VICTIMS OF VIOLENCE: INTER-PARTNER VIOLENCE AND CHILD ABUSE

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OBJECTIVES

- AFTER PARTICIPATION IN THIS PRESENTATION, PARTICIPANTS WILL BE ABLE TO:
 - UTILIZE BEST PRACTICES FOR STANDARDIZED WORKUP OF CHILD ABUSE
 AND MALTREATMENT
 - IDENTIFY ADULT VICTIMS OF INTER PARTNER VIOLENCE
 - APPLY RISK AND BENEFIT TO UNIVERSAL SCREENING IN THEIR PRACTICE ENVIRONMENT

• I HAVE NO FINANCIAL RELATIONSHIPS OR AFFILIATIONS TO DISCLOSE.

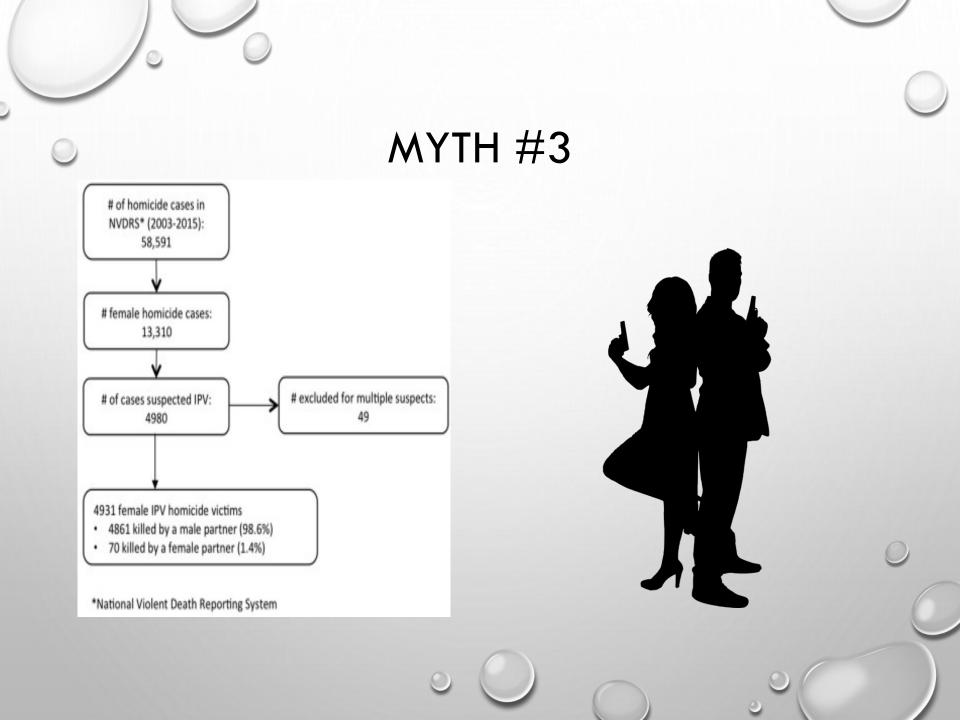






MYTH #2









HITS

- HOW OFTEN DOES YOUR PARTNER:
 - PHYSICALLY HURT YOU?
 - INSULT OR TALK DOWN TO YOU?
 - THREATEN YOU WITH HARM?
 - SCREAM OR CURSE AT YOU?







PHYSICAL ABUSE OF CHILDREN





- FINANCIAL STABILITY
- SINGLE MOTHERS
- SUBSTANCE ABUSE
- DOMESTIC VIOLENCE
- PRESENCE OF MORE THAN 2
 SIBLINGS IN THE HOME
- LOW BIRTH WEIGHT
- CHILDREN WITH DISABILITIES



<7 MONTHS

***CUTANEOUS INJURIES INCLUDING A SINGLE BRUISE OR** BURN OR BITE MARK ***INTRAORAL INJURY** *SUBCONJUNCTIVAL HEMORRHAGE (> 14 D OLD) WITHOUT PERSISTENT COUGH OR VOMITING *FRACTURES: RIB, SCAPULA, VERTEBRAL, STERNUM, HANDS/FEET, ANY LONG BONE FRACTURE (INCLUDING METAPHYSEAL FRACTURE), MULTIPLE **FRACTURES *UNEXPLAINED FUSSINESS *UNEXPLAINED ALTERED MENTAL STATUS**

7-12 months

*Bruising in an unusual location, including pinna, neck, torso, buttocks *Patterned bruising or bite mark

*Subconjunctival hemorrhage without persistent cough or vomiting *Intraoral injury without plausible accidental mechanism including frenulum tear

*Fractures: rib, scapula, vertebral, sternum, hands/feet, any long bone fracture (including metaphyseal fracture), multiple fractures *Patterned burns including: cigarette burn, stocking/glove burn, symmetric burns, immersion burns

*Injury inconsistent with developmental ability or with accidental mechanism described

* Unexplained altered mental status

*Sibling of child with suspected physical abuse

12-24 MONTHS

*BRUISING IN AN UNUSUAL LOCATION, INCLUDING PINNA, NECK, TORSO, BUTTOCKS OR ADULT BITE MARK *SUBCONJUNCTIVAL HEMORRHAGE WITHOUT PERSISTENT COUGH OR VOMITING *FRACTURES: RIB, SCAPULA, VERTEBRAL, STERNUM, HANDS/FEET, **MULTIPLE FRACTURES** *PATTERNED BURNS INCLUDING: CIGARETTE BURN, STOCKING/GLOVE BURN, SYMMETRIC BURNS, IMMERSION BURNS ***INJURY INCONSISTENT WITH DEVELOPMENTAL ABILITY OR WITH** ACCIDENTAL MECHANISM DESCRIBED ***UNEXPLAINED VOMITING** * UNEXPLAINED ALTERED MENTAL STATUS *SIBLING OF CHILD WITH SUSPECTED PHYSICAL ABUSE

2-5 YEARS

*BRUISING IN AN UNUSUAL LOCATION, INCLUDING PINNA, NECK, TORSO, BUTTOCKS OR ADULT BITE MARK *SUBCONJUNCTIVAL HEMORRHAGE WITHOUT PERSISTENT COUGH **OR VOMITING** *FRACTURES: RIB, SCAPULA, VERTEBRAL, STERNUM, HANDS/FEET, **MULTIPLE FRACTURES** *PATTERNED BURNS INCLUDING: CIGARETTE BURN, STOCKING/GLOVE BURN, SYMMETRIC BURNS, IMMERSION BURNS ***INJURY INCONSISTENT WITH DEVELOPMENTAL ABILITY OR WITH** ACCIDENTAL MECHANISM DESCRIBED * UNEXPLAINED ALTERED MENTAL STATUS *SIBLING OF CHILD WITH SUSPECTED PHYSICAL ABUSE

>5 YEARS

*BRUISING IN AN UNUSUAL LOCATION, INCLUDING PINNA, NECK, TORSO, BUTTOCKS OR ADULT BITE MARK *FRACTURES: RIB, SCAPULA, VERTEBRAL, STERNUM, HANDS/FEET, MULTIPLE FRACTURES *PATTERNED BURNS INCLUDING: CIGARETTE BURN, STOCKING/GLOVE BURN, SYMMETRIC BURNS, IMMERSION **BURNS, MULTIPLE BURNS** *INJURY INCONSISTENT WITH DEVELOPMENTAL ABILITY OR WITH ACCIDENTAL MECHANISM DESCRIBED * UNEXPLAINED ALTERED MENTAL STATUS

WORKUP BY AGE <7MOS

IMAGING

- SKELETAL SURVEY
- CT HEAD W/O CONTRAST

LABS

- CBC W/ DIFF
- AST
- ALT
- ALK PHOS
- LIPASE
- COAGS
- CHEM 10

OTHER

SW CONSULTATION

WORKUP BY AGE 7-24 MOS

IMAGING

• SKELETAL SURVEY

OTHER

SW CONSULTATION

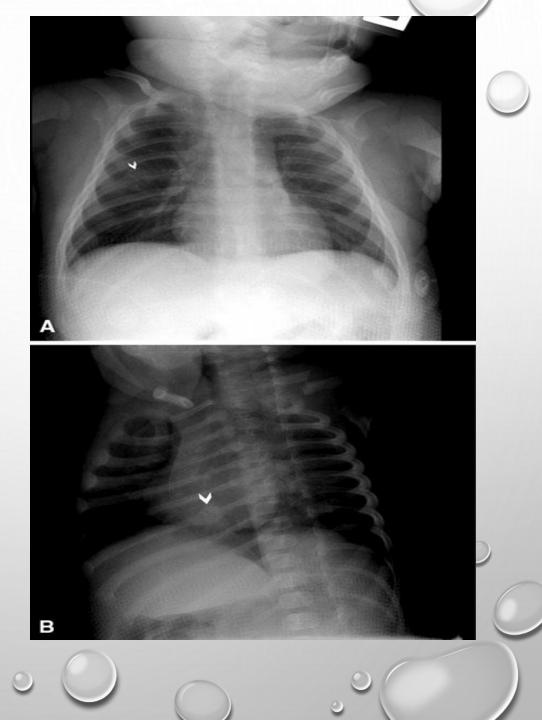
LABS

- CBC W/ DIFF
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- CHEM 10

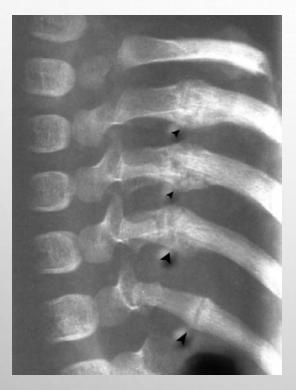
WORKUP BY AGE 2-5 YEARS

- AST
- ALT
- LIPASE
- SW CONSULTATION

POSTERIOR RIB FX

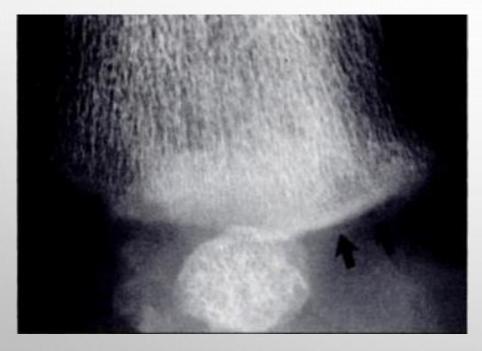


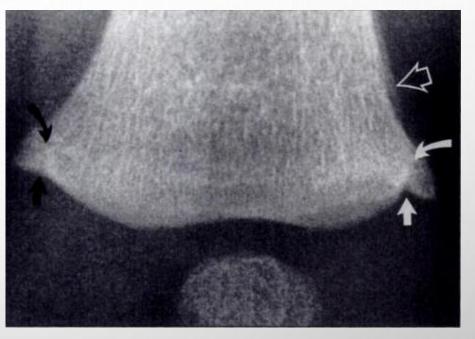
POSTERIOR RIB FRACTURES



• HIGH DETAIL OBLIQUE

METAPHYSEAL FRACTURES









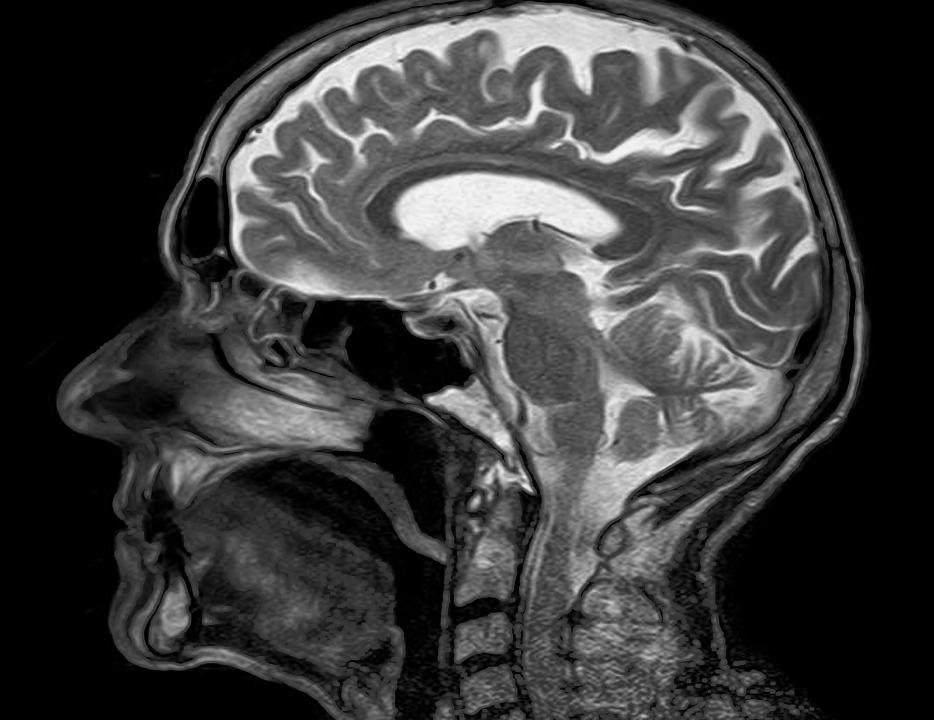
ABUSIVE HEAD TRAUMA

GOALS OF HEAD IMAGING

- DETECT INJURY
- EVALUATE THE FULL EXTENT AND SEVERITY OF THE INJURY
- CHARACTERIZE ANY LESIONS AND DIFFERENTIATE FROM TRAUMATIC
 MIMICS

ABUSIVE HEAD TRAUMA

- CT HEAD
 - FAST
 - CAN BE PERFORMED ON VERY ILL CHILDREN
 - SENSITIVE FOR HEMORRHAGE, EDEMA AND MASS EFFECT
 - SENSITIVE FOR SKULL FX IF YOU CAN RECONSTRUCT
 - DETERMINE WHO NEEDS IMMEDIATE INTERVENTION



RPIIISINIC

Physical Abuse

Abnormal Bruising Pattern



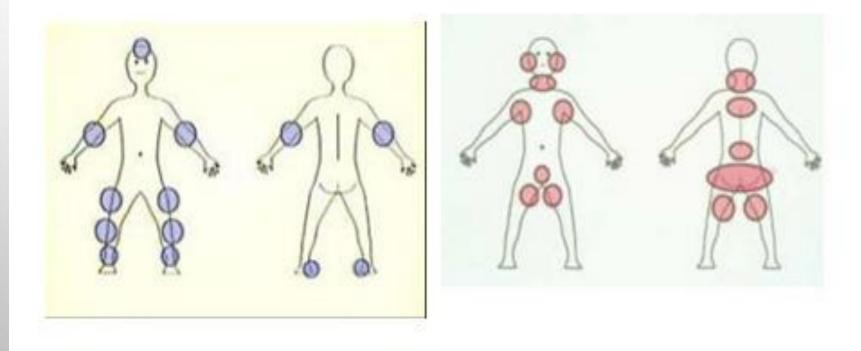
Normal Bruising Pattern



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BRUISING

I HYSICAI ADUSC



Normal Bruising Pattern

Abnormal Bruising Pattern

BRUISING

- ALWAYS, ALWAYS, ALWAYS CONSIDER A DIFFERENTIAL DIAGNOSIS!
- FORCE THIS PROCESS EVEN WHEN YOU THINK IT'S A SLAM DUNK.



Haematoma after fall on a tiled floor. The platelet count was 9 × 10^s/l at the time.



CERULEAN SPOTS







RESPONSIBILITY TO REPORT

- PHYSICIANS ARE GENERALLY MANDATED REPORTERS AT ALL LEVELS OF
 TRAINING WHILE ACTING IN A PROFESSIONAL CAPACITY
- SOME STATES ALLOW FOR PERMISSIVE REPORTING AS WELL
- IT IS CRITICAL THAT YOUR REPORT SUSPICION FOR ABUSE.
- CONFIRMATION BASED ON PENDING TESTING SHOULD NOT DELAY REPORTING
- ALL STATES HAVE SOME DEGREE OF IMMUNITY FOR GOOD FAITH REPORTING
- FAILURE TO DO SO MAY RESULT IN CRIMINAL CHARGES

TAKE AWAY MESSAGES



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DOCUMENTATION

- THINK THROUGH A DIFFERENTIAL AND EVALUATE FOR IT!
- FRACTURE MIMICS
 - OSTEOGENESIS IMPERFECTA
 - RICKETS
 - TEMPORARY BRITTLE BONE DISEASE
 - OBSTETRIC TRAUMA
 - CONGENITAL SYPHILLIS
 - DOWN SYNDROME

- BURN MIMICS
 - LAXATIVE DERMATITIS
 - STAPH SCALDED SKIN
 - PHYTOPHOTODERMATITIS
 - MOXIBUSTION
- BRUISING MIMICS
 - COINING
 - CUPPING
 - CERULEAN SPOTS
 - COAGULATION DEFECTS