

CHILD ABUSE AND NEGLECT EDUCATION
IN SCHOOLS OF NURSING
IN THE PROVINCE OF BRITISH COLUMBIA
AND THE STATE OF WASHINGTON

by

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ABSTRACT

Child abuse and neglect has been an historical problem which has only entered our consciousness as legislation to protect children has been passed. Public and media awareness has mushroomed along with the number of disclosures and increasingly dramatic stories of abuse and neglect. Nurses, because of their many different places of practise, come in contact with many victims and offenders. How does their education prepare them for this task?

The study surveyed of schools of nursing in British Columbia and the state of Washington through the directors of nursing, associate deans, deans and coordinators, to instructors and faculty members who teach child abuse and neglect education. Instructors and faculty members completed a questionnaire of 23 questions about child abuse and neglect education in their schools of nursing and about their own educational preparation and experience. The questionnaire was expanded from a similar study done in 1985-86.

Not all schools of nursing have child abuse and neglect education. Of those indicating they teach child abuse and neglect, most devote 2-4 hours to teaching. Child abuse and neglect education is taught in a wide variety of nursing subject areas. There are fewer resources (both personnel and print and media) being used in teaching child abuse and neglect in 1993 than in 1985-86. The majority of faculty

members and instructors were not educated in the province or state in which they now teach and also the majority did not receive child abuse and neglect education during their baccalaureate education. Instructors and faculty members from Washington had more suggestions for improving child abuse and neglect education than did those from British Columbia. Education about reporting child abuse and nursing and sexually transmitted diseases is inconsistent. There is very little child abuse and neglect interprofessional education.

While the diversification of nurses' job placements makes them ideal professionals to identify, prevent, and treat child abuse and neglect, their educational preparation does not appear adequate for this task.

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DEDICATION

This is dedicated in memory of Thomas McCrea Watt who encouraged me to attend university.

CHAPTER 1

STATEMENT OF THE PROBLEM

Introduction

The reporting of child abuse and neglect is mandatory in the province of British Columbia and in the state of Washington. Finkelhor (1979) suggested that one in four girls and one in eight boys would be sexually abused before the age of 18. The Badgley report (1984) estimated that one in two girls and one in four boys has an unwanted sexual experience before the age of 18. Sexual abuse is but one of seven types of child abuse and yet in this type of abuse alone, a large number of children are affected. The other types of child abuse and neglect are physical neglect, physical abuse, emotional neglect, emotional abuse, verbal abuse and passive abuse. When one considers the recent media attention in Canada focused on abuses in orphanages and residential schools, it appears that few students escaped some sort of abuse or neglect. What child can escape harsh and derogatory words from adults in positions of trust and power while growing up? In our western society today it is difficult to imagine any child not experiencing some sort of abuse--whether severe or mild, during their maturation process. Childhood appears to be very hazardous.

In the nursing profession, one often sees the long range effects of untreated child abuse and neglect; self-neglect and self-destruction, mental illness, cyclical abuse of wives and

children, difficulties in parenting, unemployment and poor self-esteem to name but a few. Child abuse and neglect are costly in terms of economics in our health care and social welfare systems and costly in terms of human value as survivors often struggle with low self-esteem and its effects.

Child abuse and neglect are not a new twentieth century phenomena. The Code of Hammurabi, written in 1750 B.C. contains the first known record of punishment for any type of child abuse (Ford in Smith, 1978). The first medical recognition of a case of child abuse was in New York in 1888 (Solomon, 1973). The case was tried by the American Society for the Prevention of Cruelty to Animals as there were no child protection laws at the time. The advocacy efforts of a nurse named Wheeler were influential in the creation of the New York Society for the Prevention of Cruelty to Children at that time (Hayes, 1981). In 1883 a similar child protection society was started in Liverpool, England. The Toronto Children's Aid Society was started in 1891. The need for child protection was being recognized. Child abuse and neglect were first described in detail in the medical literature in a landmark article by Kempe, Silverman, Steele, Droegemueller and Silver in 1962 in an article entitled "The Battered-Child Syndrome". Eventually the term was changed to child abuse and neglect to be more encompassing of other types of abuse. In 1984 as the area of child abuse and neglect erupted, Heins (1984) commented on the original article. This too became a landmark article in the

child abuse and neglect literature. Both of these articles are cited frequently in the nursing child abuse and neglect literature.

With the development of child protection agencies over one hundred years ago and current child protection legislation, one would hope that children would be protected and that violations would be reported. Nurses are morally and legally mandated to report child abuse and neglect and can be criminally charged for not reporting it. For years abused children have been admitted to hospital for a variety of causes, patched up and sent home without the issue of child abuse and neglect ever being dealt with or even addressed. Many of these children were later returning to the emergency room as adults in psychiatric crisis - grown up abused children. During my experiences in emergency psychiatry and paediatrics, I began to see a lot of grown-up abused children and a lot of abused children. After finding out about their abuse the question was always why had other nurses not documented and reported it? Since the introduction of child abuse prevention programs, reporting has shifted from medical personnel to school teachers. Why were the public health nurses in the schools not reporting? Why were hospital emergency and ward nurses not reporting?

The Research Problem

Rationale and Justification for Studying Child Abuse and Neglect Education in Schools of Nursing

How are future nurses prepared educationally to detect child abuse and neglect? Are nursing students today being educated about the signs and symptoms of the different types of child abuse and neglect, including behavioural and physical indicators and are they aware of the long term effects and indicators of untreated child abuse in children, adolescents and adults?

Why ask the Question?

In 1985, (Watt, 1987) all the schools of nursing in the province of British Columbia were contacted regarding their curriculum content on child abuse and neglect. The number of hours was startlingly scant with a range from zero to about four hours. Because the state of Washington was at the world forefront at the time in terms of child abuse convictions, victim support and offender treatment, the study was repeated in the state of Washington in 1986. The results were similar except that two schools of nursing had very high curriculum content on child abuse and neglect. Since the time of this initial study there has been a lot of publicity and media exposure about child abuse. The number of cases being reported is increasing. Have the schools of nursing reflected these societal changes in their curriculum content?

Until the 1985 - 86 study of child abuse and neglect education in schools of nursing was undertaken, there was no documentation on child abuse and neglect education in schools of nursing in British Columbia and Washington. The results of that study were disappointing in that they showed that schools of nursing were not educating nursing students in enough depth to deal with the magnitude of child abuse and neglect nor were they able to discern suspected cases of child abuse and neglect and report them.

This study repeats the original study of 1985 - 86 and expands it to include new questions and areas of concern. Between 1985 and 1993 cases of child abuse and neglect were mushrooming and disclosures were in the media almost daily. Not even the church could escape and many church authorities faced accusations. The current study of 1993 hopes to answer the question of whether the child abuse and neglect education in schools of nursing has increased to reflect the current trend. It should be borne in mind while reading this research that transplant surgery also mushroomed and that Acquired Immune Deficiency Syndrome (AIDS) began to appear on the medical horizon during the same time period. Schools of nursing did not lengthen their programs and yet these new subject areas also had to be included in the curriculum.

With nursing now taking a more holistic approach to the care of patients or clients, nurses can no longer nurse "Mrs. B. in bed four with a fractured left hip, four days post-operative,

and is she cranky!" Now they must consider, among other things, her age, her living situation, how she occupies her time, her family and friends, whether she has a support system nearby, and her behaviour patterns. Perhaps the anger she shows at being disturbed stems from fear. And perhaps that fear is rooted in early unresolved childhood abuse. With such a high statistical incidence of child abuse and neglect, nurses must be able to recognize both present and long term behavioural effects of child abuse and neglect.

The Research Question

This study focuses on child abuse education in schools of nursing in the province of British Columbia and the state of Washington. It has focused on three central question areas:

1. Which schools of nursing in British Columbia and Washington have child abuse and neglect education?
 - a. How many hours of child abuse and neglect education do nursing students receive?
 - b. How many and what type of nursing students are enroled in schools of nursing?
2. Who teaches child abuse and neglect education in schools of nursing?
 - a. Where did instructors and faculty members receive their education and do they have a baccalaureate degree in nursing?
 - b. Did they receive child abuse and neglect

- education in their nursing education?
- c. What is their child abuse and neglect teaching experience?
 - d. Why do instructors and faculty members teach child abuse and neglect education?
 - e. What is their degree of satisfaction with the child abuse and neglect education offered in their school of nursing?
 - f. How important do instructors and faculty members view child abuse and neglect education?
 - g. What changes and suggestions would instructors and faculty members have regarding the child abuse and neglect education offered in their school of nursing?
 - h. How many hours would they prefer were devoted to teaching child abuse and neglect education?
3. What content makes up child abuse and neglect education in schools of nursing in British Columbia and Washington?
- a. In what subject areas are child abuse and neglect education taught?
 - b. What teaching methods are used?
 - c. Was it interprofessional in nature or not? If it is interprofessional education, with whom are nursing students taught?
 - d. What personnel actually teach the nursing

students child abuse and neglect education? Do others in the faculty also teach child abuse and neglect education?

- e. What resources are used to teach child abuse and neglect education?
- f. What types of assignments are given in child abuse and neglect?
- g. Are nursing students in their school of nursing taught about reporting child abuse and neglect and sexually transmitted diseases?

Questions regarding the preparation, education and teaching experience of the instructors and faculty members were addressed to see what the level of experience and preparation was in the area of child abuse and neglect education. Were the instructors and faculty members themselves taught what they now are teaching nursing students? Were the instructors and faculty members experienced in teaching child abuse and neglect education or were they just beginning to teach in this subject area?

Because the instructors and faculty members teaching child abuse and neglect will probably be aware of the subject in more depth than their colleagues, the question of instructor or faculty satisfaction with the child abuse and neglect content is an important one to consider. Do they agree with the time devoted to teaching child abuse and neglect education in their school of nursing? Do they agree with the resources being used in child abuse and neglect education in their school of nursing?

Do they agree with where the child abuse and neglect education is being presented in their curriculum and the content their nursing students are receiving? How do instructors and faculty members see theory versus clinical experience with child abuse and neglect education? Do they have suggestions for changing and improving the child abuse and neglect education at their school of nursing? Do instructors and faculty members view child abuse and neglect education as important for nursing students?

The question about the number of hours devoted to child abuse and neglect education is an important one to consider when one is aware of the complexity of the issues surrounding child abuse and neglect. Are the students getting enough of a background in child abuse and neglect to be aware of the problem, to be able to identify suspected cases of child abuse and neglect and to be able to look for long term effects of both treated and untreated cases of child abuse and neglect? Are the number of hours of child abuse and neglect education a reflection of the pervasiveness of the problem?

Knowing the number and types of nursing students receiving child abuse and neglect education is important for several different reasons. There are several different types of nurses: registered nurses, licensed practical nurses, licensed nurses, practical nurses, psychiatric nurses, nurses aides and nursing assistants. In the province of British Columbia the requirement is that anyone suspecting child abuse or neglect, including

registered nurses, report suspected cases of child abuse and neglect to the superintendent. In the state of Washington both registered nurses and licensed nurses are required to report child abuse and neglect. In the state of Washington often several different types of nurses begin their training together and then are separated into their different groups as they begin to specialize. In the province of British Columbia, nursing students eligible for registration upon graduation and psychiatric nursing students may do their first year of training together. Because not all nurses are mandated by law to report child abuse and neglect, a mixed nursing class may have a different emphasis. The number of students receiving child abuse and neglect education could make a difference to the reporting of child abuse and neglect in the future especially if they are aware they must, by law, report suspected cases of child abuse and neglect.

Where child abuse and neglect education is presented in a nursing program has some influence on where and how it will be perceived by the nursing students. For example, if a nursing student receives child abuse and neglect education in paediatrics, s/he may tend to look for behavioural indicators of abuse and neglect in children. If s/he receives child abuse and neglect education in obstetrics, s/he may look for signs of past physical trauma in the genitalia or if child abuse and neglect education is presented in psychiatry s/he will look at the long term effects and possibly the costs of untreated

childhood abuse and neglect. Child abuse and neglect education presented in human violence will focus more on the horrific life-threatening types of physical abuse and neglect and sexual abuse and will probably not include sexually transmitted diseases. Therefore, it is important to consider the question of where child abuse education is being presented in a nursing program.

The question of how child abuse and neglect education is taught and by whom is also an important one to consider. If the instructor or faculty member is assigned the topic and thinks the time could be much better spent on AIDS protection for the nurses, the nursing students will probably not learn as much about child abuse and neglect as they would from an instructor or faculty member who is a survivor of child abuse or neglect and thinks the topic is of paramount importance. If a former victim of sexual abuse speaks to nursing students they will be exposed to a much different perspective than if a sexual abuse offender who has violated over sixty children speaks to them. Nurses will meet both victims and offenders during their nursing career; they need to know how to identify both.

Resources used to teach about child abuse and neglect can have a dramatic impact on the students. Because a lot of fine materials have been developed to educate about child abuse and neglect in the past 10 years the question about the types of resources being used needs to be considered. Few resources have been developed for use specifically in the field of nursing but

there are many resources available to professionals working in the area of child abuse and neglect and to the general public which could be adapted for use in schools of nursing.

Because of the mandatory reporting laws for child abuse and neglect and sexually transmitted diseases in the province of British Columbia and the state of Washington, the questions about educating nursing students about the issues surrounding reporting are important ones to consider. Are nursing students made aware of their responsibility to report? In the province of British Columbia, are they aware of the order in which to report if both a sexually transmitted disease and child abuse or neglect are present? In the province of British Columbia, are instructors and faculty members aware of the order in which to report sexually transmitted diseases and child abuse and neglect if both are present?

Definitions of terms used

Definitions of terms used in this study are as described below:

- 1) Physical neglect: "involves the deprivation of necessities, such as food, clothing, shelter, supervision, medical care and education." (Whaley & Wong, 1993, p. 406)
- 2) Physical abuse: The definition for physical abuse is taken from the 1985 definition by the Ministry of Human Services; "Physical abuse: Is defined as any physical force or action which results in or may potentially result in non-accidental injury to a child which exceeds that which could be considered reasonable discipline." (Ministry of Human Resources, 1985, p.6)
- 3) Emotional Neglect: "generally refers to the failure to meet the child's needs for affection, attention, and emotional nurturance. It may also include lack of intervention for or fostering of maladaptive behaviour, such as delinquency or substance abuse." (Whaley & Wong, 1993, p. 406) Emotional neglect may also include overprotection "as it deprives children of the opportunity to develop to their full potential." (Whaley & Wong, 1993, p. 681)
- 4) Emotional Abuse: "refers to the deliberate attempt to destroy or significantly impair a child's self-esteem

or competence. Emotional abuse may take the following forms: rejecting, isolating, terrorizing, ignoring or corrupting the child." (Whaley & Wong, 1993, p. 406)

- 5) Sexual Abuse: The definition of sexual abuse is taken from the 1985 definition by the British Columbia Ministry of Human Services; Sexual Abuse: "Is defined as any sexual touching, sexual intercourse or sexual exploitation of a child and may include any sexual behaviour directed to/at a child." (Ministry of Human Resources, 1985, p.6)
- 6) Verbal abuse: Verbal abuse is a type of emotional abuse but because it is so common is often listed as a separate type of abuse.
- 7) Passive abuse: Is that psychological abuse that often goes unnoticed and often accompanies other types of abuse. Psychological abuse should always be considered a factor in sexual abuse and in children witnessing the abuse of others.
- 8) Registered Nurse: "A graduate trained nurse who has been licensed by a state authority after passing qualifying examinations for registration. (Webster's Ninth Collegiate Dictionary, 1983, p.992)
- 9) Eligible for registration: A nursing student who has successfully completed a prescribed nursing course as required by the licensing body will be considered eligible for registration upon graduation. (The

licensing body may require additional requirements to be met such as successfully completing examinations, prior to granting a license to practise.)

- 10) Child abuse and neglect education: Education about the signs and symptoms, prevention, support, reporting, treatment and long term effects of abuse and neglect during childhood.

Summary

In the society of today both the public and professionals are more aware of child abuse and neglect and the consequences of treated and untreated child abuse and neglect. Estimates of the prevalence of child abuse and neglect and particularly childhood sexual abuse are much greater than we ever imagined. Disclosures of whole communities of children having been abused, whether Indian bands, schools, child care facilities, orphanages or churches are becoming more commonplace in our newspapers and on television. Both the children who were the victims and their families are deeply affected. Many victims are reporting and disclosing abuse long after it happened. Was there no contact with those mandated to report such abuse during the time the abuse was occurring? Are those mandated to report child abuse and neglect educated about their responsibility to report child abuse and neglect and have they received sufficient education to identify suspected cases of child abuse and neglect?

This study investigates the child abuse and neglect

education of nursing students who are registered or eligible for registration. Nurses are one of the categories of people mandated to report suspected cases of child abuse and neglect that have a lot of contact with children. Are they adequately prepared for this task?

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction

Child abuse and neglect education is still a relatively new topic area. Ten years ago there was very little research and literature on the topic and what was there was often anecdotal and of poor quality. Since then the field has mushroomed and the research and literature have mushroomed along with the interest in the topic.

There is now a considerable body of literature on child abuse and neglect looking at both the victims and offenders but the literature on training of professionals dealing with child abuse and neglect is quite scarce. This literature focus has not blossomed in the past few years as other areas of child abuse and neglect literature have and so there are still not as many resources and references to cite when undertaking such a study. This study looks only at the nursing profession and its child abuse and neglect education of nursing students. It does not examine the training of other professionals. This study should therefore be considered only as an initial investigation and from the responses in this study perhaps further studies could be developed to gain more detailed information.

Legislative Mandates

Prior to examining nursing education, the documentation regarding reporting legislation should be considered.

In the province of British Columbia, Section 7 of Chapter 11 of the Family and Child Services Act (1980) of B. C. states:

Duty to report

7. (1) A person who has reasonable grounds to believe that a child is in need of protection shall forthwith report the circumstances to the superintendent or a person designated by the superintendent to receive such reports.
- (2) The duty under subsection (1) overrides a claim of confidentiality or privilege by a person following any occupation or profession, except a claim founded on a solicitor and client relationship.
- (3) No action lies against a person making a report under this section unless he makes it maliciously or without reasonable grounds for his belief.
- (4) A person who contravenes subsection (1) commits an offense. (The Ministry of Human Resources, 1985, p. 69)

This section clearly states that it is the duty of any "person who has reasonable grounds" to report child abuse and neglect.

The legislation of the state of Washington is more specific in who must report child abuse and neglect and the time frame in

which they must report suspected cases of child abuse and neglect. In the state of Washington, Section 26.44 Abuse of Children and Adult Dependent Persons - Protect - Procedure states:

26.44.030. Reports - Duty and Authority to make - Duty of receiving agency - Duty to notify.

(1) When any practitioner, professional school personnel, registered or licensed nurse, social worker, psychologist, pharmacist, or employee of the department has reasonable cause to believe that a child or adult dependent person has suffered abuse or neglect, he shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW (Revised Code of Washington) 26.44.040. The report shall be made at the first opportunity, but in no case longer than forty-eight hours after there is reasonable cause to believe that the child or adult has suffered abuse or neglect. (West, Revised Code of Washington Annotated, 1986, 26, p.565)

In the province of British Columbia, the Venereal Disease Act limits sharing of all information regarding the investigation and treatment of a sexually transmitted disease. Therefore, once a sexually transmitted disease has been reported a health worker must obtain authorization from the Minister of Health to release information (Ministry of Human Resources, 1985, p.19). This would suggest the reporting of suspected

cases of child sexual abuse prior to confirmation of a sexually transmitted disease.

In the state of Washington, the Revised Code of Washington limits the sharing of information about a sexually transmitted disease. Paragraph 3 of Section 70.24.022 Interviews, examination, counseling or treatment of infected persons or persons believed to be infected of the Revised Code of Washington states;

- (3) All information gathered in the course of contact investigation pursuant to this section shall be considered confidential. (West, Revised Code of Washington Annotated, 1986, 70, p.79)

This would suggest that the state of Washington could end up in the same sort of conflict of interests as the province of British Columbia except that in the state of Washington Section 70.02.900 Conflicting laws has the following provision;

- (1) This chapter does not restrict a health care provider from complying with obligations imposed by federal or state health care payment programs or federal or state law. (West, Revised Code of Washington Annotated, 1986, 70, p.20)

Therefore, it would appear that in the state of Washington one can report both suspected child abuse and neglect and sexually transmitted diseases and not be concerned about the order of reporting. Both are mandated to be reported under state law by health care providers and section 70.02.900 allows a health care

provider the latitude to comply with both reporting laws.

The legislature of both the province of British Columbia and the state of Washington suggest mandated reporting by registered nurses. Burgess (1990) who has been at the forefront in undertaking research and publishing in the area of family violence, cautions that the "recent upsurge of interest and concern for the rights of children led to the passage of laws mandating reporting of suspected or documented cases of child abuse or neglect. Nurses, therefore, are required by law to report cases to the appropriate state agency" (p. 96). Rhodes (1987) states that nurses who work in areas frequented by children should be familiar with their state's reporting requirements. Kreitzer (1981) points out that nurses "are in a key position to identify when abuse and neglect may be occurring" (p. 150). Broome and Daniels (1987) suggest this is possible because "nurses are able to observe and interact with families in ways accessible to few other disciplines" (p.17).

Nurses have for a long time been seen as "a primary patient advocate" (Gill, 1989, p.40). There are a multitude of unique relationships that nurses have which put them in many positions where they can observe abused and neglected children: Nurses are in the labour and delivery rooms where they can observe the interaction of the parents to the newborn; in paediatric clinics where they can observe the parent-child interaction in the waiting room and during the examination; in emergency rooms where they can observe the parent-child interaction as well as

behaviourial and clinical indicators of abuse; in physicians offices where they can see the same child come in repeatedly for problems and can also assess the parental stress level; in the home where the public health nurse can observe the family interactions, the living situation, and indicators of abuse and neglect in the children; and in schools where the school nurse can observe repeated bruising in various stages of healing and behaviourial and emotional problems (Broome & Daniels, 1987; McKeel, 1978; Shives, 1990).

McKittrick (1981) discusses indicators of abuse and reasons for not reporting. Reasons for not reporting have been done more clearly by Olds in her textbook Maternal-Newborn Nursing , where the author gives six reasons for nurses not reporting abuse and neglect:

1. Professional denial because the child or parent looks well or the nurse has known the family for a long time and refuses to believe abuse and neglect could happen
2. Professional doubt about the nurse's role
3. Fear of retribution, perhaps because of a history of violence in the family
4. Lack of "belief in the system," especially if the family was previously reported with no subsequent improvement
5. Professional neglect or failure to understand that the risk to the child is

increased when abuse or neglect is not reported

6. Conflict between professionals over the importance of reporting (Olds, 1988, p.86)

When one views the reasons Olds suggests for nurses not reporting child abuse and neglect, one can see a lot of items which should be covered in child abuse and neglect education for registered nurses.

Education of Professionals Dealing with Child Abuse and Neglect

The need for educating nurses and other professionals about child abuse and neglect was suggested prior to 1974 by Rashid who was at the time Special Assistant to the Acting Associate Chief, Children's Bureau, Office of Child Development, Department of Health, Education, and Welfare in the United States of America. Rashid's suggestion was summarized by Nazzaro in 1974;

We at least need to talk about the problem with graduate social worker candidates, nursing students, and graduate medical men and women who are going into their internships and residencies, or better yet we need to develop a whole curriculum for use at the graduate or undergraduate level. How would it be to sit down with a total law school population and generally present them the case of child abuse in this country. (Nazzaro, 1974, p. 352)

What was proposed in the Nazzaro discussion was an educational program for all the different types of professionals that might be in contact with child abuse and neglect cases.

In 1992, Gallmer and Bonner stated that in the area of child abuse and neglect education, "academic training of professionals such as physicians, psychologists, nurses, attorneys and social workers has not kept pace with the demand for expertise." (p.513) They then describe a program where funding was given to ten universities to develop and operate graduate level interprofessional child abuse and neglect education. Seven per cent of the students enrolled were nurses. They conclude the article by saying, "to date, university education has typically failed to prepare professionals to meet the demands for expertise that child abuse and neglect cases present" (p. 520).

Sevel (1989) observed that "some professionals are still not reporting suspected child abuse and neglect" which was "attributed partly to the inability of professionals to recognize the signs of child abuse and neglect or their

reluctance to confront the family with their suspicions" (p.80). Like Gallmer and Bonner, Sevel inferred that "institutions of higher education have been lax in providing future professionals the training necessary to meet their legal responsibilities to report suspected child abuse and neglect" (p.80). Because of these observations and conclusions, Ohio State University developed a "competency-based interdisciplinary graduate program consisting of three interdisciplinary courses: child abuse and neglect, interprofessional care and clinical practise" (p. 81). The course enroled 30 students from "allied medicine, education, law, medicine, nursing, psychology, social work and theology" (p.81). The teaching methods were "team teaching, case methodology and group discussion" (p.81). Sevel concluded that "further research is needed on impact of interprofessional education on public policy issues" (p.82).

Hibbard, Serwint and Connolly (1987) reported on an interprofessional program for professionals for evaluation of possible sexual abuse. The program was attended by 51 physicians, nurses and C. P. A. workers who indicated a desire to attend the free symposium. The study suggested that there was a strong need for continued professional education (p.517). Positive outcomes from the study were the coordination of services and the fact that participants extended the program to their own communities (p.518).

Education of Nursing Students

Education of nursing students was usually not directly stated in the child abuse and neglect literature but rather was implied. By this it is meant that the nurse should be able to do certain things or should know certain things. For example, Rhodes (1987) statement that nurses who work in areas frequented by children should be familiar with their state's reporting requirements.

In the professional nursing journals there are many articles describing child abuse and neglect in detail. Shives (1990) gives detailed indicators of different types of abuse and neglect and possible offenders. Mittleman, Mittleman and Welti (1987) give detailed physical and behavioural descriptions and photographs of physical abuse. Jurgrau (1990) describes physical abuse, sexual abuse and emotional abuse in detail. Leaman (1979) also describes the nurses' recognition of child abuse and neglect. D'Avanzo (1990) provides detailed descriptions and photographs of sexual abuse.

Several articles described where, how or what certain types of nurses should do when confronted with child abuse and neglect. Lewin (1990) describes the nurse's "position to foster relationships that effect overall recovery" and suggests that the nurse "should be aware of the wide range of behaviours that may occur as the child reflects the feelings about the abuse" (p. 264). Gill (1989) talks about the importance of the triage nurse in the emergency room. Broome and Daniels (1987) talk

about the "nurses' ... unique position to identify families at risk" (p. 17). They say that "home and family is the area where nursing professionals as a whole can make the most impact in assisting children and parents who are at risk for, or currently assessed as experiencing, child abuse" (p. 21).

To help nurses with child abuse and neglect identification, several articles described assessment tools. Burgess, Hartman and Kelly (1990) wrote a detailed article on the TRIADS checklist for assessing child abuse and neglect. Finkelhor (1984) gives details in the area of child sexual abuse and is considered to be one of the experts in this field. Broome and Daniels (1987) gave several examples of assessment tools including; HOME (Home Observation for measurement of the Environment), NPI (Neonatal Perception Inventory), and the Feetham Family Functioning Survey.

Scherb (1988) gave a set of very detailed standardized care plans for the emergency room nurse for child abuse and neglect. As nursing care plans are one of the ways nurses plan their patient care, the development of these care plans is very helpful when dealing with such a difficult subject area.

Three articles discuss the psychological impact of dealing with child abuse and neglect. Josten (1978) says that a "nurse must work to accept emotionally the fact that the entire family unit needs and is worthy of help" (p.111). Both Gill (1989) and Hayes (1981) describe "burn out" experienced by nurses dealing with child abuse and neglect.

The nurse must also be prepared to work on an interdisciplinary team on child abuse and neglect (Christensen, Schommer, & Velasquez, 1989).

The only direct statement found about the child abuse and neglect education of nurses was by Kelley (1986, p. 201) which said "pediatric nurses need to be knowledgeable about child sexual abuse." Kelley did not say how the nurses were to acquire this knowledge but did include a detailed description of what paediatric nurses can do.

Similarities between the Province of British Columbia and the State of Washington

Both the province of British Columbia and the state of Washington are dominated by their communities lying in the Pacific Northwest. While they are located in different countries and governed by different types of legislature and have differently funded health care systems, they share a number of things in common.

The populations and types of communities having schools of nursing were very similar in the 1985 - 86 study (Appendixes C & D). In the 1993 study the province of British Columbia has dramatically increased the number of schools of nursing with new schools of nursing opening in smaller and sometimes more isolated communities. This demonstrates a shift from the types of communities which had schools of nursing in the past. It should be pointed out that in the years between the 1985 - 86

study and the 1993 survey, the province of British Columbia faced a critical nursing shortage and nurses had to be recruited from the United Kingdom and the Philippines to fill the many vacancies.

Both the province of British Columbia and the state of Washington have a short history of immigrant settling, rainforest coastlines, gulf islands, mountains and a temperate climate. The people in the Pacific Northwest are noted for their outdoor recreational activity, especially on weekends, and for the lowest church attendance averages in their nations. Despite the international boundary which separates them, the province of British Columbia and the state of Washington are more similar to each other than they are different.

The state of Washington and especially Seattle, have been at the world forefront as far as child abuse and neglect legislation, treatment and education were concerned when the 1985 - 86 study was undertaken. In 1993, child abuse and neglect legislators from the province of British Columbia are at the Canadian forefront in terms of training prosecutor and judges (B. Saunders, April 20, 1993).

Summary

There is no published literature and research available on the specific education of nursing students in the area of child abuse and neglect. The current study appears to be the only study in this area and therefore should be considered as preliminary knowledge suggestive of further study and investigation.

CHAPTER 3

METHODOLOGY

Introduction

The method used in this study was survey research. Letters were sent to the directors of nursing, deans, associate deans and coordinators requesting that they distribute questionnaires to their instructors and faculty members teaching child abuse and neglect education. Names and addresses for the schools of nursing in the province of British Columbia were obtained from the Registered Nurses Association of British Columbia. Names and addresses for the schools of nursing in the state of Washington were obtained from State-Approved Schools of Nursing and Directory of RN to BSN programs in the library.

Population

The population for the study was all schools of nursing in the province of British Columbia (19) and in the state of Washington (28). Only those schools of nursing which educate registered nurses and/or nurses eligible for registration upon graduation were included in the study. Schools of nursing which taught practical nursing, nursing assistants and nurses aides were not considered unless these students were in combined classes with nurses who were later eligible for registration.

Since the original study was conducted, the province of British Columbia has introduced a program of affiliated schools

of nursing. These schools of nursing teach only the first year or first two years of a nursing program. Affiliated schools of nursing have been set up by the University of Victoria and British Columbia Institute of Technology. The University of Victoria is affiliated with the following six colleges; Camosun College in Victoria, Malaspina College in Nanaimo, North Island College in Campbell River, Okanagan University College in Kelowna, University College of the Cariboo and Vancouver Community College in Vancouver. The British Columbia Institute of Technology is responsible for East Kootenay Community College and at the time of this research was also responsible for Northern Island College. (In the fall of 1993, Northern Lights College will be joining New Caledonia.) The Associate Dean at British Columbia Institute of Technology is also responsible for Open University.

The consent of the director of nursing, dean, associate dean or coordinator was considered to be obtained if s/he distributed the questionnaire to the instructors and/or faculty members teaching child abuse and neglect education in their school of nursing. The consent of the instructors or faculty members was considered to be obtained when they completed the questionnaire and returned it to the researcher at the address given at the University of British Columbia.

The schools of nursing which participated in the 1985 - 86 study from the province of British Columbia were British Columbia Institute of Technology, Camosun College, Cariboo

College, Douglas College, College of New Caledonia, Okanagan College, Selkirk College, University of British Columbia, University of Victoria, Vancouver Community College and Vancouver General Hospital. These were all the schools of nursing in the province of British Columbia at that time and all of them participated. The schools of nursing which participated in the 1993 study from the province of British Columbia were British Columbia Institute of Technology, Camosun College, Cariboo College, Douglas College, East Kootenay Community College, Malaspina College, Northern Island College, Northern Lights College, Okanagan University College, University College of the Cariboo, University College of the Fraser Valley, University of Victoria and Vancouver General Hospital/University of British Columbia program at Vancouver General Hospital. Trinity Western University, a privately funded Christian university, is developing a nursing program for the fall of 1993 but was unable to submit a questionnaire as the school was not yet open at the time of this research. City University, a private university, was officially listed as a school of nursing by the Registered Nurses Association of B. C. at the time of this research but it had closed and not informed the association. Therefore, the number of schools of nursing was revised from 20 to 18. It should be noted that 13 of 18 schools of nursing chose to participate in the 1993 study. All of the schools of nursing which participated in the 1985 - 86 study and the 1993 study are publicly funded. A complete list of the

schools of nursing is found in Appendix A.

The schools of nursing which participated in the 1985 - 86 study from the state of Washington were Bellevue Community College, Clark College, Columbia Basin College, Intercollegiate Center for Nursing Education (Eastern Washington University, Washington State University and Whitworth College), Pacific Lutheran University, Peninsula College, Seattle Central Community College, Seattle Pacific University, Seattle University, University Of Washington, Wenatchee Valley College and Yakima Valley College. The schools of nursing from the state of Washington which participated in the 1993 study were Bellevue Community College, Clark College, Columbia Basin College, Grays Harbor College, Seattle Central Community College, Seattle Pacific University of Health Sciences, Shoreline Community College, Skagit Valley College, Tacoma Community College, Walla Walla College and Walla Walla Community College. Two of the universities which participated in the 1985 - 86 study were privately funded Christian universities. In the 1993 study, no privately funded universities or colleges participated in the study. A complete list of the schools of nursing in the state of Washington is given in Appendix B.

1993 Survey

Letters were sent to 20 directors of nursing, deans, associate deans, presidents and coordinators in the province of British Columbia and 26 directors of nursing, deans, associate

deans and coordinators in the state of Washington explaining the study and soliciting the participation of their school of nursing (Appendix F). In the state of Washington, three schools continued to share a common administration (Intercollegiate Center for Nursing Education; Eastern Washington University, Washington State University and Whitworth College). It was learned after the questionnaires had been sent that one school of nursing, City University had closed its school of nursing. They had not officially notified the Registered Nurses Association of B. C. and so were still officially listed and therefore included in the study. Trinity Western University was invited to participate in the research if their program was developed enough in May 1993.

It was assumed that consent was given by the director of nursing, dean, associate dean or coordinator by their distribution of the questionnaires to their instructors and/or faculty members. Consent of the instructors and/or faculty members was assumed by their returning the completed questionnaire.

Questionnaires were mailed 30 April 1993 in British Columbia to the directors of nursing, deans, associate deans or coordinators of schools of nursing in the province of British Columbia. Questionnaires were mailed 30 April in the state of Washington to the directors of nursing, deans, associate deans or coordinators of schools of nursing in the state of Washington. As mentioned before, the director of nursing, dean,

associate dean or coordinator was asked to distribute the questionnaire to their instructors and/or faculty members. In a covering letter included with the questionnaire, instructors and/or faculty members were asked to complete and mail the questionnaire back to the University of British Columbia within two weeks. (Appendix G) A reminder was sent to those directors of nursing, deans, associate deans or coordinators for which responses were not received by 7 June 1993 (Appendix F).

All replies were included in the study. Thirteen of 18 (72%) schools of nursing in the province of British Columbia returned completed questionnaires or letters of explanation. Eleven of 28 (39.3%) schools of nursing in the state of Washington returned completed questionnaires. One school of nursing in the province of British Columbia sent two completed questionnaires. Two schools of nursing in the state of Washington sent two completed questionnaires.

Questionnaire

The child abuse and neglect education questionnaire (Appendix H) was developed to find out about child abuse and neglect education in schools of nursing in the province of British Columbia and the state of Washington. The questionnaire contained 23 questions asking for information about the education of the instructor or faculty member, the number of students receiving child abuse and neglect education, how many years the instructor or faculty member has taught child abuse

and neglect education, the type(s) of nursing students being taught, in what area child abuse and neglect education is taught and whether or not it is being taught in more than one area, the number of hours devoted to child abuse and neglect education in their school of nursing and also the number of hours the instructor would prefer, whether the child abuse education is taught alone or team taught and whether or not other instructors or faculty members also teach child abuse education, whether the instructor or faculty member chose to teach the subject or it was assigned to them, how important the instructor or faculty member feels child abuse and neglect education is, how important the seven different types were in the eyes of the instructor or faculty member, how satisfied the instructor or faculty member was with the child abuse and neglect education at their school of nursing, suggestions for improving child abuse and neglect education at their school of nursing, the types of written and media resources and speakers they used in the child abuse and neglect education, the types of assignments the nursing students were expected to complete regarding child abuse and neglect, whether or not nursing students were made aware of reporting child abuse and if the abused or neglected child had a sexually transmitted disease which they would report first (the child abuse or neglect or the sexually transmitted disease), and if there was any interdisciplinary teaching of the child abuse and neglect education in their college or university.

The questionnaire was developed from replies received from the 1985 - 86 study (Watt, 1987) and readings in more current literature.

Confidentiality

In this study, the instructors or faculty members responding was asked only to identify the completed questionnaire by the name of the school of nursing. Some instructors and faculty members chose to identify themselves by name as well. One of the instructors or faculty members also identified herself as a survivor of childhood abuse.

Administration of the Child Abuse and Neglect Questionnaire

Two copies of the child abuse and neglect education and an explanatory letter to the instructors or faculty members were mailed to each director of nursing, dean, associate dean or co-ordinator with a letter of explanation to the director of nursing, dean, associate dean or co-ordinator explaining the research and requesting their school of nursing participate in the study. In both the letter to the director of nursing, dean, associate dean or coordinator and the letter to the faculty member or instructor it was explained that the instructor or faculty member would return the completed questionnaire directly to the researcher. Completion of the questionnaire would not take more than 30 minutes.

Data Analysis

The responses of each instructor and faculty member were recorded using only the school of nursing for identification. Results for the province of British Columbia and the state of Washington were recorded separately. Where more than one reply was received from a school of nursing, they were identified by school of nursing followed by "a" or "b".

For those schools of nursing that replied to both the 1985 - 86 letter and the 1993 questionnaire, their responses to the questions of subject area where taught, references and resources used (both print and speakers) and the number of hours of child abuse and neglect education were compared. Responses of the 1985 - 86 study and the 1993 study were compared to see if there was a general indication of change in either the method of presentation, content or the number of hours that child abuse and neglect education was being taught.

Limitations

There are limitations of the study which should be noted.

- 1) Participation in the study by the directors of nursing, deans, associate deans or coordinators and the instructors or faculty members was completely voluntary. Many of the schools of nursing chose not to participate in the study. The director of nursing, dean, associate dean or co-ordinator may have consented to the participation of their school of nursing but the instructors or faculty

members may have refused to participate. The differences between those schools of nursing which chose to participate and those who chose not to participate is not known. In the 1985 - 86 study two private universities participated. One of these universities had the possibility of an extremely high number of hours of child abuse and neglect education. In the 1993 study no private universities participated. Therefore, the results cannot necessarily be generalized to all the schools of nursing in the province of British Columbia and the state of Washington.

2) The information obtained about child abuse and neglect education was only what the director of nursing, dean, associate dean or co-ordinator wished to describe in the 1985 - 86 study and only what the instructors or faculty members wished to describe in the 1993 study.

3) In the 1985 - 86 study, a letter was sent to the director of nursing, dean, associate dean or co-ordinator of each school of nursing in the province of British Columbia or the state of Washington. They replied by letter describing the child abuse and neglect education at their school of nursing. Most of the letters were very detailed especially in the area of listing resources. There was a 100 per cent (11 of 11) response rate in the province of British Columbia and 50 per cent (14 of 28) of the schools of nursing sent responses in the state of Washington. In the 1993 study, a formalized questionnaire

was sent with a covering letter was sent to the director of nursing, dean, associate dean or co-ordinator requesting that they pass the questionnaire to the instructors or faculty members teaching child abuse and neglect education. The response rates were lower than when the director of nursing, dean, associate dean or co-ordinator was asked to reply by letter. The 1993 survey listed fewer resources being used and contained less detailed responses than the 1985 - 86 letters even though there was ample space provided with these questions in the 1993 questionnaire. It appears that nursing educators prefer to write letters containing their own input and thought organization even though this took more time than completing a questionnaire.

CHAPTER 4

RESULTS OF THE STUDY

Introduction

This study was conducted to investigate the number of hours being devoted to child abuse and neglect education and the content and presentation of that education and to whom.

It repeated an earlier study (Watt, 1987) and sought information on changes since 1985-86 and additional information. Data from British Columbia and Washington schools of nursing were sought to see if there was a difference in child abuse and neglect education because of the different legal structures regarding child protection and management and sexually transmitted disease reporting. The province of British Columbia had greatly expanded its schools of nursing from 11 to 18 between the initial study of 1985 - 85 and this study. The nineteenth school of nursing is scheduled to accept students in September of 1993. This school of nursing was also contacted and asked to participate if they had designed their child abuse and neglect education. This is the first private school of nursing in the province of British Columbia and unfortunately no reply was received. No longer were the schools of nursing concentrated in the Pacific Northwest as British Columbia had now set up schools of nursing in many smaller outlying centres.

Data were obtained from 13 of 18 schools of nursing in British Columbia and 11 of 28 schools of nursing in Washington.

Results of the Survey

Teaching of Child Abuse and Neglect Education

From those that responded, child abuse and neglect education is not taught in all schools of nursing in the province of British Columbia and from the schools of nursing that responded, is taught in all the schools of nursing in the state of Washington. In 1985 - 86, one school of nursing in both British Columbia and Washington did not teach child abuse and neglect education. In 1993, four schools of nursing in British Columbia stated that they do not teach child abuse and neglect education. Three of these schools of nursing teach the first year a nursing program only while the fourth school of nursing teaches registered nurses only.

Number of Hours Child Abuse and Neglect

Education is Taught

In Table 1, the number of hours of education is examined. Question seven asked "On average, how many instructional hours do nursing students have on child abuse education?" As mentioned earlier, because of the satellite program in the province of British Columbia, some schools of nursing have no child abuse and neglect education. All schools of nursing in the state of Washington that completed questionnaires have child abuse and neglect education. In the schools of nursing that do

have child abuse and neglect education, the majority have two to four hours of child abuse and neglect education.

TABLE 1
Number of hours of child abuse and
neglect education

	B. C.	WA
0 hours	6	
< 1 hour	1	
1 - 2 hours	2	3
2 - 4 hours	4	7
4 - 6 hours	1*	1
6 - 8 hours		1
No response		1
Total	14	13

*The school stated that this could be increased if the student chose to study child abuse and neglect for their in-depth study.

Table 2 shows the number of hours of child abuse and neglect education in British Columbia in 1985-86 and 1993. From the results obtained, it is difficult to draw any

conclusions except to say that the number of hours has probably not increased from 1985-86 to 1993.

TABLE 2
Number of hours of child abuse and neglect
education in 1985 - 86 and 1993 in the
province of British Columbia

	1985 - 86	1993
B.C.I.T.	2 $\frac{1}{2}$ - 3	2 - 4
Camosun College	2+	Developing new program
Cariboo College	2 + 2	2 - 4 + less than 1 hour in paediatrics
Okanagan University College	?	2 - 4
University of Victoria	No direct teaching	2 - 4
Vancouver General Hospital	?	1 - 2

Table 3 shows the number of hours of child abuse and neglect education in the state of Washington in 1985-86 and 1993. It does not look like there has been an increase in child abuse and neglect education in schools of nursing which participated in the 1985-86 and 1993 studies.

TABLE 3
 Number of hours of child abuse and neglect
 education in 1985 - 86 and 1993 in the
 state of Washington

	1985 - 86	1993
Bellevue Community	2	2 - 4
Clark College	1	2 - 4
Columbia Basin College	2 - 3	2 - 4
Seattle Central Community College	?	2 - 4
Seattle Pacific University of Health Sciences	2 hrs. in Paeds	1 - 2

Number of Students Receiving Child Abuse
 and Neglect Education

Table 4 shows the approximate number of students receiving child abuse and neglect education in schools of nursing. The question asked the "number of nursing students you teach child abuse education to each year." From the replies received, the maximum class size is 120 nursing students which is much smaller than many undergraduate courses.

TABLE 4
Approximate number of students receiving child
abuse and neglect education

	B. C.	WA
< 10 students	1	
10 - 25		
26 - 50	3	6
51 - 75	3	3
76 - 89		
90 - 99	1	2
100 - 120	1	1
No answer	5	1
Total	14	13

Types of Nursing Students Receiving Child
Abuse and Neglect Education

Table 5 shows the number of different types of nursing students in each of the schools of nursing. Anyone who suspects child abuse and neglect is required to report it in British Columbia while both registered nurses and licensed nurses (called licensed practical nurses in B. C.) are required to report suspected child abuse and neglect in the state of Washington. The question attempted to see if this difference in mandatory reporting also showed a difference in the way

registered and other nursing students were educated. In British Columbia nursing students eligible for registration and those already registered are not educated with other nursing students whereas in of Washington, one school of nursing indicated different types of nursing students were educated together. Because of the low number of responses, no trend can be established.

TABLE 5
Types of nursing students receiving child
abuse and neglect education

	B. C.	WA
Nurses already registered	2	
Eligible for registration upon graduation	8	10
Both RNs and eligible for registration upon graduation		1
Eligible for registration upon graduation with other nursing students		1
No response	4	1
Total	14	13

Location of Instructors' and Faculty Members'Baccalaureate Degree

Table 6 shows where the instructors and faculty members received their baccalaureate degrees. In both British Columbia and Washington, the majority of instructors and faculty members received their nursing education in a province or state other than the one in which they now teach child abuse and neglect education to nursing students. This is significant because both British Columbia and Washington have mandatory reporting laws. If nurses are being educated in provinces or states where child abuse and neglect reporting is done differently, they may be unaware of the importance of teaching this information. Also, in British Columbia, child abuse and neglect must be reported before reporting a sexually transmitted disease if the child has both because of the confidentiality laws surrounding the reporting of sexually transmitted diseases.

TABLE 6
Location and type of instructors' and faculty
members' baccalaureate degree

	B. C.	WA
Nursing baccalaureate	13	12
Non-nursing baccalaureate		1
U.S.A., other than WA		9
Washington		2
Canada, other than B.C.	8	
British Columbia	2	
No answer	4	1
Total	14	13

Child Abuse and Neglect Education Instructors
and Faculty Members have Received

Table 7 shows the child abuse and neglect education that instructors or faculty members had received when they were receiving their nursing education. Question number two asked the "number of nursing students you teach child abuse education to each year." No instructors or faculty members from British Columbia indicated that they had received child abuse and neglect education while they did their basic nursing education and eight of 14 responded that they definitely did not receive child abuse and neglect education. The state of Washington

educators had five of 13 instructors or faculty members who had received child abuse and neglect instruction while they received their basic education. In British Columbia, two instructors or faculty members could not remember whether or not they had received child abuse and neglect education, while four instructors or faculty members in the state of Washington couldn't remember whether or not they had received child abuse and neglect education.

TABLE 7

Child abuse and neglect education of instructors
and faculty members while receiving their nursing
education

Child abuse & neglect ed.	B. C. responses	WA responses
No answer	4	1
Cannot remember	2	4
No child abuse & neglect ed.	8	3
Child abuse & neglect ed. rec'd	0	5
Total	14	13

Number of Years Instructors or Faculty Members
have Taught Child Abuse and Neglect Education

The number of years which the instructor or faculty member has taught child abuse and neglect education differed widely. Question number one asked the "number of years you have been teaching child abuse education to nursing students?" Six of the 13 schools of nursing in British Columbia which did respond to the survey had no answer for this question. Some of these schools of nursing sent accompanying letters explaining that they were affiliated schools of nursing and that they only taught the first year of the nursing program. In these first year only affiliated schools of nursing, child abuse and neglect education was not introduced until the second year by either the British Columbia Institute of Technology or the University of Victoria.

TABLE 8

Number of years the Instructor or Faculty member
has taught child abuse and neglect education

	B. C.	WA
No answer to question	6	1
< a year	2	
1 - 2 years	2	1
2 - 5 years		5
5 - 10 years	1	4
10 or more years	3	2
Total	14	13

Why Instructors and Faculty Members Teach Child

Abuse and Neglect Education

Schools of nursing are different than many college and university faculties in that because nursing students are educated in all areas of nursing prior to registration they can often move from teaching in one area to another. Therefore, once they have been accepted as an instructor or faculty member at a school of nursing, they can often move to another position when a vacancy occurs. It should be noted that in the province of British Columbia, one school of nursing has the child abuse and neglect education taught exclusively by an outside agency. Table 9 shows why instructors and faculty members are teaching

child abuse and neglect information.

TABLE 9

Why instructors or faculty members are teaching
child abuse and neglect education

	B. C.	WA
Assigned to teach it	1	1
Chose to teach it	3	5
Both assigned + chose to teach	3	6
Taught by outside facility	1	
Do not teach it	3	
No response	3	1
Total	14	13

Satisfaction with Child Abuse and Neglect

Education Offerings

In Table 10 instructors and faculty members were asked to indicate their level of satisfaction with child abuse and neglect education in their school of nursing. Question 15 asked the instructors or faculty members to circle their choice and comment if they wished to about the question, "In general, are you satisfied with the child abuse education in your school of nursing?" The state of Washington had a

greater range of responses than the province of British Columbia.

TABLE 10
Level of satisfaction with child abuse
and neglect education

	B. C.	WA
Very satisfied	7	2
	6	3
	5	4
	4	2
	3	
	2	1
Not at all satisfied	1	
No response	6	1
Total	14	13

Importance of Child Abuse and Neglect Education

In Table 11, instructors and faculty members were asked to rank order how important they felt it was for nursing students to receive child abuse and neglect education. More than two-thirds of the respondents indicated that child abuse and neglect education was very important for nursing students.

TABLE 11

How important is child abuse and neglect education

		B. C.	WA
Very important	7	8	11
	6	1	1
	5	1	
	4		
	3		
	2		
Not impt. at all	1		
No response		4	1
Total		14	13

Importance of Different Types of Child Abuse and
Neglect in Educating Nursing Students.

In question 14, instructors and faculty members were asked to rank order in order of importance how important they felt seven different areas of child abuse and neglect education were. Question 14 was worded, "Rank order the following types of child abuse in terms of their relative importance to educating nursing students at your school of nursing." Some instructors and faculty members rank ordered the seven types of child abuse and neglect while some rank

ordered each area of child abuse or neglect on a scale of one to seven. The seven areas of child abuse and neglect being considered were physical neglect, physical abuse, emotional neglect, emotional abuse, sexual abuse, verbal abuse and passive abuse.

Responses to this question were more varied than for any other question. Differences between British Columbia and the state of Washington were also noted.

In the province of British Columbia, two respondents ranked physical neglect as most important, one ranked sexual abuse and one respondent ranked verbal abuse as most important to stress in a child abuse and neglect curriculum. In the state of Washington, three respondents ranked physical abuse as most important and three ranked sexual abuse as most important to stress in a child abuse and neglect curriculum.

In the province of British Columbia, two respondents ranked passive abuse as second most important and two respondents marked physical abuse as second most important to stress in a child abuse and neglect curriculum. In the state of Washington, three marked sexual abuse as second most important, one marked physical neglect, one marked physical abuse and one marked emotional abuse as second most important to include in child abuse and neglect education in their school of nursing.

In British Columbia, for third rank, one respondent marked physical abuse, one respondent marked emotional abuse

and one marked sexual abuse while three marked emotional abuse as third most important to include in child abuse and neglect education in their school of nursing. In Washington, one marked physical abuse, one marked emotional neglect, one marked verbal abuse and three marked emotional abuse as third most important to stress in a child abuse and neglect curriculum.

For fourth rank, in British Columbia, two instructors or faculty members marked physical neglect, one marked emotional neglect and two marked verbal abuse as fourth most important to emphasis in a child abuse and neglect curriculum. In the state of Washington, two marked physical neglect, one marked physical abuse and three marked verbal abuse as fourth most important to include in child abuse and neglect education in their school of nursing.

In British Columbia for fifth rank, two respondents chose emotional neglect and three chose emotional abuse as fifth most important to include in child abuse and neglect education in their school of nursing. In Washington for fifth rank, two respondents chose physical neglect, three chose emotional neglect and one chose verbal abuse as fifth most important to stress in a child abuse and neglect curriculum.

For sixth rank, in British Columbia, one instructor or faculty member ranked physical neglect, two ranked sexual abuse, and two ranked verbal abuse as sixth most important to stress in a child abuse and neglect curriculum. In

Washington, one instructor or faculty member ranked physical neglect, two ranked emotional neglect, one ranked emotional abuse and one ranked verbal abuse as sixth most important to include in child abuse and neglect education in their school of nursing.

In the province of British Columbia, two respondents marked physical abuse as least important and three marked passive abuse as least important. In the state of Washington, all six respondents to this question marked passive abuse as least important to include in child abuse and neglect education in their school of nursing.

In British Columbia one school of nursing said all forms of child abuse and neglect were equally important to educating their nursing students, one instructor or faculty member said she had not heard the lecture (child abuse and neglect is taught by an outside agency) and so could not comment, one instructor or faculty member did not understand the question, five instructors or faculty members did not reply to the question and one instructor or faculty member answered the question in two different ways. From the responses received the following table was constructed to summarize the results.

TABLE 12

Importance of types of child abuse and neglect
to include in a nursing program in B. C. by
rank ordering each type of abuse or neglect

	Most Important	1	2	3	4	5	6	7	Least Important
Physical neglect		2			2		1		
Physical abuse			2	1				2	
Emotional neglect				2	1	2			
Emotional abuse			2	1		3			
Sexual abuse		2		1			2		
Verbal abuse		1			2		2		
Passive abuse			2					3	
Total	5								

TABLE 13
 Importance of types of child abuse and neglect
 to include in a nursing program in B. C. by
 rank ordering each type of abuse or neglect individually

	Most Important	1	2	3	4	5	6	7	Least Important
Physical neglect		1	1						
Physical abuse		2							
Emotional neglect			2						
Emotional abuse		1	1						
Sexual abuse		2							
Verbal abuse			1	1					
Passive abuse*				1	1				
Total	2								

*One instructor/faculty member put a ? for this type of abuse.

TABLE 14

Importance of types of child abuse and neglect
to include in a nursing program in WA by
rank ordering each type of abuse or neglect

	Most Important	1	2	3	4	5	6	7	Least Important
Physical neglect			1		2	2	1		
Physical abuse		3	1	1	1				
Emotional neglect				1		3	2		
Emotional abuse			1	3			2		
Sexual abuse		3	3						
Verbal abuse				1	3	1	1		
Passive abuse								6	
Total	6								

TABLE 15
 Importance of types of child abuse and neglect
 to include in a nursing program in WA by
 rank ordering each type of abuse or neglect individually

	Most Important	1	2	3	4	5	6	7	Least Important
Physical neglect		2					1		
Physical abuse		2					1		
Emotional neglect		1	1				1		
Emotional abuse		2					1		
Sexual abuse		2					1		
Verbal abuse		1		1			1		
Passive abuse*		1		1					
Total	3								

*One instructor/faculty member put a ? for this type of abuse.

Suggestions for Improving Child Abuse
and Neglect Education

Table 16 gives suggestions from instructors and faculty members on how to improve the child abuse and neglect education in their school of nursing. Question number 6 was an open ended question. More time to teach child abuse and neglect education was the most frequent request of the state of Washington instructors and faculty members. While the province of British Columbia instructors and faculty members were less satisfied with the child abuse and neglect education in their school of nursing, they also had fewer suggestions for improving the child abuse and neglect education at their school of nursing.

TABLE 16

Suggestions for improving child abuse and neglect
education in own school of nursing

	B. C.	WA
Include media		1
Increase time allowed	1	6
Include in clinical setting		1
More visual aides		1
More coordination with instructors or faculty		1
Clarification		1
Up to date literature	1	
Program presently being changed	2	
Increase detail & personal learning	1	
No response to question	11	6
Total	14	13

Preferred Number of Hours of Child Abuse
and Neglect Education

Table 17 reports how many hours the instructors or faculty members would prefer were devoted to teaching child abuse and neglect education to nursing students. Question seven was repeated asking how much the instructors or faculty

members would prefer to spend teaching child abuse and neglect education. In the province of British Columbia, three instructors or faculty members preferred an increase in the number of hours and one instructor or faculty member preferred a decrease in the number of hours. In the state of Washington most instructors or faculty members wanted an increase in the number of teaching hours for child abuse and neglect education.

TABLE 17
Preferred number of hours of child abuse
and neglect education

	B. C.	WA
1 - 2	1	1
2 - 4	5	5
4 - 6	2	3
6 - 8		1
8 - 10		1
> 10 hours		1
No response	6	1
Total	14	13

Subject Areas Where Child Abuse and
Neglect Education Taught

Child abuse and neglect education may be taught under a wide variety of subject areas (Table 18). Question six asked, "What subject area are you teaching child abuse education in your school of nursing?" and then gave nineteen choices including a space to include any others. Because the implications of child abuse and neglect affect so many other areas of health care and human interaction, child abuse and neglect education is often covered in more than one subject area (Table 19). The most common place to teach child abuse and neglect education is in paediatrics. The subject area categories were developed from the areas where child abuse and neglect education was taught in the 1985 - 86 study as indicated by the directors of nursing, deans, associate deans and coordinators of the schools of nursing at that time.

TABLE 18

Subject areas where child abuse and
neglect education is taught

	B. C.	WA
Community Health	1	2
Field Placement		1
Paediatrics	5	7
Psychiatry	1	2
Mental Health		1
Trauma	1	2
Nursing Theory	1	1
Maternal/Child	1	2
Parent/Child		1
Family Nursing	1	1
Human Violence		1
Disruptive lifestyles	1	1
Ethical issues	1	
No response	5	
Total	14*	13*

*Several schools of nursing reported child abuse and neglect education in more than one subject area.

Table 19 shows the changes between 1985-86 and 1993 for subject area. Subject areas are more diversified in 1993.

TABLE 19

Subject areas where child abuse and neglect
education was taught in 1985 - 86 and 1993
in the province of British Columbia

	1985 - 86	1993
B.C.I.T.	Paediatrics Obstetrics	Paediatrics Parent/Child Trauma Ethics
Camosun College course content	II (under trauma)	Developing new
Cariboo College	III/Disruptive Lifestyles	Human Violence Disruptive behaviour Paediatrics Abusive behaviour
Okanagan University	Paediatrics Ethical issues	Paediatrics Ethical issues Maternal/child Psychiatry
University of Victoria	Community Health Nursing 410 Sociology 305	All areas
Vancouver General Hospital	1st yr. Sociology Nursing 221 (Paeds)	?Didn't understand question

Table 20 looks at the subject area where child abuse and neglect education was taught in the state of Washington. Like British Columbia, the areas for teaching child abuse and neglect education are more diversified in 1993.

TABLE 20

Subject areas where child abuse and neglect
education was taught in 1985 - 86 and 1993
in the state of Washington

	1985 - 86	1993
Bellevue Community	Nursing of Children	Paediatrics Psychosocial
Clark College	Nursing 130	Paediatrics Abuse behaviour
Columbia Basin College	final 1/4 of second year	Mental Health Trauma Nursing theory
Seattle Central Community College	Paediatrics Mat/Child Psychiatry Trends & Issues Nursing Theory	Paediatrics Mat/Child Parent/Child Psychiatry Psychosocial Mental Health Trauma Disruptive Lifestyles Abuse behaviour
Seattle Pacific University of Health Sciences	Paediatrics Mat/Child Psychosocial Community Health Abuse (elective course)	Paediatrics Parent/Child Ethical Community Health Disruptive Lifestyles

TABLE 21

Number of subject areas where child abuse
and neglect education is taught

	B. C.	WA
One subject area	6*	8
Two subject areas	3	4
Three subject areas		1
No response	5	
Total	14	13

*One of these schools of nursing states that the topic is mentioned only and is not taught until the next year when they attend B.C.I.T.

Methods of Teaching Child Abuse and Neglect Education

Schools of nursing often use team teaching in their subject areas. Question nine asked "Do you teach child abuse education alone in your section/department or as part of a team?" Team teaching means that more than one instructor or faculty member is present with students at each instructional period. This is not the same as different instructors or faculty members teaching different sections or different classes of the same subject area. Table 22 looks at the incidence of team teaching and teaching alone. There is a

higher incidence of team teaching in the state of Washington than in British Columbia.

TABLE 22
Methods of teaching child abuse
and neglect education

	B. C.	WA
Team teaching	1	6
Subject area taught alone	7	6
Team teaching + teaching alone	1	
No response	5	1
Total replies	14	13

Others Teaching Child Abuse and Neglect Education

Table 23 examines the question of whether or not others also teach child abuse and neglect education. Question 11 asked " Are other faculty/instructors outside of your department responsible for teaching a similar unit on child abuse education in your school of nursing?" It seems that a lot of other instructors or faculty members also teach child abuse and neglect education but they did not complete questionnaires. Instructors and faculty members in the province of British Columbia indicated that about one quarter of the respondents do not know whether or not child abuse and

neglect education is covered in other subject areas in their school of nursing.

TABLE 23

Others teaching child abuse and neglect education
in the same school of nursing

	B. C.	WA
No	3	7
Yes	2	1
Don't know	4	3*
No response	5	2
Total	14	13
*One questioned whether child abuse and neglect education was perhaps being covered in psychiatry.		

Personnel Resources Used in Teaching Child Abuse
and Neglect Education

Many different people interact with abused children. Question 23 asked, "What resource people do you use in your child abuse presentation(s)?" The choices presented were other faculty/instructors, social worker, police, lawyer, C.P.A. worker, sheriff, victim, offender, or other(s). Table 24 examines which of these resource people are being utilized by the schools of nursing in their child abuse and neglect

education. One British Columbia university was not included in this question because the faculty member had checked every resource including those only available in the state of Washington.

TABLE 24
**Personnel resources used in teaching child abuse
and neglect education**

	B. C.	WA
Social worker	1	3
Other faculty	3	5
C.P.A. worker		3
School nurse		1
Continuing Education		1
RNs working with families with abuse		1
Coworker		1
Former victim	1	1
Clinical instructor		1
Red Cross	2	
Special guest speaker	1	
No resources used		1
No response	7	
Total	14*	13*

*More than one personnel resource was used in several schools of nursing.

Table 25 examines the personnel resources used in child abuse and neglect education in the province of British Columbia in 1985 - 86 and 1993.

TABLE 25

Personnel resources used in child abuse and neglect education in 1985 - 86 and 1993 in the province of British Columbia

	1985 - 86	1993
B.C.I.T.	No	Faculty Red Cross team
Camosun College	former abuser	Developing new program
Cariboo College	4	Special guest speaker in paediatrics
Okanagan University	1	Other faculty
University of Victoria	Yes	All marked
Vancouver General	Yes	Red Cross does all teaching

Table 26 examines the personnel resources used in child abuse and neglect education in the state of Washington.

TABLE 26

Personnel resources used in child abuse and neglect
education in 1985 - 86 and 1993
in the state of Washington

	1985 - 86	1993
Bellevue Community Education	?	Other faculty Continuing
Clark College	?	None
Columbia Basin College	?	Other faculty C.P.A. worker
Seattle Central Community College	?	Other faculty
Seattle Pacific University of Health Sciences	Yes	Question not answered

Non-Personnel Resources Used in Teaching

Because of an explosion of media attention on child abuse and neglect, the number of resources and our knowledge about child abuse and neglect has multiplied exponentially in the past ten years. Question 18 asked, "What resource materials do you require your nursing students to use?" The choices presented were read assigned pages in a textbook, read assigned articles, do own personal research in library, interview someone, or other. The resources used in british

Columbia in 1993 were Brown (1992), Canadian Nurses Association (1992), Little (1985), National Clearinghouse on Family Violence (1990), Shives (1990) and Whaley and Wong (1989, 1992). In Washington the resources used in 1993 were D'Avaneo (1990), Jurgrau (1990), Whaley and Wong (1992) and Wilson (1992). Whaley and Wong had been used in both British Columbia and Washington in 1985 - 86. In Table 27 resources used to teach child abuse and neglect education in schools of nursing are tabulated.

TABLE 27

Non-personnel resources used in teaching
child abuse and neglect education

	B. C.	WA
Assigned textbook	4	12
Assigned articles	6	7
Personal research	1	1
Interview someone		1
Seminar		1
Personal journal writing		1
Community option		1
Library research	1	1
C.P.A. information		1
Clinical conference		1
Video		1
Practicum with family	1	
Child abuse Research & Education Productions	1	
No response	7	
Total	14	13

Table 28 looks at the references used in child abuse and neglect education in the province of British Columbia.

TABLE 28

References used in child abuse and neglect
education in 1985 - 86 and 1993 in the
province of British Columbia

	1985 - 86	1993
B.C.I.T.	Video purchase	Assigned textbook planned
Camosun College	Yes	Developing new program
Cariboo College	Yes	Assigned articles in all but paediatrics
Okanagan University College	Yes	Assigned textbook Assigned articles Library research Child Abuse Research and Education Productions
University of Victoria	-	Personal research Practicum with family
Vancouver General Hospital	?	Assigned articles

Table 29 looks at the references used in child abuse and neglect education in the state of Washington.

TABLE 29

References used in child abuse and neglect
education in 1985 - 86 and 1993
in the state of Washington

	1985 - 86	1993
Bellevue Community	Yes	Assigned textbook Seminars Journals
Clark College	Assigned textbook Film	Assigned textbook Assigned articles
Columbia Basin College	Yes	Assigned textbook Assigned articles
Seattle Central Community College	?	Assigned textbook
Seattle Pacific University of Health Sciences	Yes, in first 2 courses	Assigned textbook Videotape

Types of Assignments Given to Nursing Students

Regarding Child Abuse and Neglect

Types of assignments are often an indication of the depth in which a topic is covered. Therefore, instructors and faculty members were asked in question 19, "What types of

assignments do you ask your nursing students to do on the subject of child abuse?"

TABLE 30
Types of assignments

	B.C.	WA
Write a paper	1	
Nursing conference		1
Nursing care plan		3
Class discussion	1	2
Collaborative planning		1
Group work		1
Seminar		1
Observe in field		1
Case presentation		1
Self-directed learning module	1	
Student choice	1	
Examination questions	3	
In-depth study option		1
Total	14	13

Necessity to Report Child Abuse and Neglect

Because registered nurses are mandated in both of British

Columbia and the state of Washington to report suspected child abuse and neglect, it is important to see whether or not nursing students are being educated about their legal duty to report suspected cases of child abuse and neglect. Question 20 asks "Are nursing students at your school of nursing made aware of their responsibility to report child abuse?"

TABLE 31

Responsibility of reporting suspected child abuse
and neglect taught in schools of nursing

	B. C.	WA
Yes	9	11
No		1
Don't know		
No reply	5	1
Total	14	13

Because three schools of nursing in the province of British Columbia stated that they do not teach child abuse and neglect education, it can be assumed that their response to this question would also be a "No" responses.

Necessity to report Sexually Transmitted Diseases

Sexually transmitted diseases must also be reported. Question 21 asked "When a child has a sexually transmitted

disease, are nursing students at your school of nursing made aware that a Registered Nurse must report both a sexually transmitted disease and child abuse?" Because there can be a conflict in reporting sexually transmitted diseases and child abuse or neglect in British Columbia, instructors or faculty members were first asked about the reporting of sexually transmitted diseases (Table 32) and then asked in which order sexually transmitted diseases and child abuse and neglect should be reported (Table 33). Faculty members or instructors were also given the option of replying that reporting was not a law in their province or state.

TABLE 32

Responsibility of reporting sexually transmitted diseases taught in schools of nursing

	B. C.	WA
Yes	5	9
No		2
Don't know	2 + 1*	1
No reply	5 + 1~	1
Total	14	13

*One school of nursing replied: "Collective agreement of all working with the child."

~One school of nursing answered the rest of the question but omitted this section of the question.

TABLE 33

Which must be reported first if a child has both a sexually transmitted disease and suffers from child abuse and neglect?

	B. C.	WA
Sexually transmitted disease	1	
Child abuse or neglect	4	3
No reply	5	1
Did not complete this part of the question	2	7
Don't know	2*	1
Equal		1
Total	14	13

*One instructor or faculty member replied: "Collective agreement of all working with the child."

Interprofessional Child Abuse and Neglect Education

In 1974, Nazzaro summarized the suggestion of Rashid which was that a whole educational program integrating the different types of professionals that might be in contact with abuse and neglect cases be initiated. Question 22 asked, "Are nursing students at your school of nursing taught about child abuse in a group of only nursing students or together with other professionals who will also have to deal with aspects of

child abuse?" Table 34 examines this question of professional integration.

TABLE 34

Are other professionals who also deal with
child abuse and neglect cases educated
with nursing students?

	B. C.	WA
Nursing students taught alone	7	11
Nursing students taught with other professionals dealing with child abuse and neglect	1	
Nursing students taught alone and with other professionals dealing with child abuse and neglect		1
No reply	6	1
Total	14	13

The last question asked with whom nursing students were taught. Question 23 was worded, "If you answered "with other professionals in the above question, which professionals are you aware of that are taught with your nursing students?" In both the province of British Columbia and the state of Washington, nursing students were taught with social work

students only. They were not taught with law students, education students, dental students or medical students. Again it should be noted that one university from the province of British Columbia checked all the categories even though many do not exist in that university. The university in question did not have a dental school, pharmacy school or medical school.

TABLE 35

Interprofessional child abuse and neglect education

	B. C.	WA
Nursing students alone	7	11
Nursing students with social work students	1	1
No reply	6	1
Total replies	14	13

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

Conclusions and recommendations of this study are fairly general because of lack of supporting research literature. One of the recommendations of this study is that there be more research into the child abuse and neglect education of nursing students and other professionals that work in the areas of child abuse and neglect prevention, treatment and education.

Low Number of Response Rates

A possible reason for the low response rates in the province of British Columbia and the state of Washington may have been the time of year the questionnaires were sent. April is when most academic institutions are having examinations. In the province of British Columbia in particular, responses were not as detailed as in the 1985-86 survey. Possible reasons for this are that last time the survey was completed directly by the director of nursing, dean, associate dean or coordinator and also the survey was more informal. Many of the directors of nursing, deans, associate deans and coordinators sent very detailed letters often with large packages containing copies of the articles and pamphlets they use. In 1985-86, they appear to have preferred to compose their own replies as noted by the 100 per cent response rate. In the state of Washington the

international postal rate may be a barrier to returning the questionnaires.

Recommendations for improving the response rate are to send questionnaires at a different time of year, to use a U.S.A. postal box for replies from the state of Washington, to contact each school of nursing directly in person or by telephone and ask who teaches the child abuse and neglect content and mail the questionnaire directly to them and to follow-up with personal interviews or telephone calls.

Changes in the Number and Location of Schools of Nursing in British Columbia

In 1985 - 86 there were 11 schools of nursing in the province of British Columbia. In 1993 there were 34 different nursing programs listed within 20 schools of nursing. They were under the guidance of 20 directors of nursing, deans, associate deans and coordinators. The change represented the development of many satellite schools of nursing in small isolated communities. This means that prospective nursing students are able to study nursing while living in their own home or near their own home during the first year of their studies. Letters from several directors of nursing, deans, associate deans and coordinators suggested that these first year only schools do not teach any child abuse and neglect education to their students. The British Columbia Institute of Technology and the University of Victoria are responsible for teaching child abuse and neglect

education to these students. The problem with this approach is that both the British Columbia Institute of Technology and the University of Victoria are located in large urban centres and these affiliated first year schools of nursing may be in smaller often rural communities. At the British Columbia Institute of Technology and the University of Victoria the resources introduced will probably be resources available in large urban centres, most of which will not be available in the smaller communities. Northern and isolated communities are more likely to have to deal with a large segment of the community disclosing abuse (for example, in former residential schools) than are large urban centres. Therefore, it would seem prudent that nursing students be educated in their own area about child abuse and neglect so that those who will remain to practise nursing there will be familiar with the local resources.

Nursing Care of Child Abuse and Neglect Patients
in the Province of British Columbia

At present in the province of British Columbia, nurses are not teaching about child abuse and neglect in preventative medical programs (unless they are involved with the Red Cross or the C.A.R.E. kit) but are caring for many patients for whom abuse and neglect are their primary or secondary problem but not necessarily the problem they present with when they enter the medical system. For example, it is known that the incidence of child abuse and neglect, and particularly sexual abuse, is a

factor in suicide of children and young adults, eating disorders, drug and alcohol abuse, prostitution, runaways, promiscuity, teenage pregnancy, depression, various psychiatric diagnoses and stress related disorders. The manifestations of childhood abuse and neglect may be present until the abuse and neglect are recognized and treated in adulthood. Perhaps if nurses were required to teach about child abuse and neglect in preventative medicine and community nursing, schools of nursing would be giving them a more comprehensive background in the area of child abuse and neglect. Until nurses are working on the preventative side of medicine, should they not be able to identify and help counsel or refer to treatment victims of childhood abuse and neglect? Perhaps we need to rethink the amount of educational time devoted to childhood abuse and neglect when we hear echoed the Badgley report (1984) statistics of one in two females and one in four males will have an unwanted sexual experience before the age of 18. The incidence of childhood sexual abuse appears to be much greater than the incidence of childhood fractures and yet a large part of the paediatric examination for registration focuses on orthopaedics. Nursing education appears to be in a large part a preparation for the writing of registration examinations.

Number of Hours of Child Abuse and Neglect Education

When the 1985 - 86 study was undertaken it was surprising at how little time was being spent on child abuse and neglect education in schools of nursing considering the social and

cultural prevalence of abuse. From 1985 to 1993 the profile of child abuse and neglect continued to climb but the number of hours of child abuse and neglect education remained virtually the same. In the state of Washington, instructors and faculty members generally wanted an increase in the number of hours of child abuse and neglect education while one instructor or faculty member wanted a decrease in the number of child abuse and neglect education and most of the respondents were satisfied with the current number of hours of child abuse and neglect education.

As stated earlier, some of the schools of nursing in the province of British Columbia have no child abuse and neglect education while all schools of nursing in the state of Washington that replied, have child abuse and neglect education in 1993.

Baccalaureate Training of Instructors and Faculty Members

Most instructors and faculty members receive their baccalaureate training outside British Columbia and the state of Washington where they now teach. Perhaps the provinces and states where they are receiving nursing training do not require mandatory reporting of child abuse and neglect and/or so they are not receiving child abuse and neglect education. If this is the case, particularly in the province of British Columbia because of the unusual legislative emphasis, a course in child

abuse and neglect should be made mandatory prior to receiving a registration number in the province of British Columbia or the state of Washington.

Child Abuse and Neglect Education of the
Instructors and Faculty Members

In question four, the instructors and faculty members were asked whether or not they had received child abuse and neglect education in their baccalaureate training. No instructors or faculty members from the province of British Columbia indicated that they had received child abuse and neglect education. Of the nine British Columbia instructors and faculty members who answered this question, seven indicated that they had not received child abuse and neglect education. Of the 13 state of Washington responses, five indicated that they had received child abuse and neglect education and three indicated that they had not received child abuse and neglect education. It would therefore seem prudent to demand showing the successful completion of a course on child abuse and neglect prior to allowing an instructor or faculty member to teach child abuse and neglect education, especially in the province of British Columbia. This could be accomplished by creating professional development courses for registered nurses. Completion of such a course could be made a condition for registration in the future so that all schools of nursing will have adequate child abuse and neglect education and all practising nurses who did

not complete such a course prior to registration will have completed a professional development course.

Assignment or Choice? Why Instructors and Faculty members
Teach Child Abuse and Neglect Education

In the state of Washington, 11 of 13 respondents indicated they were able to choose teaching child abuse and neglect education. Being able to choose your teaching subject would probably suggest a greater interest and possibly greater familiarity in the subject area. Even though respondents were asked only to use their school of nursing name for identification many from the state of Washington signed their name and included personal notes. One state of Washington respondent indicated that she was a survivor of childhood sexual abuse and told of telling her nursing students. She stated that many of the students then disclosed for the first time that they too were victims of childhood abuse. The instructor of this school of nursing stated that students who do disclose feel affirmed and accepted.

In the province of British Columbia, four respondents indicated they were able to choose to teach child abuse and neglect education. One school of nursing does not teach child abuse and neglect education to its students but has the Red Cross instruct them. The instructor or faculty member was unaware of the course content provided by the Red Cross.

Instructor and Faculty Satisfaction

The state of Washington instructors and faculty members are slightly more satisfied than their colleagues in the province of British Columbia.

Importance of Child Abuse and Neglect Education

Child abuse and neglect education is deemed very important by the majority of instructors and faculty members in the province of British Columbia and the state of Washington.

Importance of Different Types of Child Abuse and Neglect for Inclusion in an Educational Program

Of all the questions in the 1993 study, this one showed the greatest difference between the instructors and faculty members of the province of British Columbia and the state of Washington.

There is a great difference in what the province of British Columbia and the state of Washington instructors and faculty members view as important for their nursing students to learn about child abuse and neglect. No explanations are possible at this time because of the small sample size. It is suggested that a further study focus on this area of study with a larger sample.

Child Abuse and Neglect Education in Schools
of Nursing; Suggestions for Improvement

While the province of British Columbia instructors and faculty members are less satisfied than their state of Washington colleagues about the child abuse and neglect education in their schools of nursing, they also had less suggestions for how to improve the child abuse and neglect education. Eleven of the province of British Columbia respondents had no reply while six of the state of Washington respondents had no response. Six of the state of Washington respondents requested more time. In the province of British Columbia one respondent suggested an increase in the time.

It would seem that more time would improve the child abuse and neglect education. Other suggestions were to update the literature, include media, include child abuse and neglect education in a clinical setting, use more visual aides, have more coordination with other instructors and faculty members and clarification.

Subject Area Where Child Abuse and
Neglect Education Taught

The subject area in which child abuse and neglect education is introduced has an influence on how it is perceived. Therefore, it would be best if child abuse and neglect education were included in all areas of the curriculum where it might occur or else be taught as a separate subject area on its own.

Method of Teaching Child Abuse and
Neglect Education in 1993

Almost half of the schools of nursing in the state of Washington that responded indicated that they have team teaching for child abuse and neglect education. Only two of the 11 schools of nursing in the province of British Columbia responded indicating that they have team teaching.

Having a co-worker to share with would offer support for those instructors and faculty members dealing with this difficult topic. Also if a nursing student was to disclose past childhood abuse or neglect it would allow one of the instructors or faculty members to be free to be with that student. Team teaching was the method of choice in all interdisciplinary child abuse and neglect education described in the literature which included nurses. (Hibbard & Serwint, 1987; Sevel, 1989)

Do Others in Your School of Nursing Teach
Child Abuse and Neglect Education?

In the province of British Columbia two instructors or faculty members indicated that they knew of others teaching child abuse and neglect education while four instructors or faculty members indicated that they did not know if others were also teaching child abuse and neglect education. In the state of Washington one instructor or faculty member nursing indicated that other areas teaches child abuse and neglect education, and three did not know whether or not another area teaches child

abuse and neglect education. Therefore, it would seem that better coordination and knowledge of what other instructors and faculty members teach in their courses is needed by schools of nursing.

Personnel Resources used in Child Abuse and Neglect

Education in Schools of Nursing

In the state of Washington, instructors and faculty members make more use of personnel resources than do their colleagues in the province of British Columbia. One university in the province of British Columbia marked all the resources including those only found in the state of Washington (eg. C.P.A. worker and sheriff).

Print, Tape and Film Resources Used in Child Abuse

and Neglect Education in Schools of Nursing

In the state of Washington, schools of nursing use assigned textbook readings as their primary resource supplemented by articles (seven) and personal research, seminar, journals, option of a community placement, library research, interview, C.P.A. information, clinical conference and video (one each).

In the province of British Columbia most schools of nursing use assigned articles (five), a few used assigned textbook readings (three), personal research and practicum with a family (one each). Six respondents from the province of British Columbia did not answer this question.

Changes in Print, Tape and Film Resources Used
in Child Abuse and Neglect Education in Schools
of Nursing from 1985 - 86 to 1993

There appears to be a decrease in the types of resources used from 1985 - 86 to 1993, particularly in the area of films and videos.

Types of assignments

In the province of British Columbia, Nine of 14 respondents did not answer this question. Two of the schools of nursing give an examination, one school of nursing has a choice of assignment and one has a self-directed learning module.

In the state of Washington, one school of nursing uses nursing care plans, one school of nursing uses collective planning and one school of nursing uses group work and one school of nursing uses a seminar.

Education Regarding the Reporting of Child Abuse
and Neglect and Sexually Transmitted Diseases

When asked about which to report first, child sexual abuse or a sexually transmitted disease if a child had symptoms of both, two British Columbian instructors or faculty members incorrectly said to report the sexually transmitted disease first or by collaboration of all concerned. This question was omitted by many instructors and faculty members from the state of Washington, perhaps because they do not have a conflict in

the order in which to report. Because of the mandatory reporting laws in both British Columbia and Washington, reporting laws should be included in all undergraduate nursing education and possibly be mandated inservice like cardio-pulmonary resuscitation training is until all registered nurses are aware of the reporting laws.

Interprofessional Education

At present in the province of British Columbia and the state of Washington only one school of nursing in each the province and state has interprofessional education. Both these schools of nursing educate nursing students with social work students for child abuse and neglect education.

The recommendations of Nazzaro are still sadly lacking 19 years later. It would be improper to make suggestions about a foreign country's method of education and so the suggestion would be that the province of British Columbia and particularly the University of British Columbia, as it is the only educational institution which educates doctors, psychologists, pharmacists, social workers, nurses, teachers and lawyers, establish an integrated child abuse and neglect educational system.

Recommendations Concluded from the Study

1. Resources

- a. That a list of print, film and video resources be created for use with nursing students. This list would be updated annually and circulated to schools of nursing. A list such as this could be compiled by an agency such as the Registered Nurses Association of British Columbia.
- b. That schools of nursing in British Columbia make greater use of National Clearinghouse on Family Violence. That The Mountain and Beyond be previewed by nursing instructors and faculty members teaching child abuse and neglect education.
- c. That libraries supporting schools of nursing consider purchasing a copy of Campbell and Humphries (1984) or a similar book dealing with family violence from a nursing perspective.

2. Education

- a. That child abuse and neglect reporting laws be mandatory in all nursing education.
- b. That indepth inservice education be established for practising nurses, particularly those in hospitals and public health.
- c. That child abuse and neglect education be mandatory in all schools of nursing teaching diploma, baccalaureate, refresher and graduate nursing students. That the number of hours be increased to allow adequate preparation to teach how to identify, prevent and care for child abuse and neglect victims and how to deal with the emotional challenges and legal implications a nurse may face with both victims and offenders.
- d. That an interdisciplinary course of child abuse and neglect education be established at universities in British Columbia and Washington.

3. Research

- a. That more studies be done looking at child abuse and neglect in schools of nursing particularly looking at how the instructional time is spent.
- b. That studies looking at actual reporting of child abuse and neglect by registered nurses be done.

- c. That if this study is repeated that it be done at a different time of year and that instructors and faculty members are interviewed by telephone or in person so that more detail may be obtained and clarification can be done.

Conclusion

The article by McKittrick opens with "child abuse is a loaded term. Most people have already formed opinions on the subject" (1981, p. 103). The nurse has to deal with both victims and offenders (often at the same time) and this can be stressful and confusing. What they may have thought about child abuse and neglect can change as they establish relationships with their clients and patients. This could be particularly difficult for a young nursing student or practising nurse who may also be caring for someone who is dying of cancer, an angry alcoholic and an ill pregnant woman on the same day. Nurses are expected to competently handle a variety of different and difficult emotionally charged situations at the same time.

Child abuse and neglect is part of the family violence web. Statistics are demonstrating that it is more common than unusual to have experienced some sort of child abuse or neglect. Newberger in Goldson (1991) wrote "We are coming to see that the essential element in child abuse (and neglect) is not the intention to destroy a child but rather the inability of a parent to nurture his offspring" (p. 1493). Nurses are in a

unique position of respect and trust and can help to educate and support the family and possibly intervene before child abuse or neglect occur. Nurses are highly visible in a multitude of settings perhaps more than any other profession associated with child abuse and neglect. Why not capitalize on the nurses' diversification and make nurses the primary workers in the prevention and treatment of child abuse and neglect? Why not educate nurses of the future to be prepared for this unique role? The answers to these questions lie in future research and improvement of child abuse and neglect education in schools of nursing.

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APPENDIX A

SCHOOLS OF NURSING AND THEIR LOCATION
IN THE PROVINCE OF BRITISH COLUMBIA

<u>Schools of nursing</u>	<u>Location</u>
British Columbia Institute of Technology/ Open University	Burnaby
Camosun College	Victoria
College of New Caledonia	Prince George
Douglas College	New Westminster
East Kootenay	Cranbrook
Kwantlen College	Surrey
Malaspina College	Nanaimo
North Island College	Campbell River
Northern Lights College	Dawson Creek
Okanagan University College	Kelowna
Open Learning Agency	Burnaby
Selkirk College	Castlegar
Trinity Western University	Langley
University College of the Cariboo	Kamloops
University College of the Fraser Valley	Chilliwack
University of British Columbia	Vancouver
University of Victoria	Victoria
Vancouver Community College	Vancouver
Vancouver General Hospital	Vancouver

APPENDIX B

SCHOOLS OF NURSING AND THEIR LOCATION
IN THE STATE OF WASHINGTON

<u>Schools of nursing</u>	<u>Location</u>
Bellevue Community College	Bellevue
Clark College	Vancouver
Columbia Basin College	Pasco
Everett Community College	Everett
Gonzaga University, Dept. of Nursing	Spokane
Grays Harbor College	Aberdeen
Highline Community College	Des Moines
Intercollegiate Center for Nursing Education	Spokane
(4 sites)	
Lower Columbia College	Longview
Olympia College	Bremerton
Pacific Lutheran University	Tacoma
Peninsula College	Port Angeles
Saint Martin's College	Lacey
Seattle Central Community College	Seattle
Seattle Pacific University School of	Seattle
Health Sciences	
Seattle University School of Nursing	Seattle
Shoreline Community College	Seattle
Skagit Valley College	Mount Vernon
South Puget Sound Community College	Olympia
Spokane Community College	Spokane
Tacoma Community College	Tacoma

University of Washington

Seattle

Walla Walla Community College

Walla Walla

Walla Walla School of Nursing

Portland, OR

Wenatchee Valley College

Wenatchee

Yakima Valley College

Yakima

APPENDIX C

POPULATIONS OF BRITISH COLUMBIA COMMUNITIES

WITH SCHOOLS OF NURSING IN 1985

<u>School of Nursing</u>	<u>Community</u>	<u>Population</u>
British Columbia Institute of Technology	Burnaby	136,494
Camosun College	Victoria surrounding area	64,379 233,481
Cariboo College	Kamloops	64,048
Douglas College	New Westminster surrounding area	38,550 1,268,183
New Caledonia College	Prince George	67,559
Okanagan College	Kelowna	59,196
Selkirk College	Castlegar	7,251
University of British Columbia	Vancouver surrounding area	414,281 1,268,183
University of Victoria	Victoria surrounding area	64,379 233,481
Vancouver Community College	Vancouver surrounding area	414,281 1,268,183
Vancouver General Hospital	Vancouver surrounding area	414,281 1,268,183

APPENDIX D

POPULATIONS OF WASHINGTON STATE COMMUNITIES

WITH SCHOOLS OF NURSING IN 1985

<u>School of Nursing</u>	<u>Community</u>	<u>Population</u>
Bellevue Community College	Bellevue	73,903
Clark College	Vancouver	43,141
Columbia Basin College	Pasco	17,944
Intercollegiate Center for Nursing Education	Spokane	171,300
Eastern Washington University	Cheney	7,630
Washington State University	Pullman	23,579
Whitworth College	Spokane	171,300
Pacific Lutheran University	Tacoma	158,501
Peninsula College	Port Angeles	17,311
Seattle Central Community College	Seattle	490,077
Seattle Pacific University School of Health Sciences	Seattle	490,077
Seattle University	Seattle	490,077
University of Washington	Seattle	490,077
Wenatchee Valley College	Wenatchee	17,444
Yakima Valley Community	Yakima	49,826

APPENDIX E



Faculty of Education
Department of Mathematics and
Science Education
2125 Main Mall
Vancouver, B.C. Canada V6T 1Z4
Tel: (604) 822-5422 Fax: (604) 822-4714

Current date

Dean/Director/Chair/Head/Coordinator
School of Nursing
Address
City
Postal/Zip Code

Dear

This letter is sent to you requesting that your school of nursing participate in a research study involving all the schools of nursing in British Columbia and Washington State.

The study is a survey of the curriculum content on child abuse as presented by schools of nursing which educate registered nurses and nursing students who are later eligible to write examinations for registration. The purpose of the project is to see if the number of hours and/or content has changed compared to a study undertaken in 1985-86. The study will be available in the University of British Columbia library should any schools of nursing wish to borrow it and see the resources that are in use at other schools of nursing. This should hopefully help to expand the list of resources available to nursing students in the Pacific Northwest which will in turn lead to a greater understanding of child abuse by nursing students. This study could be used by schools of nursing and R.N.A.B.C. in suggesting resources and curriculum content to help nurses to have a better understanding and recognition of child abuse and its effects and to help them to comply with B.C.'s mandatory reporting law.

By distributing the questionnaire, you are giving your consent for your school of nursing to participate in the study. Faculty/ Instructors have the right to refuse to answer any question(s) or the questionnaire without jeopardizing their standing in your institution. Faculty/ Instructors are asked to return the questionnaire directly to me.

No names of faculty or instructors will be used in the reporting of the study. Items will be identified by school of nursing only.

2

If further clarification is needed, I will be happy to assist you. My address is as follows;

Judith L. Watt
Science Education
U.B.C. Faculty of Education
2125 Main Mall
Vancouver, B. C. CANADA
V6T 1Z4

or you may call me at home at (604) 948-0848. You may also contact one of my faculty advisors; Jim Gaskell (phone number 604 822-5846) and Linda Peterat (phone number 604 822-4808).

Thanking you for your anticipated kind cooperation in this study.

Sincerely,

Judith L. Watt

Dear

A month ago, I sent you a request to participate in a research study on child abuse education in schools of nursing. Your reply is very important to this research and would be greatly appreciated. Perhaps your instructors/faculty members were too busy to complete the research questionnaire within the dates given. Could you please ask them to complete it as soon as possible and forward it to me. If you need more questionnaires please contact me.

Thank you for your consideration.

Judith L. Watt

Signature

Science Education

Phone no.

U.B.C. Faculty of Education

2125 Main Mall

VANCOUVER, B.C. V6T 1Z4

APPENDIX F



Faculty of Education
Department of Mathematics and
Science Education
2125 Main Mall
Vancouver, B.C. Canada V6T 1Z4
Tel: (604) 822-5422 Fax: (604) 822-4714

Current date

Dear Faculty member/Instructor;

You have been asked by the dean/ director/ chair/ head or coordinator of your school of nursing to complete the following questionnaire. By distributing the questionnaire, your dean/ director/ chair/ head or coordinator has given consent for your school of nursing to participate in the study. You have the right to refuse to answer any question(s) or the questionnaire without jeopardizing your standing in their institution. By completing and returning the questionnaire, you are giving your consent to participate in the study. You are asked to return the questionnaire directly to me and not to give it back to the dean/director/chair head of your school of nursing.

The study will be looking at information on child abuse education in schools of nursing in British Columbia and Washington where nursing students who are registered nurses or are later eligible to be registered nurses are being educated. The purpose of the project is to see if the number of hours and/or content has changed compared to a study undertaken in 1985-86.

The study will be available in the University of British Columbia library should any schools of nursing wish to borrow it and see the resources that are in use at other schools of nursing. This should hopefully help to expand the list of resources available to nursing students in the Pacific Northwest which will in turn lead to a greater understanding of child abuse by nursing students. This study could be used by schools of nursing and R.N.A.B.C. in suggesting resources and curriculum content to help nurses to have a better understanding and recognition of child abuse and its effects and to help them to comply with B.C.'s mandatory reporting law.

The questionnaire should take you 30 minutes to complete. You may take longer to complete it if you wish to include longer explanatory notes or include examples of your references or resources. On completion of the questionnaire you are asked to return it along with any copies of course outlines and objectives and resources you might wish to send, to me at the following address;

Judith L. Watt
Science Education
U.B.C. Faculty of Education
2125 Main Mall
Vancouver, B. C. CANADA
V6T 1Z4

Mailing envelopes and postage have not been included because of the great variation in size and shape in responses to the survey of 1985-86.

No names of faculty or instructors will be used in the reporting of the study. Items will be identified by school of nursing only.

If you have any questions about this research, please contact me, Judith Watt (home phone 604 948-0848) under the guidance of faculty members Jim Gaskell (phone number 604 822-5846) and Linda Peterat (phone number 604 822-4808).

Thanking you for your anticipated kind cooperation in this study.

Sincerely,

Judith L. Watt

APPENDIX G

**Faculty/Instructor Questionnaire
on Child Abuse Education
in Schools of Nursing**

Name of School of Nursing: _____

Answer the questions below using an "X" or check in the brackets. If you wish to give more detail, use the spaces provided or include extra sheets. Please match with the question number when providing more details. This questionnaire should take 30 minutes to complete.

Please return the completed questionnaire by 17 May, 1993.

1. Number of years you have been teaching child abuse education to nursing students:
 - ☐ less than 1 year
 - ☐ 1+ - 2 years
 - ☐ 2+ - 5 years
 - ☐ 5+ - 10 years
 - ☐ over 10 years

2. Number of nursing students you teach child abuse education to each year
 - ☐ fewer than 10 students
 - ☐ 10 - 25 students
 - ☐ 26 - 50 students
 - ☐ 51 - 75 students
 - ☐ over 75 students

If over 75 students, please give approximate number of students _____

3. At the time of your child abuse instruction, are the nursing students you are teaching (mark all that apply):
 - ☐ registered nurses
 - ☐ eligible for registration on completion of program & exams
 - ☐ other types of nursing students (eg. practicals, aides)

4. Did you receive child abuse education while you were a nursing student?
 - ☐ No
 - ☐ Can't remember
 - ☐ Yes

5. Did you complete your baccalaureate degree in nursing in:

- ☐ B. C.
- ☐ Washington
- ☐ Canada
- ☐ United States of America
- ☐ Other country
- ☐ If another country, where? _____
- ☐ I do not have a baccalaureate in nursing
- ☐ I have a non-nursing baccalaureate

6. What subject area are you teaching child abuse education in your school of nursing? (Please check all that apply.)

- | | |
|-------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Human Violence |
| <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Maternal/Child | <input type="checkbox"/> Ethical issues |
| <input type="checkbox"/> Parent/Child | <input type="checkbox"/> Trends and issues |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Community health |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Advanced community |
| <input type="checkbox"/> Psychosocial | <input type="checkbox"/> Nursing theory |
| <input type="checkbox"/> Sociology | <input type="checkbox"/> Disruptive lifestyles |
| <input type="checkbox"/> Field placement | <input type="checkbox"/> Abuse/Abusive behaviour |
| <input type="checkbox"/> Other (please list all that apply) _____ | |
-

7. On the average, how many instructional hours do nursing students have on child abuse education?

- | | |
|---------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Do not teach | <input type="checkbox"/> 8+ - 10 hours |
| <input type="checkbox"/> Up to 1 hour | <input type="checkbox"/> 10+ - 12 hours |
| <input type="checkbox"/> 1 - 2 hours | <input type="checkbox"/> 12+ - 14 hours |
| <input type="checkbox"/> 2+ - 4 hours | <input type="checkbox"/> 14+ - 16 hours |
| <input type="checkbox"/> 4+ - 6 hours | <input type="checkbox"/> 16+ - 18 hours |
| <input type="checkbox"/> 6+ - 8 hours | <input type="checkbox"/> 18+ - 20 hours |
| <input type="checkbox"/> More than 20 hours | |

If more than 20 hours, how many instructional hours? _____

8. On the average, how much instructional time (in hours) would you prefer to spend teaching child abuse education?

- | | |
|---------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Do not teach | <input type="checkbox"/> 8+ - 10 hours |
| <input type="checkbox"/> Up to 1 hour | <input type="checkbox"/> 10+ - 12 hours |
| <input type="checkbox"/> 1 - 2 hours | <input type="checkbox"/> 12+ - 14 hours |
| <input type="checkbox"/> 2+ - 4 hours | <input type="checkbox"/> 14+ - 16 hours |
| <input type="checkbox"/> 4+ - 6 hours | <input type="checkbox"/> 16+ - 18 hours |
| <input type="checkbox"/> 6+ - 8 hours | <input type="checkbox"/> 18+ - 20 hours |
| <input type="checkbox"/> More than 20 hours | |

If more than 20 hours, how many instructional hours? _____

9. Do you teach child abuse education alone in your section/department or as part of a team?

- ☐ Team teaching
☐ Alone

10. Do you teach child abuse education because it was assigned to you or because you chose to teach this topic?

- ☐ Assigned to me
☐ I chose this topic
☐ Both

11. Are other faculty/instructors outside of your department responsible for teaching a similar unit on child abuse education in your school of nursing?

- ☐ No
☐ Yes
☐ Don't know

12. What area(s) of child abuse education is/(are) taught in your school of nursing? (Check all that you are aware of, please.)

- | | |
|-------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Human Violence |
| <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Maternal/Child | <input type="checkbox"/> Ethical issues |
| <input type="checkbox"/> Parent/Child | <input type="checkbox"/> Trends and issues |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Community health |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Advanced community |
| <input type="checkbox"/> Psychosocial | <input type="checkbox"/> Nursing theory |
| <input type="checkbox"/> Sociology | <input type="checkbox"/> Disruptive lifestyles |
| <input type="checkbox"/> Field placement | <input type="checkbox"/> Abuse/Abusive behaviour |
| <input type="checkbox"/> Other (please list all that apply) _____ | |

13. How important do you think it is for a nursing student to receive child abuse education? (Please circle your choice.)

Very important	7	6	5	4	3	2	1	Not really necessary
-------------------	---	---	---	---	---	---	---	-------------------------

14. Rank order the following types of child abuse in terms of their relative importance to educating nursing students at your school of nursing.

	<u>Rank order</u>							
Most important	1	2	3	4	5	6	7	Least important
Physical neglect			()					
Physical abuse			()					
Emotional neglect			()					
Emotional abuse			()					
Sexual abuse			()					
Verbal abuse			()					
Passive abuse			()					

15. In general, are you satisfied with the child abuse education in your school of nursing? (Please circle your choice.)

Very satisfied	7	6	5	4	3	2	1	Totally dissatisfied
-------------------	---	---	---	---	---	---	---	-------------------------

Comment: _____

16. What would you like to see happen at your school of nursing to improve child abuse education? (If you feel it could be improved. Please continue on the back of this page if necessary.)

19. What types of assignments do you ask your nursing students to do on the subject of child abuse?

- ☐ Write a paper
- ☐ Present an inservice
- ☐ Nursing care plan
- ☐ Other

If other, please describe: _____

20. Are nursing students at your school of nursing made aware of their responsibility to report child abuse?

- ☐ No
- ☐ Yes
- ☐ Don't know, not covered in my area but may be covered in another part of the program.

21. When a child has a sexually transmitted disease, are nursing students at your school of nursing made aware that a Registered Nurse must report both:

- A. a sexually transmitted disease and
- B. child abuse

- ☐ No
- ☐ Yes
- ☐ Don't know, not covered in my area but may be covered in another part of the program.
- ☐ Not a law in my province or state

Which one must be reported first (A or B)? _____

22. Are nursing students at your school of nursing taught about child abuse in a group of only nursing students or together with other professionals who will also have to deal with aspects of child abuse?
- ☐ As nursing students only
 - ☐ With other professionals
23. If you answered "with other professionals" in the above question, which professionals are you aware of that are taught with your nursing students?
- ☐ law students
 - ☐ medical students
 - ☐ dental students
 - ☐ social work students
 - ☐ education students

Thank you for completing this questionnaire. Please feel free to include any extra information or comments which you feel may be of interest.

PLEASE RETURN THE QUESTIONNAIRE BY 17 MAY 1993 TO:

Judith L. Watt
Science Education
U.B.C. Faculty of Education
2125 Main Mall
Vancouver, B. C. CANADA
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