

### **INTRODUCTION**

Child maltreatment, formerly referred to as abuse and neglect, is a crime, a tragedy and a significant public health burden. In 2009, an estimated 3.3 million referrals to child protective services (CPS) alleged maltreatment of approximately 6 million children. Of those, 62% were screened and maltreatment was found to be evident in 24% of those children (USDHHS, 2010).

Neglect was and is the most common form of child maltreatment. Although any of the categories of child maltreatment may be found separately, they often occur in combination. According to the Child Maltreatment 2009 report (USDHHS, 2010), CPS investigations determined the following:

- More than 75% suffered neglect.
- More than 15% suffered physical abuse.
- Fewer than 10% suffered sexual abuse.
- Fewer than 10% suffered psychological abuse.

For 2009, more than half (58.3%) of all reports of alleged child maltreatment were made by professionals. The US Department of Health and Human Services, Children's Bureau, notes that a "professional" means the person had contact with the alleged child maltreatment victim as part of the report source's job. Of these professionals, the most common report sources were education personnel (16.5%), legal and law enforcement personnel (16.4%) and social services staff (11.4%) and medical personnel (8.2%). The remaining reports were made by nonprofessionals, including friends, neighbors, sports coaches and relatives (USDHHS, 2010).

### **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:

"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, 2011, p. 6).

A "child" under this definition generally means a person who is younger than 18 or who is not an emancipated minor. The importance of understanding individual state laws as it pertains to maltreatment of emancipated minors cannot be overlooked. Specific state laws may require reporting to other agencies. Situations concerning emancipated minors who are victims of maltreatment should still be reported to CPS where guidance can be offered regarding further reporting requirements.

Many states have extended definitions for maltreatment such as physical abuse, neglect, and emotional abuse not found in the CAPTA language. Abandonment and substance abuse by a parent or caretaking adult have also been part of the definition in some states. CAPTA does provide definitions for sexual abuse and for maltreatment where medically indicated treatment has been withheld. (Child Welfare Information Gateway, 2011).

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 CPS agency (USDHHS, 2010). Registered professional school nurses (hereinafter referred to as school nurse), as well as teachers and other school staff, are among those legally required to report suspected child maltreatment. If a mandated reporter does not report pertinent information within the legally required time period the reporter may be in violation of child protection and reporting laws. This violation may carry a fine or imprisonment for lack of due diligence (Child Welfare Services, 2011).

### **RATIONALE**

Adverse childhood events have long term effects on the lives of adults, and this impacts our health care systems as well as the health of individuals in our communities. Early identification and intervention is crucial in preventing further victimization. Physical and emotional recovery cannot happen if the maltreatment continues. School personnel are often the first to become aware that a child is struggling because of adverse events occurring in his or her life. The effect of violence alone on a child increased the risk of appetite problems by 28%, headaches 57%, sleep problems 94% and stomachaches 174% (Shannon, Bergren & Matthews, 2010). Long term effects of adverse childhood experiences were studied by the Centers for Disease Control and Prevention (CDC, 2010).

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. The more events, the more long-term health issues there were (CDC, 2010). Therefore, it is vital that early intervention be emphasized and that school personnel receive training to recognize the signs of maltreatment when it is occurring.

Childhood maltreatment has been linked to long-term depression risk (Nanni, Uher & Danese, 2011). Childhood physical abuse has been associated with chronic fatigue syndrome (Fuller-Thomsen, Sulman, Grennenstuhl & Merchant, 2011). Childhood trauma has been linked to higher rates of mental health problems (Burke, Hellman, Scott, Weems & Carrion, 2011). Victims of child maltreatment are more likely to perpetrate youth violence and intimate partner violence (Fang & Corso, 2007). Sexual abuse survivors have increased risk of psychiatric disorders (Chen, et al, 2010).

## **ROLE OF THE SCHOOL NURSE**

School nurses have the opportunity to interact with children on a daily basis. School nurses should be familiar with their respective state's child maltreatment reporting laws. The role of the school nurse is to report suspicion of abuse; the role of CPS is to investigate the suspicion. Not only is it a legal requirement, but reporting child maltreatment as well as taking appropriate action regarding instances of illegal, unethical, or inappropriate behavior that could endanger the best interests of children is within the scope and standards of practice of school nurses (American Nurses Association [ANA] & National Association of School Nurses [NASN], 2011). School nurses are accountable and responsible to:

- Identify students with frequent somatic complaints which may be indicators of maltreatment,
- Know policies and procedures of the school or district for the process of reporting,
- Support the victims of child maltreatment,
- Educate and support staff regarding the signs and symptoms of child maltreatment,
- Provide personal body safety education to students,
- Link victims and families to community resources, and
- Collaborate with community organizations to raise awareness and reduce incidence.

School nurses advance the academic achievement of students by protecting their health and safety. Additionally, school nurses consulting with school personnel promote the ability of faculty and staff to recognize suspicious indications of maltreatment and respond appropriately to keep students safe. School nurses need to be sensitive to patterns and injuries that indicate maltreatment and to stay current with the research, clinical practice, laws and regulations.

## **REFERENCES**

American Nurses Association (ANA) and National Association of School Nurses (NASN). (2011). *School nursing: Scope and standards of practice (2<sup>nd</sup> ed.)*. Silver Spring, MD: Nursebooks.org.

Burke, N. J., Hellman, J. H., Scott, B.G., Weems, C.F. & Carrion, V.G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse & Neglect*, 2011; doi: 10.1016/j.chiabu.2011.02.006. Retrieved from [http://www.pdfdownload.org/pdf2html/view\\_online.php?url=http%3A%2F%2Fwww.nutrociencia.com.br%2Fupload\\_files%2Fartigos\\_download%2FBurke%2520et%2520al.%2C%25202011.pdf](http://www.pdfdownload.org/pdf2html/view_online.php?url=http%3A%2F%2Fwww.nutrociencia.com.br%2Fupload_files%2Fartigos_download%2FBurke%2520et%2520al.%2C%25202011.pdf)

Centers for Disease Control and Prevention (CDC). (2010). *Adverse childhood experiences study (ACE)*. Retrieved from <http://www.cdc.gov/acefindings.htm>

Chen, L. P., Murad, M. H., Paras, M.L., Colbenson, K. M., Sattler, A. L., Goranson, E. N., Elamin, M. B., Seime, R. J., Shinozaki, G., Prokop, L. J. & Zirakzadeh, A. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinical Proceedings*, 85, 618-629. doi:10.4065/mcp.2009.0583

Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. 5106g), as amended by the CAPTA Reauthorization Act of 2010. Available at [http://www.act.hhs.gov/programs/cb/laws\\_policies/cblaws/capta/capta2010.pdf](http://www.act.hhs.gov/programs/cb/laws_policies/cblaws/capta/capta2010.pdf)

Child Welfare Information Gateway. (2011). *Definitions of child abuse and neglect in federal law*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Available at <http://www.childwelfare.gov/can/defining/federal.cfm>

Fang, X., & Corso P.S. (2007). Child maltreatment, youth violence, and intimate partner violence - developmental relationships. *American Journal of Preventive Medicine*, 33, 281-290. Retrieved from <http://www.ajpmonline.org/article/PIIS0749379707003492/fulltext>

Fuller-Thomson, E., Sulman, J., Brennenstuhl, S. & Merchant, M. F. (2011). Functional somatic syndromes and childhood physical abuse in women: Data from a representative community-based sample. *Journal of Aggression, Maltreatment & Trauma*, 20, 445. doi: 10.1080/10926771.2011.566035

Nanni, V., Uher, R. & Danese, A. (2011). Childhood maltreatment predicts unfavorable course of illness and treatment outcome in depression: A meta-analysis. *American Journal of Psychiatry*, Epub ahead of print. doi: 10.1176/appi.ajp.2011.11020335. Retrieved from <http://ajp.psychiatryonline.org/cgi/content/abstract/appi.ajp.2011.11020335v1>

Shannon, R.A., Bergren, M.D. & Matthews, A. (2010). Frequent visitors: Somatization in school-age children and implications for school nurses. *Journal of School Nursing*, 26, 169-192.

United States Department of Health and Human Services (USDHHS), Administration for Children and Families Administration on Children, Youth and Families Children's Bureau. (2010). *Child maltreatment, 2009*. Available at <http://www.acf.hhs.gov/programs/cb/pubs/cm09/>

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*Child Abuse and Neglect* (Adopted: June 1974; Revised: June 1982, 1985, 1996, 2002, 2006)