

2024 Identification of Child Physical Abuse Clinical Guideline

Red Flag Indicators

“Red Flag” Indicators

- The child is non-ambulatory with fractures or bruises
- Injury inconsistent with the child’s developmental level
- Injury is inconsistent with the history given
- Unexplained or confusing hx of strangulation
- Unexplained or confusing hx of drowning

Soft Tissue Injury

≤ 4 months of age
AND
any bruise

< 4 years of age
AND
bruises of:
Torso, **E**ars, **N**eck

Injury to
Frenulum, **A**ngle of jaw,
Cheek, **E**yelid, **S**clera

Patterned injury

Consider Head Trauma

- Irritability in an infant
- Vomiting without fever or diarrhea
- Altered breathing pattern; labored, irregular, apneic
- Seizures
- Altered level of consciousness
- Changes in tone in an infant
- Cardio-respiratory compromise
- Abnormal neurological exam

Fractures

High concern for abuse

- Classic metaphyseal lesions
- Rib fractures, especially posterior
- Scapular fractures
- Spinous processes fractures
- Sternal fractures

Consider the possibility of abuse

- Multiple, bilateral, symmetric
- Fractures of different ages
- Digital fractures
- Associated non-skeletal injury
- Fracture in a non-mobile child

Suspicion of inflicted injury?

**PED1 abuse consult
801-442-SAFE (7233)**

This algorithm does not replace clinical judgment and is not intended to be prescriptive for all patients.

**Report to Child Protective Service
PED1 consult may provide direction with this process**

TEN-4-FACESp

Bruising Clinical Decision Rule for Children < 4 Years of Age

When is bruising concerning for abuse in children < 4 years of age?
If bruising in any of the three components (Regions, Infants, Patterns) is present without a reasonable explanation, strongly consider evaluating for child abuse and/or consulting with an expert in child abuse.

TEN

Torso | Ears | Neck



FACES

Frenulum
Angle of Jaw
Cheeks (*fleshy part*)
Eyelids
Subconjunctivae

REGIONS

4 months and younger



Any bruise, anywhere

INFANTS

Patterned bruising



Bruises in specific patterns like slap, grab or loop marks

PATTERNS

See the signs

Unexplained bruises in these areas most often result from physical assault. TEN-4-FACESp is not to diagnose abuse but to function as a screening tool to improve the recognition of potentially abused children with bruising who require further evaluation.

TEN-4-FACESp was developed and validated by Dr. Mary Clyde Pierce and colleagues. It is published and available for FREE download at luriechildrens.org/ten-4-facesp.

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Recognizing Child Physical Abuse: **PIBIS**

Berger RP, Fromkin J, Herman B, et al. Validation of the Pittsburgh Infant Brain Injury Score for Abusive Head Trauma. *Pediatrics*. 2016

Pittsburgh Infant Brain Injury Score (PIBIS) for Abusive Head Trauma

Infants 1-11 months of age with non-specific neurological symptoms*

The 5-point PIBIS

1. Abnormality on dermatologic examination (2 points),
2. Age ≥ 3.0 months (1 point),
3. Head circumference >85 th percentile (1 point), and
4. Serum hemoglobin <11.2 g/dL (1 point)

At a score of 2, the sensitivity and specificity for abnormal neuroimaging was 93.3% (95% confidence interval 89.0%–96.3%) and 53% (95% confidence interval 49.3%–57.1%), respectively.

**BRUE or apnea
Seizures or spells**

**Vomiting without diarrhea/fever
Soft tissue swelling of scalp**

**Lethargy/listlessness
Irritability**

ED/Trauma LIP

Safe and Healthy Families, at PED1, is always available for phone consultation
Please reach out if your team has questions!

Call 801-442-SAFE (7233) for consultation

Center for Safe & Healthy Families

Diagnosis and Treatment of Child Abuse, Trauma, and Neglect

The Center for Safe and Healthy Families provides medical and mental health services to suspected victims of child abuse and neglect and their families. Our mission is to address child maltreatment through medical assessment, mental health treatment, education and research, guided by the Primary Children's Hospital philosophy of "The Child First and Always."

Our multidisciplinary team of child abuse pediatricians and nurse practitioners, child and adolescent psychiatrists, psychologists, nurses, social workers and therapists provide evaluation and management of abused and trauma-exposed children.

- **<14yo with sex assault/abuse concern?**
 - SHF can speak directly to caregiver or patient to triage appropriately
 - SHF will conduct exam and evidence collection if indicated
 - SHF will coordinate CPS and LE response as needed
 - SHF will coordinate medical and mental health follow up as needed

• **Child with physical abuse concern?**

- SHF can support evidence-based diagnostic decision-making
- SHF can offer history, physical, laboratory and imaging recommendations
- SHF can coordinate outpatient medical follow up for child abuse pediatric clinic
- SHF can serve as future point-of-contact for CPS and LE partners if consulted by ED

• **Safe and Healthy Families**

- cannot provide 24/7/365 in-person consults
- does not fulfill mandated child welfare report
- cannot make child welfare decisions
- does not address challenged parenting
- is not intended to provide resource referrals