

Pediatric Trauma: Child Abuse



Self-Learning Packet 2004

This self-learning packet is approved for 2 contact hours for the following professionals:

1. Registered Nurses
2. Licensed Practical Nurses



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Purpose

The purpose of this self-learning packet is to educate health care providers about care related to children who are victims of abuse. This also meets the criteria for the state Level I trauma center education requirements.

Orlando Regional Healthcare is an Approved Provider of continuing nursing education by Florida Board of Nursing (Provider No. FBN 2459) and the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (AP 085).

Objectives

After completing this packet, the learner will be able to:

1. Review statistical information related to child abuse.
2. Identify risk factors that can lead to a child being abused.
3. Describe the role of the Child Protection Team and reporting requirements.
4. Identify definitions of abuse, according to Florida state law.
5. Review types of abuse: physical, neglect, emotional, and sexual abuse.
6. Identify the signs and symptoms related to abuse.
7. Describe the essentials of a thorough and objective documentation.
8. Identify the resources available to families at risk of abuse.
9. Review the process for reporting abuse.

Instructions

In order to receive 2 contact hours, you must:

- Complete the posttest at the end of this packet
- Submit the posttest to Education & Development with your payment
- Achieve an 84% on the posttest

Be sure to complete all the information at the top of the answer sheet. You will be notified if you do not pass, and you will be asked to retake the posttest.

Introduction

The true definition of child abuse cannot always be agreed upon even among healthcare professionals. We do know that abuse varies from child to child, so it must be investigated on an individual basis. According to the Florida Statute Chapter 39, categories of child maltreatment are physical abuse, neglect, sexual abuse, sexual exploitation, emotional/mental injury, and abandonment.

The legal definition of abuse tends to vary from state to state but typically stems from federal law. According to State of Florida law, the categories are defined as the following:

Abuse means any willful act or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions.

Physical injury means death, permanent or temporary disfigurement, or impairment of any bodily part.

Neglect occurs when a child is deprived or is allowed to be deprived of necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes a child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired.

Mental injury means an injury to the intellectual or psychological capacity of a child as evidenced by a discernible and substantial impairment in the ability to function within the normal range of performance and behavior.

Abandoned means a situation in which the parent or legal custodian of a child, or in the absence of a parent or legal custodian, the caregiver responsible for the child's welfare, while being able, makes no provisions for the child's support and makes no effort to communicate with the child, which situation is sufficient to evince a willful rejection of parental obligations.

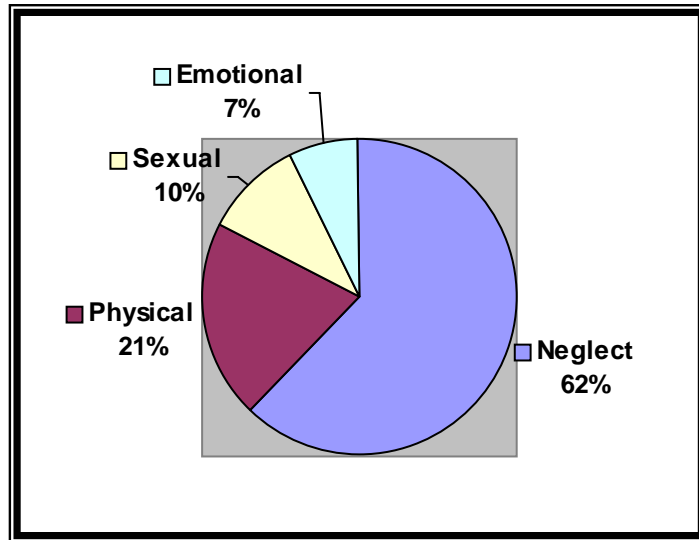
Cases of corporal punishment can also be difficult to distinguish from abuse, but in general if a child is injured, maltreatment or abuse will be named as the cause. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not itself constitute abuse when it does not result in harm to the child [Subsection 39.01 (2), F.S.].

According to Florida Statute 39.201, the following professions must report suspected abuse: health care professionals, mental health professionals, education/child care professionals, law enforcement professionals, judges and religious healers. Any person who knows that a child is abused, abandoned, or neglected by any person responsible for the child's welfare shall report such knowledge or suspicion to the Department of Children and Families.

Statistics

It is impossible to estimate the total number of abuse cases in the United States, since many go unreported. Within the last several years, the numbers have increased, most likely due to more people notifying authorities of suspected abuse. According to the National Child Abuse and Neglect Data System (NCANDS), an estimated 896,000 children were determined to be victims of abuse or neglect in 2002. The rate of victimization in the national population has increased from 11.8 per 1,000 children in 1998 to 12.3 per 1,000 children in 2002. Of the reported cases, more than 60% of child victims were neglected.

Children from birth to 3 years of age were victimized the most. Girls were more likely to be victims than boys. Infant boys younger than 1 year old had the highest fatality rate. The overall fatality rate in 2002 was an estimated 1,400 children which is about 2 deaths per 100,000 children. Neglect contributed to one-third of these fatalities. Of the reported cases of abuse, the highest rates were in the American Indian, Alaskan Native, and African-American populations.



More than half of all reports of suspected abuse were made by professionals such as healthcare workers, educators, law enforcement, social services personnel, mental health personnel, daycare workers, and foster care providers. Educators made the most reports.

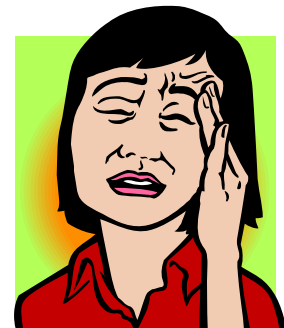
More than 80 percent of the abuse perpetrators were the parents. Women were found to abuse more than men (58 percent to 42 percent). Almost 29 percent of sexual abuse perpetrators were relatives while 3 percent were the parents.

Risk Factors

With these statistics, health care professionals in all settings must be alert to signs of possible abuse. This can be a difficult task as it is not always obvious whether the injury is of an accidental or purposeful nature. The caregiver, who is often a family member, is usually reluctant to tell the truth, and the child may back up the story out of fear for future punishment. Unfortunately, as the abuse continues, the child may grow up to be an abuser in society as he or she sees this as the normal response to conflict or frustration.

There are many factors that can lead to a child being abused:

- Premature birth or drug exposure during prenatal period
- Developmental or physical disabilities
- Chronic illness
- One of multiple births
- Unwanted pregnancy



One abused child in a family often indicates maltreatment of other family members, including adults. Caregivers who are at risk of abusing include those who are alcoholics, drug abusers, or adolescent parents; have inappropriate expectations of the child's developmental progression; or are experiencing significant life-distressing events. Research has proven that children who live with substance-abusing adults are more likely to be abused. About 9 percent (6 million) of children in this country live with at least one parent who abuses alcohol or other drugs. As previously mentioned, those adults who were abused as children are also at risk of being an

abuser as well. Abuse does not elude to any cultural, racial, or economic boundaries. In general, the more stressors involved, the higher the risk of abuse.

Obtaining an accurate, non-biased history is essential in the treatment and protection of a child. Healthcare professionals need to be careful not to base their assessment on risk factors but on the true physical and emotional assessment of a child.

The following signs may signal the presence of child abuse or neglect:

The Child:

- Shows sudden changes in behavior or school performance.
- Has not received help for physical or medical problems brought to the parents' attention.
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes.
- Is always watchful, as though preparing for something bad to happen.
- Lacks adult supervision.
- Is overly compliant, passive, or withdrawn.
- Comes to school or other activities early, stays late, or does not want to go home.

The Parent:

- Shows little concern for the child.
- Denies the existence of or blames the child for his/her own problems in school or at home.
- Asks teachers or other caretakers to use harsh physical discipline if the child misbehaves.
- Sees the child as entirely bad, worthless, or burdensome.
- Demands a level of physical or academic performance the child cannot achieve.
- Looks primarily to the child for care, attention, and satisfaction of emotional needs.

The Parent and Child:

- Rarely touch or look at each other.
- Consider their relationship entirely negative.
- State that they do not like each other.

National Clearinghouse on Child Abuse and Neglect Information

Role of the Child Protection Team

Child protection teams (CPT) are independent, community-based programs that provide expertise in evaluating alleged child abuse and neglect, assessing risk factors, and providing recommendations for interventions to protect children and enhance a family's capacity to provide a safer environment when possible. CPT services supplement the child protective investigation activities of the Department of Children and Families (DCF) and law enforcement. When a suspicion of abuse or neglect is reported to the Florida Abuse Hotline and accepted for investigation, the nearest CPT office will be notified. They receive referrals from law enforcement and the Department of Children and Families. At least one of these agencies must be involved in order for CPT to assess suspected abuse or neglect. They will provide a multidisciplinary approach with an array of services.

CPT Services:

- Medical examinations for physical and sexual abuse concerns.
- CPT photographs physical abuse injuries, copies available upon request to DCF and law enforcement.
- Review of medical records (Medical Consultations) regarding medical neglect allegations.
- Forensic interviews for physical and sexual abuse.
- A comprehensive report of the family based on Case Coordinator's interview with all household members.
- Full team staffing.
- Psychological evaluations for those who received their services.
- Court testimony for Dependency and Criminal court.
- Joint response to any hospital with CPT services where physical abuse is suspected.

Legal Responsibilities

A non-judgmental attitude is essential when working with all patients. Children are often injured during normal play in their environment. Healthcare workers must develop keen assessment and history-taking skills to determine if the patient is actually a victim of suspected abuse. It is not the duty of the healthcare provider to determine guilt.

However, if a healthcare professional knows or has reasonable cause to suspect that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, they are required to immediately report their findings to the Central Abuse Hotline of the Department of Children and Families at: 1-800-96-ABUSE.

The reporting individual's identity may not be released to any person other than employees of the department responsible for child protective services (DCF), the Central Abuse Hot Line, law enforcement, CPT, or the appropriate state attorney unless permission is granted by the individual. It does not prohibit the subpoenaing of this person when deemed necessary.

Failure to report could result in criminal charges or action from the Florida Board of Nursing. Before notifying the hotline, the healthcare worker must have a complete history, including the location of the alleged abuse. This information will allow the Department of Children and Families to notify the proper local authorities for further investigation. In 2002, more than half of all reports received by child protection agencies alleging maltreatment were submitted by professionals, including educators, medical staff, law enforcement and social service personnel, and others. Nonprofessionals, including family and community members, submitted the remaining reports.

As a healthcare worker, each individual will need to recognize one's own feelings toward abuse. Judgmental attitudes may complicate the situation and possibly add discomfort to the child and caregiver, which may result in inaccurate findings. On the other hand, if the healthcare worker denies the presence of "red flags" or cannot believe the caregiver would be capable of such mistreatment, the child may be returned to an unsafe environment. Nurses often think they can save the child from a miserable and hateful life by talking through the situation with the abused child and their family. This too may hinder the outcome and investigation and

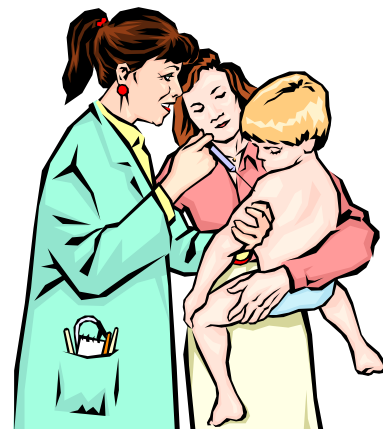


is not in the best interest of the child. The healthcare worker's role is to report the abuse. Managing child abuse requires a multidisciplinary team and legal intervention.

Types of Abuse

Physical

Often children who have been physically abused display behaviors inappropriate for their age. The healthcare provider should look for "red flags" during the assessment: a child's fear of their caregiver, withdrawn, welcomes strangers at an inappropriate age, fails to cry after painful procedures, or seems nervous when hearing other children cry. There is a multitude of possible physical injuries that can occur in abuse. Most commonly the skin is inflicted particularly in areas that are covered with clothing. All areas of the patient's skin should be inspected and palpated for anomalies. Any rashes, bruising, scars, sores, or other skin problems should be documented.



Some children may be embarrassed with disrobing, but in order to obtain a thorough assessment, the child will need to wear a hospital gown. The abuser may have objections to the necessity of changing into a hospital gown, but the provider must stand firm.

Consider the possibility of physical abuse when...

The child:

- Has unexplained burns, bites, bruises, broken bones, or black eyes.
- Has fading bruises or other marks noticeable after an absence from school.
- Seems frightened of the parents and protests or cries when it is time to go home.
- Shrinks at the approach of adults.
- Reports injury by a parent or another adult caregiver.

The parent or other adult caregiver:

- Offers conflicting, unconvincing, or no explanation for the child's injury.
- Describes the child as "evil," or in some other negative way.
- Uses harsh physical discipline with the child.
- Has a history of abuse as a child.

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Bruises

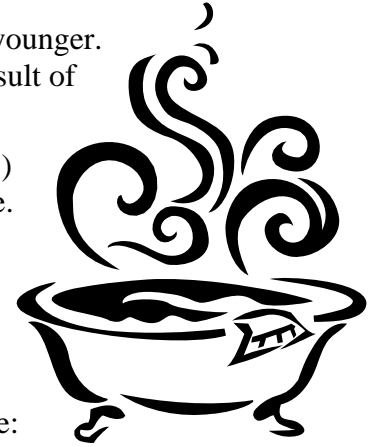
Children are prone to bruising as a result of their increased activity levels and lack of coordination. At times it may be difficult to distinguish injuries that occur from every day play to those which are non-accidental injuries. Accidental bruises tend to occur on bony surfaces such as the elbows, knees, shins, or forehead. Bruises in atypical areas, such as the buttocks, ear lobe, hands, trunk, head, face, neck, mouth, thighs, or frenulum are suggestive of abuse. Injuries to a thick area such as the thigh or buttock may not be apparent for hours to days. The distribution and coloring of bruises is also of importance. Children under age one do not often have bruises. They are rare in children who cannot walk. When assessing the age of a bruise, if yellow or brown shades are present, it is presumed to have occurred approximately 7-24 hours earlier. Bruises in different stages of healing may indicate multiple dates of injury. All

bruises should be noted for their location, size, shape, and color. Furthermore, the absence of bruises does not rule out abuse. Many substantial injuries can occur internally, especially neurological and abdominal injuries, without noticeable marks on the skin. The possibility of conditions or diseases such as Mongolian spots, hemangioma, hemophilia, idiopathic thrombocytopenia, among others that may have caused discoloration of the skin must be ruled out. These conditions represent another reason to obtain a thorough, accurate history from the caregiver and child.

Burns

Children who are victims of inflicted burns are usually 2 years old or younger. Approximately 10 percent of all hospital admissions for burns are a result of inflicted trauma.

The two types of burns that typically occur in abuse are scalds (liquids) or contact burns. Burns are classified according to their depth and size. As with bruises, it is also important to note the location, shape, and color. The most common cause of burns in children is hot liquid. Non-accidental burns from scalds are caused by either a liquid splash or immersion. Splash marks noted on the child can be difficult to identify the etiology/cause. The following questions must be asked to help determine whether the burn was accidental or purposeful in nature:



- Is the burn pattern consistent with the history provided?
- Was there a delay in seeking medical attention?
- Is the child's developmental level consistent with the history?

An example of an accidental splash burn is a small child who pulls a pot of boiling water off the stove. Severe burns will be noted on the upper body, with burns of a lesser degree distally as the water flowed downward. Clothes can harbor heat and increase the intensity as well. However, intentional submersion burns will often have a sharp line or demarcation of injury differentiating the burned and healthy skin. A glove-like pattern at the waterline edge may be noted. Immersion burns most often occur during toilet-training. The caregiver becomes frustrated with a lack of adhesion to the expected routine and submerses the child into hot water while cleaning the diaper area.

Contact burns occur when an abuser inflicts damage by touching a child with hot flames or hot objects, such as irons or heating grates. These burns are commonly caused by cigarettes, which result in 8-10mm circular burns to the affected area. Many cigarette burns may be determined accidental. With some hot objects an imprint of the source may be seen on the skin. If the object was moved while in contact with the skin surface and not held stationary, there may not be a recognizable imprint. In general, non-inflicted burns are asymmetrical with an intensity that is not uniform. Potentially inflicted burns are symmetrical, on concealed surfaces or unusual parts of the body, and are often represented by a delay in seeking treatment. They also tend to be more severe.

Bites

Bites pose a threat of infection and should be taken very seriously. They are an inflicted injury when caused by an adult. First, the healthcare provider must discern whether the bite was human or animal in origin. Human bites tend to have a circular mark with crescent-shaped

bruising. Individual tooth marks may be evident. Human bites also tend to tear or crush due to the large surface area, where as animal bites cause puncture wounds from their sharp teeth. It is essential for all bite marks to be photographed to supplement documentation.

Skeletal Injuries

Fractures occur in up to 50% of abused children and most of them are inflicted upon those under 3 years of age. Similar to bruises, fractures heal quickly in children. It is important to note and date previous fractures. Fractures caused by abuse are commonly seen in the metaphyseal (growing ends of bone), ribs, scapula, clavicle, vertebrae, and fingers in non-walking children. Bilateral fractures and fractures of the skull are also suspicious for abuse. Breaks in the long bones of the arms and legs of infants are often inflicted injuries as children of such a young age have difficulty moving fast enough to cause such an injury. Multiple fractures that are in various stages of healing or those that were not treated must be noted.



Rib fractures are rare in young children because of the cartilaginous flexibility of the bones that are present in the early years. Extreme force, such as a motor vehicle accident, is needed to break a young child's ribs. Thus, a child who presents with rib fractures without an explainable cause of forceful trauma must be examined for an intentional injury, for example, violently shaken. In this case, rib fractures will be noted in the posterior or lateral regions. Complete bone surveys viewing all bones are often performed in younger children with suspicious skeletal injuries. The most important fact to acknowledge in the history of a skeletal fracture is an inappropriate rationale for the injury or a history that is inconsistent with the injury.

Head Injuries

Inflicted head injuries vary from scalp bruises (e.g. hair-pulling) to head trauma resulting in life-threatening intracranial hemorrhage. Often injuries can be overlooked when the child's hair covers the injured area. Exploration into the history is crucial in order to discover the cause of injury. Accidental injuries, such as minor falls, even from a height of 3-5 feet rarely cause significant intracranial damage. Upon physical examination, the practitioner may note bilateral, multiple, or depressed skull fractures in the child. In addition, intracranial injury, hematoma, or hemorrhage may be discovered. A fundoscopic exam should also be performed on any child suspected of being abused. Retinal hemorrhages are highly suspicious for abuse as a result of "abusive head trauma." Infants held by the chest and forcibly shaken (shaken baby syndrome) may present with seizures, decreased level of consciousness, vomiting, irritability, decreased feeding, or abnormal respiratory patterns. The infant's fontanel may be full due to increased intracranial pressure. A CT scan of the head will show subdural hematomas resulting from tearing of veins during an inflicted whiplash motion of the head. Cerebral edema without bleeding may also be evident. As previously mentioned, fractured ribs in the posterior thorax may be noted on chest x-ray from the perpetrator's grip. Often there are no outward signs. Shaken baby syndrome occurs most commonly in infants under 1 year of age and about 25 percent die as a result of the abuse. Inconsolable crying is the number one reason the caregiver shakes the baby.

Abdominal Injuries

Abdominal injuries are not easy to detect as there may be no external signs of injury. Diagnostic procedures such as, CT scan, ultrasound, and x-rays are necessary to evaluate suspected damage to the abdominal organs. Essential lab work includes CBC with differential, clotting times, liver studies, and urinalysis. Kicking, punching, or throwing the child against a blunt object are common causes of abusive injury to the abdominal region. Symptoms to note may include: distended or rigid abdomen, fever, persistent vomiting or abdominal pain, hematuria, bruising to the abdomen, hypovolemic shock from solid-organ injury, or septic shock from stomach perforation.

Neglect

Child neglect is the most common form of child abuse. More children die each year as a result of neglect rather than abuse as many people minimize the effects of neglect on children and the seriousness of these cases. It is often overlooked during the evaluation process since physical signs may not be present.

Neglect is failure to meet a child's basic needs such as food, shelter, medical care, clothing, or providing a safe, clean environment. The child may have signs of physical or emotional turmoil, developmental delay, untreated cavities, inappropriate clothing for the weather, poor hygiene, or have an extremely passive nature. The practitioner may note a delay in seeking treatment, history of previous injuries, ingestion or exposure to toxic chemicals, malnourishment, excessive absence from school, history of being left unsupervised, history of substance abuse (older child), or delinquency. Non-organic failure to thrive (no medical reason for the F.T.T.) is diagnosed when a child's weight for age is below the fifth percentile or crosses two major percentile lines in a growth chart. Neglect must be reported to the proper authorities in order to protect the child.



Consider the possibility of neglect when...

The child:

- Is frequently absent from school.
- Begs or steals food or money.
- Lacks needed medical or dental care, immunizations, or glasses.
- Is consistently dirty and has severe body odor.
- Lacks sufficient clothing for the weather.
- Abuses alcohol or other drugs.
- States that there is no one at home to provide care.

The parent or other adult caregiver:

- Appears to be indifferent to the child.
- Seems apathetic or depressed.
- Behaves irrationally or in a bizarre manner.
- Is abusing alcohol or other drugs.

National Clearinghouse on Child Abuse and Neglect Information

Sexual Abuse

Sexual abuse and assault is a growing problem in the United States. One of every 7 victims reported to law enforcement are under age 6. Most victims under age 12 knew the offender. About 80 percent of children who are sexually abused recant their story. Reasons for recanting vary but include:

- Feeling of blame and re-victimized
- Feelings of shame and low self worth
- Accused by other family members that they are lying
- Threatened by the perpetrator and feel that they have to protect their family members

Sexual abuse occurs when a child is involved in any sexual act or situation. Signs and symptoms vary as some children may only present with subtle emotional distress whereas others may have an obvious injury noted to the genital area. Even though physical injury may not be detected, if the child discloses the event to an adult, proper authorities must be notified. Other physical signs of sexual abuse include: abnormal discharge from the vagina or penis, bleeding from the rectum, abnormal bleeding from the vagina, sexually transmitted diseases outside of the newborn period, pregnancy in the adolescent, vaginal or rectal pain, discomfort, or itching. Psychological symptoms that may be evident are low self-esteem, feelings of helplessness, self-blame, detachment, fear of criticism or rejection.

These children must be referred to the law enforcement team and the Department of Children and Families for further evaluation. It is very important that the person interviewing a child suspected of being sexually abused be a qualified professional who is experienced in the appropriate techniques. The interview should take place in a non-intrusive, quiet, safe, and non-threatening environment.

Consider the possibility of sexual abuse when...

The child:

- Has difficulty walking or sitting.
- Suddenly refuses to change for gym or participate in physical activities.
- Reports nightmares or bedwetting.
- Experiences a sudden change in appetite.
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior.
- Becomes pregnant or contracts a venereal disease, particularly under the age of 14.
- Runs away.
- Reports sexual abuse by a parent or another adult caregiver.

The parent or other adult caregiver:

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex.
- Is secretive and isolated.
- Is jealous or controlling with other family members.

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Emotional Abuse

Of all the types of abuse, emotional abuse is the most under-reported. Victims of emotional abuse tend to suffer as much and in some cases more than victims of physical abuse. Living in a home with domestic violence is a form of emotional abuse. Children who grow up witnessing domestic violence are more likely to become abusers. Children of battered women are 15 times more likely to be physically abused. These children also have an inability to concentrate in school, learning disabilities, violent and aggressive behaviors, and stress related physical symptoms. They are 50 times more likely to become substance abusers and are 6 times more likely to commit suicide compared to other children in the general population. A child can be removed from the home by DCF when domestic violence is occurring even if the child is not being physically abused. The parent has the responsibility to protect that child. Therefore, staying in a home with domestic violence is considered “Failure to Protect” under the law.



Consider the possibility of emotional abuse when...

The child:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression.
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequent rocking or head-banging, for example).
- Is delayed in physical or emotional development.
- Has attempted suicide.
- Reports a lack of attachment to the parent.

The parent or adult caregiver:

- Constantly blames, belittles, or berates the child.
- Is unconcerned about the child and refuses to consider offers of help for the child's problems.
- Overly rejects the child.

National Clearinghouse on Child Abuse and Neglect Information

Clinical Management

Obtaining a History

A nonjudgmental attitude is essential when evaluating suspected abuse. The practitioner must obtain a complete history and physical including past medical and psychosocial history, medications, family history (especially bleeding disorders), and history of injury-related events. If the child is verbally able to express oneself, then he/she should be asked to explain how the injury occurred. The caregiver may object or interrupt the child, in order to change the story, but the importance of a thorough account must be emphasized for accuracy. The caregiver should be allowed an opportunity to relate his or her version or make any changes to the child's account. Be aware of multiple changes or varying story lines. The child may need to be questioned separately which could be objected by the caregiver. The caregiver may try to belittle the child or downplay the child's requests. Often the caregiver seems unaware of the seriousness of the injuries and the need for further care. A sibling or other person may be blamed. In this case, it must be evaluated to determine if the other child is developmentally capable of the suspected abuse.



Documentation

Clear, objective documentation is essential to detailing the physical and psychological exam of a patient. It should include only observable facts, not opinion or judgment. Direct quotes should be used when possible, especially if suspected emotional abuse is in question. Clarity and conciseness is essential, as the medical record may be subpoenaed as evidence in court. The healthcare provider must document who provides the history and if it is consistent with the injury or illness. The time, place, and date of the occurrence as well as a delay in treatment, if applicable, must be noted as well. The practitioner should also note who was caring for the child at the time. A description of every bruise, abrasion, or burn in detail is required. Use of a body drawing to properly document the location of any abnormalities is helpful. Photographs should be included whenever possible. A clear, thorough documentation can help change the future of an abused child.

Prevention

If the practitioner evaluates the family and notes any risk factors, a referral should be made to social services. Information should also be provided to the family on parenting techniques, child abuse prevention, and domestic violence. Community and national resource information should be given to them as well. Phone numbers are also helpful in encouraging caregivers or children to notify the proper resources if there is a time of need.

Conclusion

Healthcare providers are an integral component for notification of suspected abuse of children to the Department of Children and Families. Thus, a thorough assessment must be performed and “red flags” recognized in all children.



Education & Development Answer Sheet

Complete all lines and PLEASE PRINT

Orlando Regional Healthcare Employee: () No () Yes

Employee # _____ Date _____

Last Name _____ First Name _____ If employee, Department Name & Number _____

Street Address _____ City _____ State _____ Zip _____

() RN () LPN () Rad Tech () Other _____ License # _____

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11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please also complete the self-learning packet evaluation at the end of the packet.

In order to receive 2.0 contact hours, you must:

- Submit the answer sheet and payment (\$5.00 for Orlando Regional Healthcare employees / \$10.00 for non-employees) to:
 Orlando Regional Healthcare
 Education & Development, MP 14
 1414 Kuhl Ave.
 Orlando, FL 32806
- Achieve an 84% on the posttest. (You will be notified if you do not pass and will be asked to retake the posttest.)

Posttest

Directions: Complete this test using the bubble sheet provided.

1. According to statistics, which of the following statements is true?
 - A. Men were found to abuse more than women.
 - B. Girls were more likely to be victims than boys.
 - C. Physical abuse occurred more often than the others.
 - D. The rate of abuse has actually decreased over the past few years due to more reporting.

2. Which of the following children has the highest risk of being abused?
 - A. A child whose family recently relocated to the United States from another country.
 - B. A child with developmental or physical disabilities.
 - C. A child whose parent lost his or her job and the family is currently homeless.
 - D. A child who is significantly more intelligent than his siblings.

3. Of all the risk factors for abuse, which of the following has proven to be the highest?
 - A. Financial difficulties
 - B. Unwanted pregnancy
 - C. Single mother
 - D. A substance abuser living in the home

4. Which of the following scenarios would require further investigation as a case of possible child abuse or neglect?
 - A. A 3 month-old who presents with serious injury without a history of trauma.
 - B. A 2 year-old who has reoccurring injuries with applicable explanations.
 - C. A 5 year-old who was injured while being supervised by a 13-year-old sibling.
 - D. A 4 year-old child with a fractured ankle whose parent delayed care by one day because she thought it was only a sprain.

5. Which of the following interactions between a parent and child would cause suspicion of abuse or neglect?
 - A. A mother comforting a child during a painful procedure.
 - B. A parent demanding to speak to the doctor after surgery.
 - C. A parent who states that the child brought the injury on himself and deserves to be in the hospital.
 - D. A parent who can't stay with the child during the hospital stay due to work and other children in the home.

6. According to the law, what is the first action a healthcare provider must take when abuse is suspected?
 - A. Contact the Child Protection Team (CPT).
 - B. Ask the parents to leave so they can't leave with the child.
 - C. Call 1-800-96-ABUSE and report the suspected abuse.
 - D. Do nothing and observe the parents carefully to gather evidence to prove the abuse.

7. The Child Protection Team provides a multidisciplinary approach to representing the abused child by:
- A. acting as the law enforcement team by pressing charges against the alleged perpetrator.
 - B. serving as the hotline for suspected abuse cases in Florida.
 - C. evaluating alleged child abuse/neglect, assessing risk factors, and providing recommendations to protect children.
 - D. physically removing a child from the home if he is suspected of being abused.

Match each category of abuse according to Florida law.

- | | | |
|-----|----------------|---|
| 8. | _____ Physical | A. Any sexual contact between a child and an adult or an older child. |
| 9. | _____ Mental | B. An inflicted permanent injury to a child by an adult. |
| 10. | _____ Neglect | C. A pattern of demeaning behavior toward a child. |
| 11. | _____ Sexual | D. Acts of omission and failure to meet a child's basic needs. |
12. Which of the following patients may have been a victim of abuse?
- A. A 2-year old with well-distributed small bruises on his body whose mom states "he fell down the stairs."
 - B. A 4-year-old boy who has burns from his shoulders to feet with the most severe being in the upper body after pulling a pot of boiling water off the stove.
 - C. A 3-month old whose head CT scan shows subdural hemorrhages, has a decreased level of consciousness, seizures, and abnormal respiratory patterns. Mom states "she rolled out of her crib."
 - D. A 9-year-old boy with a fracture of the tibia that occurred during a soccer game.
13. Five-year-old Sam is being evaluated for a severe burn to his foot after an accidental spill of boiling water. You notice splash mark burn patterns without a well-defined demarcation of burned and healthy skin. He was brought immediately to the emergency department by his father. Sam has various, scattered bruises to his ankles and knees. He seems withdrawn and nervous around his father, allowing his father to give an explanation for the injury. What "red flags" for suspected abuse are noted in Sam's evaluation?
- A. He has splash mark burn patterns to his foot.
 - B. He has various, scattered bruises to his ankles and knees.
 - C. There is no well-defined demarcation of the burned and healthy skin.
 - D. He seems withdrawn and nervous around his father, allowing his father to give an explanation for the injury.
14. The healthcare provider must consider the possibility of sexual abuse when:
- A. Purelent drainage is noted in the vaginal area when changing the diaper of a 6-month old.
 - B. A 17-year old becomes pregnant.
 - C. An 8-year old wants her mother to be present for the admission exam.
 - D. A 5-year old cries during the assessment.

15. Which of the following patients should be considered for neglect?
- A. A child who comes in for his fifth admission in 2 months with DKA (diabetic ketoacidosis).
 - B. A child who lost 10 lbs. since last year's doctor visit.
 - C. A child who doesn't have a primary care physician due to lack of insurance.
 - D. A child who is very outgoing and wants to go to the cafeteria for her meals.
16. A thorough and objective nursing documentation of suspected child abuse is essential and should include:
- A. observable facts, direct quotes, and a clear description of injuries.
 - B. subjective data based on interactions between the child and alleged abuser.
 - C. a brief description of any visible injuries as well as suspected internal injury.
 - D. an investigative interview by the pediatric nurse of the sexually abused child.
17. If a family is evaluated and risk factors of abuse are identified, a referral should be made to:
- A. law enforcement
 - B. the child protection team
 - C. social services
 - D. the Department of Children and Families
18. Sarah tells you that her father hit her so hard the other day that she can't move her arm. What should you do?
- A. Tell her to let her counselor at school know so that it can be reported.
 - B. Call 1-800-96-ABUSE and report the injury.
 - C. Look at her arm—if you don't see any bruises, it couldn't be abuse.
 - D. Ask her what she did and give her tips to prevent further outbursts from her dad.
19. When obtaining a history, the healthcare worker needs to base the assessment on which of the following?
- A. Risk factors
 - B. Based on history alone
 - C. Based on the physical and emotional assessment of the child
 - D. Based on economic boundaries
20. According to Florida law, which of the following professions are required to report suspected abuse?
- A. Healthcare workers
 - B. Lawyers
 - C. Daycare owners
 - D. All of the above

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Self-Learning Packet Evaluation

Name of Packet: _____ **Date:** _____

Employee Non-Employee

Your position?

RN LPN Respiratory Radiology
 Lab Social Work Rehab Clin Tech

Other: _____

If RN/LPN, which specialty area?

Med/Surg Adult Critical Care OR/Surgery ED
 Peds Peds Critical Care OB/GYN L&D
 Neonatal Behavioral Health Cardiology Oncology

Other: _____

Please take a few moments to answer the following questions by marking the appropriate boxes.

Strongly Agree Agree Neutral Disagree Strongly Disagree



- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1) The content provided was beneficial. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) The packet met its stated objectives. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) The packet was easy to read. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) The posttest reflected the content of the packet. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) The course was: | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | Mandatory | | |
| | <input type="checkbox"/> | | Optional | | |

Please answer the following questions:

How long did this packet take you to complete? _____

What have you learned that you will apply in your work? _____

What was the best part of the packet? _____

What would you suggest be done differently? _____

Additional Comments:

Thank you for your input.

Please return this evaluation to **Education & Development**, either in person or by mail:
Mailpoint #14, 1414 Kuhl Avenue, Orlando, FL 32806