

Child Maltreatment: Literature Review

Jennifer Valdovinos

Lakeview College of Nursing

Dr. Ariel Wright

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Nurses provide a vital role and intervening in child abuse. Proper training allows nurses to identify early signs of maltreatment. The nurses are responsible for providing assessment, identification, intervention, reporting, referral, and follow-up of a child in need. School nurses have the most contact with students. They can advocate for children as their network allows communication with school personnel, community members, healthcare professionals, other students, and families. The relationship between child and nurse provides for a foundation of trust which can improve their health, safety, and education. Nurses benefit from the literature review as child maltreatment presents various forms: physical abuse, sexual abuse, psychological abuse, neglect, and trafficking (Freeland et al., 2018). A literature review allows nurses to broaden their knowledge and establish the lack of research on a subject (Houser, 2018).

Research Review: Neural Response to Threat in Children, Adolescents, and Adults after Child Maltreatment – A Quantitative Meta-analysis

Children depend on their caregivers to provide love and safety. When emotional needs are unmet, a child is at risk for improper social development. The effects of maltreatment on a child's brain will depend on their developmental stage. Research focuses on the neural effects of child maltreatment, focusing on the amygdala associated, with socioemotional development. The research findings helped expose other brain regions influenced by child maltreatment. The social information processing network (SIPN) tool determines specific brain regions altered by maltreatment. The SIPN refers to the regions by three nodes: detection (social nature), affective (socioemotional), and cognitive-regulatory (goal-directed behavior). The method to narrow the

quantitative research is activation likelihood estimation (ALE), which helped narrow articles in which the tasks used emotional faces as stimuli. The common emotions related to maltreatment involved fear, anger, and sadness. Socioemotional is only a part of the effects of maltreatment; other regions of the brain influence the negative behavior children develop (Hein & Monk, 2016).

Key Points

Maltreatment affects as many as 25% of children, leading to long-term effects on their affective (socioemotional) function. When researching the neural effects of child maltreatment, clinical research should consider the whole brain activity rather than a specific section. This research mainly focused on the effects of bilateral amygdala activity. However, evidence in the imaging proved activity throughout other regions in the brain, including the parahippocampal gyrus (memory/ images), insula (emotional cognition), and superior temporal gyrus (auditory) (Hein & Monk, 2016).

Assumptions

The research proved that maltreated children would have increased activity in the bilateral amygdala. These results expose the lack of emotional control from abused children—the emotional impairment links to the risk of psychopathology in the child's future, such as depression (Hein & Monk, 2016).

Deficit/Conclusion

The researchers only uncovered a small portion of the issues an abused child undergoes. There were many limitations to the research. The reasoning was hard to follow as many factors were not considered: gender, age of exposure, the duration, or type of maltreatment (abuse or

neglect). Furthermore, the study discusses possible issues in psychopathology but does not discuss how to treat the children. For this reason, nurses can use their observational skills to identify the negative emotions a child exhibit (Hein & Monk, 2016).

The Intergenerational Transmission of Child Maltreatment: A Three-level Meta-analysis

Parent's history of child maltreatment poses a higher risk of maltreatment towards their children. This research includes 84 studies of children who reported child maltreatment in Western countries, as the definition differs from non-western countries and cultures. The researchers found only two reviews performed on intergenerational child maltreatment from a qualitative review. The researchers believed a quantitative summary could provide a current view of intergenerational child maltreatment. Child maltreatment associates both victims in society and can affect multiple domains: academic achievement, social-emotional development, psychopathology, and neurobiological deficits. Understanding the risk of child abuse can effectively provide preventative measures (Assink et al., 2018).

Key Points

Child abuse presents in different forms. Self-report abuse concludes 12.7% in sexual abuse, 22.6% in physical abuse, 16.3% in physical neglect, and 18.4% in emotional neglect. The focus of the research is a correlation of intergenerational transmission of maltreating behavior of parents (Assink et al., 2018).

Assumptions

The research provided a positive correlation between parent history abuse and abuse towards their children. Although correlation is present, it does not guarantee that all parents

suffering from child abuse become an abuser. Medical professionals must work with different tools to identify children who are at risk for maltreatment. Risk assessments can be used preventatively as an intervention for children in need of care. Only knowing the parental history of child abuse is not cause for concern for their child (Assink et al., 2018).

Deficit/Conclusion

The author's reasoning is acceptable as different aspects of child maltreatment were researched. The authors stated a problem with underreporting. As part of the healthcare team, it is essential to know how to assess children who experience maltreatment. It is not enough to know if the parental history of abuse but how their child responds to them. Both subjective and objective data are essential to determining and preventing the risk of child maltreatment (Assink et al., 2018).

Practice Variation amongst Preventive Child Healthcare Professionals in the Prevention of Child Maltreatment in the Netherlands: Qualitative and Quantitative Data

Child maltreatment varies; therefore, knowing different preventative care methods can optimize a child's individual treatment needs. The quantitative data concluded responses from 1104 doctors and nurses working and 29 preventative child healthcare organizations. In addition, the researchers conducted interviews with experts in the fields of child protective services says, teachers of prevention, or child healthcare organizations (Visscher & van Stel, 2017).

Key Points

The authors provided this research as a frame of reference to inspire other practice variations and advancements. Based on the questionnaire answered by the experts, someone seeks advice from a health care facility or organization (Visscher & van Stel, 2017).

Assumptions

Deficit/Conclusion

Conclusion

References

- Assink, M., Spruit, A., Schuts, M., Lindauer, R., van der Put, C. E., & Stams, G.-J. J. M. (2018). The intergenerational transmission of child maltreatment: A three-level meta-analysis. *Child Abuse & Neglect, 84*, 131–145. <https://doi.org/10.1016/j.chiabu.2018.07.037>
- Freeland, M., Easterling, T., Reiner, K., & Amidon, C. (2018, June). *Prevention and Treatment of Child Maltreatment – The Role of the School Nurse - National Association of School Nurses*. www.nasn.org; National Association of School Nurses. <https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-child-maltreatment>
- Hein, T. C., & Monk, C. S. (2016). Research review: Neural response to threat in children, adolescents, and adults after child maltreatment - a quantitative meta-analysis. *Journal of Child Psychology and Psychiatry, 58*(3), 222–230. <https://doi.org/10.1111/jcpp.12651>
- Houser, J. (2018). *Nursing research: Reading, using, and creating evidence* (4th ed.). Jones & Bartlett Learning.
- Visscher, S. J. A., & van Stel, H. F. (2017). Practice variation amongst preventive child healthcare professionals in the prevention of child maltreatment in the Netherlands: Qualitative and quantitative data. *Data in Brief, 15*, 665–686. <https://doi.org/10.1016/j.dib.2017.09.061>