Children’s Hospital Association Child Maltreatment Practice Questions

Three-month-old Paul has been brought into the Emergency Department by his parents. The mother says that when she returned home from work, the infant was listless, and his eyes were rolling back in his head. The babysitter told the mother that Paul had been fine all day and she did not know what had happened. Paul’s parents are very concerned. Which of the following could be considered a concern for physical abuse?

1. As you are listening to the mother, you take into consideration that this may be an incident of child abuse and/or neglect. Why are you considering this?

    A. Paul’s mother and father are both in the room with him in the Emergency Department.
    B. The parents waited a day to bring Paul to the Emergency Department.
    C. The parents were not present when the child became symptomatic.
    D. The patient was just seen in the Emergency Department for fever and cough two days prior.

For each scenario, select the type of maltreatment.

2. Six-year-old Nicholas complains of frequent bad dreams and inability to sleep during the night. He stutters when speaking and is antisocial with his kindergarten classmates. His parents are often placing unreasonable demands on him. Neighbors have also heard them belittling him and calling him names. Which type of maltreatment may he be experiencing?

    A. Neglect
    B. Physical Abuse
    C. Psychological Abuse
    D. Sexual Abuse

3. Seven-year-old Sarah has never been to the dentist. Her parents are both attorneys who have busy work schedules to keep. Sarah's teeth are discolored, and she complains of teeth pain. Which type of maltreatment may she be experiencing?

    A. Medical Child Abuse
    B. Neglect
    C. Physical Abuse
    D. Psychological Abuse

4. Seven-month-old Tommy is brought to the Emergency Department with a swollen lower arm. This is the second time he has been brought in and

diagnosed with a fractured arm. Which type of maltreatment may he be experiencing?

A. Medical Child Abuse
B. Neglect
C. Physical Abuse
D. Sexual Abuse

5. Ten-year-old Jackie stays with her uncle while her parents are at work. Jackie has been begging her mother to stay home from work and is frantic when her mother leaves her. She has been complaining of frequent headaches and stomach aches. The mother takes her to the doctor. Which type of maltreatment may she be experiencing?

A. Human Trafficking
B. Physical Abuse
C. Psychological Abuse
D. Sexual Abuse

The mother of 18-month-old Bobby has brought him to the Emergency Room with severe burns. Bobby's mother states that she forgot to secure the baby gate at the kitchen door, and Bobby walked into the kitchen, then pulled a pot of boiling water off the stove. Mom adds that Bobby has been "naughty" recently. She is a single parent.

A thorough physical exam reveals deep partial thickness burns on Bobby's outer buttocks, upper thighs, and genital area. The central area of his buttocks does not appear to be as severely burned. There are no splash marks, blisters or any type of burns on the front or upper part of Bobby's body, and no other injuries are seen.

6. The health care team is concerned that Bobby's burns are not accidental and that he has been abused. Which of the following statements are correct?

A. According to the history given by the mother, Bobby should have burns on his head and upper body.
B. Deep partial thickness burns would be expected based on the history provided by the mother.
C. If splash marks were present, that would indicate intentional submersion in hot water to cause the burns.
D. This is not a case of abuse based on the history given by the mother and clinical findings.

Suspecting that Bobby's burns were intentional, the health care team reported their suspicions to Child Protective Services (CPS) and the police. Both a CPS investigator and law enforcement personnel came to the hospital and interviewed Bobby's mother, along with the health care team members.

7. When the clinician is charting the assessment and care of Bobby, it is important to note which of the following? *Select all that apply:*

A. Detailed description of the injuries
B. Direct quotes specifically stating who is telling what.
C. The reason you believe the child's injury is not non-accidental.

Two days after Bobby's admission, his mother did admit to immersing him in hot water as punishment for soiling his pants while she is trying to toilet train him. Law enforcement charged Bobby's mother with endangering the welfare of a child and domestic assault, and Bobby's grandmother was given temporary custody of him.

8. The primary clinician is later subpoenaed to testify in court. Who should the clinician contact? *Select all that apply:*

A. Hospital attorney
B. Hospital risk manager
C. No one is needed to contact at this time.

9. The clinician is working in the Emergency Department when a 6-year-old Cambodian boy arrives with a chief complaint of fever and cough of five days duration. When the provider lifts the child's shirt to auscultate his lung sounds, numerous linear bruises are seen along the child's rib cage. Which of the following should be the providers first action?

A. Ask the parents if they can tell us about the marks on their son's chest.
B. Ask the parents if, before he became ill, the child was injured.
C. Call the physician to examine the marks; they may be due to bleeding disorder.
D. Call the physician to request a social service consult; child abuse is suspected."

10. Which of the following emergency room patient scenarios may represent the potential for child abuse?

A. A father brings his 3-year-old son to the ER. The father reports that his son grabbed a pot off the stove, spilling hot water and burning his head and face; a burn with splash marks is noted on the right side of the face and upper right arm.
B. The mother reports her 4-year-old daughter fell off her bike and appears to have had a seizure; mild abrasions are noted on the child's left shoulder and left hip.
C. The mother reports that her 7-year-old son was jumping off a tree swing in the backyard while she was inside; both wrists are broken.

D. The mother reports the babysitter told her that her 6-week-old infant rolled off the couch; bruises are noted around the infant's chest.

11. Clinical management for child maltreatment includes careful history taking, a complete physical exam including tests to rule out other conditions, provisions of appropriate care and which of the following?

A. A safe disposition plan, including follow-up care
B. Notification to the child's school counselor
C. Prompt removal of the child from the home environment
D. The physician taking protective custody of the child

12. When suspected abuse is identified, interviews may be conducted by designated personnel in the hospital. Which of the following statements is correct procedure when performing the interview?

A. Only law enforcement can conduct the interview.
B. The caregiver should be separated from the child during the interview.
C. The interview must be conducted within 24 hours of admission to the hospital.
D. The interview should be conducted in an open setting.

13. When explaining to a new clinician the reporting requirements for a child of suspected abuse, which of the following is considered a mandated reporter in all states?

A. Lab courier
B. Nurse
C. Pharmacist
D. Unit secretary

14. Which of the following risk factors can lead to the highest probability for parents to engage in abusive behavior?

A. Appropriate emotional maturity
B. Easy access to childcare and preschool
C. Lack of parenting skills
D. Small family size

15. A mother brings her 3-year-old daughter to the ED with concerns of possible abuse by her older brother. Following the interview process and initial assessment, the clinician determines reasonable suspicion that sexual abuse

has occurred. Knowing a safety plan needs to be in place before discharge, what would be an appropriate next step?

A. Law enforcement would be notified so the brother would be removed from the home and the child safety discharged.
B. The child would be discharged home once the mother agrees to constantly stay with the child.
C. The child would most likely be admitted for observation until the suspicions of abuse in the home can be more fully investigated.
D. The clinician with the most information about the situation would notify Child Protective Services and request an emergency response.

16. The clinician is caring for 14-month-old Joey, who is brought to the emergency room with red, circular marks over the back and abdomen. The mother, Talia, states the child has been in the grass and has gotten chigger bites. Since the findings are inconsistent with what the mother reports, which of the following types of abuse are you concerned about?

A. Emotional abuse
B. Neglect
C. Physical abuse
D. Sexual abuse

When speaking with Talia, she admits to burning the child with a cigarette because he wouldn't stop crying. She states, "I'm so overwhelmed, I don't have any family support and sometimes Joey just doesn't stop crying! I'm trying to work a full-time job while finishing my GED and taking care of my child all by myself."

17 Which of the following are risk factors related to an increase in probability of child abuse?

A. Children under the age of 4 and low education level
B. Co-parenting strategies with set schedule to care for child.
C. Lack of understanding of the children's need
D. Small number of children and nonbiological caregivers in the home

18. Which of the following questions would be most appropriate as the designated, trained child abuse advocate conducts an interview with Talia?

A. Can you tell me more about the stressors you're experiencing at home?
B. Did Joey stop crying in response to you burning him?
C. Have you abused him in other ways before?
D. How long was Joey crying before you decided to burn him with a cigarette?

19. The team has concluded that a report needs to be filed as a result of the physical findings on Joey and based on the mother's interview with the child abuse advocate. Which of the following is true regarding reporting and informing Talia of the plan of action?

A. A designated team member should inform Talia of the report that will be filed and continue to provide a supportive relationship with her as able.
B. Even though Talia admitted to using a cigarette to burn Joey, he is not in imminent danger therefore the medical team is not required to file a report.
C. Since Child Protective Services (CPS) was contacted, Joey will be removed from the home immediately.
D. Since the reason for abuse was plausible based on the mother's stressors at home, there is no need to file a report.

Child Maltreatment Practice Questions – Answers

Three-month-old Paul has been brought into the Emergency Department by his parents. The mother says that when she returned home from work, the infant was listless, and his eyes were rolling back in his head. The babysitter told the mother that Paul had been fine all day and she did not know what had happened. Paul's parents are very concerned. Which of the following could be considered a concern for physical abuse?

1.As you are listening to the mother, you take into consideration that this may be an incident of child abuse and/or neglect. Why are you considering this?

A. Paul's mother and father are both in the room with him in the Emergency Department.
B. The parents waited a day to bring Paul to the Emergency Department.
C. The parents were not present when the child became symptomatic.
D. The patient was just seen in the Emergency Department for fever and cough two days prior.

That is correct!

At the federal level, the Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as, at minimum:

- "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation"; or
- "An act or failure to act which presents an imminent risk of serious harm."

It is concerning that Paul's parents waited a day to bring him to the Emergency Department knowing that he was acting abnormally. This should alert the clinician to the possibility of physical child abuse.

For each scenario, select the type of maltreatment.

2.Six-year-old Nicholas complains of frequent bad dreams and inability to sleep during the night. He stutters when speaking and is antisocial with his kindergarten classmates. His parents are often placing unreasonable demands on him. Neighbors have also heard them belittling him and calling him names. Which type of maltreatment may he be experiencing?

A. Neglect
B. Physical Abuse
C. Psychological Abuse
D. Sexual Abuse

That is correct!

Children suffering from psychological abuse, also known as emotional abuse, may experience traits such as sleep disorders, speech disorders and inhibition of play. Additional behaviors that may indicate psychological maltreatment include:

- Failure to thrive or deficits in growth and development.
- Conduct disorders (antisocial or destructive behaviors)
- Habit disorders (head banging, sucking, rocking, biting)
- Delinquent behavior
- Psychoneurotic reactions (hysteria, obsession, compulsions, phobias, hypochondria)
- Depression, low self-esteem, suicidal thoughts and behaviors, overachievement, aggression, bullying behaviors

3.Seven-year-old Sarah has never been to the dentist. Her parents are both attorneys who have busy work schedules to keep. Sarah's teeth are discolored, and she complains of teeth pain. Which type of maltreatment may she be experiencing?

A. Medical Child Abuse
B. Neglect
C. Physical Abuse
D. Psychological Abuse

That is correct!

Sarah's dental care has been neglected. Neglect is commonly defined in state law as failure of a responsible caregiver to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, or well-being are threatened.

4. Seven-month-old Tommy is brought to the Emergency Department with a swollen lower arm. This is the second time he has been brought in and diagnosed with a fractured arm. Which type of maltreatment may he be experiencing?

   A. Medical Child Abuse

B. Neglect
C. Physical Abuse
D. Sexual Abuse

That is correct!
Tommy may be the victim of physical abuse as indicated by the repeated fractures to the same site. Physical abuse is defined as any nonaccidental physical injury resulting from punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object) burning, or other harm. In the case of physical abuse to a child, the abuse is caused by the person responsible for the child (parent or caregiver).

5. Ten-year-old Jackie stays with her uncle while her parents are at work. Jackie has been begging her mother to stay home from work and is frantic when her mother leaves her. She has been complaining of frequent headaches and stomach aches. The mother takes her to the doctor. Which type of maltreatment may she be experiencing?

   A. Human Trafficking
   B. Physical Abuse
   C. Psychological Abuse
   D. Sexual Abuse

That is correct!
All these signs may indicate sexual abuse. Sexual abuse is defined as a person employing, using, persuading, inducing, enticing or coercing any minor, who is not the person's spouse, to engage in any sexual act including, but not limited to, intercourse, inappropriate touching and sexual exploitation.

The mother of 18-month-old Bobby has brought him to the Emergency Room with severe burns. Bobby's mother states that she forgot to secure the baby gate at the kitchen door, and Bobby walked into the kitchen, then pulled a pot of boiling water off the stove. Mom adds that Bobby has been "naughty" recently. She is a single parent.

A thorough physical exam reveals deep partial thickness burns on Bobby's outer buttocks, upper thighs, and genital area. The central area of his buttocks does not appear to be as severely burned. There are no splash marks, blisters or any type of burns on the front or upper part of Bobby's body, and no other injuries are seen.

6. The health care team is concerned that Bobby's burns are not accidental and that he has been abused. Which of the following statements are correct?

A. According to the history given by the mother, Bobby should have burns on his head and upper body.
B. Deep partial thickness burns would be expected based on the history provided by the mother.
C. If splash marks were present, that would indicate intentional submersion in hot water to cause the burns.
D. This is not a case of abuse based on the history given by the mother and clinical findings.

That is correct!
The history provided by the mother and Bobby's presentation indicate the burns were caused by abuse. If Bobby would have really pulled a pot of boiling water off the stove, he would have burns to his head and upper body not his buttocks, thighs and genital area.

Suspecting that Bobby's burns were intentional, the health care team reported their suspicions to Child Protective Services (CPS) and the police. Both a CPS investigator and law enforcement personnel came to the hospital and interviewed Bobby's mother, along with the health care team members.

7. When the clinician is charting the assessment and care of Bobby, it is important to note which of the following? *Select all that apply:*

A. Detailed description of the injuries
B. Direct quotes specifically stating who is telling what.
C. The reason you believe the child's injury is not non-accidental.

That is correct!
It is important to document all of these findings in addition to several other components. All documentation should be free of bias and included in the patient chart. It is also important to maintain the chain of evidence in abuse and neglect cases.

Two days after Bobby's admission, his mother did admit to immersing him in hot water as punishment for soiling his pants while she is trying to toilet train him. Law enforcement charged Bobby's mother with endangering the welfare of a child and domestic assault, and Bobby's grandmother was given temporary custody of him.

8. The primary clinician is later subpoenaed to testify in court. Who should the clinician contact? *Select all that apply:*

A. Hospital attorney
B. Hospital risk manager
C. No one is needed to contact at this time.

That is correct!

Those involved in a child maltreatment case may be subpoenaed to testify in court. If a staff member receives a subpoena, contact the hospital risk manager or attorney for assistance in preparation for court.

9. The clinician is working in the Emergency Department when a 6-year-old Cambodian boy arrives with a chief complaint of fever and cough of five days duration. When the provider lifts the child's shirt to auscultate his lung sounds, numerous linear bruises are seen along the child's rib cage. Which of the following should be the providers first action?

A. Ask the parents if they can tell us about the marks on their son's chest.
B. Ask the parents if, before he became ill, the child was injured.
C. Call the physician to examine the marks; they may be due to a bleeding disorder.
D. Call the physician to request a social service consult; child abuse is suspected."

That is correct!
Those involved in a child maltreatment case may be subpoenaed to testify in court. If a staff member receives a subpoena, contact the hospital risk manager or attorney for assistance in preparation for court.

10. Which of the following emergency room patient scenarios may represent the potential for child abuse?

A. A father brings his 3-year-old son to the ER. The father reports that his son grabbed a pot off the stove, spilling hot water and burning his head and face; a burn with splash marks is noted on the right side of the face and upper right arm.
B. The mother reports her 4-year-old daughter fell off her bike and appears to have had a seizure; mild abrasions are noted on the child's left shoulder and left hip.
C. The mother reports that her 7-year-old son was jumping off a tree swing in the backyard while she was inside; both wrists are broken.
D. The mother reports the babysitter told her that her 6-week-old infant rolled off the couch; bruises are noted around the infant's chest.

That is correct!
By federal definition, child abuse refers to any act or failure to act by the person responsible for the child (parent or caregiver) that results in serious physical or emotional harm or imminent risk of harm. Of these scenarios, the injury to the infant indicates either an act (the bruising) or failure to act (allowing infant to fall off couch causing an injury) by the responsible party (caregiver). In addition, the bruises on the young infant are in line with the clinical indicators commonly found in abused children

(i.e., any injury in a pre-mobile infant); other indicators include intraoral injuries and fractures.

11. Clinical management for child maltreatment includes careful history taking, a complete physical exam including tests to rule out other conditions, provisions of appropriate care and which of the following?

A. A safe disposition plan, including follow-up care.
B. Notification to the child's school counselor
C. Prompt removal of the child from the home environment
D. The physician taking protective custody of the child.

That is correct!
Clinical management for suspected or confirmed child maltreatment includes careful history taking, a complete physical exam including tests to rule out other conditions, provisions of appropriate care and a safe disposition plan, including follow-up care.

12. When suspected abuse is identified, interviews may be conducted by designated personnel in the hospital. Which of the following statements is correct procedure when performing the interview?

A. Only law enforcement can conduct the interview.
B. The caregiver should be separated from the child during the interview.
C. The interview must be conducted within 24 hours of admission to the hospital.
D. The interview should be conducted in an open setting.

That is correct!
In cases of suspected sexual abuse, whether noted on physical exam or reported by the child, the caregiver should be separated from the child and interviewed first. If enough information is available to guide evaluation and treatment, the child will not need to be directly interviewed.

13. When explaining to a new clinician the reporting requirements for a child of suspected abuse, which of the following is considered a mandated reporter in all states?

A. Lab courier
B. Nurse
C. Pharmacist
D. Unit secretary

That is correct!
All states have laws that mandate the reporting of child abuse (a child under 18 years of age) when anyone has reasonable cause to believe or suspect that a child has been

abused. State statutes vary in defining mandated reporters. In most states, standard professional mandated reporters include, but are not limited to, health care practitioners (physicians, nurses, psychiatrists, psychologists and social workers), teachers, childcare providers, social and mental health providers, and law enforcement personnel. Because the clinician with the most information about the case should make the report, the best option from the list of clinical staff is the nurse.

14. Which of the following risk factors can lead to the highest probability for parents to engage in abusive behavior?

A. Appropriate emotional maturity
B. Easy access to childcare and preschool
C. Lack of parenting skills
D. Small family size

That is correct!
When combined with limited protective factors, risk factors for child maltreatment increase the probability of children experiencing child abuse or neglect. Parents' lack of understanding of children's needs, child development and parenting skills are key among these factors.

15. A mother brings her 3-year-old daughter to the ED with concerns of possible abuse by her older brother. Following the interview process and initial assessment, the clinician determines reasonable suspicion that sexual abuse has occurred. Knowing a safety plan needs to be in place before discharge, what would be an appropriate next step?

A. Law enforcement would be notified so the brother would be removed from the home and the child safety discharged.
B. The child would be discharged home once the mother agrees to constantly stay with the child.
C. The child would most likely be admitted for observation until the suspicions of abuse in the home can be more fully investigated.
D. The clinician with the most information about the situation would notify Child Protective Services and request an emergency response.

That is correct!
Mandated reporters are required by law to report, or prompt a report be made, to the appropriate agencies (Child Protective Services and/or law enforcement) when there is a reasonable suspicion that abuse, or neglect has occurred. The clinician with the most information about the case should make the report, following his or her organization's policy for reporting child abuse and neglect. A request can then be made for an emergency response so an investigator can be sent to the ED to establish an appropriate discharge safety plan.

16. The clinician is caring for 14-month-old Joey, who is brought to the emergency room with red, circular marks over the back and abdomen. The mother, Talia, states the child has been in the grass and has gotten chigger bites. Since the findings are inconsistent with what the mother reports, which of the following types of abuse are you concerned about?

A. Emotional abuse
B. Neglect
C. Physical abuse
D. Sexual abuse

That is correct!

Physical abuse is a non-accidental physical injury caused by the person responsible for the child (parent or caregiver), resulting from punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning or other physical harm. This mother intentionally burned her child, classifying this type of maltreatment as physical abuse.

When speaking with Talia, she admits to burning the child with a cigarette because he wouldn't stop crying. She states, "I'm so overwhelmed, I don't have any family support and sometimes Joey just doesn't stop crying! I'm trying to work a full-time job while finishing my GED and taking care of my child all by myself."

17 Which of the following are risk factors related to an increase in probability of child abuse?

A. Children under the age of 4 and low education level
B. Co-parenting strategies with set schedule to care for child.
C. Lack of understanding of the children's need
D. Small number of children and nonbiological caregivers in the home

That is correct!

Children younger than 4 years of age are at increased vulnerability to abuse due to developmental characteristics such as crying, temper tantrums, challenges with potty training, and dependency on caregiver. Caregiver risk factors include a lack of understanding of the child's needs, child developmental and proper parenting skills. Additionally, young parental age and low income are also risk factors.

18. Which of the following questions would be most appropriate as the designated, trained child abuse advocate conducts an interview with Talia?

A. Can you tell me more about the stressors you're experiencing at home?
B. Did Joey stop crying in response to you burning him?
C. Have you abused him in other ways before?
D. How long was Joey crying before you decided to burn him with a cigarette?

That is correct!
Open-ended questions and restating responses by the caregiver are imperative in order to be respectful and non-judgmental as well as ensuring correct interpretation of what is being said.

19. The team has concluded that a report needs to be filed as a result of the physical findings on Joey and based on the mother's interview with the child abuse advocate. Which of the following is true regarding reporting and informing Talia of the plan of action?

A. A designated team member should inform Talia of the report that will be filed and continue to provide a supportive relationship with her as able.
B. Even though Talia admitted to using a cigarette to burn Joey, he is not in imminent danger therefore the medical team is not required to file a report.
C. Since Child Protective Services (CPS) was contacted, Joey will be removed from the home immediately.
D. Since the reason for abuse was plausible based on the mother's stressors at home, there is no need to file a report.

That is correct!
When information the caregivers that a report has been made or will be made, one designated person from the team should inform the mother while ensuring that all involved are in a safe and private setting. Concerns for child maltreatment should only be discussed after a diagnosis and plan has been confirmed with the child's attending physician. Children will not always be immediately taken into CPS custody.