

Care of Victims of Child Maltreatment: The School Nurse's Role



Position Statement

SUMMARY

It is the position of the National Association of School Nurses (NASN) that prevention, early recognition, intervention and treatment of child maltreatment are critical to the physical well-being and academic success of students. Registered professional school nurses (hereinafter referred to as school nurses) serve a vital role in the recognition of early signs of child maltreatment, assessment, identification, intervention, reporting, referral and follow-up of children in need. School nurses are uniquely qualified to participate as members of interdisciplinary teams to collaborate with school personnel, community healthcare professionals, students and families.

BACKGROUND

The Child Abuse and Prevention and Treatment Act (CAPTA), originally passed in 1974 and amended by the CAPTA Reauthorization Act of 2010, defines child maltreatment as the following:

“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” (CAPTA, 2010, p. 6).

A *child* is defined as a person who has yet to reach the age of 18 years and who is not an emancipated minor. It is important to understand that there are many exceptions and varying definitions made by individual state laws (Child Welfare Information Gateway, n.d.). All 50 states, the District of Columbia, and the U.S. territories have mandatory child maltreatment reporting laws that require certain professionals and institutions to report suspected maltreatment to a Child Protective Services agency (United States Department of Health and Human Services [USDHHS], 2010).

School nurses, teachers, and other school staff are legally required to report suspected child maltreatment (Child Welfare Information Gateway, 2012).

In 2010, Child Protective Services received approximately 3.3 million reports of suspected child maltreatment, and it was estimated that 1560 children died as the result of child maltreatment (CDC, 2012). CAPTA identified the incidence of four types of child abuse:

- 78% of cases involved neglect;
- 18% involved physical abuse;
- 9% involved sexual abuse; and
- 8% of victims suffered emotional abuse.

The psychological and academic impact of child maltreatment can be devastating and create life-long challenges. Children who have been victims of maltreatment exhibit high levels of risk taking and have impaired decision-making skills (Weller & Fisher, 2013). Children who suffered maltreatment were found to have significantly lower cognitive abilities and academic achievement (DeBellis, Wolley, & Hooper, 2013).

The lifetime economic burden of child maltreatment based on the substantiated non-fatal child maltreatment cases and the fatal cases of child maltreatment is estimated to be 124 billion dollars that includes significant costs

for health and medical care, productivity losses, child welfare, criminal justice, and special education services (Fang, Brown, Florence, & Mercy, 2012).

RATIONALE

School personnel are often the first to become aware that a child may be a victim of maltreatment and is struggling because of adverse events occurring in his or her life. The Adverse Childhood Experiences Study (ACE) identified 17 long-term health issues that were the result of childhood abuse or neglect. These health issues were clustered by the number of adverse experiences a person identified. There is a direct correlation between the number of adverse events experienced by a victim of child maltreatment and the number of long term health issues they experience (CDC, 2010). Child maltreatment increases the childhood risk of diabetes, obesity, grade repetition, and engagement in risk-taking behaviors (USDHHS, 2010). The effect of violence alone on a child increased the risk of appetite problems by 28%, headaches by 57%, sleep problems by 94%, and stomachaches by 174% (Shannon, Bergren, & Matthews, 2010). Childhood maltreatment has been linked to long-term risk for depression (Nanni, Uher, & Danese, 2011), chronic fatigue syndrome (Fuller-Thomsen, Sulman, Grennenstuhl, & Merchant, 2011), higher rates of mental health problems (Burke, Hellman, Scott, Weems, & Carrion, 2011) increased tendencies toward youth violence and intimate partner violence (USDHHS, 2010) and increased risk of psychiatric disorders (Chen et al., 2010). These long-term effects of child maltreatment influence individual health, academic achievement and the healthcare system as a whole (DeBellis et al., 2013).

Early identification and intervention is crucial in promoting recovery and preventing further victimization. Therefore, it is vital that school personnel receive training to recognize the signs of maltreatment and report accordingly. The school nurse is a leader in educating school personnel about recognition of child maltreatment. Signs that indicate child maltreatment may include child reports of maltreatment, sudden behavior changes, lack of medical referral follow-through, learning problems that have no known etiology, child responses that are consistently guarded and/or overly compliant, and child's avoidance of home or certain individuals. Child maltreatment may present in a variety of ways (Child Welfare Information Gateway, 2013):

- Physical Abuse – non-accidental physical injury whose presentation and explanation are inconsistent with assessment data;
- Neglect – failure to provide for child's physical, medical, educational or emotional basic needs, abandonment;
- Sexual Abuse – children who have sexual knowledge that is not commensurate with their age, sexualized behavior not developmentally appropriate for child's age;
- Emotional Abuse – witness to maltreatment of other individuals, actions that are persistently demeaning of a child's self-esteem; and
- Substance Abuse – prenatal exposure to illicit substances, young children who have access to and/or speak the language of illegal drugs or alcohol, children exposed to the toxic and extremely dangerous process of methamphetamine manufacture.

School nurses are involved in prevention, early identification, reporting, and treatment related to child maltreatment because of their opportunity to interact with children on a daily basis. The role of the school nurse is to report suspicion of abuse; the role of Child Protective Services is to investigate the suspicion. School nurses are accountable and responsible to do the following:

- Know local laws, regulations, policies and procedures for the process of reporting child maltreatment;
- Provide for personal body safety education to students and advocate for school health education policies that include personal body safety;
- Educate and support staff regarding the signs and symptoms of child maltreatment;
- Identify students with frequent somatic complaints which may be indicators of maltreatment;
- Support the victims of child maltreatment;
- Link victims and families to community resources, including a medical home (Health Resources and

Services Administration [HRSA], 2013); and

- Collaborate with community organizations to raise awareness and reduce incidence.

CONCLUSION

School nurses are uniquely positioned to advance the academic achievement of students by protecting their health and safety. Prevention, early recognition, and treatment of child maltreatment are critical to the physical/emotional well-being of students and, therefore, their academic success. Additionally, school nurses serve as a resource to faculty and staff in the recognition and reporting of child maltreatment.

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