



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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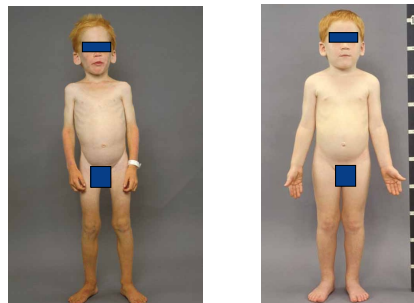
Neglect

- 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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Parental Characteristics

- Young (poor life skills)
- Single (no additional adult support)
- Poor understanding of child development (unrealistic expectations)
- Socially isolated (poor emotional support)
- History of abuse as child



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Child Characteristics

- Premature infants (mal attachment from separation and bonding)
- Twins (added stress - usually only 1 twin abused)
- Child from unwanted pregnancy
- "Difficult to rear" (sleep or health problems)
- Children with disabilities



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Red Flags to 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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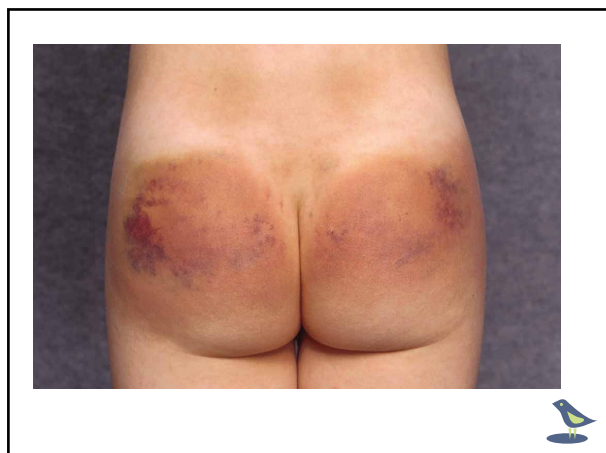
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Red Flags to Abuse-Bruising

- 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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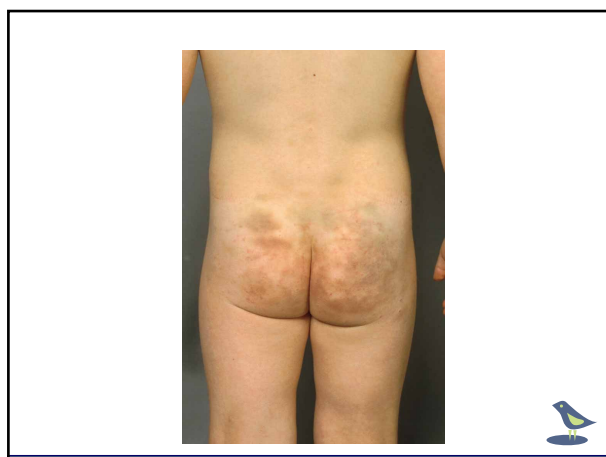


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Red Flags to Abuse-Bruising

- 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

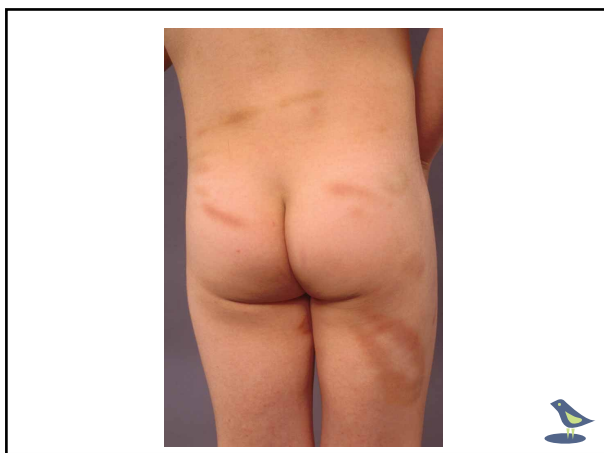
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Red Flags to Abuse-Fractures

- 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'
- Cigarette burns, often clustered

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Red Flags to Abuse

- Presentation with adult other than 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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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?

Louwens et al 2012

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Document

- Contemporaneous
- Accurate
- Uses direct quotes

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