Delaware Multidisciplinary Team

Guidelines for

Child Abuse Medical Response

Endorsed by the Delaware Child Protection Accountability Commission

August 10, 2016
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

A.I. duPont Hospital for Children
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
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Judge Joelle Hitch
Colonel Nathaniel McQueen
Lt. Colonel Matthew Jamison
Chief Laura Giles
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The Committee wishes to thank and recognize the following individuals for their advice and support as we worked to develop these guidelines:

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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.
Child medical services are a critical piece of the multidisciplinary response to child sexual abuse, physical injury, 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 the “designated MDT Medical Services Provider” should be initiated. However, every medical response to every “Abuse Fact Pattern” includes a recommendation that the “designated MDT Medical Services Provider” 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.

**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, spousal 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, 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
1.) Identify the type of abuse: “Sexual”, “Serious Physical” “Physical” or “Neglect”

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

MEDICAL PROVIDERS

- **Emergency Services**
  - Bayhealth Medical Center
    - Bayhealth Emergency Center – Smyrna
    - Kent General Hospital – Dover
    - Milford Memorial Hospital – Milford
  - Beebe Healthcare
    - Beebe Medical Center – Lewes
    - Millville Emergency Room – Millville; operated as a summer emergency room due to the influx of tourists
  - Catholic Health East
    - St. Francis Hospital – Wilmington
  - Christiana Care Health System
    - Christiana Hospital – Newark
    - Middletown Emergency Department – Middletown
    - Wilmington Hospital – Wilmington
  - Nanticoke Health Services
    - Nanticoke Memorial Hospital – Seaford
  - Nemours Foundation
    - Alfred I. duPont Hospital for Children – Wilmington

- **SANE Programs (Sexual Assault Nurse Examiner)**
  - Beebe Medical Center
  - Christiana Care Health Systems
  - Bayhealth Medical Center
  - Nanticoke Memorial Hospital
  - Nemours/Alfred I. duPont Hospital for Children

- **Designated MDT Medical Services Provider**
  - A.I. duPont Hospital for Children
    - Dr. Allan DeJong
    - Dr. Stephanie Deutsch
# Child Abuse MDT Medical Response Matrix

## SEXUAL ABUSE

<table>
<thead>
<tr>
<th>Abuse Fact Pattern</th>
<th>Medical Response</th>
<th>Time Frame</th>
</tr>
</thead>
</table>
| Any type of contact between the child or abuser involving either the child’s or abuser’s genitals, anus or mouth having occurred **within the past 120 hours** (to encompass evidentiary and medical needs). | **Step 1.** [URGENT RESPONSE](#) directly to Sexual Assault Nurse Examiner/Forensic Nurse Examiner Program.  
**Step 2.** Call designated medical services provider. | **Step 1.** IMMEDIATE  
**Step 2.** 24 HR |
| Any child describing sexual assault of 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.** [URGENT RESPONSE](#) directly to Sexual Assault Nurse Examiner/Forensic Nurse Examiner Program.  
**Step 2.** Call designated medical services provider. | **Step 1.** IMMEDIATE  
**Step 2.** 24 HR |
| Any child suggesting a significant mental health issue such as suicidal ideation or gesture, or severe depression, **regardless of when the last reported contact occurred.** | **Step 1.** [URGENT RESPONSE OR EMS TRANSPORT](#) to nearest hospital for:  
A. Necessary medical services.  
B. Necessary mental health services.  
**Step 2.** Call designated medical services provider. | **Step 1.** IMMEDIATE  
**Step 2.** 24 HR |
| Contact of abuser’s mouth with child’s genitals or anus. (Reported by child or witnessed by another individual.) | Call designated medical services provider. | 24 HR |
| Contact of abuser’s genitals with child’s genitals or anus or mouth. (Reported by child or witnessed by another individual.) | Call designated medical services provider. | 24 HR |
| Contact of abuser’s hands, fingers or objects with child’s genital or anus. (Reported by child or witnessed by another individual.) | Call designated medical services provider. | 24 HR |
| Pre-teen sibling of a preteen child confirmed to have STD. | Call designated medical services provider. | 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. | Call designated medical services provider. | 24 HR |
| Any pre-teen child with an abnormal examination or an STD. | Call designated medical services provider. | 24 HR |
## Child Abuse MDT Medical Response Matrix

### SERIOUS PHYSICAL ABUSE

<table>
<thead>
<tr>
<th>Abuse Fact Pattern</th>
<th>Medical Response</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child is 0-6 months of age for any injury.</td>
<td>Step 1. <strong>IMMEDIATE EMS TRANSPORT</strong> to nearest hospital.</td>
<td>Step 1. <strong>IMMEDIATE</strong></td>
</tr>
<tr>
<td></td>
<td>Step 2. Call designated medical services provider.</td>
<td>Step 2. 24 HR</td>
</tr>
<tr>
<td>Severe or extensive injuries at any age, including but not limited to: head trauma, burns, fractures, chest or abdominal injuries.</td>
<td>Step 1. <strong>IMMEDIATE EMS TRANSPORT</strong> to nearest hospital.</td>
<td>Step 1. <strong>IMMEDIATE</strong></td>
</tr>
<tr>
<td></td>
<td>Step 2. Call designated medical services provider.</td>
<td>Step 2. 24 HR</td>
</tr>
<tr>
<td>Child appears to be intoxicated, drugged, or otherwise non-responsive or abnormally responsive.</td>
<td>Step 1. <strong>IMMEDIATE EMS TRANSPORT</strong> to nearest hospital.</td>
<td>Step 1. <strong>IMMEDIATE</strong></td>
</tr>
<tr>
<td></td>
<td>Step 2. Call designated medical services provider.</td>
<td>Step 2. 24 HR</td>
</tr>
<tr>
<td>Any child suggesting a significant mental health issue such as suicidal ideation or gesture, or severe depression, <strong>regardless of when the last reported contact occurred.</strong></td>
<td>Step 1. <strong>URGENT RESPONSE OR EMS TRANSPORT</strong> to nearest hospital for: A) Necessary medical services.</td>
<td>Step 1. <strong>IMMEDIATE</strong></td>
</tr>
<tr>
<td></td>
<td>B) Necessary mental health services.</td>
<td>Step 2. 24 HR</td>
</tr>
<tr>
<td></td>
<td>Step 2. Call designated medical services provider.</td>
<td></td>
</tr>
<tr>
<td>Physical injury or condition that required medical attention or hospitalization and initiated a report to Division of Family Services or law enforcement.</td>
<td>Call designated medical services provider.</td>
<td>24 HR</td>
</tr>
<tr>
<td>Siblings or juvenile housemates of child(ren) with injuries or conditions that are being evaluated for abuse or neglect.</td>
<td>Call designated medical services provider.</td>
<td>24 HR</td>
</tr>
</tbody>
</table>
# Child Abuse MDT Medical Response Matrix

## PHYSICAL ABUSE

<table>
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<tr>
<th>Abuse Fact Pattern</th>
<th>Medical Response</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patterned bruises, lacerations or burns. (Examples: belt loop, cigarette burn, curling iron, etc.)</td>
<td>Step 1. IMMEDIATE MEDICAL RESPONSE at discretion of first responder.&lt;br&gt;Step 2. Call designated medical services provider.</td>
<td>Step 1. IMMEDIATE&lt;br&gt;Step 2. 24 HR</td>
</tr>
<tr>
<td>Child states he/she has been hit with an object, whipped, punched, slapped, kicked or beaten.</td>
<td>Step 1. IMMEDIATE MEDICAL RESPONSE at discretion of first responder.&lt;br&gt;Step 2. Call designated medical services provider.</td>
<td>Step 1. IMMEDIATE&lt;br&gt;Step 2. 24 HR</td>
</tr>
<tr>
<td>Child appears malnourished or starved and/or demonstrates deprivational behaviors.</td>
<td>Step 1. IMMEDIATE MEDICAL RESPONSE at discretion of first responder.&lt;br&gt;Step 2. Call designated medical services provider.</td>
<td>Step 1. IMMEDIATE&lt;br&gt;Step 2. 24 HR</td>
</tr>
<tr>
<td>Any child suggesting a significant mental health issue such as suicidal ideation or gesture, or severe depression, <strong>regardless of when the last reported contact occurred</strong>.</td>
<td>Step 1. URGENT RESPONSE OR EMS TRANSPORT to nearest hospital for:&lt;br&gt; A) Necessary medical services.&lt;br&gt; B) Necessary mental health services.&lt;br&gt;Step 2. Call designated medical services provider.</td>
<td>Step 1. IMMEDIATE&lt;br&gt;Step 2. 24 HR</td>
</tr>
<tr>
<td>Siblings or juvenile housemates of child(ren) with injuries or conditions that are being evaluated for abuse or neglect.</td>
<td>Call designated medical services provider.</td>
<td>24 HR</td>
</tr>
</tbody>
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# Child Abuse MDT Medical Response Matrix

## NEGLECT

<table>
<thead>
<tr>
<th>Neglect Fact Pattern</th>
<th>Medical Response</th>
<th>Time Frame</th>
</tr>
</thead>
</table>
| **Drug-endangered children.**  
  - Concerns for heavy parental drug use and/or drug manufacturing or distributing in the home.  
  - Child was in the care of intoxicated caregivers (abuse of drugs or alcohol in the home). | Step 1. **IMMEDIATE MEDICAL RESPONSE** at discretion of first responder. | Step 1. IMMEDIATE |
|                                                                                      | Step 2. Call designated medical services provider.                              | Step 2. 24 HR    |
| **Child was left unsupervised in environments that are potentially dangerous or lethal.** | Step 1. **IMMEDIATE MEDICAL RESPONSE** at discretion of first responder.          | Step 1. IMMEDIATE |
|                                                                                      | Step 2. Call designated medical services provider.                              | Step 2. 24 HR    |
| **Persistent failure to comply with prescribed medical treatment; or suspected harmful overuse of medical services/treatment.** | Step 1. **IMMEDIATE MEDICAL RESPONSE** at discretion of first responder.          | Step 1. IMMEDIATE |
|                                                                                      | Step 2. Call designated medical services provider.                              | Step 2. 24 HR    |
| **Caregiver or investigator expressed a request for examination or a serious concern not included in other criteria.** | Call designated medical services provider.                                       | 5 Days           |