

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.*