

Approach to a child with suspicious bruising

Case

- What is your approach?

Bruising suggestive of NAT

Physical exam

- Observe skin from head to toe and take photos of any pertinent findings
 - Posterior ears, scalp, lip/tongue frenula, buttocks
 - Accidental injuries more likely to occur over bony prominences
 - Just because something is suspicious does not exclude possibility of accidental cause!
- Complete neurological exam
- Plot growth
- Extensive dental caries, neglected wounds, and severe diaper dermatitis could suggest neglect

Work up

- Screen for bleeding disorders – PT, PTT
- Concern for bleeding disorders? AAP statement Jim Anderst
- Screens: UA, CMP (liver enzymes), CBC (platelet count, r/o leukemia)

Speaking with a child you suspect has been abused

- Build rapport
 - Talk about nonthreatening issues first: friends, school, activities the child enjoys
 - Ensure them that it is ok to talk to their doctor about difficult or uncomfortable subjects
 - A doctor's job is to help keep kids healthy and safe
 - Do NOT promise a child that you will not share what they tell you – you are a mandatory reporter!
- Use open-ended, general questions
 - “Tell me something you like about school.”
 - “Is anything bothering you today?” “Is there anything you're worried about?”
 - “Tell me why you're here today.”

Speaking with a child you suspect has been abused

- Do not urge or coerce child to talk about abuse
- Document questions and answers word for word
- Record impression of child's emotions during interview

Speaking with the caregiver of a child you think has been abused

- Detailed general past medical history
 - Include past ER visits, fractures, need for stitches
 - Developmental history
 - Temperment and behavior of child
- Family history
 - Bleeding problems? Easily broken bones? Genetic or metabolic disorders?

- Document questions and answers word for word (1)
 - Initial history is frequently vague/benign
 - May later show inconsistencies
- If explanation for injury is offered:
 - Where did the incident occur? Who witnessed the incident? Who reported it to caregiver? When was incident? Was any treatment done at home?
 - Details of how incident occurred
- If no explanation is offered: “he woke up like this”
 - When was the last time you knew for sure bruises were NOT present?
 - Build a timeline since then – what child has done, where he has been, who has taken care of him, etc.
- Other details to obtain:
 - How was child behaving before injury? After?
 - Eating/eliminating ok?
 - Any changes in level of responsiveness?

Speaking with the caregiver of a child you think has been abused

- Approach largely depends on your impression of the likelihood that injury occurred while under the care of individual present
- Characteristics of history that increase suspicion (1)
 - Lack of explanation for a significant injury
 - An important detail changes
 - Inconsistent with development of the child
 - Different explanations from different witnesses
- Be supportive, non confrontational
- Focus on the child, not the caregiver
- Express concern
 - They are concerned? Partnership, figure it out together.
 - “This injury doesn’t seem to fit what happened as you and I understand it right now.”
 - If they are not concerned, more of a challenge
 - “This injury is not what I would expect based on what happened.”
 - “I wouldn’t normally expect an injury like this to happen that way.”

- Do not offer mechanism – “Doc, how did this occur?” “What did they do to my child?”
 - “I don’t know, what do you think?”
 - “I am not sure, but not explained by the events as I understand them now.”

Screen for domestic violence, substance abuse

- Stressors at home, substance abuse
- Child abuse is more likely in families with identified spouse abuse
 - When you and your partner have conflict, what usually happens? Do you shove each other? Do you ever want to leave a room and he won't let you leave? Has your child ever seen that? Has your child ever accidentally been injured when you were having a conflict?
 - Offer accident

Need to report

- Acknowledge that you are a mandatory reporter
- Goal not to make trouble for anyone
- Want to make sure child is safe

Reporting

- Low threshold for reporting
- DCFS and law enforcement
 - Parish where incident occurred or, if unknown, parish where child lives

