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Review; Social Worker, Clinical Laboratory , Nurses And Midwife Working Together In Suspected Child Abuse Cases

Abdullah Saad Al-Shahrani[1], Abdullah Hassan Alzahrani[2], Ayman Yaseen Ghonaim[3], Majed Abdulrahman Alrashidi[4], Muteb Ahmed Ali Alzhrani[5], Ali Ahmed A Alzhrani[6], Ali Abdullah Alzahrani[7], Hani Awied Aied Alharbi[8], Ali Saeed Abdullah Alzahrani[8], Ahmed Abdullah Hamad Oraiby[8], Hashem Saeed A Alqahtani[9], Ahmed Ali Asiri[10], Mansour Bitaihan Almabdi[11], Sleman Zaed Alazmi[12], Nashmiah Omaysim Musim Almutairi[13]

Social Specialist, Khamis Mushayt, Maternity Children Hospital[1]
Laboratories And Medical Technology, King Fahad General Hospital in Jeddah[2]
Lab Specalist Microbiolgy, Jeddah Reigonal Lab[3]
Laboratory Technician, Jeddah Regional Laboratory[4]
Lap Specialist, Al Thaghr Hospital[5]
Lap Specialist, Jeddah Regional Laboratory[6]
Laboratory Specialist Microbiology, Jeddah Regional Laboratory[7]
Laboratory Technician, Jeddah Regional Laboratory[8]
Laboratories And Medical Technology, King Fahad General Hospital in Jeddah[9]
Muhayil General Hospital, Specialist Laboratory[10]
Lap Technician, Jeddah Regional Labratory[11]
Nursing Technician, King Khaleid Hospital in Majmaah[12]
Technican-Midwifery, Al-Rass General Hospital[13]

Abstract

Child abuse is recognized as a worldwide issue that has significant ramifications for the physical and psychological well-being of its victims. Healthcare providers, as described below, engage with children and their families at various stages of healthcare. It is imperative for all nurses to possess the ability to recognize children who are vulnerable to danger or abuse, and respond appropriately. Midwives, nurses, social workers, and clinical laboratory professionals all possessed expertise and encountered comparable difficulties when dealing with child abuse. The ratio of healthcare personnel to patients in health facilities hinders the delivery of high-quality care at a structural level. These findings have ramifications for enhancing child abuse policy/guidelines and clinical practice. Compulsory child abuse training is essential for midwifery, nursing, and medical students, as well as in ongoing education programs for more seasoned practitioners.

Keywords: *Compulsory child abuse training is essential for midwifery, nursing, and medical students*

Introduction

T Maltreatment of children comprises a wide range of abusive behaviors, known as "acts of commission," as well as the absence of abusive behaviors, known as "acts of omission," that lead to the serious illness or death of the kid.1. Children have been murdered, maimed, malnourished, abandoned, and neglected during the hundreds of years that have passed. On the other hand, the problem of child abuse did not become a primary focus of medical attention anywhere in the world until the twenty-first century [1].

The protection of children has traditionally been the responsibility of social workers; hence, the methods that nurses employ to protect children from being abused or neglected have not been thoroughly examined. It is not uncommon for nurses who work with children to come across instances of child abuse. In the context of Australia, the roles of nurses include, but are not limited to, mandatory reporting of instances of child abuse. An strategy that involves accepting reports and conducting investigations into incidents of alleged mistreatment was the foundation upon which several child protection systems were established. These systems include those in Australia, the United States of America, and the United Kingdom [2]. Nevertheless, this system was developed to respond to only the most serious cases, and it is possible that children who do not meet the threshold for mandatory involvement will not receive aid from child protection agencies. Regrettably, the technique of responding to individual cases does not take into account the underlying complexity of circumstances that increase the likelihood of child maltreatment. These factors include poverty, hardship, and social isolation. Instead, there should be a more comprehensive focus on "keeping children safe," in which all parties, including governments, communities, and individuals, contribute to ensuring that every kid is able to grow and develop to their full potential. The implementation of a child-centered strategy, in which the needs and voices of children are prioritized throughout the decision-making process and subsequent actions, is a professional approach to the protection of children [3]. This

approach entails professionals working together to execute a child-centered approach.

When it comes to ensuring the safety of children, nurses have a role in the larger broader community-wide approach. The act of ensuring the safety of children, often known as safeguarding, is recognized as a component of the tasks that health visitors play in the United Kingdom. Similarly, in Australia, child and family health nursing is increasingly including safeguarding into their practice [4]. In a similar vein, a recent literature review that was conducted across a variety of practice contexts indicated that the tasks of nurses included identifying instances of abuse, intervening early on, and resolving the problems that result from it. When confronted with the complexity of child abuse, nurses in a variety of contexts frequently experience feelings of fear and uncertainty [4]. This is despite the fact that nurses have a number of responsibilities in assisting in the protection of children. Unfortunately, it is difficult to know how to best equip and support nurses to keep children safe because the specific nature and extent of nurses' work in this area is poorly documented and generally invisible [5]. This makes it difficult to know how to most effectively equip and support nurses.

Review:

Other important aspects of society that have an impact on nursing duties and practices include the environments in which nurses work and the types of care models that are utilized. As an illustration, child health nurses in Australia employ a primary health care approach, whereas paediatric nurses often operate in acute care settings, which place an emphasis on a biomedical approach [6]. Primary health care is a strategy that takes a holistic perspective, addressing social and environmental variables that contribute to health and illness. On the other hand, a

biological approach focuses on how physiological function or malfunction impacts the body as a whole. These distinct approaches are mirrored in the terminology of the specific standards that are in place for nurses in Australia who deal with children. For instance, the wording used in the National Standards of Practice for Maternal, Child, and Family Health Nurses places an emphasis not only on the child and the family, but also on the larger social context, which includes the socioeconomic determinants of health. The Standards of Practice for Children and Young People's Nurses, which are applicable to paediatric nurses, acknowledge the significance of primary healthcare, but they do not consistently employ the language of primary healthcare [7]. This is in contrast to the previous statement. Due to the fact that social practices and knowledge are situated within particular sociocultural settings, it is possible that the perceived levels of comfort that nurses have and the following practices that they engage in while addressing parenting are a result of the cultures and models of care that are prevalent within their organizations. When it comes to detecting, resolving, and following up on parental behaviors and societal situations that have an influence on children, the various practice orientations of paediatric nurses and child health nurses have implications for their respective roles and scopes of practice [8].

In addition to the impact of organizational norms, such as models of care, nurses were also active agents in the process of establishing their own identities in the eyes of families. As a result of the nurses' awareness of the socially built bad impressions of healthcare professionals who survey and monitor families, covert tactics were utilized in order to evaluate the likelihood of child abuse. An attempt was made by nurses to construct their role as supportive and friendly; yet, the material that is now available implies that this predisposes nursing abilities to being perceived as "simple and easy" in comparison to specialized biological skills. The application of relational practice by nurses is demonstrated by the fact that they are able to apply highly competent relationship skills in challenging and complex situations in order to address child maltreatment [9].

The incidences of child abuse and neglect that were reported by medical experts in Saudi Arabia were not published until the 1990s. There are a number of reasons why some medical professionals are reluctant to diagnose cases of child abuse or neglect. These include a lack of proper training, the difficulty of making a diagnosis with absolute confidence, the possibility of stigmatizing the family, personal and legal dangers, and the potential impact on their practice. A number of individuals are hesitant to engage in activities that require social or legal bureaucracy [10].

According to the revision of medical reports that were published between January 1987 and May 2005, Al-Mahroos carried out a study with the purpose of providing an overview of the problem and patterns of child abuse and neglect in the seven nations that make up the Arab Peninsula. In addition to it, reports were gathered from professional groups and regional gatherings. The findings of this study led to the conclusion that children living on the Arab Peninsula are victims of every type of child abuse and neglect. The majority of those who abuse children are allowed to go free, unpunished, and untreated [10]. Abuse of children is disregarded, and it may even be permitted and accepted as a kind of discipline. Abused children continue to suffer throughout their lives.

The United Nations Convention on the Rights of the Child was signed and approved by Saudi Arabia during the course of the decade, and by the time the decade came to a close, child abuse and neglect (CAN) was already recognized at major health facilities across the kingdom. Despite the fact that hospitals continued to receive an increasing number of instances of CAN, the extent of the problem in Saudi Arabia, even in these settings, was unknown due to the absence of accurate information on the incidence and prevalence of the disease. Because of the lack of information, risk factors, indicators, categories, definitions, and the nature of the problem of child

maltreatment were not well identified. As a result, multidisciplinary services for victims of abuse and their families were not well informed and developed in the country [11]. This was one of the consequences of the lack of information. During the instances in which physical discipline was actually carried out, the potential for abuse and/or neglect that resulted remained within the boundaries of the family's established sanctity of seclusion. The elderly members of the family provided sound advice and guidance in addressing the majority of the significant social and behavioral issues that were being faced. In the Arab world, these principles of discretion have persisted for centuries, which has resulted in societal issues such as the mistreatment of children or spousal abuse being mentioned with a great deal of reluctance [12].

It is possible for children who have been neglected or abused to experience severe adverse effects and repercussions. When mistreated children are returned to their parents without any intervention, studies conducted all around the world reveal that approximately five percent of them end up being killed, and twenty-five percent of them suffer major injuries. It is possible, however, for eighty percent to ninety percent of families that have been involved in child abuse to be rehabilitated such that they can provide acceptable care for their children if they undergo extensive and rigorous family treatment [13].

Particularly during the period of infancy, when pediatricians play an important role in the early screening and detection of children who are at a high risk of abuse and/or neglect, pediatricians are considered to be the key to the discovery of abuse and/or neglect, as well as the measurement of the severity of the abusive act. This is the case among professionals in the fields of physical and mental health. As our knowledge of child abuse continues to expand, hospital-based child protection teams are adopting therapies that are supported by research, which enables them to standardize the care that they provide. As a matter of priority for their society, this will most likely be done for the sake of abused children and the families of those children. On the other hand, doctors in underdeveloped countries may encounter additional issues, such as the medical neglect of children who have health problems that could potentially be fatal, as well as the features of the child, the family, and the cultural beliefs that are harmful to children [14].

Conclusion:

Furthermore, the occupational group of experts had a noteworthy impact on the evaluation of child maltreatment and intention. Another important discovery was the substantial impact of evaluations of the assessment, consultation, and reporting of child maltreatment on each other. The study supports initiatives to enhance healthcare professionals' handling of suspected child maltreatment, specifically through the creation of clinical decision support systems that utilize regularly collected electronic medical record data. Nurses, clinical laboratory personnel, and midwives constitute a crucial cohort within the social services sector and may potentially play a role in instances of abuse. Child maltreatment is frequently encountered by nurses who work with children. The involvement of nurses, clinical laboratory personnel, and midwives in required reporting of child maltreatment are well-documented. However, there is limited knowledge concerning other ways in which nurses respond to child maltreatment. This is significant because children who experience less severe maltreatment may have unfulfilled needs without receiving any intervention for child safety. Nurses, clinical laboratory personnel, and midwives possess a distinct advantage in recognizing and addressing child maltreatment through their relational approaches. Nurses established and nurtured therapeutic connections with parents in order to provide continuous access to vulnerable children. While nurses acknowledged the significance of adopting a child-centred approach, its implementation varied and necessitated continuous critical evaluation. This emphasizes the significance of providing

support to nurses in order to cultivate, sustain, and consistently grow their interpersonal skills, hence improving outcomes for children.

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