MEDICAL AND PSYCHOSOCIAL ASSESSMENT OF CHILD ABUSE AND NEGLECT

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FRAMEWORK FOR UNDERSTANDING A DISEASE

1. Epidemiology
2. *Definition (and recognition)*
3. *Etiology (psychosocial risk)*
4. Pathogenesis
5. *Prognosis (consequences)*
6. Treatment
7. Prevention
THE BATTERED-CHILD SYNDROME

Kempe, Silverman, Steele, Droegemueller, Silver: JAMA 1962; 181: 17-24

First epidemiological study on child maltreatment

Described key clinical features:

-- Discrepancy between clinical findings and the historical data

-- Questions that can be asked of parents

-- Some of the physical and radiographic findings

-- Why physicians would have difficulty believing parents can hurt their children
ONGOING CHALLENGES IN THE ASSESSMENT OF MALTREATMENT

- Diagnosis is based on a combination of clinical features rather than a single diagnostic test.
- Making the diagnosis has major implications for children and families: safety, placement, termination of parental rights.
- ~4,500 children with serious injuries due to abuse are hospitalized yearly; majority <3 years; mortality rate of 6%.
- “Experts” in court deny that abuse has occurred and have proposed specious theories of causation.
MAJOR CHANGES IN THE ASSESSMENT OF MALTREATMENT

1. From silos to MDTs (and CACs)
2. From hospital-based to:
   -- Consultations to CPS
   -- Focus on “sentinel” injuries
3. Renewed attention on Child Protection Teams (NACHRI’s standards of excellence)
4. In 2009, 191 pediatricians were certified in a new pediatric specialty:
   -- Child Abuse Pediatrics
RESEARCH ON DEFINING PHYSICAL ABUSE

♦ Much research has focused on defining the disease (and non-disease)
  -- Strong evidence about the range and specificity of clinical findings due to physical abuse

♦ Some research on the process of the evaluation:
  -- skeletal survey as a diagnostic test
  -- evaluating siblings of abused child

♦ Little research on decision-making by clinicians:
  (likelihood of abuse, biases, reporting)
BRUISES AS AN INDICATOR OF ABUSE IN YOUNG CHILDREN

- Studies of non-abused children:
  -- Frequency of bruises in children <36 months of age (cruising and bruising)
  -- Can physicians accurately date bruising by color alone?

- Bruises in abused vs. accidentally injured children <48 months of age
  -- Demonstrated different distributions of bruising in abuse vs. accident groups
  -- “TEN-4”
REPORTING OF SUSPECTED ABUSE BY PRIMARY CARE CLINICIANS

- Study conducted in 2 national practice-based research networks
- 434 primary care clinicians collected data on 15,300 child injury visits
- 5-point scale used to rate likelihood of abuse
- 1,683 patients had a “suspicious” injury, and 95 (6%) reported to CPS
- 27% of “likely” or “very likely” abuse not reported to CPS
- Reasons for not reporting: familiarity with family, certain aspects of case history, use of available resources, and negative views of CPS
EVALUATION OF SUSPECTED SEXUAL ABUSE

- Children’s memory and influences on memory
- Approaches to interviewing children (NICHD Interview Protocol)
- Physical exam findings/laboratory data
  -- importance of well-designed research
- Little research on:
  -- decision-making by physicians, CPS, police
  -- value of multidisciplinary approach (CACs/MDTs)
Moderate amount of research on individual family variables:

-- Domestic violence
-- Substance abuse
-- Mental health of parents
-- Males as abusers

Less is known about:

-- Combinations of factors
-- How individual parents respond to a child’s behaviors (eg, crying)
-- How to ameliorate the risk if it is elevated
FUTURE RESEARCH

- Systems of evaluation and care:
  -- Linkages between Child Abuse Pediatricians and CPS
  -- CACs and MDTs

- Improving decision-making of clinicians:
  -- Primary care clinicians, ED physicians, and Child Abuse Pediatricians

- Process of Evaluation:
  -- Which children need which diagnostic tests (need for multi-site studies)

- Funding of Fellowships in Child Abuse Pediatrics
RETINAL HEMORRHAGES IN ABUSE VS. ACCIDENTS

- RH occur commonly in normal newborns after birth
- Several studies have compared the frequency of RH in children with abusive vs. accidental head injuries:
  1. All children <24 months of age hospitalized with a head injury had an eye exam:
     -- RH = 60% (9/15) in abuse
     10% (7/67) in accidents
  2. Confessed abuse vs. witnessed accidents in infants with head trauma:
     -- 45 abuse cases and 39 accidents
     -- the presence of extensive RH had:
       sensitivity = .56; specificity = .97