

describing it as a “secret between us” that other people would take away if they found out.

- The offender plays on the child's fears, including fear of punishment by the offender, fear of repercussions if the child tells, and fear of abandonment or rejection by the family.

Incest most frequently occurs between siblings, but it may also be between fathers or stepfathers and daughters, or grandfather and granddaughter. Sibling incest has been found to have adverse outcomes during childhood that extend into adulthood and are just as damaging as father–daughter abuse ([Krienert and Walsh, 2011](#)). Victims may take years to disclose this abuse. However, not all incestuous relationships follow this pattern of silence. Reports of father–daughter incest during child custody conflicts have become more common and have raised serious concerns regarding the possibility of false accusation. Rather than tolerating or denying the child's sexual abuse, the other parent (usually the mother) is typically the chief accuser.

Nursing Care of the Maltreated Child

A critical responsibility of health professionals is identifying abusive situations as early as possible. Nurses who increase their knowledge of the different types of abuse and neglect and underlying causes will enhance their ability to identify, intervene, and prevent children from maltreatment and neglect ([Lyden, 2011](#)). The characteristics that may predispose members of some families to commit abuse can serve as a framework for assessing vulnerability but are never predictive of actual abuse. A careful, detailed history and interview combined with a thorough physical examination are the diagnostic tools needed to identify abuse. Nurses have a special role because they may be the first person to see the child and parent and are the consistent caregivers if the child is hospitalized (see [Nursing Care Guidelines](#) box).

Nursing Care Guidelines

Talking with Children Who Reveal Abuse