

Preface

... something I learned in 1968 when I walked into the University of Colorado School of Medicine as a pediatric intern. I learned then, from [C.] Henry Kemp, that child abuse and neglect is not just a medical problem, a social problem, or a legal problem. It is ultimately a child's and a family's problem, and solving it requires each of us in medicine, social work, law enforcement, the judiciary, mental health, and all related fields to work together for that child and family.

Krugman (1991, p. 101)

Child abuse and neglect is a major threat to the health and well-being of children throughout the world. Maltreatment has long been known to occur primarily in the family setting and is a problem firmly rooted in the pattern of caregiving provided to the child (Ludwig & Rostain, 1992). Historical review and cultural studies indicate that caregivers have maltreated children in all cultures and nations of origin (Hobbs, Hanks, & Wynne, 1993; Korbin, 1987; Lazoritz, 1992; Levinson, 1989; Radbill, 1987; Solomon, 1973). Over the past decade, we have seen growth of the child protection movement, a steady increase in the professional literature dealing with child abuse and neglect, increased public awareness of the issues surrounding child maltreatment, and the promulgation and enactment of model legislation. Despite a greater focus on the issues of abuse, child abuse and neglect remain a major problem facing children and families today (CM, 2008).

The revised manual, *A Practical Guide to the Evaluation of Child Physical Abuse and Neglect (2nd edition)*, is intended as an updated resource for health care professionals. Many of the new photographs that have been included in this revision came from the teaching archive at Texas Children's Hospital and we recognize the dedication and commitment of medical photographer, Jim deLeon, who tirelessly sought to serve children and families during his quarter century of service at the hospital. It is the purpose of the text to help increase knowledge of abuse and provide easy access to basic information concerning the health care evaluation of a child suspected of

having been physically abused or neglected. The manual provides a framework from which to comprehensively evaluate the child and draws upon the most up to date literature for the available evidence to support best practices. The intended audience for the manual includes health care providers and related professionals who work with abused children, including physicians, nurses, nurse practitioners, clinical social workers, mental health professionals, and child protection workers. Law enforcement personnel and attorneys may use the manual as a resource when working with children and families. The text provides practical information with a balance between the areas of content and the comprehensiveness of material included. The authors include clinically relevant information to guide the initial interview, examination, and the accurate documentation of the evaluation of a child who may have been physically maltreated. Toward that end, the ultimate goal of this manual is to assist the professional in performing and documenting a complete and accurate evaluation.

The text uses the terms *health care professional* and *health care provider* interchangeably in recognition that many disciplines provide care to abused and neglected children and their families. The term *parenting* is often subsumed in the term *caregiving* to indicate the practices and actions to which the child is subject.

... a short historical reflection on professional attention to child abuse and neglect:

In undertaking the revision process to produce the second edition, we had the opportunity to reflect upon the professional journey that our field has been traveling upon. This is most clearly illustrated by the trajectory of our peer-reviewed literature regarding child abuse and neglect.

Although child abuse is as old as recorded history, it has become an issue for pediatricians only in the mid-20th century. John Caffey first described the association between subdural hemorrhage and long bone fractures in 1946 (Caffey, 1946). He recognized that both were traumatic in origin but did not recognize the causal mechanism. Caffey thought that trauma leading to these injuries was either unobserved or denied because of negligence. In one reported case, Caffey (1946) raised the possibility of inflicted trauma but stated that the “evidence was inadequate to prove or disprove [intentional mistreatment]” (p. 172). In the early 1950s, Frederic Silverman (1953) emphasized the repeated, inflicted nature of the trauma, despite denial by caregivers. Subsequent medical literature contained reports of abuse, but little attention was given to the issue. It was not until C. Henry Kempe and his colleagues coined the term “battered child” in 1962 that the medical and legal communities took action (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962).

Within a few years, most states in the US had adopted abuse-reporting statutes (Heins, 1984). By 1967, all fifty states had some form of legislation regarding child maltreatment (Fontana & Besharov, 1979; Heins, 1984). Legislative efforts culminated in a 1974 federal statute called the Child Abuse Prevention and Treatment Act (PL 93-247). This law focused national concern on the prevention, diagnosis, and treatment of child abuse. Model legislation was part of this effort, and states were encouraged to evaluate their statutes and adequately address the issues of child abuse and neglect.

Of historical interest, Kempe first used the term battered child in a 1961 address to the American Academy of Pediatrics to describe young children who were victims of serious physical abuse. Subsequently, he and his colleagues published a study by the same name in 1962 (Heins, 1984; Kempe et al., 1962). The first description was of children generally younger than 3 years old, often with evidence of malnutrition and multiple soft tissue injuries. Subdural hemorrhages and multiple fractures were commonly found. Kempe et al. (1962) also included children with less severe or isolated injuries in their description of the battered child. Although any child with an inflicted injury has been battered, the term battered child is typically used to describe a child with repeated injuries to multiple organ systems. Health care providers who treat children should be able to identify those who are severely abused and injured and should know how to respond accordingly as well.

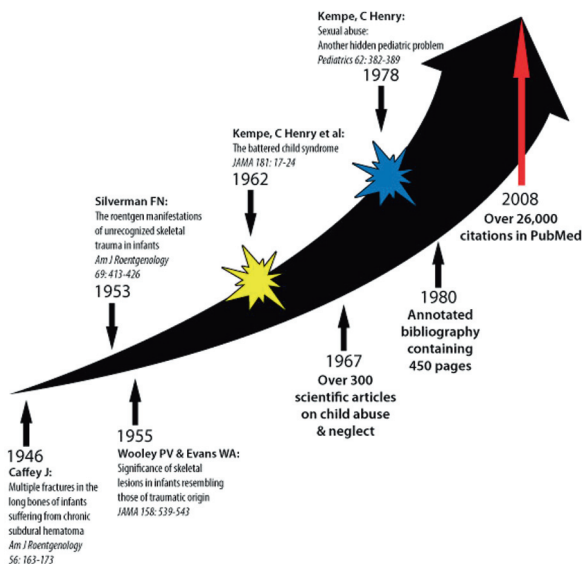
Fontana, Donovan, and Wong (1963) extended the early conceptualization of child abuse to include forms beyond physical injury by introducing the term maltreatment syndrome. Maltreatment included both battered children and children who were poorly fed and inadequately supervised. Fontana et al. (1963) added neglect to the evolving description of child abuse.

The original articles by Caffey (1946), Silverman (1953), Kempe et al. (1962), and Fontana et al. (1963) provide the modern medical history of child abuse. Their insight and persistence set the stage for the recognition of child abuse as a pediatric problem and resulted in an outpouring of medical, social, and psychological literature dealing with abuse and neglect.

Thirty years after the Kempe et al. (1962) article, Dr. Richard Krugman (1992), then the director of the C. Henry Kempe National Center for Prevention of Child Abuse and Neglect, observed how far the child protection movement had come in a short time. He compared the 1962 figure of 447 reported victims of battering to the 1991 estimate of 2.7 million reports of abuse (Krugman, 1992). Krugman stressed the staggering disparity between 447 cases and 2.7 million reports, even if not all reports of abuse result in a determination of maltreatment. In addition, Krugman (1992) observed that the 1991 estimate of 2.7 million reports of abuse did not account for the number of unreported cases that were either not suspected, misdiagnosed, or simply not reported. Figure 1 shows the exponential growth of the professional literature moving from occasional articles to an evidence base of hundreds and now thousands of peer-reviewed articles currently available.

Child abuse and neglect is now regarded as a public health problem throughout the globe. It is recognized as part of continuum of violence and victimization against the vulnerable that includes other forms of family violence as well. Paolo Sergio Pinheiro in his August, 2006 report to the UN General Secretary made clear that there can be no compromise in challenging violence against children: "Children's uniqueness—their potential and vulnerability, their dependence on adults—makes it imperative that they have more, not less, protection from violence." (The United Nations Secretary General's Study on Violence Against Children, 2006, p. 5)

It is the responsibility of the health care professional to conduct the health care evaluation of the child suspected of having been abused or neglected, to consider a broad differential diagnosis, and to accurately identify the child's condition based



on the information available. Working in the context of a multidisciplinary team, the health care provider then participates in the investigation and works to ensure proper medical and community action involves treating the child's existing injuries and ensuring protection from future injury.

... how the book is organized:

The manual is organized into four main sections, as follows. Part I contains Chapters 1 and 2 which provide an overview on the phenomenon of child abuse and neglect and offer a general approach to the evaluation of the maltreated child. The need for a systematic and comprehensive approach in the evaluation of suspected child maltreatment cases is highlighted. In addition, the authors support an interdisciplinary evaluation to enhance attention to both physical and psychosocial aspects and to facilitate the development of comprehensive treatment plans that build upon each discipline's different skills and perspectives.

Part II, composed of Chapters 3, 4, 5, 6, 7, 8, and 9 address specific forms of maltreatment such as skin injury, abusive head trauma and neglect. Each of these chapters addresses mechanisms of the specific type of injury, characteristic findings, clinical approach, differential diagnosis, and proposed treatments where applicable. Some information is repeated in several chapters to allow for those providers who may need to use a specific chapter as a reference when working with a child with a given symptom or finding. When more detailed information is available in a related chapter, the reader is referred there as well. In addition, Chapter 9 concludes with current information on the evaluation of child fatalities including information on the postmortem examination.

Part III, includes Chapters 10, 11 and 12 and addresses the relationship of child maltreatment to children with special needs, the overlap of intimate partner violence with child maltreatment and on approaches to the prevention of child abuse and neglect. Finally, Part IV comprised of Chapters 13, 14, 15, and 16 covers a number of the issues related to the teamwork so essential to the evaluation and investigation of child abuse and neglect. Overarching team issues as well as specifics related to psychosocial assessment and interaction with the child protection system are addressed as well as, legal issues, and the important interface with mental health professionals that may occur in cases of suspected and substantiated abuse and neglect. These chapters are intended to give more detail regarding these critically important issues.

In conclusion, this manual is written to assist the health care provider in performing a systematic evaluation of the child suspected of abuse or neglect. It is our hope that as the clinician develops greater expertise in the evaluation of the maltreated child, he or she will recognize patterns suggestive of physical abuse and neglect more easily, be better able to complete the appropriate medical and psychosocial evaluations of the child, and become more cognizant of the ultimate responsibility to work with other professionals and agencies to ensure the safety and recovery of the victimized child. We believe that the needs of the child and family are best served by knowledgeable health care professionals who clearly understand their role as health care provider and child advocate. We agree with Dr. Krugman that in the final analysis, child abuse and neglect is a “child’s and a family’s” problem and we hope that this book helps health care professionals assist children and families as they confront this challenge.

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