

- Provide a private time and place to talk.
- Do not promise not to tell; tell them that you are required by law to report the abuse.
- Do not express shock or criticize their family.
- Use their vocabulary to discuss body parts.
- Avoid using any leading statements that can distort their report.
- Reassure them that they have done the right thing by telling.
- Tell them that the abuse is not their fault and that they are not bad or to blame.
- Determine their immediate need for safety.
- Let the child know what will happen when you report.

In interviewing the child and family, the nurse must be careful to avoid biasing the child's retelling of the events. Some experts suggest that health professionals limit the interview to the child's physical and mental health concerns and leave topics of the family's social, legal, or other problems to the police or the Child Protective Services ([Mollen, Goyal, and Frioux, 2012](#)). If this is not possible, make an effort to coordinate the interview process so that all pertinent health care professionals can be present for the interview.

Recognition of abuse or neglect necessitates a familiarity with both physical and behavioral signs that suggest maltreatment ([Box 13-5](#)). No one indicator can be used to diagnose maltreatment. It is a pattern or combination of indicators that should arouse suspicion and lead to further investigation. It is important to note that some situations (such as bleeding disorders, osteogenesis imperfecta, or sudden infant death syndrome) may be misinterpreted as abuse. Also, some cultural practices, such as cupping or coin rubbing (see [Health Practices, Chapter 2](#)), may mimic physical abuse. Unintentional injuries, such as burns from metal buckles on car seats, bruising from seat belts, or spiral fractures from a twist and fall injury, may also be wrongly diagnosed as abuse. Normal