


ThinkAskLearn
Health Professional Education

Understanding Child Abuse: Red Flags for Nurses


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WARNING DISTRESSING IMAGES AHEAD



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Modern Interest in Child Abuse



- Kempe et al (1962)
- Journal of the American Medical Association
- Battered Child Syndrome
- Kempe's Syndrome
- Describes Munchausen Syndrome By Proxy
- Reluctances of Medical Practitioners to accept and report cases of abuse



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Types of Abuse

- Physical
- Emotional
- Neglect
- Sexual





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Summary of children in the child protection system, 2023–24

- Notifications
 - 196 000 notifications involving 121 000 kids
- Substantiations
 - 56 000 proven involving 42 100
 - Not substantiated 74 000
 - Ongoing investigation 52 500
- Rates of Abuse
 - 1.8 -10.1(6.1) per 1000 children aged 0-16


AIHW 2025



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Child Abuse in Australia

- *Substantiations - Type (Queensland)*
 - Neglect 38%
 - Emotional 34%
 - Physical 23%
 - Sexual 5%



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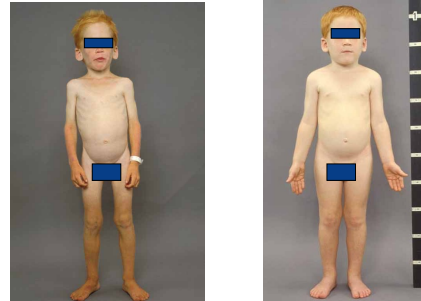
Neglect

- Difficult to define
- Hallmarks of neglecting behaviour is the carer fails to recognise and/or meet the needs of the child
- Strong correlation with poverty and therefore associated problems



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Neglect



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Physical Abuse



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Red Flags to Abuse-Bruising

- Bruises are nearly a universal finding in well children examination

Typically Accidental

Forehead
Elbow
Knees
Shins
Iliac Crests

Possibly Nonaccidental

Scalp
Behind Ears
Neck
Axillae
Inner thighs
Webs of fingers/toes
Genitalia



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Red Flags to Abuse-Bruising

- Bruising
 - in physical abuse - 90% have bruising
- Non-ambulant babies should not bruise



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Red Flags to Abuse-Bruising

- Bruising
 - in physical abuse - 90% have bruising
- Non-ambulant babies should not bruise
- Posterior Bruising
 - Something ran into child rather than child ran into it



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Red Flags to Abuse-Bruising

- Bruising
 - in physical abuse - 90% have bruising
- Non-ambulant babies should not bruise
- Posterior Bruising
 - Something ran into child rather than child ran into it
- Multiple Bruises
 - in various stages of healing



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Red Flags to Abuse-Bruising

- Bruising
 - in physical abuse - 90% have bruising
- Non-ambulant babies should not bruise
- Posterior Bruising
 - Something ran into child rather than child ran into it
- Multiple Bruises
 - in various stages of healing
- Patterned Bruises
 - hands, bite marks, buttocks, circumferential wrist bruising



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Red Flags to Abuse-Fractures

- Various #'s seen
- less than 2 years (25% are abuse)
- less than 1 year (56% are abuse)
- multiple #'s of various healing
- Spiral #'s of long bones
- Rib #'s



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Red Flags to Abuse-Burns

- 2% of burns are non-accidental
- 'Imply a degree of intent to cause pain'



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Red Flags to Abuse-Burns

- 2% of burns are non-accidental
- 'Imply a degree of intent to cause pain'
- Stocking or glove type burn
- Absence of splash marks
- Demarcation lines



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Red Flags to Abuse-Burns

- 2% of burns are non-accidental
- 'Imply a degree of intent to cause pain'
- Stocking or glove type burn
- Absence of splash marks
- Demarcation lines
- Cigarette burns, often clustered



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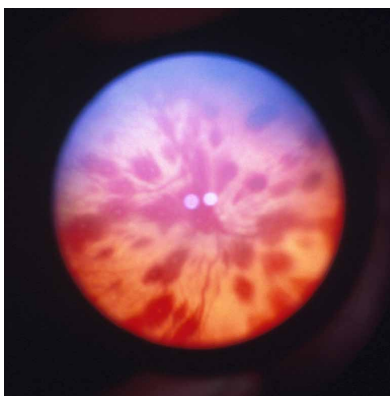
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Shaken Baby Syndrome

- Classic Triad
 - subdural haematoma,
 - raised intracranial pressure
 - retinal hemorrhages
- 20 seconds or less with probably 40-50 shakes



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Red Flags to Abuse

- Presentation with adult other than the adult responsible for the child at the time
- History inconsistency
- Delay in presentation to ED
- Unusual interaction with parent and child
- Unusual interaction with parents and staff



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Red Flags to Abuse

- Bruising, Physical evidence of abuse/neglect
- Conflicting stories about the accident.
- Injury blamed on sibling or other party.
- Injury inconsistent with level of development. i.e. 4 week old baby rolled off the bed.
- Complaint other than the one associated with abuse.



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ED Management of Abuse

- Maintain a high index of suspicion
- Maintain non judgmental outlook
- Ensure safety of child
- Avoid confrontation with parent
- Arrange admission if concerns for safety
- Provide logical explanation for admission (investigate bruising)
- Admit infants <12 months with major trauma



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Use a checklist!!!!

Is the history consistent?
 Was there unnecessary delay in seeking medical help?
 Does the onset of the injury fit with the developmental level of the child?
 Is the behavior of the child/the carers and the interaction appropriate?
 Are the findings of the top-to-toe examination in accordance with the history?
 Are there any other signals that make you doubt the safety of the child or other family members?

Louwers et al 2012



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Document

- Contemporaneous
- Accurate
- Uses direct quotes



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Provide Support



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Any questions?



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