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Connie Padera  
*College of DuPage*

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## Nursing, Child Abuse, and the Law

by Connie Padera

(English 1102)

**A** child comes into the hospital on your shift with a broken arm, accompanied by his father, who is offering a story of how the child fell while playing outside. This seems like a completely normal explanation; children can be quite reckless. Upon examination, however, you find multiple bruises splattered across the child's body, inconsistent with a recent fall that supposedly resulted in the child's broken arm. It becomes clear to you that this child's safety is at stake, but what should you do next? How should you help protect this child?

Recognizing child abuse and understanding the proper ways to respond to suspected maltreatment of a minor are important first steps toward protecting children. No one ever wants to assume the worst, but as a nurse you play a crucial role in the identification of children who may be at risk of abuse. It is your responsibility to consider all possibilities in a situation like the one previously described and to know how to intervene safely if necessary. Not only is it ethically right to intervene when the safety of a child is at risk, but as a nurse you also have the legal obligation to report suspected child abuse. Failure to do so may lead to being liable for the damage inflicted on that child.

Under federal law, a child is defined as anyone under the age of 18. Child abuse is defined by the Child Abuse Prevention and Treatment Act as "any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm" ("Child Abuse Prevention"). According to the Child Maltreatment Report in 2007, which is conducted yearly by the Children's Bureau of the U.S. Department of Health and Human Services, an estimated 3.2 million referrals of alleged child abuse or neglect were reported to authorities that year. Of these referrals, 794,000 children were confirmed to be victims of abuse or neglect (xii).

There are several categories of child abuse, including neglect, physical abuse, sexual abuse, and emotional abuse. All are equally dangerous to the child's health and safety as well as potentially damaging to the child's emotional well-being. Continuous abuse without intervention may lead to serious physical and emotional damage, both short and long term, and possibly even death.

Neglect is the most common form of child abuse, and according to the U.S. Department of Health and Human Services' 2007 Child Maltreatment Report, 60 percent of the children who were victims of abuse suffered from neglect alone (xiii). Neglect is defined as "the persistent failure to meet a child's basic physical and/or psychosocial needs which is likely to result in the serious impairment of the child's health or development" (Griffith, "Principles," 122). Neglect is most noticeable by individuals in close contact with the child, such as physicians, nurses, and teachers, as an ongoing pattern of insufficient care.

According to the American Humane Society, there are four defined types of neglect: physical, educational, emotional, and medical. Physical neglect accounts for most cases of maltreatment and "generally involves the parent or caregiver not providing the child with basic necessities," which include food, clothing, and shelter. Failure to care for the child's safety and emotional needs also fall under physical neglect, along with child abandonment or lack of supervision. Continuous physical neglect can lead to malnutrition, illness, physical harm due to low supervision, and a "lifetime of low self-esteem" ("Child Neglect").

The American Humane Society reports that emotional neglect, the “most difficult form of neglect to substantiate,” is often reported secondary to other neglect concerns. This form of neglect includes allowing a child to bear witness to extreme spousal abuse, permitting the use of drugs or alcohol, and refusing needed psychological care. Other parental behaviors considered to be emotional neglect include ignoring, rejecting, verbal assault, isolating, terrorizing, and exploiting the child. These actions can “lead to the child’s poor self-image, alcohol or drug abuse, destructive behavior, and even suicide (“Child Neglect”).

The two other forms of neglect described by the American Humane Society, educational and medical, involve a parent or caregiver’s failure to act. In the case of educational neglect, the parent or caregiver fails “to enroll a child of mandatory school age in school or provide appropriate home schooling.” Educational neglect can lead to serious problems in the child’s emotional well-being and normal psychological development, especially if the child has special educational needs. Medical neglect is described as “the failure to provide appropriate health care for a child (although financially able to do so).” This places the child at risk of “being seriously disabled or disfigured or dying.” Medical neglect includes not only refusal of care in “an emergency or for acute illness, but also when a parent ignores medical recommendations for a child with a treatable chronic disease” (“Child Neglect”).

In an article on the *Safe Child* website, Sherryll Krazier lists some of the various signs and symptoms of neglect that a nurse should be aware of when working with children. Some of the “observable indicators” that Krazier describes include dirty skin, foul body odor, unwashed or unkempt hair, tattered and unclean clothing, clothing that doesn’t fit, and clothing that isn’t weather appropriate. Krazier also lists some “indicators of poor health”, including drowsiness, puffiness under the eyes, bruises, and lacerations that have become infected. In addition to those more obvious indicators, Krazier maintains that a nurse might suspect neglect if a child comes into the hospital frequently or if the child has an illness or infection that has gone untreated.

Physical abuse, while less common than neglect, is the most visible and most easily detected form of child maltreatment. This form of abuse is defined by the American Human Society as “non-accidental trauma or physical injury caused by punching, beating, kicking, biting, burning or otherwise harming a child” (“Child Physical”). Physical abuse is most often a result of “inappropriate or excessive physical discipline”; however, there are many factors that might influence the parent or caregiver towards extreme discipline. These factors include “parents’ immaturity, lack of parenting skills, poor childhood experiences and social isolation.” Drug or alcohol problems, along with frequent crisis situations or domestic violence, can also lead to physical abuse of a child (“Child Physical”).

Since the physical abuse of a child is so easily visible, the signs and symptoms are much clearer to recognize. Kathleen Mulryan, one of the authors of an article on child abuse in *Nursing 2004*, states that, “Health care providers are often the first to identify and report physical abuse” (53). If a child has “suspicious bruises, burns, fractures, or lacerations,” it is necessary to question whether the injuries are signs of a natural accident or of abuse. Some of the common indicators of a nonaccidental injury include “trauma marks, such as bruises, welts, and lacerations . . . in various stages of healing”; imprint burns, which will indicate “the shape of an item such as an iron or cigarette tip”; “spiral fractures of the arms or legs, facial fractures, or rib fractures in young children”; head injuries, especially in “children under age two that are not explained by a severe trauma, such as a motor-vehicle accident”; and human bite marks<sup>1</sup> (Mulryan 53).

Behavior of a child should be carefully observed, as it can also indicate physical abuse, sometimes even when there are no visible signs. Mulryan explains in her article that the behaviors exhibited by a physically abused child can range wildly, usually depending on the “child’s development level and the severity and duration of abuse”. For example, a young child, who might “cling to strange adults,” will behave very different from an older child, who may “seem fearful

around his parents or other adults” (53).

Sexual abuse is defined in *Nursing2004* as “an adult using a child for sexual gratification, with or without physical contact” (Mulryan 53). The American Humane Society lists the various actions that are considered sexual abuse: Sexual offenses that involve physical contact include fondling, forcing a child to touch an adult’s genitals, and “penetrating a child’s vagina or anus – no matter how slight – with a penis or any other object that doesn’t have a valid medical purpose.” Sexual offenses that do not involve physical contact include indecent exposure to a child, intentionally exposing a child to pornographic material or sexual intercourse, and “masturbating in front of a child.” Actions such as “soliciting a child for the purposes of prostitution” and “using a child to film, photograph, or model pornography” are examples of sexual exploitation, which is another form of sexual abuse (“Child Sexual”).

The American Humane Society also notes that in the case of sexual abuse, the victimized child “may be the only witness and the child’s statements may be the only evidence” (“Child Sexual”). Therefore, if the child does not speak up, or if the child is not taken seriously or trusted, it can be very difficult to detect sexual abuse. Mulryan describes several physical indicators, including “pregnancy, sexually transmitted diseases, and vaginal or anal injuries” (53). But sexual abuse cannot be dismissed just because these symptoms are not present. Behavioral symptoms are often the biggest indicators of sexual abuse.

According to the American Humane Society, a child victim of sexual abuse may present behavioral changes that vary depending on the child’s age. A child up to age three might exhibit “fear or excessive crying, vomiting, feeding problems, bowel problems, sleep disturbances, or failure to thrive.” Children from ages two to nine might exhibit symptoms like “fear of certain people, places or activities, regression to earlier behaviors such as bed wetting, victimization of others, excessive masturbation, feelings of shame or guilt, nightmares or sleep disturbances, withdrawal from family or friends, fear of attack recurring, or eating disturbances.” Signs of sexual abuse in older children include “depression, nightmares or sleep disturbances, poor school performance, promiscuity, substance abuse, aggression, running away from home, fear of attack recurring, eating disturbances, early pregnancy or miscarriage, suicidal gestures, anger about being forced into a situation beyond one’s control, or pseudo-mature behaviors” (“Child Sexual”).

Emotional abuse, also referred to as psychological maltreatment, is defined by the American Humane Society as “a pattern of behavior by parents or caregivers that can seriously interfere with a child’s cognitive, emotional, psychological or social development” (“Emotional”). The American Humane Society details that emotional abuse can include “ignoring, either physically or psychologically”; rejection, which is “an active refusal to respond to child’s needs”; isolating, in which “the parent or caregiver consistently prevents the child from having normal social interactions . . . [and] may include confining the child or limiting the child’s freedom of movement”; verbal assault, including “constantly belittling, shaming, ridiculing, or verbally threatening the child”; terrorizing, similar to verbal assaulting, but more extreme and with the intention of evoking fear in the child; exploitation or corruption of the child, which is when “a child is taught, encouraged, or forced to develop inappropriate or illegal behaviors”; and neglect, as defined in earlier paragraphs (“Emotional”).

Actions that are considered to be emotional abuse are nearly identical to the actions that are considered emotional neglect, and usually emotional abuse will include actions of neglect and vice versa. Emotional abuse is also often linked to physical and sexual abuse, according to the American Humane Society, making it “a significant risk factor in all child abuse and neglect cases.” However, “emotional abuse that exists independently of other forms of abuse is the most difficult form of child abuse to identify and stop” (“Emotional”). Since physical evidence such as bruises or malnutrition are usually nonexistent, only the behavior and actions of the child can truly indicate emotional abuse. Behavioral indicators include “insecurity, poor self-esteem, destructive behavior, angry acts (such as

fire setting and animal cruelty), withdrawal, poor development of basic skills, alcohol or drug abuse, suicide, difficulty forming relationships, and unstable job histories” (“Emotional”). Unfortunately, most of these behaviors would be difficult to detect as a health care professional, because the time needed to observe these personality traits would be very limited.

Understanding and recognizing child maltreatment are only the first steps needed to help a victim of abuse. The next step is appropriate intervention, and the sooner intervention is accomplished, the higher the chance of survival and recovery will be for the child. Prolonged exposure to abuse can lead to significant, irreversible damage, both physical and emotional, and possibly even death. According to the U.S. Department of Health and Human Services, “an estimated 1,760 children died due to child abuse or neglect”, and of those 1,760 children who died, approximately 75% were under the age of four (xiii).

The short-term consequences of child abuse are the physical and behavioral indicators discussed previously. If a child is taken out of the abusive situation, these symptoms may disappear and the child can make a full recovery of physical and emotional health. However, sometimes the damage has already been made permanent, and even though the abuse has ceased, residual symptoms may still haunt the child, often pursuing them into adulthood.

Common long-term effects of child abuse, as noted by Mulryan in *Nursing2004*, include “difficulty trusting others, low self-esteem, anxiety, . . . anger, . . . depression, phobias, eating disorders, or sleep disturbances” (54). Aggressive behavior and attempted suicide are other common behaviors of child abuse victims. Child maltreatment will also very often lead to drug or alcohol abuse, along with an “increased risk of low academic achievement, juvenile delinquency, and adult criminality” (Mulryan 54). Victims of sexual abuse specifically might “engage in promiscuous behavior due to confusion between sex and affection or a distorted sense of normal sexual behaviors” (Mulryan 54). Also, according to Patricia Paluzzi and Abby Kahn, authors of a selection in the anthology *Child Abuse*, “parents with a developmental history characterized by child maltreatment and family violence are more likely to maltreat their own children later in life” (149). However, it is reported in “Abuse May Disrupt Brain Development in Children”, another selection from *Child Abuse*, that decreasing the duration of abuse will decrease the likelihood of developing these long-term effects (Harvard 132). This goes to show that early intervention significantly benefits in a healthy recovery.

Post-traumatic stress disorder (PTSD) is also discussed in the Harvard Mental Health Letter selection as an effect of childhood maltreatment: “People who suffer childhood maltreatment are more vulnerable to post-traumatic stress symptoms after further traumatic childhood or adult experiences because their bodies and brains have ‘learned’ that they cannot count on protection and solace in distressing situations” (133). PTSD actually causes chemical changes in the brain that in turn damage it beyond repair. Several studies reveal the irreparable damage done to the brain, including a study that “found a shrunken hippocampus in depressed women who were traumatized as children”, along with a study in which “women with post-traumatic stress disorder resulting from child abuse showed abnormal activity in the frontal lobes” (Harvard 134). Although there are drugs and psychological treatments that help treat PTSD, there is no solid cure that can repair the damage done to the brain or rid a victim of PTSD permanently.

After gaining a full comprehension of the types of child abuse and their symptoms, as well as the short and long term effects on the abuse victims, it is time to ask, “What comes next?” Next is learning how to protect the children, within the confines of the law. There are laws in place to protect children from maltreatment, laws that require nurses and other health care professionals to report suspected child abuse, and laws that will protect the nurses when they do report their suspicions.

All children have the right to “be safe, stay safe, enjoy and achieve through learning, make a positive contribution to society, and achieve economic well-being” (Griffith, “Legal,” 177), and it is up to the adults involved, including parents, teachers, and health care professionals, to ensure that

children have the support needed to do so. According to Vicky R. Bowden and Cindy Smith Greenberg, authors of *Pediatric Nursing Procedures*, health care professionals such as nurses are considered mandated reporters of sexual abuse. “Mandated reporters must notify the appropriate Child Protective Services agency when they have reason to suspect that a child is being abused or maltreated” (220). The purpose of the mandated reporting statute, as written in *Pediatric Nursing Procedures*, is “to identify abused and neglected children as soon as possible to protect them from further harm” (Bowden 220). The American Humane Society notes that “evidence or actual knowledge of abuse” is not needed to make a report; the only requirement is “reasonable cause, suspicion, or belief based on observations” (“What Should”).

Since nurses are required by law to take action if child abuse is suspected, there are laws that protect them from the retribution of the actions they take. It is stressed in *Pediatric Nursing Procedures* that confidentiality is crucial to protecting everyone involved, therefore “child abuse reports remain confidential, and disclosure of information is limited to official organizations designed to investigate child abuse” (Bowden 220). Another law protecting health care professionals states that “mandated reporters are provided immunity from civil and criminal liability as a result of making a report of known or suspected child abuse as long as the report was made in good faith and without malicious intent” (Bowden 220). However, by failing to report suspected child abuse a nurse may be guilty of a Class A misdemeanor, such as negligence or malpractice (Medi-Smart), and “may be civilly liable for damage caused by such failure” (Bowden 220).

Children are a blessing to this world, and should be treated as such. Children should be protected and loved. Sadly, this is not always the case. Millions of children are abused every year; thousands will die from the abuse. The various types of abuse and neglect are never ceasing, only growing. As medical health care professionals and therefore mandated reporters, nurses have the moral and legal responsibility to intervene when child abuse is suspected. It is up to the nurses to know the symptoms that indicate maltreatment. It is up to the nurses to know the legal action necessary to protect that child. It is up to the nurses to save a life.

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#### Note

<sup>1</sup> Human bite marks are distinguished from animal bite marks by the type of skin injury; a human bite mark will cause a contusion, where as an animal bite will tear the skin.

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