

## Chapter 22

## CHILD ABUSE AND NEGLECT

Few social problems have as profound an impact on the well-being of children as child abuse and neglect. Each year in the United States, 3 million reports of suspected maltreatment are made to child welfare agencies. Approximately 1 million of these reports are substantiated after investigation by Child Protective Services (CPS). These reports represent only a small portion of the children who suffer from maltreatment. Parental surveys indicate that several million adults admit to physical violence against their children each year, and many more adults report abusive experiences as children. Federal and state laws define child abuse and neglect. Each state determines the process of investigating abuse, protecting children, and holding perpetrators accountable for their actions or inactions. Adverse childhood events, such as child abuse and neglect, increase the risk of the individual's developing behaviors in adolescence and adulthood that predict adult morbidity and early mortality. The ability to recognize child maltreatment and effectively advocate for the protection and safety of a child is a great challenge in pediatric practice that can have a profound influence on the health and future well-being of a child.

Child abuse is parental behavior destructive to the normal physical or emotional development of a child. Because personal definitions of abuse vary according to religious and cultural beliefs, individual experiences, and family upbringing, various physicians have different thresholds for reporting suspected abuse to CPS. In every state, physicians are mandated by law to identify and report all cases of *suspected* child abuse and neglect. It is the responsibility of CPS to investigate reports of suspected abuse to ensure the ongoing safety of the child. State laws also define intentional or reckless acts that cause harm to a child as crimes. Law enforcement investigates crimes such as sexual abuse and serious physical abuse or neglect for possible criminal charges against a perpetrator.

Child abuse and neglect are often considered in broad categories that include physical abuse, sexual abuse, emotional abuse, and neglect. Neglect is the most common, accounting for approximately half of the reports made to child welfare agencies. **Child neglect** is defined by omissions that prevent a child's basic needs from being met. These needs include adequate food, clothing, supervision, housing, health care, education, and nurturance. Child abuse and neglect result from a complex interaction of individual, family, and societal risk factors. Although some risk factors, such as parental substance abuse, maternal depression, and domestic violence, are strong risk factors for maltreatment, they are better considered as broadly defined markers to alert a physician to a potential risk, rather than determinants of specific abuse and neglect.

The ability to identify victims of child abuse varies by the age of the patient and the type of maltreatment sustained. Children who are victims of sexual abuse are often brought for medical care after the child makes a disclosure, and the diagnosis is straightforward. Physically abused infants may be brought for

medical evaluation of irritability or lethargy, without a disclosure of trauma. If the infant's injuries are not severe or visible, the diagnosis may be missed. Approximately one third of infants with abusive head trauma initially are misdiagnosed by unsuspecting physicians, only to be identified after sustaining further injury. Although physicians are inherently trusting of parents, a constant awareness of the possibility of abuse is needed.

## PHYSICAL ABUSE


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The physical abuse of children by parents affects children of all ages. It is estimated that 1% to 2% of children are physically abused during childhood and that approximately 1500 children are fatally injured each year. Although mothers are most frequently reported as the perpetrators of physical abuse, serious injuries, such as head or abdominal trauma, are more likely to be inflicted by fathers or maternal boyfriends. The diagnosis of physical abuse can be made easily if the child is battered, has obvious external injuries, or is capable of providing a history of the abuse. In many cases, the diagnosis is not obvious. The history provided by the parent is often inaccurate because the parent is unwilling to provide the correct history or is a nonoffending parent who is unaware of the abuse. The child may be too young or ill to provide a history of the assault. An older child may be too scared to do so or may have a strong sense of loyalty to the perpetrator.

A **diagnosis** of physical abuse initially is suggested by a history that seems incongruent with the clinical presentation of the child (Table 22-1). Although injury to any organ system can occur from physical abuse, some injuries are more common. Bruises are universal findings in healthy ambulatory children but also are among the most common injury identified in abused children. Bruises suggestive of abuse include those that are patterned, such as a slap mark on the face or looped extension cord marks on the body (Fig. 22-1). Bruises

**Table 22-1** Clues to the Diagnosis of Physical Abuse

A child presents for medical care with significant injuries, and a history of trauma is denied, especially if the child is an infant or toddler.

The history provided by the caregiver does not explain the injuries identified.

The history of the injury changes significantly over time.

A history of self-inflicted trauma does not correlate with the child's developmental abilities.

There is an unexpected or unexplained delay in seeking medical care.

Multiple organ systems are injured, including injuries of various ages.

The injuries are pathognomonic for child abuse.