JNP

Diagnosing Child Abuse: The Role of the Nurse Practitioner

Laura Caneira, RN, FNP, and Karen M. Myrick, DNP, APRN

ABSTRACT

Child abuse is a major epidemic within the United States, affecting over 3 million children in 2011. Although specific children may be at increased risk, child abuse can affect anyone, at any time. To provide care, a nurse practitioner must be know the clinical manifestations, differential diagnoses, and epidemiology to accurately rule-out other disorders and develop an appropriate plan of care.

Keywords: child abuse, child maltreatment, diagnosis, nonaccidental trauma, nurse practitioner

INTRODUCTION

A nurse practitioner (NP) must be familiar with disorders that can affect children, adolescents, and adults. They must also have adequate knowledge of the mechanisms to properly screen, diagnose, and treat these conditions, and the costs that are associated. Although children may present with a grave injury indicative of abuse, it has been determined that, quite commonly, children present to emergency departments or primary care offices with injuries consistent with abuse, but that the diagnosis of abuse is not identified.[1,2] Accurate and prompt diagnosis of child abuse may facilitate the care of children in the acute phase and also minimize the effects experienced later in life. Failure to identify suspicious injuries and take appropriate action may have devastating future consequences for the child and family.[1]

Child abuse is not typified by an isolated acute incident. It may involve 1 incident or occur over a period of time, but the consequences can affect victims and families in the acute phase and later in life. Several potential outcomes of abuse and neglect include poor chronic medical conditions, emotional and mental health disorders such as posttraumatic stress disorder, social difficulties, engaging in high-risk behaviors, and demonstration of behavioral problems.[3]

American Association of Nurse Practitioners (AANP) members may receive 0.80 continuing education contact hours, approved by AANP, by reading this article and completing the online posttest and evaluation at cecenter.aanp.org/program?area=JNP.

SIGNIFICANCE

The Child Abuse Prevention and Treatment Act of 2010 defines the definition of child abuse and neglect, at a minimum, 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."[4(p2)]

In 2011, there were 3.4 million referrals alleging child maltreatment to Child Protective Services (CPS), of which of 700,000 cases were confirmed to be abuse.[5] Of these confirmed cases, the highest rate of victimization occurred from birth to 1 year, with 87% comprising the 3 races of African American (21.5%), Hispanic (22.1%), and Caucasian (43.9%), and split almost equally between males (48.6%) and females (51.5%).[5]

Several risk factors have been hypothesized as being associated with an increased probability of child abuse. Contributing factors include young age of the parent, history of domestic violence in the family, and history of substance abuse or mental illness within the family.[6–8] Additional risk factors of child abuse include chronic illness, disability of the child, and a single parent family.[6,8] Poverty has been cited as being linked directly to the increased likelihood of child abuse.[6–8] Consideration of risk factors may lead to early implementation of interventions geared toward lessening the incidence of abuse, such as screening and anticipatory guidance. Despite these efforts, child abuse is still occurring and at epidemic

proportions, with consequences that affect both genders, all ages, all races, all children.

As an NP caring for children, adolescents, and adults, one must be aware of how best to manage the care of survivors of abuse by providing for the patient's physical, emotional, and social needs. The effects of abuse do not just occur in the acute phase for the victim. In fact, it has been described that children who experience child abuse are more likely to have long-term consequences, such as premature death, severe incapacitation, development of behavioral or functional problems, poor academic performance, and social deficits.[8] Other issues, such as substance abuse problems and engagement in additional high-risk behaviors, have also been described.[9] It can be extrapolated that the implications for care on the physical, psychological, and financial level can span a lifetime. Child abuse is more than just the incident; it is the starting point of a multitude of problems.

The impact of child abuse is relevant both for the practitioner caring for children in the immediate phase and for survivors seeking care later in adulthood. Costs associated with the investigation, referral, and acute treatment of child abuse of an estimated 3 million children implied an estimated cost to Medicaid of $5.9 billion per year.[10] Understanding the implications and extent of acute treatment is only an initial step. Child abuse has significant long-term medical and mental health morbidity.[10] The costs of lifelong management can only be hypothesized on the physical, psychological, and financial aspects. In considering the financial burden of treatment, one analysis projected that the national cost and future productivity loss of severely abused and neglected children is between $658 million and $1.3 billion each year, assuming that impairments would reduce future earnings by 5%-10%.[11] Each case of abuse is predicted to cost each victim approximately $210,000 over his or her lifetime of receiving care.[1] The conscientious practitioner must be aware of the medical and psychological needs of the patient as well as the financial implications of the treatment plan. Proper management is essential; accurate diagnosis is paramount.

LITERATURE REVIEW

In reviewing the literature, the concept of barriers to reporting child abuse was addressed by several investigators.[6,12-15] The hindrance occurs at many levels. Of highest relevance are the barriers that occur with diagnosis, as it is the step in the process that commonly affects reporting of abuse, referral to specialists, as well the treatment of victims. In querying primary care providers (pediatricians as well as NPs) to determine barriers to diagnosing child abuse, common themes that emerged include inadequate professional preparation and education, and lack of confidence and certainty.[6] Additional themes presented include the injury circumstances and history, as well as previous negative experience with CPS.[15] Lack of education coupled with little experience with diagnosing, reporting, or testifying increases the difficulty in making the diagnosis of child abuse. These past experiences (or lack thereof) affect the perception of the practitioner, and how they view each patient and family.

Accurate and efficient diagnosis of child abuse is imperative to the child and family unit. Primary care providers have frequent contact with children, especially during the critical years of infancy and toddlerhood when children are at an increased risk for abuse. The primary care providers' office is the ideal location to screen for, diagnose, and begin treatment for the sequelae of abuse. As a primary care provider, the NP may serve as the conduit for these processes. Through policy statements and the establishment of the American Academy of Pediatrics Section on Child Abuse and Neglect, the American Academy of Pediatrics has declared the identification and management of child maltreatment victims to be an integral part of practice for the primary care provider or pediatrician.[6,16] Thus, it is imperative that any barriers be identified and addressed to provide care to children.

DEFINITION OF CLINICAL ISSUES

Lack of education has been identified as a potential barrier for abuse; therefore, accurate education in the common presentations of abuse could potentially increase the familiarity of the diagnosis among providers, as well as increase the knowledge of the relationship among mechanism and injury pattern.[13,14] Diagnosing child abuse is a complicated process with implications for the entire family. There are 4 main types of abuse: physical; sexual;