The Role of CSHPs in Preventing Child Abuse and Neglect
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Child abuse remains a horrific public health and social problem in the United States. In 2002, approximately 2.6 million referrals concerning approximately 5 million children were reported to Child Protective Services for suspected child abuse and neglect. Approximately 903,000 children were confirmed victims of child maltreatment. Of these, 61% suffered neglect, including medical neglect; 19% were physically abused; 10% were sexually abused; and 7% suffered emotional abuse. American Indian, Alaska Native, and African American children had the highest victimization rates when compared to the national population.

Boys and girls are almost equally likely to experience neglect and physical abuse. However, girls are four times more likely to experience sexual abuse. Addition, children with disabilities are mistreated at 1.7 times the rate for other children. Nevertheless, on average, victimization rate remains inversely to a child's age. For example, children aged 0 to 3 experience the highest rate of neglect. Though children aged 0 to 5 comprise 25% of children in the United States, they account for 85% of fatalities from child maltreatment.

In 2000, nearly four children died each day from abuse or neglect. Children under age five account for 80% of reported fatalities, contending with congenital anomalies for the second-leading cause of death for children aged 1 to 4 in the United States. However, fatalities due to maltreatment go seriously under-reported due to inadequate investigation, lack of information sharing between investigators and agencies, and antiquated reporting systems that fail to document maltreatment as an official cause of death. Deaths labeled as accidents, child homicides, and Sudden Infant Death Syndrome may be attributed to child maltreatment if more comprehensive investigations were conducted.

Research also documented a link between maltreated children and a range of medical, emotional, psychological, and behavioral problems. Costs of this human suffering cannot be measured. Economic costs associated with child abuse and neglect are staggering as well. Conservative estimates suggest the United States spends approximately $94 billion per year on direct and indirect costs of child maltreatment.

TYPES OF CHILD MALTREATMENT
Child abuse and neglect are defined by the Federal Child Abuse Prevention and Treatment Act (CAPTA), which sets a foundation for each state to describe offenses within civil and criminal codes. CAPTA recognizes four major types of maltreatment.

Physical Abuse. Inflicting of physical injury from punching, beating, kicking, biting, burning, shaking, or otherwise harming a child.

Child Neglect. Failing to provide for the child's basic needs including physical, educational, or emotional.

Sexual Abuse. Performing sexual acts ranging from fondling genitals and exhibitionism to intercourse, rape, sodomy, and exploitation through prostitution or production of pornographic materials.

Emotional Abuse. Acts or omissions of parents or caregivers that caused or could lead to behavioral, cognitive, emotional, or mental disorders. Emotional abuse underlies other forms of abuse.

PREVENTION THROUGH CSHPs
Most prevention efforts target individual parents, families, or children to change attitudes and behavior that contribute to risk. Bronfenbrenner's ecological model provides a powerful tool in preventing child maltreatment. This model views the child's environment as a series of interconnected levels, with the child at the center of a circle of influence. Each level must be addressed to effectively prevent child maltreatment.

Within the model, schools play a critical role identifying and preventing child abuse and neglect. Berton says, "Schools have an important responsibility in the protection of children and serve as the system that bridges the family and community into a social network for the child." School personnel must identify child abuse and neglect and report suspected child maltreatment accurately and promptly. Schools also need to create an ethos of caring and support where all children feel safe, valued, and loved.

A broad evidence base supports the positive relationship between CSHPs and enhanced education outcomes. A CSHP includes eight components: health education; physical education; health services; nutrition services; counseling, psychological, and social services; healthy school environment; health promotion for staff; and family and community involvement. Four components hold promise for identification and prevention.

Health Education
Child abuse and neglect prevention programs should provide comprehensive instruction at all age levels, including early childhood. Evidence-based programs should address personal safety to increase knowledge and awareness about child abuse and neglect, and teach children essential life skills. Furthermore, programs also need to promote social-emotional learning to help all children, particularly the maltreated, to become more resilient and cope more effectively with challenges. Essential skills include cooperation, empathy, communication, problem solving, decision making, goal setting, impulse control, anger management, conflict resolution, coping, and stress management. Prevention programs should send messages to maltreated children that schools are safe places to seek help.
An important yet often overlooked aspect of the health education curriculum involves parenting education. Such programs in elementary and secondary schools can promote knowledge and life skills development in areas such as healthy child development, positive discipline approaches, anger and stress management, and coping with conflict and aggression. The curriculum offers a natural pathway for teaching parenting education, which can be extended to teen and adult parents through after-school programs.

Health Services

Health services embrace the vision of children’s physical, mental, emotional, and social health linked to their abilities to succeed academically and socially. School nurses play a valuable role in school and community child abuse prevention activities as well as provide early intervention and follow-up. School nurses and other school health service personnel can take leadership roles in developing individual health plans for maltreated children that focus on restoring health, promoting wellness, and minimizing or removing barriers to learning.

Counseling, Psychological, and Social Services

Licensed mental health professionals, vital contributors to the CSHP, can help with prevention, detection, intervention, and treatment of abuse and neglect. School counselors must report abuse, coordinate team efforts inside and outside of school to treat the victim, prevent abuse, and facilitate behavior change. Counseling, psychological, and social services also play a significant role in implementing prevention curricula at school, providing in-service training for faculty and staff, and assisting in family/community prevention programs and services. Once abuse becomes known, intervention efforts must begin as soon as feasible and may require coordinating services between school and community agencies. Quick action by a team of counselors, psychologists, and social workers can decrease the negative effects of abuse. Child-centered interventions include academic assistance to increase scholastic performance, social skills programs to improve peer relationships, and advocacy efforts where a teacher, counselor, or other school representative serves as a special advocate for the child.

Family and Community Involvement

Child abuse and neglect prevention extend beyond the school. The mission of CSHPs asks schools to become proactive partners with families and communities to address the health needs of children. School health personnel and other community members should identify signs of abuse and neglect, report suspected cases of child maltreatment, participate in community prevention efforts, and advocate for enhanced child maltreatment prevention and intervention resources and services.

A CSHP can provide a catalyst for a multifaceted, ecological approach to preventing child maltreatment. School health educators must heed the call of Scchrter to become powerful change agents. Even small changes can produce a powerful effect that transforms the lives of children.

References

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