



The role of nurses in a public health response to child abuse and neglect

KEY STATEMENT

The Australian College of Nursing (ACN) believes nurses are crucial in driving a public health response to prevent, identify, respond to, and report child abuse and neglect.

PURPOSE

This position statement has been developed to highlight the need for a public health approach and response to child abuse and neglect in Australia. It is intended to provide nurses with an understanding of current child protection systems and how a public health approach to child protection can target the social determinants that cause child abuse and neglect. ACN believes nurses can lead positive health and social change through their relationships and clinical care of children, families, and communities. Through prevention and early intervention, nurses can drive the public health response needed to protect at-risk children from potential or actual harm.

BACKGROUND

In Australia, a child is defined as a person under 18 years of age and may include unborn children in some jurisdictions (AIHW 2021). According to the World Health Organization (2020), child abuse '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'.

Current child protection systems are siloed and disjointed. Today, increasing numbers of children are placed in out-of-home care and/or missing out on essential support (Higgins et al. 2019; ISPCAN 2021). At present, the child protection system responds to specific cases of child abuse rather than addressing the broader social determinants. However, broader social determinants make child abuse and neglect more likely (Higgins et al. 2019). Past and present approaches focusing on individual child abuse cases have perpetuated existing social and structural inequities contributing to abuse and neglect (Douglas and Walsh 2015; Duthie et al. 2019).

Child maltreatment (abuse and neglect) is a highly complex public health crisis. In 2023, the Australian Child Maltreatment Study (ACMS) released the first nationally representative data and life-long impacts of child maltreatment in Australia (ACMS 2023). The study found that child maltreatment is a widespread, major problem. So much so that 62.2% of Australian children and youth today have experienced at least one type of child maltreatment (ACMS 2023). ACMS found a massive gender disparity in sexual abuse victims, with girls experiencing particularly high rates of sexual and emotional abuse (2023). All victims of childhood maltreatment are at risk of severe mental health problems, behavioural harms and health-risk behaviours in both childhood and adulthood (ACMS 2023). Let us be clear, the early life of a child is critical for brain development; the child's environment, that is, their relationships with family, carers and parents, shapes the development of the brain at the most critical time of their development (Australian Government 2023). The ACMS's widespread reporting of child maltreatment is supported by the 2021 findings from the Australian Institute of Health and Welfare (AIHW) and the NSW Ombudsman. The AIHW (2022) found 49,690 children were confirmed to have been abused in the 2020-21 period, and the rate of abuse and neglect has only increased, with NSW noting child deaths have more than doubled in the past 10 years (NSW Ombudsman 2021).

The causes of child abuse and neglect are many and varied. However, a significant correlation exists between the social determinants of health and child maltreatment (Hunter and Flores 2021). This is due to experiencing a lack of resources within a family unit. When this lack of resources compounds with factors such as intergenerational trauma, children are at greater risk of experiencing abuse and neglect, a phenomenon known as cumulative harm (AIFS 2017). Throughout 2020-21, one in 32 children in Australia received statutory child protection involvement. Alarming, 65% of these children had previously received involvement (ARACY 2021: AIHW 2022b). Due to this intervention, there has been a significant rise in the number of children in out-of-home care nationally (ARACY and UNICEF 2021). The statistics are even higher for First Nations children separated from their families, communities, and cultures at 'devastatingly high rates' (SNAICC 2022). Child abuse and neglect within culturally and linguistically diverse (CALD) groups are similarly complex and require a nuanced, culturally competent public health approach (Kaur 2012).

KEY ISSUES

A public health response to child abuse and neglect

According to the United Nations Convention on the Rights of the Child (1989), children have a right to be protected from violence and abuse. Children also have a right to be cared for by their own families and have the opportunity to develop their identity (UNCRC 1989). This requires early intervention strategies that effectively prevent child abuse and neglect so children can be supported to thrive in their own families and communities wherever possible (COAG 2021).

A public health approach to child abuse and neglect aims to 'promote early intervention to prevent problems occurring in the first place by targeting policies and interventions at the known risk factors for the problem, quickly identifying and responding if they do occur and minimising the long-term effects of the problem' (COAG 2021). More specifically, a public health response involves three tiers of services which are universal (primary) prevention, early and targeted (secondary) intervention, and statutory (tertiary) responses for children at risk of immediate, severe harm (Lonne et al. 2020; Russ et al. 2022). Additionally, a balance of services is required, so families and communities can effectively care for their children. This must be embedded in a public health approach (Sanders et al. 2018). By providing tiered services to families and communities, a public health approach creates a more sustainable, less stigmatising system with a greater capacity to respond to the specific needs of children and families, especially for those already marginalised (Higgins et al. 2019).

A public health approach to child abuse and neglect prevention gives early assistance to families and provides a safe and nurturing environment for children, preventing future child neglect and abuse (COAG 2021). Child protection services must shift towards holistic, coordinated responses that provide early intervention to families experiencing adversity. This way, children are supported to thrive in their own families and communities (Commonwealth of Australia 2021; Herrenkohl et al. 2019). First Nations-led solutions are crucial if child protection policy reform is to be effective with First Nations' children, families, and communities (Absec NSW 2020 cited by ARACY and UNICEF 2021).

The role of nurses in a public health response to child abuse

Nurses have the opportunity to lead a public health response to child abuse. Nurses work in all healthcare settings and have a shared responsibility to care for and protect the health and well-being of children, whether they work directly with children or with individuals, families or communities who have caregiving roles.

In Australia, nurses are professionally bound by a code of conduct (NMBA 2018) and a code of ethics (ICN 2021) which require nurses to advocate and respond to inequities impacting the health and wellbeing of individuals and populations. Nurses are highly educated and skilled in preventing, identifying, intervening early, and mitigating the impacts of child abuse and neglect (Lines et al. 2018;

Lines et al. 2017). Nurses should be supported to focus their efforts on prevention and early intervention, so children are supported to thrive within their families and communities. However, there will always be instances where children are at severe risk of immediate harm. In these situations, nurses must respond to children's immediate needs and make a mandatory notification in accordance with relevant state/territory legislation (AIFS 2020; NMBA 2018).

Nurses' roles in mandatory reporting are well-recognised, but nurses' broader work in prevention and early intervention for child abuse and neglect has been difficult to quantify. Prevention and early intervention require advanced skills to make time-sensitive decisions in dynamic, often ambiguous situations where children's health, safety, and well-being are at risk (Harries and O'Donnell 2019; Munro 2019). Research demonstrates nurses' unique characteristics and skills, including relational practice, child-centredness, reflective practice, ongoing development, and cultural safety, to effectively respond to child abuse and neglect (Lines et al. 2020). However, these roles are poorly recognised, and nurses often feel unprepared, under-resourced and unsupported to enact change for children experiencing adversity (Lines et al. 2017; McTavish et al. 2017). At a broader level, recent research has highlighted that the public health workforce for child protection is not clearly defined or quantified (Russ et al. 2022). This makes effective planning and development of a targeted workforce for a public health response to child abuse and neglect very difficult. Furthermore, much of this workforce is experiencing high levels of stress and burnout and is likely to leave unless action towards a public health approach to child protection is taken (Lonne et al. 2020).

The nurse's roles in identifying, preventing, and responding to child abuse and neglect vary according to a child's unique circumstances and the nurse's practice context. For example, in primary health care settings, nurses may be better able to develop trust and rapport with families to facilitate accurate assessments and provision of multi-disciplinary support.

Meanwhile, emergency nurses are increasingly recognised as capable of applying child protection screening 'to identify children at high risk' (Lindberg 2021). With infants and young children at greatest risk of serious child maltreatment, early recognition and response to sentinel injuries (seemingly minor injuries that are warning signs of future or more serious harm) can be 'lifesaving', with at least a third of injuries missed in children with catastrophic outcomes in previous clinical reviews (Lindberg 2021). Primary health and community nurses can change a child's life trajectory, particularly girls, through opportunities to engage with families and communities in developing greater awareness and strategies to prevent childhood sexual assault (ACN 2015). Preventative strategies to reduce the number of childhood sexual assault victims can improve future health outcomes by avoiding the risk of serious conditions like suicidal behaviour, substance abuse and psychiatric disorders that childhood sexual assault victims may experience in adulthood (AIHW 2020).

As such, this position statement highlights the crucial role of nurses in the prevention, early intervention, and identification of child abuse and neglect, as well as the need to capture the nature, scope, and complexity of nurses' roles in these responses. In turn, this helps to inform adequate support and mobilisation of the nursing workforce to prevent and respond to child abuse and neglect.

RECOMMENDATIONS

That ACN:

- Facilitates collaboration across health and welfare disciplines to build a shared commitment to a public health response to child abuse and neglect.
- Lobbies governments and other decision-makers to ensure the role of nurses is recognised and that nurses are adequately educated, prepared, supported and resourced to enact change for children.
- Partners with First Nations and CALD nursing and consumer advocacy groups to develop continuing professional development courses that prepare nurses to lead nuanced, strengths-based, and culturally competent approaches to child safety.
- Advocates for government-funded preventative programs and strategies targeting families and communities to reduce the number of girl victims of childhood sexual assault.

ACN also calls on state, territory, and federal governments to:

- Ensure nurses are represented at all levels of decision-making in addressing child abuse and neglect, from Primary Health Network policies and guidelines, to evaluation of the National Plan to End Violence Against Women and Children.
- Provide tangible support for nurses involved in public health responses to child abuse and neglect through:
 - access to clinical reflective supervision and mental health services to promote well-being and reduce burnout,
 - scholarships for nurses to undertake professional development tailored to their needs, e.g., adapted for those working in primary care and emergency departments.
- Create, fund, and expand community nursing positions for universal and early intervention services for nurse navigators, school nurses and sustained nurse home visiting for all children/families (e.g., right@home).

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