

When to Suspect Physical Abuse of a Child

Factors to consider	Clinical indicators observed - examples
<ul style="list-style-type: none"> • Concerns about the history of how the injury occurred: <ul style="list-style-type: none"> - No history - Account details vary over time - Report that injuries were self-inflicted or caused by another child - Explanation does not fit child's developmental stage • Serious injury in: <ul style="list-style-type: none"> - Young child (<i>5 years and under – increased risk</i>) - Child with developmental, behavioral or mental health disability (<i>increased risk</i>) • Significant delay in seeking care for injuries, or sought advice or care from different (lower level) sources prior to arrival • Concern for injury sustained because of lack of supervision <p><u>Past health history:</u></p> <ul style="list-style-type: none"> • Brought in for similar injuries in the past • Seen for multiple past injuries • Sibling seen with similar injuries 	<p><u>Behaviors - child:</u></p> <ul style="list-style-type: none"> • Passive or excessively anxious • Fearful or aggressive • Listless, withdrawn • Afraid to go home • Suicide attempt/gesture <p><u>Behaviors – caretaker:</u></p> <ul style="list-style-type: none"> • Hostile, aggressive • Evasive, resistant to medical care for child • Passive, unemotional, detached • Unresponsive to child's severity of injury • Obvious impairment or mental illness <p><u>Physical examination:</u></p> <ul style="list-style-type: none"> • Physical exam findings do not fit history provided • Severe injuries – multiple injuries and/or large injuries • Location of injuries – head, ears, neck, trunk, buttocks and genitalia are particularly concerning • Patterned injuries (bruises/contusions) or burns • Injuries that appear to be a different stages of healing • Human bites • Poor hygiene

Pediatric injury types of particular concern

(Child Safety Team consult is recommended)

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| <ul style="list-style-type: none"> • Infant/toddler with serious head injury (subdural hematoma or other intracranial hemorrhage) that did not occur in MVA. • Premobile infant with ANY bruise • Serious thoracic or abdominal injury (if not involved in MVA or other severe forces are not reported) • Unexplained/unexpected death of young child • Immersion burns *(sock, glove, bottom) | <p>Fractures:</p> <ul style="list-style-type: none"> • Rib fractures in infant or young child • CMLs (bucket handle or corner metaphyseal) • Multiple fractures • Complex skull fractures • Scapular fracture • Infant/toddler < 2 yrs. old with long bone fracture (other than toddler's fracture in mobile child) |
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Bruises of concern

Any bruise in premobile infants.

- Bruises in this age group, even minor in appearance, can be markers of maltreatment
- Undress fully to examine entire skin surface, including inner ears, scalp, and inside mouth

Locations associated with abuse:

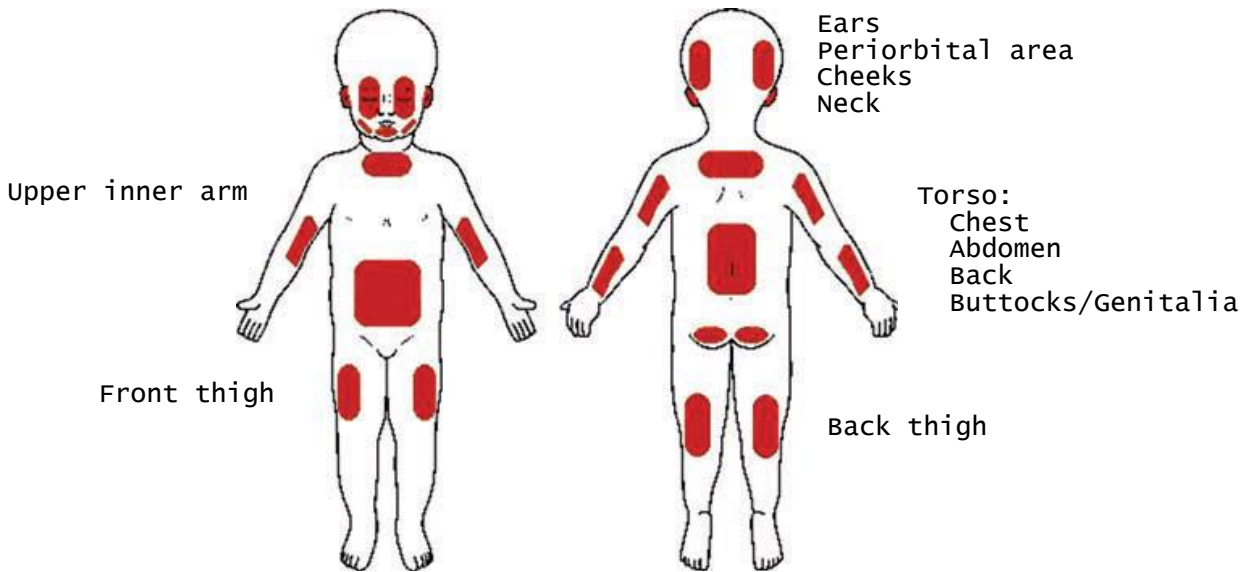


Fig 2. Abusive bruises
Arch Dis Child Educ Pract (2010) Maguire

Other bruise characteristics associated with abuse:

- Bruises in clusters
- Petechiae bruises
- Linear or patterned bruises

TEN - 4 FACES¹ – Clinical Decision Rule

TEN

Torso (chest, back, abdomen, genitalia/buttocks)

Ears

Neck

4

Children < 4 years of age
Any bruise in infant < 4 months of age

FACES

Freneulum, **A**uricular, **C**heek, **E**yelid, **S**clera

If suspicious bruises or injuries are present:

1. **Make a report to Child Protective Services**
2. **Child Safety Team consultation**
3. **Skeletal survey** -
 - a. < 2 years of age. (Sometimes useful for children up to age 3 years of age)
 - b. a negative survey does not rule out physical abuse. An infant could have been significantly abused with forces that were below the threshold for bone fracture
 - c. A “babygram” does not have the appropriate views to evaluate for fractures
4. **CMP** – screen for occult abdominal injury. If ALT or AST > 80 – consider abdominal imaging
5. **CBC/PT/PTT/INR** – screen for low platelets and coagulopathies



References:

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