SAFE-CARE Standards of Medical-Forensic Care

SAFE-CARE providers may be asked to provide medical-forensic evaluations and/or case reviews of many different types of cases. SAFE-CARE training is designed to provide essential skills to equip medical providers to evaluate the majority of cases of alleged child maltreatment. However, SAFE-CARE training cannot reasonably prepare providers to evaluate highly complex cases, which require input from a Board Certified Child Abuse Pediatrician. These standards of care clarify the types of cases for which SAFE-CARE training provides appropriate preparation to medical providers. Case types are classified as level 1 or 2, with level 1 being appropriate for a SAFE-CARE provider. Level 2 cases require evaluation by a Board Certified Child Abuse Pediatrician and/or direct mentoring* by a SAFE-CARE Resource Center. These case lists represent the majority of cases seen by SAFE-CARE providers, but are not all-encompassing. Specific cases that are not represented, below, should be directed to one of the SAFE-CARE Resource Centers. Ongoing mentoring and update training are necessary for SAFE-CARE providers to meet minimum training requirements. The SAFE-CARE Resource Centers and Missouri KidsFirst do not endorse medical-forensic evaluations performed by a SAFE-CARE provider who is not actively participating in mentoring and ongoing update training, nor do they endorse providers who do not abide by the following standards of care:

Level 1 – These case types are appropriate for evaluation by a SAFE-CARE provider:

*Physical Abuse/Neglect*

- Bruising
- Single fractures
- Minor burns (not requiring admission to the hospital)
- Medical/physical/supervisional neglect
- Child abuse in the medical setting

*Sexual Abuse*

- Non-acute sexual abuse of a child
- Acute sexual abuse of a child
Level 2 – These types of cases require an in-person evaluation or complete case review by a Board Certified Child Abuse Pediatrician, and/or direct mentoring* by a SAFE-CARE Resource Center:

**Physical Abuse/Neglect**

Child death

Children requiring hospitalization due to the injuries

Burns requiring hospitalization

Multiple fractures

Intracranial hemorrhage

Intra-abdominal trauma

Multiple types of injuries in one child (e.g. Bruises and fractures, burns and bruises, etc.)

**Sexual Abuse**

Sexually transmitted infections in children who were previously not consensually sexually active

Positive findings of penetrative trauma on genital exam

* “Direct mentoring” is used to describe the process of a SAFE-CARE Resource Center reviewing the entirety of the case (medical and/or other records), including the documentation of the SAFE-CARE Provider, and then directly discussing the case with the SAFE-CARE Provider by verbal, written, or electronic means.