NAPNAP Position Statement on Child Maltreatment

A goal of the National Association of Pediatric Nurse Practitioners (NAPNAP) is to enhance the quality of health care for infants, children, and adolescents. To achieve this purpose, NAPNAP promotes the provision of a safe, caring, and healthy environment that contributes to optimal growth and development of children from infancy to adulthood.

Child maltreatment is a broad term encompassing neglect, physical abuse, sexual abuse, and emotional abuse. Child maltreatment, a major public health concern in the United States, has negative consequences on emotional and physical development, often with effects lasting a lifetime and into future generations. During 2004, an estimated 872,000 children were victims of child maltreatment (U.S. Department of Health and Human Services, 2006) at a rate of 11.9 per 1,000. There were 1,490 deaths related to maltreatment, a rate of 2.03 deaths per 100,000 children. During 2004, 62.4% of victims experienced neglect, 17.5% were physically abused, 9.7% were sexually abused, and 7% were psychologically maltreated. Children younger than 4 years of age account for 81% of child fatalities. Nearly 84% of victims were abused by a parent. Despite legal mandates to report child maltreatment, lack of early identification and reporting along with limited patient disclosure make the numbers of cases of child abuse difficult to accurately estimate.

Child maltreatment is associated with a broad array of physical and mental health problems, including eating and sleeping disorders, regression, developmental delays, psychosomatic disorders, attachment disorders, substance abuse, depression, anxiety, suicidal ideation, future victimization, violent behavior, and chronic physical illnesses. Some of these long-term outcomes result from specific injuries, but other damaging effects can result from the absence of positive interactions between parent and child. Research has suggested that child maltreatment is a major risk factor for the leading causes of illness and death as well as poor quality of life in the United States (National Clearinghouse on Child Abuse and Neglect Information, 1998; National Research Council, 1993).

Research has led to insight into the factors that place children at risk for maltreatment and the factors that place a caregiver at risk for becoming abusive (Brown, Cohen, & Johnson, 1998; Frederickson, 1999; Murray, Baker, & Lewin, 2000). These factors include increased violence in the media and society, poverty, prematurity, children with disabilities, unrealistic parental expectations of childhood behavior, single-parent families, substance abuse, parental stress, isolation, domestic violence, lack of social support, and cultural factors (Kotch, Browne, Dufort, & Winsor, 1999; Nester, 1998). Children and adolescents are also at risk for exposure to predators related to unsupervised use of the Internet (McColgan & Giardino, 2005).

Domestic violence is closely linked with child abuse. Studies estimate up to 10 million children are exposed to domestic violence annually. Child maltreatment may occur in association with domestic violence in up to 60% of cases (Berkowitz, 2005). Pediatric health care providers have been prevented from adequately addressing the problem of child maltreatment because of lack of training, psychological barriers, racial and socioeconomic factors, past negative experiences with child protective services, inadequate knowledge of reporting mandates, lack of time, and anticipated court testimony (Flaherty & Sege, 2005). In addition, a lack of effective and accessible treatment programs leads to continued maltreatment situations. Without intervention, child maltreatment will continue to be a na-

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Reprint requests: NAPNAP National Office, 20 Brace Rd, Suite 200, Cherry Hill, NJ 08034-2633.

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tional emergency with substantial costs to society.

Theoretical frameworks for child maltreatment intervention with both the child and the perpetrator have been developed (Frederickson, 1999). These strategies include using activities to facilitate positive parent-child interaction, reducing stress, providing support, educating parents regarding child development and management techniques, and facilitating children's psychosocial development (Nester, 1998). Effective community intervention involves an interdisciplinary approach with the formation of a child protection team that includes professionals from health care, criminal justice, law enforcement, social work, and education.

As an organization committed to improving the health care of children, NAPNAP believes that a concerted effort must be made to prevent child maltreatment and/or identify and intervene in the early stages in a way that causes the least trauma to the child. Pediatric nurse practitioners (PNPs) who work with children are in a strategic position to assess for the presence of risk and protective factors as well as provide primary prevention interventions (Dubowitz, 2002; Nester, 1998). Additionally, PNPs can screen for maltreatment, provide anticipatory guidance on this issue, and assist children/families already engaged in maltreatment by referring to the local child protection team (Murray et al., 2000). A coordinated effort needs to be established to offer diagnostic, therapeutic, and remedial services to abused children and their families.

Therefore, NAPNAP affirms to:

1. Support efforts for primary prevention of child maltreatment including assessment for risk as well as protective factors, education for parents and caregivers, providing assistance to families in crisis, and recognizing that child maltreatment crosses all socioeconomic, racial, and religious boundaries.
2. Support educational programs for children, empowering them to become aware of how to protect themselves from maltreatment and disclose to trusted adults.
3. Support the implementation and development of protocols for screening, evaluation, treatment, and referral of child maltreatment.
4. Encourage all PNP programs as well as other medical training programs to include comprehensive education in the area of child maltreatment.
5. Serve as an educational resource to parents, children, health care providers, child protective workers, criminal and judicial personnel, daycare providers, and the community at large regarding prevention, identification, and management of child maltreatment.
6. Recognize PNPs who have acquired specialized training in the evaluation of child maltreatment as an integral member of the child protection team.
7. Support efforts to decrease violence in the media, the Internet, the family, and society.
8. Support increased funding for further child maltreatment research studies, including prevention efforts, intervention research, and theory testing.
9. Encourage health care providers to refer to or provide mental health services to child maltreatment victims as well as to family members of abused children including the parent(s), and in some cases the perpetrators (e.g., adolescent siblings).
10. Support efforts to prevent victimization of children in the courtroom and develop and implement age-appropriate environments for children involved in the judicial system.

NAPNAP actively supports and encourages prevention, identification, and early intervention in all cases of child maltreatment.

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