"MEDICAL CHILD ABUSE"

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OBJECTIVES:

- DEVELOP WORKING DEFINITION
- DISUSS PROCESS OF IDENTIFYING MCA
- DISCUSS CHALLENGES OF MCA

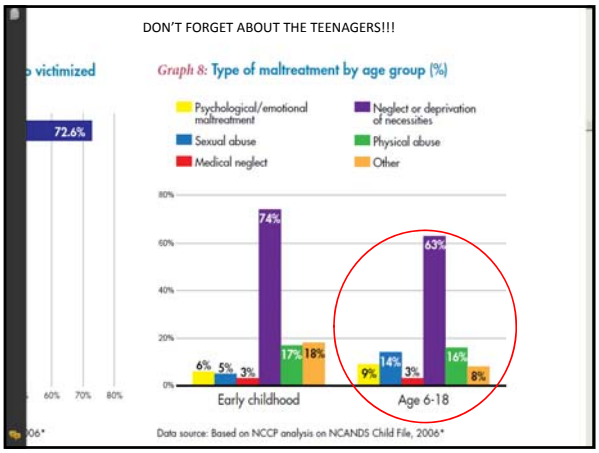
DISCLOSURES:

- EXPERT WITNESS
  - –PROSECUTORIAL
  - –DEFENSE

DEFINITIONS FOR ABUSE:

- NEGLECT
- MEDICAL NEGLECT
- PHYSICAL ABUSE
- SEXUAL ABUSE
- MEDICAL CHILD ABUSE
- EMOTIONAL ABUSE
- DENTAL ABUSE
- CHILD TORTURE MALTREATMENT

DON'T FORGET ABOUT THE TEENAGERS!!!



5 STEPS FOR CM

- IDENTIFY CHILD AT RISK OR BEING HARMED
- STOP THE HARM/RISK
- ENSURE HARM/RISK WILL NOT RECUR
- CARE FOR PHYSICAL AND MENTAL NEEDS
- MAINTAIN INTEGRITY OF FAMILY

CASE #1

- 12 day old infant presents with hematemesis
- Pregnancy, delivery all normal
- Labs all normal
- Bottle-fed and eating well
- Admitted; no findings on exam
- No further bleeding
- discharged

CASE #1

- 7 MORE PRESENTATIONS OVER 10 WEEKS
- SEEN BY DIFFERENT STAFF EACH TIME
- MULTIPLE INVESTIGATIONS; ALL NORMAL
- NO BLEEDING DURING OBSERVATION
- NEXT PRESENTS WITH SEIZURES AND WHILE IN HOSPITAL, MORE SEIZURES 5 DAYS LATER
- CT, CSF, OTHER TESTS: ALL NORMAL

CASE #1

- URINE TOX SCREEN: + LAMOTRIGINE
- BLOOD TEST ALSO +
- NO ADMINISTRATION OF THIS DRUG KNOWN
- FAMILY DENIED KNOWLEDGE
- PATIENT AND SIBLING IN FOSTER CARE
- OLD RECORDS FOR SIBLING ALSO +

MBP HISTORY

- GERMAN BARON: Munchausen
- HIS STORIES WERE DRAMATIC, EXAGGERATED AND OFTEN FALSE

HISTORY

- 1977 MEADOW
- 1987 ROSENBERG
- APA

ROSENBERG'S CARDINAL FEATURES

- ILLNESS SIMULATED OR PRODUCED BY CAREGIVER
- RECURRENT PRESENTATIONS FOR MEDICAL CARE AND EVALUATION
- OFFENDERS DENIAL OF KNOWLEDGE FOR CAUSE OF SYMPTOMS OR ILLNESS
- RESOLUTION OF SYMPTOMS WHEN SEPARATED FROM THE OFFENDER FOR A PERIOD OF TIME

MUNCHAUSEN SYNDROME

- 1954 DR ASHER
- Here the adult intentionally produces physical symptoms to gain the sick role

NAMES

- MUNCHAUSEN SYNDROME BY PROXY
- MUNCHAUSEN BY PROXY SYNDROME
- POLLE'S SYNDROME
- FACTITIOUS ILLNESS BY PROXY
- FACTITIOUS DISORDER BY PROXY

- MEDICAL CHILD ABUSE

DEFINITION

- "PERSISTANT FABRICATION BY ONE INDIVIDUAL OF ILLNESS IN ANOTHER"

MCA DEFINITION:

- AAP:
  - CHILD MALTREATMENT IN HOSPITAL SETTING
  - MAY INCLUDE: PHYSICAL, SEXUAL, NEGLECT
  - PREVIOUS FOCUS: CAREGIVER MENTAL HEALTH
  - MOTIVATION
  - FOCUS: "HARM CAUSED TO THE CHILD"

CHANGES TO AAP DEF

- CAN ALSO BE OUTPATIENT SETTING
- POTENTIAL HARM; NOT JUST HARM

CLASSIFICATION

- MEDICAL NEGELCT IS FOR OFFENDER
- ABUSE TYPE IS ASSIGNED TO THE CHILD

APSAC

- PCF
- FDP
- PCF BUT NOT FDP
  - SCHOOL PHOBIA
  - HELP SEEKER

APSAC

- NOT PCF OR FDP
  - –CHILD WITH CHRONIC ILLNESS
  - –PARENTS INTERFER WITH CARE
  - –PARENT HAS OWN PSYC ISSUES
    - ANXIETY

APSAC

- NOT PCF OR FDP
  - –CHILD PHYSICAL ABUSE
  - –CHILD SEXUAL ABUSE

MEDICAL CHILD ABUSE

- CHILD RECEIVING:
  - – UNNECESSARY MEDICAL CARE/EVALUATION
  - – HARMFUL OR POTENTIALLY HARMFUL CARE
  - – OBTAINED AT INSTIGATION OF CAREGIVER
  - – CAN CAUSE SERIOUS HARM
  - – IS ASSOCIATED WITH SIGNIFICANT MORBIDITY AND MORTALITY

CLASSIFICATION

- CHILD ABUSE
  - –CHILD IS VICTIM
  - –OFFENDER CAUSES
  - –INTENT ROLE? (SA,NEGLECT)
- PEDIATRIC, NOT PSYCHIATRIC DIAGNOSIS

MEDICAL CHILD ABUSE

- INVOLVES CHILD
- INVOLVES MEDICAL PROVIDER
- IS ABUSIVE TO CHILD
- MENTAL HEALTH OF OFFENDER NOT KEY

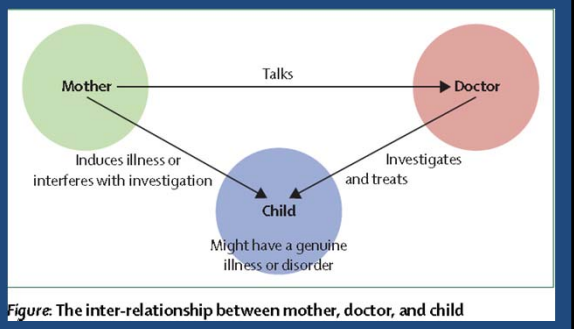


Figure: The inter-relationship between mother, doctor, and child

IS IT A SYNDROME?

- NO
- ABUSE IS:
  - –AN EVENT HAPPENING TO THE CHILD WITH POTENTIAL MENTAL HEALTH OR PHYSICAL INJURY

FORMS

- SIMULATION
  - –RARE, MILD
  - –VERBAL UNTRUE STORY/HISTORY
- PRODUCTION
  - –MORE COMMON, SEVERE FORM
  - –PRODUCE SYMPTOMS

DEFINITION

- EXCLUDES: SA, PA, FTT
  - –VS REPEATED SA EXAMS
- HOWEVER THESE MAY CO-EXIST

CRITERIA FOR REPORTING

- CHILD RECEIVING HARMFUL OR POTENTIALLY HARMFUL ARE UNNECESSARY MEDICAL CARE
- CHILD IS NOT RECEIVING APPROPRIATE OR NECESSARY MEDICAL CARE FOR DISABLING PROBLEM

MALINGERING

- FEIGNING IS MOTIVATED BY EXTERNAL CIRCUMSTANCES
  - –MONEY FOR "SPECIAL NEEDS CHILD" (DISABILITY STATUS)

FACTITIOUS DISORDER

- USUALLY ADULTS
- DATA SUGGEST BEHAVIORS BEGAN AT YOUNG AGE
- 25 PERCENT OF MEDICAL CHILD ABUSE CAREGIVERS HAD SOME SIGNS OF ADULT FD

FD VS MALINGERING

- MOTHER LIES ABOUT ILLNESS FOR DISABILITY
- MOTHER LIES ABOUT ILLNESS W/O CONSCIOUS INTENT

KEY COMPONENT

- CAREGIVER FALSIFICATION
- CAREGIVER INDUCEMENT OF SYMPTOMS OR SIGNS IN CHILD (physical or psychological)
- SEE CHILD AS "VICTIM"
- SEE THIS AS CHILD ABUSE

EXAMPLES

- REPEATED SA EXAMS WITHOUT DISCLOSURE OR INJURY
- PARENT REPEATED CAUSES BRUISES FOR HEME EVAL
- CAREGIVER INSISTS ON ADHD NEED FOR MEDS

STEP 1

- IDENTIFY CHILD AT RISK OF HARM
  OR
  CHILD BEING HARMED

EPIDEMIOLOGY

- CONSIDERED RELATIVELY RARE
- MAJOR MEDICAL CENTERS TARGET
- OFTEN UNRECOGNIZED/UNDER REPORTED
- INCIDENCE: .5-2/100000 (UNDER 16 YR OLD)

INCIDENCE

- "UNCOMMON" FORM OF CHILD ABUSE; NOW BELIEVED "COMMON"
- ACTUAL INCIDENCE AND PREVALANCE ?

"A USA PROBLEM"

- SEEN AROUND THE GLOBE
- PSYCHOPATOLOGY IN CAREGIVER COMMON
- MOST COMMON ERROR:
  –FAIL TO CONSIDER

EPIDEMIOLOGY

- VICTIMS: MALES = FEMALES
- MOST < 2.5 YR AGE; 25% > 6 YR OLD
- SIBLINGS OF VICTIM OFTEN ALSO ABUSED
- MORTALITY: 6-9% MORBIDITY: 6-9%

WHERE DOES IT OCCUR

- HOSPITAL: 75%
- OUTPATIENT
- COMMUNITY

AGE GROUPS AT RISK

- ALL CHILDREN
- YOUNGER CHILD
  - –TOTAL NEEDS DEPENDENT ON CAREGIVER
  - –HISTORY AND SYMPTOMS PROVIDED BY CAREGIVER TO MEDICAL STAFF

AGE GROUPS AT RISK

- POTENTIALLY SOME DEGREE OF CHILD'S COOPERATION
  - – ACTIVE OR PASSIVE COLLUSION
- ADOLESCENT IS LESS VULNERABLE TO ACTIVE ILLNESS INDUCTION

CINDERELLA SYNDROME

- Three girls; ages 9 and 10
- Reported foster mother
  - – Dressed them in rags
  - – Favored the biological children
  - – Made them do all the chores
  - – "cry for help"

CASE #3

- 15-YEAR-OLD ADMITTED TO HOSPITAL
- 8 MONTH HISTORY OF SIGNIFICANT FEVERS
- WORKUP NEGATIVE TO THIS POINT
  - CT SCAN, GI STUDIES, MULTIPLE ULTRASOUNDS, BONE MARROW ASPIRATION, MULTIPLE OTHER X-RAY STUDIES, MULTIPLE CONSULTS AND LABS

CASE #3 RESULTS

- ELECTRONIC TEMPERATURE AND URINE TEMPERATURE CONDUCTED
- PATIENT ADMITTED TO USING HEATING PAD IN HOT WATER HEATER FALSE 5 A TEMPERATURE
- REASON: AVOID SCHOOL

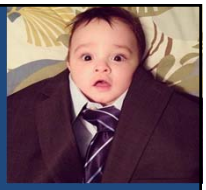
ADOLESCENT COLLUSION

- REASONS:
- ACCEPT THE PARENTS STORY OF THE ILLNESS
- DESIRED TO PROTECT THE PARENT
- DESIRE TO MAINTAIN RELATIONSHIP WITH THE PARENT
- ACTIVELY INVOLVED IN THE DECEPTION

DISCLOSURES:

- A PROCESS; NOT AN EVENT
- MAY BE DELAYED
- DENIAL, DISCLOSURE, RECANT, REAFFIRM
- MAY BE THE "ONLY" EVIDENCE

KIDS ARE NOT LITTLE ADULTS!!!!



SKIN IS DIFFERENT
RESPONSE IS DIFFERENT
HEALING IS DIFFERENT
ABILITY IS DIFFERENT

POTENTIAL CHILD RISKS

- NEW/UNPLANNED PREGNANCY
- CHILD DEVELOPMENT
  - TOILET TRAINING, ETC
- CHILD WITH DISABILITIES
- CHILD WITH BEHAVIOR ISSUES

RISK FACTORS:

- SOCIAL ISOLATION
- MENTAL HEALTH OR DRUG PROBLEMS
- PARENT WAS VICTIM
- DV OR PET VIOLENCE IN HOME

RISK FACTORS

- DISABILITY OR CHRONIC ILL INFANT
- POOR CHOICE "SITTER"/CAREGIVER
- UNWANTED PREGNANCY (1 or both caregivers)
- UNREALISTIC EXPECTATIONS OF INFANT

RISK FACTORS:

- DISABILITY MR
- EMOTIONAL HX VISUAL IMPAIRMENT
- MEDICAL HX HEARING/ IMPAIRMENT
- LEARNING DISABILITY
- 13.4% OF DISABLED CHILDREN ARE VICTIMS

TIME TO IDENTIFY

- VICTIMIZATION: LONG WINDOW OF TIME
- AVERAGE TIME TO IDENTIFY: 15-21 MONTHS

MEDICAL NEGLECT CONFUSION

- FAILURE TO SEEK CARE (NORMAL PERSON)
- FAILURE TO FOLLOW CARE PLAN
- DOCUMENTED CAREGIVER UNDERSTANDS
- SERVICE AVAILABLE
- RISK OUTWEIGHED BY BENEFIT

CONCERNING FACTORS

- DIAGNOSIS DOES NOT MATCH CLINICAL
- SIGNS/SYMPTOMS VERY STRANGE
- CAREGIVER NOT POSITIVE WHEN CHILD IS IMPROVING
- INCONSISTENT PRESENTATIONS DIFF SITES

CONCERNING FACTORS

- FAILURE TO RESPOND TO USUAL CARE
- CAREGIVER STARTS FUNDRAISER
- CAREGIVER INSISTS ON INVASIVE TESTING

CONCERNING HISTORY

- SYMPTOMS ONLY OCCUR WITH CAREGIVER
- POOR OR NO RESPONSE TO MED THERAPY
- OFTEN NEW SYMPTOMS DEVELOPING
- CHILD'S WORLD NARROWS; NEEDS AIDS

3 QUICK QUESTIONS

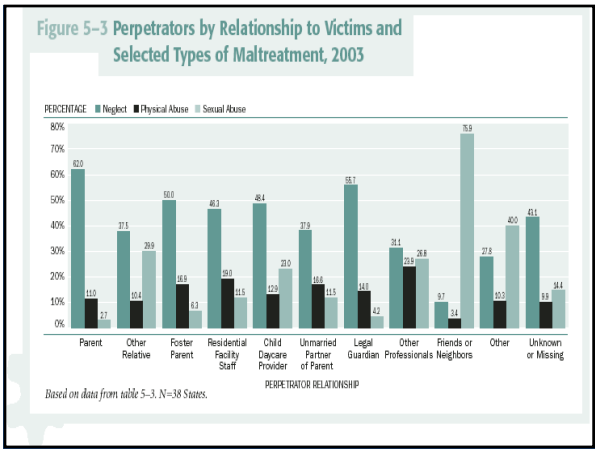
- CREDIBLE HISTORY/SIGNS/SYMPTOMS
- CHILD GETTING HARMFUL/UNNECESSARY CARE
- WHO IS INSTIGATING EVALUATION

WHO ARE THE OFFENDERS

- MOTHERS 95%
- FATHERS
- NON-BIOLOGICAL CAREGIVER

OFFENDERS

- MOTHER: MOST COMMON
- ALL OTHERS MAY BE INVOLVED
- PARENTS MAY COLLUDE FOR REPORTS
- CHILDREN MAY COLLUDE (SELF OR SIBLING)



CAREGIVER RISKS

- ACUTE LIFE CHANGES
- ECONOMIC STRESS
- MENTAL HEALTH PROBLEMS
- POOR PARENTING SKILLS
- INAPPROPRIATE EXPECTATIONS
- DOMESTIC VIOLENCE?

NEGLECT OFFENDERS (2012):

- 82% BETWEEN 18 AN 44 YEARS OLD
- 53% ARE WOMEN
- 893,659 DUPLICATED OFFENDERS
- 80% PARENTS

TYPES OF ABUSE AND OFFENDERS

- NEGLECT
  - MOTHERS
- SA
  - MEN
- PA
  - MEN AND WOMEN
- MEDICAL CHILD ABUSE
  - WOMEN

SOCIAL HISTORY

- MOM: STAY AT HOME
- DAD: EXEC; ON THE ROAD A LOT
- SIBLINGS: NONE
  - HISTORY OF SIDS DEATH IN FEMALE SIBLING

WHY IS SOCIAL HISTORY IMPORTANT???

DAD'S ROLE

- UNAWARE, NOT INVOLVED
- AWARE, SUPPORTIVE OF MOTHER'S ACTIONS
- IF "OFFENDER"
  - MUNCHAUSEN SYNDROME
  - SOMATISING DISORDER
  - VICTIM IS USUALLY MALE

OFFENDERS

- <7% ARE FATHERS
- WHEN MOTHER IS OFFENDER; DAD OFTERN VERY PERIPHERAL OR NOT INVOLVED***
- CAREGIVER OFTEN EXCITED ABOUT ILLNESS

OFFENDER

- APPEARS:
  - –POSITIVE
  - –CARING
  - –NURTURING
  - –ATTENTIVE

OFFENDER'S IMAGE

- "IMPERSONATE A NURTURING AND ATTENTIVE PARENT WHILE SECRETLY AND INTENTIONALLY HARMING THEIR CHILDREN"
- HOW WILL CHILD VIEW THIS?

VICTIM'S STORY

- RECOGNIZED (3 YR OLD) THAT
- "MOTHER'S CARE WAS HURTING ME AND KEEPING ME SICK. SHE TOLD ME THAT NO ONE WOULD BELIEVE ME IF I TOLD THE TRUTH"

OFFENDER BACKGROUND

- MEDICAL
  - –NOT A DIAGNOSTIC CRITERIA
  - –MAY SUGGEST WHY OFFENDER USES MEDICINE AS VENUE FOR ABUSE

OFFENDERS

- CAREGIVER DEVELOPS RELATION WITH PROVIDERS AND STAFF
- ABOUT 22% HAVE HISTORY OF ABUSE VICTIMIZATION
- OFFENDER RISK:
  - – NEED OR THRIVE ON ATTENTION FROM MD
  - – IN HEALTH CARE OR FAMILIARITY
  - – HISTORY OF SOMATIFORM DISORDER

INTENT

- INFERRED FINDING
  - –NOT AN OBSERVABLE FINDING
  - –NOT CRITERIA FOR DIAGNOSIS

INTENT

- NO EVIDENCE THAT PERPETATION IS THE RESULT OF PSYCHOPATHOLOGY

INTENT OF OFFENDER

- "SPECTRUM OF INTENT"
  - GARNERING GLORY HATE FOR CHILD
  - RECAPTURING HUSBAND'S INTEREST
  - AVOIDING SPOUSE
  - MAINTAIN RELATION WITH DOCTOR
  - REGULATE RELATION WITH DOCTOR
  - BE IN THE SPOTLIGHT

CAREGIVER INTENT

- WILLINGNESS OF CAREGIVER TO OVERLOOK AND TO CAUSE SUFFERING TO THEIR CHILD

OFFENDER PROFILE

- NONE
- NONE FOR ANY TYPE OF CM OR NEGLECT

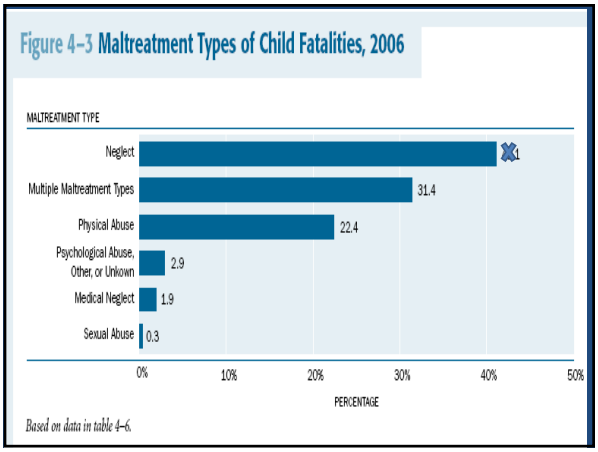
CULTURAL CHALLENGES

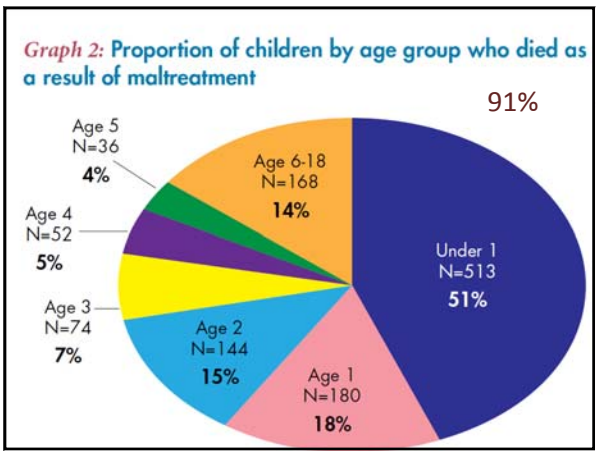
- DIFFERENT STANDARDS
- DIFFERENT EXPECTATIONS
- CULTURE DEFINES "GENERALLY ACCEPTED PRINCIPLES OF CHILD REARING AND CARE"
- WHAT ACTS CONSTITUTE ABUSE AND NEGLECT

EFFECTS

CHILD EFFECTS

- PAIN
- GROWTH FAILURE
- MENTAL HEALTH DISTURBANCE
- REDUCED: SOCIAL, EDUCATION
- DEVELOPMENTAL IMPAIRMENT
- DEATH





AGE FOR DEATH

- AVERAGE AGE OF DEATH: 18 MONTHS

LONG TERM EFFECTS:

- GROWTH AND DEVELOPMENT DELAYS
- SOCIAL SKILL DELAYS
- MENTAL HEALTH ILLNESSES
- LONG TERM DISABILITIES
- MENTAL HEALTH
- CHRONIC MEDICAL CONDITIONS
- DEATH

EFFECTS INTO ADULTHOOD

- POSTTRAUMATIC SYMPTOMS
- PHYSICAL PROBLEMS
- FEELINGS OF INADEQUACY

EFFECTS INTO ADULTHOOD

- POOR SELF-ESTEEM
- RELATION PROBLEMS
- MENTAL HEALTH ILLNESSES

CHILDREN AT RISK

- MAY INVOLVE OTHER CHILDREN IN HOME
- "CONTACT CHILDREN"

ADOLESCENT VICTIMS

- SOME SUGGESTIONS THAT THESE VICTIMS MAY BECOME ACTIVE SOMATICIZERS
- POSSIBLE MULTIGENERATION DISORDER

MSBP FAMILIES

- INFLICTED HARM ON SIBLINGS DISCOVERED
- MORTALITY: 9-31%

BARRIERS TO RECOGNIZE

BARRIERS TO REPORTING

- Lack of knowledge/training
- Negative experience with CPS
- Change in relation with family of patient
- Fear of courtroom testimony
- Definition difficulties
- Unaware of mandated reporting laws

CHALLENGES

- HESITANT DIAGNOSIS
- INCORRECT EXCLUSION
- MISSED DIAGNOSIS
- MISTAKEN DIAGNOSIS

CHALLENGES

- CHILD WITH CHRONIC ILLNESS
  - –PARENTS APPEAR DIFFICULT
  - –PARENTS OFTEN SUGGESTING "GOOGLE" CARE
  - –PARENTS DISAGREE WITH MEDICAL PLAN
  - –WILLING TO TRY UNPROVEN "CURES"

CHALLENGE

- DOCTORS DETERMINATION OF:
  - –DEGREE OF CERTAINTY

DOCTOR'S RESPONSE

- BELIEVE'S THE CAREGIVER
- UPSET WITH TEAM SUGGESTING THE ABUSE
- REFUSE TO INVESTIGATE

PROVIDER BIAS

- NOT UNCOMMON FOR PROVIDER, IN HINDSIGHT TO REPORT "CONCERNS"
- EMBARRASING TO "USED"
- LACK OF COMMUNICATION BETWEEN PROVIDERS

PROVIDER NEGLECT:

- ASSUME NO MALTREATMENT/BIAS
  - DOESN'T HAPPEN HERE
  - NOT THESE PARENTS
- NOT LOOKING/RECOGNIZING
- AFRAID TO FILE
  - LOOSE FAMILY
  - EVERYONE WILL FIND OUT; I WILL BE IN TROUBLE
  - NOT UNDERSTANDING WHAT HAPPENS WITH FILE
  - "DON'T WANT TO GET SOMEONE IN TROUBLE"

DOCTOR RESPONSE

- HOSTILITY
  - BEING FOOLED
  - MANIPULATED INTO DOING TESTS/SURGERIES
- FRUSTRATION
  - WANTING TO "HELP CHILDREN"
  - ABILITY TO SOLVE COMPLEX MEDICAL PROBLEMS

PROVIDER RESPONSE

- CONCERN ABOUT MISSING A REAL DIAGNOSIS
- DIFFICULTY WITH RESIST PARENT PRESSURE
- "CHALLENGE DIAGNOSIS" FOR PROVIDER
- RURAL VS URBAN MEDICAL PRACTICE

PROVIDER RESPONSE

- NOT RECORDING CONCERNS IN CHART
- LACK OF TRUST OF CPS; LOSS OF CONTROL
- TIME CONSUMING WORK

NOT MALPRACTICE

- HERE THE PROVIDER HAS GIVEN BAD MEDICAL CARE THAT DOES NOT MEET THE STANDARDS OF TREATMENT IN THEIR SPECIALTY

WORKUP

CASE #4

- 4 MONTH OLD INFANT WITH RECURRENT HOSPITALIZATIONS FOR BRADYARRYTHIMIA AND RESPIRATORY DISTRESS EPISODES
- HAS BEEN TO MAYO, LOVELACE, CLEVELAND AND BOSTON CHILDREN'S HOSPITALS FOR EVALUATIONS
- TO THIS POINT: TESTING COMPLETELY NEGATIVE

TESTING COMPLETED

- EKG; HOLTER MONITER; CVS CONSULT
- PUL CONSULT; ALL PUL TESTING NORMAL
- GENETICS CONSULT NEGATIVE
- 3 HOSPITAL STAYS
  - NO ARRYTHIMIA
  - MULTIPLE EPISODES IN HOSPITAL
- ALL LABS NORMAL
- MRI (HEAD), ECHO NORMAL

WORKUP

- CONSIDER THE DIAGNOSIS!

CHILD ABUSE EVALUATIONS

- MUST REQUIRE A "TEAM"
  - MEDICAL
  - LAW ENFORCEMENT
  - CPS
  - ATTORNEY
  - OUTSIDE AGENCIES
  - OTHER

EVERYONE WEARS AN EQUAL HAT

Develop an understanding of each team member's role and ability

OPEN MIND

- UP TO 30% OF CHILDREN WILL HAVE SOME FORM OF ILLNESS

  –HOWEVER NOT THE CAUSE OF THE SYMPTOMS

BACK TO OUR CHILD…..

- OLD RECORDS; LOTS OF NORMAL TESTING
- PREVIOUS CONCERNS BY PROVIDERS RE: HISTORY NOT CONSISTENT WITH SYMPTOMS
- CHILD TOO SMALL FOR INTERVIEW
- OTHER OPTIONS?????

INFORMATION

- COMPREHENSIVE HISTORY:
  - PAST
    - PREGNANCY
    - BIRTH
    - WELL CHILD, HOSPTIALIZATIONS, CONDITIONS
  - FAMILY
  - SOCIAL
  - MEDICATION
  - CPS HX

HISTORY

- STORY DOESN'T MATCH APPEARANCE OF CHILD
- "INCONSISTENCIES" IS THE RULE
- LONG DELAYS IN OBTAINING OLD RECORDS
- PROVIDER ACCEPTS WITHOUT SUBSTANTIATING DIAGNOSIS/HISTORY

COMPLAINTS

- OFTEN INVOLVES MULTIPLE SYSTEMS
- OFTEN "RARE" DIAGNOSIS
- SYMPTOMS/SIGNS OFTEN ONLY WITNESSED BY A CAREGIVER
- AVERAGE UP TO 19 MEDICAL PROBLEMS

COMMON SYMPTOMS

- APNEA
- SEIZURE
- ANOREXIA
- CYANOSIS
- DIARRHEA
- FEVERS
- ASTHMA

COMMON PRESENTATIONS

- NEUROLOGY
- GASTROENTEROLOGY
- PULMONARY
- MENTAL HEALTH

INFANTS SYMPTOMS:

- SUDDEN CHANGE
- PALE
- BREATHING DIFFICULTY; CYANOSIS
- HEART RATE DROPS (FAMILY CHECKS)
- BACK TO NORMAL WITH STIMULATION
- NOT ASSOCIATED WITH EATING OR STRAIN
- NO OTHER SYMPTOMS
- OCCURS RANDOMLY
- ONLY MOTHER HAS SEEN EVENTS

SYMPTOMS

- CHALLENGING DUE TO:
  - –INCONSISTENT SYMPTOMS
  - –UNDETECTABLE SYMPTOMS

3 YR OLD CHRONIC VOMITING

- 15 ER VISITS
- 4 HOSPTALIZATIONS
- ALL LABS NEGATIVE
- GI CONSULT WORKUP; CT ALL NORMAL

- TOX SCREEN: + IPECAC

EXAM

- HEAD TO TOES
- GROWTH
- DEVELOPMENTAL
- PSYCHOLOGICAL

SYMPTOMS

- EXAGGERATED BY CAREGIVER
- IMANGINED BY CAREGIVER
- CREATED BY CAREGIVER

HISTORY

- CAREGIVER MAY CAUSE SYMPTOM INDUCTION
  - VOMITING CHILD (IPECAC)
  - TREMORS; LOW GLUCOSE (EXOGENOUS INSULIN)
- CAREGIVER MAY GIVE ERRONEOUS INFORMATION
  - SYMPTOM FABRICATION

DIFFERENTIAL DIAGNOSIS

INFECTIOUS	METABOLIC	COAG DEFECT	ACCIDENTAL
NON-ACCIDENTAL	CONGENITAL	ENDOCRINE	CONNECTIVE TISSUE
ENVIRONMENT	POISONING	MEDICATION	VASCULAR
RENAL	PULMONARY	CARDIAC	OTHER

WORKUP

- REVIEW OF ALL MEDICAL RECORDS!

MEDICAL REVIEW

- ALL DIAGNOSIS
- DATE, LOCATION, TESTING; CONFIRMED?
- MISSED APPOINTMENTS; HALTED EVALUATION BY CAREGIVER; WHY
- CLEAR MISREPRESENTATION OF PREVIOUS EVALUATIONS TO CURRENT PROVIDER

WORKUP

- PROBLEM LIST:
  - –LIST ALL DIAGNOSIS
  - –WORK THROUGH EACH ONE
    - •SHOW CLEAR DIAGNOSIS
    - •REMOVE AS DIAGNOSIS

WORKUP

- TIMELINE GRAPH

- JUNE 25 APNEA EPISODE AT HOME
- JULY 5 BLUE SPELL; IN ER
- JULY 17 APNEA EPISODE AT HOME
- AUG 4 MEDICAL HOSP IN CLEVELAND
- SEPT 17 MEDICAL HOSP IN BOSTON
- SEPT24 APNEA AT HOME

WORKUP

- REVIEW OF CONSULTANT'S NOTES/LABS AND PROCEDURE RESULTS
- DISCUSSION WITH CONSULTANT

WORKUP

- INTERVIEWS
  - PATIENT
  - FAMILY (ALL FAMILY)
  - PRIMARY CARE PROVIDER **
  - SCHOOL
  - MEDICAL PROVIDERS
  - MENTAL HEALTH
  - HOME CARE/THERAPY STAFF
  - OTHER

WORKUP

- CONSULT CAP
  - –EXPERIENCE
  - –EXPERTISE
  - –NEUTRAL
  - –MDT EXPERIENCE

WORKUP

- CONSIDER HOSPITALIZATION
- SET LIMITS, GOALS; CLEAR PLAN
- PARENTS MUST AGREE TO PLAN

WORKUP

- THERAPUTIC SEPARATION
- IN HOSPITAL
- IN ICU
- FOSTER /KINSHIP CARE
- SYMPTOMS IMPROVEMENT: GOOD SIGN
- NOT DIAGNOSTIC OF MED CHILD ABUSE

ALTERNATIVE EVALUATION

- SEPARATION OF CHILD FROM CAREGIVER
  - REQUIRES GOOD AMOUNT OF TIME
  - "EPISODES" HAD TO OCCUR FREQUENTLY
  - NO CONTACT WITH CAREGIVER; NONE!
  - IF SYMPTOMS DO NOT DISAPPEAR……..
  - IMPROVEMENT DOESN'T ALWAYS LEGALLY PROVE CAUSE AND EFFECT

WORKUP

- THOROUGH EVALUATION FOR ILLNESS
  - –BUT CAREFUL CHOICE OF TESTING
- IT IS NOT A DIAGNOSIS OF EXCLUSION
- LIVE DISCUSSION WITH PROVIDERS INVOLVED

WORKUP

- HOSPITALIZATION
  - –CONSIDER FOR SAFETY
  - –CONSIDER FOR COVERT SURVEILLENCE
  - –SOMETIMES ONLY WAY TO MONITER “SYMPTOMS”

COVERT SURVEILLANCE

- HIDDEN MONITERING OF CHILD
- LIMITED WINDOW OF TIME
- MUST MEET CERTAIN CRITERIA TO USE
- POSITIVE USE:
  - – CHILD SAFETY WHILE IN HOSPITAL
  - – DOCUMENTATION OF INAPPROPRIATE BEHAVIOR
- NEGATIVE VIEWS:
  - – INVASION OF PRIVACY
  - – ? ENTRAPMENT

COVERT SURVEILLANCE

- CONTROVERSIAL
- RISK OF "OVERUSE" BY HOSPITAL STAFF
- HAS ETHICAL AND LEGAL ISSUES
- SPECIFIC ROOM SETUP
- PROTOCOL
  - 24/7 OBSERVATION
  - IMMEDIATE RESPONSE PLAN

COVERT SURVEILLANCE

- CHALLENGES:
  - COST
  - STAFF TIED UP
  - RISK OF HARM WHILE BEING MONITER/LIABILITY
  - LOCATION OF ROOM/MONITER ROOM
  - REQUIRES PROTOCOLS
  - REQUIRES LEGAL INVOLVMENT

A "NORMAL EXAM": DOES NOT RULE OUT

- MULTIPLE FRACTURES IN CHILD <2
- INTRACRANIAL INJURY IN CHILD
- SEXUAL ASSAULT WITH PENETRATION
- INTRA-ABDOMINAL INJURIES

MECHANICS FOR ALL EVALS:

- MEDICAL REASON
- ACCIDENT RELATED
  - WITNESSED/UNWITNESSED
- CAN CHILD CAUSE TO SELF
- NONACCIDENTAL CAUSE CONSIDERED?

LIST OF DX STEPS

- CONFIRM OR RULE OUT DIANOSIS (EACH ONE)
- TEAM, SPECIALIST, CLEARLY DOCUMENT AND SPEAK TO PARENTS ON DIAGNOSIS
- INDICATE IN NOTES PARENTS RESPONSE:
  - AGREE
  - DISAGREE

WORKUP

- PETS
  - ILLNESS
  - DEATH

DIAGNOSIS

DIAGNOSIS

- CHALLENGING
- AVERAGE TIME TO PROVE: 15-22 MONTHS
- REQUIRES REVIEW OF "ALL" MEDICAL RECORDS
- REQUIRES DOCUMENTING CARE/TESTING TO SUPPORT EACH MEDICAL DIAGNOSIS
- MUST VISIT WITH THOSE WHO HAVE CONTACT WITH CHILD (daycare, etc)

AGE AT DIAGNOSIS

- AVERAGE: 48 MONTHS
- 25% > 6 YR OLD

DIAGNOSIS

- INCLUSION
- EXCLUSION

DIAGNOSIS

- NOT A DIAGNOSIS OF EXCLUSION

DIAGNOSIS

- POSSIBLE DIAGNOSIS
- INCONCLUSIVE DETERMINATION

DIAGNOSIS

- DEFINITELY NOT

MEDICAL CHILD ABUSE EVAL

- DOCUMENT CAREGIVER RESPONSE TO PLAN AND TO IMPROVEMENT
- REVIEW WITH PREVIOUS CONSULTANTS
- PULL ALL CAREGIVERS IN (MOM AND DAD)
- CONSIDER HOSPITALIZATION

MANDATED REPORTER

- "SUSPECT" MALTREATMENT
- VERBAL REPORT
- PROTECTED FROM PROSECUTION
- FAILURE TO REPORT: FELONY

KEY POINT:

- FILING A REPORT DOES NOT MEAN PROSECUTION
- FILING A REPORT DOES NOT MEAN A CHILD WILL BE REMOVED FROM CAREGIVER
- FILING A REPORT MAY HELP SERVICES BE PUT INTO PLACE TO ASSIST FAMILY!

LEGAL IMPLECATIONS

- LEGAL ACTION AGAINST CAREGIVER
- LEGAL ACTION AGAINST OTHERS:
  - –MEDICAL
  - –CPS
  - –LAW ENFORCEMENT

LEGAL

- JURY MAY HAVE TO DEAL WITH:
  - –ACCEPTING THE CAREGIVER DOES REALLY LOVE THE CHILD BUT REPEATEDLY , OVER A PERIOD OF TIME, HAS SUBJECTED THE CHILD TO UNNECESSARY MEDICAL CARE/PROCEDURES

DEFENSE APPROACH

- SHOW LOVING, CARING PARENT
- BLAME NURSING (MAKING MISTAKES/HIDING)
- BLAME MD
  - –OVERDIAGNOSING
  - –CAUSING THE ACTUAL HARM

TREATMENT

- TO TREAT ONLY THE PSYCHIATRIC ILLNESS OF THE OFFENDER, DOES NOT PROTECT THE VICTIM

MSBP BY INTERNET

- MBPBI
- WOMAN ON ONLINE COMMUNITY
  - – 5 CHILDREN
  - – ADOPTED SISTER'S CHILD AFTER SISTER DIES
  - – ONE CHILD HAS SERIOUS MED SYMPTOMS/DX
  - – IN HOSPITAL NEAR DEATH
  - – PURPOSE: OBTAIN SYMPATHY

TREATMENT

- MAKE SURE:
  - CHILD IS SAFE; NOW
  - CHILD IS GOING TO BE SAFE; FUTURE
  - TREATMENT IN LEAST RESTRICTIVE ENVIRONMENT

KEY POINTS

- LESS COMMON FORM OF MALTREATMENT
- INVOLVES EXCESSIVE OR INAPPROPRIATE USE OF MEDICAL CARE/EVALUATION
- IT IS CHILD ABUSE
- INTENT IS NOT A FACTOR