

# CHILD ABUSE EXAMS: THE BASICS

Sanford Children's CARE Clinic  
Valerie Erickson, CNP  
Megan Williamson, RN

---

---

---

---

---

---

---

---

## Exams

- Sexual Abuse
- Physical Abuse
- Neglect
- Medical Child Abuse
- Healthtracks

---

---

---

---

---

---

---

---

## Case Study 1

Called out for report that 3 year old told Mom Uncle John touched her pee-pee.

Arrive to home and mom tells you child cried when she went pee and when mom asked her what was wrong she said, "uncle touch my pee-pee".

Do you:

- A) Send the child to the ER for Acute Exam
- B) Take the report and forward it on to investigator
- C) Get more information

---

---

---

---

---

---

---

---

**PURPOSE OF EXAM:**

- Collect evidence
- Rule out STD/Pregnancy
- Rule out/Assess for injury
- Document injury
- Assess mental health status
- Answer questions child/caregiver have about their body
- Begin healing process
- Help child with body image

**\*\*Most IMPORTANT reason for exam: Reassure child of body integrity\*\***

---

---

---

---

---

---

---

---

**SEXUAL  
ABUSE/ASSAULT**

---

---

---

---

---

---

---

---

**URGENT (Acute) EXAMS:**

- Disclosure of inappropriate sexual contact within 72-96 hours of report
- Genital or anal pain, bleeding or discharge
- Psychiatric emergency (suicide risk)
- Unsafe home environment

---

---

---

---

---

---

---

---

### ANATOMY OF AN ACUTE EXAM:

Completed within 72-96 hours of last abusive incident

- History of disclosure
- Meet with MDT to determine kit eligibility
- Meet with parent/guardian - child's history and history of disclosure
- Meet with child - history of disclosure/abuse
- Physical examination
  - *Head to toe skin assessment*
  - *Blue Maxx*
  - *Swab Collection*
  - *STI/Pregnancy risk assessment*
- Safety assessment/planning and Discharge

---

---

---

---

---

---

---

---

### NON-URGENT (Non-Acute) EXAMS:

- No Disclosure
- Disclosure of past event
- Disclosure of non-penetrating trauma
- Nonspecific findings on exam
- Sexual behaviors

---

---

---

---

---

---

---

---

### ANATOMY OF A NON-ACUTE EXAM:

Completed greater than 72-96 hours after last abusive incident

- Meet with parent/guardian - child's history and history of disclosure
- Meet with child - history of disclosure/abuse
- Physical examination
  - *Head to toe skin assessment*
  - *STI/Pregnancy risk assessment*
  - *Mental Health status/assessment*
- Safety assessment/planning

---

---

---

---

---

---

---

---

HOW DO I FIND OUT IF IT IS ACUTE vs. NON-ACUTE?

---

---

---

---

---

---

---

PHYSICAL ABUSE/NEGLECT

---

---

---

---

---

---

---



---

---

---

---

---

---

---

### URGENT/EMERGENT EXAMS:

- If child has made disclosure of abuse
- If witnessed abusive event has occurred recently
- If child has obvious injuries concerning for abuse
- If child appears emaciated or there are concerns for malnourishment

---

---

---

---

---

---

---

---

### ANATOMY OF AN EMERGENT (Acute) EXAM:

- Evaluate for any obvious injuries
- Evaluate for occult injuries
  - Consider: *Skeletal survey, Head CT, Labs, etc.*
- Evaluate/Assess neurological status (brain condition)
- 80% of abuse victims present with non-trauma complaint
  - *Fussy, reflux, etc.*

---

---

---

---

---

---

---

---

### Skeletal Survey

- Completed in children under age 3
- WHY??
  - *Less than 10% of fractures will have bruising at the site of injury*
  - *1:5 Follow up skeletal surveys will have a new finding*
    - *Healing/Timing and Remodeling are variable and gradual*
- Age of child:
  - *Under one year: 30% will have fracture*
  - *1-3 years: 11-12% will have fracture*

---

---

---

---

---

---

---

---

## Bruising

- ALL bruising to ear, neck, hands, right arm, chest, and buttocks was perfectly predictive of abuse
  - Why right arm?
- 1 in 2 infants will have additional injury if we go looking
- 64% of devastated children had prior unexplained bruising with no report
- Exam and workup should be decided by child's age and injury, instead of the child or family's "risk factors"
  - Same bruise has very different meaning in infant vs. 7 year old

---

---

---

---

---

---

---

---

## TEN-4 and FACES-P

- T - Torso
- E - Ear
- N - Neck
  
- 4 (For) children Under 5 months of age
  
- F - Frenulum
- A - Auricle (ear)
- C - Cheek
- E - Eyelid
- S - Scleral Hemorrhage
  
- P - Pattern



---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

## Abusive Head Trauma

- Initially missed 30% of the time
- 84% have psychosocial risk factors
  - This means 16% of AHT victims have NO risk factors (1 in 6)
- Acute, short term, and long term risks
  - ¼ die
  - 80% have long term consequence

---

---

---

---

---

---

---

---

## NON-URGENT/NON-EMERGENT EXAMS:

- Perform full exam/evaluation
  - Child's medical history
  - Family medical history
  - Medications, allergies, accidents, etc.
  - Full skin exam -any other injuries/markings?
- Monitor healing of injuries
- Assure child body is safe/healthy

---

---

---

---

---

---

---

---

### SAFE KIDS Recommendations for Physical Abuse (612) 273-SAFE (7233)

**0 - 6 months**

- Head CT (recommended in all)
- Skeletal Survey
- Labs (CBC, Comprehensive Metabolic Panel\*, Ureae)
- Urine Drug Screen
- Social Work Consult \*
- SANE Consult \*
- Ophthalmology Consult \*
- Trauma Service Consult \*

**6 - 12 months**

- Skeletal Survey
- Labs (CBC, Comprehensive Metabolic Panel\*, Ureae)
- Urine Drug Screen
- Neuro-imaging \*
- Social Work Consult \*
- SANE Consult \*
- Ophthalmology Consult \*
- Trauma Service Consult \*

**2 - 5 years**

- Labs (CBC, Comprehensive Metabolic Panel\*, Ureae)
- Urine Drug Screen
- Skeletal Survey (Extensive Trauma, Developmental Delay, Burns) \*
- Neuro-imaging \*
- Social Work Consult \*
- SANE Consult \*
- Trauma Service Consult \*

**1-2 years**

- Skeletal Survey
- Labs (CBC, Comprehensive Metabolic Panel\*, Ureae)
- Urine Drug Screen
- Neuro-imaging \*
- Social Work Consult \*
- SANE Consult \*
- Trauma Service Consult \*

**5 years and older**

- Labs (CBC, Comprehensive Metabolic Panel, Ureae, Urine Drug Screen) \*
- Neuro-imaging \*
- Social Work Consult \*
- SANE Consult \*

**\* Clinical Indicators**

- Labs - Non-Patterned Elevation of ICH; add PT/PTT (Extensive Trauma); add CKP
- Abdominal Imaging - AIT or AIT + SO and/or abnormal imaging/tenderness
- Neuro-imaging - Altered Mental Status, Skull Fracture(s), Fracture Face/head
- Ophthalmology - Positive Neuro-imaging and/or Altered Mental Status
- SANE Consult - Evidence Collection, Suspected Sexual Abuse/Accult
- Social Work Consult - Suspected Abuse/Neglect, Incestuous, CPS Involvement
- Trauma Service Consult - Head, Abdomen and Multipystem Trauma

---

---

---

---

---

---

---

---

**SAFE KIDS Recommendations for Physical Abuse (612) 273-SAFE (7233)**

**TEN-4 FACES**

Tense  
Ear  
Neck


Frenulum  
Auricular area (ear)  
Cheek  
Eyelids (bruising)  
Scleral hemorrhage

4 less than 4-6 months of age

<p><b>Chief Complaint:</b></p> <p>I. Vomiting II. Fussiness III. ALT or conjugated bilirubin IV. Unexplained fall of "red left testis"</p> <p>*Most common history in accidental and abuse cases</p>	<p><b>History:</b></p> <p>I. Injury not consistent w/ child's age, development abilities, w/ injury mechanism II. History is vague or changes w/ time, repetition of caregiver III. Delay in seeking medical care</p>
<p><b>SAFE KIDS "Red Flags" (612) 273-SAFE (7233)</b></p>	
<p><b>Psychosocial Assessment:</b></p> <p>I. Negative attributions ascribed to the child by the caregiver (i.e. "my baby is mean") II. Social service involvement III. Low educational attainment IV. Domestic/intimate partner violence V. Substance abuse VI. Mental health issues</p>	<p><b>Examination:</b></p> <p>I. Full or bulging fontanelle in an infant II. Rapidly increasing head circumference III. Any bruising in an infant IV. Bruising in a child in the TEN-4 FACES distribution V. Patterned injury VI. Failure to thrive or weight loss</p>

**ALWAYS SCREEN:**

Rib fx  
Metaphyseal fx  
Limb bone fx (non-ambulatory)  
Oropharyngeal injury (non-ambulatory)  
Abdominal injury (non-MVC)  
Head injury (unhelmeted, unexplained)



---

---

---

---

---

---

---

---

---

---

## BENEFITS AND CHALLENGES OF EXAMS

---

---

---

---

---

---

---

---

---

---

### CHALLENGES

- May be difficult to differentiate between accidental and non-accidental injuries
- Can be difficult to interpret the significance of healed changes
- Most exams are NORMAL
- Accessibility of specially trained providers in more rural areas

---

---

---

---

---

---

---

---

---

---



## BENEFITS

- Comprehensive Exam
- Forensic Evidence Collection (DNA)
- Injury documentation
- CARE Clinic staff can testify to the consistency/inconsistency of injury with explanation given
- CARE Clinic staff can testify to the significance of a NORMAL examination
- Excited "utterances" during medical examinations are admissible in court
- Provides reassurance to child and caregivers about the child's body

---

---

---

---

---

---

---

---



## "COMMON SENSE"

IN A CHILD, UNDER 2 YEARS OLD:  
YOU CANNOT RULE OUT SEXUAL ABUSE WITH NORMAL EXAM  
YOU CANNOT RULE OUT FRACTURES WITHOUT X-RAYS  
YOU CANNOT RULE OUT SDH WITHOUT HEAD STUDIES

---

---

---

---

---

---

---

---

## Sanford CARE Clinic

- Medical Director
  - Arne Graff
- DNP, FNP-C
  - Valerie Erickson
- Sexual Assault Nurse Examiner
  - Megan Williamson

---

---

---

---

---

---

---

---

## How to Reach Us

- Phone Number (Clinic Hours 8a-4:30p)
  - 701-234-4585
  
- Email
  - [valerie.erickson@sanfordhealth.org](mailto:valerie.erickson@sanfordhealth.org)
  - [megan.williamson@sanfordhealth.org](mailto:megan.williamson@sanfordhealth.org)

---

---

---

---

---

---

---

---