



Pediatric Clips

NURSING

*April is National Child Abuse Prevention Month—
Your role as a nurse, Mary Ormond, RN, MS, CPNP*

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Pediatric Nursing Clips from Pediatric Advanced Practice Nurses at Dayton Children's are quick reviews of common pediatric conditions.

The Children's Medical Center is the region's pediatric referral center for a 20-county area. As the only facility in the region with a full-time commitment to pediatrics, Children's offers a wide range of services in general pediatrics as well as in 35 subspecialty areas for infants, children and teens. We welcome your inquiries about services available — call 937-641-3666 or e-mail marketing@childrensdayton.org.

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CASE STUDY

A school nurse receives a visit from a 6-year-old girl named Jasmine. When asked what is the matter, Jasmine replies that her tummy has been hurting for a

long time. Upon further questioning, she adds "ever since I was at Grandma's house for Easter. My uncle Bobby was there and he hurt me." The child also tells the nurse

that Bobby put his fingers inside her "pee pee" and it hurt. She starts to cry. If you were that school nurse, what would you do next?

CASE DISCUSSION

In the case above, there is a disclosure of sexual abuse, which is one form of child maltreatment. Most sexually abused children are victims of someone they know who is older, and on whom they depend. It is very difficult for the child to disclose the sexual abuse, and the reaction of those to whom they disclose may influence what the child does next. The child may perceive that the person they are disclosing to thinks they are lying, that they are disgusting, or that they "asked for it." After disclosure, the child may be met with any or all of the following situations: questioning by school officials; reactions and questions of family and friends; separation from parents and/or siblings; visit to an emergency department; more questioning; a medical examination; interview by investigators from Child Protective Services (CPS) and law enforcement. So, from the child's perspective, disclosure can be very scary and difficult.

MANDATED REPORTING

Every state has laws that require nurses and other professionals to report suspected child abuse and/or neglect to a CPS agency, which investigates such allegations. When child abuse has been disclosed, the law requires it to be reported. Schools, hospitals and other institutions may have protocols on reporting so that a specific individual actually makes the report on behalf

of the institution. This usually is a telephone call to the county CPS where the child resides. After suspected sexual abuse is reported to the authorities, the alleged child victim will be interviewed. CPS and law enforcement investigators have received increasingly specialized training in the techniques of interviewing children.

MEDICAL EXAMINATION

A medical exam should be considered for all children who disclose sexual abuse. This could be performed by a primary care provider (PCP), specialty clinic (child abuse) or in an emergency department (ED). An ED referral should be considered if there are acute injuries or symptoms that are unable to be evaluated at the child's present location or if the last sexual contact with the alleged perpetrator was within 72 hours. Possible forensic evidence can be collected and acute injuries can be thoroughly evaluated in the ED for these presentations. Children who have been seen for acute abuse in the ED can also be seen for follow-up exams by a specialty clinic or PCP's office.

It is common for victims of child sexual abuse to have normal physical examination findings. In fact, diagnostic physical findings of sexual abuse are observed in less than 10 percent of victims, even with a history of penetration and when examined relatively soon

after the abuse.¹ There are several potential explanations for the lack of physical findings.² One reason is that child sexual abuse tends to gradually escalate in severity and involves nonviolent acts, in contrast to the physical violence often involved in adult sexual assaults. Since there are not usually findings from the physical examination, the most important information to gather during the visit is the history.

PREVENTION OF CHILD MALTREATMENT

Federal research spending for child maltreatment has not kept pace with our understanding of it as a public health problem. In fiscal year 2000, federal spending for research on child abuse was \$22 per victim, compared to \$4665 per HIV/AIDS patient and \$4398 for each cancer patient.³

With respect to primary prevention, home visitation by nurses during the first 2 years after birth of the child has been shown to have long-term positive effects, including a reduction in child abuse and neglect.⁴ Programs designed to prevent child sexual abuse have generally targeted potential victims, not potential perpetrators.⁵ They tend to be provided in the preschool and early elementary school years, and have shown some promise. Darkness to Light is a national program whose mis-

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sion is to shift responsibility to adults by providing specific educational programs and public awareness about this problem.

PCPs and nurses who see children can also play a role in child abuse prevention. Prevention efforts should aim to increase understanding of the risk and consequences of sexual abuse and incorporate healing for families who have dealt with abuse while taking into account the developmental levels of families and their children.⁶

REFERENCES

1. Heger A, Ticson L, Velasquez O, Bernier R. Children referred for possible sexual abuse: medical findings in 2384 children. *Child Abuse Negl.* 2002;26:645-659.
2. Heppenstall-Heger A, McConnell G, Ticson L, Guerra L, Lister J, Zaragoza T. Healing patterns in anogenital injuries: a longitudinal study of injuries associated with sexual abuse, accidental injuries, or genital surgery in the preadolescent child. *Pediatrics.* 2003;112:829-837
3. Finkelhor D, Daro D. Prevention of child sexual abuse. In: Helfer ME, Kempe RS, Krugman RD, eds. *The Battered Child.* 5th ed. Chicago: The University of Chicago Press; 1997:615-626.
4. Olds DL, Eckenrode J, Henderson CR Jr, Kitzman H, Powers J, Cole R, Sidora K, Morris P, Pettitt LM, Luckey D. Long-term effects of home visitation on maternal life course and child abuse and neglect. Fifteen-year follow-up of a randomized trial. *JAMA.* 1997;278:637-643.
5. Prevent Child Abuse America. For every dollar spent on treatment of child abuse, U.S. spends only one penny on prevention. Prevent Child Abuse America. Chicago, IL. 2000. Available at <http://www.preventchildabuse.org> Accessed March 5, 2004.
6. Overstolz, G. Prevent child sexual abuse. *Advance for Nurse Practitioners.* 2001;9:52.

FEATURED NURSE SPECIALIST



MARY ORMOND, RN, MS, CPNP, is an independent nurse practitioner with The Children's Medical Center, in the

CARE clinic. In this setting, Mary is one of two providers, along with Ralph Hicks, MD, who examines, evaluates and treats children with suspected child abuse issues. Mary also is a member of a multidisciplinary Child Abuse Review and Evaluation team

(CARE), participates in and develops research studies and testifies in court regarding suspected child abuse cases.

Throughout her career, Mary has worked in various capacities as a registered nurse, with a main focus on pediatrics. Mary earned her second Master's Degree in Child and Adolescent Health Care from Wright State University. She successfully obtained certification as a pediatric nurse practitioner in July 2003.

For more information about CARE clinic, call CARE House at 937-512-1670 or contact Mary Ormond, CPNP, at 937-641-4547.

PEDIATRIC NURSING CLIPS

The Advanced Practice Nurses' (APN) council at Dayton Children's produces Pediatric Nursing Clips, a bimonthly newsletter designed to share research and project news, clinical ideas, information and resources with other nurses throughout the region.

We want to make sure that we publish articles that will assist you in your practice. If you have suggestions, topics or information needs that you would like to see reviewed and published, please contact Cindy Asher, RN, CNS, Dayton Children's at asher@childrensdayton.org.



For further information about The Children's Medical Center of Dayton or its nursing program contact the nursing recruiter at 937-641-3666 or marketing@childrensdayton.org.



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