

CHILD MALTREATMENT



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Review questions and answers on topics about which nurses should be knowledgeable.

QUESTIONS

1. A local Child Protective Services (CPS) official brings a preschooler to your emergency department. The child was found wandering on the street in a busy commercial/residential neighborhood and states, "Mommy and daddy will be right back." Other than seeming a little frightened, the child appears well nourished, clean, and in no apparent distress. A few minutes later, police bring in the parents, and the child seems relieved to see them. You overhear the officer tell the CPS official, "They were in 'Johnny's' for a quick one." What type of child maltreatment is most relevant?

- A. neglect
- B. abuse
- C. contributing to the delinquency of a minor
- D. facilitating a minor's consumption of alcohol

2. A 2-year-old boy is brought into your emergency department. The child has slurred speech, is unable to stand on his own, and smells strongly of alcohol. Family members state that while they were hosting a party at their home, the child began to vomit uncontrollably. The parents appear intoxicated and drove the patient to the emergency department. The father says that he thinks the child is probably "ok" and that the child just needs to "sleep it off." When your colleague asks about reporting this situation, your response would be based on which of the following statements?

- A. A report is not needed because this incident was clearly an unintentional alcohol exposure.
- B. Any reporting should wait until tests rule out diabetic etiology or head injury.

- C. A report should be submitted to the hospital's Risk Management department.
- D. A report should be filed with the appropriate agency in this case.

3. The distraught parents of a 6-year-old explain that their daughter has complained that her uncle has been "touching" her where she doesn't like it. Based on this limited information, which of the following descriptions would you expect to hear from the mother concerning what she saw while bathing the child?

- A. genital injuries or tearing
- B. genital or rectal bruising
- C. normal examination
- D. redness or swelling around the upper thighs

4. One warm, sunny, summer afternoon, a parent brings a 2-year-old child to the emergency department. The chief complaint is identified as stuffy nose (nasal congestion) and cough. The child is dressed in a tank top and shorts. No obvious signs of respiratory distress are noted. However, you notice that the child has multiple bruises on the shins, knees, and elbows, as well as on the chin and forehead. The various shades and colors of the bruises suggest that they are in different stages of healing. A co-worker asks about reporting suspected abuse/nonaccidental trauma. Which of the following responses would be the most appropriate?

- A. No; the chief complaint is not injury related.
- B. No; the bruising noted is consistent with the age and developmental stage of the child.
- C. Yes; the number of bruises indicates a reasonable assumption that abuse or nonaccidental trauma has occurred.
- D. Yes; the likelihood of parental misconduct is evident and reportable based on what appear to be the different stages of healing.

5. The entire emergency department is aware of the cries of a very young child. This 6-month-old child's caregiver reported to the triage nurse that "he hasn't stopped crying all day!" The pediatric assessment triangle reveals this child is "cute and not acutely sick," but he certainly appears to be in pain. His vital signs are normal except for being slightly tachycardic with a rate of 148. The caregiver reports good recent feedings, no change in bowel habits, and that "this is not normal for him."

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Which of the following actions would the ED nurse anticipate to be a priority?

- A. full septic workup including a lumbar puncture
- B. reporting the situation to CPS
- C. instruction about colic symptoms and treatment
- D. examination for a possible hair tourniquet

ANSWERS

1. Correct answer: A

Most likely, the charges would involve neglect. The parents in this case did not provide the proper supervision to keep this child safe. A 4-year-old alone on the streets would definitely fall under the “not safe” rule. The broad governmental definition of neglect is “the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child’s health, safety and well-being are threatened with harm.” For your everyday practice, verifying your local statutes for specifics is always suggested because there are differences between (and even within) states. Remember that the CPEN test is global and there won’t be any region-specific questions.

Although neglect is a common form of child abuse, the term “child abuse” is frequently replaced with the more specific term “nonaccidental trauma.” This can include striking, kicking, burning, biting, or any action that results in a physical impairment. Abuse also includes actions that cause an injury to the psychological or emotional stability of the child (including inappropriate sexual contact).

In many states, this definition also includes acts or circumstances that threaten to or actually put a child at risk, which could be the case in the scenario provided. However, when looking for a single, best, answer, neglect would be the correct choice.

If anything in the history or the physical examination “just doesn’t fit,” one must suspect neglect or abuse, and this needs to be reported and investigated by CPS (or the equivalent in your area). Why? Not only because it is the law, but also because it is the right thing to do for the protection of the child. The safety of the child should always come first. Remember the first rule in medicine: do no harm! Nagle,¹ 129-141; DeBoer,² 719-720.

2. Correct Answer: D

Each state is responsible for enacting laws related to child abuse, neglect, and endangerment, and the federal government has established minimum standard definitions to provide

additional guidance. It is clear that giving a child alcohol or illegal drugs or allowing a child to drink alcohol or take or use illegal drugs constitutes emotional neglect or abuse. Thus, regardless of individual state statutes, this is definitely a case for CPS! Reasonable precautions should always be exercised to avoid alcohol or drug exposure, even “accidental” or “unintentional” incidents. Regardless of the single or combined etiology for the patient’s presenting symptoms (eg, unintentional alcohol exposure, diabetes, or a head injury), the parents appeared to have driven the patient to the emergency department in a motor vehicle while intoxicated, placing the safety of the child at additional risk.

Reporting the incident to an internal department, like Risk Management, would not satisfy your obligations as a health care provider. Nagle,¹ 129-141; DeBoer,² 734.

3. Correct Answer: C

Physical examinations on prepubescent victims of sexual abuse are frequently normal. If possible, it is best that examinations related to possible sexual abuse or assault on children be conducted by a trained pediatric sexual assault nurse examiner, and the patient also should have a forensic interview performed by someone specifically trained in this field. The appropriate CPS agency should be notified, particularly in instances where the uncle was a caregiver to this child, the custodial parent was aware of the uncle’s behavior and continued to allow it to happen, or the uncle had unlimited or unsupervised access to the child. In the meantime, your priorities will include making sure the child is safe and accurately documenting any pertinent information. Nagle,¹ 129-141; DeBoer,² 733-734.

4. Correct Answer: B

This case is one of those in which a basic knowledge of child development is so very important. You need to know what is normal for the various age ranges. We know that most 2-year-olds are in perpetual motion (that’s why they are called toddlers!), and at this age they don’t yet have great motor control. With active toddlers, running into stationary objects and falls are not uncommon, and it is very normal to have bruising associated with those collisions and falls. We often find those accidental injuries to bony prominences, such as knees, shins, elbows, chins, and foreheads. Many toddlers are covered in bumps and bruises from different times and places because they are very active and do not have mature motor control.

That being said, remember the secret to real estate...location, location, location. You should be concerned if the child has bruising over the abdomen, back, neck, or axillae. You should

be especially concerned about bruising to the inner thighs. Also be alert if you see identical bruising bilaterally or symmetrically, such as on both hips. Pay attention to patterning as well. Accidental injuries won't usually have a definite pattern.

Additionally, you should ask yourself some important questions. Does the injury and the report provided make sense together? Was a sibling blamed for the injury? Is the injury consistent with the developmental level of the child? Is the complaint (and/or the child's clothing) an attempt to "cover" things up?

If something doesn't fit, whether the history, the physical examination, or even just your gut reaction, it is abuse/nonaccidental trauma until proven otherwise, and yes, it is your responsibility to report it. Nagle,¹ 129-141; DeBoer,² 762-763.

5. Correct Answer: D

This child looks and acts like he is in real pain, so checking for a "hair tourniquet" is a priority. When a hair is wrapped around a finger, toe, or even worse, the penis, it is a very appropriate reason to scream nonstop! A hair tourniquet can be a natural hair or a thread (often from socks or mittens) that wraps tightly

around an appendage, potentially resulting in auto amputation. The important thing to recognize in this situation is that the child needs a physical examination, which in this case might very well reveal a hair tourniquet.

Selecting the correct answer to this question is an example of eliminating the alternatives. Because his vital signs are essentially normal, a septic workup does not seem to be indicated in this case. Without a more thorough history and physical examination, there are no immediately identifiable suspicious findings pointing toward abuse (although it should always be in the differential diagnosis for crying children), so contacting CPS is probably not warranted. Colic usually begins at 3 weeks of age, peaks between 4 to 6 weeks of age, and thankfully is gone by 12 weeks of age. By process of elimination we are left with the examination and its findings being the priority. Nagle,¹ 129-141; DeBoer,² 703-704.

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