

Delaware Multidisciplinary Team

Guidelines for

Child Abuse Medical Response

Endorsed by the Delaware Child Protection Accountability Commission

August 10, 2016

Updated May 19, 2021

Acknowledgements

The guidelines and best practices contained herein were developed by the Child Protection Accountability Commission Child Abuse Medical Response Committee to assist Delaware's Multidisciplinary Teams (MDT) in determining when to refer children of alleged sexual and physical abuse and neglect for medical evaluations. This final product is a significant step toward ensuring timely, consistent and comprehensive medical treatment for all child victims of suspected abuse.

Committee Members

Nemours Children's Hospital
Children's Advocacy Center
Office of The Child Advocate
Department of Justice
Department of Services for Children
Youth and Their Families
Investigation Coordinator
Family Court
Law Enforcement

- State Police
- New Castle County Police
- Chiefs of Police Appointee

Child Protection Accountability Commission

Dr. Allan De Jong (Co-Chair)
Randy Williams (Co-Chair)
Tania Culley/Rosalie Morales
DAG Josette Manning
Cara Sawyer/ Susan Murray

Jennifer Donahue
Judge Joelle Hitch

Colonel Nathaniel McQueen
Lt. Colonel Matthew Jamison
Chief Laura Giles
Mike Cochran

The Committee wishes to thank and recognize the following individuals for their advice and support as we worked to develop these guidelines:

Ms. Anita Symonds, Christiana Care
Ms. Kathryn Hudson, TidalHealth Nanticoke
Ms. Dawn Culp, Bayhealth
Ms. Cheri Will, Beebe Healthcare
Ms. Eileen Carlin, Nemours Children's Hospital
Dr. Donna Shaffer, CAC Board of Directors
Dr. Karen Farst, MD, MPH University of Arkansas for Medical Sciences
Ms. Kori Stephens, Project Director, Midwest Children's Advocacy Center
Mr. Chris Newlin, Executive Director, National Children's Advocacy Center
Ms. Cym Doggett, Project Director, Southern Regional Children's Advocacy Center

The Committee also wishes to thank the Children's Advocacy Centers of Texas for allowing us to freely adapt their Medical Evaluation Referral Guidelines for use in Delaware.

PURPOSE & OVERVIEW

Child medical services are a critical piece of the multidisciplinary response to child sexual abuse, physical injury/abuse, neglect, torture, and juvenile trafficking. A comprehensive child abuse medical response assesses not only the child's acute medical needs, but also the child's emotional and physical health—enabling a child victim to begin to heal physically and emotionally from his or her trauma. It also provides forensic findings that aid in the civil and criminal investigations of child abuse. Prompt responses to the medical needs are warranted and expected.

The “Child Abuse MDT Medical Response Matrixes,” attached hereto, provide “guidelines” for MDT Members in order to ensure that medical services for child abuse victims are provided in a deliberate, timely and holistic manner. Certain “Abuse Fact Patterns” will indicate an “Urgent” or “Immediate” Medical Response where the child should be referred/transported to the nearest hospital for necessary emergency medical services. Other “Abuse Fact Patterns” will indicate that a call to Nemours Children's Hospital Child At Risk Evaluation (CARE) Program should be initiated. However, every medical response to every “Abuse Fact Pattern” includes a recommendation that the CARE Program be contacted, whether as a first step or as a second step as a follow-up to emergency medical services, in order to ensure that the medical needs of all suspected victims of child abuse are evaluated by medical professionals with expertise in child abuse and maltreatment.

Please note: The CARE Program hours of operation are Monday through Friday from 8:00 a.m. to 4:00 p.m. This should not preclude MDT members from calling after hours or on the weekend when CAMR guidelines indicate consultation with the CARE Program, as members will be prompted to leave a voicemail which will be addressed the next business day. If you have concerns about a child outside the hours of operation of the CARE Program, please seek a medical response at the nearest hospital.

IMPORTANT FACTORS FOR CONSIDERATION

A child's denial of sexual abuse when circumstances suggest it may have occurred is much more likely when the child:

- Is a relative or close associate of the suspected perpetrator – someone the child (or family) may wish to protect.
- Bonds with the alleged perpetrator (e.g., child may have low self-esteem/self-confidence, be overly trusting or naïve, or be affection- or approval-seeking).
- Has cause for fear and anxiety due to a history of physical abuse, intimate partner violence, or significant family dysfunction.
- Has a parent who is non-believing or not supportive of the child's disclosure or other evidence that abuse has occurred (STDs, STIs, genital injury). In these cases, the child may give a partial disclosure or recant.

There is increased risk for partial or incomplete disclosure independent of the type of contact reported by the child when:

- Caregiver does not believe child
- Child is protecting the alleged abuser
- Child is reluctant to talk based upon the forensic interview

USING THE “CHILD ABUSE MDT MEDICAL RESPONSE MATRIXES”

To initiate the appropriate Medical Response

1. Identify the type of abuse: **Sexual, Serious Physical Injury/Abuse, Physical Injury/Abuse, or Neglect.**
2. Using the applicable **MDT Medical Response Matrix** (Sexual, Serious Physical Injury/Abuse, Physical Injury/Abuse or Neglect) for the identified abuse type:
 - a) Identify the **Abuse Fact Pattern** (See First Column)
 - b) Initiate the recommended **Medical Response** (See Center Column) for the presenting fact pattern within the specified **Time Frame** (See Last Column)

MEDICAL PROVIDERS

Emergency Services

- Bayhealth
 - Bayhealth Hospital, Kent Campus – Dover
 - Bayhealth Hospital, Sussex Campus – Milford
- Beebe Healthcare
 - Beebe Healthcare Emergency Department – Lewes
 - South Coastal Emergency Department – Frankford
- Trinity Health Mid-Atlantic
 - St. Francis Hospital – Wilmington
- Christiana Care
 - Christiana Hospital – Newark
 - Middletown Emergency Department – Middletown
 - Wilmington Hospital – Wilmington
- TidalHealth
 - TidalHealth Nanticoke – Seaford

- Nemours Children’s Health
 - Nemours Children’s Hospital – Wilmington

SANE Programs (Sexual Assault Nurse Examiner)

- Beebe Healthcare – 302-645-3311
- Christiana Care – 302-733-4799
- Bayhealth – 302-744-6308
- TidalHealth Nanticoke – 302-629-6611 Ext. 3910
- Nemours Children’s Hospital - Wilmington – 302-651-6901

Child At Risk Evaluation (CARE) Program

- Nemours Children’s Hospital
 - Allan De Jong, MD, Co-Director of the CARE Program
 - Stephanie Deutsch, MD, MS FAAP, Co-Director of the CARE Program
 - Andrea Rapine, MSN, CPNP, CARE Program
 - Jen Macaulay, MSW, CARE Program (Medical Coordinator of Care)

The CARE Program may be contacted at 302-651-4805. The hours of operation are Monday through Friday from 8:00 a.m. to 4:00 p.m.

CHILD ABUSE MDT MEDICAL RESPONSE MATRIXES

Child Abuse MDT Medical Response Matrix

SEXUAL ABUSE

Abuse Fact Pattern	Medical Response	Time Frame
Any type of contact between the child or abuser involving either the child's or abuser's body having occurred within the past 120 hours (to encompass evidentiary and medical needs). *	Step 1. IMMEDIATE MEDICAL RESPONSE directly to Sexual Assault Nurse Examiner/ Forensic Nurse Examiner Program. Step 2. Place call to CARE Program for consultation and follow-up plan.	Step 1. IMMEDIATE Step 2. 24 HR
Any child describing sexual assault or abuse with significant genital or anal pain, genital or anal bleeding, sores in the genital or anal areas, and any pre-pubertal girl with a discharge regardless of when the last reported contact occurred. *	Step 1. IMMEDIATE MEDICAL RESPONSE directly to Sexual Assault Nurse Examiner/ Forensic Nurse Examiner Program. Step 2. Place call to CARE Program for consultation and follow-up plan.	Step 1. IMMEDIATE Step 2. 24 HR
Contact of abuser's mouth with child's body (e.g., genitals, breasts or anus) as reported by child or witnessed by another individual. Unknown timeframe or delayed report.*	Place call to CARE Program for consultation and follow-up plan, regardless of whether or not an immediate medical response is sought.	24 HR
Contact of abuser's genitals with child's body (e.g. genitals, breasts, anus or mouth) as reported by child or witnessed by another individual. Unknown timeframe or delayed report.*	Place call to CARE Program for consultation and follow-up plan, regardless of whether or not an immediate medical response is sought.	24 HR
Contact of abuser's hands, fingers or objects with child's genital or anus as reported by child or witnessed by another individual. Unknown timeframe or delayed report.*	Place call to CARE Program for consultation and follow-up plan, regardless of whether or not an immediate medical response is sought.	24 HR
Pre-teen sibling of a preteen child confirmed to have STD.*	Place call to CARE Program for consultation and follow-up plan, regardless of whether or not an immediate medical response is sought.	24 HR
Any child with genital and/or anal pain or discharge; lesions/bumps/ulcers; bleeding; or painful urination, regardless of type of contact reported by child.*	Place call to CARE Program for consultation and follow-up plan, regardless of whether or not an immediate medical response is sought.	24 HR
Any pre-teen child with an abnormal examination or an STD.*	Place call to CARE Program for consultation and follow-up plan, regardless of whether or not an immediate medical response is sought.	24 HR
For other serious concerns not included in the above criteria, an investigator or caregiver may request an examination.*	Place call to CARE Program for consultation and follow-up plan, regardless of whether or not an immediate medical response is sought.	24 HR

** If any child experiencing sexual abuse is additionally suggesting a **significant mental health issue**, such as suicidal ideation or gesture, or severe depression, then an immediate medical response is needed to determine the appropriate mental health services, regardless of when the last reported contact occurred.*

CARE Program: 302-651-4805

Child Abuse MDT Medical Response Matrix

SERIOUS PHYSICAL INJURY/ABUSE

Abuse Fact Pattern	Medical Response	Time Frame
Child is 0-6 months of age for any injury.	<p>Step 1. IMMEDIATE EMS TRANSPORT to nearest hospital.</p> <p>Step 2. Seek medical exam for siblings or other children residing in the home/having access to the alleged perpetrator.</p> <p>Step 3. Place call to CARE Program for consultation and follow-up plan.</p>	<p>Step 1. IMMEDIATE</p> <p>Step 2. 24 HR</p> <p>Step 3. WITHIN 24 HR</p>
Severe or extensive injuries at any age, including but not limited to: head trauma, burns, fractures, chest or abdominal injuries.*	<p>Step 1. IMMEDIATE EMS TRANSPORT to nearest hospital.</p> <p>Step 2. Seek medical exam for siblings or other children residing in the home/having access to the alleged perpetrator.</p> <p>Step 3. Place call to CARE Program for consultation and follow-up plan.</p>	<p>Step 1. IMMEDIATE</p> <p>Step 2. 24 HR</p> <p>Step 3. WITHIN 24 HR</p>
For other serious concerns not included in the above criteria, an investigator or caregiver may request an examination.*	Place call to CARE Program for consultation and follow-up plan, regardless of whether or not an immediate medical response is sought.	WITHIN 24 HR

** If any child experiencing serious physical injury/abuse is additionally suggesting a significant mental health issue, such as suicidal ideation or gesture, or severe depression, then an immediate medical response is needed to determine the appropriate mental health services, regardless of when the last reported contact occurred.*

CARE Program: 302-651-4805

Child Abuse MDT Medical Response Matrix

PHYSICAL INJURY/ABUSE

Abuse Fact Pattern	Medical Response	Time Frame
Patterned bruises, lacerations or burns. (Examples: belt loop, cigarette burn, curling iron, etc.)*	<p>Step 1. IMMEDIATE MEDICAL RESPONSE to nearest hospital.</p> <p>Step 2. Seek medical exam for siblings or other children residing in the home/having access to the alleged perpetrator.</p> <p>Step 3. Place call to CARE Program for consultation and follow-up plan.</p>	<p>Step 1. IMMEDIATE</p> <p>Step 2. 24 HR</p> <p>Step 3. WITHIN 24 HR</p>
Child states he/she has been hit with an object, whipped, punched, slapped, kicked or beaten.*	<p>Step 1. IMMEDIATE MEDICAL RESPONSE at discretion of DFS or LE.</p> <p>Step 2. If an immediate medical response is sought for the victim, a medical exam for siblings or other children residing in the home/having access to the alleged perpetrator should also be sought.</p> <p>Step 3. Place call to CARE Program for consultation and follow-up plan, regardless of whether or not an immediate medical response is sought.</p>	<p>Step 1. IMMEDIATE</p> <p>Step 2. 24 HR</p> <p>Step 3. WITHIN 72 HR</p>
For other serious concerns not included in the above criteria, an investigator or caregiver may request an examination.*	Place call to CARE Program for consultation and follow-up plan, regardless of whether or not an immediate medical response is sought.	WITHIN 72 HR

** If any child experiencing physical injury/abuse is additionally suggesting a significant mental health issue, such as suicidal ideation or gesture, or severe depression, then an immediate medical response is needed to determine the appropriate mental health services, regardless of when the last reported contact occurred.*

CARE Program: 302-651-4805

Child Abuse MDT Medical Response Matrix

NEGLECT

Neglect Fact Pattern	Medical Response	Time Frame
Child appears to be intoxicated, drugged, or otherwise non-responsive or abnormally responsive.*	<p>Step 1. IMMEDIATE EMS TRANSPORT to nearest hospital.</p> <p>Step 2. Seek medical exam for siblings or other children residing in the home/having access to the alleged perpetrator.</p> <p>Step 3. Place call to CARE Program for consultation and follow-up plan.</p>	<p>Step 1. IMMEDIATE</p> <p>Step 2. 24 HR</p> <p>Step 3. WITHIN 24 HR</p>
Child was exposed to drug manufacturing.*	<p>Step 1. IMMEDIATE EMS TRANSPORT to nearest hospital.</p> <p>Step 2. Seek medical exam for siblings or other children having regular access to the location.</p> <p>Step 3. Place call to CARE Program for consultation and follow-up plan.</p>	<p>Step 1. IMMEDIATE</p> <p>Step 2. 24 HR</p> <p>Step 3. WITHIN 24 HR</p>
Young child, age 6 and under, was exposed to the confirmed distribution of drugs or drug paraphernalia in the home (e.g. controlled substances).*	<p>Step 1. IMMEDIATE MEDICAL RESPONSE at discretion of DFS or LE.</p> <p>Step 2. If an immediate medical response is sought for the victim, a medical exam for siblings or other children residing in the home/having access to the alleged perpetrator should also be sought.</p> <p>Step 3. Place call to CARE Program for consultation and follow-up plan, regardless of whether or not an immediate medical response is sought.</p>	<p>Step 1. IMMEDIATE</p> <p>Step 2. 24 HR</p> <p>Step 3. WITHIN 24 HR</p>
<p>Suspicion of serious injury or illness due to the following indicators of medical neglect/medical child abuse:*</p> <ul style="list-style-type: none"> Persistent failure to comply with prescribed medical treatment; Suspected harmful overuse of medical services/treatment 	<p>Step 1. IMMEDIATE MEDICAL RESPONSE to nearest hospital.</p> <p>Step 2. Seek medical exam for siblings or other children residing in the home/having access to the alleged perpetrator.</p> <p>Step 3. Place call to CARE Program for consultation and follow-up plan.</p>	<p>Step 1. IMMEDIATE</p> <p>Step 2. 24 HR</p> <p>Step 3. WITHIN 24 HR</p>
<p>Suspicion of serious illness or disease due to the following:*</p> <ul style="list-style-type: none"> Malnutrition/inadequate nutrition; Access to chemicals, pest infestations, excessive garbage, or decaying food 	<p>Step 1. IMMEDIATE MEDICAL RESPONSE to nearest hospital.</p> <p>Step 2. Seek medical exam for siblings or other children residing in the home/having access to the alleged perpetrator.</p> <p>Step 3. Place call to CARE Program for consultation and follow-up plan.</p>	<p>Step 1. IMMEDIATE</p> <p>Step 2. 24 HR</p> <p>Step 3. WITHIN 72 HR</p>
For other serious concerns not included in the above criteria, an investigator or caregiver may request an examination.*	Place call to CARE Program for consultation and follow-up plan, regardless of whether or not an immediate medical response is sought.	WITHIN 72 HR

** If any child experiencing neglect is additionally suggesting a significant mental health issue, such as suicidal ideation or gesture, or severe depression, then an immediate medical response is needed to determine the appropriate mental health services, regardless of when the last reported contact occurred.*

CARE Program: 302-651-4805