

- The parent or caregiver discloses that abuse has or may have occurred.
- The patient makes an outcry of abuse or neglect.

Caregiver–Child Interaction

The nurse can use the initial contact with the family to assess the interaction between the caregiver and the child. Observations of the caregivers should include emotional support for the child, attentiveness to the child's needs, and concern for the child's injury. Although caregivers and children may vary in responses to a stressful event, note an unusual caregiver–child relationship and factor this into the overall evaluation of the child.

Certain behavioral responses of the parents to their child and to the interviewer should alert the nurse to the possibility of maltreatment. Abusive parents may have difficulty showing concern toward their child. They may be unable or unwilling to comfort the child. Abusers may blame the child for the injuries or belittle him or her for being clumsy or stupid. When interacting with health care workers, the parent may become hostile or uncooperative. During the child's hospitalization, they may not participate in the child's care and may show little concern for his or her progress, eventual discharge, or need for follow-up care.

Abused children's responses to their parents or the injury may also support the suspicion of abuse. Although no one pattern is typical, extremes of behavior may be observed. Children may be unresponsive to the parent or excessively clinging and intolerant of separation. They may be overly attached to the abusive parent, possibly in the hope of preventing any upset that may precipitate anger and another attack. During care of the injury, children may be passive and accepting of the discomfort or uncooperative and fearful of any physical contact. They may avoid eye contact. Some children maintain a wary watchfulness of all strangers; some shy away from strangers as if frightened; others are unusually affectionate and outgoing.

History and Interview

Child Physical Abuse