

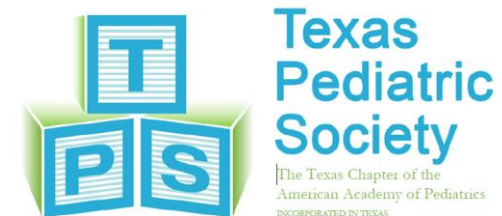
Medical Evaluations in Child Abuse Cases: Guidelines for Multi-Disciplinary Teams (MDTs)

These guidelines are intended for use by multi-disciplinary teams (MDTs) who investigate child abuse cases. The guidelines provide recommendations for referring a child victim of alleged sexual assault for a sexual assault forensic medical evaluation as well as recommendations for referring a child victim of alleged physical abuse for a specialized medical evaluation. The guidelines also provide recommendations regarding which situations warrant a consult with the MDT's designated medical provider to assess the need for an evaluation.

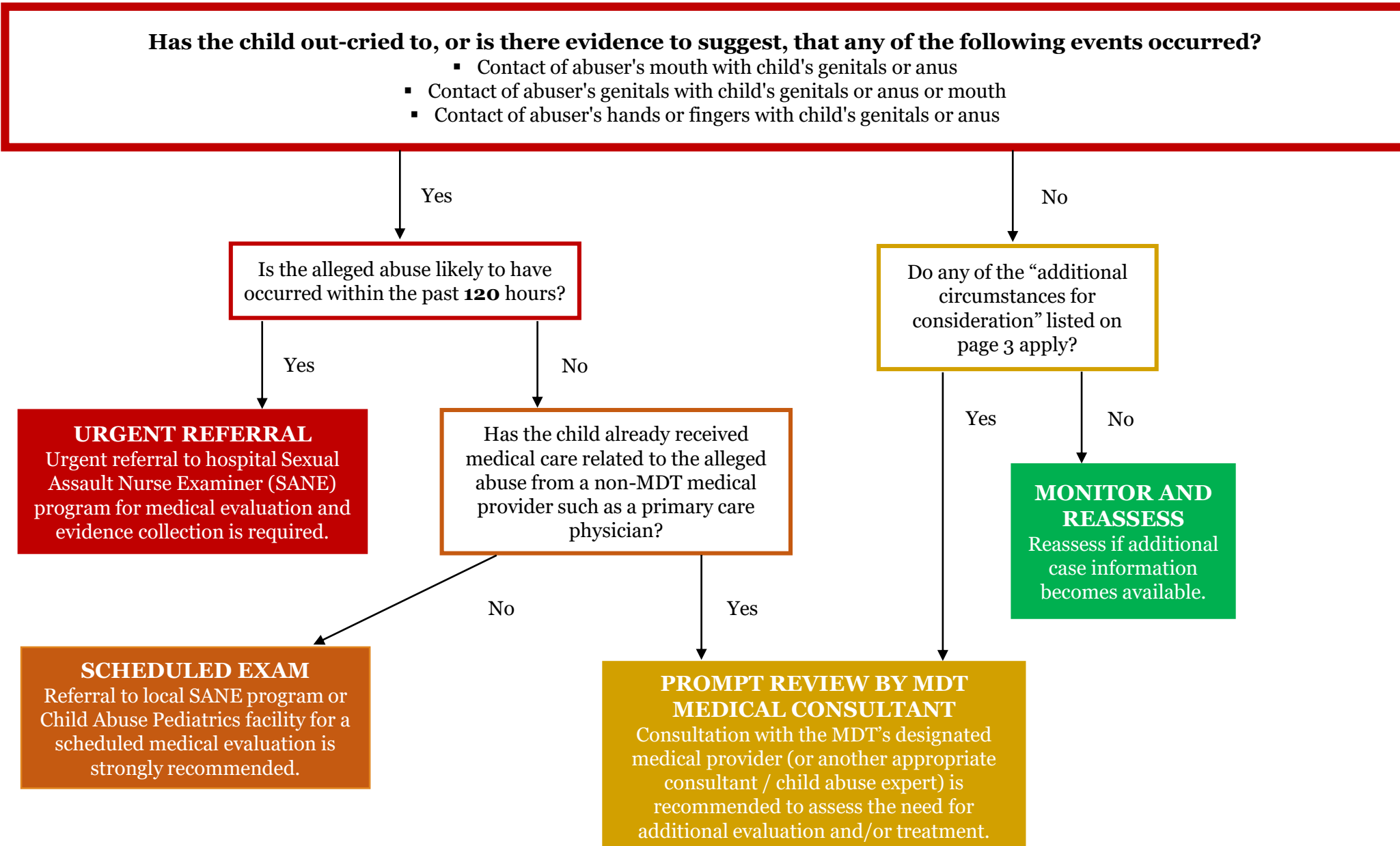
Developed by child abuse pediatricians in Texas, these guidelines represent best practices in determining which child victims of alleged abuse should be referred for a medical evaluation. However, local MDT protocols and resources vary, and MDTs may need to adapt these guidelines to meet the needs of their community. MDTs should use these guidelines as a tool to inform their team's local practices and working protocols.



Revised September 2019

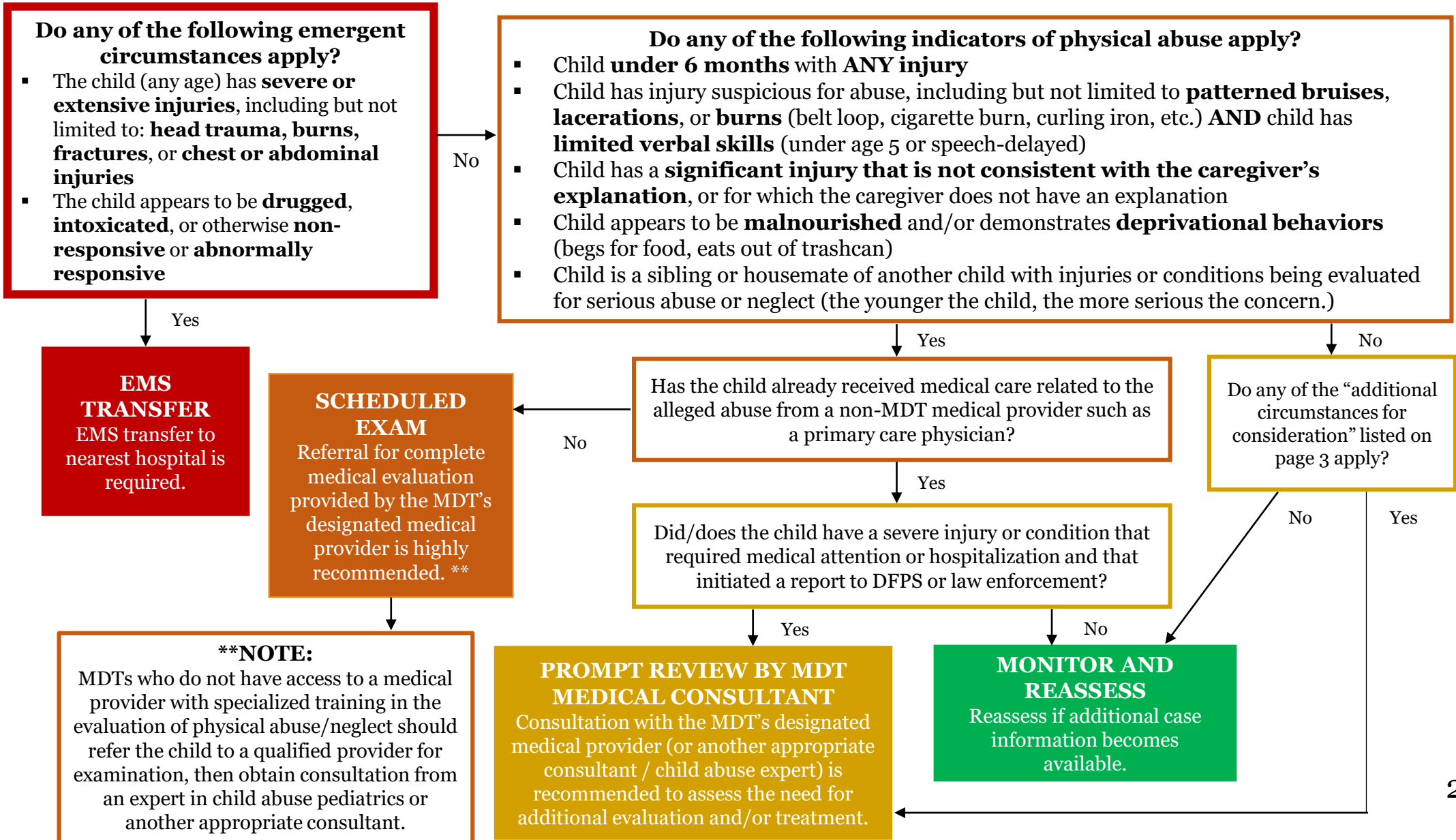


Sexual Abuse Medical Evaluation Guidelines for Multi-Disciplinary Teams (MDTs)



Physical Abuse/Neglect Medical Evaluation Guidelines for Multi-Disciplinary Teams (MDTs)

START HERE



Additional Circumstances for Consideration

The following circumstances warrant consultation with the MDT's designated medical provider (or another appropriate consultant / child abuse expert) to assess the need for additional evaluation and/or treatment:

- Child discloses or is suspected of being a victim of human trafficking
- Child displays abnormal sexualized behaviors
- Child has been exposed to pornography
- Child was in the care of intoxicated caregivers (abuse of drugs or alcohol in the home)
- Domestic or other violence has occurred in the home (such as gang involvement, home invasion)
- Child expresses fear or appears fearful of the parent or caregiver
- Child was left unsupervised in environments that are potentially dangerous or lethal
- Child was not being protected and/or basic needs were not being met (examples: soft drink in baby bottle; child found alone in street)
- Persistent failure to comply with prescribed medical treatment; or suspected harmful overuse of medical services/treatment
- Drug-endangered children (concerns for heavy parental drug use and/or drug manufacturing or distributing in the home)
- Child exposed to an alleged or reported perpetrator of other children
- Risk for partial disclosure or recantation, regardless of type of contact reported
- Preteen sibling of a preteen child confirmed to have an STD
- Caregiver or investigator expressed a request for examination or a serious concern not included in other criteria

Resources for Obtaining Medical Expertise (Including Case Reviews or Medical Examinations) in Cases of Suspected Abuse or Neglect

- DFPS workers and investigators are encouraged to contact the child abuse center assigned to support their region via the Forensic Assessment Center Network.
 - <https://facntx.org/Public/Default.aspx>
 - 1-800-TX4-FACN
- DFPS or Law Enforcement Agencies may access the Child Abuse Center of Excellence at the Children's Hospital or academic medical center closest to them via this link to MedCARES Grant recipients:
 - <https://www.dshs.state.tx.us/mch/medcares.shtm/?terms=MedCARES>
- Below is a link (maintained by the American Academy of Pediatrics) to Texas medical facilities offering services to child abuse victims. Note: not all these centers offer a full line of services.
 - <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Child-Abuse-and-Neglect/Pages/State-Information.aspx?liid=46>