Child Abuse from a Nursing Perspective: Assessment and Implications

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Abstract

Nurses experience the relationship dynamics between pediatric patients and their families firsthand. Being informed by the goals of holistic care, nurses should be assessing for unhealthy dynamics among pediatric patients and their caregivers so they can respond appropriately when a potential for abuse is present. Healthcare workers have the duty to provide safety and healing to their patients. Through the unique contact nurses have with patients, their training for accurate assessment skills, and their responsibility as healthcare workers, nurses are placed with the opportunity to help children out of abusive situations. Prompt identification of the potential for abuse can prevent a child from experiencing an abusive situation or save them from actual abuse already occurring. By virtue of their age and inability to fully care for themselves, children belong to a vulnerable population. They often lack the ability to defend themselves or speak up when they are being abused. Research studies have identified risk factors for abuse, the effects of abuse on children both long and short term, and the implications of this information on healthcare professionals. Nurses who are knowledgeable about these aspects related to abuse can use the accessible pathways to help a child out of abuse. There is a potential for further research about the best ways to handle situations that have been accurately identified as abuse. Since each child's situation is different, research should be conducted to guide the follow-up with children experiencing abuse and the role of nurses in the child's care.

Keywords: child abuse, nursing, mental health, pediatrics

Child Abuse from a Nursing Perspective

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.

Pediatric nurses are placed in a position to assess for child abuse, intervene when appropriate, and help children out of abusive situations. Education on child abuse and its presentations, risk factors, and effects is essential for nurses to properly assess their patients for the risk of 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.

Methods

The Johns Hopkins Nursing Evidence-Based Practice Model was used to guide this research and drive the associated implications (Dang et al., 2022; see Appendix A). Permission was received to use this model which allowed for access to further resources from Johns Hopkins pertaining to the evidence-based model (see Appendix B). The inquiry focused on the role nurses play in helping abused pediatric patients. This developed the practice question as follows: how can nurses best advocate for and serve their pediatric patients experiencing abuse? The evidence supplied a multitude of assessment factors, legal requirements, treatment methods, and needs for future research. The data of this paper was largely acquired from peer-reviewed journal articles within the last five years and span different levels of evidence on the Johns Hopkins levels of

evidence tool. This method of research by literature review provides a strong foundation for future nursing practice and research (Dang et al., 2022).

Articles were collected from a variety of databases using keywords like “pediatric abuse,” “types of abuse,” “nurses’ response to abuse,” “predictors of abuse,” and more. Over 200,000 results were found matching this description which was lowered to around 40,000 when articles published more than five years ago were filtered out. After eliminating duplicates, articles in English were selected based on level of evidence, credibility, relevance, and readability. Thus, 22 peer-reviewed journal articles published within the past five years were included in this literature review. The articles were analyzed to examine the role of nurses caring for children experiencing abuse.

Overview of Child Abuse

Types of Abuse

Healthcare workers see children in abusive situations at all times throughout development and in every context. Nurses should be educated on the presentations of child abuse in order to identify and report potential abuse. The Child Abuse Prevention and Treatment Act (CAPTA) includes definitions for different types of abuse (Child Welfare Information Gateway, 2022). Child abuse and neglect can be defined as an action or failure to act by a caregiver that causes death, serious injury (physical or emotional), sexual abuse, or exploitation. Different state statutes will include varying specific definitions for each type of abuse. Therefore, it is important for nurses to be aware of criteria outlined in the laws about child abuse and neglect in the state in which the nurse practices (Child Welfare Information Gateway, 2022).

Physical Abuse

Physical child abuse is nonaccidental physical harm done to a child (Child Welfare Information Gateway, 2022). Examples of physical abuse can include but are not limited to biting, burning, kicking, or striking the child. Any action that would leave the child physically impaired is also considered physical abuse. Most states also include that physical abuse can be a verbal threat to harm the child or placing their physical safety at risk as well. Some states identify human trafficking in the form of labor trafficking or involuntary servitude to be physical abuse (Child Welfare Information Gateway, 2022).

Emotional Abuse

Emotional abuse can be classified as its own type of abuse or fall into the category of neglect (Child Welfare Information Gateway, 2022). Different localities make this specification in their legislative documents. When defined separately as emotional abuse, it is defined as a mental injury to the psychological capacity or stability of the child. This emotional damage results in a drastic change in the child's emotional responses, behavior, or cognition and have the repercussions of depression, anxiety, withdrawal, or aggression (Child Welfare Information Gateway, 2022).

Sexual Abuse

Sexual abuse is also a common type of abuse seen in pediatric patients. It is estimated that one in four girls and one in six boys are victims of sexual abuse in their childhood years (Rosenthal & Schneck, 2022). In terms of sexual abuse, some states list specific acts that they consider sexual abuse (Child Welfare Information Gateway, 2022). Broadly, sexual abuse is any inappropriate sexual interaction between an adult and minor (Theimer et al., 2020). Childhood sexual abuse can also occur between two minors when one is using their power over the other to perform a sexual act. Each state's definition includes sexual exploitation of a child to participate

in prostitution or pornography (Child Welfare Information Gateway, 2022). Most states also include human sex trafficking under sexual abuse. Child sexual abuse can involve contact with the victim's body, but does not require physical contact (Theimer et al., 2020). Exposing the child to pornography or inappropriate touching over clothes is considered sexual abuse.

Neglect

Neglect is another type of abuse that is prevalent among cases of child abuse (Mulder et al., 2018). Neglect can be characterized by negative experiences during childhood such as less than adequate supervision, scarce availability to food, decreased school attendance, and failing to get the child medical attention. Some states include inadequate education of a child as neglect (Child Welfare Information Gateway, 2022). Medical neglect also falls into this category as there is a failure to provide necessary physical or mental health treatment. Disabled children who have an increased need for medical or nutritional support are considered neglected when their additional needs are not met. Allowing a child to participate independently in activities that are not appropriate or safe for their age, development, maturity, or culture is deemed neglect. Examples of this can include playing outside in a unsafe environment, being unattended at home for an extended period of time, getting to school independently, or being left in a vehicle. This is not an exhaustive list, however, if it is not appropriate for the child to engage in the activity under the specific context of the situation, it is considered neglect (Child Welfare Information Gateway, 2022).

In some states, parental substance use is included in definitions of abuse or neglect (Child Welfare Information Gateway, 2022). This criterion includes prenatal exposure to substance harmful to the developing child, manufacturing a controlled substance while in the presence or in the living environment of a child, exposing a child to chemicals associated with controlled

substances, giving drugs or alcohol to one's child, and using a substance that impedes the caregiver from adequately caring for the child. These definitions are important to be aware of as their inclusion of abuse and neglect varies between states which impacts how healthcare professionals can intervene (Child Welfare Information Gateway, 2022).

Another type of abuse in some states is abandonment (Child Welfare Information Gateway, 2022). When included in this conversation, abandonment can be categorized as a type of neglect or a separate type of abuse entirely. Instances that would fall under abandonment are when the caregiver's location is unknown, the child has been left by the caregiver in an unsafe situation, or the caregiver has not provided contact with or support to the child for a distinct period of time. The specifics of these cases are defined by the state in which the child resides (Child Welfare Information Gateway, 2022).

While there are different types of abuse, they all relate to one another and rarely occur alone (Bifulco & Schimmenti, 2019). Physical and sexual abuse often also involves coercion and overly dominant behaviors from the adult which could fall under psychological abuse. Role reversal, meaning the child must take on adult responsibilities, is commonly seen in neglect. Neglect is also shown to increase a child's risk of being a victim of a sexual predator and experiencing sexual abuse. With this information, it can be concluded that having been abused in one way is a risk factor in itself for other types of abuse. While different types of abuse often happen concurrently by the same perpetrator, they also make the child more susceptible to future abuse (Bifulco & Schimmenti, 2019).

Risk Factors

By obtaining a thorough patient history and observing interactions between a child and their caregivers, nurses can identify if a child is more at risk for experiencing abuse. While

assessing for abuse should be part of every patient interaction, children at an increased risk can be evaluated more closely. Risk factors rarely occur independently and each factor compound on one another to increase a child's potential for abuse exponentially (Liel et al., 2020). Distal and proximal risk factors often interact to cause or worsen the other. This interaction between risk factors is referred to as cumulative risk theory.

Distal Risk Factors

Distal risk factors are defined as being long-term and not being directly inflicted on the child, but still affecting them and putting them at risk (Liel et al., 2020). Being in a low-income family places a child at risk as there is increased stress on the caregivers to provide. In low-income households, resources like food may be limited for the child. Other aspects that could limit resources to the child are having many children living in the house or receiving Medicaid. This lack of resources has been linked to increased occurrences of child maltreatment. Limited access to educational opportunities is also a risk factor. Being in socially disadvantaged neighborhoods limits access to educational and occupational opportunities which limits the potential to obtain more resources for the child even slimmer (Liel et al., 2020).

Proximal Risk Factors

Proximal factors affect the child's treatment more acutely and directly (Liel et al., 2020). When caregivers have poor mental health or engage in illicit drug use, their interactions with the child can be altered. Neglectful behavior specifically has been linked to parents with mental health issues (Bauch et al., 2022). Parents who are struggling with their mental health may find it more difficult to meet the needs of their child. Parenting tasks like making meals, obtaining proper clothing, providing supervision, and maintaining emotional support for the child can be exceedingly difficult for parents with depression. When someone is combating a loss of

motivation and inability to get out of bed in the morning, meeting the daily needs of a child can become impossible. This decrease in meeting the basic needs of the child is constituted as neglect. Parents with developmental delays or cognitive deficiencies can have similar problems when it comes to meeting the needs of a child. These parents are more likely to be neglectful and put their child's safety at risk. With inadequate supervision, children can be placed in dangerous situations without the help of adults. Parents with mental health problems who display emotional instability can act irrationally with children and cause physical or emotional harm to their child even without malicious intent (Bauch et al., 2022).

Parental Stress. High levels of parental stress are another risk factor for child neglect (Bauch et al., 2022). Caregiving responsibilities placed on a parent can exceed their threshold to manage the stress. Other stressors such as job instability, financial concerns, and physical illness can compile on top of the stressors that come with caring for a child resulting in even more unmanageable stress for a parent. Parents may have to decide where to give their attention and manage the stress which can lead to neglecting the needs of the child. Studies have examined maternal self-reported levels of stress. When the mother reported high levels of stress when their child was three years old or younger, there was an increased incidence of child neglect by the time the child was five. Parents under high levels of stress are found to be less nurturing, less responsive to their child, have less involvement in the child's life, and be more likely to reject their child (Bauch et al., 2022).

Conflict at Home. Increased conflict at home is a large risk factor that places children at a higher likelihood of being abused (Liel et al., 2020). Familial violence and intimate partner violence (IPV) are major risk factors that can be used in identifying the potential for child abuse. IPV has been shown to often correlate with experiences of child abuse. Children exposed to IPV

have less secure family systems and feel less safe in their homes. Parents with mental illnesses affecting their mood or engaging in substance use can experience alterations in judgement and make them more likely to become violent towards the child or other adults in the child's life (Ashraf et al., 2020). Growing up in a household where violence is common can cause the adult to feel it is normal to have a violent home life. Neighborhood violence and a culture of abusive relationships can add to this normalcy that increases the risk for abuse (Ashraf et al., 2020).

An inadequacy of knowledge about parenting tactics can lead to abuse (Ashraf et al., 2020). Parents can lack knowledge on parenting for a variety of reasons including decreased exposure to healthy parenting in the past, inadequate education on childhood development, or their own developmental delays or struggles. If a parent thinks their toddler should be capable of understanding right from wrong and making complex decisions, the person may implement what they feel is deserving punishment which could be abusive. The parent may believe corporal punishment is an effective punishment when they are physically abusing their child (Ashraf et al., 2020).

Vulnerability

Children with disabilities, chronic illnesses, and behavioral problems are at an increased risk for abuse (Ashraf et al., 2020). One of the reasons for this risk is parents lacking knowledge about developmental milestones expected for their specific child. Children requiring a higher level of care can be challenging for parents even when they know what to expect and have healthy support systems. Having a child with a physical or mental disability can increase burdens on caregivers financially, emotionally, and physically (Ellington, 2017). When parents have multiple risk factors on top of a child who requires extra care, parents are under an increased amount of stress which increases the child's risk for abuse.

Age can be another risk factor (Ashraf et al., 2020). Children under the age of three are an especially vulnerable population. Some studies show that up to one third of children under the age of three are mistreated with the majority being under one year old. While these children can be abused by any caregiver, it is important to note nonbiologically related caregivers are more likely to be the abuser. This risk factor should not be relied upon as anyone in contact with a child, biologically related or not, can become abusive (Ashraf et al., 2020).

Diminishing Risk Factors

There are organizations and pathways in place to prevent the abuse of children from ever occurring in the first place. One legislative method to preventing mistreatment of children is the CAPTA (Child Abuse Prevention and Treatment Act; Chasnoff, 2018). CAPTA involves prompt reporting of potential child abuse to Child Protective Services (CPS) to get children involved in early interventions to prevent abuse. One method of prevention when a family is reported to CPS is creation of a plan of safe care for the child at risk. CAPTA makes other organizations aware about how to promote the child's overall wellbeing and prevent abuse. Healthcare services, child welfare, and other agencies dedicated to early intervention for at risk children also oversee these at-risk situations. CAPTA also involves court oversight as required by Part C of the Individuals with Disabilities Education Act as enforced by the federal government when cases of prenatal substance use occurs. This promotes healthy treatment of children from birth when risk factors are identified prenatally. Nurses must be educated about these organizations and legislative efforts to prevent abuse by reporting risk factors to the pathways in place. Since substance abuse is a risk factor for abuse, reporting maternal use of substances while pregnant as outlined by CAPTA is that much more important. These preventative measures only work when properly reported, and healthcare worker education is an essential place to start (Chasnoff, 2018).

Since poor parental mental health can be an influential risk factor, adequate assessments of parents' mental health are necessary (Bauch et al., 2022). Follow-up on the results of these assessments allows them to be an effective child abuse prevention technique. Mental health resources should be given to parents struggling with mental health issues to help them in their illness and prevent abuse on the children involved. Decreasing stress for parents is another way to prevent the occurrence of child abuse or neglect. Offering parents stress management education and resources can improve their responses to caregiving and other compounding stressors. Education on effective coping strategies for both mental health and stress-induced problems should be taught to parents before neglect happens. Prevention should be at the forefront of the fight against child neglect. Providing parents with stress relieving or distraction activities to help them cope or escape from the stress can provide them with the energy to adequately care for their child and prevent neglect. Parents should be encouraged and empowered to cope with their mental health or stressful life responsibilities (Bauch et al., 2022).

Abuse Prevention. Abuse prevention programs can be categorized into primary, secondary, and tertiary (Ashraf et al., 2020). Primary prevention involves community engagement. Nurses and other healthcare workers perform home visits and community outreach to teach about risk factors and how to reduce them. Primary prevention focuses on trauma prevention on a large scale. Secondary prevention programs aim to identify specific families at risk and prevent maltreatment at the source. Tertiary prevention programs prevent recurrence of abuse and treat abuse after it has occurred. Children who are seen in the hospital setting for injuries acquired from abuse can be identified for tertiary prevention programs. Post-abuse follow-up assessments are a necessary component of preventing further abuse. Other aspects of

tertiary prevention include assessment of developmental milestones, behavioral changes, and medical improvement for the specified injuries (Ashraf et al., 2020).

One intervention program is titled Multisystemic Therapy for Child Abuse and Neglect (MST-CAN; Bauch et al., 2022). The program identifies factors placing a child at risk for neglect and how these factors interact with one another. Then, applicable psychotherapeutic methods are employed to all caregivers, children, and siblings involved. Such methods include behavioral therapy, cognitive behavioral therapy, and trauma therapy with the goal of decreasing risk factors. Mental health effects are especially addressed during therapeutic interactions. MST-CAN has been studied using randomized control trials and found to be effective in the reduction of child neglect through managing risk factors. Social support to decrease stressors placed on caregivers is another important aspect of MST-CAN. Intervention programs like MST-CAN should be implemented more often to prevent child neglect and abuse before it starts. Limiting harm on the child and promoting parental success is an essential goal to decreasing child abuse (Bauch et al., 2022).

Another intervention program is the Safe Environment for Every Kid (SEEK) model (Ashraf et al., 2020). This model helps healthcare professionals identify and manage psychosocial risk factors associated with neglect. Risk factors like parental mental illness, high levels of stress, substance use, IPV, parenting misunderstandings, and food insecurity are examined and intervened to reduce risk. Use of this model has been shown to decrease abuse outcomes, CPS reports, and severe punishment. The SEEK model has also been shown to increase proper medical care and immunization adherence (Ashraf et al., 2020).

The effectiveness of a model is dependent on its applicability to the child's situation (Ashraf et al., 2020). Models are chosen based on the social climate and issues affecting most

individuals in that area. People dealing with different risk factors should be assessed with and treated using different models of intervention. For example, if parenting concerns are a risk factor, the model will be specific to implementing parenting programs to prevent abuse. If one area is known to have low-income families, the model will assess for risks and intervene concerning those aspects. One model used to assess effectiveness of certain interventions is the clearinghouse model (Ashraf et al., 2020). Clearinghouse uses empirical evidence to examine a programs efficacy for specific cases. This model is used to educate officials making decisions about how to select a model to intervene on cases of potential or actual abuse (Ashraf et al., 2020).

Effects of Abuse on the Child

Immediate Effects

Abuse can affect a child's mental health even in the short term while the abuse is still occurring. Dissociation is most seen as a result of sexual abuse in childhood (Daphna-Tekoah et al., 2019). Dissociation is referred to as a break in mental processes as the body attempts to protect itself from the abuse. As well as being psychologically distressing, dissociation can cause physical problems for the child. Somatic symptoms that can be caused by sexual abuse and dissociation are fibromyalgia, irritable bowel syndrome, migraines, tingling, arthritis, chronic constipation, and asthma. While dissociation is an effect that can onset immediately after or even while experiencing sexual abuse, dissociation and its somatic repercussions can last long into the victim's life. These short-term effects become long term effects and lifelong struggles (Daphna-Tekoah et al., 2019).

Children experiencing abuse are at risk for dropping out of school (Bauch et al., 2022). Abused children can experience social impairment and developmental delays that affect their

performance at school. These children will have a harder time making friends and developing safe, meaningful relationships at school. They may also struggle with academics as cognitive milestones are delayed from the abuse (Bauch et al., 2022).

Abuse causes increased levels of stress on the child which leads to physical health complications (Bauch et al., 2022). The body has difficulty coping with the physiological effects of chronic stress. These effects lead to a decreased immune system and an increased likelihood of developing acute and chronic illnesses. Maltreatment during childhood causes systemic inflammation that increases C-reactive protein (CRP) and inflammatory cytokine levels (Lippard & Nemeroff, 2020). Inflammatory cytokines increased by abuse include interleukin-6 and tumor necrosis factor-alpha. These values can be assessed on a blood test and affect the child's health dramatically. As the body tries to cope with the increase of stress over time, the child may gain weight despite no lifestyle changes. These physical complications of abuse and ongoing stress increase vulnerability to physical diseases. These increased levels of stress can become toxic to the child's brain and impact how they regulate stimuli (Sousa et al., 2018). This impacts how the child's ability to deal with future stresses resulting in a decreased immune system and behavioral changes. Environmental stressors that often accompany abuse only add to the unmanageable stress faced by the child. Exposure to familial tension and conflict, an unsafe neighborhood, substance use, familial mental illness, and criminal activity add stress and increase maladaptive tendencies (Sousa et al., 2018).

Hormones in the child's body are also altered as the stress caused by abuse continues (Lippard & Nemeroff, 2020). Changes with the function of corticotropin-releasing factor and the HPA axis affect the child's behavior, endocrine system, immune system, and autonomic responses. This creates an increased sensitivity to stress which only worsens the child's

symptoms and the effects on the body. This creates a biological predisposition and vulnerability to developing mental health problems. The child is now physically more likely to develop mental illnesses like depression, anxiety, and personality disorders. Genetically, adults who were abused in childhood have been found to have the short arm allele form of the serotonin transporter promoter polymorphism. This genetic alteration increases risk for depressive episodes and symptoms, suicidal ideation, and suicide attempt. Another genetic complication studied involves polymorphisms located on the FK506 binding protein 5 gene which increases the likelihood of developing major depression, suicidal ideation, and PTSD (Lippard & Nemeroff, 2020).

Long-Term Effects

Abuse and neglect fall under the category of Adverse Childhood Events (ACE) when have been shown to lead to a variety of lifelong problems (Ellington, 2017). Research on the effects of ACE has linked abuse and neglect to inadequate neurodevelopment and decreased psychological functioning. As the number of ACE increase, the number of negative repercussions in the child's life also increases. These negative repercussions can affect display in long-term health issues faced by the child (Liel et al., 2020; Bauch et al., 2022). Mental health complications are among the most prevalent long-term effects of childhood abuse. Adults who were abused as children have higher instances of depression, anxiety, illicit drug use, and criminal activity (Liel et al., 2020; Ashraf et al., 2020). ACE affect a child's attachment style that informs how they interact with every person they come in contact with throughout their life (Ellington, 2017). With these atypical attachments, the person will have altered peer and familial relationships. Due to their struggles with mental health issues and effective coping, these individuals are also more likely to attempt or commit suicide. Suicide attempts during childhood are highly associated with maltreatment. As these children grow up, their suicide attempts are

more linked to depression which is also an effect of childhood maltreatment. These causes show the pressing issue of abuse and childhood maltreatment as suicide was the leading cause of death in people 10 to 24 years old in 2015. Having experienced one suicide attempt also places an individual at risk for more attempts in the future (Ellington, 2017).

Regardless of the type of abuse experienced, abuse during childhood alters the victim's attachment style which leads to lifelong repercussions (Fresno et al., 2018). Parental interactions heavily impact the attachment style gained in childhood and carried throughout one's life. The attachment style most linked to childhood abuse is an insecure-disorganized pattern. Secure attachment patterns are formed during childhood as a result of a responsive caretaker who provides protection and physical closeness. What attachment styled is formed will impact future relationships in that person's life. Attachment styles affect behavior control of the affected person and behavior interpretation of everyone else. During childhood and into adulthood, people with an insecure or disorganized attachment pattern will be more likely struggle with emotionally regulation, become violent, and experience alexithymia (Fresno et al., 2018; Krvavac & Jansson, 2021). People experiencing alexithymia express not being able to put words to their feelings which often accompanies other psychological pathologies. Most commonly these individuals suffer from depression, personality disorders, and PTSD. These people with unhealthy attachment styles have higher levels of anxiety and stress that impedes their ability to focus (Fresno et al., 2018). Children will develop an expressed feeling of helplessness and incompetence as well as seeing the outside world as threatening. Physically abused children may begin to believe they deserve the abuse as punishment. Abuse alters the child genetically to cause these lifelong negative effects (Krvavac & Jansson, 2021).

Sexual abuse can cause a variety of mental illnesses including major depressive disorder, panic disorder, generalized anxiety disorder, and substance abuse disorder (Bae et al., 2018). This list does not exhaust the many psychological struggles that can be caused by sexual abuse and often occur in tandem. Among the most common of these mental illnesses is PTSD. Children who experienced abuse types that involve physical contact are more likely to develop PTSD than those who were abused verbally or emotionally. Children with PTSD have heightened emotions after experiencing a trauma. Similarly, to dissociation, PTSD can lead to somatization or somatic disorders. The increased instance of somatization could be responsible for the increased rates of physical disabilities, social impairment, and occupational struggles experienced by abuse victims. These children have an increased awareness of stimuli occurring inside their bodies which leads to an increased sensitivity and somatic symptoms. This is why pain is a common somatic complaint among PTSD patients. Sexual and physical abuse have also been linked to Cluster A personality disorders, especially with schizotypal presentations (Krvavac & Jansson, 2021). Physically, sexual abuse can lead to pregnancy and sexually transmitted infections (Bifulco & Schimmenti, 2019; Rosenthal & Schneck, 2022). Due to this risk, pregnancy and sexually transmitted infection testing should be an aspect of clinical care for patients suspected to be victims of sexual assault.

Due to the effects of abuse on attachment styles, mood, mental health, and more aspects of the child's life that carry on into adulthood, abused children are more likely to grow up and abuse their children (Swenson & Schaeffer, 2018). This perpetuates the cycle of abuse for children for generations to come. The need for adequate prevention measures and identification for at risk patients is more necessary as it is one way to end this pattern of abuse.

Nursing Implications

Implications for Nursing Education

Nurses could benefit from and improve their abuse identification abilities through increased education. 47 states, in addition to Washington DC, require nurses to report suspected abuse (Haas, 2021). Indiana, New Jersey, and Wyoming do not specify the professions that are mandated to report abuse, but does require reporting in general. In many states, child abuse trainings are required. Online child abuse trainings are also offered as part of continuing education hours for renewal of registered nurse licensure. These trainings assist nurses in fulfilling their responsibility as mandated reporters. These trainings are also available to, and often required for, school nurses as they interact with children daily and have the opportunity to identify signs of abuse (Haas, 2021).

Implications for Nursing Research

Researchers have identified the lack of information available about child abuse and the factors leading to its occurrence and ways to help the children (Bauch et al., 2022). With this gap in research, there is a need for more studies looking at the risk factors and effects of child abuse to provide a basis for ways to prevent child abuse. Healthcare practice when working with children who are victims of abuse should also be based on evidence from current research. Studies examining child neglect are especially lacking. The limited research completed on neglect is especially concerning as neglect is the most common form of child mistreatment. Evidence-based practice can only be developed when studies have provided the foundational evidence (Bauch et al., 2022).

Nurses can recognize this need for further research in the field of child abuse and conduct studies to fill the gaps. A potential reason for this lack of research is discomfort with the topic of

child abuse (Ashraf et al., 2020). Healthcare professionals need to practice engaging in uncomfortable conversations to help children experiencing abuse and prevent more children from being abused.

Implications for Nursing Practice

Assessments

Developing a therapeutic relationship based on trust with the child is essential to working with a child who is potentially being abused. Children experiencing abuse may not understand that their experiences are abnormal or constituted as abuse (Dean, 2019). Children may place trust in their nurse and disclose information about their abuse and deserve to have their voices heard with the proper action taken in response. The child's voice should continue to be a priority when treatment options are explored. The patient's own words should be included in notes and documentation about the nursing encounter. This ensures the notes accurately summarize the experiences of the child. The documentation containing details of abuse should be inputted into the child's file and communicated with other necessary healthcare workers immediately. Some children or young people may not be ready for therapy or treatment right away and require support throughout their journey. While the patient is a child, their opinion matters and they deserve to be educated about all their choices regarding treatment and proceedings after reporting abuse in a thorough but developmentally appropriate way. There should be arrangements made to keep in touch with the child and family in a safe and effective manner. This involves continuing support without placing the child in further danger (Dean, 2019).

Assessing for different types of abuse creates a need for focused assessments and methods specific to the type of abuse in question. In terms of physical abuse, the child may present with physical injuries that the nurse can see during an initial assessment (Ellington,

2017). There may be lacerations, bruises, or burns present on the skin of the child. It can be difficult for nurses to identify if an injury is the result of physical abuse or an accident. When identifying abuse, nurses can pay special attention to if these injuries are in the shape of an object or at different stages of healing like the injury happened multiple times. If the injury is on the child's neck, torso, or buttocks rather than a bony prominence, it is less likely to be an accidental injury as these areas are more naturally protected (Rosenthal & Schneck, 2022). If a caretaker's explanation for how the injury occurs is inconsistent with the nature of the injury or changes each time they are asked to retell, these are red flags to the nurse for potential abuse (Ellington, 2017). Another aspect to pay attention to when asking how the child sustained an injury is who the blame is given to whether that be the caretaker, a sibling, or the injured child themself. The caretaker's level of concern for the injured child can also be revealing of abuse; for example, if they show excessive or less than expected interest in the wellbeing of the child. How promptly medical attention was sought after the injury is another factor to raise concerns about physical abuse. When physically assessing a child, nurses should see how the child reacts to physical touch. Is the child fearful, guarded, or distrusting during the assessment? Asking the child questions about feeling safe or wanting to go home can be integrated into the assessment as well. There could be signs of role reversal or hypervigilance while the child interacts with the caretaker (Ellington, 2017).

Assessment factors like hygiene status, dental care, and other basic signs of care can be noted when assessing for neglect (Rosenthal & Schneck, 2022). The child's weight should be compared against the previous documented weight to check if there was a dramatic weight gain or loss. During a skin assessment, diaper dermatitis or improperly cared for wounds can point to neglect. Since children with complex medical conditions or added health concerns are at an

increased risk for neglect, medication compliance and appearance at scheduled appointments should be assessed. Any untreated condition should be documented and investigated farther. Since much of this assessment must be compared to prior assessment information (i. e. weight, wounds, etc.), a thorough patient history is necessary. When obtaining the patient's history, having the child and the adult report their stories separately can be helpful. Nurses must create a safe and trusting environment to promote honesty and allow the child's voice to be heard. When there is are inconsistencies between child and caregiver, there is reason for suspicion and further investigation. When there is suspicion of abuse, all members of the interdisciplinary team should be made aware and the abuse must be reported to CPS (Chasnoff et al., 2018). This includes the child's primary provider, social workers, and any other professionals involved in the child's care. Radiology can be used to identify the history of healing broken bones and other diagnostic tests can be used for other concerns (Rosenthal & Schneck, 2022). Obtaining a thorough family history is also important as it could impact predispositions or comorbidities the child may have.

Emotional or psychological abuse can be hard to assess for in a physical assessment and requires more insight into the child's mental status and experiences (Rosenthal & Schneck, 2022). Assessing how the child is behaving socially, in school, and developmentally provides information necessary to identify emotional abuse. If the child expresses having no friends, doing poorly in school, demonstrate symptoms of depression or another mental illness, or has somatic symptoms, they may be experiencing emotional abuse (Rosenthal & Schneck, 2022).

Accurately and respectfully assessing for sexual abuse in children should be at the forefront of a nurse's mind. Early identification and intervention when a child is experiencing sexual abuse has been shown to greatly impact mental health repercussions for the victim (Easton, 2019). One physical aspect that may be noted is genital pain or injuries (Rosenthal &

Schneck, 2022). If the sexual act has been committed within 72 hours or sometimes even 120 hours of the examination, forensic evidence may be taken. The child may present with a sexually transmitted infection or be more susceptible to these later in life. Identifying sexual abuse during a physical assessment can be challenging, however, as it can often leave more physical marks or clues on the child (Daphna-Tekoah et al., 2019). Screening tools like questionnaires can aid in identifying abuse especially if the victim is hesitant to share about their experiences. There are a variety of these screening tools already developed and in use to test for the associated symptom of dissociation. The Hopkins Symptom Checklist assesses for psychological distress as does its condensed version titled the Brief Symptom Inventory. Nurses can use these evidence-based screening tools or similar questionnaires supported by their health system to assess for potential repercussions of sexual abuse. After disclosing sexual abuse, it is not uncommon for the child to exhibit an onset of behavioral problems, aggression, risky sexual choices, or substance use (Theimer et al., 2020). Nurses should be aware of these risks that can result from revealing sexual abuse and accordingly assess pediatric patients who have a history of sexual abuse for these complications. Due to these issues, individual and/or group therapy for the child and non-offending caregiver is an important follow-up intervention. When a safe caregiver is involved in therapy following sexual abuse, it can lead to a more positive outcome.

Barriers exist when assessing a patient experiencing sexual abuse. Factors relating to the child themselves, the caregivers, and societal attitudes can impact identification and the management plan for sexual abuse. Barriers to seeking help can include values regarding sex and sex education, hesitance when discussing sexual experiences with healthcare professionals, disbelief among adults when the child reports abusive experiences, or high levels of shame and guilt, to name a few. Treatment is less likely to be adhered to if the caregivers do not believe the

treatment is helpful, have inadequate knowledge about developmentally appropriate sex education, or they do not believe their child has experienced sexual abuse. These are just some of the many barriers that must be overcome when assessing and treating a pediatric patient who has experienced sexual abuse. Another aspect of assessing a child who has experienced sexual abuse is the possibility of pregnancy (Bifulco & Schimmenti, 2019). These patients should be tested for pregnancy and the results must be delivered in a developmentally appropriate way with support systems in place. Assessments for sexually transmitted infections will also have to be completed (Rosenthal & Schneck, 2022). While these may not be routine components of a pediatric assessment, they are necessary when there is a possibility of sexual abuse.

Biomarkers for inflammation could be assessed to see if the child is experiencing heightened levels of stress (Lippard & Nemeroff, 2020). CRP levels and inflammatory cytokines may be increased in a child experiencing abuse. The child may also be overweight indicating the body's response to chronic stress. While these blood test results and the assessment finding of being overweight are not diagnostic, they may add to the clinical picture of an abused child (Lippard & Nemeroff, 2020).

Interventions

Nursing interventions pertaining to child abuse are centered around promoting safety and supporting the child (Halter, 2022). Children should be taught that their abusive experiences are not healthy, normal, or deserved. Through a therapeutic and trusting relationship, the child should be supported by the nurse through the facilitation of treatment, education, and utilizing therapeutic communication (Halter, 2022).

Nurses are legally mandated to report cases of actual or suspected abuse through the proper pathways as offered by their hospital (Halter, 2022). After CPS has been involved in a

child's case, there may be long-term monitoring required (Swenson & Schaeffer, 2018). CPS may even require the removal of the child to a safe setting. Deciding what steps are taken to protect the child after being reported is not the role of the nurse (Ellington, 2017). Nursing priorities when working with an abused or at-risk child lie with prevention, advocacy, treatment, and safety. Responsibilities of the nurse include reporting the suspected abuse, evaluating and carrying out treatments as ordered, advocating for the best interests of the child, providing referral to further resources, educating the patient and caretakers, and being an active participant of the multidisciplinary healthcare team. Outside of the healthcare environment, the nurse may also be required to be a witness or other court ordered role. Nurses are expected to be familiar with the risk factors and indicators of abuse, pathways to reporting abuse, and key definitions associated with abuse (Ellington, 2017).

While nurses are mandated to report abuse, one study found that only 44.8% of nurses would report suspected abuse to the proper authorities (Zusman & Saporta-Sorozon, 2021). This means that less than half of the participating nurses would use the channels in place to prevent and stop child abuse. The intervention organizations and therapies developed to help abused children cannot be effective if they are not being utilized. In the study, nurses felt a sense of collaboration with the welfare organization to which they should report the case and expressed a positive attitude toward reporting abuse. Still, more than half the nurses in the study would report abuse, as only 44.8% of nurses studied stated they would. The nurses who stated they would report suspected abuse expressed support from their health organization during and after reporting abuse. What mattered most was the perceived support and access to resources while reporting that the nurses felt they had. They expressed access to emotional support and advice if they had a need to report. Their employers also commended their thorough screening when they

reported through the proper pathways. Healthcare employers must offer resources to nurses in order for them to feel comfortable reporting and taking advantage of the abuse preventative and reporting organizations (Zusman & Saporta-Sorozon, 2021).

Being aware and promoting the use of abuse reduction programs such as MST-CAN is a responsibility of nurses working with children. Identification of risk factors should be followed by intervening with abuse prevention methods. Evidenced-based practice educates nurses and healthcare professionals as to what methods are effective in preventing and reducing instances of child abuse. Allowing a child to return to an abusive situation increase their risk of recurrent abuse significantly and even increases their risk of death (Daphna-Tekoah et al., 2019). Intervening when abuse is suspected is a lifesaving action and is the responsibility of the nurse.

One treatment program known to be beneficial is referred to as Standard Multisystemic Therapy (MST; Schaeffer et al., 2021). MST often refers patients to MST-CAN. This intervention utilizes nine principles that put the patient's wellbeing at the forefront. These principles include matching the reason for abuse with a treatment plan, focusing on the strengths all parties bring to the therapeutic environment, modifying family behaviors to be more responsible and safer for the child, focusing on issues in the present moment, targeting familial conflict that led to the abuse, using developmentally appropriate interventions, implementing interventions on a daily or weekly basis, being aware of barriers to treatment and taking responsibility as a healthcare team for setbacks, and empowering the family to make and maintain positive change. While it is not the role of the nurse to carry out these therapeutic interventions, being knowledgeable about the avenues available to patients experiencing abuse can educate nursing interventions. Knowing the goal of intervening is not to remove the child

from the family, but rather, promote a healthier and safer environment for the child helps the nurse intervene when necessary (Schaeffer et al., 2021).

Limitations

There are limitations for this literature review. Since no framework was used to guide research, the sources were not selected using a validated tool. More diverse literature could have been selected with the use of a supporting framework. There are also opportunities for future research. Further research should address the most reliable tools for assessing for abuse among pediatric patients. Research pertaining to types of abuse and neglect in general is abundant, but research specific to pediatric patients is scant. Only publications in English were considered for this review; abuse and neglect in other cultural settings were not explored.

Conclusion

Nurses hold the potential to intervene when a child is experiencing abuse. Since abuse can take on a variety of forms, nurses should be educated on the presentation of different types of abuse. Risk factors can place some children at a higher likelihood of being abused due to their familial, socioeconomic, and personal circumstances. No matter the type of abuse, immediate and long-term effects can negatively impact the abused child. These effects can impact the child in negative ways throughout their life into adulthood. Nurses can play a large part in ending the current abuse of the child once identified. Assessing for the potential of abuse is a necessary component of any assessment, especially when working with a vulnerable population such as children. Certain interventions and treatments have been proven to improve the child's mental and physical health to prevent life-altering and even deadly outcomes.

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Appendix A

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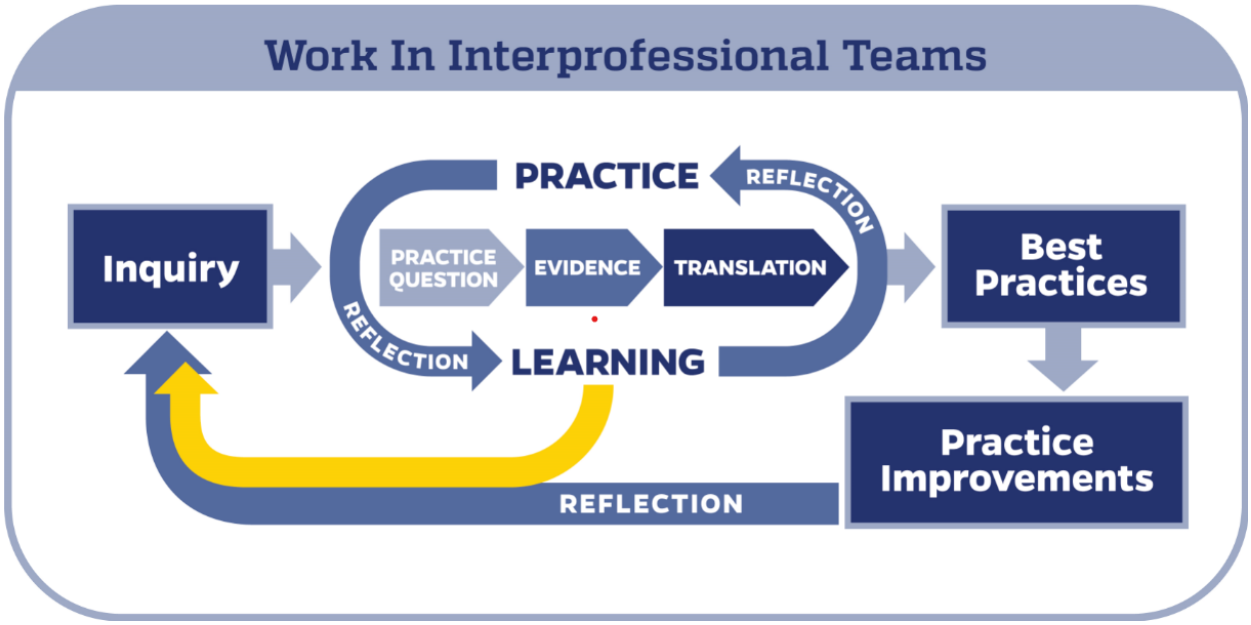

Appendix B

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