Injuries that May be Signs of Abuse

Consider possible abuse when high-risk signs are present, such as unexplained or inconsistently explained injuries, delay in seeking care, evidence of repeated injuries; pay particular attention to large bone fractures, any injury in an infant including bruising, malnutrition, and genital symptoms. The specific injuries in the chart below, with their accompanying definitions/criteria are indications of potential abuse or neglect. A Social Work (SW) and a Protective Services Team (PST) consult should be initiated based on the information provided in the following chart.

INJURY	DEFINITION/CRITERIA	sw	REQUIRED PST MEDICAL CONSULT?
Any head injury, retinal hemorrhage, altered consciousness	No history or inconsistent history (any age)	YES	YES
Simple skull fracture (all children younger than 2 years old)	Single linear, nondepressed AND consistent history AND no history of vomiting, loss of consciousness, or seizures	YES	NO
Complex, depressed skull fracture (all children older than 2 years old)		YES	YES
Intracranial bleeding/contusions/tears (all children younger 2 years old)		YES	YES
Epidurals with or without skull fractures (all children younger than 2 years old)		YES	YES
Repeated ingestions	More than one incident at any age	YES	NO
Ingestions: Illegal substance (all children younger than 5 years old)	Illegal substance (children younger than 5 years)	YES	NO
Burns	Child not yet walking OR cigarette burns (any age) OR immersion burns (any age)	YES	NO, optional
Failure to thrive	Suspecting nonorganic cause	YES	NO, optional
Other fractures	All children younger than 1 year OR no history/inconsistent history (any age) OR history of previous injuries (any age)	YES	YES
Abdominal Injury	Excluding those due to motor vehicle accident, sports injuries, or secondary to known antecedent medical illness or procedure	YES	YES
Bruises/scars/pattern injury	 All children younger than 9 months old OR no plausible history (any age) OR patterns suspicious of abuse (any age) All of the above, without known coagulopathy 	YES	YES, if admitted
Gunshot wounds/stabbings	When caretaker is implicated, suspicious of neglect, perpetration	YES	NO
Medical neglect	Patient with severe medical illness who will suffer severe consequences if not treated appropriately and with multiple compliance failures	YES	NO, optional
Near drowning	Any age if concerned about lack of supervision	YES	YES
Sexual abuse	Overstatements by child (or child's parent/guardian) regarding sexual abuse/assault (e.g., rape, inappropriate touching, penetration), either experienced or witnessed History of abuse Signs/symptoms of sexually transmitted diseases with concern for abuse or other suspicious anogenital physical findings (e.g. vaginal discharge or bleeding) Behaviors indicating suspicion of sexual abuse such as excessive masturbation or sexualized acting out Nonspecific physical complaints (e.g. dysuria or recurrent rash) or nonspecific behavior changes inconsistent with those of a hospitalized child Parental concern for sexual abuse, though no specific indications or symptoms	YES	YES, if admitted
Munchausen's by proxy	Any concern that parent/caretaker is creating the appearance of or inducing illness in child	YES	YES
Neglect	Concern that caretaker is not providing food, clothing, shelter, medical attention, supervision, AND act/omission by caretaker in which there are severe emotional, cognitive, behavioral, or developmental consequences	YES	NO, optional
Intrauterine substance exposure	Intrauterine alcohol or drug exposure	YES	NO

Source: Children's Memorial Medical Center, Chicago.