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 accidently 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