

within the past 72 to 96 hours should be considered for forensic testing.

Unfortunately, there is no typical profile of the victim, and the nurse must have a high index of suspicion to identify these children. Physical signs vary and may include any of those listed for sexual abuse. The victim may exhibit various behavioral manifestations, but none of these behaviors is diagnostic. When abused children exhibit these behaviors, the signs may be incorrectly attributed to the normal stresses of childhood, especially in older school-age children or adolescents. Even signs considered most predictive of sexual abuse (such as certain genital findings, sexually inappropriate behavior for age, enactment of adult sexual activity, and intense focus on sexual activity [e.g., masturbation]), do not always indicate that sexual abuse has occurred. Conversely, abused children may not demonstrate more knowledge of sexual activity than non-abused children. However, one difference in the abused children's explanation of sexual activity may be unusual affective responses. For example, abused children have an increased risk for conduct disorders, aggressive behavior, and poor academic performance (Dubowitz and Lane, 2016).

Nursing Alert

When children report potentially sexually abusive experiences, take their reports seriously but also cautiously to avoid alarming the child or falsely accusing someone.

Physical Assessment

Child Physical Abuse

The goal of the physical assessment for child physical abuse is identification of all injuries. A system approach ensures that the whole body is evaluated. In instances of severe abuse and injuries, the assessment should begin with a rapid assessment of airway, breathing, circulation, and neurologic systems. A systematic head-to-toe examination follows. Attention to areas often overlooked, such as the scalp, behind the ears, and the frenulum, is essential. The child's exterior genital area and posterior surface should be completely examined.