



# A Comprehensive Exploration of Child Abuse and Neglect: Nursing Assessment, Intervention Strategies, And Long-Term Support for Affected Children and Families.

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## Abstract:

**Background:** Child abuse and neglect are significant public health concerns globally, affecting millions of children each year. The World Health Organization defines child maltreatment as any act or failure to act that results in harm or risk of harm to a child's physical or emotional well-being. Forms of abuse include neglect, physical abuse, psychological abuse, and sexual abuse, with neglect being the most common. Despite its prevalence, child maltreatment often remains undiagnosed, posing challenges to healthcare professionals, including nurses, in providing appropriate care and intervention.

**Aim:** This article aims to explore the role of nursing assessment, intervention strategies, and long-term support for children and families affected by abuse and neglect. It emphasizes the importance of early detection, effective interventions, and multidisciplinary collaboration in addressing child maltreatment.

**Methods:** This comprehensive exploration synthesizes evidence from clinical practice, research, and case studies to identify effective nursing interventions in the management of child abuse and neglect. It includes an assessment of the common signs of abuse, risk factors, and the multidisciplinary approach required for managing cases.

**Results:** Key findings highlight the importance of vigilant nursing assessments in recognizing abuse signs such as unexplained injuries, behavioral changes, and developmental delays. Effective interventions include building trust with the child, reporting suspicions to appropriate authorities, providing emotional and physical care, and ensuring long-term support through counseling and social services.

**Conclusion:** Early detection and intervention by healthcare professionals, especially nurses, are crucial in preventing further harm to children. A multidisciplinary approach that includes healthcare providers, social workers, and child protection agencies is essential in offering comprehensive care to affected children. Preventative strategies, such as education on parenting practices and strengthening family support systems, can also reduce the risk of abuse.

**Keywords:** Child abuse, neglect, nursing assessment, intervention strategies, long-term support, child protection, healthcare professionals, multidisciplinary approach.

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## Introduction:

The World Health Organization (WHO) characterizes child maltreatment as encompassing all forms of physical and emotional harm, including sexual abuse, neglect, and exploitation, which can result

in actual or potential damage to the child's health, development, or dignity. Four primary forms of abuse are identified: neglect, physical abuse, psychological abuse, and sexual abuse. Abuse is considered an act of commission, while neglect is defined as an act of omission, where insufficient care leads to harm or the risk of harm. Neglect encompasses a range of inadequacies in care, including insufficient healthcare, inadequate education, lack of supervision, failure to protect children from environmental hazards, and unmet basic needs such as food and clothing. It is regarded as the most prevalent form of child maltreatment. Physical abuse may involve actions such as beating, shaking, burning, or biting, though the delineation between corporal punishment and abuse remains unclear. Rib fractures are notably prevalent among cases of physical abuse. Psychological abuse involves verbal mistreatment, humiliation, and actions that induce fear or terror, potentially leading to long-term psychological disorders in the affected child. Sexual abuse is defined as involving children in sexual activities they cannot fully comprehend or consent to, violating familial or societal norms. Sexual abuse may not always involve penetration but can include exposure to explicit materials, genital fondling, and other forms of inappropriate contact. Despite its prevalence, child abuse often goes undiagnosed, and accurate diagnosis relies on heightened suspicion by healthcare providers [1][2][3].

### **Nursing Diagnosis**

In cases of child maltreatment, various signs may suggest possible abuse or neglect. Children exhibiting fear, anxiety, shyness, or disheveled appearance should be carefully assessed. Physical indicators such as broken bones, scars, bruises, abdominal pain, or signs of depression, irritability, or crying, may further suggest maltreatment. Such children often display a range of distressing symptoms, including pain and persistent irritability, which should prompt healthcare providers to consider the possibility of abuse. Additionally, it is important for nurses to remain vigilant when assessing children with unexplained physical injuries or changes in behavior that could indicate abuse.

### **Causes of Child Abuse**

Child abuse is a pervasive issue that transcends race, ethnicity, and socioeconomic status, though it disproportionately affects boys and adolescents. Infants, particularly, are more vulnerable to severe outcomes, including increased morbidity and mortality, in cases of physical abuse. A range of factors contribute to a child's increased risk of abuse. These risk factors include individual-level risks, such as the child's disability, an unmarried mother, maternal smoking, or parental depression; familial-level risks, such as domestic violence or having more than two siblings; community-level risks, such as a lack of recreational facilities; and societal factors like poverty. Other notable risk factors include living in a household with an unrelated adult or having a history of prior reports to Child Protective Services (CPS). Protective factors, on the other hand, can reduce the likelihood of abuse. These factors include strong family support, parental concern, education about child development and effective parenting practices, social support systems, and parental resilience. When such preventive factors are present, the likelihood of child maltreatment can be significantly diminished [4][5][6].

### **Risk Factors and Child Maltreatment**

Annually, millions of children are investigated for abuse and neglect by Child Protective Services (CPS). For instance, in 2014, more than 3.2 million children were reported as subjects of child maltreatment, with 20% of these cases resulting in confirmed evidence of maltreatment. This staggering number highlights the widespread nature of child abuse and neglect and underscores the need for heightened awareness and thorough investigations to identify and address potential cases of maltreatment. Continued research and proactive measures are essential in mitigating the risk factors that contribute to child maltreatment and ensuring better outcomes for children at risk [7].

### **Assessment of Child Maltreatment**

Diagnosing child maltreatment presents significant challenges, particularly when the victim is nonverbal, too frightened, or severely injured to communicate effectively. Additionally, perpetrators rarely admit to their actions, and the presence of witnesses is uncommon. In clinical practice, healthcare providers

may encounter children exhibiting signs of maltreatment in various scenarios. For instance, a concerned adult or mandated reporter may bring a child in for evaluation, suspecting abuse. Alternatively, a child or adolescent might disclose the abuse during a medical visit. In some cases, the perpetrator may seek medical attention for the child, believing the abuse to be severe. Finally, a child may be present with an injury unrelated to abuse, and the maltreatment may only be discovered incidentally. Physical abuse should be considered in the differential diagnosis for all pediatric injuries, necessitating a comprehensive evaluation. A thorough history of the illness is crucial to ensure an accurate diagnosis. Essential components of history-taking involve obtaining detailed information about the child's behavior before, during, and after the injury occurred. This process should involve separate interviews with each caregiver and the child, where possible, to avoid influencing the accounts provided by either party. Care should be taken to allow the parent or caregiver to present their history uninterrupted to prevent bias in the interpretation of their statements.

### **Physical Abuse**

Child physical abuse should be suspected in various clinical scenarios. These include instances such as non-ambulatory infants presenting with any injury, injuries in nonverbal children, or injuries that are inconsistent with a child's physical capabilities and accompanied by a statement of harm from the verbal child. Other indicators include mechanisms of injury that seem implausible, multiple injuries occurring at varying ages, bruises on the torso, ears, or neck in children younger than four years of age, burns to the genitalia, and patterns of injury such as stocking or glove distributions. Additional red flags include caregivers displaying indifference to the injury, unexplained delays in seeking medical care, or inconsistencies in the histories provided. The "TEN 4" mnemonic is a helpful tool to identify concerning bruising locations—Torso, Ear, Neck, and 4 (children under four years of age or any bruising in a child under four months). Some injuries, such as retinal hemorrhages, posterior rib fractures, and classic metaphyseal lesions, are highly suggestive of abuse. Bruising is the most common sign of physical abuse but often goes unnoticed as a sentinel injury in ambulatory children. In non-ambulatory children, bruising is rare and warrants suspicion for abuse, particularly when it involves unusual areas like the head and face rather than the knees, shins, or forehead. Burns, particularly immersion burns, are commonly seen in childhood injuries and can be indicative of abuse when they exhibit characteristic sharp lines of demarcation, often affecting the genitalia and lower extremities in a symmetric pattern.

### **Abusive Head Trauma**

Abusive head trauma (AHT), also known as shaken baby syndrome, is one of the most lethal forms of child physical abuse, with a mortality rate exceeding 20%. Symptoms can range from subtle signs, such as vomiting, to more severe manifestations, including lethargy, seizures, apnea, or coma. Findings suggestive of AHT include retinal hemorrhages, subdural hematomas, and diffuse axonal injury. In some cases, an infant with abusive head trauma may present without obvious neurological symptoms and may initially be misdiagnosed with conditions like acute gastroenteritis, otitis media, GERD, or colic. A head ultrasound is often used as an initial diagnostic tool in young infants, although it is not the preferred test in emergency settings. Ophthalmologic examination, ideally conducted by a pediatric ophthalmologist, is crucial in the assessment of AHT.

### **Skeletal Trauma**

Skeletal trauma is the second most common form of child abuse after neglect. A significant proportion of abusive fractures, approximately 80%, occur in non-ambulatory children, particularly those under 18 months of age. While no single fracture is pathognomonic for abuse, certain types of fractures are more suggestive of abuse. These include posterior or lateral rib fractures and "corner" or "bucket handle" fractures, which typically result from a twisting mechanism and occur at the ends of long bones. Other fractures that raise suspicion include sternal, spinal, and scapular fractures. The age of the child remains the most important risk factor for abusive skeletal injuries, with younger children being more vulnerable to such trauma.

## **Abdominal Trauma**

Abdominal trauma is a significant cause of morbidity and mortality among abused children, ranking as the second most common cause of death resulting from physical abuse, particularly in infants and toddlers. These children may not exhibit overt symptoms, and abdominal bruising may be absent on physical examination. As a result, healthcare providers must be diligent in screening for abdominal trauma, which includes conducting liver function tests, amylase, lipase tests, and testing for hematuria. Positive results in these tests may indicate the need for further imaging studies, particularly an abdominal CT scan, to assess the extent of the injury.

## **Sexual Abuse**

Signs of sexual abuse may be suggested by certain behaviors in children, such as undressing in front of others, touching others' genitals, or attempting to view others disrobing. However, it is essential to recognize that a normal physical examination does not rule out sexual abuse. In fact, the majority of children who have been sexually abused present with a normal anogenital examination. The most compelling evidence of sexual abuse is typically the child's verbal disclosure of the abuse. Therefore, a child's statement should always be taken seriously in any suspicion of sexual abuse.

## **Neglect**

Physical examination in cases of child neglect may reveal signs such as poor oral hygiene, extensive dental caries, malnutrition, significant growth failure, untreated diaper dermatitis, or untreated wounds. Neglect is often accompanied by physical signs that may indicate a lack of proper care and attention. Healthcare providers are legally obligated as mandated reporters to notify child welfare services when there is reasonable suspicion of abuse or neglect, even if they are not certain. This obligation plays a critical role in safeguarding the welfare of children. A multidisciplinary approach that includes consultation with a child-abuse specialist is optimal for managing cases of suspected abuse or neglect. This comprehensive approach helps ensure that children receive the appropriate care and protection.

## **Evaluation**

For any child under the age of two with a suspicion of physical abuse, a skeletal survey is essential. In addition, siblings of an abused child who are also under two years of age should undergo a skeletal survey. This survey consists of 21 dedicated radiographic views, as recommended by the American College of Radiology, which includes anteroposterior (AP) and lateral views of the skull, lateral spine, AP and oblique views of the chest and ribs, AP of the pelvis, and AP views of each femur, leg, humerus, forearm, hand, and foot. If the initial findings are abnormal or unclear, a follow-up skeletal survey should be conducted in two weeks to assess healing patterns. Laboratory tests may also be used to rule out other medical conditions that could explain the injuries. These tests may include measures of bone metabolism (calcium, magnesium, phosphate, alkaline phosphatase), hematologic indicators (CBC), coagulation parameters (PT, PTT, INR), metabolic panels (glucose, BUN, creatinine, albumin, protein), liver function (AST, ALT), pancreatic enzymes (amylase, lipase), and tests for bleeding disorders (von Willebrand antigen, von Willebrand activity, Factor VIII, Factor IX, platelet function assays). It is crucial to consider that the most frequent differential diagnosis for non-accidental injuries is accidental trauma [8][9][10].

## **Medical Management**

The initial management of a suspected abuse case involves stabilizing the patient, beginning with assessing the airway, breathing, and circulation. Once stability is ensured, a comprehensive history and physical examination are conducted. If child abuse is suspected, it is vital to report the case to Child Protective Services (CPS). In pediatric centers, involving a child abuse specialist is ideal. In an outpatient setting, it may be necessary to transfer the child to a hospital for further evaluation, including laboratory tests and radiological imaging, to ensure continued appropriate care. Even if the child is referred to another physician or facility, the primary physician remains responsible for reporting the case to CPS. While identifying the perpetrator is not the physician's responsibility, recognizing the signs of abuse is critical.

The physician plays a key role in advocating for the child and ensuring that proper follow-up care is arranged. In cases of sexual abuse, addressing the child's physical, mental, and psychosocial needs is paramount. Routine sexually transmitted infection (STI) and pregnancy tests should be conducted, and empiric treatment for HIV, gonorrhea, chlamydia, trichomonas, and bacterial vaginosis should be administered to adolescent victims, provided they present within 72 hours of the incident. Prepubertal children typically do not receive prophylactic STI treatment due to the low incidence in this age group. Urgent evaluation is recommended for those requiring prophylactic care, those with anogenital injuries, those needing forensic examination, or those exhibiting suicidal ideation or other urgent medical needs [11][12][13].

### **Nursing Management**

Nursing management in cases of child abuse involves building a trusting relationship with the child to facilitate communication. Active listening and keen observation are vital for identifying potential signs of abuse, particularly sexual abuse. Providing comfort and understanding is crucial in helping the child feel safe and supported. Nurses should collaborate closely with social workers and CPS to ensure appropriate actions are taken. A thorough examination of the child should be conducted to identify any signs of abuse, with particular attention given to indicators of sexual abuse. Additionally, nurses should assess the child's behavior and mood, as these can provide valuable insights into the child's emotional and psychological state. This approach, combined with comprehensive care, ensures that the child's physical, emotional, and psychological needs are addressed effectively.

### **When to Seek Help**

The presence of bruises or fractures in a child should prompt immediate concern and consideration for further investigation. If a child discloses that they are being abused, this should also raise a red flag for the need for professional intervention. Furthermore, any clear evidence of physical or sexual abuse demands immediate action to ensure the child's safety and well-being.

### **Outcome Identification**

In cases of confirmed or suspected abuse, the child must be removed from the family environment to prevent further harm. Once removed, it is essential that the child be offered counseling services to support emotional and psychological recovery. These steps are crucial for ensuring the child's safety and long-term healing from the traumatic experiences they have endured.

### **Monitoring**

Effective monitoring of a child suspected of being a victim of abuse involves establishing a trustworthy relationship with the child, allowing them to feel safe and heard. Nurses and healthcare providers must listen attentively and observe the child's behavior for signs of distress. Providing comfort and understanding helps to alleviate anxiety and foster an environment conducive to disclosure. Additionally, the involvement of a social worker and Child Protective Services (CPS) is essential to ensure the child receives appropriate support and follow-up care. A comprehensive physical examination should be conducted to identify any physical evidence of abuse, particularly signs of sexual abuse. Behavioral assessments are also necessary to gauge the child's emotional state and interactions with the family, as well as to identify any other siblings who may also be at risk of harm.

### **Coordination of Care**

Healthcare professionals, including nurses and physicians, bear a legal, medical, and ethical responsibility to identify and report child abuse to CPS. Many cases of child abuse are present in the emergency room, and it is often the healthcare provider who is the first to recognize the signs. Vigilance is crucial, as allowing abused children to return to their families can often result in further violence, or even death. Even in cases where abuse is merely suspected, it is vital for social workers to be informed so that the child can be monitored and supported as an outpatient. Despite the implementation of best practices, many children continue to suffer abuse and face significant risks if not adequately protected [14][15][16].

## **Evidence-Based Outcomes**

Child abuse remains a significant issue in numerous countries, with acute awareness of the problem yet a failure to consistently report cases to CPS, leading to continued suffering and, in some tragic cases, death. In emergency room settings, signs of abuse may be overlooked, emphasizing the need for healthcare workers to remain vigilant. Children presenting with injuries that are atypical or unexplained should be thoroughly evaluated for signs of abuse to ensure they receive the appropriate intervention [2][17].

## **Risk Management**

Child abuse represents a significant public health issue that can lead to enduring physical and psychological health complications. Physically, children who experience abusive head trauma may suffer from neurological impairments, developmental delays, cerebral palsy, and other forms of long-term disability. Psychologically, victims of abuse are at an elevated risk for conditions such as depression, conduct disorder, and substance abuse. Academically, these children often exhibit poor academic performance and diminished cognitive abilities, impacting their learning and development. Clinicians must maintain a heightened level of suspicion for signs of child maltreatment, as early identification of abuse can be life-saving. Healthcare professionals, including nurses, physicians, and pharmacists, must be diligent in recognizing the signs of abuse and should never hesitate to report suspected cases. Healthcare workers have a legal, ethical, and professional responsibility to detect, and report suspected child abuse to Child Protective Services (CPS). The majority of child abuse cases are first encountered in the emergency department, making nurses and physicians the initial line of defense in identifying these cases. Vigilance is key; allowing children who have been abused to return to their families can result in further harm, and, in extreme cases, death. Even when abuse is only suspected, it is crucial to inform a social worker so the child can be monitored through outpatient care. The law supports clinicians who report suspected abuse, even when it remains unconfirmed, and there are significant legal risks for failing to do so. Despite the implementation of best practices in identifying and addressing child abuse, many children continue to endure its devastating effects.

## **Other Issues**

Child abuse is a pervasive public health issue that results in profound and lifelong consequences, both physically and psychologically. Children who suffer from abusive head trauma may experience neurological impairments, developmental delays, cerebral palsy, and other disabilities. On a psychological level, those subjected to abuse often face an increased risk of developing depression, conduct disorders, and substance abuse. Furthermore, their academic performance is often hindered, with many struggling with lower cognitive function. Early identification and intervention are critical in addressing child maltreatment, as the prompt recognition of abuse can have life-saving implications. Therefore, it is essential for physicians to maintain a high level of suspicion for potential abuse and ensure that appropriate steps are taken to safeguard the health and well-being of the child [18].

## **Nursing Interventions Plans:**

Child abuse and neglect present significant challenges to the healthcare system and require a comprehensive, multidisciplinary approach to intervention. Nurses play a vital role in identifying, managing, and supporting the child and family through this traumatic experience. The interventions provided by nurses are critical for safeguarding the child, ensuring appropriate medical care, and facilitating the involvement of other professionals to address the child's physical, psychological, and emotional needs. A nursing intervention plan for child abuse and neglect should be multi-faceted, integrating both immediate and long-term strategies to support recovery and prevent future harm.

## **Immediate Assessment and Reporting**

The first step in nursing intervention for suspected child abuse or neglect is conducting a thorough and objective assessment of the child's physical and emotional state. This includes identifying signs of

physical injury, neglect, or emotional trauma. Nurses must be familiar with common physical indicators of abuse, such as bruises, burns, fractures, or unexplained injuries. Emotional abuse may manifest as withdrawal, anxiety, or aggression. The assessment should be conducted in a manner that ensures the child's comfort, safety, and privacy, as this can reduce the risk of further harm and prevent the child from feeling overwhelmed or frightened. Furthermore, nurses should ensure that the assessment is conducted in accordance with institutional guidelines, while respecting the child's developmental level and abilities to communicate. Once abuse or neglect is suspected or identified, it is crucial to immediately report the case to the appropriate authorities, such as Child Protective Services (CPS). Nurses have a legal and ethical obligation to report suspected cases of child abuse, regardless of the confirmation of abuse, to protect the child from further harm. Nurses should document all findings, observations, and interactions in a detailed and factual manner, ensuring that all relevant information is available to the authorities for further investigation.

### **Medical Treatment and Care**

Once abuse or neglect is suspected or confirmed, the child's immediate medical needs must be addressed. Nurses should provide emergency care for injuries, including administering pain relief, wound care, and treatment for any underlying medical conditions. Nurses should collaborate with physicians and other healthcare providers to ensure that the child receives appropriate medical attention, such as imaging for fractures or tests for sexually transmitted infections in cases of suspected sexual abuse. In cases of neglect, nurses should assess the child's nutritional status, hydration, and overall physical health. If necessary, they should facilitate the provision of nutrition and fluids and monitor the child's condition for signs of malnutrition or dehydration. The nurse's role extends to ensuring that the child receives comprehensive care that addresses both the immediate physical injuries and any long-term medical consequences of abuse or neglect. Ongoing follow-up and coordination with healthcare providers are essential to ensure the child's physical health is continually monitored.

### **Psychosocial Support**

Children who experience abuse or neglect often suffer from significant psychological trauma. Nurses must be trained to recognize signs of emotional distress, such as anxiety, depression, fear, or post-traumatic stress symptoms. Immediate psychosocial support should be provided to the child, including creating a safe and supportive environment in which the child can express feelings and concerns. Nurses should use age-appropriate methods to communicate with the child, ensuring that they feel heard and understood. The child should be informed of the care process in a manner that is reassuring and non-threatening, fostering a sense of trust and safety. In addition to providing direct care, nurses should facilitate access to mental health professionals, such as child psychologists or counselors, who can provide more specialized therapeutic interventions. Nurses can also provide emotional support to the family, helping them navigate the complexities of reporting abuse, dealing with the emotional aftermath, and understanding the long-term effects of abuse on their child. Nurses should educate the family on available resources, including community support services and child advocacy programs, to ensure ongoing support and recovery for the child.

### **Collaboration with Multidisciplinary Team**

Nurses should work closely with a multidisciplinary team, including physicians, social workers, law enforcement, and child advocacy professionals, to ensure that all aspects of the child's care are addressed. This team approach allows for comprehensive management of the child's immediate medical needs, emotional support, legal protection, and social services. Nurses are often the primary point of contact for the family and may need to help coordinate care between various professionals, ensuring that the child receives continuous, holistic support. In cases of suspected sexual abuse, nurses should be knowledgeable about forensic evidence collection and work with forensic experts to preserve any potential evidence that may be used in criminal investigations. Nurses should provide a supportive environment for the child during forensic examinations and ensure that the child's dignity and privacy are respected throughout the process.

## **Long-Term Follow-Up and Prevention**

Once the immediate risks to the child's safety have been addressed, nurses should focus on long-term support and prevention strategies. This includes developing a plan for regular follow-up care to monitor the child's physical and emotional recovery. Nurses can also work with the family to develop strategies to prevent future abuse, which may involve providing education on positive parenting, stress management, and recognizing the signs of abuse. Nurses should assess the family's ability to provide a safe and nurturing environment and, if necessary, recommend further interventions such as family counseling or home visits from social services. Additionally, nurses can play a crucial role in educating the community and other professionals about the signs of child abuse and neglect. By raising awareness and fostering a culture of vigilance, nurses can help to reduce the prevalence of child maltreatment. Ongoing education for healthcare professionals on how to recognize and respond to signs of abuse is essential in ensuring that children are protected and receive the care they need. Nursing interventions for child abuse and neglect are integral to the protection and recovery of children who have experienced maltreatment. These interventions involve immediate medical care, psychosocial support, and close collaboration with other professionals to ensure that the child's physical, emotional, and legal needs are met. Nurses have a critical role in identifying abuse, providing care, and supporting long-term recovery. By remaining vigilant and responsive to the signs of abuse, nurses contribute significantly to the well-being of vulnerable children and work toward the prevention of further harm. The goal is not only to provide immediate care but also to empower children and families with the resources and support necessary for healing and long-term recovery.

## **Conclusions:**

Child abuse and neglect are pervasive problems that affect children across all socio-economic, ethnic, and cultural backgrounds. The impact of maltreatment is profound, leading to long-term physical, emotional, and psychological harm. For healthcare professionals, particularly nurses, the role of early identification and intervention is crucial in mitigating these harms and providing a pathway to recovery for the affected children. The nursing assessment process is foundational to identifying signs of abuse. Nurses must be skilled in recognizing physical indicators such as bruises, burns, and fractures, as well as behavioral signs like anxiety, withdrawal, and fear. Children who are nonverbal or too young to articulate their experiences are particularly vulnerable, making careful assessment even more vital. It is essential that nurses conduct thorough assessments, including detailed histories, and engage in active listening to detect possible abuse or neglect. A holistic approach that involves parents, caregivers, and the child, when possible, helps to avoid biases and ensures accurate information gathering. Once abuse or neglect is suspected, nurses are ethically and legally bound to report the case to appropriate authorities, such as child protective services. While the primary responsibility for identifying the perpetrator lies with law enforcement and child protection agencies, nurses play an essential role in ensuring that the child is safe and receives the necessary medical care. The immediate medical needs of children should be addressed first, followed by psychological support to help them cope with trauma. Long-term intervention may include counseling, social support services, and educational assistance to help children and families navigate the aftermath of abuse and neglect. A multidisciplinary approach involving healthcare providers, social workers, psychologists, and law enforcement is crucial for providing a comprehensive response to child maltreatment. This collaboration ensures that the child's physical, emotional, and psychological needs are addressed holistically. Additionally, education and support for caregivers are essential in preventing further incidents of abuse and neglect. Nurses must advocate for preventive measures, such as parenting education programs, to reduce the risk of maltreatment. In conclusion, nurses are in a unique position to make a significant difference in the lives of children affected by abuse and neglect. Their ability to assess, intervene, and support children and families can help to mitigate the long-term effects of maltreatment. Through early detection, appropriate reporting, and continuous support, nurses can play a vital role in protecting vulnerable children and promoting their well-being. The importance of education, early intervention, and a coordinated multidisciplinary approach cannot be overstated in addressing this global issue.

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## الملخص:

الخلفية: تعد إساءة معاملة الأطفال وإهمالهم من القضايا الصحية العامة الهامة على مستوى العالم، حيث تؤثر على ملايين الأطفال كل عام. تعرف منظمة الصحة العالمية إساءة معاملة الأطفال على أنها أي فعل أو فشل في الفعل يؤدي إلى ضرر أو خطر ضرر على الصحة البدنية أو العاطفية للطفل. تشمل أشكال الإساءة الإهمال، والإساءة الجسدية، والإساءة النفسية، والإساءة الجنسية، ويعد الإهمال هو الأكثر شيوعًا. على الرغم من انتشاره، غالبًا ما تظل إساءة معاملة الأطفال غير مكتشفة، مما يخلق تحديات للمهنيين الصحيين، بما في ذلك الممرضين، في تقديم الرعاية والتدخل المناسبين.

الهدف: يهدف هذا المقال إلى استكشاف دور تقييم التمريض، استراتيجيات التدخل، والدعم طويل الأمد للأطفال والعائلات المتأثرة بالإساءة والإهمال. كما يبرز أهمية الاكتشاف المبكر، والتدخلات الفعالة، والتعاون متعدد التخصصات في التعامل مع إساءة معاملة الأطفال.

الطرق: يقوم هذا الاستكشاف الشامل بتجميع الأدلة من الممارسات السريرية، والأبحاث، ودراسات الحالة لتحديد التدخلات التمريضية الفعالة في إدارة إساءة معاملة الأطفال وإهمالهم. يتضمن ذلك تقييم العلامات الشائعة للإساءة، والعوامل المسببة لها، والنهج متعدد التخصصات المطلوب لإدارة الحالات.

النتائج: تشير النتائج الرئيسية إلى أهمية تقييمات التمريض اليقظة في التعرف على علامات الإساءة مثل الإصابات غير المفهومة، التغيرات السلوكية، والتأخرات التنموية. تشمل التدخلات الفعالة بناء الثقة مع الطفل، الإبلاغ عن الشكوك إلى السلطات المختصة، تقديم الرعاية العاطفية والجسدية، وضمان الدعم طويل الأمد من خلال الإرشاد والخدمات الاجتماعية.

الخلاصة: يعد الاكتشاف المبكر والتدخل من قبل المهنيين الصحيين، وخاصة الممرضين، أمرًا بالغ الأهمية في منع حدوث المزيد من الأذى للأطفال. يعد النهج متعدد التخصصات، الذي يشمل مقدمي الرعاية الصحية، والعاملين الاجتماعيين، ووكالات حماية الأطفال، أمرًا أساسيًا في تقديم رعاية شاملة للأطفال المتأثرين. كما يمكن أن تساعد استراتيجيات الوقاية، مثل التعليم حول ممارسات الأبوة وتعزيز أنظمة دعم الأسرة، في تقليل خطر الإساءة.

الكلمات المفتاحية: إساءة معاملة الأطفال، الإهمال، تقييم التمريض، استراتيجيات التدخل، الدعم طويل الأمد، حماية الطفل، المهنيون الصحيون، النهج متعدد التخصصات.