

Abstract

Background: According to the American Academy of Pediatrics (2021), about 25% of children will experience abuse or neglect at some point in their childhood. It is also estimated that one in seven children have experienced abuse or neglect in just the last year. In 2019 alone, 1,840 children died as a result of abuse or neglect in the United States. That is about five children a day lost to child abuse and neglect. These statistics offer startling insight into the emergent need for child abuse intervention and a need for future research to educate healthcare practices.

Methods: A literature review using the Johns Hopkins Nursing Evidence-Based Practice Model was completed of 22 peer-reviewed journal articles.

Results: Evidence supports distinct risk factors, assessment findings, effects, and interventions when working with children who have experienced abuse.

Conclusions: Given the unique and impactful position nurses have when working with pediatric patients, they must be knowledgeable about this research. Identified risk factors and clinical presentations can inform nursing care to improve patient outcomes and limit the harmful short and long-term effects. Further research is needed about the role of nurses in prevention, assessment, and treatment of abused children. There is also less research pertaining to neglect which needs to be investigated further.

Introduction and Research Question

Research Question: How can nurses best advocate for and serve their pediatric patients experiencing abuse?

Child abuse is a serious and potentially deadly occurrence with life-long repercussions for the children affected. A special duty is placed on nurses to intervene when necessary to give the children the treatment and experiences they deserve.

Pediatric nurses are placed in a position to:

- assess for child abuse
- intervene when appropriate
- help children out of abusive situations

Education is necessary about:

- child abuse types and presentations
- risk factors for abuse
- effects of abuse on a child

Methods

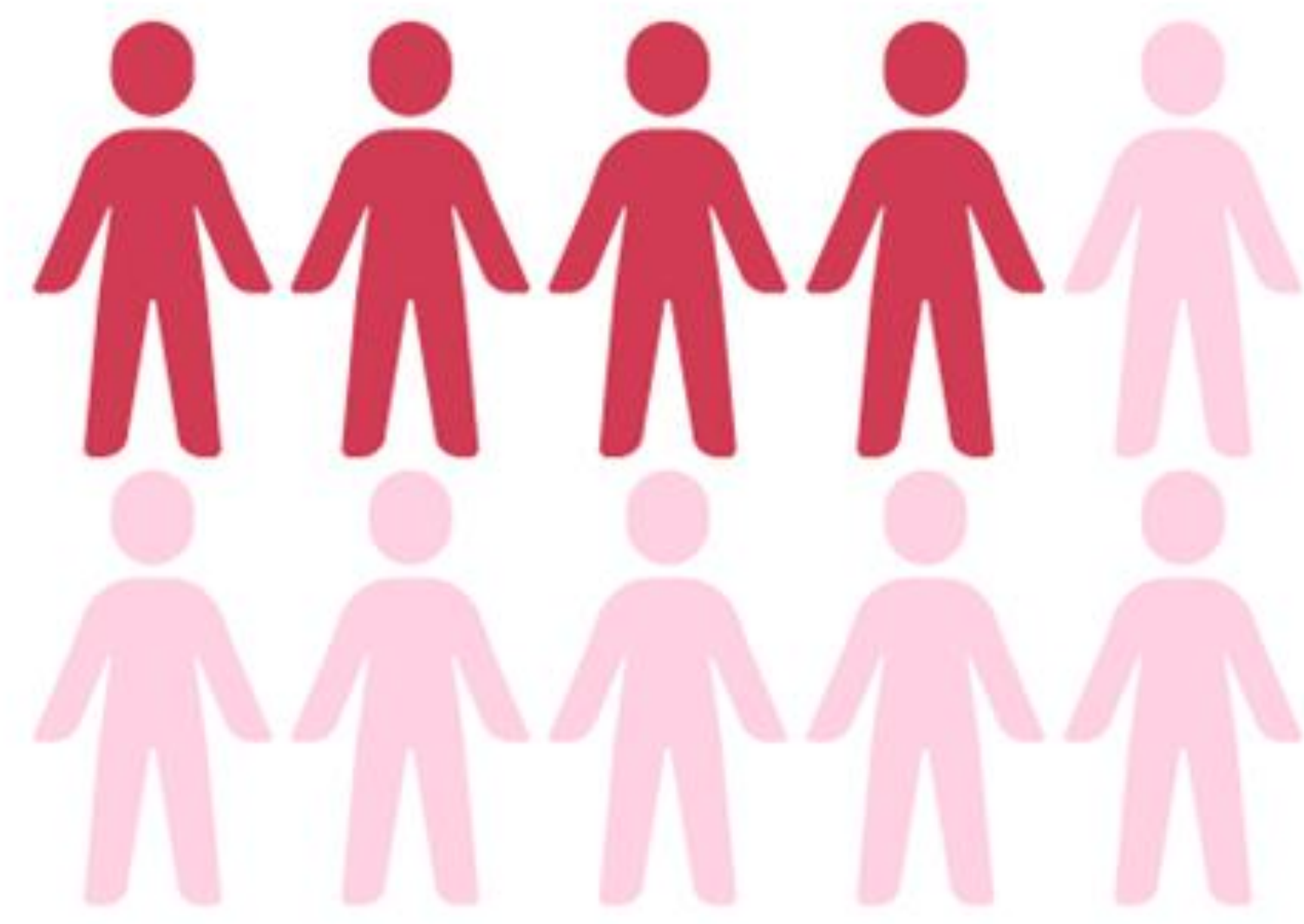
The Johns Hopkins Nursing Evidence-Based Practice Model was used to guide this research and drive the associated implications (Dang et al., 2022). Permission was received to use this model which allowed for access to further resources from Johns Hopkins pertaining to the evidence-based model. The inquiry that began research looked closer at the role nurses can play in helping abused pediatric patients. The evidence supplied a multitude of assessment factors, legal requirements, treatment methods, and needs for future research. The results of this paper were largely acquired from peer-reviewed journal articles within the last five years that span all of Johns Hopkins levels of evidence. This method for research collection and literature review provides a strong foundation for which to draw conclusions for future nursing practice and research.

Search terms used:

- pediatric abuse
- types of abuse
- nurses' response to abuse
- predictors of abuse

Over 200,000 results were found for peer-reviewed journal articles matching this description which was lowered to around 40,000 when articles published more than five years ago were filtered out. Repeated articles among the search results were then disregarded. Articles were ultimately selected based on level of evidence, credibility, relevance, and readability. This left 22 peer-reviewed journal articles published within the past five years for the literature review. The articles were analyzed to fill gaps within the base of knowledge concerning pediatric patients who have experienced abuse with a nursing perspective and the resulting literature review is to follow.

25% OF CHILDREN WILL EXPERIENCE ABUSE OR NEGLECT AT SOME POINT IN THEIR CHILDHOOD



(American Academy of Pediatrics, 2021)

In 2019,
1,840
children died as a result of abuse or neglect in the United States.

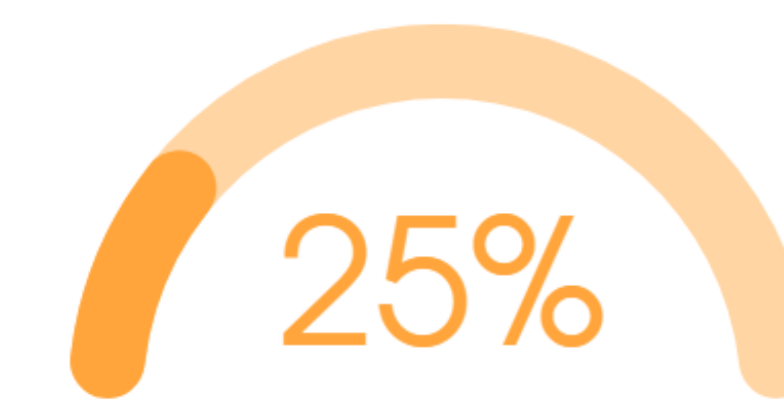
(American Academy of Pediatrics, 2021)

That is about
5
children lost per day.

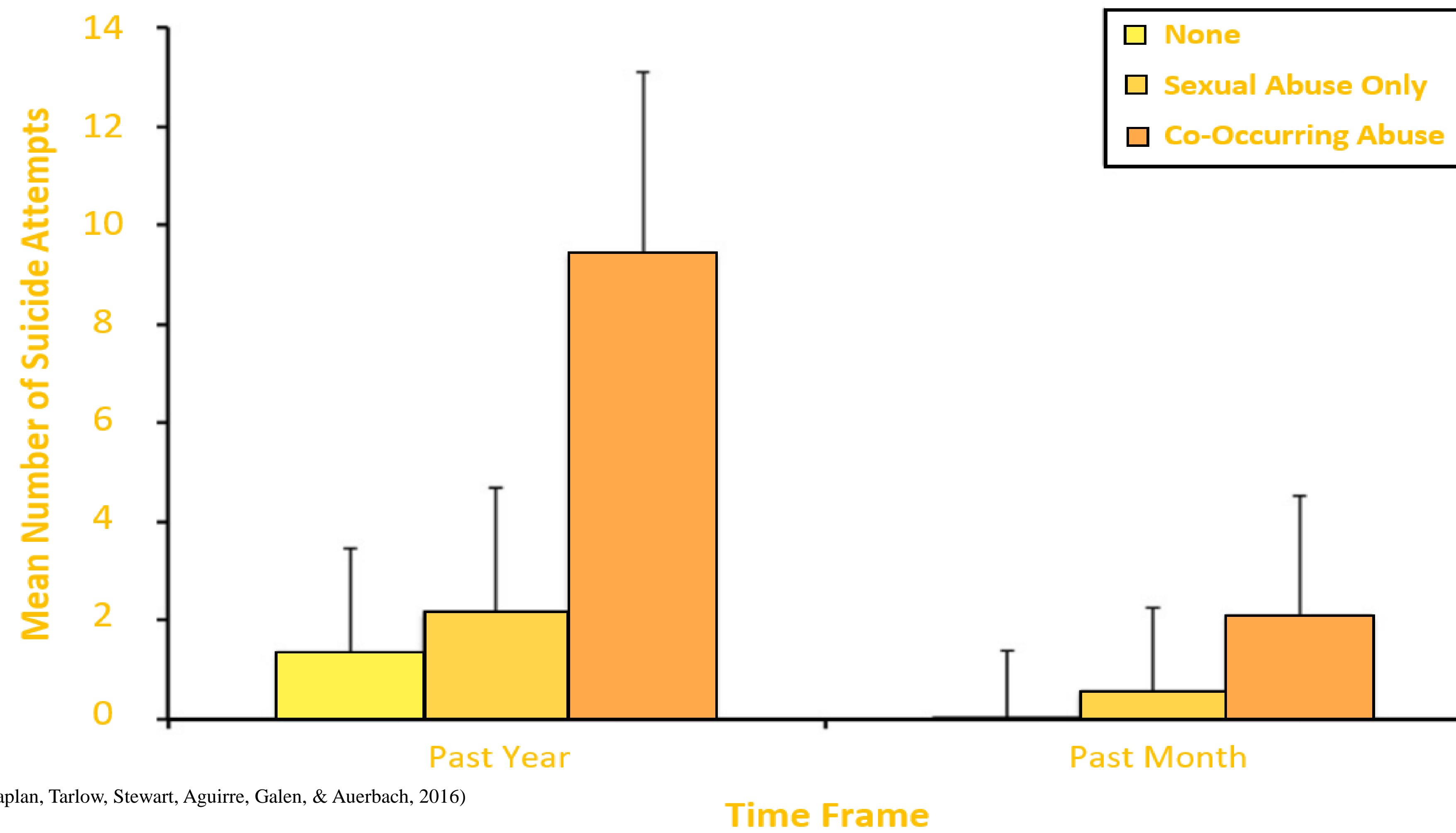


35% OF ABUSED CHILDREN HAVE A CAREGIVER WHO ABUSES DRUGS OR ALCOHOL

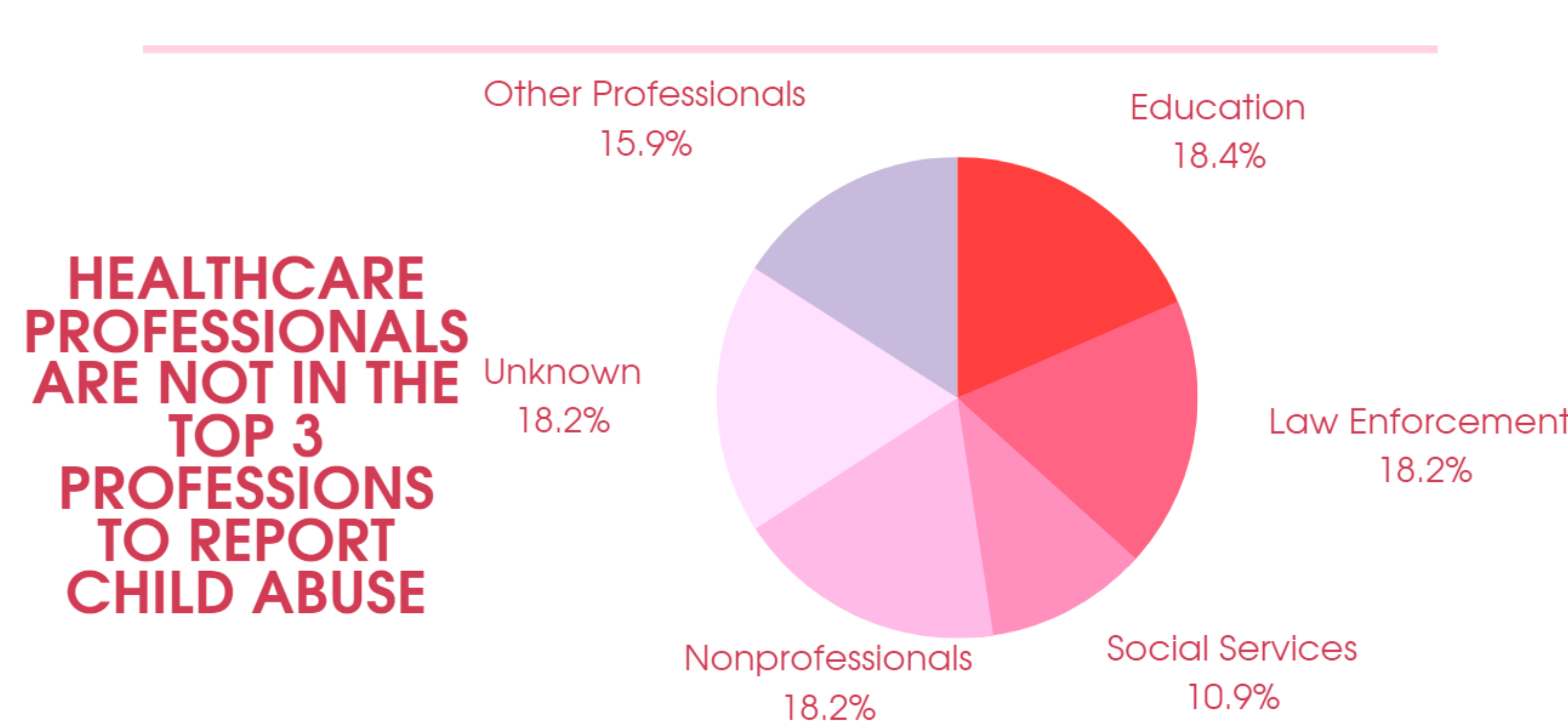
(Ellington, 2017)



25% OF ABUSED CHILDREN ARE EXPOSED TO DOMESTIC VIOLENCE



(Kaplan, Tarlow, Stewart, Aguirre, Galen, & Auerbach, 2016)



(Ellington, 2017)



(Lippard & Nemeroff, 2020)

Results and Conclusion

Results:

Each type of abuse differs in clinical presentation and thorough abuse assessments should be included in each pediatric patient interaction.

- Types of abuse to look for in pediatric patient interactions are physical, emotional, sexual, and neglect.
- Risk factors to consider when aiming to prevent abuse can be distal (unsafe neighborhoods, food insecurity, low-income housing) or proximal (increased parental stress, domestic violence, conflict at home).
- Vulnerabilities that can increase abuse in children are disabilities, chronic illness, and behavioral problems.
- Abuse prevention programs consider and attempt to overcome these risk factors and vulnerabilities.
 - The Child Abuse Prevention and Treatment Act (CAPTA)
 - Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)
 - Safe Environment for Every Kid (SEEK)
- There can be immediate (dissociative/somatic symptoms, social/academic impairment, impaired immune function, increased stress level) and long-term (disordered attachment styles, mental illnesses, suicidal ideation, STIs, increased risk of continuing cycle of abuse) effects of child abuse.

Conclusion:

- Nurses must be educated on the presentation of different types of abuse in order to accurately recognize and intervene
 - Risk factors are utilized to prevent and identify abuse more promptly
 - Immediate and long-term effects negatively impact the abused child throughout their lifetime
- Assessing for the potential of abuse is a necessary component of any assessment, especially when working with a vulnerable population such as pediatrics. Certain interventions and treatments have been proven to improve the child's mental and physical health to prevent life-altering and even deadly outcomes.

Future Work

1. Investigate the most effective methods to preventing child abuse.
2. Distinguish the most supported assessment tool for determining the risk for or presence of abuse.
3. Research further the risk factors, presentation, and effects of child neglect.
4. Implement the evidence-based practice nursing interventions for working with children who have experienced abuse.
5. Identify barriers to determining abuse and reporting cases through the proper channels.

References

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