

Nurses' Lived Experiences of Caring for Victims of Child Maltreatment

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Acknowledgment

Special thanks to all the nurses who participated in the study.

Authors would like to thank The International Association of Forensic Nurses (IAFN) and the Society of Pediatric Nurses (SPN) for allowing us to recruit from their organizations.



Background

- In the United States, an average of one in seven children experience maltreatment. ¹
- Over 78% of nurses in the United States, have provided care to victims of child maltreatment. ²
- Caring for children victims of maltreatment is intellectually and emotionally challenging. ³⁻⁴
- Nurses caring for children victims of violence experience emotional resentment that triggers long-lasting feelings. ⁵
- Caring for victims of child maltreatment leads nurses to experience burnout and have the intention to leave their jobs. ⁶

The Gap

- To date, the literature focuses mainly on nurses' knowledge and attitudes regarding detecting and reporting cases of child maltreatment.⁷⁻¹⁰
- The current nursing literature does not capture pediatric and forensic nurses' voices concerning their lived experiences in caring for children who experience maltreatment.





Methods

Design: Qualitative descriptive phenomenological study

Setting and Sample:

Participants were recruited through the Society of Pediatric Nurses (SPN) and the International Association of Forensic Nursing (IAFN).

Inclusion Criteria:

- Nurses who have completed at least one nursing degree (Diploma, Associate, BSN, MSN, DNP, PhD).
- Nurses were licensed to practice nursing in the United States.
- Nurses who have cared for at least one victim of child maltreatment during the previous 12 months were eligible for the study.

Data Collection:

Semi structured interviews via Zoom

Analysis:

Giorgis' Phenomenological Descriptive Model¹¹



RESULTS

Demographics

21 Nurses

100% female

88% White

52% >20 years of experience

48% primarily bedside nurses

44% >50 years of age

36% BSN

The General
Meaning Structure
of Nurses'
Experiences of
Caring for Victims
of Child
Maltreatment¹²



Moments of Happiness

- *“I think there was some level of happiness to see the resilience that children can demonstrate”* (pediatric nurse). ¹²
- *“I do find that these cases often can be some of the most rewarding...Helping them flourish is really exciting”* (pediatric nurse). ¹²



Lack of Knowledge & Education

*“In a pediatric nurse practitioner program, you probably get one hour, two hour lecture on child maltreatment. So **certainly**, I do think probably **more education is needed**” (pediatric nurse practitioner).*

“In nursing education...they don't know it themselves, so they don't they don't really know how to teach it” (pediatric nurse practitioner).

*“In nursing school, they don't ever really **teach you exactly what to look for**. ..until you get into the workforce, **you don't know what that really looks like and what that translates to**” (forensic nurse).*

*“I think really there needs to be **more education on nurses** to not be so biased when it comes to maltreatment” (forensic nurse).*

*“a lot of people realized that they had **to pay to get their education** , if their employers weren't going to pay for their education they just weren't going to get it” (pediatric nurse).*

Lack of Training

*“We don't have the **training or the** experience. And in particular, in an academic setting where a lot of people are on a learning journey themselves” (pediatric nurse).*

*“Nurses like my colleagues and I who who work in an ICU and we see these patients sporadically, we have, you know, some decent exposure to them, but we don't necessarily get **training in that world in depth**” (pediatric ICU nurse).*

*“I didn't really have any particular **training on physical abuse**” (pediatric nurse practitioner).*

*“It is only with **specialized training**, you become knowledgeable in providing that care to this very special patient population” (forensic nurse).*

Uncertainty in Engaging in Conversations

*“Having all of our health care professionals start to be **trauma informed**. The ability to recognize and screen and **have the difficult conversations** with patients and families”...(forensic nurse).*

“We don’t know what to say, we don’t want to say anything that may jeopardize the case” (pediatric nurse).

“We don’t know how to ..like asking open ended questions, knowing how to create a safe space” (pediatric nurse).

“We aren't those pinnacle clinical experts in how to really have these conversations” (pediatric nurse).

Meeting The Needs of Nurses Who Care for Victims of Child Maltreatment

- Provide education both in nursing curriculum and during career.
- Offer practical and theoretical training opportunities.
- Support financial needs.





Next steps

Planting the seeds of hope.

**Educating and training
nurses through simulation.**



Conclusion

- Nurses must be empowered to help prevent abuse.
- Knowing what to do is not enough; we need to do make sure healthcare providers are able to detect abuse and provide direct care to victims and families.
- Interventions that teach healthcare providers to navigate these very complex cases are clearly needed.



Karakachian, A., Colbert, A., Zoucha, R., & Goldman, G. S. (2024). "Did I do the right thing?" Nurses' experiences of caring for victims of child maltreatment: A qualitative study. *Journal of Pediatric Nursing*, 76, 45-51.

Questions?

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