

**ERIN MILLER, MSN, APRN,  
CPNP-PC, SANE-P, CPTMP**

Erin began her nursing career as a pediatric trauma nurse at Vanderbilt Children's Hospital. She then became a nurse practitioner specializing in child abuse and has been covering five counties in SWFL for four and a half years. She teaches pediatrics for a local university and has recently begun working as an expert consultant with Pennsylvania State University on their pediatric teleSANE team.

She is board certified as a pediatric nurse practitioner, a child abuse medical provider, and a pediatric sexual assault nurse examiner. She is also an expert witness in pediatrics and child abuse in both criminal and dependency court and has seen well over 1,000 children since she began working at the CAC.



# CHILD PROTECTION TEAM

Medical Exams

# PHYSICAL ABUSE

- Referrals
  - Injuries anywhere on a child 5 or younger
  - Injuries to the head or neck on a child of any age
  - Any concerning injuries on a child of any age believed to be or reported to be abusive
- Referral to DCF or law enforcement
- Child scheduled for a medical exam and interview (if verbal)
  - Ideally within 48 hours
  - Staff limitations
    - May see emergently at CPT in Lee County or after hours
    - Currently medicals in Collier scheduled for Tuesdays; always flexible based on necessity

# SEXUAL ABUSE

- Any allegation of sexual abuse
  - Child on child should still be reported
    - Depending on severity, may be requested to be seen even if not mandated
    - Can ALWAYS call me (Erin Miller, APRN) if questions about normal variants (prolapse, size of hymen, specific symptoms/exam findings, anal fissures, “should I call”)
- Report to DCF or law enforcement
  - Sending to hospital will still require DCF or law enforcement
  - Hospital does not perform pediatric genital exams or evidence collection
- Seen emergently for interview/medical if:
  - Child is not safe/contact with the alleged perpetrator is ongoing/nonprotective caregiver
  - Current symptoms or injury
  - Within window of evidence collection
- Scheduled as soon as possible if not emergent
- Exam
  - Head to toe and complete genital exam (no speculum unless older adolescent and concerns for cervical injury)
  - Evidence collection if warranted, documentation of injuries
  - Prophylactic antibiotics/Plan B and pregnancy test administered if applicable
- STI testing
  - Prescription given and family instructed to follow up with PCP or health department
    - Follow up with pcp discretion.
    - Typically don’t get results from health dept unless tested positive; always appreciate results faxed to me from pcp/HD

# MEDICAL NEGLECT

- Any allegation of medical neglect is mandated by CPT
- Examples
  - Family not following up for lab work with potential for serious consequences
    - Congenital syphilis example
  - Diabetes
    - A1c level out of control after initial diagnosis
  - Any clear harm/consequences to child for going without care/treatment OR potential for serious harm if neglect continues
  - Parents are not required to vaccinate children
  - Parents not required to give children psychiatric medication or ADHD medication
    - Exception if no mental health tx at all, child continuing self harm/suicidal/repeated Baker Acts

# NEGLECT

- Examples
  - Inadequate supervision
    - Accidental skull fractures (mandated reports)
  - Household violence/domestic violence and child caught up in it
  - Malnutrition/failure to thrive (mandated)
  - Unrestrained/improperly restrained children, especially if MVC occurs
    - Statewide focus on this
  - Substance misuse in the home
    - Not mandated for CPT but reportable, especially if child tests positive or gets into substance
- Just because you report it doesn't mean it wasn't an accident
  - Sometimes family needs education, supportive services, etc
  - Things not always as they seem (history not matching injury, other issues in home found during CPT)

# HOW TO TALK TO CHILDREN

- Create a rapport with conversation unrelated to the incident
  - They are probably very scared!
  - They feed off energy
  - May be protective of caregivers/people involved in the emergency
- Don't need all the details
  - CPIs, CPT are specifically trained to obtain this info
  - Preliminary fact gathering is fine
- Reinforce their sense of control over themselves/their body/the situation
- Positive affirmation is always effective
  - “Thank you for being so brave!”

# SUMMARY

- Any concerns related to PA/SA/NEG/MN should be reported to DCF or LE
  - You are not responsible for referring to CPT- it will get to us
- Can always call us/email with questions, especially regarding medical findings or concerns
  - [emiller@caccollier.org](mailto:emiller@caccollier.org)
  - Collier County CPT: 239-263-8383
  - Child Abuse Hotline- 1-800-962-2873
    - Can also report online
- Children seen ideally within 48 hours for physical injury, timely for medical neglect/neglect, as soon as possible for sexual abuse, and emergently for acute sexual abuse
  - Available 24/7 for emergencies
- CAC offers forensic interviews/medical exams, family advocacy resources, therapy, and more
- We testify in court frequently for children (criminal and dependency) as both fact and expert witnesses
- Don't stress over "proof" or obtaining details- your good faith suspicion is enough
- Questions?