



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  
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**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.

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EDUCATION, AND NURSING STUDENTS IN RELATION  
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A thesis submitted in partial fulfillment  
of the requirements for the degree

of

MASTER OF NURSING

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## 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.

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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?

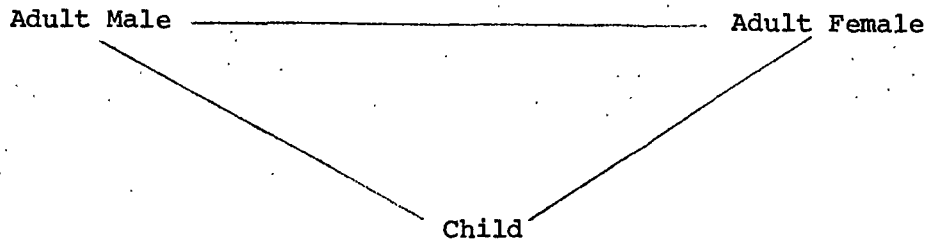
Social workers help the system with which they work to determine how sharply their boundaries should be defined. This, too, is a matter of degree, depending upon the conditions of the organism and of the surrounding environment. When the organism feels threatened, it is probably more natural and more 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
<b>Social Work</b>					
Sophomores	19-24	23	20	17	85%
Seniors	21-33	15	15	10	67%
<b>Elementary Ed</b>					
Sophomores	19-22	68	20	17	85%
Seniors	21-37	101	20	15	75%
<b>Nursing</b>					
Sophomores	19-28	110	20	20	100%
Seniors	21-37	208	20	17	85%
<b>Total</b>		<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	%
	Sophomore N (%)	Senior N (%)	Sophomore N (%)	Senior N (%)	Sophomore N (%)	Senior 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)			14	(15)
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	(%)		
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.













































































































