IAP ToT
Prevention of Violence against children (P-VAC) Initiative
Child Physical Abuse

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Case 1

- 17 month old boy brought by mom for evaluation.
- Mother states boy has 2 bruises to head from running into the table and the wall. “just want to make sure he’s ok”

Case 1

Exam: healthy smiling baby

- Vital signs: normal
- 2cm x 1cm purple bruise (linear) above left eye
- 2cm x 2cm yellow bruise on right forehead
- 1cm x .5cm abrasion to right groin
- Otherwise exam normal

- **REFER WORKSHEET**

Case 1

Child abuse?

- Does the injury fit the story?
- Does the injury fit the age?

Case 2- E. 12 year old girl,

E was very unhappy at home and at school. She was finding it very hard to get to sleep at night and then she had nightmares when she did get to sleep. When she woke up after a bad night she was often bad tempered in the morning and she argued a lot with her parents. She looked for excuses not to go to school. The teacher had complained that She found it hard to concentrate in school and was often so unhappy she had to leave class. She had performed badly in a subject, she used to like earlier. She told the school counsellor that sometimes she felt so bad she wanted to die.

Case 2 - Treatment

- Elsa came to adolescent meetings with her mother and they agreed that what they wanted was for her mother to leave for part of every meeting and come in for a bit at the end of the meeting.
- She narrated the incident where her teacher hit he hand repeatedly for not doing the homework.
- Her therapist explained a lot about scary memories and how they are stored in the brain and why this makes them pop up when you are not expecting them.

Child Physical Abuse

Physical abuse is any non-accidental injury to a child under the age of 18 by a parent or caretaker.

Forms of Physical abuse

- Beatings,
- Shaking- Shaken baby syndrome
- Burns,
- Human bites,
- Strangulation,
- Immersion in scalding water
- Corporal Punishment
- Battered child syndrome
- MUNCHAUSEN BY PROXY

- with resulting bruises
- welts,
- fractures,
- scars,
- burns,
- internal injuries or
- any other injuries

Physical Abuse (cont.)

- “Battered child syndrome”
- It includes children with multiple fractures of different ages, head trauma and severe visceral trauma, with evidence of repeated infliction.
- “The shaken infant”. -less than 1 year.
- Intracranial haemorrhages, retinal haemorrhages and chip fractures - rapid shaking of an infant.

Corporal Punishment

Corporal punishment of children --- in the form of hitting, punching, kicking or beating ---Offence in India

Corporal punishment

- Corporal punishment refers to any action upon a child, which if inflicted upon an adult would be considered assault.
- According to the UNCRC Committee on the Rights of the Child (CRC), it is “any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however, light.“
- According to the 2007 study cited by UNICEF, two out of three school going children in India are physically abused, across every single Indian district.
- Boys face more abuse than girls, and most children don’t report its incidence.

Corporal punishment

- Ministry of Women and Child Development guidelines that ban physical punishment
- Violation and the same can earn up to 3 years in jail, or a fine of Rs 50,000 or both
- Prohibition of corporal punishment in schools is mentioned in the 2005 National Plan of Action for Children and the report on child protection in the National Plan for 2007-2012.
- This violence happens in schools, home, juvenile detention systems, and even on India's streets, where a majority of child laborers live.

Identifying Physical Abuse...

- Normal childhood development
- Conditions that may be confused with abuse
- Unintentional vs intentional injury

Child Abuse

- **Clues to history**
  - Inconsistency with history and injury or developmental milestones
  - Delay in seeking treatment
  - Projection of blame to a third party

History and Physical examination

- Exam must correlate with the parents story
- Story must correlate with the child's age
- Child must fit the developmental milestones

History and Physical keys

Normal exam does not exclude child abuse

Evaluating a child for suspected physical abuse

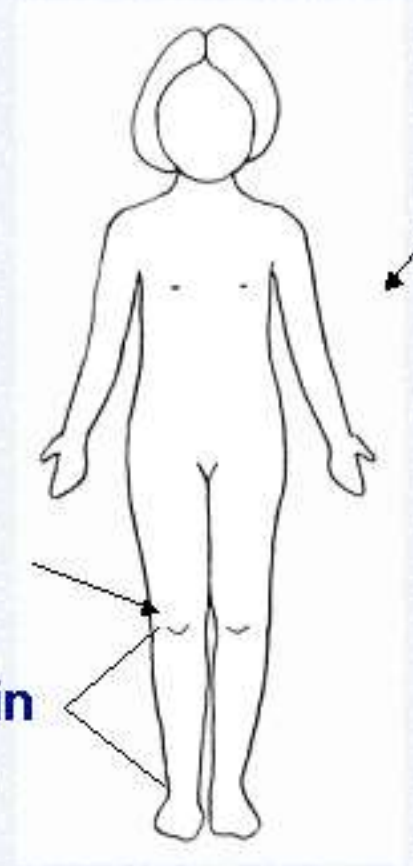
- Prompt reporting to Child Protective Services and/or the local law enforcement agency is essential, and also required by law.
- Complete history of the injury or injuries, with careful documentation of who is providing the history, and recording an accurate timeline of the injury .
- If the child is able to describe the injury himself or herself, the most qualified professional available should interview the child alone.
- Ask open-ended questions only, such as "How did you get hurt?" and diligently avoid leading questions such as, "Did your dad hurt you?"
- Complete physical examination, including careful inspection of all body surfaces.
- Injuries preferably should be documented photographically and via the use of body diagrams.
- a complete skeletal survey should routinely be obtained.

Evaluating a child for suspected physical abuse

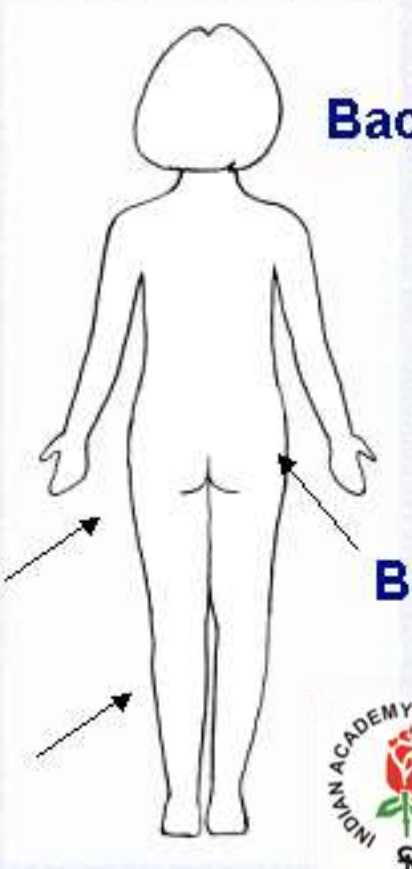
- If the injuries involve extensive bruising or bleeding, the following laboratory tests should be obtained:
- Complete blood count
- Coagulation studies (prothrombin time, partial thromboplastin time, fibrinogen level)
- Possibly other studies, after consultation with local pediatric hematologists, such as platelet function studies or von Willebrand panel.
- If a head injury is suspected, a CT scan of the head without contrast should be obtained emergently.
- If internal abdominal injury is suspected, the following laboratory tests should be obtained,
- Liver transaminases (AST, ALT)
- Serum amylase and lipase
- If there is a high index of suspicion for internal chest or abdominal injury, CT scan of the chest and abdomen, preferably with contrast, should be obtained emergently.

Bruising Areas

Normal Bruising Areas



Suspicious Bruising Areas



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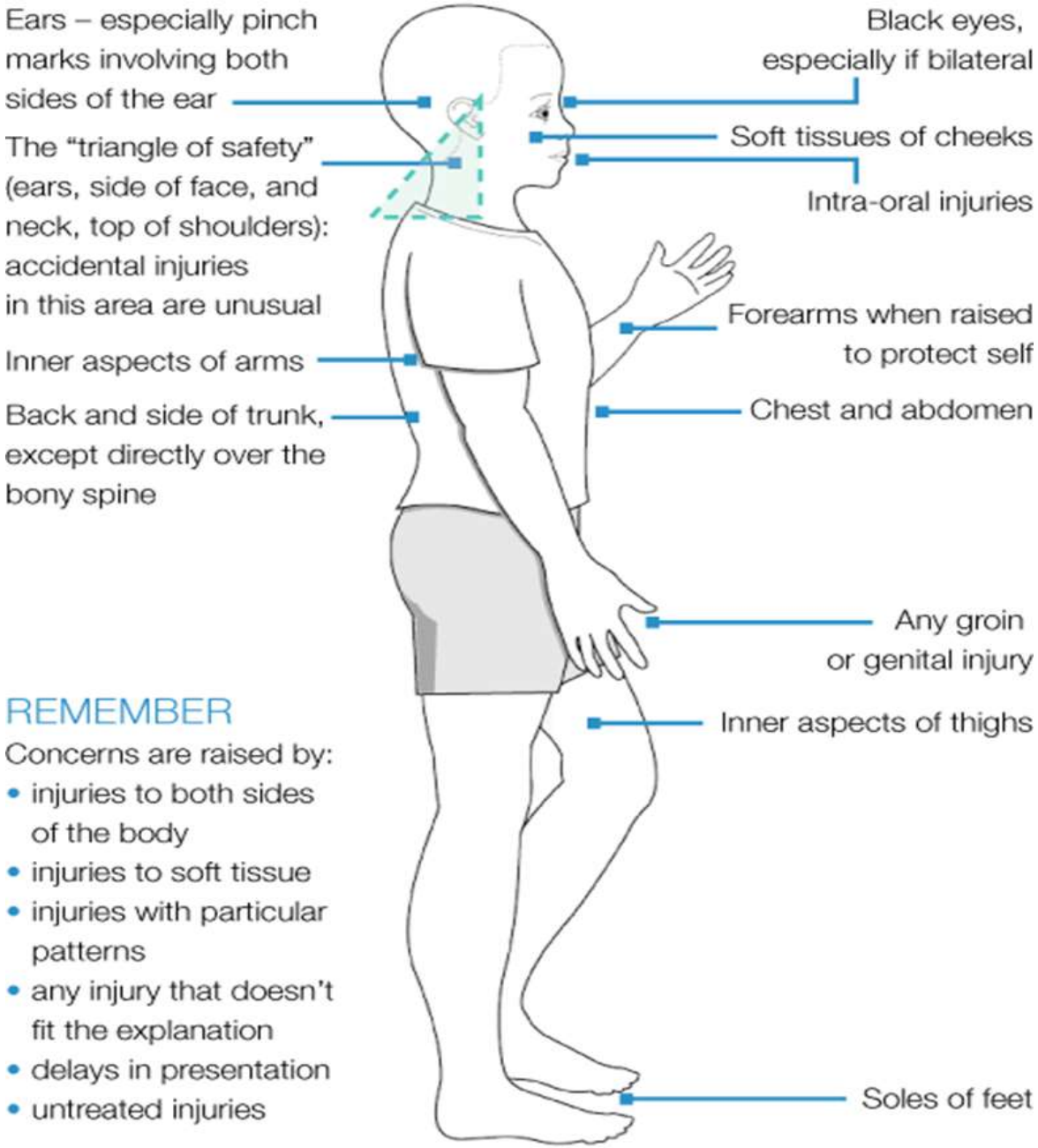
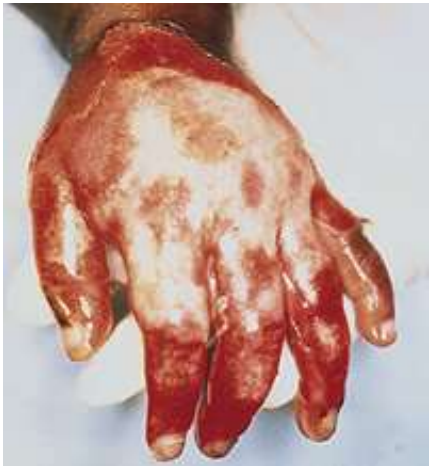


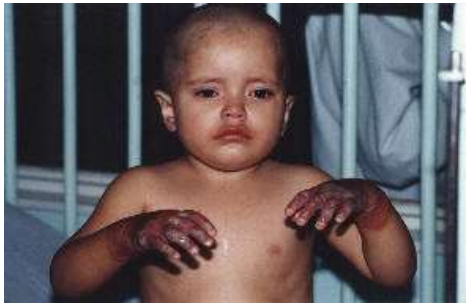
REMEMBER

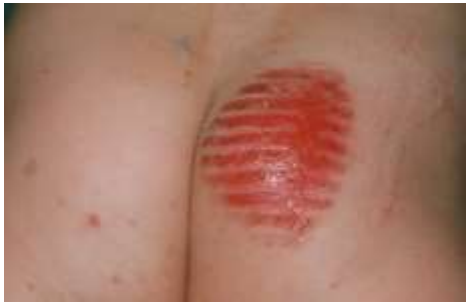
Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fit the explanation
- delays in presentation
- untreated injuries

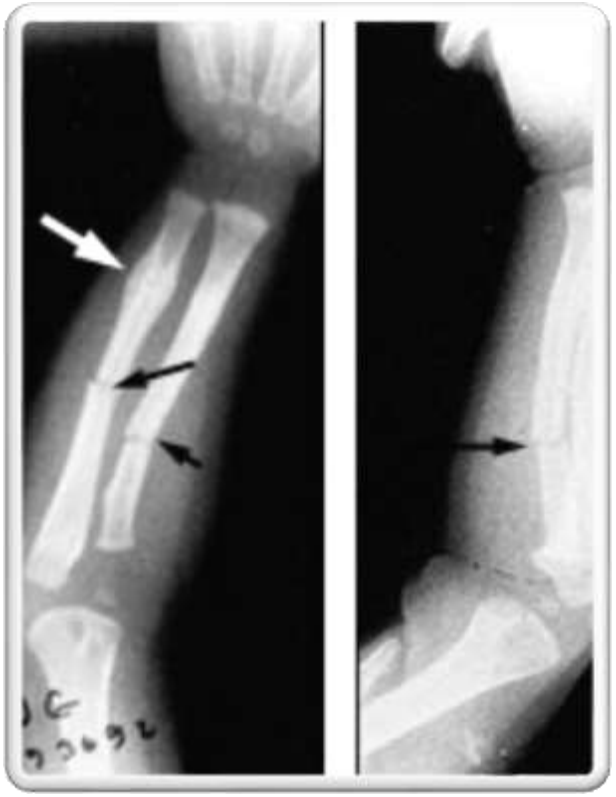
Burn injury

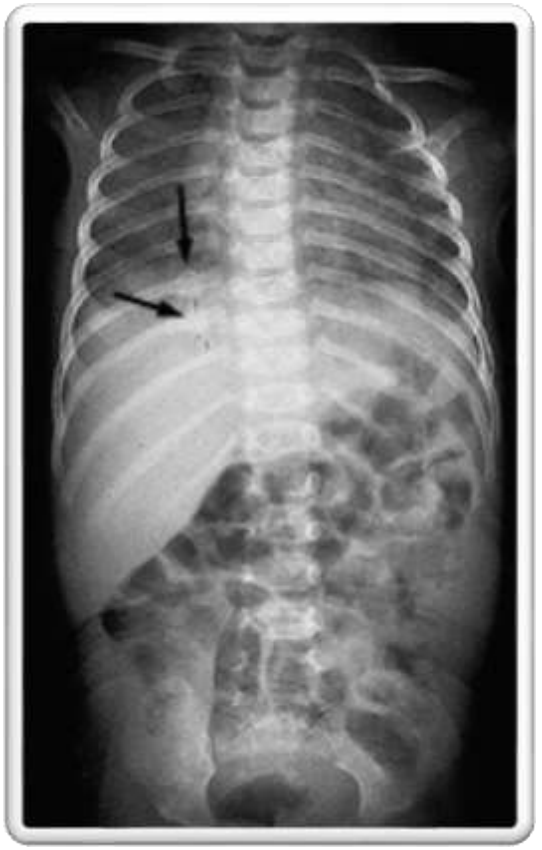






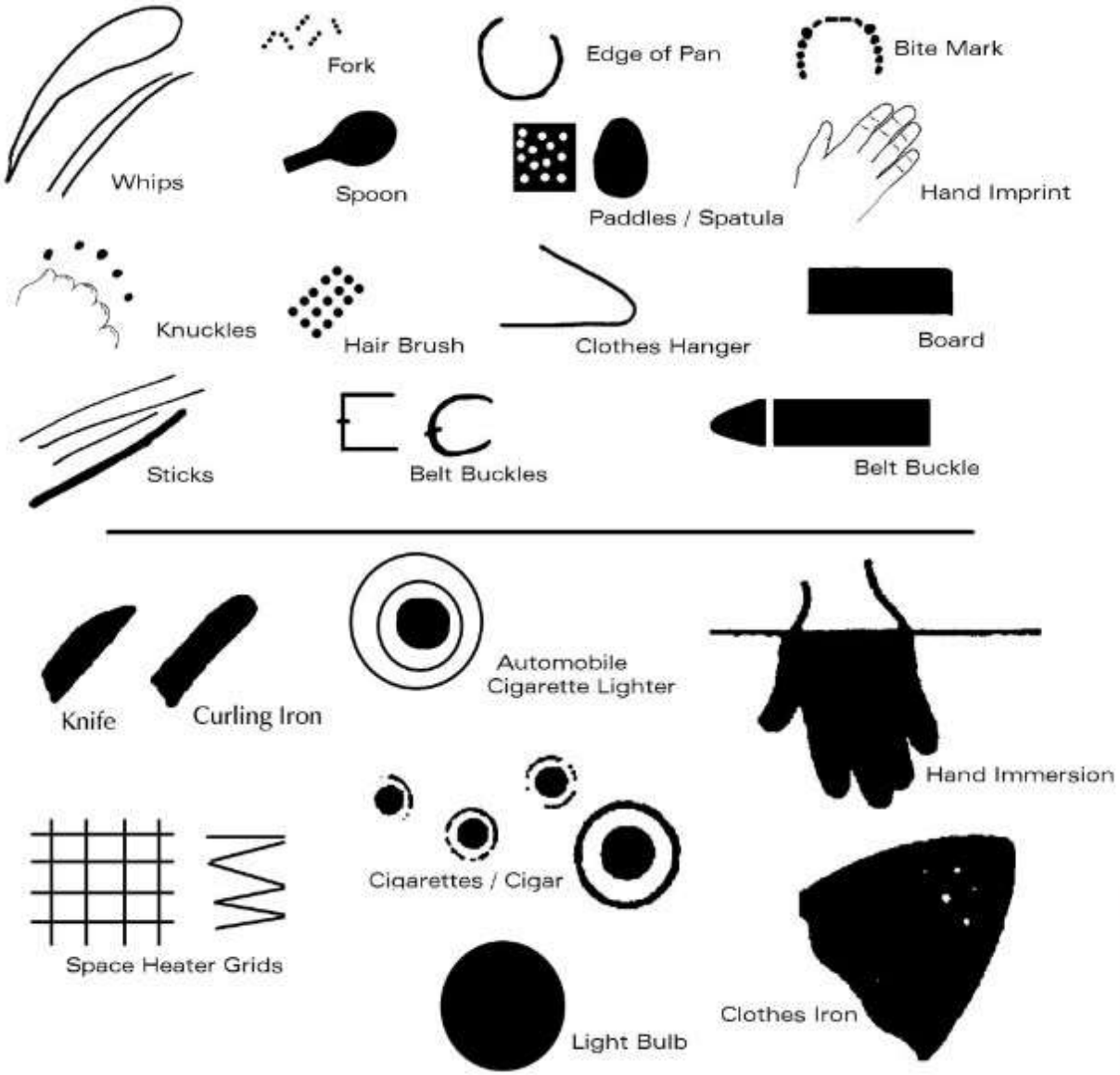
Skeletal injuries





multiple fractures in radius
ulna and ribs

Clues of cause of physical abuse



Features associated with possible child abuse in a case with Fractures

- Multiple fractures are more common after physical abuse
- Multiple rib fractures -has a 7 in 10 chance of having been abused
- Femoral fractures resulting from abuse are more commonly seen in children who are not yet walking
- Mid-shaft fractures of the humerus are more common in abuse than in non-abuse, whereas supracondylar fractures are more likely to have non-abusive causes
- Parietal and linear skull fractures are the most common type of skull fracture seen in abuse and non-abuse
- No clear difference exists in the distribution of complex skull fractures between the two groups

Skeletal injuries

LIKELIHOOD OF NONACCIDENTAL TRAUMA

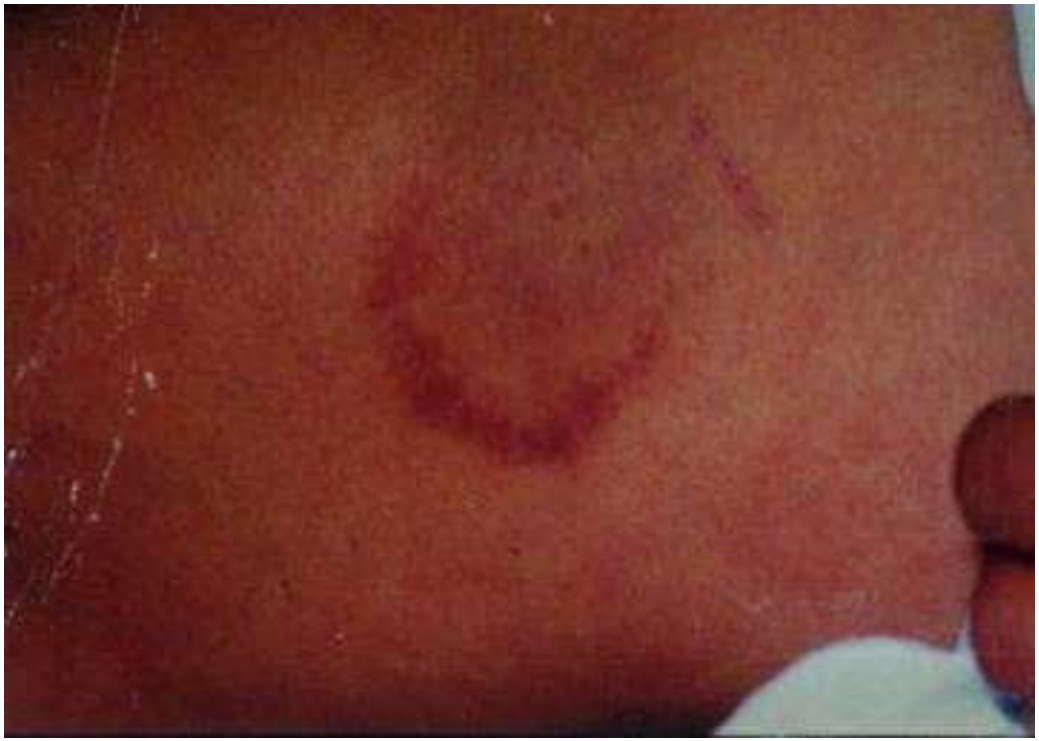
LOW	MODERATE	HIGH
Clavicular fracture	Multiple fractures	Metaphyseal lesion
Long-bone shaft fracture	Epiphyseal separation	Posterior rib fracture
Linear skull fracture	Vertebral body fracture/subluxation	Scapular fracture
	Digital fracture	Spinous process fracture
	Complex skull fracture	Sternal fracture

Recognizing Abuse Injuries...

- Skin Injuries
- TEARS
- Human Bite Marks
- Hair Loss
- Falls
- Head, facial, oral injuries
- Shaken baby Syndrome

Human Bites

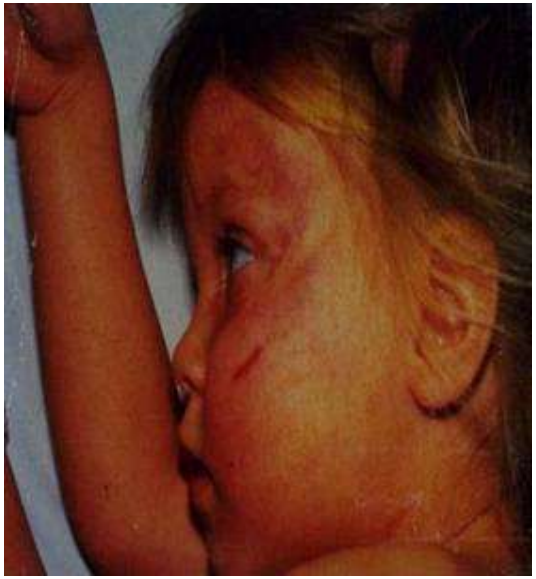
- Strongly suggest abuse
- Easily overlooked
- Location of bite marks on infants differ from sites on older children

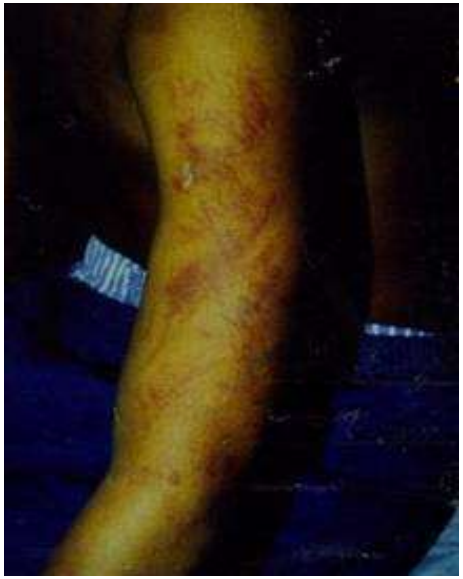


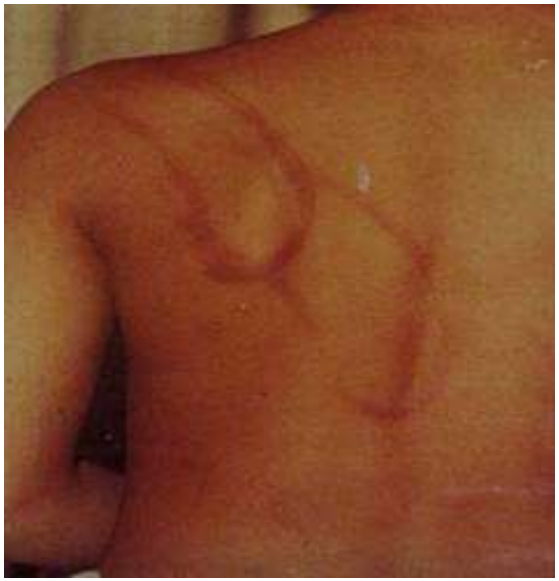
Bruises

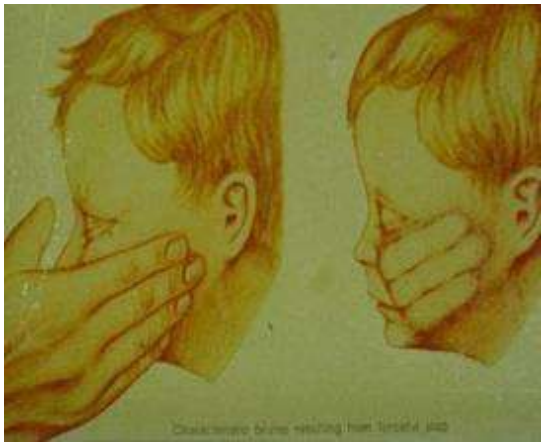
- Generally speaking:
- fresh injury is red to blue
- 1-3 days deep black or purple
- 3-6 days color changes to green and then brown
- 6-15 days: green to tan to yellow to faded, then disappears
- The younger the child the quicker the color resolves.

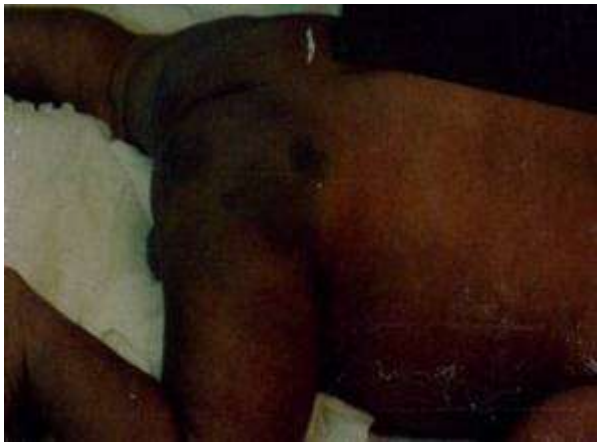
Bruises

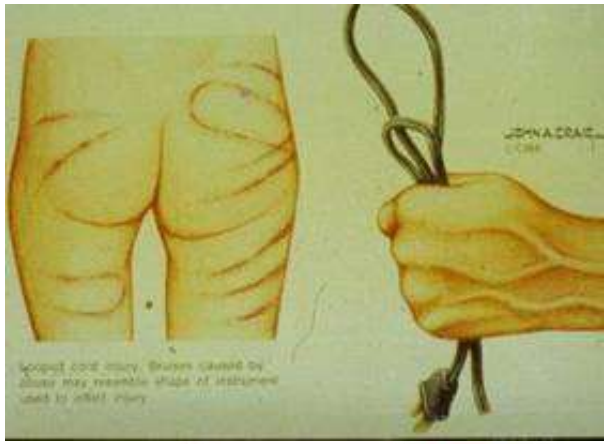






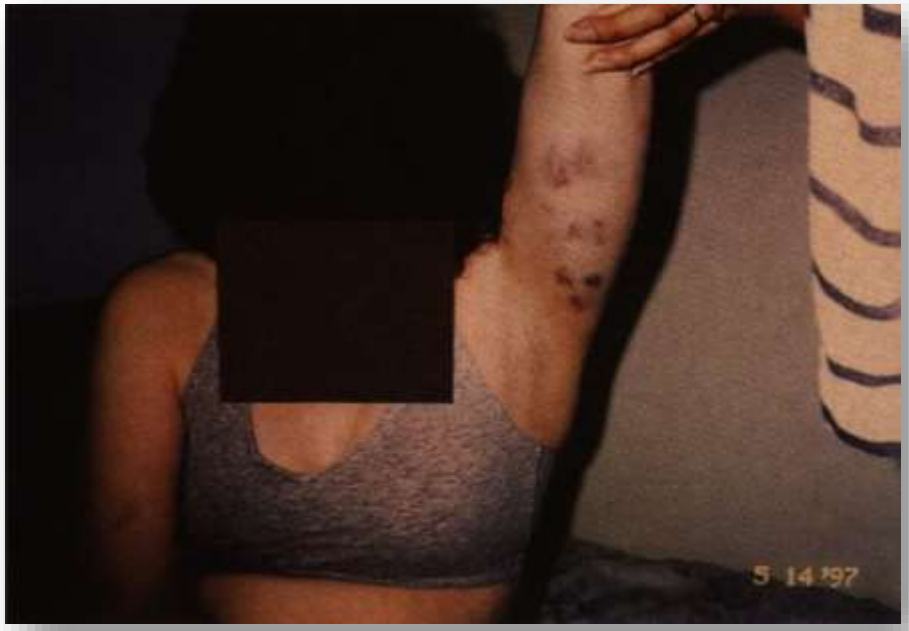






Burns

- Abusive Burn Patterns
- Scald: Immersion & Splash Burns
- Flexion Burns
- Contact Burns
- “Pseudoabusive” Burns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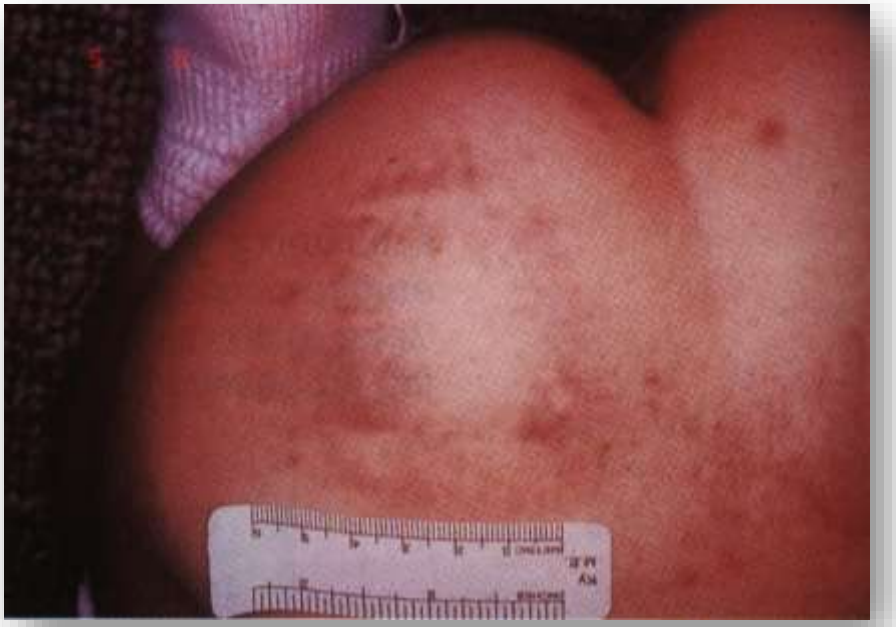

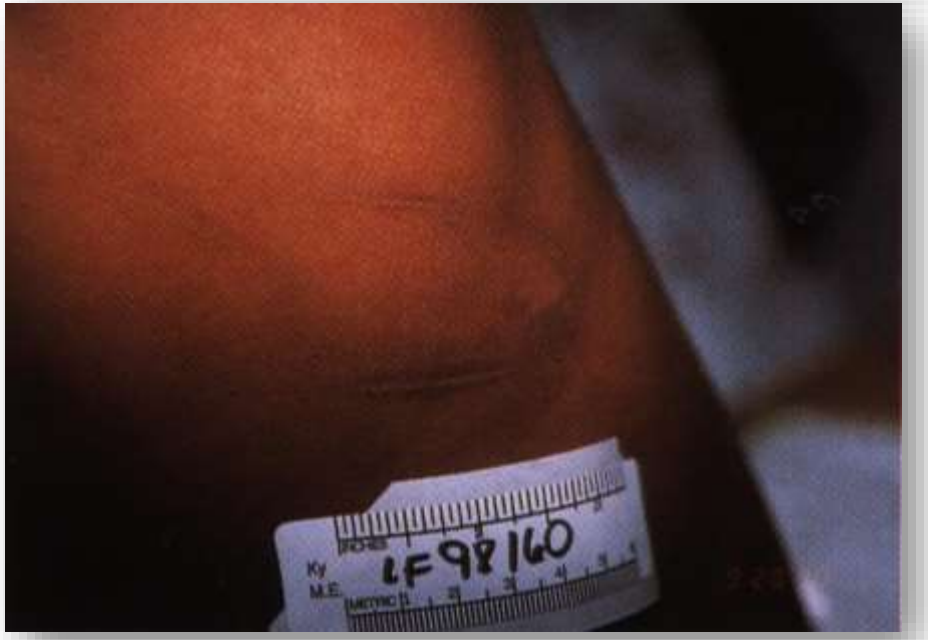
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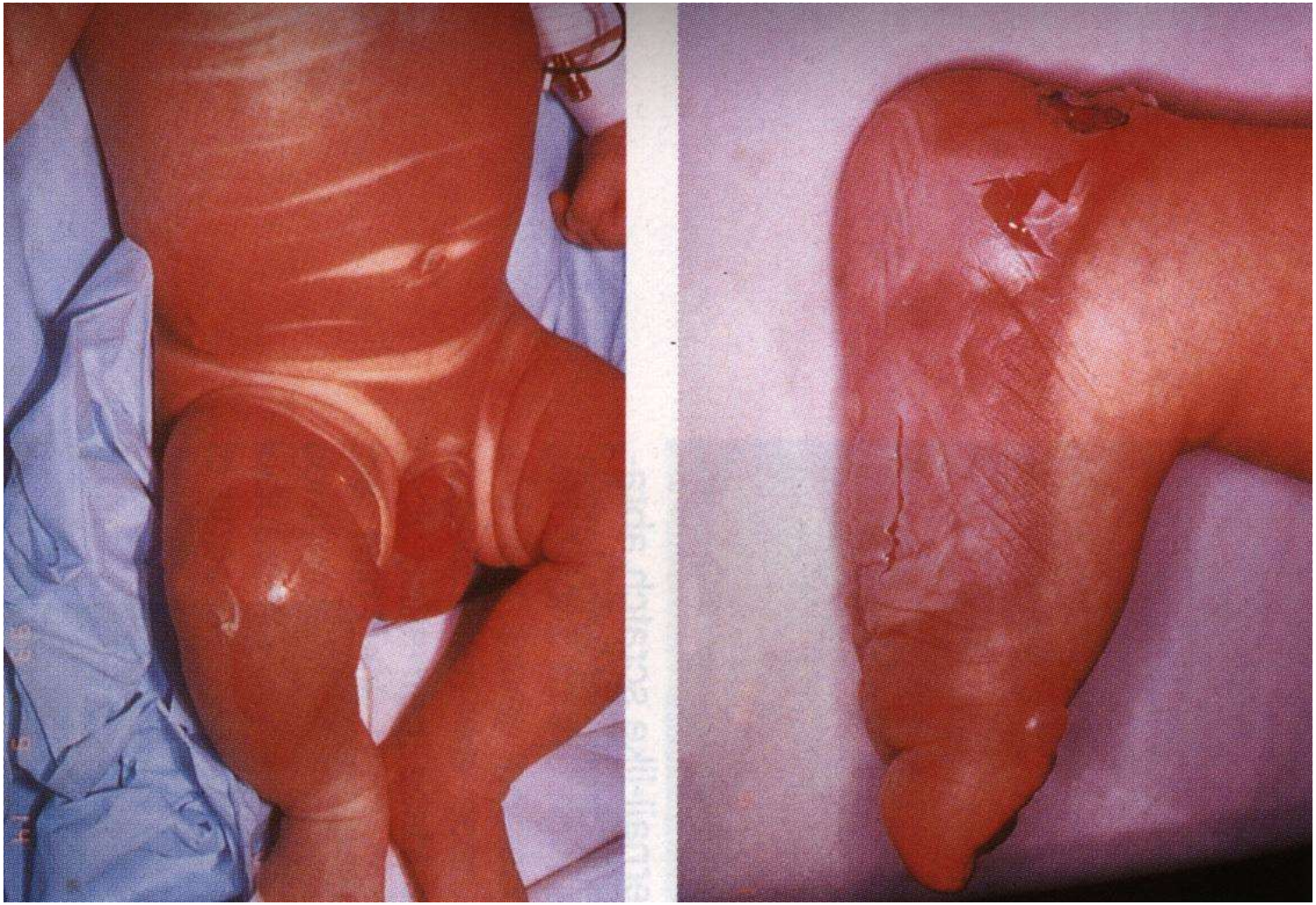
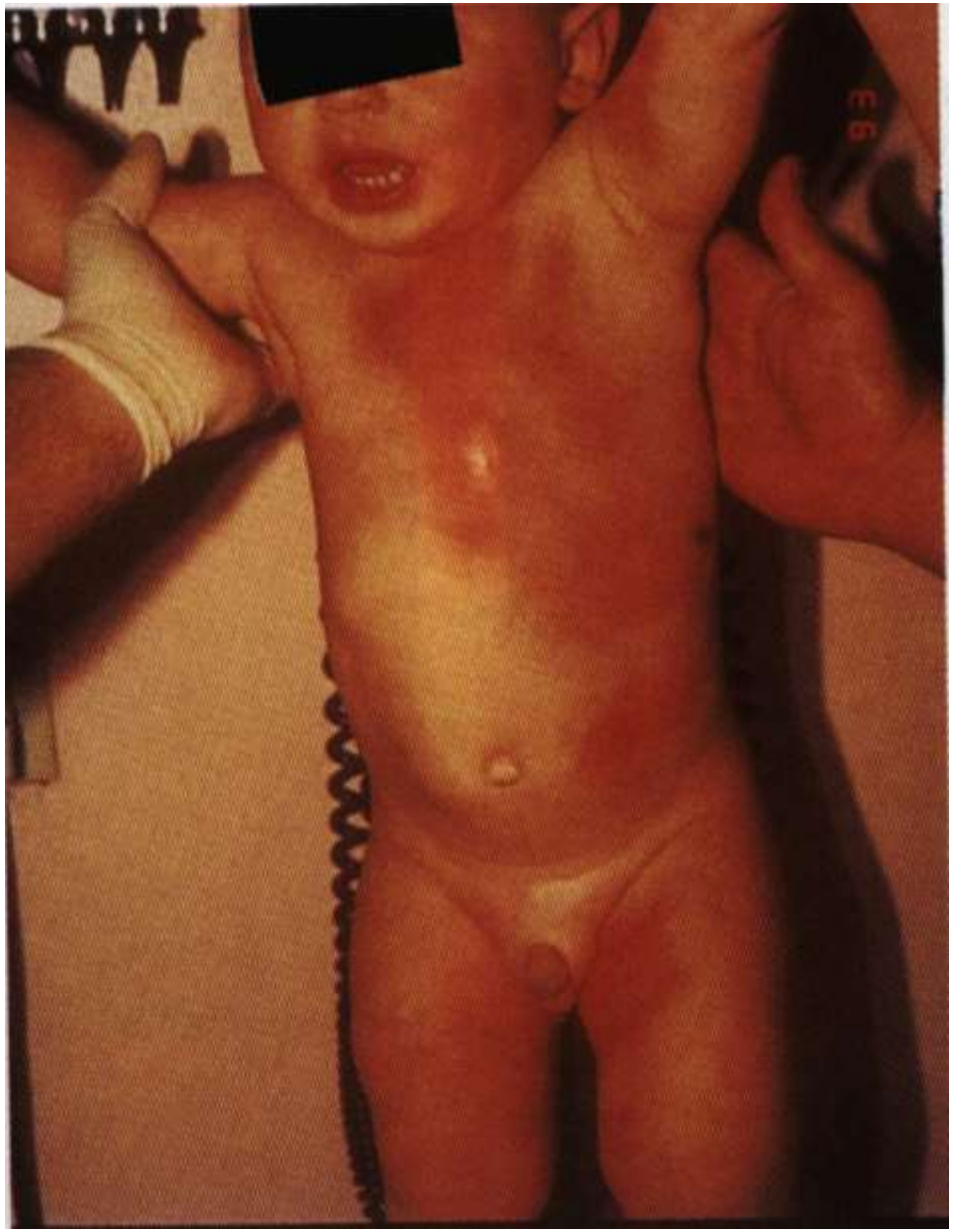
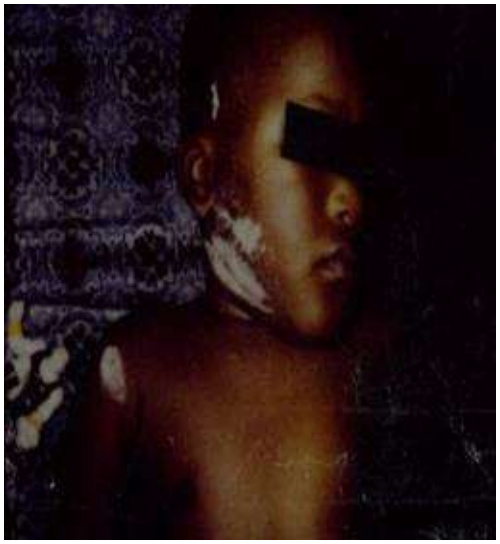
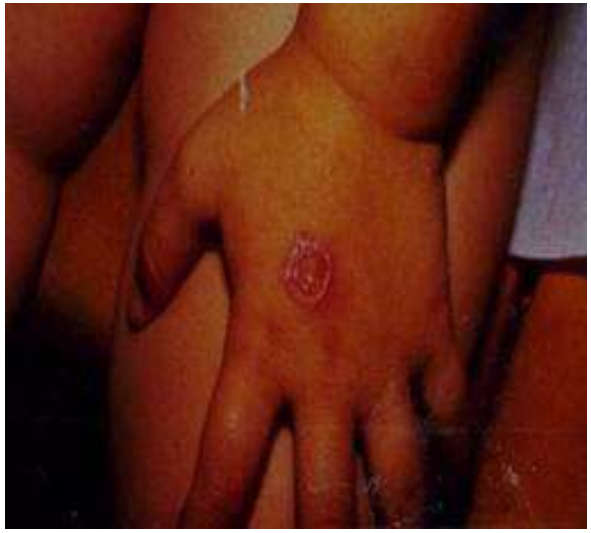
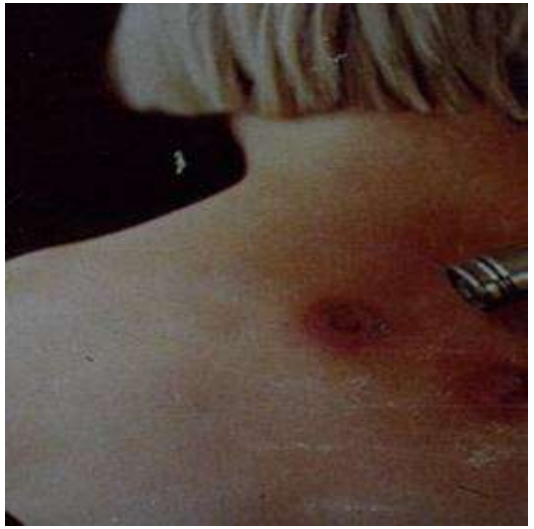


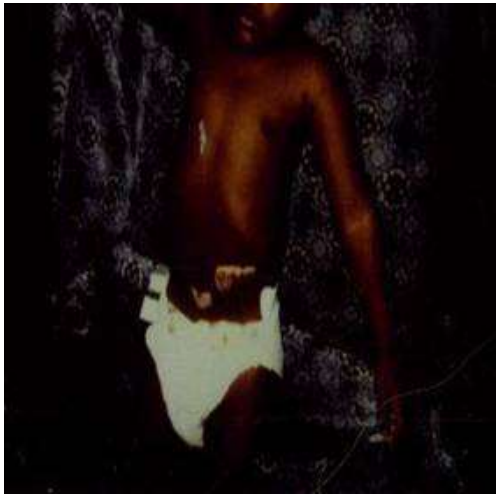


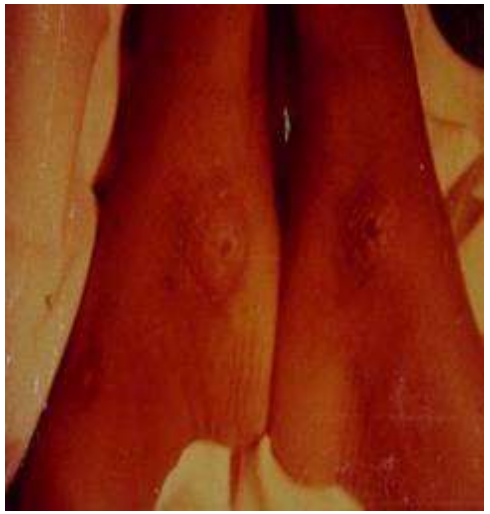
Burns



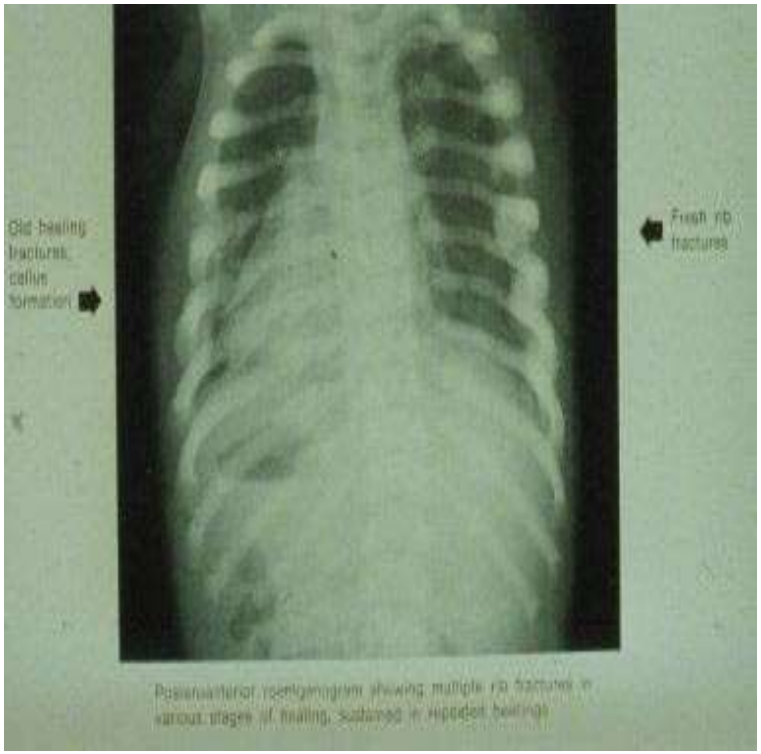


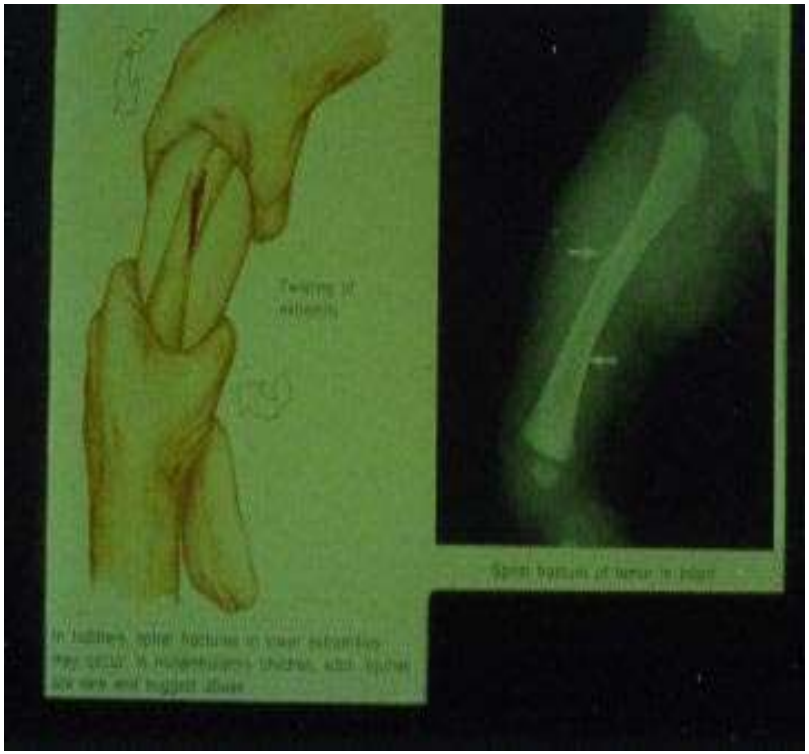






Suspicious Fractures



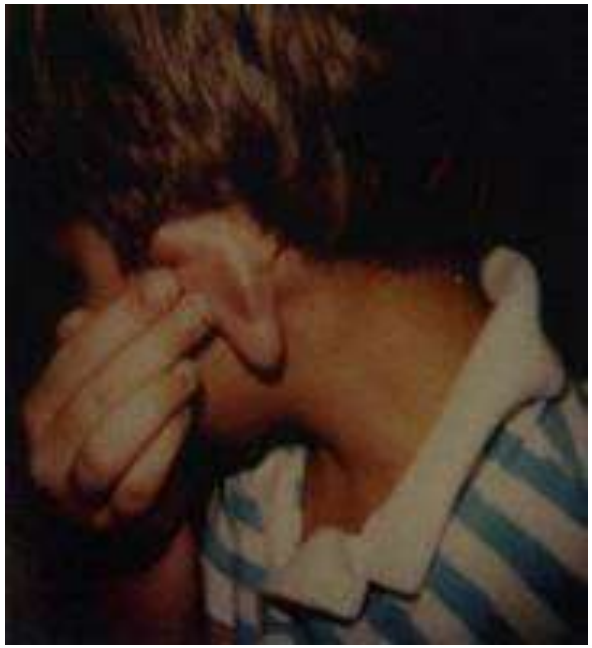


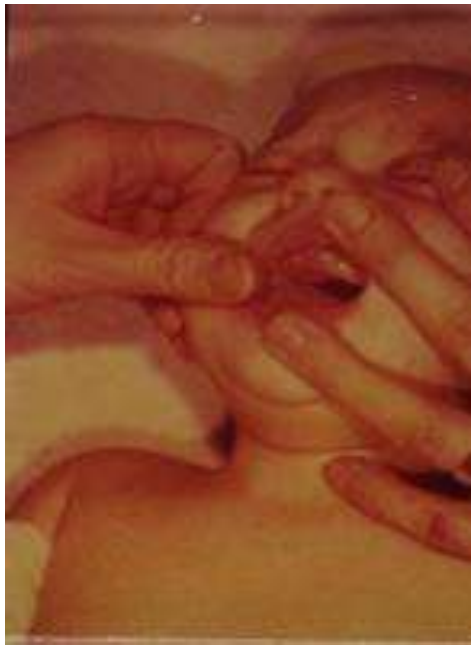
Falls

- In most cases, falls cause a minor injury.
- If a child is reported to have had a routine fall but has what appear to be severe injuries, the inconsistency of the history with the injury indicates child abuse.

Head, Facial, Oral Injuries

- Head is a common area of injury.
- Approx. 50 % of physical abuse patients have head or facial injuries.
- Injuries to the sides of the face, ears, cheeks, and temple area are highly suspicious for abuse.
- Mouth/lip/teeth injuries

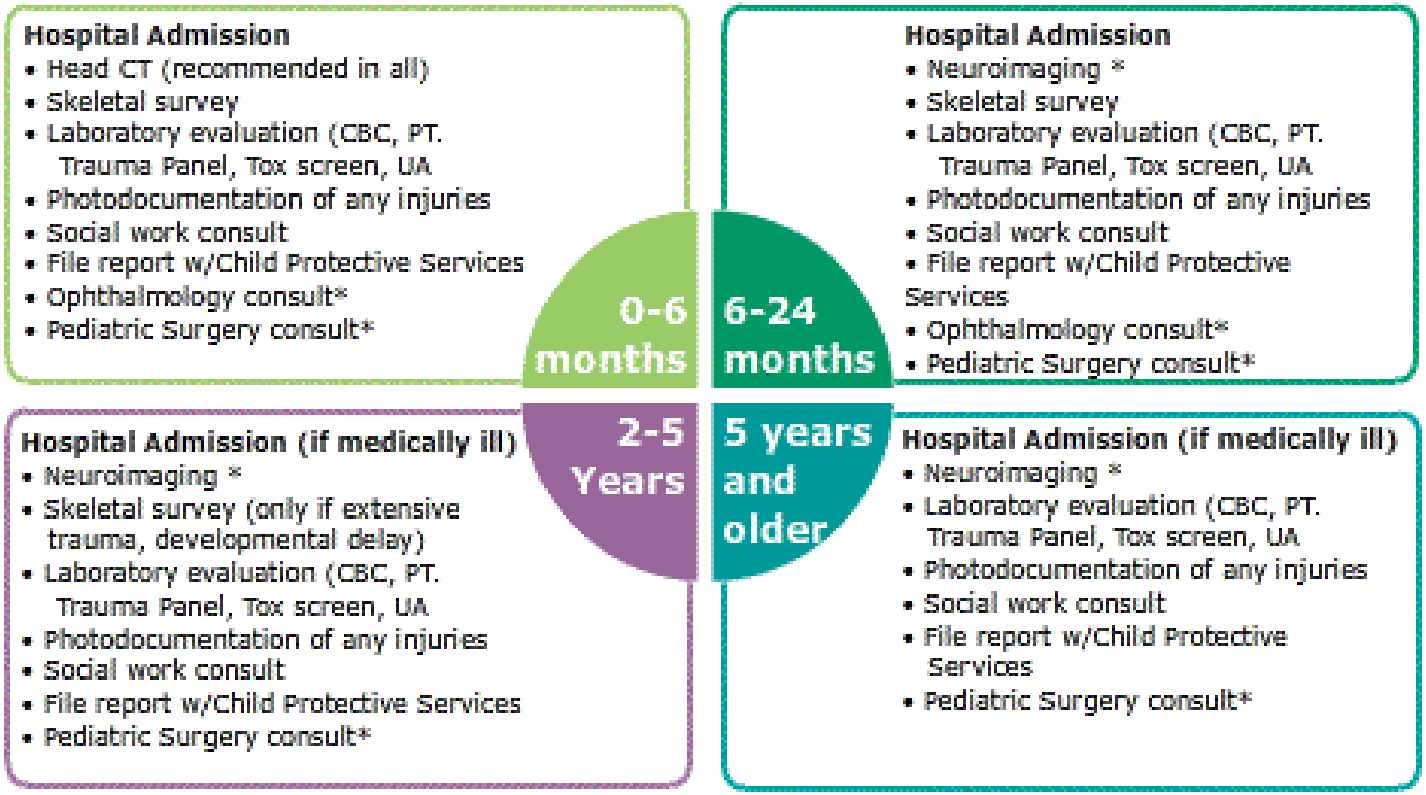




Indicators of Child Abuse (Discovered by Family Doctor)

Type of Abuse	Physical Indicators	Behavioral Indicators
Physical	Unexplained bruises, welts, burns, fractures, or bald patches on scalp	Wary of adult contact, frightened of parents or afraid to go home, withdrawn or aggressive, moves uncomfortably, wears inappropriate clothing for weather
Sexual	Difficulty walking or sitting; torn or stained/blood underclothes; pain, itching, bruises, swelling in genital area; frequent urinary or yeast infections	Advanced sexual knowledge, promiscuity, sudden school difficulties, self-imposed social isolation, avoidance of physical contact or closeness, depression
Emotional	Speech or communicative disorder, delayed physical development, exacerbation of existing conditions, substance abuse	Habit disorders, antisocial or destructive behaviors, neurotic traits, behavior extremes, developmental delays
Neglect	Consistent hunger, poor hygiene, inappropriate dress, unattended medical problems, underweight, failure to thrive	Self-destructive behaviors, begging or stealing food, constant fatigue, assuming adult responsibilities or concerns, frequently absent or tardy, states no caretaker in home

Suggested Guidelines for Assessment for Suspected Physical Abuse



Clinical Indicators

- Neuroimaging decreased mental status, skull fracture(s), Headinjury
- Ophthalmology-positive-neuroimaging, facial bruising, multisystem trauma
- Pediatric-Surgery based on institutional standards

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Role of paediatrician- Suspect, First aid, Inv, Treat physical and mental health

SUSPECT

- Paediatricians can be alert for injuries that raise suspicion of abuse but may be overlooked by unsuspecting physicians, including
- ANY injury to a nonmobile infant, including bruises, oral injuries, or fractures;
- Injuries in unusual locations, such as over the torso, ears or neck;
- Patterned injuries;
- Injuries to multiple organ systems;
- Multiple injuries in different stages of healing; and
- Significant injuries that are unexplained.

Prevention

Physical abuse

- Parent education on child needs and disciplinary practices
- Anger management and correcting distorted cognitions
- Strengthening child compliance and self-control
- Having children more involved in the community

Sexual abuse

- Outcome less predictable, therefore treatments less systematic
- Child's sense of trust, safety, guiltlessness through cognitive-behavioral methods is crucial
- Feelings need to be expressed, PTSD symptoms

Role of paediatrician-Legal aspects

- Paediatricians are mandated reporters of suspected abuse, and reports to police
- Required by law when the physician has a reasonable suspicion of abuse- JUST LIKE A POISONING OR RTA CASE
- Transferring a child's care to another physician or hospital does not relieve the paediatrician of his or her reporting responsibilities.
- Paediatricians may need to hospitalize children
- Thorough documentation in medical records and effective communication.

Role of paediatrician

Examining siblings and household contacts of abused children often reveals injuries to those children; those under 2 years old benefit from a skeletal survey. Consultation with colleagues, child abuse pediatricians, and other specialists – psychiatric to assist in the evaluation of difficult cases is very helpful.

Thank you