web based survey looking for self mutilating behaviors and suicidal ideation
- 3000/8000 students responded
- 25% reported self-mutilating behaviors, suicidal ideation or both
- Of those that reported self-mutilating behaviors, 40% reported suicidal ideation

Self-Mutilation and Sexual Abuse

- In 2008 a meta analysis looked at this
- 45 studies showed a weak association between sexual abuse and self-mutilation
- They found that many sexually abused children have other risk factors found in self-mutilators
- The “usual suspects”-unstable homes, exposure to violence, depression

Self-Mutilation and Suicide Risk

- Studies estimate 55-85% of self mutilators have attempted suicide
- One study of patients that attempted suicide compared 30 **with** a history of self mutilation to 23 **without**

Self-Mutilation and Suicide Risk

- Self-mutilators underestimate the risk of their “attempt”
- They are more likely to think they will be “rescued”
- They may be at higher risk of having a gesture turn into a suicide they did not intend to happen

Self Mutilation: What did I learn

- We see this behavior in our patients
- Sexual abuse alone may not be the cause
- These patients are at increased risk for suicidal ideation
- They may be at increased risk for completing the act, possibly without intent

Conclusions/Recommendations

- Our patients are at risk for suicidal ideation, suicide attempts and self mutilation
- We may or may not be screening our patients adequately
- We may need to better partner with our mental health colleagues to improve the care we provide

References

- Cooper, J et al: Suicide after deliberate self harm: a 4 year cohort study. Am J. Psychiatry 2005; 162: 297-303
- Klonsky D, Moyer: A Meta Analysis of self injurious behaviors and child sexual abuse. J. British Psychiatry 2008; 192: 166-70
- Plunkett, A et al: Suicide risk following child sexual abuse. Ambulatory Pediatrics 2001; Sept-Oct 1(5): 262-6

References

- Santa Mina, E, Gallop, R: Childhood sexual and physical abuse and adult self harm and suicide behavior: A literature review. Can J Psychiatry 1998;793-800
- Stanley, B et al: Are Suicide attempters who self mutilate a unique population? Am J Psychiatry 2001; 158:427-432
