Injury and Violence Prevention in Early & Middle Childhood

Focus: Physical Abuse among Early & Middle Childhood

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According to Healthy people 2020, “Injury and violence is leading cause of death between the ages of 1 to 44,” as a result this topic was chosen to address these issues, but due to the fact that this topic is so broad. This paper will focus on physical abuse among early & middle childhood. In as little as two week ago, the news headlines read, Brooklyn Mom and Grand mom charged with the death of a 4 year old. In today’s society neglect and the abuse of a child is a realistic factor that one will face as a professional and as member of the community. Therefore the more knowledge you have in this subject matter the better prepared you will be to tackle and address the challenges this difficult issue can appose. As a community health nurse you will play an important role in handling child abuse cases. As a result, the nurse must have the ability to detect, be aware of the various signs of an abused child and implement prevention.

 Physical abuse, a subset of childhood abuse as defined by the Healthy People 20/20, is any physical force or action that results in or may result in a non-accidental injury of a child. Physical abuse may involve striking the child a single time or may involve a pattern of occurrences. These injuries are also referred to as inflicted or non-accidental injuries. Physical abuse can produce various injuries and many patterns of abuse can be seen in children, for example, fractures of bones, bruises, burns, choking, poisoning, being hanged, and falls.

Early childhood is the population of individual age ranging from birth to 8yrs old. According to psychologists, early childhood is a time of tremendous physical, cognitive and socio - emotional development. During early childhood, the human brain grows to 90% of its adult size by age 3. This period in a child’s life represents the time when young children reach developmental milestones. These include emotional regulation and attachment, language development, and motor skills. All of these milestones can be significantly delayed when young children experience environmental stresses and other negative risk factors.

Researchers have also shown that when early childhood growth development is interrupted by physical abuse and is not corrected, the child’s growth is also influenced. Evidence shows that experiences in the 1st years of life are extremely important for a child’s healthy development and lifelong learning. How a child develops during this time affects future cognitive, social, emotional, and physical development which influences school readiness and later success in life.

**Predisposing factors of physical abuse among Early Childhood**

There are various factors that contribute to the causes of physical abuse. Physical abuse tends to occur at moments of great stress. Many people who commit physical abuse were abused themselves as children. In this case, parents who were abused as child can experience overwhelming emotions of sadness and anger once they begin parenting. They might fear loss of control or that their anger will lead to physical abuse of their child.

1. **The Challenging Child: P**hysical child abuse is not caused by children, parents who are raising children with challenges sometimes experience anger, frustration and loneliness. The child might have behavioral or mental health problems, or might have some form of physical disability. Some parents are ill-equipped to handle these types of problems.
2. **Untreated Mental Illness:** Untreated mental illness can lead to uncontrolled anger and flashes of rage. Parents who receive treatment are able to exercise more self-control and understand the impact of their behavior. Mental illness such as depression, bipolar disorder, anxiety disorder, or personality disorder can cause parents to lose control and physically abuse their children.
3. **Family Stress:** The disintegration of the nuclear family and its inherent support system has been held to be associated with child abuse.
4. **Social Forces:** Children are at higher risk for abuse because of poverty. The lack of finances, home and living necessities contributes to physical child abuse.
5. **Domestic Violence:** Involving adults often evolves to include abuse children. In addition, children who witness physical abuse often abuse each other in the same ways. An adult victim of abuse can take out their anger, fear, and frustration on the children by physically abusing them.

Statistic:

In the United States, during the 2010 Federal Fiscal year there was more than 3.6 million children serviced for or subjected to child abuse. The reports from Child Protected Services indicated that 1 in 5 or 20.5% of these children was founded to be a victim of child mistreatment. (Children Bureau, p. 19) The National Child Abuse and Neglect data system defines a victim as a child, where evidence of abuse was noted during an investigation by a child protected service worker. Younger children are more vulnerable and are at higher risk for being abused. More than 1/3 of children were under the age of 4. According to the demographics out of every 1,000 children, ages one year and younger, there will be 20.6 children who will be victims of abuse. Generally the rate and percentage of victimization decreased with age. Children ages of 4-7 consist of 1/5 of the population, and ages 8-11years consist of 18.7%. 48.5% were boys and 51.2% were girls.

Demographics:

Age of child:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Ages | 1-3 years | 4-7 year | 8-11 years | 12-15 years | 16-17 years | Unknown |
| Percentage | 34.0% | 23.4% | 18.7% | 17.3% | 6.2% | 0.4% |

The younger the child the higher their chances of being abused:

|  |  |  |  |
| --- | --- | --- | --- |
| Ages | 1 year old | 2 year old | 3 year old |
| Percentage | 11.9% | 11.4% | 11.0% |

 Even though abuse is a universal problem and it affects every nation 85% of the abuser consists of African American, Hispanic, and white. The other 15% were other. See chart below:

Victims by race:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RACE | White | AfricanAmerican | Hispanic | Unknown | Mixed Race  | Alaska Native Indian | Asian | PacificIslander |
| % | 44.8% | 21.9% | 21.4% | 6.3% | 3.5% | 1.1% | 0.9% | 0.2% |

Perpetrators Relationship:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Abuser | Mother | Father | Mother and Father | Parent and other | Non-parent |
| Percentage | 37.2% | 19.1% | 18.5% | 81.3% | 13% |

The children who were found to be abused were four fifths likely to be to be mistreated by a parent either acting alone or along with another person in the home. Two fifth were mistreated by their mother, and one fifth abused by the father; one fifth abused by both parents. (Child Bureau p. 23)

IMPORTANCE AND PREVENTION OF CHILD ABUSE

Thousands of children die each year as a result of abuse. For those who survive the emotional trauma remains long after the external abuse and scars have healed. Early recognition and treatment of physical abuse in children is important to minimize long term effects of abuse. The effects of physical abuse in children go beyond injuries and a victim of child abuse, can follow an individual into the community, classrooms, and into adulthood.

Children who have been abused may display:

* A poor self-image
* Sexual acting out
* Inability to trust or love others
* Aggressive, disruptive, and sometimes illegal behavior
* Anger and rage
* Self-destructive or self-abusive behavior, suicidal thoughts
* Passive, withdrawn or clingy behavior
* Fear of entering into new relationships or activities
* Anxiety and fear
* School problems or failure
* Feelings of sadness or other symptoms of depression
* Flashbacks, nightmares
* Drug and alcohol abuse
* Sleep problems

Often the severe emotional damage to abuse children does not surface until adolescence or even later. Many of these abused children go on to be abusive parents themselves. An adult who was abused as a child often has trouble establishing lasting and stable relationships. These victims may have trouble with physical closeness, touching, intimacy, and trust in adults. They are also at higher risk for anxiety, depression, substance abuse, medical illness and problems at school or work

 Early identification and treatment is important to minimize the long-term consequences of abuse.

In order to prevent physical abuse in children we must be able to identify risk factors.

* Alcohol use in the home
* Parents being a victim of abuse themselves
* Mental health issues and mental disorders
* Environment
* Lack of education
* Little or no access to health services
* Social norms and cultural beliefs
* Social relationships
* Domestic violence
* Drug abuse
* Being a single parent
* Poverty

Preventing child abuse can be done with early intervention. By identifying children at risk, and providing support to parents. Training, anger management and even role playing will also be beneficial. Preventing child abuse and neglect spares the child pain and suffering, both physical and psychological. This is morally preferable to intervening “after the fact.” Further, early intervention or prevention may be more effective sooner than later. For instance, the time when a family has a new baby often is described as “a window of opportunity,” and early efforts to support the family and strengthen their parenting abilities.

 According to Pediatrics in Review “Another reason for preventing child abuse and neglect is its immense morbidity and significant mortality rates.” Research has documented multiple physical, cognitive, behavioral, social, and emotional episodes of child maltreatment. Brain damage, learning problems, aggression, juvenile delinquency and adult criminal behavior, depression, and parenting difficulties are a few of the long-term effects.

**Four Recommended Solutions to Prevent Physical Abuse**

* Home visits from prenatal to the first two years of a child’s life
* Increase the funding for parent support groups and parent education classes
* Lobby to the Legislation to initiate a law for pediatricians to screen elementary and middle school students within the schools and wellness clinic
* General public awareness

**Role of the Community Health Nurse in Each Solution**

*Home visits from prenatal to the first two years of life*

The community health nurse plays a vital role in home visitation because the goal will be to prevent early and middle childhood abuse. Enhance parent and child interaction, decrease the use of physical punishment, increase parent knowledge in the child’s growth and development, reduce family stress, promote positive health related behaviors and improve the quality of infant care giving. (Biluka, 2005).

The community health nurse can collaborate with other health care organizations such as the prenatal clinic; the pediatrician’s office and the WIC office to assess families who are at a high risk for physical abuse such as single mothers, drug abusers, and first time parents. Referrals can then be made by these establishments for home visitations by the community nurse.

With access granted to the home, the nurse can play the role of an educator. The nurse can educate the parents on ways they can improve the parent and child relationship. The nurse can educate them on how to give quality care to their infant and toddlers; teach them about the development of a growing child, so this can strengthen the bond between parent and child. The nurse can teach early bonding with the infant, and increase the love between parent and child. These interventions can possible help to prevent physical abuse in the future. Finally, the community nurse can detect early signs of frustration and anger, and refer the parent to anger management and/or family support classes.

*Increased Funding for Support Group and Parent Education Classes*

Physical abuse often occurs because of several reasons. Stress at work, family discord, financial issues, strained marital relationships and the stress of raising a family can lead to anger and loss of control on the part of the parent. Parent support groups can help to provide emotional support and respite from the daily struggles of parenting that may lead to physical abuse. Parent education classes and parental tools can provide increased knowledge of how children develop and help to pacify the parent’s desire to lash out at the child.

The community health nurse in her capacity as an advocate can promote the cause for increase funding from legislators to provide programs in the community, hospitals, OBGYN clinics and wellness centers that counteract abuse and offer emotional support to parents. With increased funding, the community nurse can act as an educator, offer prenatal classes that educate parents on child rearing and the ramifications of physical abuse.

*Legislation to initiate a law for pediatricians, schools, daycare and wellness center to screen middle and early childhood for signs of physical abuse.*

The community health nurse in her capacity as policymaker can collaborate with legislators to enact laws that call for the screening of physical abuse of elementary and middle school students. The student would be screened by a pediatrician in school, a pediatrician’s office, an OBGYN clinic, or a wellness center. Any signs of abuse would in turn be reported to the authorities. The community nurse can also collaborate with teachers and the school nurse so that they too can know the signs of physical abuse and be properly informed on what should be done.

*General Public Awareness*

The purpose of public awareness is to raise the community knowledge on the signs of childhood physical abuse and to provide information about available resources and solution; thus the nurse can act as an educator and collaborator. Public awareness can reach diverse communities including children and parents. The community nurse can organize community fairs with the help of the community’s council member. Parents and children can be educated at the fair through the use of role plays, pamphlets etc. The public can be alerted through other means. For example, public service announcements on the radio, television or internet are ways in which to seek public awareness. Posters and brochures with information on the signs of physical abuse can also be used. The community nurse can also collaborate with the media by showcasing child safety skits on television and offering ways in which an individual can report the suspected maltreatment of a child.

 In Conclusion physical abuse in early and middle childhood is a realistic public health issue in our society. As a community health nurse, you will play an important role in handling child abuse cases. As a result, the nurse must have knowledge, be aware of the various signs while detecting and implementing prevention.

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