



The knowledge and opinions of social work, elementary education, and nursing students in relation to physical child abuse
by Don R Collins

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING
Montana State University
© Copyright by Don R Collins (1978)

Abstract:

The purpose of this study was to determine selected students knowledge of child abuse and/or neglect, and to ascertain the source or sources of this knowledge. Students surveyed were sophomore and senior students enrolled in the social work, elementary education, and the nursing curricula at Montana State University. Social work and elementary education faculty were also surveyed.

Data were collected from 54 sophomore students (17 social work, 17 elementary education, 20 nursing), and 42 senior students (10 social work, 15 elementary education, 17 nursing); and 11 faculty (five social work, six elementary education). Stein's (1977) nursing faculty data were utilized for the present study. Comparisons were made to Stein's 1977 data from senior nursing students. In general, the collected data was consistent with Stein's 1977 data with a few notable exceptions.

Data were presented in the form of tables and graphs which utilized percentages for analysis. It was found that students' child abuse and/or neglect knowledge was approximately equivalent between the social work, elementary education, and nursing curricula. The students demonstrated difficulty in identifying potentially abusive adults, and in identifying who was mandated to initiate reports of real or suspected child abuse. Although the faculty identified their respective curricula as a primary source of child abuse knowledge, the students did not rate their curricula as highly. Stein (1977), however, found that the faculty and nursing students concurred in ranking the curriculum as a primary source of child abuse knowledge.

Sophomore students, in general, displayed less knowledge of child abuse than did senior students. Also, sophomore students' expectations were often not validated by senior students' perceptions.

STATEMENT OF PERMISSION TO COPY

In presenting this thesis in partial fulfillment of the requirements for an advanced degree at Montana State University, I agree that the Library shall make it freely available for inspection. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by my major professor, or, in his absence, by the Director of Libraries. It is understood that any copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Signature Don R Callini

Date May 30, 1978

THE KNOWLEDGE AND OPINIONS OF SOCIAL WORK, ELEMENTARY
EDUCATION, AND NURSING STUDENTS IN RELATION
TO PHYSICAL CHILD ABUSE

by

DON R. COLLINS

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF NURSING

Approved:

Margaret H. Vejonch R.N. M.A.
Chairperson, Graduate Committee

Anna M. Shannon
Head, Major Department

Henry S. Parsons
Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

May, 1978

ACKNOWLEDGMENTS

It is tradition that acknowledgments designate those people who have made a study possible. To truly acknowledge all of the people would clearly be impossible, and so I start from the idea that any listing of people would be incomplete and quite selective.

It is very important to acknowledge and extend gratitude to Margaret Vojnovich, Assistant Professor of Nursing at Montana State University, who served as the chairwoman of the thesis committee. Her support and guidance were essential and earn the writer's sincerest appreciation.

The writer also wishes to express thanks to Professor of Nursing, Margaret Barkley, Assistant Professor of Nursing, Nancy Chandler, and Professor of Adult Education, Burl Winchester. Their time and effort was unselfishly devoted to this work.

The writer would also like to express gratitude to the social work, elementary education, and nursing students for their cooperation.

I would like to express my appreciation to my wife, Pat, for her typing and support.

TABLE OF CONTENTS

	<u>Page</u>
VITA	ii
ACKNOWLEDGMENTS	iii
TABLE OF CONTENTS	iv
LIST OF TABLES	vi
LIST OF FIGURES	vii
ABSTRACT	viii
 Chapter	
I. INTRODUCTION	1
Need for the Study	2
Statement of the Problem	3
Objectives	4
Assumptions	4
Limitations and Delimitations	5
Definition of Terms	5
Summary	7
II. REVIEW OF LITERATURE	8
III. METHODOLOGY	26
Survey Population	26
Method of Collecting Data	27
Method of Organizing Data	29
Analysis of Data	29
Summary	29
IV. ANALYSIS OF DATA	31
V. SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS	57
Summary	57

	<u>Page</u>
Findings	58
Conclusions	63
Recommendations	65
BIBLIOGRAPHY	68
APPENDIXES	72
A. Letter Requesting Permission to Utilize Quiz	73
B. Letter Granting Permission to Utilize Quiz	74
C. Questionnaire	75
D. Faculty Opinionnaire	80
E. Indicators of Child Abuse	81
F. Data and Tables from Stein	83
G. 1974 Montana Child Abuse Law	90

LIST OF TABLES

<u>Table</u>	<u>Page</u>
I. Number and Age Ranges of Students Who Participated in the Study	32
II. Number and Percentage of Students Who Gave Correct Answers to Questions (1 through 15) on Child Abuse by Curriculum	34
III. Number of Students Who Selected Correct Answers to Questions (1 and 2)	35
IV. Number of Students Who Selected Correct Answers to Questions (3 through 5)	38
V. Number of Students Who Selected Correct Answers to Questions (6 through 8)	39
VI. Number of Students Who Selected Correct Answers to Questions (9 through 11)	43
VII. Number of Students Who Selected Correct Answers to Questions (12 and 13)	44
VIII. Number and Percentage of Students Currently Identifying Their Own Profession as Being Mandated to Report Real or Suspected Child Abuse	46
IX. Number of Students Who Selected Correct Answers to Questions (14 and 15)	48
X. Number of Students Indicating Whether or not They had Sufficient Knowledge to Initiate a Child Abuse and/or Neglect Report	51
XI-A. Resources Used by Students to Complete This Questionnaire	53
XI-B. Total Attitude Score of Faculty Opinionnaire Rating Sources of Student Knowledge	54
XII. Curriculum Areas Where Child Abuse and/or Neglect Knowledge Could be Taught Effectively	56

LIST OF FIGURES

<u>Figure</u>	<u>Page</u>
1. Median Number and Range of Correct Answers to Questions 1 through 15	50

ABSTRACT

The purpose of this study was to determine selected students' knowledge of child abuse and/or neglect, and to ascertain the source or sources of this knowledge. Students surveyed were sophomore and senior students enrolled in the social work, elementary education, and the nursing curricula at Montana State University. Social work and elementary education faculty were also surveyed.

Data were collected from 54 sophomore students (17 social work, 17 elementary education, 20 nursing), and 42 senior students (10 social work, 15 elementary education, 17 nursing); and 11 faculty (five social work, six elementary education). Stein's (1977) nursing faculty data were utilized for the present study. Comparisons were made to Stein's 1977 data from senior nursing students. In general, the collected data was consistent with Stein's 1977 data with a few notable exceptions.

Data were presented in the form of tables and graphs which utilized percentages for analysis. It was found that students' child abuse and/or neglect knowledge was approximately equivalent between the social work, elementary education, and nursing curricula. The students demonstrated difficulty in identifying potentially abusive adults, and in identifying who was mandated to initiate reports of real or suspected child abuse. Although the faculty identified their respective curricula as a primary source of child abuse knowledge, the students did not rate their curricula as highly. Stein (1977), however, found that the faculty and nursing students concurred in ranking the curriculum as a primary source of child abuse knowledge.

Sophomore students, in general, displayed less knowledge of child abuse than did senior students. Also, sophomore students' expectations were often not validated by senior students' perceptions.

Chapter I

INTRODUCTION

Physical child abuse is recognized as one of the major problems of children in the world. It has become a paramount health problem of epidemic proportions in most societies although accurate data about the problem are not readily available. Even in the United States, the extent of the problem can only be estimated from the available statistics. Fontana (1971:8) states that the available data are only an indication of the tip of the iceberg for the true incidence of child abuse. It is clear that there are several mechanisms present in American society that tend to reduce the number of reported statistics to a level below the true incidence. Reported cases of maltreated children have been increasing in the United States. This trend is not limited to any specific group or area. The problems seems to exist throughout society.

The history of intensive efforts to deal with maltreatment of children in America is actually very recent. The Society for the Prevention of Cruelty to Children was established in 1871 within the city of New York. This was a considerable length of time after the establishment of the Society for Prevention of Cruelty to Animals was established in 1866 (Radbill, 1968). Real progress in enacting laws dealing with maltreated children has occurred only within the last few decades. Even the terminology "Battered-child syndrome" clinically

used to describe these maltreated children was introduced only in 1961 by C. Henry Kampe and his colleagues. Much of the recent efforts to deal with the child abuse problem have included intensive awareness training and education of professional groups that deal with children and families, and attempts to reach families through "hot lines" and group therapy programs. Most modern laws state that various professional groups must report observed cases to state agencies.

In Montana the 1974 Child Abuse Law specifically directs physicians, nurses, teachers, social workers, attorneys, law enforcement officers, or any person who has reason to suspect child abuse to report it to the county attorney and the department of social and rehabilitational services (Montana Laws, Section 10-1304, R.C.M., 1947) (Appendix). It can be concluded that attitudes are changing and that these professional groups can play a significant role in the identification and prevention of child abuse.

Need For the Study

The professional groups of social workers, teachers, and registered nurses must enlarge their roles to include preventing child maltreatment, reporting it, and treating families where child abuse is evident. These workers are in a position to encounter child abuse during their everyday work. Therefore, it is essential that portions of their education alert them to the child abuse problem, and to

helping them deal with it in an efficacious, professional manner. It is important to know if the present curriculum in nursing, in social work, and in elementary education at Montana State University is resulting in professionals who can contribute to the alleviation of the child abuse problem. The agencies employing these professionals will be expected to cooperate in coping with child maltreatment problems, and hence, the employees should have some common information and skills that will help them assume this responsibility.

Information from this study should be of value in the education of future nurses, social workers, and elementary teachers. Continuing education in the matter of child abuse should benefit from these results. Broadhurst (1978:36) states that the result of teachers taking an active role in child abuse case finding is resulting in help for many families and their children. Social workers and registered nurses also contribute to the overall well being of families and children.

Statement of the Problem

The purpose of this study is to determine the extent of knowledge nursing students, social work students, and elementary education students have of child abuse, and to have these students identify sources where they acquired their information.

The results of this study will be partially compared with Stein's 1977 study in which she identified senior nursing students' knowledge of child abuse.

Objectives

The following objectives are composed:

1. To determine the students' competence in identifying child victims of maltreatment.
2. To discover if the students know what responsibility the Montana Child Abuse Law requires of them.
3. To have the students identify their sources of knowledge about child maltreatment.
4. To determine if there is a measurable increase in the students' knowledge of child abuse from the sophomore year to the senior year.

Assumptions

1. The senior students have been exposed to fundamental concepts of the dynamics of child abuse.
2. The senior students have been exposed to the 1974 Montana Child Abuse Law.

Limitations and Delimitations

It was necessary to collect the data with a limited questionnaire. That is, the nineteen questions administered are only a limited sample of the knowledge that would be necessary to fully cope with situations related to child abuse.

The size of the sample utilized for this study is a limitation. It may be misleading to apply implications from this study of a small sample of students to the much larger population of all students in the fields of nursing, social work, and elementary education.

It could be a further limitation that the level of motivation to respond to the questionnaire in a responsible way can not be controlled. An effort was made to indicate the seriousness of the study, and the consequences of obtaining accurate data.

The study was delimited by the background of the population members and the geographical area. The population members were all enrolled or on the faculty at Montana State University. This is primarily a rural area and is comparatively a non-urban setting.

Definition of Terms

The following definitions are utilized in this study. The definitions were originally formulated by Stein (1977:6), and are used without modification thereby enabling direct comparison of her study to the present study.

Child Abuse and/or Neglect: defined by law, physical injury or neglect caused to a minor by his caretaker.

Maltreatment Syndrome: all degrees of child abuse and/or neglect.

Battered Child Syndrome: a clinical condition in children who have received repeated physical abuse and/or neglect at the hands of their caretaker, non-accidental in nature.

Caretaker: any person charged with the welfare of a minor.

Abusing Parent: an adult who through an act of omission or commission causes abuse and/or neglect to this minor charge.

Mothering: physical and emotional caring about a child, for himself and his future.

Nursing Students: those students enrolled at Montana State University in Nursing. Includes senior and sophomore students.

In order to extend the study to the different populations, the following terms were also utilized:

Social Work Students: those students enrolled in the social work curriculum at Montana State University. Includes sophomore and senior students.

Elementary Education Students: those enrolled students in the elementary education curriculum at Montana State University. Includes sophomore and senior students.

Summary

A study of students' knowledge of child abuse is important because the area is of vital concern for the health of the child, for the healthful functioning of the family, and for the ultimate benefit of society. Evidence of the students' knowledge about child maltreatment has been collected utilizing a questionnaire developed by Stein (1977). This questionnaire was administered to samples of senior and sophomore social work students, elementary education students, and nursing students enrolled at Montana State University.

The finding from this study should help the professional schools plan more adequate and comprehensive curricula related to the roles of social workers, elementary teachers, and registered nurses in child abuse and/or neglect situations.

Chapter II

REVIEW OF LITERATURE

The child of abusive parents has come to be known as the battered child. This problem has recently been brought to public attention as a significant factor and cause of disability and death in children. The child is commonly under three years of age and too young to give any explanations for his multiple bruises, swellings, and recent and old fractures. Frequently, though not always, there is also evidence of general neglect, malnutrition, and poor hygiene.

Laws against child abuse exist in all states, but the situation must come to the attention of proper authorities before any legal action can be taken. Since most of the battering episodes do not occur in public, they are seldom reported. "It is not uncommon, however, for the child to be brought to a clinic or hospital for treatment of the most recent injury" (Wilner, Walkley, and Goerke, 1973:382). Parents usually attribute the inquiries to accidents or place blame on baby-sitters or siblings. Many medical personnel have found it difficult to believe that a parent could be responsible for injuries to his own child, and have tended to accept whatever story was provided. Others, who may have been suspicious, have been afraid of becoming liable in some way if they interfere (Wilner et al., 1973:382).

Public concern for the abused child increased so greatly, that in 1963, the Children's Bureau and the American Humane Association

prepared model laws which could and would make reporting of suspect cases by a physician mandatory, but would, at the same time, protect against civil or criminal liability. By the first part of 1966, all except three states had passed such laws. Reporting of a case does not mean immediate court action will be taken, but only that a careful investigation by trained child welfare workers will be carried out. If the suspicions are found to be true, steps are taken to protect the child, and to help the family, if possible (Wilner, 1973).

Dr. C. H. Kempe devised the term "Battered-Child" in 1961, while Fontana (1971) utilizes the term "mal-treatment syndrome" to describe a broader problem. However, there still is no universally accepted definition of child abuse among the workers in the field. This problem is especially acute when professionals from different disciplines are interacting in a child abuse and/or treatment team. Child abuse and/or neglect often is detected in children presented at the emergency department with extensive trauma, such as fractures, hematomas, soft tissue damage, cuts, and burns, or in cases involving malnutrition, "failure-to-thrive," or emotionally apathetic personality. Often the child arrives unconscious, in convulsions, or even dead.

When an abused and/or neglected child is hospitalized, he often reacts with apathy, especially if young. Frequently, the child is

overly sensitive to the emotions displayed by the adults in the environment. In many cases, their adult caretakers display identifiable patterns of behavior, where they do not volunteer information about the child's injury, and evade questions by hospital personnel. In addition, they may show a lack of concern about the child and his problems (Golub, 1968). Actually, assessment of both parents and child--that is, observation of the entire family--for characteristic signs is the preferred method of diagnosing child abuse. There is a possibility of undertaking preventive actions, and alleviating critical situations within the family with this approach. Kempe (1972) feels that child abuse will only occur if the potential exists in the family situation, a special child is present, and a crisis arises.

Unfortunately, in the past the professionals either did not wish to get involved or were afraid to on grounds of liability. A peculiar aspect of American society, when faced with health care or crime problems which seems especially strong in child abuse cases, is to blame the victim (Ryan, 1976).

This chapter will attempt to show that the battered child may be detected by and helped through the proper channels by the nurse, the social worker, and the elementary teacher. The nurse-patient-physician relationship will be examined first.

It has been maintained that the nurse is in a unique and almost ideal position to prevent, detect, and alleviate child abuse (Bassett, 1974). However, it is essential that the nurse communicate to the family members that she both understands and cares about them, and that she offers support without being judgmental (Hopkins, 1970). Bernard (1973) stresses that the nurse must operate as a member of a multidisciplinary child abuse team in these situations with a goal of returning the child to the rehabilitated family. Stein (1977) has supplied an excellent review of the practical factors in a nurse-child abuse situation, while the present review is aimed at more theoretical aspects of the situation.

Wiens, Thompson, Matarazzo, Matarazzo, and Saslow (1965) point out that

. . . some functions of the professional nurse can be carried only through effective verbal and non-verbal communication, for example, teaching health practices, extending emotional support, bringing about changes in patient behavior, and obtaining an adequate health history to evaluate the patient's present health status (Wiens et al., 1963). It follows then, that the nurse's communication patterns are related to her success in a nursing role.

King (1968) defines nursing as "a process of action, reaction, interaction, and transaction."

She indicates that nurses perform their functions within social institutions, and in interactions with patients and personnel. All these factors have bearing on the essential communication the nurse seeks to establish. The hospitalized patient is dependent primarily

on medical and nursing personnel for information and frequently for the carrying out of his/her daily activities. Much of the uniquely therapeutic communication that occurs between nurse and patient appears to be initiated intuitively. Nurses themselves find it difficult to identify what types of communicative relationships seem effective in helping the patient and have difficulty even in repeating the process. Therefore, nurses might benefit from a better understanding of the communicative-interaction process so that its components can be identified, repeated, and used as guidelines in nursing practice. This is extremely important in the case of the battered or abused child, where the availability of patient data and a systematic approach are necessary so that the symptoms, behavior, and approaches to treatment can be systematized.

As treatment begins in an orthodox fashion to take care of the bodily complaint, the patient history is extracted from the parents, the complaint is taken care of as a bodily ill, much the same as treating malnutrition, broken bones, bruises, and other physical conditions. These in themselves are treatable causes and not designed to go beyond the necessary immediacy of the situation present in the medical unit. However, when any situation becomes chronic, that is, the same symptoms continue to reappear after curative treatments have restored the diseased tissues or bruised bodies, in this case, then the sum of the symptoms of the patient are brought together for a

closer look and further examination. In the case of the battered child, the continuance of bruises, broken bones, neglect, in some cases, malnutrition, all become symptoms of the same bodily chronic disorder, and that is child abuse. The nurse, aware of the similarity of patient symptoms and frequency of visits by certain patients, can be advised to check records, and in essence, treat the battered child as a chronic case. That is, treatment of a long-term nature is administered, after consultation with the physician in charge, and other members of the multidisciplinary team (Kempe, 1976:64).

It is only a short step beyond this point that the physician-patient-nurse relationship can move into the area of the patient's environment, as being the primary cause of the chronicity of the child's malady. "Economic, social or cultural factors are generally the catalyst for abuse. The parent usually feels overwhelmed by forces over which he has no control" (Hurwitz, 1977:575).

Therefore, the matter must be handled as a community health problem, with treatment of acute sequela undertaken in the hospital.

The following reasoning is based on a concept of adaptive systems which describes complex systems and their adaptive behavior, and on the use of certain principles of communication theory to identify factors in the communication process.

While it is easy to agree in essence with the concepts of general systems theory, it is another matter to apply these concepts in nursing

research. However, general factors justify the use of this theory to help obtain answers to the questions we are now asking about the practice of nursing. The first of these factors is the need to view the nurse, the patient and the physician as a system. A number of studies have been conducted concerning the communication interaction process of nurse-patient, physician-patient, or the communication interaction process of nurse-physician.

When the nurse-patient-physician situation is viewed as a system, then the problem previously identified as a patient's problem may also be a problem of the nurse or system. This perspective requires a different method intervention in patient care. For example, if the nurse working with the battered child who is demonstrating a great deal of hostility, fear, or withdrawal, plans her intervention by analyzing factors within the system, she may view the hostility or other behavior as being this patient's only alternative reactions to a very difficult situation, rather than labeling him a "difficult child."

A second factor emphasizing the need for systems theory in this field is the potential increased use of existing analysis schemes. Because of the complexity of the nurse-patient-physician interaction, any predetermined observation schedules or analysis schemes demand that all essential variables affecting multiperson interacting systems also be predetermined. Much more descriptive data in nursing must be

gathered to acquire the knowledge necessary to identify essential variables.

Studies of nurse-patient interaction have mostly been confined to the study of verbal interaction for which various categorization and analysis schemes have been devised (Diers and Leonard, 1966; Johnson, 1964; Meyers, 1964). Although these studies may add to an understanding of the overall process, it is likely that much of one's communication with other individuals occurs at a nonverbal level. Communication theorists attest to the impossibility of separating verbal and nonverbal behavior (Cherry, 1966).

Finally, systems theory would aid in considering the idea of content versus process in communication. Many authors refer to verbal messages as the content of communication and to nonverbal behavior as the process. Diers and Leonard (1966) state in their study of communication, "Two kinds of dimensions that are worth keeping distinct are content and process, i.e., semantic (what is said) and syntactic (how it is said)" (p. 226).

Recognition of the limitations of the experimental method also encourages the application of systems theory to this field, and the collection of significant descriptive data. Nursing literature reports numerous studies using experimental methods. The investigators have attempted to measure the effect on a patient of a specific approach by one or more nurses (Chapman, 1970; Kaufman, 1964).

However, the variables are not specified with enough accuracy at this time in the field of child abuse problems.

Communication theories have developed from early models, which described the source, encoder, message, channel, decoder, and receiver. The linear model was later modified by Weiner (1961), who added the cybernetic concept of feedback. Weiner's cybernetic model is of demonstrated use in the analysis of interactions between team members. In feedback, the result of the effector's (receiver's) activity is monitored back to the receptor (source) so that the system is self-regulating. Individuals use feedback to alter or clarify messages. Later theorists have attempted to conceptualize the communication process as one of a helix model resembling a spiral that is moving forward but is dependent on the past, which influences the present and future process (Dance, 1967).

In summary, then, nursins can be of great beneficial value not only in treating the battered child, but in detecting and communicating the need for environmental treatment where indicated. To do so, we need research methodologies that deal with both the individuality and the complexity of nursing situations, and systems methodologies seem to include these requirements.

The second phase in the discussion of the battered or abused child will be the role of the social worker in prevention and

treatment. Emphasis will be upon the use of the multidisciplinary process in working with families of abused and/or neglected children.

Social work is a significant intervention subsystem of the larger health care system. In discussing social work in this context, there are three perspectives on social work which need to be discussed in view of the significance to the battered child . . . three ways of thinking about social work's special function within the larger system. Each will be a holistic conception of social work.

In the first approach, social work is seen as boundary work (Hearn, 1970). This approach builds on the work of Gordon (1969) and, in particular, on a recent publication of the Council on Social Work Education. This article can be distilled into seven basic ideas:

(1) Social work has a simultaneous dual focus. It focuses at once upon the person and his situation, as well as upon the system and its environment. (2) Social work occurs at the interface between the human system and its environment. (3) The phenomenon that occurs at the interface is a transaction between system and environment. (4) The transaction is a matching effort whose focus is the coping behavior of the organism on the system side, and the qualities of the impinging environment on the environment side. (5) Encounters between an organism and the environment leave both changed. (6) This point is of special importance because it raises the crucial question of how we judge the outcome of the exchange. How do we know how good an outcome

it is? Gordon's answer is that the best transactions are those that "promote natural growth and development of the organism and also are ameliorative to the environment" (1969:9), i.e., making it a better place for all systems that depend upon that environment for their substance. And (7), the seventh point addresses itself to how this goal is achieved. Gordon suggests that entropy is the key. The answer is found in the second law of thermodynamics, which states that unattended systems proceed relentlessly toward disorder, evenness, high probability, disorganization, randomness, and continuity or what is technically called an increase in entropy.

Entropy is a constant in the universe. It cannot be destroyed; it can only be distributed differently. Thus, for growth and development to occur, there has to be a continuous redistribution of entropy between organism and environment. Every feature of this formulation suggests that social work occurs at the boundary between the system and its environment, and that in this sense social work is boundary work. This being so, it is logical to consider the kind of work that occurs at the boundary.

One of the things that social workers do is to help the system locate its boundary. It may be a matter of defining a boundary, if none is clearly perceived, or it may be a matter of reconciling the system's perception of its boundaries with the way others see it, if there is a discrepancy between the two. Social workers help; the human

systems with which they work to regulate how much comes in and how much goes out of the system. They help the systems with which they work or of which they are a part to regulate the form in which matter and ideas are exported from the system to the environment or imported into it. In what form do people emerge from our welfare system or health care system? Are they permanently crippled and dependent?

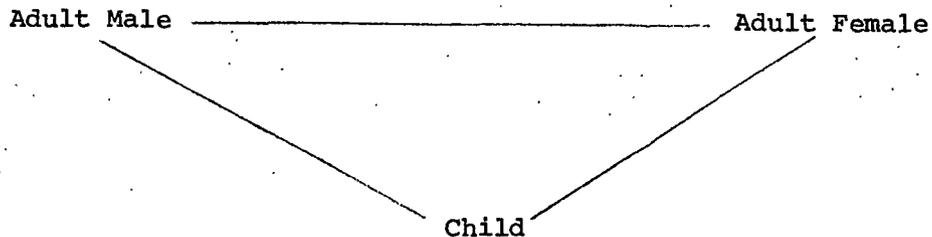
Social workers help the system with which they work to determine how sharply their boundaries should be defined. This, too, is a matter of degree, depending upon the conditions of the organism and of the surrounding environment. When the organism feels threatened, it is probably more natural and more functional for the boundaries to be rather clearly defined, so that it is easier to determine what is in and what is out. Conversely, when the system feels secure, and the environment is experienced as relatively benign, it is more likely and more desirable for the boundary to be less defined.

Finally, social workers help the system with which they work to determine how much is to be included within the systems boundaries. One way to think of growth and development is to visualize the territory with the boundary as expanding.

A second way to approach social work in the network of conceivably helping the battered child is as a human recycling system. This idea also derives from the work of Gordon (1969). One of the most

important elements of social work should be an effort to enhance the nurturant capacity of the environment.

Because we are discussing the welfare or the health care of human systems, we can refer to the process as humn recycling. The social work process can be thought of as a three-phase process of seeking, receiving, and giving. The third phase of "giving" help makes an enormous difference (giving help to the battered child may sometimes be thought of as "coming to the rescue," but in the child's eyes, any judgmental status held by the social worker as "rescuer" may negate all benefits). It is best to stress advocacy, and the support role assumed by the social worker. Walters (1975:82) states that child abuse and/or neglect is best understood by considering the family triad.



Applying this model to health care system, we can think in terms of interacting spiraling systems. One may be the focal client, another may be a social worker. A change in one of these interactants inevitably affects the rest of the people in the system. When a worker

operates within a multidisciplinary team, what he/she does or does not do affects the outcome for the total situation.

The third approach to social work is as an intervention subsystem, that is to regard social work as essentially maintenance work. Systems require maintenance if they are to survive. So it is with all kinds of systems--individuals, groups, organizations, and communities. This emphasizes the support function of social work.

One finds that there are two kinds of leadership in a health care system: task leadership and maintenance leadership which tend to be performed by a different person rather than by the same person. Hern (1970) feels that it is natural for this kind of specialization to develop. In this way, the group or team can offer maximum support and help to the client family.

The role of the teacher is the third consideration in our discussion of the battered child. In many cases, teachers are overlooked as a potentially important member in the treatment of an abusive family. Few references are made in social work literature or nursing literature about the strategic position of the teacher in the life of the community. Even in educational literature, few references are made to possible contributions by the teacher to the prevention, detection, and treatment of child abuse and/or neglect. A brief but thorough treatment of the educator's responsibilities in a child abuse situation is contained in The Battered Child (Leavitt,

1974:206-227). A multidisciplinary approach is stressed in this non-theoretical, but practical work. It must be remembered that children usually spend much of their day in school where they can be observed, and interacted within a therapeutic way. It is interesting to note that Leavitt (1974:227) agrees with Bakan (1971:109) that often a child who is abused develops characteristics that result in him or her being extremely unlovable. After teachers become sensitized to the problem of child abuse, a considerable increase is noted in reported cases (Broadhurst, 1978). Since only severe incidents of physical abuse are brought to the hospital and thereby become available for observation by a physician or a nurse, the teacher is in an excellent position to find cases of maltreated children (Gil, 1969). Finally, teachers may contribute to the total therapeutic effort by being part of the therapeutic community which is the ultimate; but presently impractical, goal of child abuse treatment (Polansky, De Saix, and Sharlin, 1973:68).

A decent question to ask: If the things that the family should have provided are lacking, can the teacher or the school supply them? "Mothering," on the part of the teacher, is not infrequent. Many teachers play this role because it is polite to do so, and because the taxpayers want a continuance in the school of the family constellation. Many others do so because they do not realize that education is precisely the process of leading the child out from the implications

of the family pattern. Social engineering must strengthen the family in what it gives to the child--not feverishly trying to build substitutes. However the educator can provide continued observation of the child, and more importantly arrange for success in the life of the abused child.

It could be arranged that every teacher, during the summer just previous to tenure, would receive instruction regarding the problems of maltreated or battered children. This would give the teacher enough practical classroom experience with problem children, and would prevent her from seeing an intricate problem in every child in the room. At the same time, training would not be delayed to the point where the teacher had already crystallized his/her philosophy of life and of teaching.

As far as the child is concerned, experience touches the whole life and social adjustment of the child, rather than only his academic achievement. The task of the school, in this context, then, is to make the child feel loved, wanted, and secure in the classroom (Leavitt, 1974:210). The role of the educator then can also be analyzed on both the practical level and on the level of general systems theory.

The roles of the nurse, social worker, and teacher in the context of the battered child can be seen to involve a possible enterprise for team work. At any level in this kind of model, the team as

a functioning unit could greatly reduce the incidence of the battered child, or if not, at least provide elements of societal aid to the client, i.e., the abused child.

At the level of the nurse-patient-physician, the preliminary information of patient history could be investigated with reference to the school setting and social worker(s) called in to suggest methods of procedure. At the level of the teacher, information could be sought through the school network in terms of family physician or nurse, and the case referred to the social worker for investigation. At the level of the social worker, incidences of battered children could be referred to physicians and nurses, and further client information sought from the elementary teachers.

The main problem in this team approach is that a faster system of information collection and family support needs to be developed so that the team can function at an optimal level. As a society, we need to learn to anticipate and to control our social problems so that the damage in terms of human life and suffering may be reduced to a minimum.

In the professional roles of social worker, elementary educator, and nurse, there are possibilities to prevent, detect, and treat families that maltreat their children. A theoretical base has been presented for the role of social worker, teacher, and nurse. Practical

aspects of each role have also been specified with emphasis on the multidisciplinary child abuse treatment team method.

A basis for action should be accurate knowledge of the situation. Because preparation of professional social workers, elementary educators, and nurses begins in undergraduate curricula, it is essential that the amount of child abuse and/or neglect knowledge possessed by these students be assessed before and after their learning experiences. This leads directly to the object of the survey undertaken in this study which is to determine the extent of child abuse and/or neglect knowledge, the source or sources of that knowledge, and the opinions of the students and faculty about effective learning experiences in relation to child maltreatment.

Chapter III

METHODOLOGY

This chapter outlines the procedures used in investigating the knowledgeability of select groups of students at Montana State University about physical child abuse. In addition, select faculty opinions of the source of students' knowledge of child abuse were collected. Sophomore and senior students in the curriculums of social work, elementary education, and nursing were selected for study because of their future intimate involvement in preventing child abuse, and dealing with the families of maltreated children.

The following sections are included in this chapter: survey population, methods of collecting data, methods of arranging data, analysis of data, and a summary.

Survey Population

The population consisted of those students enrolled in nursing, social work, and elementary education at Montana State University. Permission to contact these students was granted by the separate departments. A random sample of twenty students was drawn from the sophomore and from the senior level students in each curriculum. There were 38 total number of students in social work, 169 total number of students in elementary education, and 318 total number of students in nursing. Since some seniors in nursing are at the Montana State

University campus at Bozeman, and some are still at the extended campuses in Butte, Great Falls, and Billings, only those on the Bozeman campus were selected for the present study.

All faculty in elementary education and in social work who wished to participate in this study were also surveyed for their opinions about sources of students' child abuse knowledge. Nursing was not resurveyed because this data was already available for comparison efforts.

Method of Collecting Data

Stein's (1977) questionnaire on child abuse and neglect was modified only slightly, and was utilized to gather data. Some demographic data was added to the first portion of the form. Portions of this questionnaire were reproduced from a quiz reported in Nursing Update, April, 1973, and were used with the permission of the copyright holder, Intermed Communications, Inc. (Appendix C). Question Number 16 was deleted because it was general enough for comparisons between all curriculums being studied. In addition, minor word changes were made in places to facilitate reading by all students.

The questionnaire consisted of items relating to specific aspects of child abuse. Items 1 and 2 related to possible environments of child abuse. Items 3, 4, and 5 were concerned with identifying a possible abuser of children. Items 6, 7, and 8 refer to behavior

that often is displayed by an abused child. Being able to recognize an actual case of child abuse is tested in items 9, 10, and 11. Preventing child abuse is the concern of items 12 and 13. Items 14 and 15 survey knowledge of the 1974 Montana Child Abuse Law.

The remaining items seek the students' opinion responses. As noted, item 16 in Stein's questionnaire was not utilized due to awkward and confusing wording for those students not in the nursing curriculum. No way could be ascertained to reword item 16 without making it overly complicated and complex. Item 16 in the present study sought the students' opinion of their ability to originate a report of possible child abuse. The source of the students' child abuse knowledge is pursued in item 17. Finally, in item 18, the student was asked to choose the place in the curriculum where child abuse material could be learned most adequately.

After a random sample was selected, each student was contacted personally or by phone, and urged to attend a gathering on campus in order to complete the questionnaire. Anyone who did not wish to participate was replaced by a randomly selected alternate. Those students that failed to attend were contacted again, and other options for filling out the form were offered. All efforts were made to secure cooperation of the originally selected subject, and if this was not successful, another random selection was made from that population.

Finally, all faculty in the curriculums of social work and elementary education were solicited for their opinions about where the students obtained their knowledge of child abuse.

Method of Organizing Data

The responses are organized into tables. These tables indicate the child abuse knowledge and opinions of the sampled students enrolled in social work, elementary education, and in nursing at Montana State University. Also included are the faculties of social work and of elementary education.

Analysis of Data

The collected data delineate some of the child abuse information and beliefs possessed by the surveyed students and faculty. The findings are analyzed in percentages, and are displayed rounded to the nearest whole number. Appropriate graphs are constructed in order to present data in a readable style.

Summary

A random sample of sophomore and senior students in the social work, elementary education, and nursing curricula was surveyed for their knowledge and opinions of child abuse. Stein's 1977 questionnaire, with minor revisions, and opinionnaire were utilized to generate

data which were analyzed by percentages. This data was organized into tables and graphs for presentation.

Chapter IV

ANALYSIS OF DATA

The following data is arranged in tabular form with accompanying comments. Data were obtained from a sample of sophomores and seniors enrolled in the social work, elementary education, and nursing curricula at Montana State University. Seventeen sophomores and 10 senior social work students responded; 17 sophomore and 15 senior elementary education students responded; and 20 sophomore and 17 senior nursing students also responded. Faculty data were obtained from a total of 11 completed opinionnaires. Five were completed by the social work faculty, and 6 were completed by the elementary education faculty. Stein's (1977:29) data from the nursing faculty opinionnaires were incorporated in this study without replication.

The following tables display findings obtained from each of the cited groups of students and faculty. Percentages were rounded to the nearest whole number and may total less than or more than 100% due to rounding error. Table I displays numerical characteristics of the population and the sample utilized by this study. Of the sampled students, participation ranged from 67 percent of the social work seniors to 100 percent of the sophomore students.

Overall, the sample ages ranged from 19 years old to 37 years old. As can be seen in Table I, there is no systematic differences in ages between social work students, elementary education students, and

nursing students. However, senior elementary education students and senior nursing students displayed the greatest age variability of the sample groups.

TABLE I

NUMBER AND AGE RANGES OF STUDENTS WHO PARTICIPATED IN THE STUDY

Curriculum	Age Range	Number in Class	Sample Size	Number of Respondents	Percentage of Participation
Social Work					
Sophomores	19-24	23	20	17	85%
Seniors	21-33	15	15	10	67%
Elementary Ed					
Sophomores	19-22	68	20	17	85%
Seniors	21-37	101	20	15	75%
Nursing					
Sophomores	19-28	110	20	20	100%
Seniors	21-37	208	20	17	85%
Total		<u>525</u>	<u>115</u>	<u>96</u>	<u>84%</u>

In Table II are listed the numbers and percentages of students by curriculum who gave correct answers to questions one through fifteen. Some elementary education students answered only four questions or 26 percent correctly while one senior nursing student answered 14 questions or 93 percent correctly. The first 15 questions of this instrument attempt to measure general knowledge of child abuse and/or neglect. Therefore, a large number of correct answers would indicate

a fairly extensive knowledge about the parameters of child abuse in our society, and a small number of correct answers would probably indicate a more deficient knowledge. However, at this time, there is no specific number of correct answers that corresponds to a safe or competent level of professional practice in the fields of social work, elementary education, and nursing.

Tables III to VIII display the total number of correct answers that the sophomore and senior students in each curriculum selected for each of the 15 general knowledge of child abuse questions. The questions are grouped according to the nature of information sought in them; similar questions are included on mutual tables.

The responses are grouped by curriculum and by school class. The data for groups is then combined as the sample total and displayed in whole numbers and by percent. The tabulated percentages have been rounded to the nearest whole number and hence may total to more or less than 100 percent.

Question:

1. Child Abuse: (check one only)

- a. occurs in all socio-economic groups.
- b. occurs most frequently in an economically disadvantaged family.
- c. is almost non-existent in the upper income group.

TABLE II

NUMBER AND PERCENTAGE OF STUDENTS WHO GAVE CORRECT ANSWERS TO QUESTION (1 THROUGH 15)
ON CHILD ABUSE BY CURRICULUM

Total Correct Answers	Curriculum								Total Sample					
	Social Work		Elementary Ed.		Nursing		N	N	N	N				
	Sophomore	Senior	Sophomore	Senior	Sophomore	Senior								
N	(%)	N	(%)	N	(%)	N	(%)	(%)	(%)					
4			1	(6)	2	(13)			3	(3)				
5							2	(10)	2	(2)				
6					1	(7)	2	(10)	3	(3)				
7		2	(20)	1	(6)	1	(7)	5	(25)	5	(29)			
8	2	(12)	1	(10)	2	(12)	2	(13)	3	(15)	2	(12)	12	(13)
9	8	(47)	4	(40)	7	(41)	1	(7)	3	(15)	3	(18)	26	(27)
10	3	(18)	1	(10)	2	(12)	1	(7)	2	(10)	2	(12)	11	(12)
11	2	(12)	1	(10)	4	(24)	4	(26)	2	(10)	1	(6)	14	(15)
12	1	(6)	1	(10)			1	(7)			2	(12)	5	(5)
13	1	(6)					2	(13)	1	(5)	1	(6)	5	(5)
14											1	(6)	1	(1)
Totals	17	(101)*	10	(100)	17	(101)*	15	(100)	20	(100)	17	(101)*	96	(101)*

* Total is more than 100% due to rounding error.

TABLE III

NUMBER OF STUDENTS WHO SELECTED CORRECT ANSWERS TO QUESTIONS (1 AND 2)

Question	Correct Answers by Curriculum										Total Sample Correct Answers			
	Social Work				Elementary Ed.				Nursing					
	Soph		Senior		Soph		Senior		Soph	Senior	N	%		
	(N-17)	(N-10)	(N-17)	(N-15)	(N-20)	(N-17)	(N-20)	(N-17)						
N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)			
1	16	(94)	10	(100)	16	(94)	15	(100)	19	(95)	15	(88)	91	(95)
2	17	(100)	10	(100)	17	(100)	15	(100)	20	(100)	17	(100)	96	(100)
Total Curriculum Correct Answers	33	(97)	20	(100)	33	(97)	30	(100)	39	(98)	32	(94)	187	(97)

2. Child abuse occurs:

- a. most frequently outside the home.
- b. most frequently within the home.

Responses to questions 1 and 2 indicate whether the students are aware of demographic aspects of child abuse in our society. Child abuse and/or neglect occurs in all socio-economic groups, and usually within the child's own home. This was recognized by 97 percent of all the sampled students. The percent of students recognizing the correct answer is displayed in parentheses to the right of the whole numbers in each category of the sample. A high percentage of the tested students appear able to recognize these parameters of child abuse.

Question:

2. Which of the following clues would lead you to suspect that you are dealing with a potential abuser?

- a. unreasonable expectation of the child.
- b. crisis or stress in a family with ineffective coping mechanisms.
- c. a family socially isolated from friends and family.
- d. handicapped child.

4. Experience shows that a parent who disciplines too severely may become a child abuser. To forestall possible future damage to a child, you should suggest that the less aggressive parent assume the responsibility for discipline.

- true false

5. As more cases of child abuse are reported, a clearer picture of the potential child abuser is emerging. Which of the following facts and characteristics best describe such a person?

- a. likely to be the child's father.
- b. likely to be the child's mother.
- c. likely to be under age 30.
- d. likely to be over age 30.
- e. likely to be introverted
- f. likely to be extroverted
- g. likely to set clear limits on child misbehavior.
- h. likely to not set clear limits on child misbehavior.

Table VI tabulates the correct responses to questions 3, 4, and 5 which indicate an ability to recognize a potentially abusive adult. Identification of a possible child abuser is a precursor to the skill needed to prevent such abuse or to detect it if, in fact, it already has occurred. This skill is particularly necessary if there is doubt about the child's injuries or neglect being the result of abusive behavior by the adult or adults. Table V indicates that although only 15 and 17 percent of the students can identify the characteristics of a potentially abusive adult, more than half could identify unsuitable professional behavior in a situation which could result in a child being abused.

TABLE IV

NUMBER OF STUDENTS WHO SELECTED CORRECT ANSWERS TO QUESTIONS (3 THROUGH 5)

Question	Correct Answers by Curriculum						Total Sample Correct Answers	
	Social Work		Elementary Ed.		Nursing			
	Soph (N-17)	Senior (N-10)	Soph (N-17)	Senior (N-15)	Soph (N-20)	Senior (N-17)	N	(%)
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)		
3	1 (6)	2 (20)	3 (18)	1 (7)	3 (15)	4 (24)	14	(15)
4	7 (41)	8 (80)	9 (53)	10 (67)	11 (55)	10 (59)	55	(58)
5	2 (11)	0 (0)	3 (18)	4 (27)	5 (25)	2 (12)	16	(17)
Total Curriculum Correct Answers	10 (20)	10 (33)	15 (29)	15 (33)	19 (32)	16 (31)	85	(30)

TABLE V

NUMBER OF STUDENTS WHO SELECTED CORRECT ANSWERS TO QUESTIONS (6 THROUGH 8)

Question	Correct Answers by Curriculum										Total Sample Correct Answers			
	Social Work				Elementary Ed.				Nursing					
	Soph (N-17)		Senior (N-10)		Soph (N-17)		Senior (N-15)		Soph (N-20)		Senior (N-17)		N	%
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)		
6	12	(71)	8	(80)	15	(88)	10	(67)	13	(65)	12	(71)	70	(73)
7	17	(100)	8	(80)	15	(88)	13	(87)	15	(75)	16	(94)	84	(88)
8	<u>12</u>	<u>(71)</u>	<u>3</u>	<u>(30)</u>	<u>11</u>	<u>(65)</u>	<u>11</u>	<u>(73)</u>	<u>10</u>	<u>(50)</u>	<u>12</u>	<u>(71)</u>	<u>59</u>	<u>(62)</u>
Total Curriculum Correct Answers	41	(80)	19	(63)	41	(80)	34	(76)	38	(63)	40	(78)	213	(74)

An important ability for a practicing professional is to be able to recognize distinguishing details of physical child abuse. Table V discloses that 74 percent of the students could correctly identify these details when presented in questions 6, 7, and 8. The data in Table V clearly show that only in the nursing categories does the percentage of correct responses increase consistently from the sophomore year to the senior year.

Question:

6. Children who have been abused:

- a. frequently are apathetic to their surroundings.
- b. often are aggressive and disruptive in behavior.

7. An older child may not admit to being abused, especially if he has been threatened with further abuse if he tells. But when you suspect abuse, your suspicion should be heightened if during hospitalization a child:

- a. struggles and resists violently when painful procedures must be carried out.
- b. unprotestingly complies when painful procedures must be carried out.

8. In an infant, which one of the following signs is almost always an indication of parental neglect?

- a. irritability.
- b. hematomas.

c. failure to thrive

d. bite marks

9. The "Battered-Child Syndrome," coined by Dr. C. H. Kempe et al., is most often used to describe a specific clinical condition.

Which of the following phrases apply?

a. a single or repeated episode of physical abuse and/or neglect.

b. a single or repeated episode of emotional stress and/or neglect.

c. a condition most often noted in a pre-school child.

d. a condition most often noted in a school-age child .

10. The single most important diagnostic tool used by the medical profession to establish an identified child abuse case is:

(check one)

a. a complete social, family and personal history.

b. observation of interactions between the parents and the child when the child is hospitalized.

c. a complete radiologic examination in conjunction with a complete physical exam.

11. A young mother brings her infant son to clinic several times during his first month. Each time the child is found to be healthy, clean and thriving. What should you suspect and how should you handle the situation?

a. She's a potential child abuser. Report your suspicions to the property authority.

- b. She doubts her competence. Give her reassurance.
- c. She doesn't really want the baby. Refer her to social services.

In Table VI is shown the number and percent of correct responses to questions 9, 10, and 11 made by the sampled students. Correct responses to these questions indicate an ability to identify possible cases of child abuse through the use of systematic observation utilizing information that can be gleaned from professional literature in each of the fields sampled in this study. In most of the curricula there was a greater number of correct responses given by seniors. Overall, 60 percent of the students were able to respond correctly to questions 9, 10, and 11. Using specific information about child abuse, these students were able to apply it correctly to a situation which could have been diagnosed incorrectly as a case of child abuse.

The role of the professional in prevention of child abuse is addressed by questions 12 and 13 which are displayed in Table VII. The data support the notion that the professional role is developed by the students throughout their school careers. Senior nursing students particularly demonstrate a greater percentage of correct responses than sophomore nursing students.

TABLE VI

NUMBER OF STUDENTS WHO SELECTED CORRECT ANSWERS TO QUESTIONS (9 THROUGH 11)

Question	Correct Answers by Curriculum										Total Sample Correct Answers			
	Social Work				Elementary Ed.				Nursing					
	Soph (N-17)		Senior (N-10)		Soph (N-17)		Senior (N-15)		Soph (N-20)	Senior (N-17)	N	%		
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)				
9	7	(41)	0	(0)	4	(24)	6	(40)	6	(30)	7	(41)	30	(31)
10	9	(53)	7	(70)	15	(88)	6	(40)	7	(35)	8	(47)	52	(54)
11	16	(94)	10	(100)	15	(88)	14	(93)	19	(95)	16	(94)	90	(94)
Total Curriculum Correct Answers	32	(63)	17	(57)	34	(67)	26	(58)	32	(53)	31	(61)	172	(60)

TABLE VII

NUMBER OF STUDENTS WHO SELECTED CORRECT ANSWERS TO QUESTIONS (12 AND 13)

Question	Correct Answers by Curriculum										Total Sample Correct Answers			
	Social Work				Elementary Ed.				Nursing					
	Soph		Senior		Soph		Senior		Soph		Senior			
	(N-17)	(N-10)	(N-10)	(N-10)	(N-17)	(N-15)	(N-15)	(N-15)	(N-20)	(N-17)	(N-17)	(N-17)		
N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	
12	12	(71)	7	(70)	6	(35)	10	(50)	10	(50)	10	(59)	55	(57)
13	<u>14</u>	<u>(32)</u>	<u>9</u>	<u>(90)</u>	<u>15</u>	<u>(88)</u>	<u>13</u>	<u>(87)</u>	<u>12</u>	<u>(60)</u>	<u>16</u>	<u>(94)</u>	<u>79</u>	<u>(82)</u>
Total Curriculum Correct Answers	26	(51)	16	(53)	21	(41)	23	(51)	22	(37)	26	(51)	134	(70)

Question:

12. You note that this is the third time in six months that a seemingly frantic mother has brought her 7-year-old daughter to the emergency room because the child swallowed liquid detergent. Now you suspect child abuse. Which of the following steps should you not take to assure the child's future safety?

- a. confront the mother with your knowledge.
- b. wait and see if this happens one more time before you report your suspicions to the proper agency.
- c. urge that the child be hospitalized so that she can be separated from the parent.

13. Multiple fractures in a child may be a clue that he is being abused. Such fractures are especially significant when:

- a. the child is under age 2.
- b. the child is over age 2.

Table VIII shows the number and percentage of students that correctly selected their own profession as being named in the 1974 Montana Child Abuse Law as mandated reporters of suspected child abuse.

Eighty-eight percent of the students were able to accomplish this task.

An interesting observation is that while sophomore students in social work (100 percent) and elementary education (94 percent) are aware of the law requirements, only 70 percent of the sophomore nursing students are aware of them. However, whereas social work seniors (90 percent) and elementary education seniors (87 percent) made more mistakes than

TABLE VIII

NUMBER AND PERCENTAGE OF STUDENTS CURRENTLY IDENTIFYING THEIR OWN PROFESSION
AS BEING MANDATED TO REPORT REAL OR SUSPECTED CHILD ABUSE

Professions	Curriculum						Total Correct Response	
	Social Work		Elementary Ed.		Nursing		N	(%)
	Soph (N-17)	Senior (N-10)	Soph (N-17)	Senior (N-15)	Soph (N-20)	Senior (N-17)		
Social Worker	17	(100)	9	(90)			26	(96)
Teacher			16	(94)	13	(87)	29	(91)
Nurse					14	(70)	15	(88)
							29	(78)
							84	(88)

the respective sophomore students, the senior nursing students (88 percent) made less mistakes than sophomores.

Legal aspects of the professional role are explored in questions 14 and 15 which specifically deal with the requirements of the 1974 Montana Child Abuse Law. Only 41 percent of the sampled students were able to correctly answer these questions. Although only a few students could correctly identify all of the classes mandated to report child abuse and/or neglect, a much larger number could correctly identify the agency responsible for receiving a report of real or suspected child abuse and/or neglect.

Question:

14. The 1974 Montana Child Abuse Law has named specific persons to be responsible for the reporting of suspected child abuse cases.

Which of the following persons are specifically named?

- | | |
|--|---|
| <input checked="" type="checkbox"/> a. physician | <input checked="" type="checkbox"/> e. neighbor |
| <input checked="" type="checkbox"/> b. teacher | <input checked="" type="checkbox"/> f. nurse |
| <input checked="" type="checkbox"/> c. social worker | <input checked="" type="checkbox"/> g. attorney |
| <input checked="" type="checkbox"/> d. law officer | <input checked="" type="checkbox"/> h. other |

15. Suspected cases of child abuse are reported initially on a low level. Which of the following agencies and/or persons are contacted when this report is made?

- | | |
|---|---|
| <input type="checkbox"/> a. county attorney | <input type="checkbox"/> c. school superintendent |
| <input type="checkbox"/> b. county judge | <input checked="" type="checkbox"/> d. social rehabilitation services |

TABLE IX

NUMBER OF STUDENTS WHO SELECTED CORRECT ANSWERS TO QUESTIONS (14 AND 15)

Question	Correct Answer by Curriculum												Total Sample Correct Answers	
	Social Work				Elementary Ed.				Nursing					
	Soph		Senior		Soph		Senior		Soph		Senior		N	%
	(N-17)	(N-10)	(N-17)	(N-15)	(N-20)	(N-17)	(N-20)	(N-17)	(N-20)	(N-17)				
N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	
14	0	(0)	0	(0)	0	(0)	2	(13)	4	(20)	5	(29)	11	(12)
15	<u>11</u>	<u>(65)</u>	<u>8</u>	<u>(27)</u>	<u>9</u>	<u>(18)</u>	<u>8</u>	<u>(54)</u>	<u>10</u>	<u>(50)</u>	<u>11</u>	<u>(65)</u>	<u>57</u>	<u>(59)</u>
Total Curriculum Correct Answers	11	(22)	8	(27)	9	(18)	10	(22)	14	(23)	16	(31)	79	(41)

Finally, the median scores and score range of each group are displayed in Figure 1.

Figure 1 displays the median scores and raw score ranges of the student's answers to questions 1 through 15. There do not appear to be large differences between the three groups of students. However, some interesting contrasts are apparent and will be examined at more length in Chapter V.

The opinion questions (16 through 18) on the student questionnaire are contained in Tables X through XII, and these data are compared with the data from the faculty opinionnaire which is contained in Table XI-B.

Table X displays the responses to question 16. Sixty-two and one-half percent of the students indicated that they had sufficient knowledge of child abuse and/or neglect to initiate a report to the responsible agency. It is interesting to compare this data with the data obtained in response to question 15 which ascertains if the students know the properly designaged agency for reporting actual or suspected incidents. The percentage of students that correctly identified the agency is approximately similar to the percentage of students that feel they have adequate knowledge to initiate a report on child abuse and/or neglect.

FIGURE 1

MEDIAN NUMBER AND RANGE OF CORRECT ANSWERS TO QUESTIONS 1 THROUGH 15

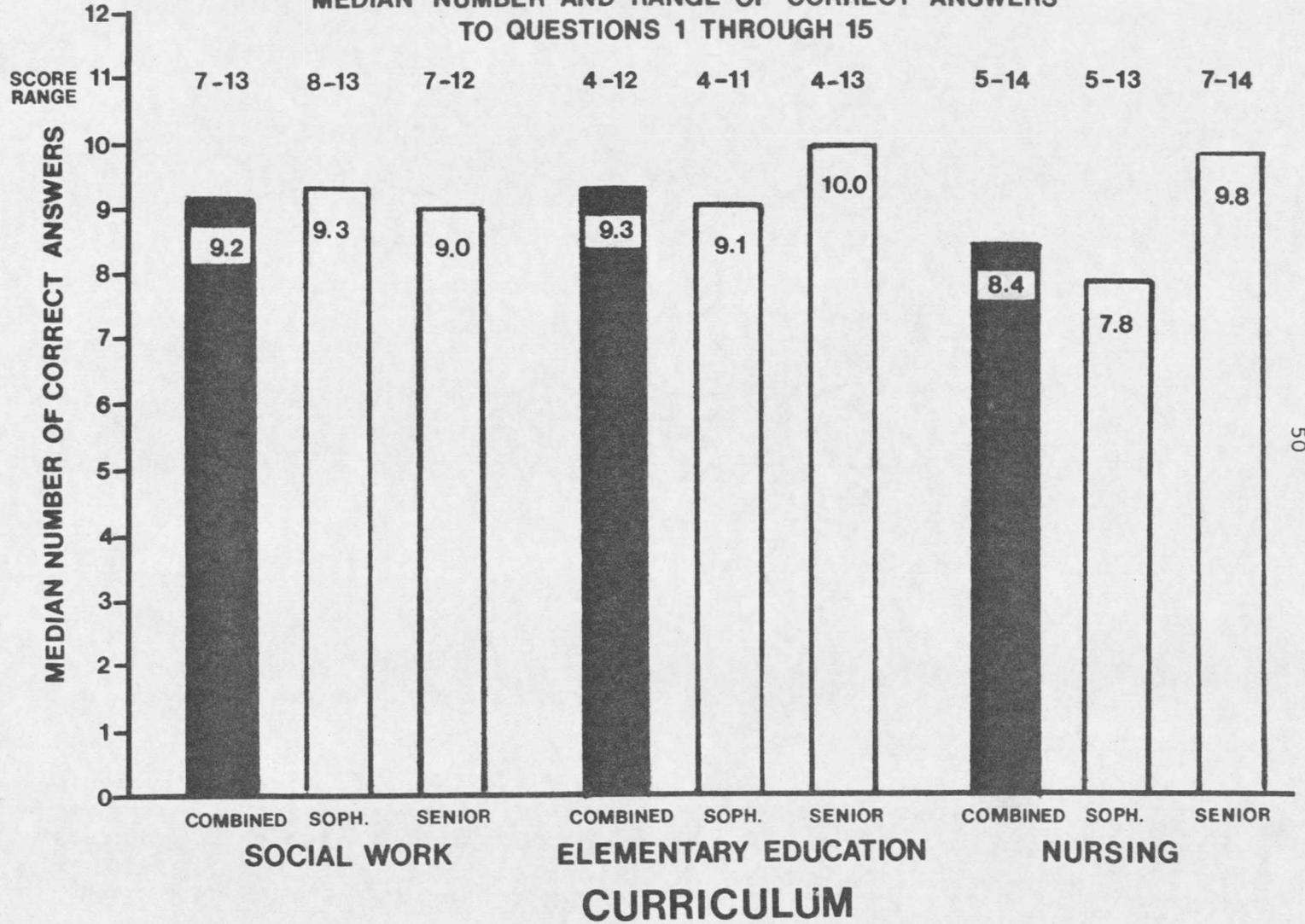


TABLE X

NUMBER OF STUDENTS INDICATING WHETHER OR NOT THEY HAD SUFFICIENT KNOWLEDGE
TO INITIATE A CHILD ABUSE AND/OR NEGLECT REPORT

Answers	Curriculum						Sample	
	Social Work		Elementary Ed.		Nursing		N	%
	Soph (N-17)	Senior (N-10)	Soph (N-17)	Senior (N-15)	Soph (N-20)	Senior (N-17)		
Yes	10 (59)	6 (60)	9 (53)	14 (93)	11 (55)	10 (59)	60	(62.5)
No	7 (41)	4 (40)	8 (47)	1 (7)	9 (45)	7 (41)	36	(37.5)
Total	17	10	17	15	20	17	96	(100)

Question:

16. Do you, at this time, feel you are personally capable of initiating a report of suspected child abuse and/or neglect?

yes

no

17. Child abuse is at present being widely discussed with the public.

Indicate which of the following areas you feel assisted you most in answering this questionnaire.

- | | |
|---|--|
| <input type="checkbox"/> a. extracurricular reading | <input type="checkbox"/> d. personal involvement with an identified case of child abuse and/or neglect |
| <input type="checkbox"/> b. news media | |
| <input type="checkbox"/> c. school curriculum | <input type="checkbox"/> e. other |

Table XI-A displays the resources that the students utilized in obtaining their knowledge of child abuse. It is understood that the resource categories offered in the questionnaire are neither exhaustive nor are they mutually exclusive. In general, it is clear that most students (67 percent) felt that they gained their child abuse knowledge from either extracurricular readings or from the news media. In the school curriculum category, only the senior nursing students (29 percent) chose this as a significant source of their child abuse knowledge.

In Table XI-B are shown the results of the faculty opinionnaire which ranked their perceptions of where students obtained knowledge about child abuse or neglect. The total score of 62 expresses the combined faculty opinion that the curriculum is the most important

TABLE XI-A

RESOURCES USED BY STUDENTS TO COMPLETE THIS QUESTIONNAIRE

Resource Options	Curriculum										Responses			
	Social Work				Elementary Ed.				Nursing					
	Soph. (N-17)		Senior (N-10)		Soph (N-17)		Senior (N-15)		Soph (N-20)		Senior (N-17)		N	%
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)		
Extra-Curricular Readings	10	(31)	9	(43)	10	(39)	7	(21)	9	(25)	9	(27)	54	(30)
News Media	16	(50)	6	(29)	12	(46)	12	(35)	13	(36)	9	(27)	68	(37)
School Curriculum	0	(0)	0	(0)	1	(4)	5	(15)	5	(14)	10	(29)	21	(11)
Personal Contact	4	(13)	2	(10)	1	(4)	3	(9)	2	(6)	2	(6)	14	(8)
Other	<u>2</u>	<u>(6)</u>	<u>4</u>	<u>(19)</u>	<u>2</u>	<u>(8)</u>	<u>7</u>	<u>(21)</u>	<u>7</u>	<u>(19)</u>	<u>4</u>	<u>(12)</u>	<u>26</u>	<u>(14)</u>
Total	32	(100)	21	(101)*	26	(101)*	34	(101)*	36	(100)	34	(101)*	183	(100)

*More than 100% due to rounding error.

source of the student's child abuse knowledge. It can be observed, however, that the social work faculty (total score=8) and elementary education faculty (total score=13) do not share the nursing faculty's (total score=41) ranking of the school curriculum as the primary source of students' knowledge about child abuse and/or neglect. Both the faculty (total score=39) and the students (8 percent) concurred in choosing a personal contact with child abuse victims as being the least important resource for obtaining knowledge about child abuse and/or neglect.

TABLE XI-B

TOTAL ATTITUDE SCORE OF FACULTY OPINIONNAIRE
RATING SOURCES OF STUDENT KNOWLEDGE

Source	Curriculum			Total Score
	<u>Social Work</u> (N-5)	<u>Elementary Ed.</u> (N-6)	<u>Nursing</u> (N-13)*	
Extra- curricular reading	9	20	24	53
News media	15	8	29	52
Curriculum	8	13	41	62
Personal contact	7	10	22	39

*From Stein.

Curriculum areas for efficacious teaching of child abuse and/or neglect information are selection in question 18, and are tabulated in Table XII. Fifty-seven percent of the students thought that either general studies on campus or a senior seminar course would be the most effective way to teach this information. Only 19 percent of the students thought that a practicum approach would be an effective learning experience. The nursing students overwhelmingly selected community health nursing as a desired learning experience for learning about child abuse and/or neglect. It can be seen that students in social work and in elementary education did not agree with this selection and tended to select more academic methods.

Question:

18. Where in the curriculum do you feel child abuse could be most effectively taught?

- a. community health nursing
- b. integrated within the curricula during a practicum
- c. integrated within the curricula during general studies while on campus
- d. as a seminar course

TABLE XII

CURRICULUM AREAS WHERE CHILD ABUSE AND/OR NEGLECT
KNOWLEDGE COULD BE TAUGHT EFFECTIVELY

Areas	Curriculum												Responses	
	Social Work				Elementary Ed.				Nursing				N	(%)
	Soph (N-17)		Senior (N-10)		Soph (N-17)		Senior (N-15)		Soph (N-20)		Senior (N-17)			
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)		
Community health nursing	1	(5)	4	(20)	1	(5)	3	(14)	13	(39)	11	(50)	33	(24)
Practicum	1	(5)	4	(20)	0	(0)	8	(38)	8	(24)	5	(23)	26	(19)
General studies on campus	11	(55)	8	(40)	11	(58)	3	(14)	5	(15)	2	(9)	40	(30)
Seminar course	7	(35)	4	(20)	7	(37)	7	(33)	7	(21)	4	(10)	36	(27)
Total	20	(100)	20	(100)	19	(100)	21	(99)*	33	(99)*	22	(100)*	135	(100)

*Total is less than 100% due to rounding error.

Chapter V

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to determine selected students' knowledge of child abuse and/or neglect, and to ascertain the source or sources of this knowledge. Sophomore and senior students in the social work, elementary education, and nursing curricula were selected for the study. Four objectives were formulated for this study:

(1) to determine the students' competence in identifying child victims of maltreatment; (2) to discover if the students know what responsibility the Montana Child Abuse Law requires of them; (3) to have the students identify their source of knowledge about child maltreatment; and (4) to determine if there is a measurable increase in the students' knowledge of child abuse from the sophomore year to the senior year.

The study was based on data collected from a sample of 17 sophomore and 10 senior social work students; 17 sophomore and 15 senior elementary education students; and 20 sophomore and 17 senior nursing students on the Montana State University Bozeman campus.

The data were collected by the use of a combination questionnaire/opinionnaire developed by Stein (1977), and slightly modified for this study. Only minor word changes were made, and one question was omitted to gain a more readable instrument for use by

students not enrolled in the nursing curriculum. A general knowledge of physical child abuse and/or neglect was surveyed in the first 15 questions, and the last three questions surveyed the students' opinions about the sources utilized by the students acquiring this knowledge. In addition, the faculty at the social work and elementary education departments were asked to rank possible sources which, in their opinion, the students utilized to acquire their child abuse and/or neglect knowledge. The data compiled from the faculty rankings was consolidated with Stein's (1977) data obtained from nursing faculty, and compared with the data obtained from the students.

Findings.

In an effort to describe the students' knowledge of physical child abuse, their opinion of the sources of this knowledge, and the faculties' opinion of the sources of this knowledge, the researcher sets forth the following findings from this study:

1. Ninety-seven percent of all the students correctly answered the questions on the parameters of physical child abuse. Only small differences appeared between curricula. Only 30 percent of the students could identify a potentially abusive adult. Again, only small differences in ability were apparent between the selected curricula. Some consistent differences in ability to correctly identify potential abusers were discerned between sophomore and senior students. Larger

numbers of seniors made correct choices than did the sophomores. In general, 60 to 70 percent of the students were able to correctly select answers to questions on general child abuse and/or neglect. An exception was knowledge of a potentially abusive adult (as noted above) and knowledge of who was mandated to report real or suspected cases of child abuse where only 12 percent correctly responded.

In considering the differences in correct answers between sophomore and senior students, it is apparent that although, in general, seniors correctly answered more questions than sophomores, this was not always true. In some cases, more sophomores, especially nursing sophomores, correctly answered more questions. This may be accounted for by at least two things. First, the nursing curriculum has recently been completely revised, which appears to have stimulated extracurricular reading by the students. Second, there has been an accelerated media interest and reporting of child abuse information.

Finally, it is interesting to note that 88 percent of the students could identify their own professions as being legally mandated to report real or suspected cases of child abuse, but only 41 percent could correctly select others that were also mandated by the 1974 Montana Child Abuse Law. Although the students' correct responses ranged from four (27 percent) to 14 (93 percent), 82 percent correctly answered between seven and 11 of the questions on general child abuse.

2. Ninety-three percent of senior elementary education students thought they had enough knowledge to initiate a report of child abuse or neglect, but only 59 percent to 60 percent of the senior students in social work and nursing thought they had enough knowledge. Only eight percent of the students have had personal contact with a case of child abuse and/or neglect (refer to Table XI-A). It is interesting to note that only six percent of senior nursing students have had such contact, but nine percent of senior elementary education and 10 percent of senior social work students have had such contacts. Usually, only severely abused children are hospitalized. This explanation is supported by 50 percent of the senior nursing students selecting community health nursing practicum as the curriculum area of choice for learning experience concerning child abuse. Sixty-seven percent of all the students selected extracurricular readings, and the news media as the sources of their knowledge of child abuse and/or neglect. Of considerable interest is the fact that 11 percent of all the students felt that the school curriculum was a child abuse knowledge resource for them, while 14 percent of the sophomore and 29 percent of the senior nursing students felt that it was a child abuse resource for them. In addition, the sophomore nursing students apparently have greater expectations that the school curriculum will furnish them with knowledge about child abuse and/or neglect than do other sophomore students.

In contrast to the students' perception of the resource value of the school curriculum, the faculty ranked the school curriculum as the primary source of child abuse and/or neglect knowledge. The faculty did, however, concur with the students that personal contact with a child abuse and/or neglect victim or family was not a significant resource.

Stein's (1977) data are included in Appendix F to allow comparison between studies.

3. Essentially, with two exceptions, the data collected in the present study are consistent with Stein's (1977) data and support her findings and conclusions. However, there are some apparent differences. Comparing the data contained in Table II, it can be noted that the present data demonstrate a considerably greater range of correct answers. Fewer correct answers were found in the present study, although the upper number of correct answers is comparable. Nevertheless, the majority of the students responses in both studies coincided in the range of eight to 11 correct answers.

Considerable difference exists between the data collected for the present study and Stein's (1977) data concerning questions 14 and 15 which deal with who must report child abuse and/or neglect, and to what agency cases must be reported. It is not clear what the reasons are for this difference nor what significance this might have.

As noted in finding number two, there are differences between Stein's (1977) data and the present study data with regard to resources of child abuse knowledge as perceived by the students and faculties of the social work, elementary education, and nursing curricula. In particular, Stein found that 13 percent and 40 percent of the students thought that news media and school resources for obtaining child abuse knowledge. In the present study, almost the reverse was found in that 37 percent and 11 percent, respectively, of the students rated the news media and school curriculum as resources for child abuse knowledge. The inclusion of sophomore students data into the present study does not appear to account for this reversal. Perhaps, media coverage of child abuse topics has accelerated recently. Certainly the trend seems to have been for increased interest in this area.

The students (30 percent) in the present study seem to be more in favor of including child abuse information in the general academic courses than did the students in Stein's study.

It may be important to note that while Stein's study employed mailed out questionnaires to be completed at the students' leisure, in the present study, questionnaires were personally presented to the students and completed immediately. Further, Stein sampled all of the senior nursing student enrolled at the three campuses of Great Falls, Butte, and Billings, while the present study only sampled senior nursing students at the Bozeman campus of Montana State University who

had completed their clinical rotations and were completing their credits for graduation.

Conclusions

It was found that:

1. Sophomore and senior students in the social work, elementary education, and nursing curricula are concerned with child abuse and/or neglect, and that they demonstrate considerable knowledge about the problem. Between 75 percent and 100 percent of the sampled students completed questionnaires, and 78 percent answered at least 53 percent of the questions correctly.

2. The students in the separate curricula did not differ greatly in amount of child abuse and/or neglect knowledge. However, some students' scores on the questionnaire differed greatly from others, since the range of correct responses was from four to 14 correct. It is apparent that the various curricula of social work, elementary education, and nursing are inconsistent in meeting the students' need of child abuse information. That is, some students appear to profit from their learning experiences and some do not. Each of the curricula has students that score very low on the questions for general knowledge of child abuse and/or neglect.

3. A major deficit in the students' child abuse knowledge is the fact that only 30 percent could recognize a potentially abusive adult.

Combined with the fact that only 12 percent could identify what profession was legally mandated to initiate a report of real or suspected child abuse, the conclusion emerges that students' ability to function as a professional in an actual child abuse and/or neglect situation would be severely limited without this knowledge.

4. Data from this study indicates that students do not perceive the school curriculum as a good source for information on child abuse and/or neglect which is in contrast to Stein's (1977) study where it was found to be the primary source. However, both studies found that faculty perceive the school curriculum as the primary source of students' child abuse knowledge. In contrasting the present study with Stein's (1977) study, it is noted that senior nursing students in both studies rank the school curriculum as the primary source of child abuse and/or neglect knowledge, whereas students from other classes and curricula do not. Therefore, it is concluded that the nursing curriculum is perceived as more adequately meeting the students' needs for information on child abuse and/or neglect, than are the curricula in social work and elementary education.

5. Fifty percent of senior nursing students feel that community health nursing is the curriculum area where child abuse information can be taught most effectively. No other curriculum area was ranked as highly by senior students enrolled in any of the curricula. Expectations of sophomore students often did not coincide with senior

students' ranking of preferred curriculum areas for learning experiences concerning child abuse. However, sophomore nursing students' expectations did coincide with the rankings of senior nursing students. In view of the fact that faculty members do perceive their respective curricula as being the primary source of the student's child abuse and/or neglect knowledge, it is concluded that in the social work and elementary education curricula a serious difference exists between the student's perceptions and the faculty's perceptions of the value assigned to the school curricula for furnishing information in this area.

6. Emerging from the data of the present study, and from Stein's 1977 study, is a conclusion that students need to be offered more varied and individualized learning experiences in the field of child abuse and/or neglect.

Recommendations

The following recommendations are made as a result of this study:

1. That the child abuse and/or neglect subject matter be included into the social work, the elementary education, and the nursing curricula in a specific and logical manner. The learning experiences of the students in these curricula should be made as

intensive, comprehensive, and individualized as necessary to allow these potential professionals to function more effectively in child abuse situations.

2. That additional studies be made to ascertain the needs of minorities, and perhaps males in the child abuse and/or neglect domain. It should also be determined if the needs of students with prior degrees in other fields differ from the more expected needs of baccalaureate students without other degrees.

3. That associate degree and diploma nurses be studied to evaluate the completeness of their knowledge of child abuse and/or neglect.

4. That further study be made of recent graduates of associate degree, diploma, and baccalaureate nursing programs, of social work programs, and of elementary education programs in order to determine their level of functioning in actual child abuse and/or neglect situations. Feedback of the resulting data could dramatically improve the curricular offerings in these fields.

5. That professionals in the fields be surveyed to ascertain both what roles they actually assume in child abuse situations, and their desired roles. Data obtained in these surveys would also significantly affect the planning of learning experiences for students.

6. That cooperative functioning between social workers, elementary education teachers, and nurses be encouraged during the students' professional role development phase.

7. That the nursing students' knowledge of child abuse and/or neglect be investigated before and after participating in community health learning experience.

BIBLIOGRAPHY

BIBLIOGRAPHY

- Bakan, D. Slaughter of the Innocents. San Francisco: Jossey-Bass, Inc., 1971.
- Barnard, M. Early Detection of Child Abuse. In D. Hymovich and M. Barnard (Eds.), Family Centered Health Care. New York: McGraw-Hill Book Co., 1973, 375.
- Bassett, L. How to Help Abused Children and their Parents. RN, October, 1974, 57, 875-879.
- Broadhurst, D. What Schools are Doing About Child Abuse and Neglect. Children Today, January-February, 1978, 22-36.
- Chapman, J.S. Effects of Differing Nursing Approaches on Psychological and Physiological Responses. Nursing Research Report, May, 1970, 1-7.
- Cherry, C. On Human Communications: A Review, A Survey, and A Criticism (2nd ed.), Cambridge, Massachusetts: MIT Press, 1966.
- Dance, F.E.X. Human Communications Theory: Original Essays. New York: Holt, Rinehart, and Winston, 1967.
- Diers, D., and R.C. Leonard. Interaction Analysis in Nursing Research. Nursing Research, January-February, 1966, 225-228.
- Fontana, V.J. The Maltreated Child. Springfield: Charles C. Thomas, 1971.
- Gil, D.G. What Schools can do about Child Abuse. In J. Leavitt (Ed.), The Battered Child, Fresno: General Learning Corporation, 1974, 215-221.
- Golub, S. The Battered Child: What the Nurses Can Do. RN, December, 1968, 44, 613-618.
- Gordon, W.E. Basic Constructs for an Integrative and Generative Conception of Social Work. In Grodon, Hearn (Ed.) The General Systems Approach: Contributions Toward a Holistic Conception of Social Work, New York: Council on Social Work Education, 1969.
- Hern, G. Social Work as Boundary Work. Iowa Journal of Social Work, 1970, 3(2), 37-42.

- Hopkins, J. The Nurse and the Abused Child. Nursing Clinics of North America, 1970, 5, 589-598.
- Horton, P.B., and G.R. Leslie. The Sociology of Social Problems. New York: Appleton-Century-Crofts, 1965.
- Hurwitz, A. Child Abuse: A Program for Intervention. Nursing Outlook, 1977, 25(9), 575-577.
- Johnson, B.S. Relationships Between Verbal Patterns of Nursing Students and Therapeutic Effectiveness. Nursing Research, 1964, 13, 81-93.
- Kaufman, M.A. Autonomic Responses as Related to Nursing Comfort Measures. Nursing Research, 1964, 13, 45-55.
- Kempe, R., and J. Gray. The Abused Child at Time of Injury. In H. Martin (Ed.), The Abused Child, Cambridge: Ballinger Pub. Co., 1976, 57-65.
- Kempe, C.H., and R.E. Helfer. Helping the Battered Child and His Family. Philadelphia: J.B. Lippincott, 1972.
- King, I.M. A Conceptual Frame of Reference for Nursing. Nursing Research, 1968, 28-37.
- Leavitt, J.E. The Battered Child. Fresno: General Learning Corp., 1974.
- Likert, R. A Technique for the Measurement of Attitudes. Archives Psychology, 1932, 140.
- Meyers, M.E. The Effects of Types of Communication on Patient's Reactions to Stress. Nursing Research, 1964, 13, 126-131.
- Montana, Laws Relating to Abused, Neglected, and Dependent Children Or Youth. Sec. 10-1304, R.C.N., 1974.
- Plant, J.S. The School: Personality and The Cultural Pattern (Rev. ed.). New York: Commonwealth Fund., 1937.
- Polansky, N.A., C. DeSaix, and S.A. Sharin. Child Neglect: Understanding and Reaching the Parent. New York: Child Welfare League of America, 1972.

- Pride, L.F. An Adrenal Stress Index as a Criterion Measure for Nursing. Nursing Research, 1968, 17, 292-303.
- Radbill, S.X. A History of Child Abuse and Infanticide. In C. H. Kempe and R.E. Helfer, The Battered Child. Chicago: The University of Chicago Press, 1968, 3-16.
- Ryan, W. Blaming the Victim (2nd ed.). New York: Random House, 1976.
- Ruesch, J. General Theory of Communication in Psychiatry. American Handbook of Psychiatry (Vol. 1). New York: Basic Books, 1959.
- Stein, M.I. Nursing Students' Knowledge in Relation to Physical Child Abuse and/or Neglect. Unpublished Master's Thesis, Montana State University, 1977.
- Walters, D.R. Physical and Sexual Abuse of Children. Bloomington: Indiana University Press, 1975.
- Weiner, N. Cybernetics (2nd ed.). New York: Wiley, Co., 1961.
- Wiens, A.N., S.M. Thompson, J.D. Matarazzo, R.G. Matarazzo, and G. Saslow. Interview Interaction Behavior of Supervisors, Head-Nurses, and Staff Nurses. Nursing Research, 1965, 14, 322.
- Wilner, D.M., R.P. Walkley, and L.S. Goerke. Introduction to Public Health (6th ed.). New York: Macmillan Publishing Co., Inc., 1973.

APPENDIXES

APPENDIX A

103-E Julia Martin Dr.
Bozeman, Montana
April 6, 1978

Ms. Patricia B. Hill
16 Thorndal Circle
P.O. Box 1245
Darien, Connecticut, 06820

Dear Ms. Hill:

I am a Master's student in Nursing at Montana State University, Bozeman, Montana and a thesis is part of my degree requirements. My work will follow up and expand Monica Stein's thesis on physical child abuse, which utilized a quiz from your magazine. The quiz was published in April, 1973.

I would like permission to administer your quiz to students at MSU. It will be referenced to and credit will be given to your magazine if permission is received from you.

Thank you for your consideration of this request.

Sincerely,

Don R. Collins

Approved:

Anna M. Shannon, R.N., D.N.S.
Dean and Professor

APPENDIX B



16 THORNDAL CIRCLE, P.O. BOX 1245
DARIEN, CONNECTICUT 06820
(203) 655-8951 TELEX: 965-883

April 12, 1978

Mr. Don R. Collins
103-E Julia Martin Drive
Bozeman, Montana 59715

Dear Mr. Collins:

Thank you for your letter of April 6th requesting permission to re-produce the quiz published in NURSING UPDATE April 1973 to administer to students at Montana State University. You have our permission to use the quiz in this manner. However, NURSING UPDATE was sold in August 1976 to Intermed Communications, publisher of NURSING 78 journal. Therefore, please be sure the following line is typed on the bottom of the quiz: "From NURSING UPDATE, April 1973. Copyright © 1973, Miller and Fink Corp. Current copyright holder Intermed Communications, Inc., publisher of NURSING 78. Reproduced with permission of the copyright holder."

Once again, thank you for your interest. Please let us know if we can be of any further assistance.

Sincerely,

A handwritten signature in cursive script that reads "Patricia B. Hill".

Patricia B. Hill
General Manager
FlowChart Service and Book Publishing Dept.

PBH/jf

cc: Margaret VanMeter, RN
Clinical Director
NURSING 78

APPENDIX C

Please do not put your name on this instrument as all responses are anonymous. Feel free to check as many answers as you think apply to each question, unless a specific number are indicated.

Age at last birthday:

Sex: (please circle appropriate response)

Male

Female

School Year: (please circle appropriate response)

Senior

Sophomore

Other

Have you earned any prior degree? (please circle appropriate response)

Yes

No

What curriculum are you presently involved in? (please circle appropriate response)

Social Work

Nursins

Elementary Education

If a senior nursing student, please circle clinical unit.

Butte

Billings

Great Falls

From NURSING UPDATE, April 1973. Copyright © 1973. Miller and Fink Corp. Current Copyright holder Intermed Communications, Inc., publisher of NURSING 78. Reproduced with permission of copyright holder.

QUESTIONNAIRE ON CHILD ABUSE

The following questionnaire has been constructed for use in this study.

Please do not put your name on the instrument as all responses are anonymous. Feel free to check as many answers as you think apply to each question, unless a specific number are indicated.

1. Child abuse: (check one only)
 - a. occurs in all socio-economic groups.
 - b. occurs most frequently in an economically disadvantaged family.
 - c. is almost non-existent in the upper income group.

2. Child abuse occurs:
 - a. most frequently outside the home.
 - b. most frequently inside the home.

3. Which of the following clues would lead to suspect that you are dealing with a potential abuser?
 - a. unreasonable expectation of the child.
 - b. crisis or stress in a family with ineffecting coping mechanisms.
 - c. a family socially isolated from friends and family.
 - d. handicapped child.

4. Experience shows that a parent who disciplines too severely may become a child abuser. To forestall possible future damage to a child, you should suggest that the less aggressive parent assume the responsibility for discipline.
 - true
 - false

5. As more cases of child abuse are reported, a clearer picture of the potential child abuser is emerging. Which of the following facts and characteristics best describe such a person?

<ul style="list-style-type: none"> <input type="checkbox"/> a. likely to be the child's vather. <input type="checkbox"/> b. likely to be the child's mother. <input type="checkbox"/> c. likely to be under age 30. <input type="checkbox"/> d. likely to be over age 30. 	<ul style="list-style-type: none"> <input type="checkbox"/> e. likely to be introverted. <input type="checkbox"/> f. likely to be extroverted. <input type="checkbox"/> g. likely to set clear limits on child misbehavior <input type="checkbox"/> h. likely to not set clear limits on child misbehavior.
---	---

6. Children who have been abused:
- a. frequently are apathatic to their surroundings.
 - b. often are aggressive and disruptive in behavior.
7. An older child may not admit to being abused, especially if he has been threatened with further abuse if he tells. But when you suspect abuse, your suspicion should be heightened if during hospitalization a child:
- a. struggles and resists violently when painful procedures must be carried out.
 - b. unprotestingly complies when painful procedures must be carried out.
8. In an infant, which one of the following signs is almost always an indication of parental neglect?
- a. irritability.
 - b. hematomas.
 - c. failure to thrive.
 - d. bite marks.
9. The "Battered-child Syndrome," coined by Dr. C. H. Kempe et al., is most often used to describe a specific clinical condition. Which of the following phrases apply?
- a. a single or repeated episode of physical abuse and/or neglect.
 - b. a single or repeated episode of emotional stress and/or neglect.
 - c. a condition most often noted in a pre-school child.
 - d. a condition most often noted in a school-age child.
10. The single most important diagnostic tool used by the medical profession to establish an identified child abuse case is? (check one)
- a. a complete social, family and personal history.
 - b. observation of interactions between the parents and child when the child is hospitalized.
 - c. a complete radiologic examination in conjunction with a complete physical exam.
11. A young mother brings her infant son to clinic several times during his first month. Each time the child is found to be healthy, clean and thriving. What should you suspect and how should you handle the situation?
- a. She's a potential child abuser. Report your suspicions to the proper authority.

- b. She doubts her competence. Give her reassurance.
 c. She doesn't really want the baby. Refer her to social service.
12. You note that this is the third time in six months that a seemingly frantic mother has brought her 7-year-old daughter to the emergency room because the child swallowed liquid detergent. Now you suspect child abuse. Which of the following steps should you not take to assure the child's future safety?
- a. confront the mother with your knowledge.
 b. wait and see if this happens one more time before you report your suspicions to the proper agency.
 c. urge that the child be hospitalized so that she can be separated from the parent.
13. Multiple fractures in a child may be a clue that he is being abused. Such fractures are especially significant when:
- a. the child is under age 2.
 b. the child is over age 2.
14. The 1974 Montana Child Abuse Law has named specific persons to be responsible for the reporting of suspected child abuse cases. Which of the following persons are specifically named?
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> a. physician | <input type="checkbox"/> e. neighbor |
| <input type="checkbox"/> b. teacher | <input type="checkbox"/> f. nurse |
| <input type="checkbox"/> c. social worker | <input type="checkbox"/> g. attorney |
| <input type="checkbox"/> d. law officer | <input type="checkbox"/> h. other |
15. Suspected cases of child abuse are reported initially on a low level. Which of the following agencies and/or persons are contacted when this report is made?
- a. county attorney
 b. county judge
 c. school superintendent
 d. social rehabilitation services
16. Do you, at this time, feel you are personally capable of initiating a report of suspected child abuse and/or neglect?
- yes no

17. Child abuse is at present being widely discussed with the public. Indicate which of the following areas you feel assisted you most in answering this questionnaire.

- a. extracurricular readings
- b. news media
- c. nursing curriculum
- d. personal involvement with an identified case of child abuse and/or neglect.
- e. other

18. Where in the curriculum do you feel child abuse could be most effectively taught?

- a. community health nursing.
- b. integrated within the curricula during a practicum.
- c. integrated within the curricula during general studies while on campus.
- d. as a seminar course.

APPENDIX D

FACULTY OPINIONNAIRE

Physical child abuse and/or neglect is at present being widely discussed with the public.

As an instructor, please rank the areas, in order of priority, as to where you think the student has obtained her/his knowledge.

	most common			least common
Extracurricular reading	1	2	3	4
News media	1	2	3	4
Curriculum	1	2	3	4
Personal contact with an identified case	1	2	3	4

APPENDIX E

INDICATORS OF CHILD ABUSE

The Diagnosis of Physical Abuse Should Be Considered When Some of the Following Are Present

When the PARENT:

1. Shows evidence of loss of control, or fear of losing control.
2. Presents contradictory history.
3. Projects cause of injury onto a sibling or third party.
4. Has delayed unduly in bringing child in for care.
5. Shows detachment.
6. Reveals inappropriate awareness of situation (either overreaction or underreaction).
7. Continues to complain about irrelevant problems unrelated to the injury.
8. Personally is misusing drugs or alcohol.
9. Is disliked, for unknown reasons, by the physician.
10. Presents a history that cannot or does not explain the injury.
11. Gives specific "eye witness" history of abuse.
12. Gives a history of repeated injury.
13. Has no one to "bail" her (him) out when "up tight" with the child.
14. Is reluctant to give information.
15. Refuses consent for further diagnostic studies.
16. Hospital "shops."
17. Cannot be located.
18. Is psychotic or psychopathic.
19. Has been reared in a "motherless" atmosphere.
20. Has unrealistic expectations of the child.

When the CHILD:

1. Has an unexplained injury.
2. Shows evidence of dehydration and/or malnutrition without obvious cause.
3. Has been given inappropriate food, drink and/or drugs.
4. Shows evidence of overall poor care.
5. Is unusually fearful.
6. Shows evidence of repeated injury.
7. "Takes over" and begins to care for parents' needs.
8. Is seen as "different" or "bad" by the parents.
9. Is indeed different in physical or emotional makeup.

10. Is dressed inappropriately for degree or type of injury.
11. Shows evidence of sexual abuse.
12. Shows evidence of repeated skin injuries.
13. Shows evidence of repeated fractures.
14. Shows evidence of "characteristic" x-ray changes to long bones.
15. Has injuries that are not mentioned in history.

From Helping the Battered Child and His Family, by C. H. Kempe and R. E. Helfer, J. B. Lippincott, Philadelphia, 1972, p. 73.

APPENDIX F

The following tables are presented from the thesis, "Nursing Students' Knowledge in Relation to Physical Child Abuse and/or Neglect," which was written by Monica Ione Stein at Montana State University School of Nursing in 1977.

Her data is presented here in order to facilitate comparisons with the data collected in the presenty study.

TABLE I

NUMBER OF STUDENTS WHO PARTICIPATED IN THE STUDY

Clinical Unit	Number in Class	Sample Size	Number in Respondents	Percentage of Participation
I	56	20	16	80%
II	67	20	19	95%
III	61	20	18	90%
Total	184	60	53	88%

TABLE II

NUMBER AND PERCENTAGE OF STUDENTS WHO GAVE CORRECT ANSWERS TO QUESTIONS (1 through 15) ON CHILD ABUSE BY UNIT

Total Correct Answers	I		UNIT II		III		Total Sample	
	N	(%)	N	(%)	N	(%)	N	(%)
8	1	(6)	1	(5)	4	(22)	6	(11)
9	1	(6)	6	(32)	4	(22)	11	(20)
10	5	(31)	4	(21)	4	(22)	13	(24)
11	2	(13)	5	(26)	3	(17)	10	(19)
12	5	(31)	2	(10)	1	(6)	8	(15)
13	2	(13)	1	(5)	1	(6)	4	(8)
14					1	(6)	1	(2)
Totals	16	(100)	19	(99)*	18	(101)*	53	(100)

*Total is less than or more than 100% due to rounding error.

TABLE III

NUMBER OF STUDENTS WHO SELECTED CORRECT ANSWERS
TO QUESTIONS (1 and 2)

Question	Correct Answers by Unit			Total Sample Correct Answers	
	I (N-16)	II (N-19)	III (N-18)	No.	(%)
1	16	19	17	52	(98)
2	16	19	18	53	(100)
Total Unit Correct Answers	32	38	35	105	(95)

TABLE IV

NUMBER OF STUDENTS WHO SELECTED CORRECT ANSWERS
TO QUESTIONS (3 through 5)

Question	Correct Answers by Unit			Total Sample Correct Answers	
	I (N-16)	II (N-19)	III (N-18)	No.	(%)
3	0	3	1	4	(8)
4	13	15	11	39	(74)
5	7	6	8	21	(40)
Total Unit Correct Answers	20	24	20	64	(40)

TABLE V

NUMBER OF STUDENTS WHO SELECTED CORRECT ANSWERS
TO QUESTIONS (6 through 8)

Question	Correct Answers by Unit			Total Sample Correct Answers	
	I (N-16)	II (N-19)	III (N-18)	No.	(%)
6	13	17	11	41	(77)
7	14	16	18	48	(90)
8	13	16	13	42	(79)
Total Unit Correct Answers	40	49	42	131	(82)

TABLE VI

NUMBER OF STUDENTS WHO SELECTED CORRECT ANSWERS
TO QUESTIONS (9 through 11)

Question	Correct Answers by Unit			Total Sample Correct Answers	
	I (N-16)	II (N-19)	III (N-18)	No.	(%)
9	8	8	8	24	(45)
10	10	11	9	30	(57)
11	16	16	17	49	(92)
Total Unit Correct Answers	34	35	34	103	(65)

TABLE VII

NUMBER OF STUDENTS WHO SELECTED CORRECT ANSWERS
TO QUESTIONS (12 and 13)

Question	Correct Answers by Unit			Total Sample Correct Answers	
	I (N-16)	II (N-19)	III (N-18)	No.	(%)
12	12	7	13	32	(60)
13	15	19	12	46	(86)
Total Unit Correct Answer	27	26	25	78	(74)

TABLE VIII

NUMBER OF STUDENTS WHO SELECTED CORRECT ANSWERS
TO QUESTIONS (14 and 15)

Question	Correct Answers by Unit			Total Sample Correct Answers	
	I (N-16)	II (N-19)	III (N-18)	No.	(%)
14	11	6	8	25	(47)
15	11	16	15	42	(79)
Total Unit Correct Answers	22	22	23	67	(63)

TABLE IX

WORK SETTING IDENTIFIED BY NURSING STUDENTS AS AREAS
IN WHICH THEY COULD DETECT POTENTIAL ABUSERS

Setting	UNIT			Responses	
	I (N-16)	II (N-19)	III (N-18)	No.	(%)
Emergency room	13	15	13	41	(29)
Pediatric ward	12	13	13	38	(27)
Medical clinic	6	6	9	21	(15)
Public health agency	15	13	13	41	(29)
Total	46	47	48	141	(100)

TABLE X

NUMBER OF STUDENTS INDICATING WHETHER OR NOT THEY HAD SUFFICIENT
KNOWLEDGE TO INITIATE A CHILD ABUSE AND/OR NEGLECT REPORT

Answers	UNIT			Sample	
	I (N-16)	II (N-19)	III (N-18)	No.	(%)
yes	10	11	12	33	(62)
no	6	8	6	20	(38)
Total	16	19	18	53	(100)

TABLE XI-A

RESOURCES USED BY STUDENTS TO COMPLETE THIS QUESTIONNAIRE

Resource Options	UNIT			Responses	
	I (N-16)	II (N-19)	III (N-18)	No.	(%)
Personal reading	8	7	12	27	(25)
News media	4	8	2	14	(13)
Nursing curriculum	14	14	15	43	(40)
Personal contact	6	2	4	12	(11)
Other	6	4	2	12	(11)
Total	38	35	35	108	(100)

TABLE XI-B

TOTAL ATTITUDE SCORE OF FACULTY OPINIONNAIRE
RATING SOURCES OF STUDENT KNOWLEDGE

Source	UNIT			Total Score
	I (N-16)	II (N-19)	III (N-18)	
Personal reading	18	6	0	24
News media	14	15	0	29
Nursing curriculum	22	19	0	41
Personal contact	8	14	0	22

APPENDIX G

Montana Laws relating to abused, neglected and dependent children or youth:

10-1304. Reports. Any physician who examines, attends or treats a person under the age of majority, or any nurse, teacher, social worker, attorney or law enforcement officer or any other person who has reason to believe that a child has had serious injury or injuries inflicted upon him or her as a result of abuse or neglect, or has been willfully neglected, shall report the matter promptly to the department of social and rehabilitation services, its local affiliate and the county attorney of the county where the child resides. This report shall contain the names and addresses of the child and his or her parents or other persons responsible for his or her care; to the extent known, the child's previous injuries, and any other information that the maker of the report believes might be helpful in establishing the cause of the injuries or showing the willful neglect and the identity of person or persons responsible therefore; and the facts which led the person reporting to believe that the child has suffered injury or injuries, or willful neglect, within the meaning of the law.

History: En. Sec. 2, Ch. 178, L. 1965; amd. Sec. 2., Ch. 292, L. 1973.

MONTANA STATE UNIVERSITY LIBRARIES



3 1762 10013351 9



N378
C693
Cop 2