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MiPSAC, Inc.

Newsletter of the Michigan Professional Society on the Abuse of Children, Inc., the Michigan Chapter of APSAC

ANNUAL MEETING

CHILD DEATH REVIEW TEAMS

Speaker: Theresa Covington, M.P.H., Coordinator, Michigan Child Fatality Review Program

Child death review teams began in Michigan in 1995. One of the first states implementing Child death review was the state of Missouri where many child deaths were unexplained or mis-identified. When Missouri reviewed a two year period and re-interviewed persons involved in investigated child deaths, they found a surprising percentage of deaths that could not easily be explained as accidental.

The focus for Michigan is to look at all preventable deaths on children under the age of 18. In 1996, seventeen teams were formed which reviewed over three hundred deaths. These county-based child teams are multidisciplinary and comprised of persons from the Medical Examiner's office, local Public Health departments, Child Protection Services, local Law Enforcement, Prosecuting Attorney's office, and others from community Mental Health, Emergency Medical Services, Hospitals and Health care providers, and Educators. These teams meet to review individual cases of recent preventable deaths. More teams have been initiated to the point that there are only a few counties left in the state of Michigan to organize.

The information gathered with child death review is designed to give communities a better understanding of how and why children die. It will help to improve the interagency communication and agency practices. It will improve the investigations and the delivery of services when a child dies and identify how to prevent other deaths.

The Michigan Child Death Review Protocols were developed by the Governor's Task Force on Children's Justice, and this protocol is used as the basis for organizing the teams and conducting the investigations. An annual report will be made on child deaths based on the investigative findings and recommendations. Teri Covington has been very busy traveling all over the state of Michigan to assist the organization of the various teams and to set up training. She states that more training will be offered in the Upper Peninsula of Michigan in 1998. A recent training in Ann Arbor in October was well received and attended by over two hundred participants. Legislation authorizing Child Death Review Teams for every county in Michigan by 1999 is currently being considered. There is a great deal of work to do, but significant progress has already been made and the

information received has begun to impact Michigan's response to child fatality.

(Editors note: Due to the recent controversy and confusion in the trial of the "Au Pair", Louise Woodward, and the death of a child, one can easily see the importance of professional investigations and gathering information in child fatalities.)

LEGISLATIVE UPDATE

Speaker: Nannette Bowler, Executive Director, Lt. Governor Connie Binsfeld's Children's Commission

Nannette spoke on the upcoming bills that have been introduced into the legislature which have to do with the outcome of the many public hearings by the Governor's Task Force on Children's Justice. A variety of bills are currently being considered. Nannette described the specific legislation and its impact on Michigan's children.

COMING CONFERENCES AND MEETINGS

Dec. 5th, 1997. MIPSAC meeting at the Treetops Sylvan Resort in Gaylord, 12:00 noon to 3:00 p.m.

Dec. 8th, 1997. Munchausen Syndrome by Proxy, Prosecuting Attorneys association of Michigan. Call for information. Prosecuting Attorneys Association of Mich. (517)334-6060

1998

March 13-14, 1998. MACA-MIapt-MSU Play Therapy with Eliana Gil, Ph.D., Holiday Inn West in Lansing. MACA (517) 485-0840

July 9-12, 1998 APSAC national colloquium at the Chicago Hyatt Regency.

MiPSAC is looking for articles of interest to our membership for the newsletter. Questions or suggestions to consider are always welcome and should prompt good feedback from everyone.

Volunteers are always welcome for MiPSAC Committees:
Membership committee
Legislative committee
Conference/Training committee
Newsletter /brochure committee

MiPSAC or the American Professional Association on the Abuse of Children. (APSAC).

MIPSAC Goals:

- ☐ To bring together Michigan professionals working in the area of abused children
- ☐ To foster networking among Michigan professionals
- ☐ To be an information resource for Michigan professionals
- ☐ To sponsor quality training for Michigan professionals.

MEDICAL CONCERNS

Pitfalls in the Physical Examination for Child Sexual Abuse by Vincent J. Palusci, MD, and Edward O. Cox, MD, Child Protection Team at DeVos Children's Hospital.

Physicians are being increasingly called to evaluate children for possible sexual abuse. Physical examination findings may be extremely important in the investigation for child sexual abuse, especially in the case of very young children who may not be able to testify on their own behalf. However, given the development of the field since 1980, it is important to realize that we are only now coming to recognize the significance of a variety of medical findings which, while previously thought to be associated with sexual abuse, are actually normal, non-specific or represent variations of normal not associated with child sexual abuse (1,2,5,8,10,13,14,16). These "pitfalls" can lead to an erroneous assessment as to the likelihood of child sexual abuse and may lead the examiner to incorrectly identify and treat injuries or infections which are not actually the result of abuse, with significant implications for the family.

Historically, physicians have deferred the examination of the genitalia or anus of normal children (3). Outside of infancy, family practitioners, pediatricians and gynecologists have had little information regarding normal structures, architecture and variations of prepubertal genitalia. In the 1980's, with the increased use of colposcopy and specialty examinations for possible abuse, a field of knowledge has developed regarding normal female and male anogenital anatomy (2,16). As new knowledge has accumulated, the significance of various findings has changed, resulting in a new interpretations of the physical examination in child sexual abuse (1).

Findings which have been difficult to interpret in the evaluation of sexual abuse include: hymenal diameter, hymenal variations, vuluovaginitis, lichen sclerosis, and anal injuries. Initial standards for the diameter of hymenal opening were hypothesized to be related to the 1) opening depend on the age of the child, 2) degree of relaxation, and 3) method of examination. Normal values up to 5mm were promulgated for prepubertal girls. However, with recent knowledge of variations of normal, it has come to be accepted that hymenal diameter is variable and is influenced by the method of examination and degree of relaxation as well as hymenal type. Current standards for assessing "normal" are a measurement within "2 standard deviations of the mean" without specific instructions to the examiner as to exactly the value of the mean. More important is the delineation of the hymenal tissues, thickness and presence or absence of scarring (1,8).

Several variations in normal hymenal structure have been elucidated in recent years (6,14). While a single hymenal opening is common, many children have multiple hymenal openings and hymenal septa crossing the vaginal opening. No opening may be present, otherwise known as an imperforate hymen. Currently accepted normal variations in hymenal anatomy include annular (circular), cresentric, fimbriated, redundant, multi-perforate, septate, or imperforate. Notches, ridges, concavities, bands and bumps have increasingly been identified in non-abused females (1,2,4,7). Rapid healing of these mucosal surfaces is normal. While some studies have shown scarring from injuries received during an abusive act, at least one has demonstrated "little apparent scar formation" in serial follow-up examinations (11). What has also become clear is that congenital absence of the

hymen is an unlikely occurrence, if it occurs at all, unless there are significant congenital malformations of the vagina, uterus or pelvis (9).

Vulvovaginitis is the presence of inflammation or discharge from the vulva or vagina. Vaginitis in adults is caused by different organisms than in the prepubertal child. Before puberty, female children generally have a "vulvitis" or inflammation of the external structures of the genitals which may be the result of trauma and inflammatory disease as well as bacterial, viral, or parasitic infection. The identification of the nature of any vulvovaginal discharge is important and appropriate laboratory studies are indicated in such children. While gonorrhea and syphilis are generally thought to be indicative of sexual contact, there are a variety of other organisms with variable degrees of sexual transmission which need to be considered. Treatments are directed at specific organisms in addition to general hygiene measures and care of the perineum. Many infections of the perineum, such as venereal warts, have a significant rate of non-sexual transmission, and while their identification would warrant concerns for possible abuse, they are not indicative that the abuse has actually occurred (5,15).

Lichen sclerosis is an inflammatory disease of the perineum, genitals and rectum which has been identified in prepubertal females as a source of concern (8). This disorder results in the presence of bleeding, crusting, thickening and other lesions which appear to be trauma, but are in actuality related to a local inflammatory disorder of unknown etiology. these lesions may extend on the labia minor, clitoral hood, and down to the perineum and anus in a classic "figure of 8" distribution. However, variations of this disorder have been identified and definitive diagnosis may require skin biopsy. The cause of this disorder is unclear but is not thought be be related to sexual abuse or contact.

Anorectal findings are particularly difficult to interpret. The anus, a distal part of the rectum and gastrointestinal tract, has a normal function of passing stool. It is able to dilate to expel fecal matter and has a blood supply and nervous innervation which allows for rapid healing of superficial injuries and lacerations which can result from normal biologic processes. Rapid healing (days to weeks) has also been noted after frank sexual assault with penile penetration. Assessment of rectal findings require close attention to the history of injury, presence of stool, and elapsed time from alleged contact because rapid healing is the norm in the majority of cases. While normal anal dilation occurs in response to fecal matter, dilation above 20 mm without stool present is considered to be abnormal at the present time. Dilation of lesser degrees may be abnormal; however, the examiner needs to evaluate for the presence of stool and other anatomic or neurologic causes for such dilation (5). As such, it is very difficult to make conclusive statements regarding anal trauma in the face of such non-specific findings. In one series, only a minority of children with documented anal trauma had positive findings weeks or months after the alleged event (12).

Overall, the physician is faced with a variety of conditions which are now known to be non-specific in nature and which may mimic the findings associated with child sexual abuse. A medical examiner is therefore faced with a difficult decision in the interpretation of findings given out current knowledge that the majority of children who are abused will have normal or non-specific findings at the time when they do come for physical evaluation (1). It is prudent for anyone examining children to be knowledgeable in the normal variations, diseases, and historical development of this field in order to make a proper assessment of the significance of findings and the likelihood of sexual abuse. While certain findings continue to be indicative that abuse has occurred, these "pitfalls" can pose problems in the medical evaluation of child sexual abuse.

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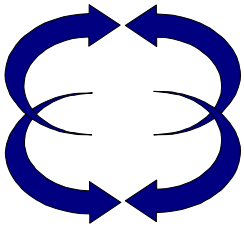
Editorial comment



JUST FOR ARGUMENTS SAKE

Should someone receive the same criminal sentence for committing a crime against a child that is given with an adult victim? How many of those convicted for manslaught receive the same sentence when the victim is a child? Does our criminal justice system value children less as people and more as property?

Please send articles for the newsletter to:
Leni Cowling
P.O. Box 892
Bellaire, MI 49615

REMINDER!

Please renew your annual membership to APSAC. You need National membership for MiPSAC.

Part of your annual dues to APSAC pays for your MiPSAC membership automatically!

NOTES:

Is anyone interested in collecting articles from the local newspapers that deal with Child abuse and neglect? It would be of interest to see the media coverage on a state-wide basis.

I am looking at the multigenerational patterns of abuse and would welcome discussion with anyone who would like to research it with me. Leni.

Who said: "Be careful how you raise your children in their youth - - they will be the ones taking care of you in your old age!"

MIPSAC ANNUAL MEETING MINUTES

Meeting was called to order by President, David Harrison at 11:22 a.m. on October 24, 1997 at the Comfort Inn Conference Center in Mount Pleasant, Michigan.

Members present: President, David Harrison; Vice-President, Vincent Palusci; Treasurer, Susan Heartwell. Board Members: Leni Cowling, Bill Ladd, Pat Walsh, Roger Pickering, Tracy Cyrus.

INTRODUCTIONS:
David Harrison gave a brief history of MIPSAC. It began in 1995, was charted by APSAC, and became incorporated in the State of Michigan as the Michigan Professional Society on the Abuse of Children and MiPSAC. MiPSAC recently was granted tax exempt status by the federal government. This is our Second Annual Meeting and Educational Conference.

ELECTION OF 1998-2000 BOARD MEMBERS:
As per the ByLaws, Vincent Palusci will step up from the position of Vice-President to President with the new Board of Directors on January 1, 1998.

Motion: Nominations for Vice President: Roger Pickering
made by: nominated by David Harrison, seconded by Bill Ladd; no other nominations
carried vote: unanimous in favor **denied vote**: none

Motion: Nominations for Secretary: Leni Cowling
made by: nominated by Carol Siemon, seconded by Vince Palusci; no other nominations
carried vote: unanimous in favor **denied vote**: none

Motion: Nominations for Treasurer: Tracy Cyrus
made by: nominated by Vince Palusci, seconded by Bill Ladd; no other nominations
carried vote: unanimous in favor **denied vote:** none

Motion: Nominations to replace outgoing Board members:
Carol Siemon nominated by Bill Ladd, seconded by Pat Walsh
carried vote: unanimous in favor **denied vote:** none
Frank Vanderwort nominated by Bill Ladd, seconded by Vince Palusci
carried vote: unanimous in favor **denied vote:** none
Kathleen Faller nominated by David Harrison, seconded by Bill Ladd.
carried vote: unanimous in favor **denied vote:** none

Motion: Nomination to continue Honorary Board position
Richard Bearup nomination by Vince Palusci, seconded by Susan Heartwell.
carried vote: unanimous in favor **denied vote:** none

NEW BUSINESS:
Next MIPSAC meeting December 5th, 1997 at Treetops Sylvan Resort in Gaylord, from 12:00 noon to 3:00 p.m.

Joe Gardner needs an announcement to take to the TOMCA workshop which would invite participants to stay for the MIPSAC meeting since TOMCA adjourns at noon on the 5th.

Discussion of possible presentations on the 5th. Speak to the kids of things MIPSAC can do for professionals in Child Abuse and Neglect. Look at an agenda for Training for the coming year. Set up committees.

Discussion. We are legally registered with the IRS now, as a non-profit organization. We also were required to register an assumed name, so it is MIPSAC, Inc.

Discussion. Roger Pickering was at the Madison, WI, WIPSAC meeting. He suggests a regional conference. They are having difficulties with membership. We officially have 91 members in MIPSAC, with an attrition of approximately 10%, which is normal for organizations. Is there an Ohio chapter? Roger will look into this and bring back information.

Discussion. The APSAC National Conference will be in July, 1998, in Chicago, IL

TREASURER'S REPORT: Susan Heartwell

This report is submitted as of the end of the 3rd quarter. We get a check for members from the National organization now. The balance as of August 1, 1997, is $1191.72

Meeting adjourned for lunch, to be followed by the afternoon speakers.

Respectfully submitted by: Leni Cowling