DARTMOUTH HEALTH CHILDREN'S CLINICAL PRACTICE GUIDELINES

MANAGEMENT of SUSPECTED VICTIMS of CHILD ABUSE & NEGLECT

RESMIYE ORAL, MD
CHILD ADVOCACY & PROTECTION PROGRAM
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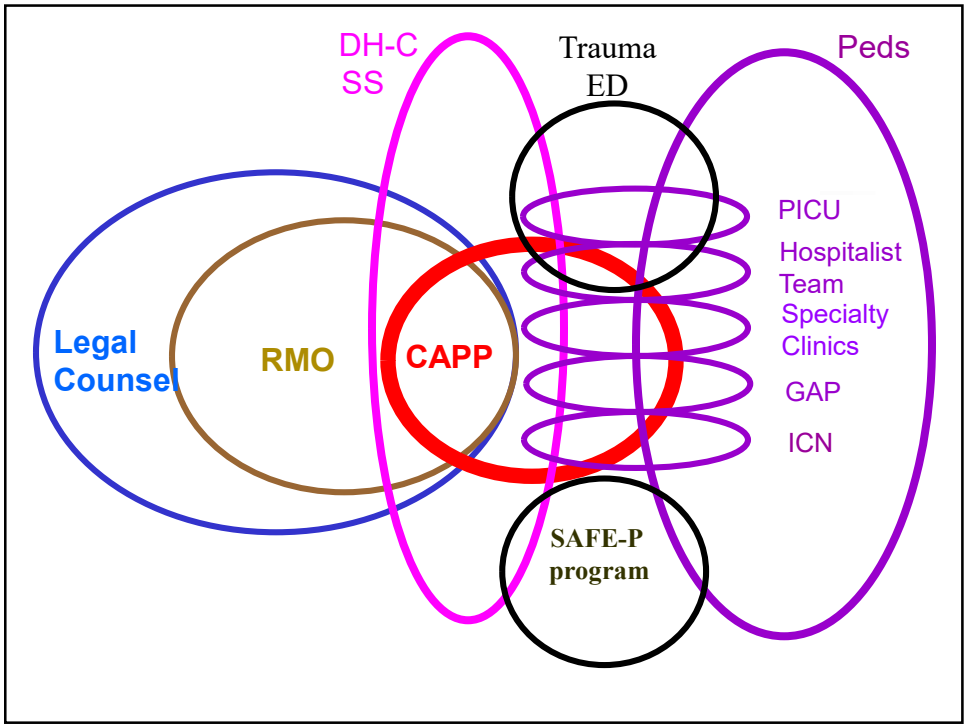
2025

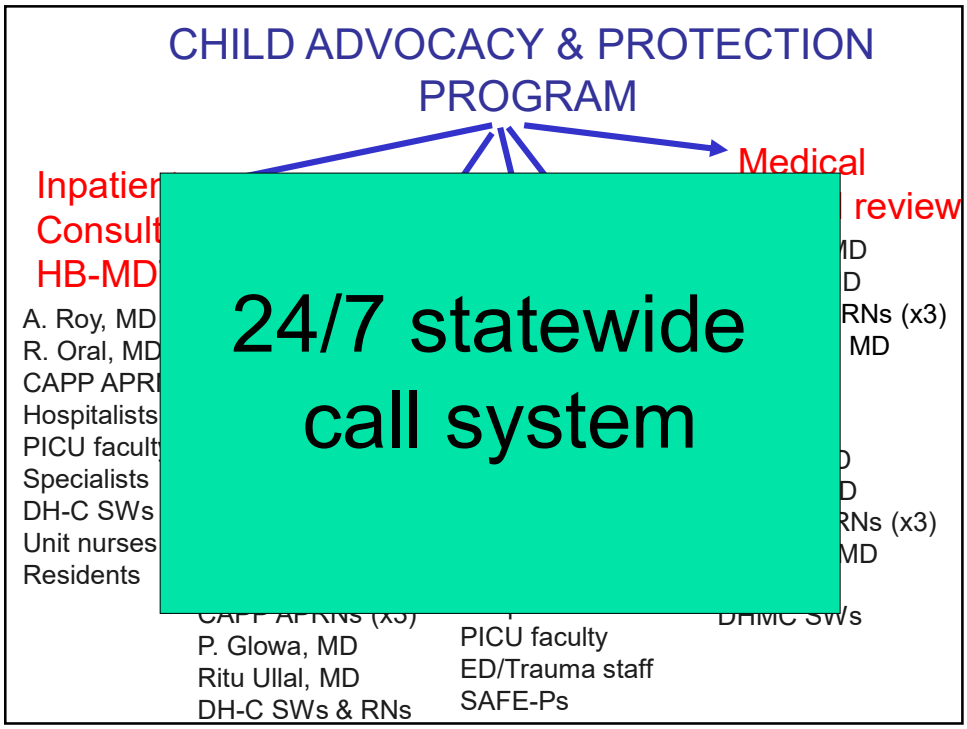
Glossary

DH-C	Dartmouth Health
SS:	Children's Social Services
RMO:	Risk Management Office
CAPP:	Child Advocacy & Protection Program
ED:	Emergency Department
PICU:	Pediatric Intensive Care Unit
GAP:	General Pediatrics Clinics
SAFE-P:	Pediatric Sexual Assault Forensic Examiner
STI:	Sexually Transmitted Infection
ICN:	Neonatal Intensive Care
SW:	Social Worker
AHT:	Abusive Head Trauma
BW:	Birth Weight
OI:	Osteogenesis Imperfecta
DV:	Domestic Violence
DCYF:	Department of Children Families and Youth (NH)
DCF:	Department of Children and Families (VT)

Goals and Objectives

- How CAPP functions
- How to obtain history from families/children
- Resources available while on call
- Diagnostic work up
- Reporting


DH-C
SS
Trauma
ED
Peds
PICU
Hospitalist
Team
Specialty
Clinics
GAP
ICN
Legal
Counsel
RMO
CAPP
SAFE-P
program


CHILD ADVOCACY & PROTECTION
PROGRAM
Medical
review
Inpatier
Consult
HB-MD
A. Roy, MD
R. Oral, MD
CAPP APR
Hospitalists
PICU facult
Specialists
DH-C SWs
Unit nurses
Residents
ID
D
RNs (x3)
MD
D
D
RNs (x3)
MD
24/7 statewide
call system
CAPP APRNs (x3)
P. Glowa, MD
Ritu Ullal, MD
DH-C SWs & RNs
PICU faculty
ED/Trauma staff
SAFE-Ps
DHMC SWs

CHILD ADVOCACY & PROTECTION PROGRAM CALL SERVICE
Pager 9335

- 24/7 triage system for NH and eastern/southern VT
  - 24/7 phone service (no fail!)
- Three tier call takers system:
  - 3 APRNs and 4 physicians, first call + SAFE-P team
  - 3 physicians, second call (back up for APRNs)
  - 2 child abuse pediatricians, third call (back up for all call-taking providers)

CHILD ADVOCACY & PROTECTION PROGRAM CONSULT TYPES
Pager 9335

- CAPP SW consult and CAPP medical consult: REQUEST on every case with concern for child abuse ⟶ CAPP medical consult:
  - In person: Case high profile, medical input critical and provider is within 1-hr of driving distance to CHaD
  - Telehealth: Case high profile, medical input critical and provider lives BEYOND 1-hr of driving distance to CHaD
  - RECORD REVIEW consult: Case low profile, CAPP medical exam is NOT needed, CAPP provider posts an opinion note, CAPP SW guides safety plan

CALL TAKING STAFF

- A. Roy, R. Oral, Michael Matos
- A. Marsh, R. Fishwick, Jill Rockwell
- Brian Beals
- SAFE-Ps: V. Johnson, C. Collier, P. Glowa, A. Marsh, K. Jameson

PURPOSE

- Compliance with statutes
- Standardized assessment across DH system
- Standardized data collection
- Provide optimal care
- Educate all DH staff to provide basic minimum care to all child abuse victims

SITE & TIMING of Assessment

- Physical abuse/neglect

as soon as child presents, at site of initial presentation (GAP, ED, if possible CAPP clinic)

* Urine bag for urine tox asap…

- Sexual abuse
  - Acute sexual assault
    - <72 h in females <12 y/o and males of all ages
    - Adolescent females <120 h
  - Non-acute abuse (Beyond above timelines)

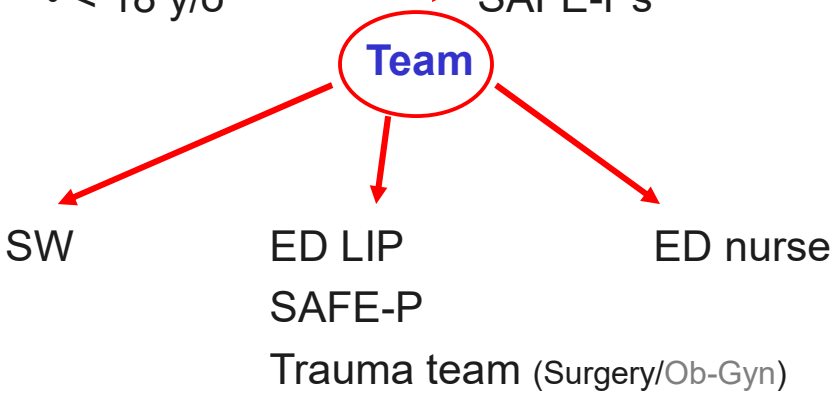
ACUTE SEXUAL ASSAULT

- **Emergent assessment to:**
- Assess for and treat:

  Injuries, pregnancy, STIs
- Reassure child and family
- Collect forensic evidence and document trauma

ACUTE SEXUAL ASSAULT

- ≥ 18 y/o → SANEs
- < 18 y/o → SAFE-Ps



SW

ED LIP
SAFE-P
Trauma team (Surgery/Ob-Gyn)

ED nurse

SITE & TIMING of Assessment

- Emergent assessment in acute sexual assault
  - Digital-genital, mucosal contact
  - ± family crisis
- Vague history, extent of contact not known
  - ED provider takes history from family/child
    - Clarify extent and timing of sexual contact
    - Call CAPP on call provider to decide on forensic evidence collection need, SAFE-P involvement
    - CAPP on call arranges follow up

SITE & TIMING of Assessment

- Emergency assessment:
  - Psychosocial evaluation (family interview)
  - Minimal fact gathering history from child
  - Physical exam
  - Evidence collection
  - STI testing/prophylaxis and other treatment/referral
- In ED if no injuries
- In OR if injuries to be repaired

SITE & TIMING of Assessment

- Acute sexual assault but…
  - **Reliable history:** No digital/genital or mucosal contact, no symptoms, no family crisis, child on child (~ <12)
  - CAPP follow up with no forensic kit
- Non-acute sexual abuse
  - Physical exam, work with ED SW and report to DCYF/DCF, document intake number, call CAPP
  - follow up in CAPP clinic

SITE & TIMING of Assessment

- Acute sexual assault but…
  - **Any questions… Page 9335**
  - **If you don't hear from us in 15 minutes: call DHMC operator, please☺**

CAPP CONSULTATION
during hours

- In complex, high profile/uncertain cases
  - Order SW and CAPP consult in EPIC
  - Call CAPP Provider on-call via **9335** and CAPP SW: ~ Same day consultation as a team in person or via telehealth
  - Written consult note in EPIC within 12-24 hr

CPT CONSULTATION
after hours **(M-Th)**

- Page **9335**, discuss case with CAPP on-call
- High profile case - child expected to die overnight → CAPP on-call + SW on-call will conduct in person or telehealth consult
- Lower profile case → guidance via phone → formal record review or in person consult following morning

CPT CONSULTATION
after hours **(weekends Fr-Sn)**

- Page **9335**, discuss case with CAPP on-call
- High profile case - child expected to die overnight or D/C'd over weekend
  - CAPP on-call + SW on-call will conduct in person or telehealth consult
- Lower profile case → guidance via phone, ± formal record review consult following work day

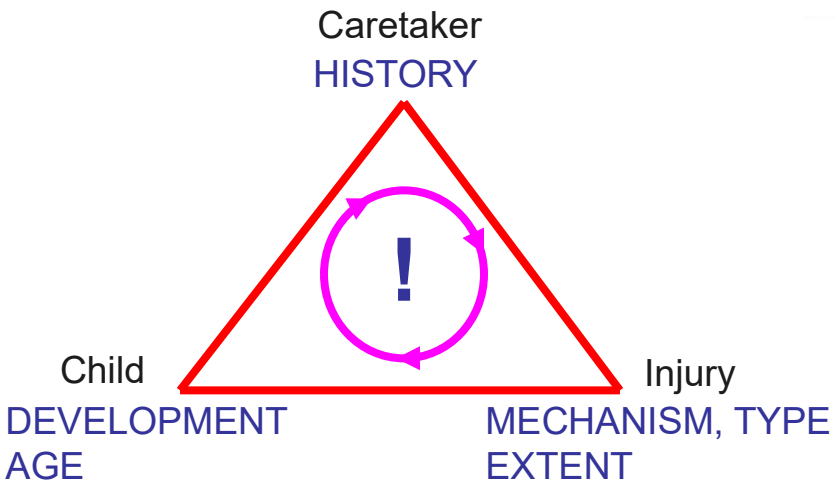
How can you benefit from CAPP?

- You are a mandatory reporter!
  - Work with unit SW and your staff to learn how to file a child abuse report (NH & VT)
- Make a copy of appropriate child abuse diagnostic work-up for future use
- Make sure you observe one consult throughout its life, during residency
- Do a 2-w elective rotation with CAPP

OBJECTIVES

- Recognition and identification
- **Appropriate diagnostic work-up**
- **Collect and document data**
- **Appropriate reporting**

Do they make sense together ?



TIMELINE

Birth → Date, BW, delivery

Hospitalizations → Dates, duration, cause

Illnesses
ER visits → Dates, cause

Last seen normal → Date, time ☺ ☺ ☺ ☹

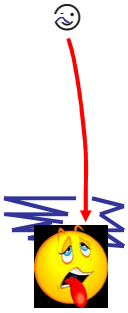
Caretakers involved

Triggers for abuse

Events

Hospital presentation → Deterioration time

Interventions



Information needed from ED providers

- Demographics
  - Child's name, DOB, MRN
  - Parent/guardian names and phone numbers
  - Names/DOBs of other children living in household or involved in allegation
  - Address where patient lives
  - Perpetrator's name, DOB, phone number/address if known

Information needed from ED providers

- ED providers should ask caretakers:
  - What did child/witness disclose?
  - When did it happen?
    - last sexual contact (date)?
    - last unsupervised contact with suspected perpetrator
  - Has the patient showered and/or changed clothes since contact?
  - Is alleged perpetrator a child? If so, their name/DOB?

Information needed from ED providers

- Nature of the contact?
  - What parts of patient's body were touched?
  - What parts of assailant(s) body was used?
  - Was touching over or under clothes?
  - Was there ejaculation/anal/oral/vaginal penetration?
- Does non-offending parent appear supportive? Will they keep child safe?

Information needed from ED providers

- If caretaker cannot provide information on nature of the contact:
  - Obtain history from child
  - Non-leading, open ended, narrative seeking questions
    - Was touching over or under clothes?
    - What parts of patient's body were touched?
    - What parts of assailant(s) body was used?
    - Was there ejaculation/anal/oral/vaginal penetration?

Minimal Fact-Gathering History from Child

6-Ws

- **W**hat happened?
- **W**ho did it?
- **W**hen did it happen?
- **W**here did it happen?
- **W**itness or any other victims?
- **W**here were caretakers when abuse occurred?
- Does suspect have contact with victim's siblings or other children?
- Emergency medical care needed?

MFGH with

Child who already disclosed

- Child is aware s/he is at hospital because of what s/he disclosed
  - " Your mom told me you told her something tonight. Tell me about what you told your mom…"
- Focus on one/last incident in detail if there are several counts of abuse

MFGH with

Child who already disclosed

- Older children: Guilt/shame
  - Acknowledge other children have expressed difficulty in discussing their experiences
- Allow to draw or point out to body parts
- Focus on one incident in detail if there are several counts of abuse

MFGH with

Child who already disclosed

- Younger children: More focused questions
  - "Who touched you?"
  - "Show me how he touched you"
  - "Did he touch you inside your pajamas or over your pajamas or some other way?"
  - "Where were you when that happened?"
  - "How did your "butt" feel when he put his finger there?"
  - "How did your "cookie" feel when you went to pee?"
  - "Where was your mommy when he touched you? Your daddy?"
  - "What were you wearing?"
  - "What did s/he say?"
  - "Did s/he say it was OK to tell your mom?"

MFGH with child…

No disclosure, abuse suspected

- "What did your mom tell you for coming to see me today?" or "Tell me why you came here today."
- "Sometimes children who tell us their bottom hurt may be touched down there that make them feel funny"
  - Universalize information asked for
  - Reassure this happens to many children, it's not child's fault
  - "Has anyone touched you like that?"
- "If something like that happened to you who could you tell? Who else?"

MFGH with a child…

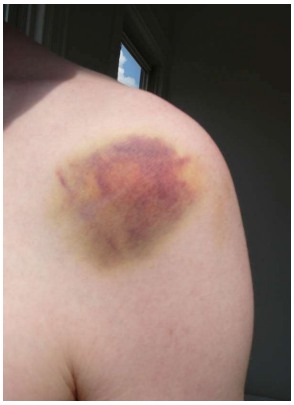
No disclosure, abuse suspected

- "I heard you saw a policeman last week. Tell me what you talked about.."
- "I understand your mom is worried something may have happened to you. Tell me what she is worried about."
- "I heard that someone might have bothered you. Tell me everything about that."
- "I heard that someone may have done something to you that wasn't right. Tell me about that."

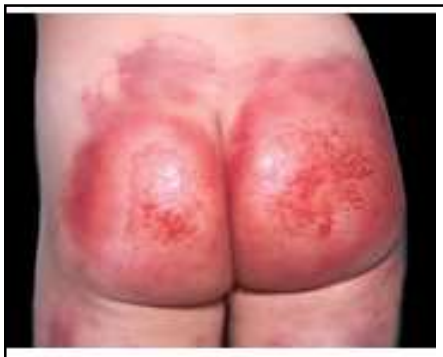
Obtaining history from child when concern is PA

- "I see that you have an owie on your face. Tell me how you got that."
- "My dad did it."
- "Tell me all about your dad doing it."
- "He kicked me."
- Tell me all about him kicking you."
- "Kicked me with his shoe."….
- "Where was your Mom when this happened?" "She was at work."…

Obtaining history from child when concern is PA



- "There is an owie on your shoulder, too. Tell me how you got this one."
- "My dad kicked there, too."
- "Where was your Mom when this happened?"
- "I told you, she was at work."…
- "Did this happen at the same time your face got hurt or at some other time?"
- "Same time. He kicked me here and here, and here."



Obtaining history from child when concern is PA

- "How did these happen, tell me all about it."
- "I told you he kicked me."
- "I see. Did your dad kick you one time or more than one time?"
- "More than one time. A lot of times. "
- "Did he hit you any other day?"
- "Yes, and he hits my sister, too."…

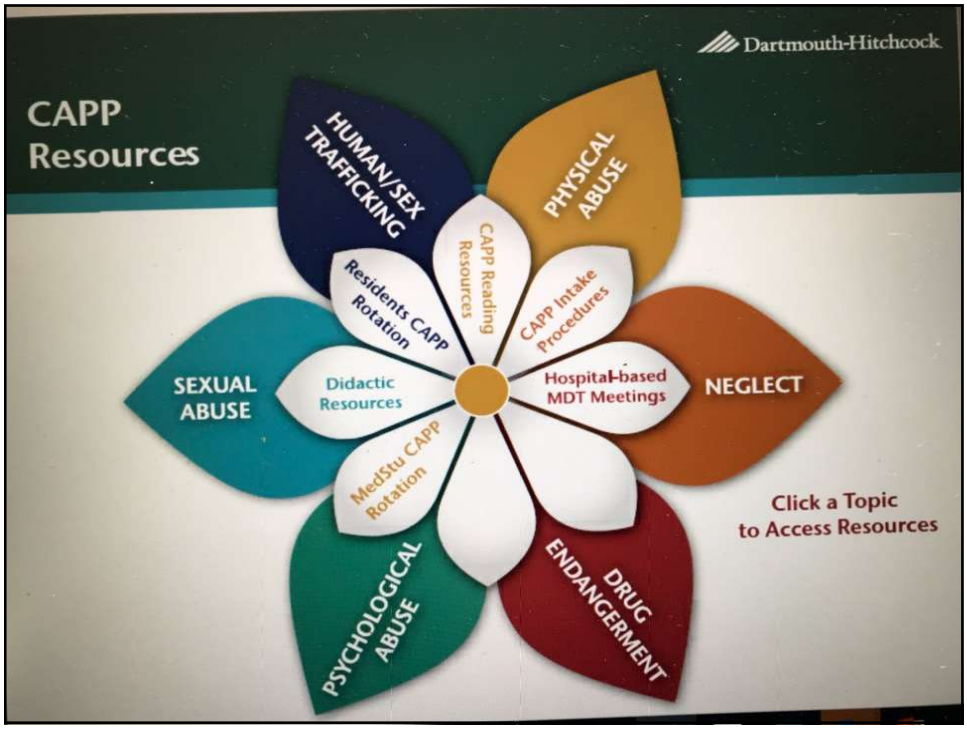
Remember: We are obligated to explore…

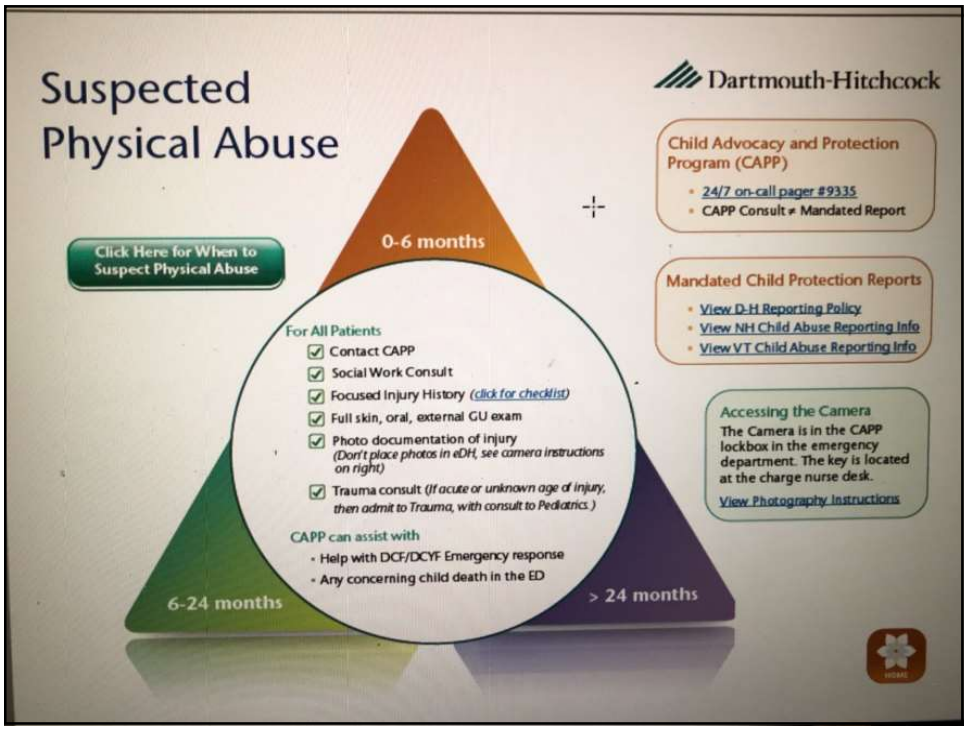
- Is there an abusive act?
- When did it happen?
- Do we have all information needed to decide on
  - urgent/emergent vs scheduled medical assessment?
  - extent of medical assessment?
  - If we don't, we will err on the side of safety!
- Who else do we need on assessment team?
  - SW, nurse, SAFE-P, attending…

Clinical guidelines

- DHMC intranet home page
- Departments Tab
- 1st link Abuse and Neglect
- Link: ALL you need to know about child abuse and neglect and CAPP

GRAND CANYON NTL PARK, AZ


Dartmouth-Hitchcock
CAPP Resources
HUMAN/SEX TRAFFICKING
PHYSICAL ABUSE
CAPP Reading Resources
Residents CAPP Rotation
CAPP Intake Procedures
SEXUAL ABUSE
Didactic Resources
Hospital-based MDT Meetings
NEGLECT
MedStu CAPP Rotation
PSYCHOLOGICAL ABUSE
DRUG ENDANGERMENT
Click a Topic to Access Resources


Suspected Physical Abuse
Dartmouth-Hitchcock
Click Here for When to Suspect Physical Abuse
0-6 months
For All Patients
Contact CAPP
Social Work Consult
Focused Injury History (click for checklist)
Full skin, oral, external GU exam
Photo documentation of injury
(Don't place photos in eDH, see camera instructions on right)
Trauma consult (If acute or unknown age of injury, then admit to Trauma, with consult to Pediatrics.)
CAPP can assist with
Help with DCF/DCYF Emergency response
Any concerning child death in the ED
6-24 months
> 24 months
Child Advocacy and Protection Program (CAPP)
24/7 on-call pager #9335
CAPP Consult ≠ Mandated Report
Mandated Child Protection Reports
View D-H Reporting Policy
View NH Child Abuse Reporting Info
View VT Child Abuse Reporting Info
Accessing the Camera
The Camera is in the CAPP lockbox in the emergency department. The key is located at the charge nurse desk.
View Photography Instructions

DIAGNOSTIC WORK-UP
Physical abuse/Neglect

- **Skeletal survey (must< 2 y/o)**
- **Head CT in AHT without contrast in acute, MRI in subacute/chronic phase**
- **Chest/abdomen CT with contrast in thoraco-abdominal trauma** or coma

DIAGNOSTIC WORK-UP
Physical abuse/Neglect

- CBC, PLT, PT, PTT, VW Panel, Fibrinogen, Factors VIII, IX, XIII in extensive bleeding, bruising
- Urine organic acids in head trauma (SDH and RH)
- CMP, LFTs, kidney/pancreas function tests, CK, troponin, collagen testing; U/A, Ucx, StCx, glucose, serum protein/albumin, Stool O/P, stool fat, sweat test, lead
- Urine toxicology (bag asap)

DIAGNOSTIC WORK-UP
Physical abuse/Neglect

- Ophthalmology consult for fundoscopy (<2 y/o)
- Genetic consult: OI, metabolic disease
- Nutrition consult, caloric quantification
- Developmental assessment
- Other specialty consults…

DOCUMENTATION

* History: Answers to what, how, when, where, details of injury mechanism, witness presence, previous injuries, past medical history, history obtained from parent, child
* Other children involved, DV, pet abuse

CANYONLANDS NTL PARK, UT

DOCUMENTATION

- Color photographs on initial exam
  - Take many from different angles
  - Use a measure on the same plane as the injury
  - Use Haiku on non-genital photographs
  - Let CAPP provider on call know of photographs to be reviewed
- Secure server to save them

REPORTING

- Basis for reporting: Reasonable suspicion in good faith
- Get unit SW involved (24/7 coverage)
  - Name/pager of unit SW/SW on-call available through operator/web links
  - Use child abuse reporting note template on eDH

REPORTING

- Oral report:
  - Within 24 hours, preferably asap
  - **DCYF intake number: 603-271-6565**
  - **DCF intake number: 800-649-5285**
- Written report: Child Abuse Reporting form available in EPIC.
  - Within 24-48 hours
  - SW can do these with you
  - Complete at least one by yourself before graduating

CONSENT

- Parental consent (CAPP-specific, in CAPP interactive diagnostic tool)
  - Physical examination, X-rays, photographs, admission
  - Release of information to DCYF/DCF, police, county attorney, PCP, mental health provider…

NOTIFICATION

- Face-to-face communication re: decision to report
- Alternatives:
  - Via telephone, document conversations and attempts
  - Letter via overnight mail, document in the chart

DISPOSITION

- Discharge should await for a DCYF/DCF plan of safety for child
  - Never D/C a patient before SW delivers you a safety plan: Document it in EPIC
- Advise DCYF/DCF other children in care of suspected perpetrator to be examined by CAPP

Summary

- CAPP has many moving parts that will help you in different ways
- Learning the skill to obtain history from families/children is very important.
- Telehealth, online protocols and 24/7 guidance will be available to residents
- Diagnostic work up tools that you may tap into are available on the intranet
- You are mandatory reporters, make sure you learn how to file a report before graduating


Thank you.
Questions,
comments…
MOUNT ILGAZ NTL PARK, TURKEY


GREAT SMOKY MOUNTAIN NTL PARK, TN

NO CONSENT NEEDED to test infant/child

- Maternal use of illegal drugs during pregnancy
- Physical or behavioral signs of exposure to illegal drugs in the child

References

- Lamb ME et al. 2007, A structured forensic interview protocol… Child Abuse Negl, 31(11-12):1201-31
- Orbach Y et al. 2000, Assessing structured forensic interview protocols. Child Abuse Negl, 24(6):733-5
- Benia LR et al. 2015, NICHD investigative interview protocol. J Child Sex Abuse, 24(3):259-79
- Sternberg KJ et al. 2001, Use of a structured investigative interview protocol. J App Psychol, 86(5):997-1005

DIAGNOSTIC WORK-UP
Sexual abuse

- Skeletal survey (< 2 y/o)
- Testing for STIs
  - Mucosal contact with perpetrator
  - Genital, oral, anal trauma
  - Genital/anal discharge
  - History of ejaculation
  - Unreliable history

DIAGNOSTIC WORK-UP
Sexual abuse

- NAATs for GC, Chlamydia (two sequences)
- Serology for RPR, Hepatitis B, C, HIV
- Pap smear, urine pregnancy test
- Wet prep for Trichomonas, Gardnerella
- Culture vesicles or ulcers for HSV
- Drug screen (in all allegedly abused/neglected children [Urine, hair]

Thank you
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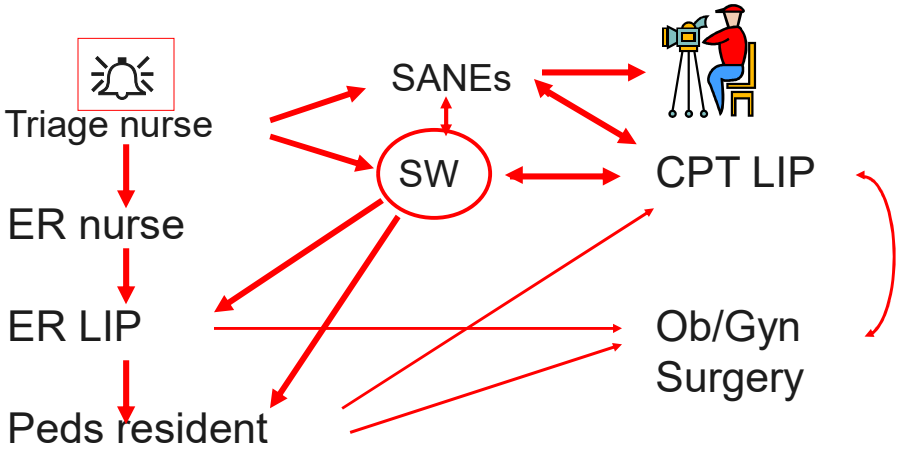
Joshua National park, CA

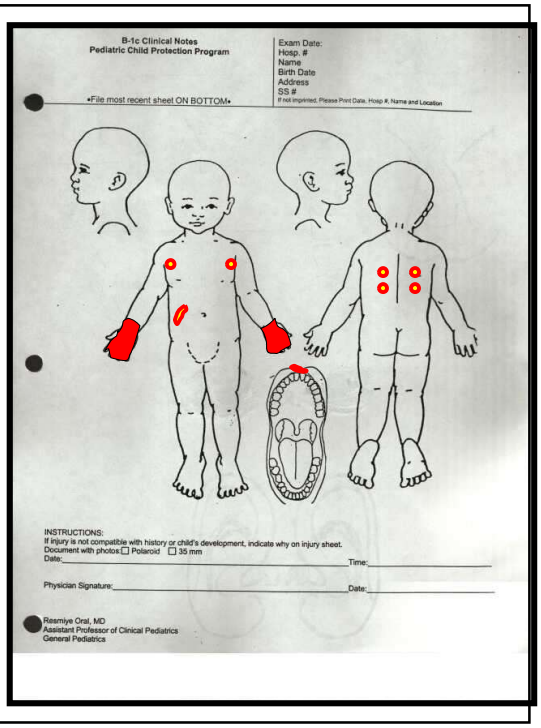
DOCUMENTATION

- Comprehensive data collection form, injury sheet, skeletal survey diagram, head CT/MRI, chest/abdominal CT/MRI diagrams available on web links

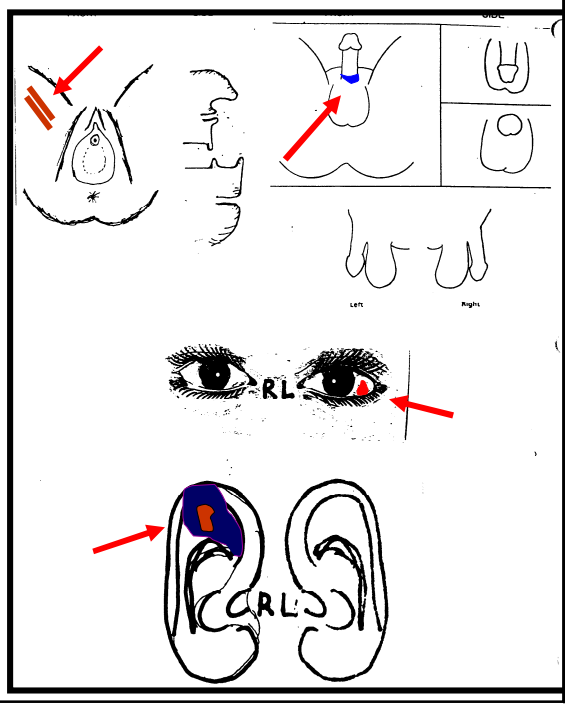
ACUTE SEXUAL ASSAULT



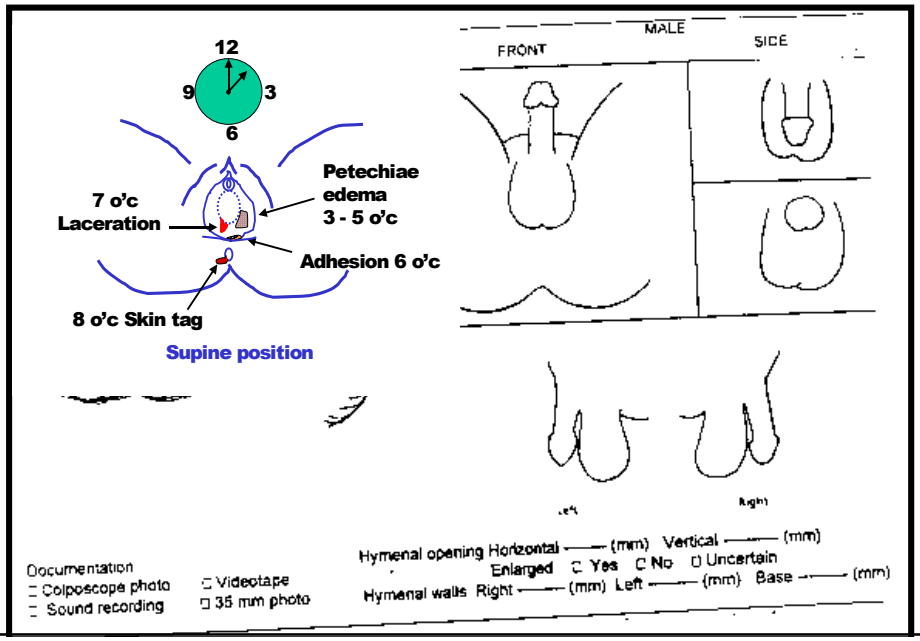
Body diagrams I



Body diagrams II

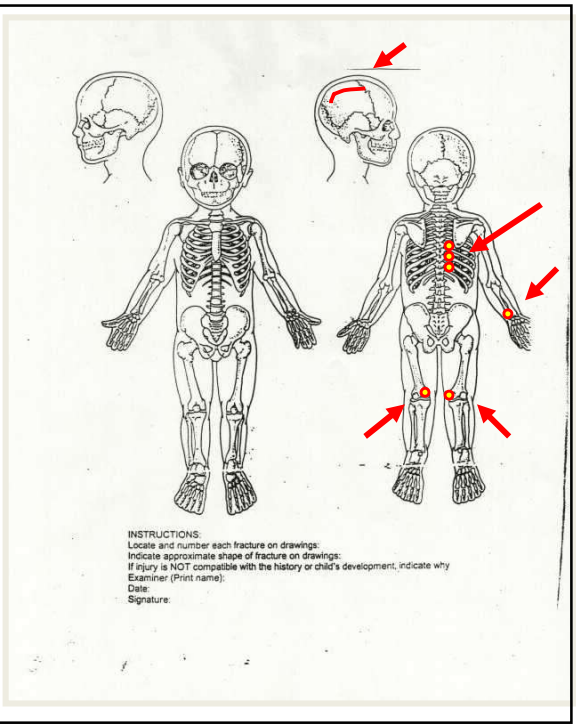


Genital exam



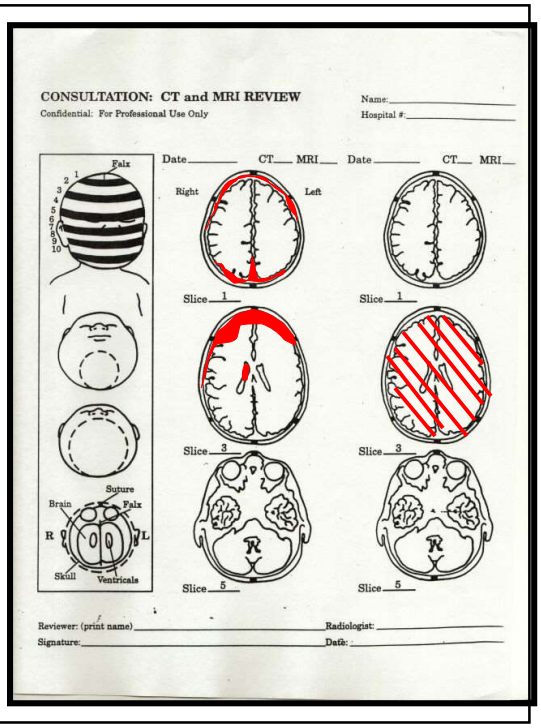
Body diagrams

Skeletal survey



Body diagrams

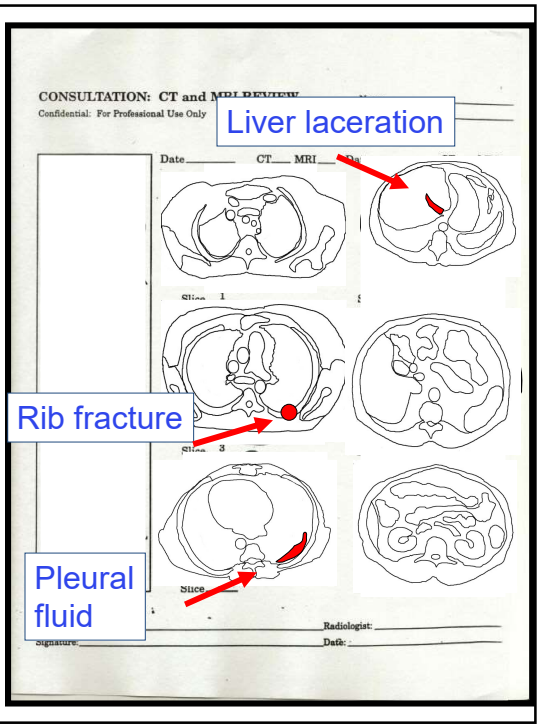
Head CT/MRI images



Body diagrams

Abdominal/chest

CT/MRI images



DRAW A PLACE