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*Problems of maltreated children – the scope of assistance
from pediatric nurses*

The problem of maltreatment of children is present in every society and concerns all economic, nationalistic, cultural and religious groups (9). Actions on behalf of maltreated child are undertaken by state institutions and social associations as well as international organizations. Hence, children's rights are specified and protected by many legal acts, including: Human Rights Charter, Convention in the Matter of Child's Rights, Family Code, and the Penal Code. Based on these documents, it is possible to carry out actions for the protection of children and punishing the perpetrators of maltreatment (4). Currently, assistance for maltreated children consists in material, legal and psychological support provided for the child and its family, or placing the child in a substitute environment for upbringing. The lack of distinguishing the problem of maltreated child hinders its recognition and working out a system of help for a child. In order to solve the problem of child maltreatment, this problem must be identified, defined, and diagnosed, which leads to the elaboration of the strategy of counteracting and providing assistance (5). The preparation of medical staff, including nurses, for work with these children and provision of assistance is of great importance for early diagnostics of symptoms resulting from child abuse.

The objective of the presented study was determination of the problems of maltreated children, and the scope of assistance from pediatric nurses who have had experiences in work with maltreated children.

MATERIAL AND METHODS

The studies were conducted among 160 nurses working in paediatric wards at the end of 2004 and the beginning of 2005 (December–March), and covered 80 nurses employed at the Children Clinical Hospital in Lublin, and 80 nurses from the Child Health Centre in Warsaw. Mean age of respondents was 36, the lowest age – 23, and the highest age – 54. The majority of nurses in the survey had secondary school education (88.75%), while 11.25% – university education. The mean period of employment as a nurse was 15 years. The shortest period of occupational experience was 2 years, whereas the longest – 33 years. The research tool applied in the study was a questionnaire form, which facilitated the collection of valuable research material and allowed the respondents' own opinions to be expressed.

RESULTS

In opinions of the nurses in the survey, violence with respect to a child was a frequently observed phenomenon. Almost all nurses – as many as 86.25% (n=138) indicated that they had a contact with maltreated child while performing their occupation. The respondents declared that during their occupational career they had taken care of abused child. 70% (n=112) of nurses in the study provided care for maltreated children 1–5 times during their occupational practice, 11.88% (n=19) of nurses provided care more frequently (from 5–10 times), a small number of respondents (2.5%; n=4) from 10–15 times, 2% (n=3) took care of an abused child more than 15 times, while 13.75% (n=22) of the nurses examined did not encounter the above-mentioned problem during their occupational career.

While analysing the variable of the frequency of nurses occupational contact with various forms of child maltreatment it may be observed that in the category of replies ‘very often’ child neglect was most frequently mentioned (34.72%; n=48), followed by emotional abuse 10.08%; n=14), and physical abuse (7.16%; n=10), whereas sexual abuse was not reported by the respondents. Sexual abuse in the category of replies ‘never’ was indicated by 58.70% (n=80) of nurses in the study.

The analysis of results shows that the nurses most frequently identified the age at which a child is most exposed to violence from adults as the period up to 3 years of life (34.06%; n=47). The age interval from 15–18 was mentioned very rarely (1.45%; n=2).

Body injuries most frequently observed by respondents concerned the head (51.45%; n=71), as well as the trunk (43.48%; n=60). The lack of body damage, and injuries of the neck in maltreated children were indicated more rarely (13.05%; n=18, and 10.15%; n=14 respectively). The nurses in the study also noted injuries which were located at the site of sex organs (4.35%; n=6), as damage to the whole body (1.45%; n=2).

The nurses paid attention to the fact that the maltreated children came from complete families (50.73%; n=70), and pathological families (48.55%; n=67) where alcohol was abused (27.53%; n=38).

A small number of nurses who encountered child maltreatment during their occupational career (6.52% n=9) reported that the maltreated child turned to them for help. The forms of maltreatment then observed were beating, burns (5.80%; n=8), and emotional abuse (2.90%; n=4). There were 9 such cases reported by children. The reaction of nurses after the fact of reporting this problem was informing the physician (3.62%; n=5), conversation with a child and informing a psychologist (2.17%; n=3 each), conversation with child’s parents/care providers (1.45%; n=2), as well as a phone call to the Ambulance Service and informing the charge nurse (0.73%; n=1 each).

A considerable number of nurses expressed their engagement in the provision of assistance for a maltreated child (71.01%; n=98) in the category ‘I’m trying to help’. A part of respondents (16.67%; n=23) had difficulties with adopting an attitude towards this problem, whereas 12.32% of respondents (n=17) mentioned ‘I help’. None of the nurses in the study indicated the category ‘I do not help at all’.

In the opinions of nurses in the study, the main reasons for passiveness in the interventions of providing help to maltreated children is callousness and indifference to child abuse (15.94%; n=22), unwillingness to interfere in family affairs (10.87%; n=15), the fact that it is difficult to prove the guilt of parents/care providers (9.42%; n=13), and fear of revenge on the part of perpetrators of violence towards a child (7.25%; n=10). The respondents also mentioned the necessity to testify and ignorance with respect to the phenomenon of child maltreatment (5.07%; n=7), adults not respecting children’s rights (4.35%; n=6), and disbelieving children (2.90%; n=4).

According to the respondents, the following institutions should subsequently undertake intervention in the case of recognizing one of the forms of child maltreatment: Family Court

(69.37%; n=111), school (68.12%; n=109), police (64.37%; n=103), social care (60.62%; n=97), public prosecutor's office (47.50%; n=76), as well as an outpatient department (43.75%; n=70). The nurses in the survey also indicated neighbours (3.75%; n=6) and a psychologist (3.12%; n=5).

DISCUSSION

In Poland, an analysis of the problem of child maltreatment is not often undertaken. Despite this, a review of the national literature indicates that people investigating this aspect have obtained results which provide evidence that violence towards a child is actually a serious problem. Studies in this area were conducted mainly by physicians; however, if these studies concerned only the children who were victims of violence, these were only data obtained based on observation, probably in order to spare the children a return to the nightmare experienced.

Quoting the results of studies by Skórzyńska and Pacian, over half of the group of Public Health Care Units physicians examined encountered abused child in their work (11). However, 75% of 6th-year students of the Faculty of Medicine at the Medical University in Warsaw examined by Ziólkowska et al. had contact with the Battered Child Syndrome (15).

Considering the frequency of encountering individual forms of child abuse it may be noted that in studies conducted by Skórzyńska and Pacian, 79% of physicians from Public Health Care Units evaluated this phenomenon as rare, 21% considered it as relatively rare, while 38.7% had no contact with this problem (11). The studies by Ziólkowska et al. conducted among students show that the most frequent forms of child maltreatment was material neglect (62% of females and 58% of males), and emotional neglect (54% females and 58% males) (15). According to Blue Line Telephone, physical abuse was most often reported (44%), followed by emotional abuse (17%), sexual abuse (13%), neglect (10%) and manipulation of a child (2%) (7).

The results of the studies quoted show that maltreated children came both from pathological and complete families, i.e. by Trendak et al. – alcoholism of both parents (92%); complete families (56%) (14), according to the studies by Skórzyńska and Pacian – in 65% of cases the reason of violence in a family was alcoholism (11); according to the data by the Blue Line, in 38% of cases alcohol was a factor accompanying violence (7).

As a result of the analysis and the skill of recognizing the symptoms suggesting child maltreatment it may be presumed that 82.6% of physicians from Public Health Units consider this skill as indispensable in their work, while the recognition of one form of child maltreatment was declared by 69.7% of doctors in the study, and 3.5% of respondents felt unequal to diagnose the symptoms which might suggest this syndrome (11).

While analysing the literature concerning child abuse in the English speaking countries it may be observed that this problem is relatively common and research analyses concerning this aspect are much more comprehensive. The studies cover not only medical staff, but also abused children as witnesses of violence, both in a family and 'in the street' (gangs, robberies, shootings). In a review of the international literature, B.L. Adams reported that in 2001 in the USA, 903,000 children were witnesses of violence or neglect (U.S. Department of Health and Human Services, 2001) (1).

While reviewing the international literature available it may be noted that the most frequent form of child maltreatment was physical abuse and neglect (6, 2) – similar to Poland, and sexual abuse (6, 13). The studies by May-Chahal and Cawson, which covered 2,869 people aged 18–24 from the aspect of experiences in the childhood, indicated that in the United Kingdom as many as 11% of the children examined were sexually abused, 7% – physically abused, 6% – emotionally abused and neglected. 90% of respondents had a happy childhood (6).

The problem frequently undertaken in the international literature is the problem of violence among children in didactic-educational facilities, such as nursery schools and schools (3, 8), which, in consequence, is reflected in later, adult life of these children – consequences in private life ('violence circle'), occupational and interpersonal contacts.

Currently, the provision of assistance for a maltreated child consists in material, legal and psychological support for a child and its family, or placing a child in a substitute environment for upbringing. The lack of distinguishing the problem of maltreated child hinders its recognition and working out a system of help for a child. In order to solve the problem of child maltreatment, this problem must be identified, defined, and diagnosed, which leads to the elaboration of a strategy for counteracting and providing assistance (5).

In the upbringing of their own children, the parents – if they rationally direct their development – will have no reason to fear that a child will use this knowledge only for its own benefit. Already during the period of infancy, the child observes behaviours and attitudes presented by its parents or care providers, and tries to imitate them or become similar to them. Adults exert an effect on the shaping of the patterns of behaviour in a child – as may be observed – these patterns are not always positive. A child should know its rights and obligations, be able to assume an attitude towards the surrounding reality, find itself in this reality, and, at the same time, respect other people's rights. Thus, a child, then a young man and adult, is able to cope in the case of violation of own rights by another individual, and to stand up for other people's rights.

CONCLUSIONS

1. Violence towards children is a phenomenon frequently encountered in the occupation of a nurse.
2. The most frequent form of child abuse is neglect.
3. Physical injuries of a maltreated child mainly concern the head and trunk.
4. In the case of diagnosing symptoms suggesting violence towards a child, the nurses – apart from direct care – will undertake co-operation with institutions protecting children's rights.

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SUMMARY

While analyzing the forms of child maltreatment, it may be observed that 4 types of maltreatment are the sets of inseparable behaviours, because emotional abuse or passive forms of physical abuse are equivalent to neglect with respect to the psychological and physical needs of a child. Generally, a child is never abused in only one way. Rescue from violence is a desire of its victims – helpless children. A child remaining in a direct contact with the violence of perpetrator has contradictory feelings. It must hide its emotions, i.e. love and hatred, with which it is left alone, and at the same time cannot be expressed. A child is left alone with these emotions, which is a difficult situation, and directing its feelings towards the parents it is exposed to rejection, violence, which arouses feelings of harm and guilt. The objective of the study was determination of the problems of maltreated children, and the scope of assistance from pediatric nurses who have had experience in work with maltreated children. The survey was conducted among 160 nurses employed in paediatric wards in Lublin and Warsaw. The research tool was a questionnaire form designed after becoming familiar with the international literature concerning the Battered Child Syndrome. Based on the results obtained, it may be presumed that according to the nurses in the survey the phenomenon of child abuse is a relatively common phenomenon, because a great majority of respondents (86.25%; n=138) had a contact in this area. Maltreated children came both from complete families (50.73%; n=70) and pathological families (48.55%; n=67), and slightly over 1/3 of them were under 3 years of age (34.06%; n=47). The form of child maltreatment which was most often mentioned was neglect (34.72%; n=48). Almost three-fourth of the nurses in the study (71.01%; n=98) declared their engagement in providing care to a child in case of suspicion or recognition of one of the forms of abuse.

Problemy dzieci krzywdzonych – zakres pomocy pielęgniarek pediatrycznych

Analizując formy maltretowania dziecka dostrzec można, że cztery rodzaje krzywdzenia to zbiory zachowań nierozdzielnych, gdyż maltretowanie emocjonalne czy bierne formy przemocy fizycznej są wręcz tożsame z zaniedbywaniem potrzeb psychicznych lub fizycznych dziecka. W zasadzie dziecko nigdy nie jest krzywdzone w jeden sposób. Ratowanie się przed przemocą jest pragnieniem jej ofiar – bezbronnych dzieci. Dziecko, będąc w bezpośrednim kontakcie ze

sprawcą przemocy, żywi sprzeczne uczucia. Musi ukrywać w sobie emocje, tj. miłość i nienawiść, z którymi zostaje samo, co jest dla niego sytuacją trudną, a kierując swoje uczucia do rodziców jest narażone na odrzucenie, przemoc, co powoduje poczucie krzywdy i winy. Celem pracy było określenie problemów dzieci krzywdzonych oraz zakresu pomocy pielęgniarek pediatrycznych, które miały doświadczenie w pracy z dziećmi maltretowanymi. Badania ankietowe przeprowadzone zostały wśród 160 pielęgniarek pracujących w oddziałach pediatrycznych w Lublinie i Warszawie. Narzędziem badawczym był kwestionariusz ankiety, który został skonstruowany po zapoznaniu się z literaturą na temat Zespołu Maltretowanego Dziecka. Z uzyskanych wyników badań wnioskować można, że zjawisko krzywdzenia dzieci w opinii ankietowanych pielęgniarek jest problemem dość powszechnym. Znaczna większość respondentek (86,25%; n=138) miała z nim kontakt. Krzywdzone dzieci pochodziły zarówno z rodzin pełnych (50,73%; n=70), jak i patologicznych (48,55%; n=67), a niewiele ponad 1/3 z nich nie miało nawet trzech lat (34,06%; n=47). Najczęściej wskazywaną formą krzywdzenia dziecka było jego zaniedbywanie (34,72%; n=48). Prawie trzy czwarte ogółu badanych pielęgniarek (71,01%; n=98) zadeklarowało swoje zaangażowanie w niesieniu pomocy dziecku w przypadku podejrzenia lub stwierdzenia jednej z form jego krzywdzenia.