



# New Trends and Issues Proceedings on Humanities and Social Sciences



Volume 4, Issue 2 (2017) 108-113

ISSN 2421-8030

[www.prosoc.eu](http://www.prosoc.eu)

Selected Papers of 1st International Congress on Nursing (ICON-2017) 16 – 18 March 2017 Grand Park Lara Convention Center, Lara – Antalya, Turkey

## Preventing child abuse and neglect

**Vildan Cirik** \*\*, Department of Nursing, Faculty of Health Sciences, Akdeniz University, 07058, Antalya, Turkey.

**Emine Efe** <sup>b</sup>, Department of Nursing, Faculty of Health Sciences, Akdeniz University, 07058, Antalya, Turkey.

### Suggested Citation:

Cirik, V. & Efe, E. (2017). Preventing child abuse and neglect. *New Trends and Issues Proceedings on Humanities and Social Sciences*. [Online]. 4(2), pp 108-113. Available from: [www.prosoc.eu](http://www.prosoc.eu)

Selection and peer review under responsibility of Prof. Dr. Nesrin Nural, *Karadeniz Technical University*, Turkey  
©2017 SciencePark Research, Organization & Counseling. All rights reserved.

---

### Abstract

Aim of this study is to inform about the prevention of child abuse and neglect. This study was prepared as a compilation. Effective programmes are those that support parents and teach positive parenting skills. Some of the most effective responses for preventing child abuse and neglect focus on child-rearing, parent-child relationships and the family environment, including training in parenting. Nurses have a key role to play in identifying, treating and referring cases of abuse and neglect in reporting suspected cases of maltreatment to the appropriate authorities. Child abuse and neglect have a long lasting impact on the child, its family and the following generations. In order to protect children from this situation, it is necessary to develop preventive programs, to raise awareness of their families-teachers-community and to make legal arrangements. Additional research is needed to determine effective approaches for nurses to prevent child abuse or neglect.

Keywords: Child abuse; child neglect; prevention; nurse.

---

\* ADDRESS FOR CORRESPONDENCE: **Vildan Cirik**, Department of Nursing, Faculty of Health Sciences, Akdeniz University, 07058, Antalya, Turkey.

E-mail address: [vapaydin@akdeniz.edu.tr](mailto:vapaydin@akdeniz.edu.tr) / Tel.: +90 242 310 29 65

## 1. Child abuse and neglect

Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which 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. According to World Health Organization (WHO), Exposure to intimate partner violence is also sometimes included as a form of child maltreatment (WHO, 2017). Child abuse and neglect are serious problems that can have lasting harmful effects on its victims. The goal in preventing child abuse and neglect is clear-to stop this violence from happening in the first place. Safe, stable, nurturing relationships and environments for all children and families can prevent abuse and help all children reach their full potential (Center for Disease Control and Prevention [CDC], 2017).

Every year, there are an estimated 41 000 homicide deaths in children under 15 years of age. This number underestimates the true extent of the problem, as a significant proportion of deaths due to child maltreatment are incorrectly attributed to falls, burns, drowning and other causes. Nonetheless, international studies reveal that a quarter of all adults report having been physically abused as children and 1 in 5 women and 1 in 13 men report having been sexually abused as a child. A quarter of all adults report having been physically abused as children. Additionally, many children are subject to emotional abuse (sometimes referred to as psychological abuse) and to neglect (WHO, 2017). The statistics can feel overwhelming. States reported that 676,569 children were victims of child abuse or neglect (U.S. Department of Health and Human Services, 2012). Approximately 695 000 children in the United States were victims of child abuse and neglect in 2010, and 1537 died. Most of these deaths were in infants and toddlers (Administration for Children and Families, 2010). Although these rates are high, child abuse and neglect can be prevented.

## 2. Risk factors

Nurses and other health care providers are well-positioned to identify children at risk for abuse and neglect and to connect families with appropriate prevention interventions. A number of risk factors for child abuse and neglect (child maltreatment) have been identified. These include (WHO, 2017):

- Being either under four years old or an adolescent
- Being unwanted, or failing to fulfil the expectations of parents
- Having special needs, crying persistently or having abnormal physical features
- Difficulty bonding with a newborn
- Not nurturing the child
- Having been maltreated themselves as a child
- Lacking awareness of child development or having unrealistic expectations
- Misusing alcohol or drugs, including during pregnancy
- Being involved in criminal activity
- Experiencing financial difficulties
- Physical, developmental or mental health problems of a family member
- Family breakdown or violence between other family members
- A breakdown of support in child rearing from the extended family
- Gender and social inequality
- Lack of adequate housing or services to support families and institutions

- High levels of unemployment or poverty
- The easy availability of alcohol and drugs
- Inadequate policies and programmes to prevent child maltreatment, child pornography, child prostitution and child labour
- Social and cultural norms that promote or glorify violence towards others, support the use of corporal punishment, demand rigid gender roles, or diminish the status of the child in parent–child relationships
- Social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality or instability.

### **3. Consequences of child abuse and neglect**

Child abuse and neglect is a global problem with serious life-long consequences. Child abuse and neglect is associated with negative human, societal, and economic impacts. Children who are abused and neglected may suffer immediate physical injuries (e.g., cuts, bruises, burns, broken bones), as well as emotional and psychological problems (e.g., posttraumatic stress, anxiety) (Leeb, Lewis & Zolotor, 2011).

Child abuse and neglect causes suffering to children and families and can have long-term consequences. Children who experience abuse are more likely to have physical and mental health problems in adulthood, including chronic inflammation (Bertone-Johnson, Whitcomb, Missmer, Karlson & Rich-Edwards, 2012; Danese et al., 2009), asthma (Coogan et al., 2013), substance abuse (Banducci, Hoffman, Lejuez & Koenen, 2014) and post-traumatic stress disorder (Frans, Rimmo, Aberg & Fredrikson, 2005).

Extreme stress can impair the development of the nervous and immune systems. Consequently, as adults, maltreated children are at increased risk for behavioural, physical and mental health problems such as perpetrating or being a victim of violence, depression, smoking, obesity, high-risk sexual behaviours, unintended pregnancy, alcohol and drug misuse (WHO, 2017).

### **4. Recognizing Signs of Abuse and Neglect**

In addition to working to prevent a child from experiencing abuse or neglect, it is important to recognize high-risk situations and the signs and symptoms of maltreatment (Child Welfare Information Gateway, 2013a).

#### **4.1. The child**

- Shows sudden changes in behavior or school performance,
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home
- Is reluctant to be around a particular person (Child Welfare Information Gateway, 2013a).

#### **4.2. The parent**

- Denies the existence of-or blames the child for-the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome

- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of the parent’s emotional needs
- Shows little concern for the child (Child Welfare Information Gateway, 2013a).

**4.3. The parent and child**

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other (Child Welfare Information Gateway, 2013a).

**5. Preventing child abuse and neglect**

Much progress has been made in understanding how to prevent child abuse and neglect. Child abuse and neglect is the result of the interaction of a number of individual, family, and environmental factors (Cicchetti & Toth, 2005). Consequently, there is strong reason to believe that the prevention of child abuse and neglect requires a comprehensive focus that crosscuts key sectors of society (e.g., public health, government, education, social services, and justice) (Petersen, Joseph & Feit, 2013).

Prevention requires a continuum of strategies at the individual, relationship, community, and societal levels. Prevention programs are more effective when they involve parents as partners in all aspects of program planning, implementation, and evaluation. Parents are more likely to make lasting changes when they are empowered to identify solutions that make sense for them. Increasingly, concerned citizens and organizations are realizing that the best way to prevent child maltreatment is to help parents develop the skills and identify the resources they need to understand and meet their children’s emotional, physical, and developmental needs and protect their children from harm (Child Welfare Information Gateway, 2013b).

**Table 1. Preventing child abuse and neglect**

Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none"> <li>• Strengthening household financial security</li> <li>• Family-friendly work policies</li> </ul>
Change social norms to support parents and positive parenting	<ul style="list-style-type: none"> <li>• Public engagement and education campaigns</li> <li>• Legislative approaches to reduce corporal punishment</li> </ul>
Provide quality care and education early in life	<ul style="list-style-type: none"> <li>• Preschool enrichment with family engagement</li> <li>• Improved quality of child care through licensing and accreditation</li> </ul>
Enhance parenting skills to promote healthy child development	<ul style="list-style-type: none"> <li>• Early childhood home visitation</li> <li>• Parenting skill and family relationship approaches</li> <li>• Enhanced primary care</li> <li>• Behavioral parent training programs</li> </ul>
Intervene to lessen harms and prevent future risk	<ul style="list-style-type: none"> <li>• Treatment to lessen harms of abuse and neglect exposure</li> <li>• Treatment to prevent problem behavior and later involvement in violence</li> </ul>

(Fortson, Klevens, Merrick, Gilbert & Alexander, 2016)

The prevention of child abuse and neglect has the potential to impact other forms of violence across the life course. Although each of the strategies and approaches was selected based on its potential impact on child abuse and neglect, impacts on other forms of violence may be observed, thereby reflecting the interconnectedness and overlap between the risk and protective factors for

child abuse and neglect and the risk and protective factors for other forms of violence (WHO, 2010; Wilkins, Tsao, Hertz, Davis & Klevens, 2014).

Some programs, however, such as the Nurse-Family Partnership (NFP), Hawaii's Healthy Start Program (HSP) and Early Start, have specifically examined abuse and neglect as outcomes of the program, and some have shown positive effects in this domain. The evidentiary standards for the NFP program are among the strongest available for preventive interventions offered for public investment. In fact, in medical and scientific journals, NFP is most often cited as the most effective intervention to prevent child abuse and neglect, which contributes to childhood injury. While most children survive abuse and neglect, the legacy is often devastating, frequently leading to lifelong struggles. For these reasons, many in the law enforcement community across the nation praise Nurse-Family Partnership as a key prevention program (Nurse-Family Partnership, 2017). Hawaii's Healthy Start Program began in 1975 in a single site on the island of Oahu with the goal of preventing child abuse through early identification of family risks and the provision of home-based supports by trained paraprofessionals (Duggan et al., 1999). Early Start follows the Healthy Families America model of providing home-based supportive services to vulnerable families on the basis of risk screening. Families become eligible for services after being determined to be at an elevated risk for adverse outcomes including child maltreatment (Fergusson, Garnt, Horwood & Ridder, 2006).

## 5. Conclusion

While child abuse and neglect is a significant public health problem, it is also a preventable one. In order to protect children from this situation, it is necessary to develop preventive programs, to raise awareness of their families-teachers-community and to make legal arrangements.

## References

- Administration for Children and Families. (2010). *Child maltreatment*. Retrieved from: [www.acf.hhs.gov/programs/cb/stats\\_research/index.htm](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm) on 5 June 2016.
- Banducci, A. N., Hoffman, E. M., Lejuez, C. W. & Koenen, K. C. (2014). The impact of childhood abuse on inpatient substance users: Specific links with risky sex, aggression, and emotion dysregulation. *Child Abuse & Neglect*, 38(5), 928–938.
- Bertone-Johnson, E. R., Whitcomb, B. W., Missmer, S. A., Karlson, E. W. & Rich-Edwards, J. W. (2012). Inflammation and early-life abuse in women. *American Journal of Preventive Medicine*, 43(6), 611-20.
- Center for Disease Control and Prevention. (CDC). (2017). Child abuse and neglect: Prevention strategies. Retrieved from <https://www.cdc.gov/violenceprevention/childmaltreatment/prevention.html> on 5 June 2016.
- Child Welfare Information Gateway. (2013a). *What is child abuse and neglect? Recognizing the signs and symptoms*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Child Welfare Information Gateway. (2013b). *Preventing child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Cicchetti, D. & Toth, S. L. (2005). Child maltreatment. *Annual Review of Clinical Psychology*, 1, 409-438.
- Coogan, P. F., Wise, L. A., O'Connor, G. T., Brown, T. A., Palmer, J. R. & Rosenberg, L. (2013). Abuse during childhood and adolescence and risk of adult-onset asthma in African American women. *Journal of Allergy and Clinical Immunology*, 131(4), 1058–1063.
- Danese, A., Moffitt, T. E., Harrington, H., Milne, B. J., Polanczyk, G., Pariante, C. M. & Caspi, A. (2009). Adverse childhood experiences and adult risk factors for age-related disease: Depression, inflammation, and clustering of metabolic risk markers. *Archives of Pediatrics and Adolescent Medicine*, 163(12), 1135–1143.
- Duggan, A. K., McFarlane, E. C., Windham, A. M., Rohde, C. A., Salkever, D. S., Fuddy, L., Rosenberg, L. A., Buchbinder, S. B. & Sia CC. (1999). Evaluation of Hawaii's healthy start program. *Future of Children*, 9, 66–90.
- Fergusson, D. M., Grant, H., Horwood, L. J. & Ridder, E. M. (2006). Randomized trial of the Early Start program of home visitation: parent and family outcomes. *Pediatrics*, 117(3), 781-786.

- Cirik, V. & Efe, E. (2017). Preventing child abuse and neglect. *New Trends and Issues Proceedings on Humanities and Social Sciences*. [Online]. 4(2), pp 108-113. Available from: [www.prosoc.eu](http://www.prosoc.eu)
- Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K. & Alexander, S. P. (2016). *Preventing child abuse and neglect: a technical package for policy, norm, and programmatic activities*. Georgia: Division of Violence Prevention National Center for Injury Prevention and Control Centers for Disease Control and Prevention Atlanta.
- Frans, O., Rimmo, P. A., Aberg, L. & Fredrikson, M. (2005). Trauma exposure and post-traumatic stress disorder in the general population. *Acta Psychiatrica Scandinavica*, 111(4), 291–299.
- Leeb, R. T., Lewis, T. & Zolotor, A. J. (2011). A review of the physical and mental health consequences of child abuse and neglect and implications for practice. *American Journal of Lifestyle Medicine*, 5(5), 454-468.
- Nurse-Family Partnership. (2017). *Preventing child abuse and neglect*. Retrieved from <http://www.nursefamilypartnership.org/proven-results/Preventing-child-abuse-and-neglect> on 5 June 2016.
- Petersen, A. C., Joseph, J. & Feit, M. (Eds.). (2013). *New directions in child abuse and neglect research*. Washington, DC: The National Academies Press.
- Wilkins, N., Tsao, B., Hertz, M., Davis, R. & Klevens, J. (2014). *Connecting the dots: An overview of the links among multiple forms of violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.
- World Health Organization. (WHO). (2010). *Violence prevention: The evidence*. Geneva, Switzerland: Author. Retrieved from: [http://www.who.int/violence\\_injury\\_prevention/violence/4th\\_milestones\\_meeting/evidence\\_briefings\\_all.pdf](http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/evidence_briefings_all.pdf) on 7 June 2016.
- World Health Organization. (WHO). (2017). *Child maltreatment*. Retrieved from [http://www.who.int/topics/child\\_abuse/en/](http://www.who.int/topics/child_abuse/en/) on 24 February 2017.