

IN THIS ISSUE: Screening for Child Abuse Means Screening the Parents

April Is National Child Abuse Prevention Month
Screening for Child Abuse Means Screening the Parents

INTRODUCTION

Child abuse and neglect are serious problems in Nevada and nationwide. Most children are likely to be abused by their parent or caregiver. Effects endured on a child from abuse can last a lifetime. Long term sequelae include psychological and functional damage, substance abuse, delinquency, learned aggressiveness and abuse potential when they become a parent.

Definition of Child Abuse and Neglect

Child abuse is defined in the Nevada Revised Statutes (NRS) 432B.020 as follows:

"Abuse or neglect of a child means: Physical or mental injury of a non-accidental nature; sexual abuse or sexual exploitation; or negligent treatment or maltreatment caused or allowed by the person responsible for his welfare under circumstances which indicate that the child's health or welfare is harmed or threatened with harm."²

Local Statistics

- In Nevada, 8.2% of children are victims of child abuse.
- In 2013, the majority of victims who suffered abuse were <1 year in age.
- In Clark County's substantiated child death allegation cases, 62% of the perpetrators were the parent's partner, relative or other caretaker trusted by the child's parent.⁴

National statistics:

- An average of four children die every day as a result of abuse or neglect
- Children in their 1st year of life had the highest rate of victimization (23.1 per 1,000 children)
- Just under 80% of reported child fatalities as a result of abuse and neglect were caused by one or more of the child victim's parents³

Primary Care Providers Are the Key

Parenting can be challenging. Approximately 99% of children saw a primary care provider at least once in the past year. Hence, practitioners are in a unique position to address sensitive subjects and recognize underlying parent/caregiver problems that may contribute to child maltreatment. A recent survey reported the least discussed topics during a visit include: social support, financial needs and violence.⁶ However, there are resources for you.

Recommendations for Providers:

- Initiate screening of all parents of children ages 0-3 years using the Safe Environment for Every Kid (SEEK) Parent Questionnaire.⁵ SEEK screens parents for problems that are risk factors for child maltreatment. Please refer to following page for the SEEK Parent Questionnaire. It is highly recommend that this screening be incorporated into your standard practice.
- Provide anticipatory guidance by engaging in conversation about stressful times in parenting. Offer education materials that include: healthy coping with crying, safety in leaving the child in other's care, effective discipline, sleeping guidelines, and toilet training.¹ More can be found at this website: [American Academy of Pediatrics](http://www.aap.org).
- Educate parents to choose their partners carefully.⁴ More can be found at this website: [Prevent Child Abuse Nevada](http://www.preventchildabuse.org).
- Recognize the signs of child abuse including signs of physical abuse, neglect, sexual abuse, and emotional maltreatment, for example, child has unexplained burns, bites, bruises; child begs or steals food or money from classmate; Child has difficulty walking or sitting; child has attempted suicide; etc. Detailed signs are listed at this website:³ [Prevent Child Abuse America](http://www.preventchildabuse.org).

References

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Parent Questionnaire (PQ)

Dear Parent or Caregiver: Being a parent is not always easy. We want to help families have a safe environment for kids. So, we're asking everyone these questions. They are about problems that affect many families. If there's a problem, we'll try to help.

Please answer the questions about your child being seen today. If there's more than one child, please answer "yes" if it applies to any one of them. This is voluntary. You don't have to answer any question you prefer not to.

Today's Date: ___/___/___ Child's Name: _____

Child's Date of Birth: ___/___/___

PLEASE CHECK

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you need the phone number for Poison Control? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you need a smoke detector for your home? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does anyone smoke tobacco at home? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the last year, did you worry that your food would run out before you got money or Food Stamps to buy more? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the last year, did the food you bought just not last and you didn't have money to get more? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you often feel your child is difficult to take care of? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you sometimes find you need to hit/spank your child? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you wish you had more help with your child? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you often feel under extreme stress? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the past month, have you often felt down, depressed, or hopeless? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the past month, have you felt very little interest or pleasure in things you used to enjoy? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the past year, have you been afraid of your partner? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the past year, have you had a problem with drugs or alcohol? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the past year, have you felt the need to cut back on drinking or drug use? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are there any other problems you'd like help with today? |

Please ask each parent or guardian of your pediatric patients to fill out this form!