INTERNATIONAL ASSOCIATION OF Forensic Nurses

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Position Statement

Child Maltreatment

Problem Statement

The International Association of Forensic Nurses (IAFN) is committed to the provision of forensic nursing and health care to all victims of violence. Children under the age of 18 are particularly vulnerable to experiencing violence, often through child maltreatment. Child maltreatment broadly encompasses physical abuse, sexual abuse, emotional/psychological abuse, neglect, medical child abuse, and commercial exploitation (both sexual and labor). Child maltreatment results in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power (WHO, 2018). Child abuse is a problem of epidemic proportions throughout the world. The World Health Organization (2018) reports that 23% of children worldwide have experienced physical abuse during the past year, 36% suffered emotional abuse, and 16% endured physical neglect. More than a quarter (28%) of the world's children were sexually abused in 2017; girls were nearly 2 ½ times more likely to experience sexual abuse than boys (WHO, 2018). Each year, about 41,000 children globally under the age of 15 are victims of homicide resulting from child maltreatment (WHO, 2018). Many more victims of child maltreatment likely exist as most incidents of child maltreatment go undetected and/or unreported. Child maltreatment is a major global public health concern that results in negative psychological and physical health consequences that can last a lifetime and affect future generations.

Association Position

Therefore, the International Association of Forensic Nurses:

1. Recognizes that child maltreatment is a global public health concern with the potential for serious lifelong negative physical and psychological consequences, including death (WHO, 2018).
2. Recognizes pediatric-focused forensic nurses who have received specialized education and training in the evaluation of child maltreatment as integral members of the child protection team (Hornor, Thackeray, Scribano, Curran, & Benzinger, 2012).
3. Encourages forensic nurses to develop and implement protocols for screening, evaluation, treatment, and referral for child maltreatment (Hornor, 2015).
4. Encourages all forensic nurse and other healthcare provider training programs to include comprehensive education in the area of child maltreatment.
5. Encourages the development and testing of evidence-based interventions to prevent child maltreatment, including parenting programs and nurse home visiting programs (WHO, 2018).
6. Supports educational programs for children to improve their knowledge of abusive situations and teach them social skills to protect themselves (WHO, 2018).
7. Supports efforts that promote pro-social, non-violent norms, values, and behaviors (WHO, 2018).

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8. Serves as an educational resource to forensic nurses, parents/caregivers, children, other healthcare providers, law enforcement officials, child protective services professionals, judicial personnel, and society at large regarding prevention, identification, and management of child maltreatment.
9. Globally supports the development of response and support services to assist children exposed to child maltreatment (WHO, 2018).
10. Advocates for economic and structural supports to address societal factors that increase risk, including poverty, gender and social inequality, lack of housing or services, and other social determinants of health.

Rationale

Child maltreatment is associated with a variety of negative health consequences, including attachment disorders, eating disorders, anxiety, violent behaviors, high-risk sexual behaviors, substance abuse, suicidal ideation, sleeping disorders, anxiety, violent behaviors, future victimization, poor adult health behaviors, developmental delays, and chronic physical illnesses (Camilo, vaz Garrido, & Calheiros, 2016; Jackson, Kissoon, & Greene, 2015; Lehmann, Breivik, Heiervang, Havik, & Havik, 2016; Murray, Nguyen, & Cohen, 2014; Norman, Byambaa, Butchart, Scott, & Vos, 2012). Research suggests that child maltreatment is a major risk factor for the leading causes of illness, death, and poor quality of life (Slopen, McLaughlin, & Shonkoff, 2014). Experiencing child maltreatment can also negatively impact a parent's ability to adequately parent their own children (Pazdera, McWey, Mullis, & Carbonell, 2013). Child maltreatment is associated with staggering long-term economic consequences for society (Thielen, Have, Graaf, Cuijpers, Beekman, Evers, & Smit, 2016).

Certain factors increase a child's risk to experience child maltreatment. These factors include poverty, financial strain, disabilities, prematurity, behavioral concerns, unrealistic behavioral expectations of parents, parental substance abuse, parental mental illness, domestic violence, isolation, and lack of social supports (Hornor, 2013). Domestic violence is closely linked with child maltreatment. Studies indicate that up to 10 million children witness domestic violence each year (Children's Bureau, 2016). Child maltreatment may co-occur with domestic violence in up to 60% of cases (Hamby, Finkelhor, Turner, & Ormrod, 2010). Additionally, any one type of child maltreatment rarely occurs in isolation; children who experience one type of child maltreatment are at high risk of experiencing other types (Pazdera, McWey, Mullis, & Carbonell, 2013).

Pediatric healthcare providers have been limited in their ability to adequately address the problem of child maltreatment due to a lack of training, psychological barriers, past negative experiences with child protective services, inadequate knowledge of reporting mandates, lack of time, and anticipated court testimony (Hornor, 2015). Without adequate intervention, child maltreatment will continue to be a global emergency with multi-faceted costs to society.

IAFN believes that a concentrated effort must be made to prevent, promptly identify, and appropriately intervene in instances of child maltreatment to decrease trauma exposure for the child. Forensic nurses care for children who are vulnerable to experiencing all forms of child maltreatment. Forensic nurses can make a difference in the lives of these children by adopting practice behaviors that include: consistently screening parents for familial psychosocial risk factors and linking these families with appropriate resources, screening children for all forms of child maltreatment, and assisting children/families already

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engaged in child maltreatment by reporting to and working with child protective services. Forensic nurses are well poised to launch public education and advocacy related to child maltreatment. Forensic nurses can play a vital role in ensuring the health and safety of children by advocating for improved diagnostic, therapeutic, and remedial services for abused children and their families.

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