

The Detection and Reporting of Physical/Sexual Abuse in Children

Inclusion Criteria

1. All children presenting to Nicklaus Children's Health System
2. Vulnerable adults presenting to Nicklaus Children's Health System

Exclusion Criteria

No child is excluded from medical and social support and evaluation, regardless of age, race, social status, religion, or physical handicap

Pathway Goals

1. Establish best practices regarding reporting of child abuse and neglect
2. Establish a pattern of 100% compliance with Florida statute regarding the reporting of child abuse
3. Avoid unnecessary or inappropriate reporting of abuse

Quality Metrics

1. Compliance rate with Florida regulations regarding the reporting of child abuse and neglect
2. Identification, evaluation and reporting of cases of unidentified or unreported child abuse or neglect

High Risk Conditions For Possible Child Abuse/Neglect

1. Patterned Bruising
2. Bruising in non-ambulatory infants
3. Bruising to the head, neck, face, abdomen, buttocks
4. Multiple bruises
5. Patterned burns
6. Burns consistent with water immersion
7. Multiple burns or different ages
8. Failure to thrive without chronic disease and any injury
9. Head trauma in children less than 6 months of age
10. Intracranial bleeding after minor head trauma
11. Subdural bleeding without medical or known traumatic cause
12. Multiple fractures not consistent with history provided
13. Multiple fractures of different ages/stages of healing
14. Metaphyseal fractures
15. Rib fractures without history of major injury
16. Scapular fracture
17. Spinous process fracture
18. Sternal fracture without history of significant injury
19. Epiphyseal separations
20. Vertebral body fractures and subluxations
21. Digital fractures in infants and young children
22. Complex skull fracture
23. Femur or Humerus fracture in non-ambulatory infant
24. Spiral fracture of the femur without consistent history
25. Retinal Hemorrhage (may be normal in the newborn)
26. Oral injury in the infant, frenulum injury
27. Genital injury without consistent history of trauma
28. Pregnancy in young child
29. Sexually Transmitted Infection in children

Patients presenting with signs, symptoms or report of injury

Careful and Complete History and PE with attention to the social history and circumstances associated with the trauma event

Is there initial suspicion of child abuse by any member of the care team?

Yes

Clarify to the team member that their suspicion of child abuse or neglect must be report to DCF

No

Is the history consistent with the findings on PE?

No

Evaluate for possible abuse with careful physical examination, detailed history, and developmental screen

Yes

Is the history consistent with the findings on x-ray studies?

No

Yes

Are the observed injuries considered "High Risk" for abuse?

Yes

No

Does an evaluation of the prior medical record indicate concern for abuse?

Yes

No

Without suspicion or clinical concerns for abuse or neglect the patient is discharged to a safe environment

Off Pathway

For all patients with suspected or confirmed physical abuse a consultation with Pediatric Surgery is required

Consider the following adjunct evaluations:
1. Skeletal Survey (x-ray studies)
2. Head CT/FAST/ CT abdo. if indicated
3. Social Work consultation
4. Genetics consultation

Consider the following adjunct laboratory evaluations:
1. CBC, PT, PTT, Type, and Screen
2. AST, ALT, Lipase
3. PTH, 25-Hydroxy Vitamin D
4. Urinalysis and Toxicology screening

Is there "Reason to Suspect" child abuse or neglect?

Yes

No

Document that there is no suspicion of abuse or neglect prior to discharge

Report Case to DCF Hotline
1-800-96-ABUSE

Consultation with the Child Protection Team (after reporting to DCF) and/or Radiologist may be obtained, regarding evaluation and processes for management but never for the purpose of reporting abuse or neglect

Consultation with Social Work may be appropriate but not required to report abuse. The Social Worker is **not** to report the suspicion of other caretakers to any agency.

References:

1. Wise, Deborah (2011). "Child Abuse Assessment". In Hersen, Michel. *Clinician's Handbook of Child Behavioral Assessment*. Academic Press. p. 550.
2. Christian, C. W. (27 April 2015). "The Evaluation of Suspected Child Physical Abuse". *Pediatrics*. **135** (5): e1337–e1354.
3. Kleinbahr, P. K. "Diagnostic Imaging of Child Abuse, Mosby 1998