SUSPECTING CHILD SEXUAL ABUSE WHEN THERE IS SEVERE PHYSICAL ABUSE

I have nothing to disclose

Objectives

- Analyze a case of severe physical abuse and describe how to take the history, do the physical exam, determine appropriate testing and document the case.
- Explain why sexual abuse should be suspected when there is severe physical abuse.
Background
- Our last webcast reviewed child sexual abuse and how to do the evaluation.
- There are similarities with respect to what needs to be done for cases of suspected child physical abuse.
- Research is limited regarding assessment of multiple forms of abuse.
- There are no limits to the abuse of children and the classifications are our own.

When to consider sexual abuse?
- Signs of injury to the genitalia
- Signs of injury to the rectal area
- Severe physical abuse
- Esophageal perforations
- Burns
- Suicide or suicide attempts, self-inflicted trauma
- Situations where sedative drugs were used or potentially used
- Disclosures, behaviors, etc. the usual

**Was this physical or sexual abuse?**
7 month old with genital injury
At what point is a workup needed for sexual abuse?

Genital Injuries in Boys
- 63/86 boys with inflicted injuries
- 19 were sexually abused

Genital Injuries in Boys

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Does the explanation match the findings?
Was the child wearing diapers (protection) when the injury occurred?
Burns and Sexual Abuse

2 year old with a two day history of abdominal pain and bruising

Was there sexual abuse?

Abdominal injury...
Although little external injury...

- Bowel hematoma, perforation and swelling.
- Treatment included externalization of bowel.

And don’t forget sexual abuse!
- 30 children with abdominal trauma
- All that were less than 4 years old (8) suffered from NAT
Abdominal Trauma

- Abused children are more likely to have hollow viscus injuries or solid organ and hollow viscus injuries than children with accidental injuries.
- Presentation of abdominal trauma is often delayed.


What happened between the beatings?

- Consider use of sedatives
- Consider (inhaled) street drugs
- Consider sexual abuse

Esophageal Perforations

  - Review.
  - “Since 1984, 21 case studies have described inflicted esophageal perforation. Common mechanisms of injury include foreign body ingestion and blunt or penetrating external trauma.”
Four year old fatally drowned

Ano-rectal Injuries: Not all abuse

1 year old with abdominal distension
First Steps
- Stabilization of the patient
- Recognition of injuries and abuse
- History: "Using quotes whenever possible, the pediatrician should document descriptions of the mechanisms of injury or injuries, onset and progression of symptoms, and the child’s developmental capabilities."
- Separate histories if possible

Guidelines for Physical Abuse

History
- PMH, FH, pregnancy history
- Discipline issues
- Child temperament, behaviors, development
- History of past abuse
- Substance abuse
- Social history
- History of DV
History
- No explanation or vague explanation for a significant injury;
- An important detail of the explanation changes dramatically;
- An explanation that is inconsistent with the pattern, age, or severity of the injury or injuries;
- An explanation that is inconsistent with the child’s physical and/or developmental capabilities;
- Different witnesses provide markedly different explanations for the injury or injuries.

History
Complete history, including:
- Review of available prior medical records (PMD, ED, Inpatient and CPS) including growth charts...
- Review prior radiologic examinations that were performed at referring hospitals
- Review prior photographs
Determine if forensic evidence will be collected prior to bathing and removal of clothing.

History from our patient
- Lives with mom and dad
- Dad not working outside of home
- Sudden onset of fever and irritability
- Poor oral intake
XRAY at 6 months of age

Physical

“"The physical examination should include detailed documentation, either by body diagrams and/or photographs, of any concerning cutaneous findings and should include a thorough search for other signs that may suggest a nontraumatic cause.”
Physical

Complete physical examination, especially:

- Palpation of legs, arms, hands, feet and ribs to feel for crepitus or deformities
- Inspection of all body parts and thorough skin exam
- Complete neurologic examination
- Oral examination (lip, tongue, buccal) to look for frenula tears or dental injuries
- Auricle exam
- Inspection of the scalp and hair
- Genitalia examination

*Don’t forget growth parameters or other evidence of neglect!*

PE

- Baby is small for age (HC=50th %, Wt=<5th%, Ht= 75%)
- Slight dehydration, irritable
- Distended abdomen with decreased bowel sounds
- Marks on ear and toe
- Rest of PE is normal
Consults

- Hospital Social Work
- Pediatric ophthalmologist; ask for photographs of the retina
- Medical photography when available (even if photos also taken by CPS)
- Request an official radiology reading and upload images
- SANE (Sexual Assault Nurse Examiner) if concern of concurrent sexual abuse ≤ 6 hrs

Diagnostic tests

Routine tests:
- CBC with platelets, LFTs, amylase/lipase, PT/PTT, UA and stool guaiac
- UD5/Toxicology
- Skeletal Survey
Diagnostic tests

Consider:
- Brain imaging (CT acutely; MRI for follow-up)
- Forensic Evidence Kit per SANE consult

Suspicion of small bowel obstruction

- Confirmed by CT scan but no free air
- Coags and LFTs were normal
- Skeletal survey was negative except for healed ribs and lateral spine
- Retinal exam normal
- CT of brain, normal

Differential Diagnosis

- Pyelonephritis (positive e coli in urine)
- Abdominal trauma with Small Bowel Obstruction
- Ileus
- Other causes of small bowel obstruction
  - Intraluminal (eg, foreign bodies, bezoars, food bolus)
  - Obstruction resulting from lesions in the bowel wall (eg, tumors, Crohn disease)
  - Extrinsic (eg, adhesions, hernias, volvulus)
Rectal Penetration: Sexual or Physical Abuse?

- Since you cannot tell, the work-up has to be for both.
- Missed opportunity for collection of forensic evidence if sexual abuse is not in the differential

Documentation

- History obtained, from whom and to whom
- Physical findings with drawings and measurements
- Tests ordered and performed and results
- Impression: suspected physical abuse (and/or suspected sexual abuse)

Do not attempt to further interpret findings if there will be a child abuse consultation.
- Impact statement to be faxed to CPS or police

Reporting

Call Child Protective Services Hotline
1-800-635-1522 to make a report.
- Ask them to check if there are other children in the home. They must be evaluated by either their PMD or the child abuse expert.
- Ask for a scene investigation, if necessary.

As a licensed professional, you are required to report suspected abuse. A referral to the child abuse expert is not the same as a Hotline report to Child Protective Services.
At discharge from the hospital

- Document head circumference and other growth parameters.
- Make an appointment for follow up with the child abuse expert if available.
- Make appointments with other sub-specialists (possibly orthopedics, neurosurgery and ophthalmology) and PMD.
- Fax script for follow-up skeletal survey to be performed 2 weeks from date of incident.

Further information

When is it sexual abuse?

- Genital trauma
- Burns
- Esophageal perforation
- Rectal perforation
- Abdominal trauma
- Self inflicted or suicide
- Head injury?
- Other

Keep an open mind; there are no limits to abusive trauma.