PEDIATRIC NURSING · NGN NCLEX · 2026 TEST PLAN

Child Abuse & *Neglect*

A high-yield visual review covering **recognition, risk factors, clinical clues, nursing priorities, and mandatory reporting** — the pediatric scenarios most likely to show up on your Next-Gen NCLEX case studies.

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01. Four Faces of Maltreatment

TYPE 01

Physical

- → Non-accidental trauma
- → Bruises, burns, fractures
- → Abusive head trauma
- → Bite marks, frenulum tears

TYPE 02

Sexual

- → Any sexual contact
- → Fondling, penetration
- → Exploitation, trafficking
- → Exposure to pornography

TYPE 03

Emotional

- → Rejection, terrorizing
- → Humiliating, isolating
- → Witness to IPV
- → Corrupting behaviors

TYPE 04

Neglect

- → Physical (food, shelter)
- → Medical / Dental
- → Educational
- → Emotional / Supervisory

02. Physical Abuse — Visual Clues & the TEN-4 Rule

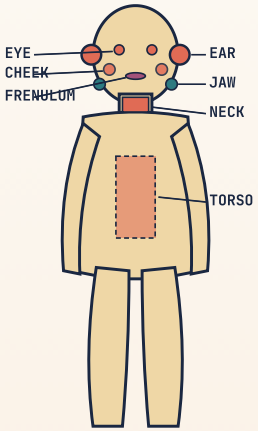
Recognize the Pattern

TEN-4-FACES-P

INJURIES THAT TELL A STORY

BRUISE	**Multiple stages of healing** · patterned (belt, cord, hand) · unusual locations (buttocks, back, genitals) · **any bruise in a non-cruising infant** is suspicious.
BURN	**Stocking/glove immersion burn** with sharp waterline · cigarette circles · patterned (iron, curling iron) · spared flexor creases (child held stiff).
FRACTURE	**Spiral/metaphyseal** fractures in non-ambulatory child · **posterior rib** fractures (squeezing) · multiple fractures, different ages · skull fracture in infant.
BITE/MOUTH	Human bite **> 3 cm** between canines → adult-inflicted · **torn frenulum** in infant → forced bottle/pacifier · missing/knocked-out teeth.
HEAD	**Subdural hematoma + retinal hemorrhages** + no external trauma → suspect abusive head trauma until proven otherwise.

THE BRUISING RED-FLAG RULE



- **T** **Torso** (chest, abdomen, back, buttocks, GU)
- **E** **Ear**
- **N** **Neck**

- **4** In any child **≤ 4 years**
- **F** **Frenulum**
- **A** **Angle of jaw**
- **C** **Cheek (fleshy)**
- **E** **Eyelids**
- **S** **Subconj. hemorrhage**
- **P** **Patterned** bruising

GOLDEN RULE: "Those who don't cruise rarely bruise." Any bruise in a pre-mobile infant (< 4 months, or not yet cruising) warrants evaluation for abuse.

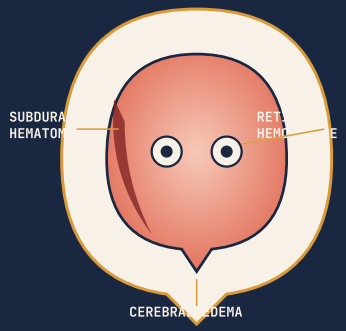
◆ CRITICAL / LIFE-THREATENING

Abuse Head Trauma *(Shaken Baby Syndrome)*

Violent shaking or impact causes the infant's brain to whip inside the skull, tearing bridging veins and vessels. There are often **no external signs** — the injury hides beneath intact skin. Peak incidence 2–4 months, triggered by inconsolable crying.

Classic Clinical Triad

- ◆ Subdural hematoma
- ◆ Retinal hemorrhages
- ◆ Cerebral edema / diffuse injury



The Silent Triad

TEACH — Period of PURPLE Crying®: Peak of crying · Unexpected · Resists soothing · Pain-like face · Long lasting · Evening. Caregivers should place baby safely in crib and walk away — **NEVER shake an infant.**

03. Recognize, Suspect, Report

Sexual Abuse

SUSPECT. DON'T DISMISS.

- **STI in pre-pubertal child** = abuse until proven otherwise
- Genital/anal trauma, bleeding, bruising
- Recurrent UTIs, discharge
- Age-inappropriate sexual knowledge or play
- Regression: enuresis, thumb-sucking, clinging
- Nightmares, sleep disturbance, anxiety
- Pregnancy in young adolescent
- DO NOT bathe · preserve evidence · SANE exam

Neglect

OFTEN THE MOST COMMON TYPE

- **Failure to thrive** — weight < 5th %ile, catches up when hospitalized
- Poor hygiene, severe diaper rash, lice
- Inappropriate clothing for weather
- Rampant dental caries ("bottle caries")
- Missed immunizations / well visits
- Delay in seeking care for illness/injury
- Left unsupervised or with unsafe caregiver
- Chronic school absence, food hoarding

Red Flags in History

THE STORY DOESN'T FIT

- **History inconsistent with injury** or developmental age
- Story **changes** with retelling or between caregivers
- **Delay** in seeking medical care
- Injury blamed on sibling, pet, or the child
- Parent affect inappropriate (flat, hostile, evasive)
- Frequent ER visits / multiple providers ("doctor shopping")
- Child overly fearful, withdrawn, or vigilant
- Child seeks comfort from strangers, not parent

AT-RISK TRIAD

Who Is Most At Risk?

The Child

- Age < 4 years (peak < 1 yr)

The Caregiver

- Young / single parent, low education

The Environment

- Poverty, unemployment, food insecurity

- Preterm, low birth weight, colicky
- Chronic illness, disability, special needs
- Difficult temperament · unwanted pregnancy
- Foster / step-child status
- Substance use disorder, mental illness
- Own history of being abused
- Unrealistic developmental expectations
- Poor impulse control, authoritarian style
- Social isolation, no support network
- Intimate-partner violence in home
- Unrelated adult male in household
- Crowded / unstable housing

SPECIAL PEDIATRIC TOPIC

Munchausen Syndrome by Proxy *(Factitious Disorder Imposed on Another)*

A caregiver — most often the **biological mother**, sometimes with medical/nursing background — **fabricates, exaggerates, or induces illness** in the child to gain attention, sympathy, or a sick role for themselves.

Watch for: multiple providers, long unexplained illness, symptoms witnessed only by caregiver, **symptoms resolve when caregiver is absent,** caregiver resists discharge, overly attached/medically fluent caregiver.

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HALLMARK: separate child from caregiver → symptoms mysteriously disappear.
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04. Nursing Priorities & Assessment

Safety → Document → Report → Support. In that order, every time.

1 Treat the Injury First
ABCs and life-threatening injuries always come before history-taking or reporting. Medical safety is priority #1.

2 Interview the Child Alone
Separate from caregiver. Use **open-ended**, non-leading questions in a quiet private room. One interviewer, minimal repeats.

3 Quote Verbatim
Document the child's **exact words** in quotation marks. Don't interpret, paraphrase, or "clean up" what they say.

4 Body Map + Photos
Objective documentation: size, location, color, stage of every lesion. Photograph with measurement scale and date.

5 Preserve Evidence
For sexual abuse: **do not bathe, change clothes, brush teeth, or give fluids.** Bag clothing in paper. Refer to SANE.

6 Mandatory Report
Report reasonable **suspicion** — not proof — to CPS / law enforcement. Do not wait for confirmation.

7 Multidisciplinary Team
Engage social work, child protection team, forensic nurse, psychology, and law enforcement. You are not alone.

8 Therapeutic Presence
Calm, unhurried, non-judgmental. Tell the child it's not their fault and they are safe now. Meet them at eye level.

Always DO

- ✓ Believe the child — **be honest** about what will happen next
- ✓ Document **objectively** with measurements, body maps, photos
- ✓ Quote the **child's exact words** using quotation marks
- ✓ Interview the child **alone and once**, with open questions
- ✓ Report **suspicion** to CPS — it's your legal duty
- ✓ Maintain **calm, matter-of-fact** demeanor

Never DO

- ✗ **Do not confront** the alleged abuser — it endangers the child
- ✗ Do not ask **leading or "why" questions**
- ✗ Do not express **shock, disgust, or doubt**
- ✗ Do not **promise secrecy** — you must report
- ✗ Do not bathe / clean the child before forensic evaluation
- ✗ Do not **wait for proof** before reporting

Nurses Are *Mandated* Reporters.

Every nurse — in every state — is legally required to report **reasonable suspicion** of child abuse or neglect. You do not need proof. You do not need parental consent. You do not need a supervisor's approval.

- ✓ Report SUSPICION, not proof
- ✓ Reporting can be anonymous
- ✓ Failure to report = criminal liability
- ✓ Immunity when reporting in good faith
- ✓ Verbal report → follow-up written report
- ✓ Call CPS & / or law enforcement directly

◆ NGN NCLEX HIGH-YIELD ◆

NGN NCLEX High-Yield Pearls

Memorize these — they drive pediatric abuse case studies and SATA items.

a. **Inconsistent history** is the single most predictive red flag of non-accidental trauma.

b. **Spiral fracture** or **posterior rib fracture** in a pre-ambulatory infant = abuse until proven otherwise.

c. **Retinal hemorrhages + subdural hematoma** without external trauma → abusive head trauma.

d. **STI or pregnancy** in a pre-pubertal child is sexual abuse until proven otherwise.

e. **Stocking/glove burn** with clean waterline = forced immersion, not a splash.

f. **FTT that resolves in hospital** strongly suggests caregiver-related neglect.

g. Priority nursing action: **ensure child's safety** → document → report. Safety first, always.

h. Nurses report **suspicion**, never proof — and have **good-faith immunity.**

i. Symptoms that **resolve when separated** from caregiver → think **MSBP / FDIA.**

j. Use the child's **verbatim words** in documentation — enclose in quotation marks.