Identifying and Responding to Child and Senior Abuse

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1998: Child Protective Services
3,154,000 reports
1,000,000 substantiated cases
  51% neglect
  25% physical abuse
  10% sexual abuse
  3% emotional abuse
  11% other forms of maltreatment
1046 Deaths
  77% less than 5 years of age
  45% less than 1 year of age
  41% of cases involved children with a history of prior contact with their State's Child Protective Services agency.

Child Abuse & the Eye
40% of abused children will have ocular findings
5% of child abuse cases have eye problems as the presenting complaint

Nonaccidental Trauma
3% of eye hospitalizations
  Periorbital contusions
  Hyphemas
  Fists, fingers, belts

Warning Signs
  Incompatible injuries
  Delay in presentation
  Multiple admissions to different hospitals
  Different stages of healing
  Mouth wounds/skin burns

Aging Bruises & Abrasions

<table>
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<th>Color</th>
<th>Age in days (est.)</th>
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<tbody>
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<tr>
<td>Green-blue</td>
<td>3 - 6</td>
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<td>Brown-yellow-green</td>
<td>6 - 10</td>
</tr>
<tr>
<td>Tan-yellow</td>
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Ocular Signs of Abuse
  Subluxated lens
  Cataracts
  Optic atrophy
  Old chorioretinal scars
  Choroidal atrophy
Ocular Signs of Abuse, cont’d
Anisocoria
Subconjunctival hemorrhage
Lid ecchymosis
Intraocular hemorrhage
   Hyphema
   Vitreous hemorrhage
   Preretinal hemorrhage
   Intraretinal hemorrhage

“Shaken Baby Syndrome”
Retinal hemorrhages
Cotton wool spots
   Nerve fiber layer ischemia
Disc edema
Vitreous hemorrhage
Retinal detachment

Battered Infants
Lethargic/irritable presentation
Few external signs of injury
Retinal hemorrhages
Intracranial hemorrhages
   Subdural hematomas
   Subdural effusions

Retinal hemorrhages
Infants under 18 months of age
Intraocular hemorrhages
Preretinal hemorrhages
Boat-shaped hemorrhages
Circumpapillary concentration
Vitreous hemorrhages
Causes:
   Increased intrathoracic pressure
   Purtscher’s retinopathy
   Acceleration/deceleration injury
   Intracranial or subarachnoid hemorrhages extend into retina
   Terson’s syndrome retinopathy

Non-traumatic causes of retinal hemorrhage
CPR
   Accidental trauma with head or chest compression
Infections
   Meningitis
Birth trauma
   Heme present in 20 - 50% of vaginally delivered neonates
Severe coagulopathies
   Hemophilia
   von Willebrand’s disease
   Vitamin K deficiency
Blood dyscrasias
   Leukemia
   Anemia
Non-traumatic causes of retinal hemorrhage, cont’d

- Increased intracranial pressure
- Malignant hypertension
- Bacterial endocarditis
- Idiopathic thrombocytopenia

Shaken Baby Sequelae

- Death
  - 1/3 die acutely
- Neurological handicaps
  - Quadriplegia
  - Severe retardation
  - Learning disabilities
  - Motor disturbances
- Vision loss
  - Deep retinal splitting
  - Optic nerve damage
  - Amblyopia

Predisposing Factors

- Prematurity
- Chronic medical problems
- Developmental delay
- Males

Child Abuse Masquerades

- Osteogenesis imperfecta
- Copper deficiency
- Vitamins A & C deficiencies
- Congenital syphilis
- Hereditary sensory neuropathy
- Drug-induced
  - Prostaglandins
  - Methotrexate
  - Vitamin A toxicity
  - “Burns”
    - Impetigo
    - Hair tourniquet
    - Phytophotodermatitis
    - Car seat burns
  - “Bruises”
    - Mongolian spots
    - Coagulopathies
    - Malignancy
    - Vasculitis
    - Salicylates, rodenticides
    - Ehlers-Danlos syndrome

Cultural Therapies

- Cupping, Coining, spooning
- Fallen fontanel
- Moxibustion, Maqua
- Salting
**Intervention axioms**
- Once abused, at higher risk
- If child injured again, parents will seek care elsewhere
- Reasonable suspicion merits intervention
- Hospitalization is an option

**Mandated reporting**
- All 50 states
- Good faith reports protected from civil liability
- Penalties for failure to report

**Who Must Report:**
- Practitioner of the healing arts
- Professional school personnel
- Registered or licensed nurse
- Social worker
- Pharmacist
- Psychologist

**Child Abuse Law**
- Licensed medical personnel exempt from prosecution
- Authorized to take photographs/radiology studies without parental permission
- Maintain chain of custody for evidence

**Where to Report**
- Child Protective Services
  - 1-800-562-5624
- Law enforcement agencies
  - All cases of sexual abuse
- Department of Social Services

**CPS Services**
- Counseling
- Day Care
- Homemakers
- Foster Home Placements
- Referrals to community groups/ agencies

**How to Report**
- Initial contact
  - Victim and reasons for concern
- Written report within 48 hours
  - Medical history
  - Physical examination
  - Specimen

**What to Report**
- Name and home address of child
- Present location of child
- Age of child
- Names and ages of other children
- Nature and extent of injuries and information about cause
Interview Objectives
- Understand the antecedents
- Determine on-going risk
- Past medical history of child/family
- Form a relationship with family
- Explain protective services

Approach to the Child
- Get down to their level
- Tell them they’re safe
- Tell them it’s not their fault
- Let them relive the experience

Spouse Abuse = Child Abuse
- 45 - 70% of battered women in shelters report the presence of some form of child abuse
- Child abuse is 15 times more likely to occur in families where domestic violence is present
- Practitioners often miss the association

Child Abuse = Spouse Abuse
- Child abuse and spousal abuse typically coexist within families
- Practitioners can protect battered children by recognizing when the mother also needs protection
- Pediatrician is often the only medical professional with whom an abused woman has contact

Neurobiologic sequelae
- Altered cardiovascular regulation
- Affective lability
- Behavioral impulsivity
- Increased anxiety
- Increased startle response
- Sleep abnormalities

Behavioral Response
- Infants
  - Disrupted sleep/feeding routines
  - Failure to thrive
  - Irritability
  - Developmental delay
- Preschoolers
  - Withdrawn, subdued
  - Anxiety/nightmares
  - Reenact event in play
  - Regress -- bedwetting, thumb sucking
- School-aged children
  - Change in behavior
  - Decreased school performance
  - Vague somatic complaints
- Adolescents
  - Rage/shame/betrayal
  - Rebelliousness
    - Drug use, run-aways
    - Dropouts
  - Loss of impulse control
Violence exposure impairs:
Attachment
Self-efficacy
Sleep
Affect regulation
27-100% develop Post Traumatic Stress Disorder

PTSD More Common When:
Child is younger
Violence is frequent
Violence in close proximity
Child knows the victim or perpetrator
Violence against a parent

PTSD-Specific Symptoms
Repeated memories of the event
Behavioral re-enactments
Trauma-specific fears
Pessimistic attitudes
Difficulty with close relationships

Co-Morbidity with PTSD
Attention Deficit Hyperactivity Disorder
Anxiety disorders
Brief psychotic disorder
Suicidal ideation

PTSD Treatment
Early Intervention!
Desensitization of reaction to cues that trigger post-traumatic responses
Stable and safe environment
Allow to tell the trauma story
Facilitate re-experiencing
Integrate understanding of the trauma
Promote reconnection to society, parents

Child Exposed to Violence Initiative
Legislation — penalties for exposing a child to violence
Training — law enforcement agencies
Grants — $10 million for Safe Start Initiative programs
National Summit on Children Exposed to Violence
National Elder Abuse Incidence Study
Approximately 450,000 elders in domestic settings were abused and/or neglected in 1996.
This number increases to 551K when self-neglect cases are added.
Female elders predominate
Oldest elder abuse 2-3x higher
90% involve known perpetrators
Victims of self-neglect are usually depressed, confused or frail.

Elder vs. Child Abuse
Silent young/frail old
Unable to defend themselves
Dependent on abusers
Handicapped at increased risk
Numbers are growing

Forms of Elder Abuse
Caregiver and self-neglect
Emotional and psychological abuse
Fiduciary exploitation
Physical abuse

Patient Roadblocks to Reporting
Shame
Dependency on abuser
Fear of reprisal
Love of abuser
Feel they deserve to be abused
Feel sorry for abuser

Who Must Report:
Any elder or dependent adult custodian
Health practitioners
Local law enforcement agencies
Employees of county adult protective services agency

Where to Report
County adult protective services agency
Local law enforcement agencies
Local long-term care ombudsman
Elder Abuse Hotline
1-800-252-5400