Nursing students Knowledge in relation to physical child abuse and/or neglect
by Monica Ione Delvo Stein

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF SCIENCE in Nursing
Montana State University


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A total of 53 student questionnaires and 13 faculty opinion-naires were returned. Tabulation was in the form of percentages. Analysis of data revealed that the student nurses had knowledge about the identification, prevention, and reporting of cases of child abuse. The students and faculty concurred in naming the nursing curriculum as the students' primary source of knowledge about child abuse. In addition, the data indicated that an area of weakness for the nursing students is in the identification of potential abusers.

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# NURSING STUDENTS' KNOWLEDGE IN RELATION TO PHYSICAL CHILD ABUSE AND/OR NEGLECT

by

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

of

MASTER OF SCIENCE

in

Nursing

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# ABSTRACT

The purpose of this study was to determine senior nursing students' knowledge and the source of their information about physical child abuse and/or neglect.

Data were collected by use of a checklist student questionnaire/opinionnaire and a faculty opinionnaire devised by the researcher and mailed to a sample of 60 senior nursing students and the faculty of Montana State University extended campuses.

A total of 53 student questionnaires and 13 faculty opinionnaires were returned. Tabulation was in the form of percentages. Analysis of data revealed that the student nurses had knowledge about the identification, prevention, and reporting of cases of child abuse. The students and faculty concurred in naming the nursing curriculum as the students' primary source of knowledge about child abuse. In addition, the data indicated that an area of weakness for the nursing students is in the identification of potential abusers.

# Chapter I

## A COMPLEX PROBLEM

### INTRODUCTION

Child abuse can be called a major killer or crippler of children, it has certainly become a major health problem, endemic to American society. Fontana likens its dimensions to the proverbial iceberg,[1] the abused child is the initial visible entity. Beyond the child, the family and society are affected as a result of this problem. Child abuse is both a physical and a social disease. Statistics in the literature may be either absent or destroyed, since society tends to protect the parent.

Historically the physical punishment of children has been sanctioned by society as a method to effect discipline, to impart knowledge, and to satisfy religious and cultural superstitions.[2] Culturally sanctioned, it is only within the past one hundred years that this country has had an advocate for the child in the Society for the Prevention of Cruelty to Children. Before this time, historic cases were resolved under the auspices of the Society for Prevention of Cruelty to Animals.

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[1]Vincent Fontana, The Maltreated Child (Springfield, Ill.: Charles C. Thomas, 1971), p. 8.

[2]Samuel Radbill, "A History of Child Abuse and Infanticide," The Battered Child, ed. Ray Helfer and C.H. Kempe (Chicago: University of Chicago Press, 1968), p. 3.

C. Henry Kempe and others, in 1961, coined the phrase "battered-child syndrome" to describe a clinical condition of physical abuse or neglect as seen in young children.[3] The ensuing fifteen years have seen the most dramatic progress in combatting this social disease. Since then each state has either updated or enacted laws to facilitate the early identification, treatment, and prevention of child abuse and/or neglect.

Broadly defined, physical abuse encompasses the use of physical force by a caretaker toward a child which may hurt, injure, or destroy the child. Physicians define abuse as physical injuries that are non-accidental in nature. These injuries or traumas may be so mild as to be almost undetectable. Severest trauma may encompass multiple fractures of the long bones, subdural hematomas, and malnutrition. Children in the later group may be in imminent danger of death. Statistics pertaining to child abuse and neglect are misleading and inconclusive. Although occurring at all ages, the majority of reported physical child abuse cases are against children under three years of age.[4]

National studies have based their mortality and morbidity figures on their specific findings. They have then generalized their statistics to the entire United States population. Child abuse is

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[3] C.H. Kempe et al., "The Battered Child Syndrome," Journal of the American Medical Association, 181:17-42, July 7, 1962.

[4] Ibid.

known to all socio-economic groups. The lower income group is reported to have a higher incidence of cases, but this may be disproportionately high because this group is usually better known to the protective agencies. The upper income group is frequently able to seek private help and is often protected by the medical profession. Kempe cited the incidence of child abuse to be approximately six per 1000 live births with a resultant mortality rate of one percent or 600 deaths per year.[5]

Usually child abuse occurs in the protective environment of the home. Physicians, in their offices and in the hospital emergency room, are frequently the first persons to see the effects of child abuse. The physician is legally required to report all "suspected cases of child abuse." Montana's 1974 Child Abuse Law also specifically identifies nurses as required reportees[6] (Appendix D).

The nurse is in a unique position in child abuse cases. The parents usually trust her and are willing to confide in her. Seen as a helping figure by the parents, she is in a position to relieve them temporarily of the responsibility of coping with the crisis.

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[5]Barton Schmitt and C.H. Kemp, "The Battered Child Syndrome," (paper distributed at the workshop "The Abusing Parent," Bozeman, Montana, November, 1974).

[6]Montana Laws, Section 10-1304, R.C.M., 1947.

## NEED FOR THE STUDY

Professional nurses prepared on the baccalaureate level today are functioning in expanding roles. These nursing roles may place the nurse in contact with child abuse and/or neglect, both as a professional and as a person. Because of concern on the part of nurses, the American Nurses Association, at their 1976 convention, spoke to the problem of child abuse. Resolution No. 38 is specifically directed to this timely subject.[7]

The nurse may encounter child abuse in the hospital emergency room as a crisis in the family. Hospitalization of the child in the pediatric department allows the nurse time to interact with the family. Interruption of the abusive cycle may be dependent on this relationship. On the other hand, the maternity nurse is in the position of preventing potential child abuse when she observes and identifies poor mothering patterns in a post-partum patient. The community health nurse identifies these same mothering patterns when making post-natal visits or when conducting well-child clinics. The school nurse serves as an important liaison between the teacher, the child, and the protective agency of the community. As a citizen, the nurse is vitally concerned with increasing public consciousness in the prevention of and the reporting of child abuse and/or neglect.

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[7] The American Nurse, April 15, 1976, p. 9, col. 3.

Today child abuse is a problem of health and well-being. Statistics indicate that child abuse reporting is on the increase. Nurses in their expanded roles have an obligation to maintain their awareness of child abuse through professional education. This study will try to determine whether certain nursing students now in a baccalaureate program are prepared to assume this responsibility.

Data collected through a survey of this type could be used by persons who are developing nursing curricula, planning hospital inservice programs, and devising personal self-study guides.

## STATEMENT OF THE PROBLEM

The purpose of this study is to determine senior nursing students' (in the baccalaureate program at Montana State University) knowledge concerning child abuse and/or neglect, and to have these students identify the source or sources of their information concerning child abuse and/or neglect.

## OBJECTIVES

To identify nursing students' knowledge about physical child abuse and/or neglect, the law, and the source of their knowledge, the following objectives are formed:

1. To determine the nursing students' ability to recognize the characteristics of physical child abuse and/or neglect.

2. To determine the nursing students' ability to interpret their responsibility within the definition of Montana's 1974 Child Abuse Law.

3. To have the nursing students identify the source of sources of their knowledge about child abuse and/or neglect.

## ASSUMPTIONS

1. The nursing student has received basic instruction in the dynamics of physical child abuse and/or neglect.

2. The nursing student has been exposed to and is acquainted with the 1974 Montana Child Abuse Law.

## LIMITATIONS

1. The population of this study will be limited to students of the School of Nursing, Montana State University in their senior year who have completed the Maternal-Child Nursing curriculum.

## DEFINITION OF TERMS

Throughout this study the following terms are used.

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 his minor charge.

Nursing students: those students enrolled at Montana State University in Nursing who have completed curriculum requirements in Maternal-Child Nursing.

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

## Chapter II

## REVIEW OF LITERATURE

Child abuse, as a physical, social, and cultural entity, has been well documented in historical literature.[8] The last decade has witnessed a response by society to the magnitude of this complex problem of health and well-being. Through federal legislation, resources have been made available for use in the identification and treatment of abused children and their families.[9]

The identification of child abuse has been encumbered by the absence of a universal definition. Fontana utilizes the phrase "maltreatment syndrome" to denote all degrees of physical and emotional abuse and/or neglect. The term "battered-child," coined by Dr. C. H. Kempe in 1961, signifies the ultimate in this progression of events in his opinion.[10] The medical professional also employs the term "unrecognized trauma" to describe the clinical manifestation of physical child abuse.

In 1973, Fontana, at a symposium on child abuse, pointed out that a maltreated child may present a variety of injuries to the examining physician. Neglect of the child is often seen in

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[8] Radbill, op. cit., p. 6.

[9] Frank Ferro, "Combating Child Abuse and Neglect," Children Today. May/June, 1975 (cover).

[10] Radbill, op. cit., p. 11.

"failure-to-thrive," malnutrition, irritability, and a repressed personality. In the emergency room, a physically abused child frequently exhibits gross external evidence of injuries. The more common apparent conditions are fractures, bruises, cuts, burns, soft tissue swelling, and hematomas. A child who is unable to move an extremity or who is exhibiting symptoms of intracranial damage is particularly suspect to the physician. The severest form of maltreatment would be suspected if a child is first seen in coma, convulsions, or death.[11]

The hospitalized child's behavior was first recorded by Morris and others in 1964. This study found that these children:

> cried very little unless they are under treatment and they did not actively seek reassurance or physical comfort from their parents. The children were overly alert to their surroundings and appeared wary of any physical contact. Other children crying caused them to be apprehensive.[12]

Babies may be apathetic to their surroundings, whereas older children may be unusually sensitive to adults' emotions.

Golub observed that abusive parents usually react to the hospitalization of their child in an identifiable pattern. Little background information concerning the injury is openly volunteered by the

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[11]Vincent Fontana, "The Diagnosis of the Maltreatment Syndrome in Children," Pediatrics, 51:4, April, 1973, p. 781.

[12]Marion Morris et al., "Toward Prevention of Child Abuse," The Battered Child, ed. Jerome Leavitt (Fresno: California State University, 1974), p. 236.

parents and they may attempt to evade questioning by hospital personnel. Physical contact is kept to a minimum during their infrequent visits with the hospitalized child. Parental lack of concern over the child's condition may be shown by a detached emotional state.[13]

Fontana cites several behavior traits that are held in common by abusive parents. ". . .: impulsive personality, a low frustration level, immaturity, lack of affect, psychosis, alcoholism, drug addiction and a history of abuse in their own childhood."[14]

Young identifies a personality pattern that is held in common by these parents which, according to her, would be descriptive of:

> a person who may be lacking direction in his daily life, suffering from low self-esteem and thus feeling socially isolated. This person frequently turns to the child for emotional nurturing.

She classifies neglectful parents not by the parental traits exhibited but rather by the degree of neglect seen in the child.[15]

Thus, a correlation of behaviors seen in the children and their parents, when noted in conjunction with overt physical signs of abuse

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[13]Sharon Golub, "The Battered Child * What the Nurses Can Do," RN, December, 1968, p. 44.

[14]Vincent Fontana, "Which Parents Abuse Children," The Battered Child, ed. Jerome Leavitt (Fresno: California State University, 1974), p. 197.

[15]Leontine Young, Wednesday's Children. (New York: McGraw-Hill, 1964), p. 31-37.

and/or neglect, assists the physician in the identification of a suspected case of child abuse and/or neglect.

Fontana further believes that the general appearance of the child, when compared to that of his peers, can provide clues which alert the nurse to instances of abuse or neglect. A child who is consistently inappropriately dressed, who repeatedly appears tired, who is in a state of poor nutrition or who has other unattended medical problems could be telling a story of neglect.[16] Behaviorally, the maltreated child usually acts in a manner consistent with the kind of mistreatment or life style he has experienced prior to intervention by professionals.

Kempe maintains that child abuse is preventable, but not until society acts responsibly for the child's welfare. In order for child abuse to occur there must be the potential to abuse, a special child and a crisis.[17]

Bassett indicates that nurses, because of their many levels of family care, are in an ideal position to exert primary influence in case finding.[18] Hopkins pursues the matter even further when she

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[16]Fontana, op. cit., p. 782.

[17]C. Henry Kempe and Ray Helfer, Helping the Battered Child and His Family. (Philadelphia: J.B. Lippincott, Co., 1972), p. xiv.

[18]Louise Bassett, "How to Help Abused Children and Their Parents," RN, October, 1974, p. 57.

states that the nurse is strategically placed to do this initial case finding.[19]

Friedman advocates that nurses build a system that will deliver services to these troubled families. The nurse, through her interventions with the family unit in the care of the child, is in a position to institute constructive goals for family growth during care of the abused child.[20]

Friedman adds that: "Nurses . . . are the ones most likely to be in a position to suspect and report possible child abuse and contribute to treatment efforts."[21] Whereas in the past this complex family problem was viewed in a medical, social, and/or legal context Neill and Kauffman state: ". . . need demands that nursing no longer defer its practice to physicians, lawyers, judges and social workers."[22]

Recent federal legislation has made resources available to help troubled families and Barnard charges nurses to work closely with

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[19]Joan Hopkins, "The Nurse and the Abused Child," Nursing Clinics of North America, Vol. 5, 1970, p. 591.

[20]Allison Friedman et al., "Nursing Responsibility in Child Abuse," Nursing Forum, Vol. XV, 1976, p. 110.

[21]Friedman et al., op. cit., p. 96.

[22]Kathleen Neill and Carole Kauffman, "Care of the Hospitalized Abused Child and His Family: Nursing Implications," American Journal of Maternal Child Nursing, March/April, 1976, p. 117.

other professionals and function as an integral part of multidisciplinary child abuse teams.[23] With these changes in the approach to combatting child abuse nurses are coming in more contact with child abuse and are assuming an expanded role in its identification and prevention.

This review of literature has cited many of the opportunities which nurses have in the solution to the complex problem of physical child abuse and/or neglect. It is the intent of this study to determine if nursing students, in their senior year, do in fact have knowledge about child abuse and if they are prepared to function in this area.

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[23] Martha Barnard, "Early Detection of Child Abuse," Family Centered Health Care, ed., Debra Hymovich and Martha Barnard (New York: McGraw-Hill Book Co., 1973), p. 375.

# Chapter III

## METHODOLOGY

The study, a survey of senior nursing students, was undertaken to determine if (1) nursing students were knowledgeable about physical child abuse and/or neglect and (2) to determine the sources of this knowledge.

Participants in this descriptive survey constituted a randomly selected sample of senior nursing students enrolled at the extended-campus facilities of Montana State University. Permission to contact these students was granted by the School of Nursing. There were 184 students and of this number a sample population of 60 was chosen randomly; six alternates were selected to offset sample mortality.

After a review of literature and the examination of nursing articles a questionnaire was developed. The questionnaire consisted of 15 questions that tested general knowledge about child abuse and/or neglect and four questions asked the participants about the sources of this knowledge. The initial questionnaire was pilot tested for validity by 15 RN nursing students enrolled on-campus at Montana State University and, as a result, several questions were reworded for clarity. After being rearranged to aid in tabulation of data, all 19 questions were retained on the final questionnaire. Seven of the questions in this questionnaire were used with the permission of Nursing Update Magazine (Appendix A).

Questions 1 and 2 pertained to the setting in which child abuse can occur. Questions 3 through 5 concentrated on the identification of a potentially abusive adult. Characteristics that can be exhibited by a physically abused child were asked for in Questions 6 through 8. Identifying factors of a valid case of child abuse were elicited by the responses to Questions 9 through 11. Questions 12 and 13 focused on the nurse's role in preventing child abuse. Knowledge of personal responsibilities, as stated in Montana's 1974 Child Abuse Law, were called for by Questions 14 and 15.

The last four questions asked for the student's opinion in the choice of checked answers. Question 16 concerned work areas in which nurses could identify potential child abusers. Question 17 through 19 sought data about the students' capability to initiate a report, the source of her knowledge about child abuse and where she thought this subject could be effectively taught.

A cover letter explaining the purpose of the questionnaire accompanied the instrument which was mailed to each participant (Appendix B). The questionnaire responses were anonymous, but color coding of the instrument designated the clinical unit to which the student was assigned by the school. Three units were thus identified: Unit I (Butte); Unit II (Billings); Unit III (Great Falls). This identifying information allowed for a comparison of the nursing students' knowledge and the source of this knowledge about physical child

abuse and/or neglect among and between units. Since the 88 percent rate of return was satisfactory, no follow-up on non-returned questionnaires was done.

Additionally, an opinionnaire was prepared to obtain the faculty's opinion as to the sources of the student's knowledge about child abuse (Appendix C). Along with an accompanying letter of explanation, the opinionnaire was mailed to and returned by the faculty prior to the collection of student data.

# Chapter IV

## ANALYSIS OF DATA

Data for analysis were obtained from 53 student questionnaires out of a sample population of 60. The three units had a sample size of 20 each; from Clinical Unit I, 16 questionnaires were returned; 19 returns were obtained from Clinical Unit II; and Clinical Unit III returned 18 questionnaires. Faculty data were obtained from 13 completed and returned opinionnaires from a population of 35. Clinical Unit I with 11 faculty members had six returned opinionnaires; Clinical Unit II with 18 faculty members returned seven completed opinionnaires and two forms were returned uncompleted; and Clinical Unit III with 16 faculty members chose not to participate, which was explained in a letter from the educational director (Appendix C).

The findings displayed in the following tables are all presented in accordance with the three groups described above. Percentages are shown after having been rounded to the nearest whole number. Listed in Table I are the number and percentage of students from each unit who participated in the study. There was an 88 percent response by the participating students.

Table II shows that all 53 of the students answered at least 53 percent of the questions correctly. One student in Unit III achieved a near 100 percent score answering 14 of the 15 questions on general knowledge about physical child abuse and/or neglect correctly.

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 | UNIT I | | 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.

Tables III to VIII show the total number of correct answers to students selected for each of the 15 questions on general knowledge about physical child abuse and/or neglect. These numbers are tabulated

by Clinical Unit. The Unit score totals are then combined as the sample total and expressed both in whole numbers and by percent. Percentages as shown have been rounded to the nearest whole number.

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) |

Question:

1. Child abuse: (check one only)
   - X 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.
   - X b. most frequently within the home.

Questions 1 and 2 sought to determine if the students know the parameters of child abuse as found in the United States. Table III shows that 95 percent of the students were in fact able to recognize physical child abuse and/or neglect as occurring in all socio-economic groups of society and happening most frequently within the home.

Question:

3. Which of the following clues would lead you to suspect that you are dealing with a potential abuser?
   __X__ a. unreasonable expectation of the child.
   _____ b. crisis or stress in a family with in-effective 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  __X__ 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.
   __X__ b. likely to be the child's mother.
   __X__ c. likely to be under age 30.
   _____ d. likely to be over age 30.
   __X__ e. likely to be introverted.
   _____ f. likely to be extroverted.
   _____ g. likely to set clear limits on child misbehavior.
   __X__ h. likely to not set clear limits on child misbehavior.

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) |

The identification of the potential to abuse and the type of an act which may result in child abuse are two of the criteria that may be used to determine a valid case of child abuse. The students' correct answers to Questions 3 through 5, as listed in Table IV, indicate that while only 40 percent of the students were able to identify a potentially abusive adult, 74 percent or 39 of the students could determine a potentially abusive adult act indicating that they were aware of the effects of abuse as seen in the child. Furthermore, the students demonstrated, with 82 percent accuracy, that they could recognize several of the subtle indices of physical child abuse as seen in children which is illustrated in Table V. Seventy-percent or 37 of the students by answering correctly Questions 6 through 8 showed that they could identify an abused child.

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) |

Question:

6. Children who have been abused:
   __X__ 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.
   __X__ 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
   __X__ 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?
   __X__ a. a single or repeated episode of physical abuse and/or neglect.
   __X__ b. a single or repeated episode of emotional abuse 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.
   __X__ 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.

__X__ b. She doubts her competence. Give her reassurance.

_____ c. She doesn't really want the baby. Refer her to social services.

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) |

The data in Table VI shows the percentages of nursing students who identified a case of suspected child abuse through the use of a medical and/or nursing diagnosis. Ninety-two percent or 49 of the students identified a suspected case of child abuse through the use of a nursing diagnosis which may be reflective of the changing role of nurses and the importance of the nursing diagnosis in the identification of physical child abuse. Using the nursing diagnosis, Questions 12 and 13 spoke to the nurse's role in the prevention of child abuse

through prompt nursing interventions. Thirty (30) of the students answered both questions correctly perceiving the nurse's role with 74 percent accuracy as illustrated in Table VII.

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 Answers | 27 | 26 | 25 | 78 | (74) |

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 has 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.
    __X__ 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:
    __X__ a. the child is under age 2.
    _____ b. the child is over age 2.

Legally, the nurse's role gained prominence in the identification and prevention of child abuse with the enactment of the 1974

amended Montana Child Abuse Law (Appendix D). Thirty-four percent or 18 students knew that this law as amended specifically named nurses as one of the persons legally required to report a suspected case of child abuse to Social Rehabilitative Services and/or their locally designated representative. Forty-seven percent or 25 of the students, as shown in Table VIII, were cognizant of their personal and professional responsibilities.

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) |

Question:

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

| | | | |
|---|---|---|---|
| X | a. physician | X | e. neighbor |
| X | b. teacher | X | f. nurse |
| X | c. social worker | X | g. attorney |
| X | d. law officer | X | h. other |

15. Suspected cases of child abuse are reported initially on a local 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
__X__ d. social rehabilitation services

Tables IX through XII contain the data from the four opinion questions (16-19) on the student questionnaire which was then correlated with the faculty opinionnaire data which is displayed in Table XI-B.

As can be seen from the data listed in Table IX, the hospital emergency room and/or the public health agency were checked most frequently by the students, as the work settings in which they would be in the best position to identify a potential child abuser. Overall, the 53 students, by dividing their selections between the four named work settings, indicated that they thought no work setting was exclusively ideal for the identification of a potential child abuser but rather that several of the work settings were equally appropriate.

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) |

Question:

16. As a nurse which of the following job situations do you feel would place you in the best position to identify a potential abuser? (check those which apply)
    _____ a. in the emergency room
    _____ b. on the pediatric ward
    _____ c. in a medical clinic
    _____ d. in a public health agency

17. Do you, at this time, feel you are personally capable of initiating a report of suspected child abuse and/or neglect?
    _____ yes _____ no

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) |

In answer to Question 17, data displayed in Table X shows that 62 percent of the students were confident that they had sufficient knowledge to initiate a child abuse and/or neglect report.

Resources that the 53 students utilized in answering the questionnaire as asked for in Question 18 are shown in Table XI-A. The nursing curriculum as a source of knowledge was checked in 40 percent of the student responses.

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) |

These student data were then compared to the faculty opinionnaire, the results of which are reflected in Table XI-B. The faculty rated their opinion of the student's sources of knowledge about child abuse. The faculty's total score of 41 rated the nursing curriculum as the student's most likely source of knowledge supporting the student data. Personal contact with an identified case of child abuse was rated by the faculty as the student's least likely source of knowledge

(22 points). The students validated the faculty's opinion when only 11 percent or 12 of the students indicated that they had been in contact with an identified case of child abuse and had called upon this experience in answering this questionnaire.

TABLE XI-B

TOTAL ATTITUDE SCORE OF FACULTY OPINIONNAIRE
RATING SOURCES OF STUDENT KNOWLEDGE

| Source | UNIT | | | Total Score |
|---|---|---|---|---|
| | I (N-6) | II (N-7) | III (N-0) | |
| Personal reading | 18 | 6 | 0 | 24 |
| News media | 14 | 15 | 0 | 29 |
| Nursing curriculum | 22 | 19 | 0 | 41 |
| Personal contact | 8 | 14 | 0 | 22 |

Question:

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

19. Where in the nursing curriculum do you feel child abuse could be most effectively taught?
    _____ a. community health nursing
    _____ b. integrated within the curricula during clinical rotations
    _____ c. integrated within the curricula during general studies while on campus
    _____ d. as a seminar course

The nursing students after identifying the nursing curriculum as their primary source of knowledge about child abuse further defined where they thought child abuse could be taught most effectively in the nursing curriculum by selecting options listed in Question 19. As can be seen from the data presented in Table XII, community health nursing and the time period spent on clinical rotations were selected in 61 percent of the responses checked by the 53 students.

TABLE XII

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

| Areas | UNIT | | | Responses | |
|---|---|---|---|---|---|
| | I (N-16) | II (N-19) | III (N-18) | No. | (%) |
| Community health nursing | 9 | 10 | 7 | 26 | (31) |
| Clinical rotations | 7 | 8 | 10 | 25 | (30) |
| General studies on campus | 4 | 2 | 5 | 11 | (13) |
| Seminar course | 8 | 9 | 5 | 22 | (26) |
| Total | 28 | 27 | 27 | 84 | (100) |

# Chapter V

## SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

### SUMMARY

The study has a two-fold purpose, that of identifying the (1) knowledge and (2) the sources of this knowledge that senior nursing students in a baccalaureate program had about physical child abuse and/or neglect. Objectives defined in order to accomplish this purpose were: (1) to determine the nursing students' ability to recognize the characteristics of physical child abuse and/or neglect; (2) to determine the nursing students' ability to interpret their responsibility within the definition of the law; (3) to have the nursing students identify the source or sources of their knowledge about physical child abuse and/or neglect.

The data presented in the study were received from 53 respondents out of a total sample population of 60 senior nursing students enrolled in three units which comprise the clinical facilities of the baccalaureate program in nursing at Montana State University.

A checklist combination questionnaire/opinionnaire was used to collect the data. The first 15 questions pertained to general knowledge about physical child abuse and/or neglect and the last four questions asked the nursing students' opinion about their knowledge and the sources of this knowledge about child abuse and/or neglect as

defined in the objectives. The faculty at the three clinical units completed an opinionnaire, rating, in their opinion, the sources of student knowledge about child abuse. These faculty data were compared with the student data.

Color coding by clinical unit of the questionnaires and opinionnaires allowed for the control of the intervening variable of differences among and between units which was the first test of difference in this study.

## FINDINGS

With reference to the analysis of data the following findings emerged:

1. Ninety-five percent of the students answered the two questions on the dimensions of child abuse correctly. Although only 40 percent of the students correctly identified the potentially abusive adult, 70 percent or 37 of the students did diagnose correctly an abused child. It is interesting to note that 74 percent or 39 of the students could distinguish a potentially abusive adult act and checked with 74 percent accuracy preventive child abuse nursing interventions. One student selected correct answers to 14 of the 15 questions on general knowledge about physical child abuse and/or neglect and all of the students answered these questions with at least 53 percent accuracy.

2. Seventy-nine percent or 42 students indicated they knew to whom suspected child abuse cases should be referred; however, 47 percent or 25 of the students named all whom are legally required to report a suspected case of child abuse and/or neglect, having omitted checking the categories of neighbor and attorney. Contact with an identified case of child abuse has been experienced by 11 percent or 12 of the students, however, 10 of these students now feel capable of initiating a child abuse report.

3. Forty percent of the students selected the nursing curriculum as their primary source of knowledge about child abuse. This finding is consistent with the faculty opinionnaire data. The faculty rated personal contact with an identified case of child abuse as the student's least likely source of knowledge and this finding was supported by the student data.

## CONCLUSIONS

In view of the findings, the researcher feels that the following conclusions can be reached:

1. The majority of senior nursing students who are about to become professional nurses are concerned about physical child abuse and/or neglect. This was demonstrated by the fact that 53 out of 60 completed and returned questionnaires.

2. The nursing students' knowledge about child abuse is similar. This was shown by the consistency of student responses to the questions.

3. It is apparent that an area of weakness in the majority of nursing students' knowledge concerns identification of potential abusers. Only 21 of the students were able to identify an abusive act and recognize child abuse. Besides recognizing an abused child, 30 of the 53 nursing students indicated; they knew effective nursing interventions, had sufficient knowledge to initiate a child abuse report, and were prepared to assume the nurses' role in the prevention of child abuse.

4. In general, knowing that nursing students have received information about child abuse and knowing the sources of this knowledge does not necessarily allow inferences regarding the knowledge and/or performances of those students as professional nurses.

## RECOMMENDATIONS

As a result of this study the following recommendations are made:

1. That nursing faculty be conscious of the fact that the child abuse segment of the curriculum may need to be more fully developed and/or stressed in a baccalaureate nursing program.

2. "Block" or "module" child abuse study guides should be developed. These study guides would encourage independent learning when used alone or in conjunction with existing curricula and/or staff training programs to keep current nurses awareness of child abuse.

3. A follow-up study should be made of recent (0-5 year) graduates of a baccalaureate nursing program to determine their level of functioning in relation to child abuse.

4. Studies should be conducted to determine:

   a. if nurses who are involved with child abuse cases have sufficient knowledge about child abuse,

   b. the educational level and/or preparation of nurses managing child abuse cases,

   c. the role nurses have and/or desire to assume in relation to child abuse.

Data obtained as a result of these studies could then be used to develop continuing educational programs designed to strengthen weak areas in nurses' knowledge about physical child abuse and/or neglect.

5. It is essential that the role of the nurse be recognized when the issue of child abuse is discussed in Montana.

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# APPENDIXES

APPENDIX A

725 S. 7th #2
Bozeman, Mont.
May 27, 1976

Mr. August A. Fink, Jr.
16 Thorndal Circle
P.O. Box 1245
Darien, Connecticut, 06820

Dear Mr. Fink:

I am a Master's student in Nursing at Montana State University, Bozeman, Montana and a thesis is part of my degree requirements. My thesis, entitled "Nursing Students' Knowledge about Child Abuse," is being conducted under the sponsorship of Professor Margaret Vojnovich.

I am writing at this time to ask you, as publisher of Nursing Update, for permission to use the Nursing Update quiz on Child Abuse as part of my questionnaire. This quiz was published in the April 1973 issue of the magazine.

The questionnaire will be administered to senior nursing students in October 1976.

Thank-you for your consideration of this request.

Sincerely,

Monica Stein

Approved:

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