

# Child Maltreatment: Role of Forensic Nurse

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## Abstract

Child maltreatment is a global concern as it has serious lifelong consequences. It has been observed that exposure to violence and abuse is daily occurrence for many children throughout the world. Nurses are the first contact in health care system, who routinely encounter children and their families. The forensic nurses play a major role in identifying abuse and neglect. She also take active part in documenting the findings which is collected by her, which can act as most important tools to build a good case against abusive, neglectful parents, guardians and caregivers. Nurses should take role in preventive strategies for child abuse, so that it offers best opportunity to identify at risk children, improve health and prevent exposures to violence and abuse. An understanding of child maltreatment helps nurses to identify child maltreatment, implements target care and refer children and families appropriate resources.

**Keywords:** Child abuse; Child maltreatment; Child neglect; Forensic nurse; Preventive strategies; Documentation.

## INTRODUCTION

### Background

Forensic science is a multidisciplinary subject dealing with examination of subjects, substances (including blood/drug samples), chemicals (paints/explosives/toxins), tissue traces (hair/skin) or impressions (fingerprints/type marks) left at the science of crime. Forensic Nursing is an evolving

nursing specialty that focuses on healthcare when legal issues are involved. Forensic Nursing science has merged with the forensic sciences and the justice system to provide a distinctive discipline.

Child maltreatment is a global problem with serious life-long consequences. Nonetheless, international studies reveal that nearly 3 in 4 children aged 2-4 years regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers, and 1 in 5 women and 1 in 13 men report having been sexually abused as a child aged 0-17 years. Sadly, exposure to violence and abuse is a daily occurrence for many children throughout the world. They may experience it directly or indirectly, as the intended targets or as witnesses, in their homes, their schools, their neighbourhoods, through the media, or in the context of war. In India, home to 19% of the world's children, it is estimated every second child is exposed to sexual abuse and violence. The Indian National Crimes Records Bureau (NCRB) reports a child is sexually abused every 15 min and 53% of

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children report abuse by a parent, relative or school teacher. The prevalence of child sexual abuse (CSA) in high-income countries is 20% for females and 8% for males but in India, the estimates vary between 4%–66% for females and 4%–57% for males.

Nurses routinely encounter children and their families in their jobs across practice settings. The first contact in the healthcare system is often the nurse who responds in various settings. For this reason, all nurses must be prepared to meet the needs of such patients. We no longer can ignore the importance of assessing for how the injuries occurred in relationship to criminal or negligent behaviour. It's important that nurses recognize the effects of violence across the life span and can describe the role of the health provider in the recognition, response, and prevention of violence. An understanding of child maltreatment helps nurses to identify child maltreatment, implement targeted care, and refer children and families to appropriate resources. The role of the paediatric forensic nurse examiner in child abuse and neglect cases is to ensure child abuse and neglect are promptly identified and appropriate interventions and referrals are initiated to ensure the child's welfare and safety.

## CONTENT

### Child Maltreatment

The WHO defines 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.

The U.S. Child Abuse Prevention and Treatment Act (2003) define child abuse to include physical abuse, child neglect, sexual abuse, and emotional abuse.

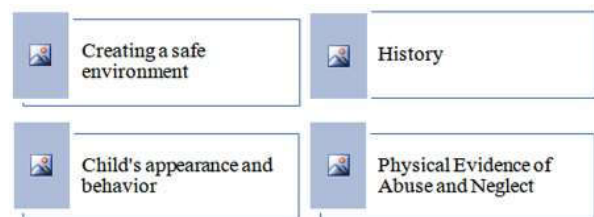
- **Physical abuse:** Infliction of physical injury as a result of punching, kicking, beating, biting, burning, shaking, or otherwise physically harming a child.
- **Child neglect:** Failure to provide a child's basic needs, physically, emotionally, medically, and educationally.
- **Sexual abuse:** Includes fondling a child's

genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials.

- **Emotional abuse:** Acts or omissions by the parents or other caregivers that have caused, or could cause, serious behavioural, cognitive, emotional, or mental disorders.

### Identification of Abuse and Neglect

This requires a planned, objective, and coordinated response with defined policies and procedures that can be put into effect the moment abuse or neglect is suspected.



### Creating a safe environment

A child's self-disclosure of abuse is a critical component in initiating intervention to stop the abuse, address its effects, and decrease the likelihood of long-term negative outcomes.

Only the tip of the iceberg has been touched concerning the incidence of child sexual abuse.

The forensic nurse is in a position to create a "safe" environment from which the children can disclose their abuse to authorities and receive help. Finn (2008) suggested that the forensic nurse is the environment for the child; she or he must hear and believe the unbelievable horrors many children will share when allowed to share.

### History

Obtaining and documenting a thorough history is a critical step in the assessment of child abuse. The child may be accompanied by a non-abusive parent or adult, the abusive offender, or a child protection services worker. It is important to interview the child and the adult separately. If an adult tries to prevent the child's privacy, the nurse may need to intervene on the child's behalf.

The forensic nurse should use open ended questions that do not lead the child. The interview should include questions not only about actual abuse (physical, sexual, emotional, or neglect) but also about domestic violence and witnessing abuse.

Histories inconsistent with physical findings or inconsistent with the child's growth and development stage may reflect a false story or an inappropriate expectation for the child.

The history should be compared to the physical findings as well, including the child's appearance and behaviour, parent child interactions, and physical clues.

Laboratory, radiographic, and body scan testing may be necessary, and careful documentation through charting and forensic photography is essential.

### Child's Appearance and Behaviour

A child may display hostility, insincerity, or appear to be fearful of the adult. In other cases, the child may actually cling to or go to the abusive person for protection or comforting. Other typical behaviours displayed by the child include social withdrawal, hyper social aggression, depression, and helplessness. Some children may demonstrate inappropriate infantile type or adult behaviours inconsistent with their age, growth, and development. With older children, some of the sequelae of child abuse may already begin to exhibit themselves in such behaviours as poor school performance, poor social interactions with peers, fantasies, phobias, eating and sleeping problems, drug and alcohol abuse, sexual promiscuity, running away from home, suicidal thoughts and attempts, and specific psychiatric disorders.

### Physical Evidence of Abuse and Neglect

Children of abuse often will present with physical clues that are well defined but signs of neglect and emotional abuse are less clearly presented than those of physical abuse.

Some signs of neglect include poor skin care, grooming, oral hygiene, or malnutrition and dehydration without a medical cause, repeated accidents reflecting improper supervision. Emotional abuse is feeding disorders, neurosis, sleep disorders, and developmental delays. Sexual abuse indicators can be found in any genital, rectal, oral, or buttocks trauma, bleeding, or discharge. Sexually transmitted infections, pregnancy, recurrent urinary tract infections, Physical abuse should be suspected in any injury to a child less than 12 months old. Other suspicious injuries include injuries of the soft tissue, such as hematomas, bruises, lesions, and scars in different stages of healing or injuries reflective of an inflicting

implement (e.g., ropes, buckles, cigarettes). Multiple fractures, bleeding (including retinal bleeds), burns, neurological damage, convulsions resulting from poisoning, coma, and abdominal distension or injury may be seen in child abuse and warrant investigation.

## **DOCUMENTATION**

Documentation is one of the most important tools used to build a good case against abusive and neglectful parents, guardians, and caregivers:

- Document what you see and hear.
- Document how the child acts with and without the parents around.
- Document how the parent or caregiver acts around the child.
- Document size, shape, colour, location, and number of injuries.
- **Be objective in recording:** Document only what is seen.
- Draw on a "person" diagram where you see the injury.
- Insist that law enforcement photograph the injury.
- Use quotes to indicate what the victim or adult say; do not "cleanup" the grammar, and quote it exactly as it was said.
- Quote what the child says and how he or she describes what and how the injury took place. Do not change the language.
  - *Note the nonverbal behaviour in your documentation, such as if the child cries and tries to run and hide when he looks at his parent/caregiver, or the verbal behaviour if the child tells his parent/caregiver, "No, stay away from me, don't touch me."*
- Obtain consent from a parent/guardian/caretaker before images are taken.
- In the event the child discloses that the caretaker who has accompanied the child is the person who has harmed the child, separate the child and caretaker, hold the child, and contact child services for an emergency response.
- Once consent is obtained, document the type of camera you're using, your name, the date of the photographs, and name of the patient.
- The initial photograph should be an overview

or full picture of the child, the second photograph should be mid-range or specific area involved, and the third photograph should be a closeup.

- Use a proper tool to measure the injury involved.

### *Prevention Strategies for Child Abuse*



#### *Primary Prevention:*

- It involves educating young mothers about safety and protecting their young children (anticipatory guidance).
- Most children are maltreated by someone they know, young parents must be aware and monitor their children for risk exposures to prevent harm and promote safety.

#### *Secondary Prevention:*

- It might involve early detection of exposures to child maltreatment and employing safeguards to protect and mitigate health consequences.
- This might include early interventions through identification.

#### *Tertiary Prevention:*

- It might help a young adolescent cope with

the physical and mental health consequences experienced through years of abuse as a young child.

- A combination of all preventions strategies offers the best opportunity to identify at risk individuals, improve health, and prevent exposures to violence and abuse.

### **SUMMARY**

Child maltreatment occurs all too frequently in families. Nurses routinely encounter children and their families in their jobs across practice settings. It's important that nurses recognize the effects of violence across the life span and can describe the role of the health provider in the recognition, response, and prevention of violence. An understanding of child maltreatment helps nurses to identify child maltreatment, implement targeted care, and refer children and families to appropriate resources.

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