Recognising and Managing Child Abuse in General Practice

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Outline

• Definition

• Importance of Child Abuse

• Common presentations
  - Bruises
  - Fractures
  - Shaken Baby Syndrome
  - Burns
  - neglect
  - Suspicions of sexual assault

• Follow up

• Documentation and Criminal Justice system
What is child abuse?

physical abuse
emotional ill-treatment
sexual abuse
neglect
negligent treatment
and
exploitation of children

WHO Definition
Child Sexual Assault
Why is child abuse important?
South African Law addresses it in the Children’s Act 38 of 2005 (as amended by the Children’s Amendment Act 41 of 2007)

Section 110.....“who on reasonable grounds concludes that a child has been abused in a manner causing physical injury, sexual abuse or deliberate neglect”
How do we make the diagnosis of child abuse and neglect?
Risk Factors

- Parent Characteristics
- Family Characteristics
- Child Characteristics
- Parent/child relationship
- Environmental
Indicators

• Positive disclosure
• History
• Suspicious behaviour
• Examination
Physical Abuse

- Bruises
- Fractures
- Inflicted Head Injury
- Burns
- General neglect
Bruising

Photo Removed

Photo Removed
Red Flags

• Injury not compatible with explanation
  - Mechanism
  - Amount of force
  - Age/developmental

• Injuries of different ages

• Unusual site of a bruise

• Patterned Bruise
Caution
Inflicted Fractures
Red Flags

• Injury not compatible with explanation
  - Mechanism
  - Amount of force
  - Age/development

• Recurrent incidents of trauma

• Injuries of different ages

• Unusual fracture locations
Metaphyseal fractures
Skull Fractures

Sick Kids Hospital

Trauma unit, RXH
Additional Imaging

Subdural haemorrhage in right parasagittal

R front parietal subdural haematoma

New subdural hematomas in the right frontal and posterior interhemispheric region.
Shaken Baby Syndrome

Subdural Haemorrhages
Rib fractures
Metaphyseal fractures
Retinal ahemorrhages
Retinal Haemorrhages: often bilateral, multi-layered, extend to the periphery
Caution

Caffey’s Disease

Menkes Disease

Osteogenesis Imperfecta

Diagnostic Imaging in Child Abuse, Non Accidental Trauma by Simon Robben Radiology Departement of the Maastricht University Hospital
Burns

Scald injury: common accidental and non-accidental burn

<table>
<thead>
<tr>
<th>Water Temperature</th>
<th>Length of Time to Receive a Severe Burn</th>
</tr>
</thead>
<tbody>
<tr>
<td>156°</td>
<td>1 second</td>
</tr>
<tr>
<td>149°</td>
<td>2 seconds</td>
</tr>
<tr>
<td>140°</td>
<td>5 seconds</td>
</tr>
<tr>
<td>133°</td>
<td>15 seconds</td>
</tr>
<tr>
<td>127°</td>
<td>60 seconds</td>
</tr>
<tr>
<td>124°</td>
<td>3 minutes</td>
</tr>
</tbody>
</table>
Red Flags

- Age and development
- Burn characteristics
  - Usually lower limbs
  - Glove and stocking
  - Clear demarcation
  - Absence of splash marks
  - Sometimes sparing is seen
- Burn patterns
  - Cigarette
  - Iron/radiator grid
Patterns

Cigarette Burns

Cupping burns

Radiator burn

Cigarette Burns
Neglect

Sexual Assault
How do we know if a child is being sexually assaulted?
How do we know if a child is being sexually assaulted?

Positive Disclosure

OR
Physical indicators

• Genital or anal bleeding
• Vulvitis or vaginal discharge
• Genital discomfort
• Associated signs of physical abuse
• Vaginal or anal tears
• Confirmed gonorrhea, syphilis & Trichomonas
• Presence of semen or pregnancy
Behavioral Indicators

• Sexualized play or sexually precocious
• ‘excessive’ masturbation
• Insertion of foreign bodies
• Other : eg poor scholastic performance, overdosage or attempted suicide
The GP’s Role

Performing the Examination

Completing the Documentation

Providing initial treatment and follow up
The GP’s Role

Performing the Examination

Completing the Documentation

Providing initial treatment and follow up
The Influence of Hormones

2 year old

Pre pubertal

12 year old
Different shapes of the Hymen

Hymenal orifice:

- Normal limits’ HORIZONTAL
  - <5yrs = 5mm
  - >5yrs - add 1mm per year to age of 10yrs
  - >10yrs - maybe >15mm
Crescentic Hymen

Septated Hymen

Annular Hymen

Images Thanks to Dr Cheema
## Normal Variants

<table>
<thead>
<tr>
<th>Normal Variant</th>
<th>Frequency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mounds</td>
<td>~ 30%</td>
<td>Rounded elevated tissue present</td>
</tr>
<tr>
<td>Notches</td>
<td>common</td>
<td>But rarely extends all the way to vaginal wall. <strong>Beware</strong> between 03.00-09.00 position i.e. Posterior more likely to be abnormal.</td>
</tr>
<tr>
<td>Tags</td>
<td>common</td>
<td>Tissue extending &gt;1mm over the edge most likely septal remnants</td>
</tr>
<tr>
<td>Cleft</td>
<td></td>
<td>In anterior 180° Usually at 11,12,3 or 9 o’clock</td>
</tr>
<tr>
<td>Support Bands</td>
<td>common</td>
<td>At 12.00 position</td>
</tr>
</tbody>
</table>
Female Genital Examination

Frog leg position

Knee chest position
Genital Documentation
Interpretation

1) Findings documented in newborns or commonly seen in non-abused children

2) Indeterminate findings
   These findings may support the child’s clear disclosure of sexual abuse but without this should be interpreted with caution

3) Findings diagnostic of trauma and or sexual contact

4) Findings diagnostic of sexual contact

Joyce Adams criterion 2007
Interpretation

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Joyce Adams criterion 2007
Lichen sclerosis

Labial Fusion

Vulvovaginitis

Pale / atrophic area

Purpuric area

Lichen sclerosis
Interpretation

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Joyce Adams criterion 2007
• Notches or clefts in the posterior half of the hymen extending nearly to the vaginal floor, confirmed in all positions

• Condylomata acuminata in a child older than two years who gives no history of sexual contact

• Immediate, marked anal dilatation

• Anal scarring

Mounds at 3 o’clock and 9 o’clock
Interpretation

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   These findings may support the child’s clear disclosure of sexual abuse but without this should be interpreted with caution

3) Findings diagnostic of trauma and or sexual contact

4) Findings diagnostic of sexual contact

Joyce Adams criterion 2007
• Acute trauma to ext genitalia/anal tissues

• Healing injuries including anal scarring

• Injuries indicative of blunt force penetrating injury
  - laceration of the hymen,
  - echymosis of the hymen,
  - perianal laceration deep to anal sphincter,
  - hymenal transection,
  - missing segment of hymenal tissue in inferior portion

• Presence of STI infection
Transection of The hymen At 9 o’clock

Labial minora abrasion

Perineal laceration and transection of the hymen
Grade 2 and 3 genital injuries

Images thanks to Dr Cox  RXH
A normal examination does not exclude sexual assault especially when there is a positive disclosure.
The GP’s Role

- Performing the Examination
- Completing the Documentation
- Providing initial treatment and follow up
Initial Treatment

• Initiating PEP (AZT, 3TC and Kaletra)

• Pregnancy prophylaxis

• Bloods for HIV, VDRL

• Treatment of STD’s
Follow-up

- 2 weeks, 1 month, 3 months and 6 month
- FBC at 2 weeks
- VDRL and HIV at 1 month
- PTSD symptoms
- Progress of Case
- Confirm safety plans
Form 22: Reporting Of Abuse or Deliberate Neglect
www.kzneducation.gov.za/Portals/0/.../FORM%2022%20DOE.pdf

Guidelines for the completions of the J88 form - KwaZulu-Natal ...
Summary

• Child abuse is common
• Mandatory reporting
• Specifics related to physical abuse
  – Red Flags
  – Cautions
• Normal Female genital anatomy
• Introduced the Joyce Adams Criterion
• Perfect position
• Documentation
Children are the world's most valuable resource and its best hope for the future