Upward of 70% of children and adolescents entering the foster care system have been physically abused and neglected and/or sexually abused prior to foster care. It is mandatory that children and adolescents entering foster care be screened for a history or signs or symptoms of abuse and neglect. At entry, the local commissioner of social services has the obligation of ensuring the safety and well-being of children and adolescents in foster care. Because children and adolescents may be victimized in their foster placements or during visitation with their parents or relatives, continued monitoring for signs and symptoms of abuse and neglect while in care also is essential. It is particularly important to monitor the quality of the relationship between children and adolescents and their foster and birth parents; this is especially true for children who are pre-verbal or developmentally delayed because they are more likely to be victimized. Child abuse and neglect screenings and evaluations need to be conducted in a timely fashion by an experienced health care professional.

Two types of child abuse and neglect visits are discussed in this chapter. Medical screening for child abuse should be a part of every medical encounter with children and adolescents in foster care. Health care professionals who work with these children must be skilled in identifying indicators of child abuse and neglect.

More detailed medical child abuse evaluations should be conducted whenever there is suspicion of physical or sexual abuse or neglect. Child abuse evaluations are best conducted by a team of expert professionals (ie, child abuse team or center) to minimize the trauma
to children, maximize documentation, and ensure appropriate treatment and referrals. A single comprehensive evaluation for child sexual abuse should be conducted by the most experienced available professional(s) to avoid the trauma of multiple interviews and examinations.

In addition to a brief description of child abuse and neglect screening and evaluation, this chapter provides a format for triaging children and adolescents who are suspected of being victims of sexual abuse and steps to take if abuse or neglect is suspected.

**Parameters for Child Abuse and Neglect**

**Child Abuse and Neglect Screening**

**Purpose**
1. To ensure the safety of the child or adolescent
2. To identify signs or symptoms of abuse and neglect, including but not limited to behavioral indicators such as enuresis, encopresis, nightmares, sexual knowledge inappropriate for the child’s age, and sexualized behaviors
3. To obtain appropriate medical treatment for children or adolescents who have been abused and neglected; in particular, to identify children who need acute medical or mental health intervention
4. To involve the appropriate authorities, including child protective services (CPS) and law enforcement
5. To communicate information obtained from the examination to the agency with care and custody of the child

**Time Frame**
- At entry into care as part of the admission screen.
- Child abuse and neglect screening is part of every health encounter.
- Whenever there is concern expressed by the foster or birth parents, any caregiver, or any health care professional involved with the child.
At return to foster care from discharge or from an absence without leave.
- At return from unsupervised visitation, if a concern is raised.
- At discharge from foster care.

**Performed By**
Screening interviews and examinations may be performed by qualified agency medical personnel or the primary care physician. An impartial party should screen children or adolescents alleging abuse by agency personnel.

**Attended By**
This will vary depending on individual circumstances. The health care professional should be guided by the comfort and safety of the child.

**Components**
Child abuse and neglect screening should be incorporated into health care encounters in ways that are sensitive to the child’s fears and anxieties and yet allow the identification of physical findings and provide sufficient information to determine if further evaluation is warranted.

1. Interview—a brief, problem-focused private interview of the child, if appropriate
2. Observations to include
   - Child’s affect
   - Height and weight (and head circumference if younger than 3 years)
   - Skin examination for bruising, burns, or other signs of trauma; the examination should include nails and hair
   - Range of motion of joints and extremities
   - Genital and anal survey, if indicated, for bruising, lacerations, burns, bleeding, discharge, and integrity of the tissues
Child Abuse and Neglect Evaluation

Purpose
1. To ensure the safety of the child
2. To identify signs and symptoms of abuse and neglect
3. To document findings of abuse and neglect
4. To obtain appropriate medical treatment for children who have been abused and neglected; in particular, to identify children who need acute medical intervention
5. To appropriately refer children who have been abused or neglected for mental health care services; in particular, those in need of acute mental health intervention
6. To involve the appropriate authorities, including CPS and law enforcement
7. To communicate information obtained from the interview and evaluation to the agency with care and custody of the child

Time Frame
This will depend on the acuity of the issue that has been identified. Immediate evaluation should occur when there is

- A disclosure by the child.
- The presence of any indicators of child abuse and neglect on screening.
- Any child or adolescent identified as a perpetrator of sexual abuse.
- Any child residing in the same home as an identified victim of child physical or sexual abuse or neglect.
- Concern of abuse raised by the foster or birth parents, any caregiver, or any health care professional involved with the child.

Performed By
Evaluations should be performed by health care professionals trained and experienced in child abuse. Specialized professional examinations minimize trauma for the child and maximize documentation. A complete examination for child sexual abuse should be performed by the most highly skilled medical professional available. Multiple
Interviews and/or examinations should be avoided to minimize trauma to the child. An impartial party should evaluate children or adolescents alleging abuse by agency personnel.

**Components**

1. Interview by the most skilled interviewer available; interview should be conducted with the child privately, following guidelines developed by the American Professional Society on the Abuse of Children (see “Internet Resources” under “Bibliography” in this chapter).

2. Observation of affect.

3. Height and weight (and head circumference if younger than 3 years).

4. Thorough directed physical examination including skin, nails, hair, mouth, extremities, genitalia, and anus.

5. Documentation, including sketches, and a detailed descriptive narrative; appropriate photographic documentation is strongly recommended.

6. Imaging and laboratory studies as clinically indicated.

**Child Sexual Abuse—Triage and Evaluation**

**Purpose**

1. To ensure the safety of the child

2. To identify signs and symptoms of child sexual abuse, including but not limited to nightmares, enuresis, encopresis, sexual knowledge inappropriate for the child’s age, and sexualized behaviors inappropriate for age

3. To document findings of child sexual abuse

4. To obtain appropriate medical treatment for children who have been sexually abused; in particular, to identify children who need acute medical intervention

5. To appropriately refer children who have been sexually abused for mental health care services, especially those in need of acute mental health intervention
6. To involve the appropriate authorities, including CPS and law enforcement
7. To communicate information obtained from the examination to the agency with care and custody of the child

**Time Frame**
This will depend on the acuity of the issue identified (see “Components” below).

**Performed By**
Evaluations should be performed by health care professionals trained and experienced in child sexual abuse evaluations. Specialized evaluations minimize the trauma for the child and maximize documentation. Multiple interviews and/or examinations should be avoided to minimize trauma to the child. An impartial party should evaluate children or adolescents alleging abuse by agency personnel.

**Components**
1. Emergency evaluations for child sexual abuse—same day
   - **Criteria**
     - History of sexual abuse occurring within preceding 72 hours
     - Vaginal or rectal bleeding, pain, or trauma within preceding 72 hours
   - **Where**
     - Child abuse team or center is preferred at all times because of the specialty training of the personnel.
     - In lieu of a child abuse team or center, the most highly skilled available health care professional is the next most acceptable choice. This is likely to be the staff of the pediatric emergency department. In some cases, pediatricians or gynecologists with appropriate child sexual abuse training may be alternatives.
2. Urgent evaluations for child sexual abuse—within 2 to 5 days
   • Criteria
     – Abuse occurring within the last 3 to 14 days and the child is living in a safe environment
     – The presence of vaginal discharge or suspicion of a sexually transmitted disease, even if the exact timing of the abuse is unknown
   • Where
     – The preferred health care professional is a regional child abuse team or center.
     – Ambulatory care facilities capable of such evaluations. This may include pediatricians or gynecologists with appropriate child sexual abuse training and experience. (A child abuse team or center is preferred.)

3. All other child sexual abuse evaluations—within 2 weeks
   • Criteria
     – Abuse occurring more than 10 to 14 days in the past and the child is living in a safe environment
     – Any child residing in the same home as a child diagnosed as a victim of child sexual abuse
     – Any child who sexually approaches another child
     – Any child who is identified on screening or examination as having behavioral or physical indicators of child sexual abuse
   • Where
     – A child abuse team or center is always the preferred health care professional.
     – Ambulatory sites with personnel having appropriate child sexual abuse training and experience are adequate. (A child abuse team or center is preferred.)
Steps to Take if Child Abuse or Neglect Is Suspected

- The safety and well-being of the child is the primary concern; the child must have a safe place to live.
- A CPS referral must be made whenever child abuse and neglect inflicted by a person in a caregiving role are suspected. Health care professionals are mandated reporters. Law enforcement most likely will need to be notified. Health care professionals should familiarize themselves with the reporting system in their own states.

Write in your local reporting system information here.

- Notify the child’s caseworker or agency; communicate the results of the screening or evaluation to the caseworker or agency.
- History and physical findings must be thoroughly documented.
- A single comprehensive child sexual abuse evaluation should be conducted by professionals trained and experienced in sexual abuse in a setting that is quiet and comfortable for the child. In lieu of a child abuse team or center, the examination should be conducted by the most highly skilled health care professional available.
- The child should receive whatever medical care is deemed necessary in a timely fashion.
- Appropriate referral for counseling should be made.
Bibliography


American Academy of Child and Adolescent Psychiatry. Practice parameters for the forensic evaluation of children and adolescents who may have been physically or sexually abused. *J Am Acad Child Adolesc Psychiatry.* 1997;36(suppl):37S–56S


Berenson AB, Grady JJ. A longitudinal study of hymenal development from 3 to 9 years of age. *J Pediatr.* 2002;140:600–607


Internet Resources
American Academy of Pediatrics: www.aap.org
American Professional Society on the Abuse of Children: www.apsac.org