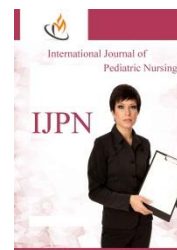




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MOTHERS MALTREATMENT AND ITS EFFECT ON CHILDREN RECURRENCE OF SAFETY THREAT AMONG HOSPITALIZED CHILDREN

Nagwa A. Zein El¹, Sanaa A. Mohamed

¹Assistant Professor, Menoufia University, Egypt.

²Lecturer Cairo University, Giza, Egypt.

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ABSTRACT

Mothers' maltreatment is a global problem with serious life-long consequences. In spite of recent national surveys in several low-and middle-income countries, data from many countries are still lacking. Undertaking risk assessment is a significant element of any child safety, mothers role usually should assess harm, and risk of threat to a child, and safety for him. Almost of researches shows that children exposed to threat are at increased risk of being neglected or abused. So, the aims of this study were to 1-assess hospitalized children recurrent threats invading their safety 2-determine the cause of threats among mothers (neglected or abused) for their children and 3-provide mothers with safety guidelines for care plan based on assessment needsto reduce risk of recurrence threats among high risk children. A descriptive analytical design was used for (45) hospitalized mothers with their children exposed to safety threats purposively selected and conducted at Cairo University Specialized Pediatric Hospital, from different department e.g, surgical department, medical and emergency department which contains children who were exposed to any threats as falling, poisoning, accident, trauma, etc...using three tools. The first tool was a biosocial and health history questionnaire. The second tool was the safety assessment tool, adopted from CPS-1 and NCAT (2011) as a standard tool for safety children. It includes questions about mothers' knowledge for safety of children at home, during daily activities as transportation, using a developmental approach, for practice regarding car safety and the prevention of falls, poisonings, cuts, and electrocution. Third tool was Neglect and Abused Index adopted from Ontario Child Protection Tool Manual (2011). The neglect index is a likert Scale consists of 21 factors associated with recurrence of neglect or abused. Results revealed that the majority of children threats occurred among mothers whose have moderate to high neglect. However majority of threaten children whose have low abuse. So, these high levels of neglect lead to recurrence for their children threats. The current study recommended 1-Use of family members, neighbors, as safety resource when discovering neglected or abused mother. 2-Assessment of Safety Plan for each mother should be integrated part in nursing intervention from admission of child with threat. 3-Recommendations for further research to study methods for eliminate social, economical and psychological factors that lead to neglected or abused among mothers in our national community.3-Replicated this study and evaluate its effectiveness in reducing threat.

Corresponding Author

Nagwa A. Zein El

Email: nagwa_ahmedzin@ymail.com

INTRODUCTION

Child neglect and abuse are a community concern which includes responding effectively to mother maltreatment. Professionals should assume various roles and responsibilities ranging from prevention, identification, and reporting of child threat to intervention. It is important to note that various



professionals are mandated to report suspected child threat [1].

The overall rate of child fatalities was 2.04 deaths per 100,000 children in the national population. More than 70 percent of child fatalities were attributed to neglect only or a combination of neglect and other maltreatment type, and 46.8 percent died exclusively from physical abuse or from physical abuse in combination with other maltreatment type. Nearly three-quarters (73.9 percent) of the children who died due to child abuse and neglect were younger than 3 years old, boys had a slightly higher child fatality rate than girls at 2.36 boys per 100,000 boys in the population compared to 1.77 girls per 100,000 girls in the population [2].

In 2009, an estimated 1,770 children—or over 4.8 children a day—were identified as fatal victims of maltreatment. As in the past, the majority of these children—over 80 percent were under the age of four. While child maltreatment is neither inevitable nor intractable, protecting children remains challenging [2].

Neglect is the most common form of child maltreatment, comprising approximately 64 percent of all substantiated findings. Approximately 16 percent of the substantiated cases involved physical abuse, 9 percent involved sexual abuse, and 7 percent involved emotional abuse. Child fatalities are the most tragic outcomes of maltreatment. Of the approximately 1,500 children who died from abuse or neglect, over three-fourths were under four years old. Compounding the problem of the high incidence of child neglect and abuse, many families who come to the attention of child protective services have subsequent referrals for suspected maltreatment. Thus, it is essential for child protective services to identify the situations in which child neglect and abused are likely to occur. So that, they can implement appropriate responses (American Prosecutors Research Institute, 2014). Neglect can have serious and long-lasting effects it ranged from leaving a child home alone to the very worst cases where a child dies from malnutrition or being denied the care they need. In some cases it can cause permanent disabilities. However, neglect can be really difficult to identify, making it hard for professionals to take early action to protect a child.

Maltreatment remains a substantial threat to a child's well-being and healthy development. In 2011, over 3 million children were reported as potential victims of maltreatment. The risk for harm is particularly high for children living in the most disadvantaged communities, including those living in extreme poverty or those living with caretakers who are unable or unwilling to care for them due to chronic problems of substance abuse, mental health problems, or uneducated mothers or mothers exposed to domestic violence [3]. Child having one of the signs or symptoms doesn't necessarily mean that a child is

being neglected, but if the profession notice multiple, or persistent signs which could indicate there's a serious problem, those signs includes, withdrawal, anxiety, depression, night mare, eating disorder, sleeping problems, or soils child clothes indicating neglect [4].

Recognizing a sign of child abuse includes fear of being with a particular person. So, abused children may express anxiety about being with or going places with the person abusing them. The child may also be reluctant. Parents and caregivers who have support from their family, friends, neighbors, and communities, are more likely to provide safe and healthy homes for their children. They help them to prevent child abuse by doing simple things to support children and their mothers. Protective factors are attributes of families that help them to succeed and thrive, even in the face of risk and challenges. The researches support the common-sense notion that when these protective factors are well established in the family, the likelihood of child neglect and abuse diminishes [5].

Parental attitudes and characteristics to harm that has occurred links to the probability of harm occurring in the future and their ability and willingness to protect the child [6]. The presence of neglect or abused in a community reflects attitudes about child rearing, punishment, and acceptance of violence as a solution to problems. Child abuse and neglect can affect all domains of development—physical, psychological, cognitive, behavioral and social—which are often interrelated. Outcomes of abuse may range from mild symptoms to debilitating and life-threatening conditions [7].

Use of practice guide by the nurses help in identifies a framework, assessment stages, and critical elements to apply when undertaking assessments of harm and risk of harm for elicited cases. The practice guide is a reference point to inform intake, investigation and assessment, as well as ongoing intervention decisions. It supports the use of professional judgment and the consistent application of structured decision making about individualized management tools. The seriousness of the neglect is determined not only by how much harm or risk of harm there is to the child exposed, but also by how chronic the neglect is. So, viewing the severity of neglect helps practitioners to assess the strengths and weaknesses of families and allows for the possibility of providing preventive services before neglect actually occurs or becomes severe [8].

Operational Definitions

- Neglect is a mother's failure to meet the various needs of his/her child, failure to supervise or protect children leading to physical harm.
- Safety threat(s): all safety threats were considered when caregiver is not available, is unwilling to provide



care, or has deserted the child to be exposed to harm.

- Safety assessment is an analysis of current attitudes, behaviors and family functioning to identify the presence of any threats to the child does invade immediate safety and the immediate interventions needed to protect the child from the present danger [9, 10].

Aim of the study

To determine type of mothers maltreatment (neglects or abused) and its effect on children safety recurrence of threats among hospitalized children through the following objectives:

- 1- Assess hospitalized children recurrent threats and its recurrence invading their safety.
- 2- Determine the cause of hazards or threats among mothers (neglect or abused) for their children.
- 3- Provide individualized safety guidelines and care plan for mothers based on assessment need to reduce risk of recurrence among children.

METHODOLOGY

Design

A descriptive analytical design was used to accomplish the aim of the study.

Sample

(45) Hospitalized mothers with their children exposed to safety threats purposively selected.

Setting

The study was conducted at Cairo University Specialized Pediatric Hospital; from different department e.g., surgical department, medical department, and emergency department which contain children who were exposed to any threats as falling, poisoning, accident, trauma, etc....

Tools

Three tools were utilized in the current study

The first tool

A biosocial and health history questionnaire developed by the researchers after through literature review, and divided into two parts; first part includes questions about the children and their mothers as name, age, sex, level of education, occupation, and child diagnosis, or threats. The second part includes questions about health history of the child threats, developmental capabilities and his behavior as well as maternal capacity to care of the child as health narrative history, and her ability to supervise the child. It include a narrative description of the injuries, recurrence, dangerous acts, neglectful conditions, sexual abuse, extent of developmental/emotional harm for the child and how she can dealing with it.

The second tool

The safety assessment tool, adopted from CPS-1 and NCAT (2013) as a standard tool for safety children. It includes questions about mothers' knowledge for safety of children at home, during daily activities as transportation, using a developmental approach, for practice regarding car safety and the prevention of falls, burns, poisonings, injuries, and electrocution.

The third tool

Neglect and Abused Index adopted from ONTARIO Child Protection Tool Manual (2011). The neglect index is a likert Scale consists of 21 factors associated with recurrence of neglect or abused. Each factor has been weighted to produce a valid estimation of the likelihood of recurrence neglect or abused threat. The score of the most appropriate prompt is chosen and recorded. The maximum score attainable on the neglect index is 10. Injury sustained as a result of abuse or neglect may range from bruises, cuts and welts to an injury that requires medical treatment or hospitalization, the score of the most appropriate prompt is chosen and recorded. The maximum score attainable on the abuse index is 12 or more.

Scoring system

When the indices completed, the Total Neglect Score and the Total Abuse Score were each calculated, using simple addition. The mother's Scored Risk Level is based on the highest score on either the Neglect or the Abuse Index calculated as low, moderate, high or very high score as follows:

An official permission was obtained from the director of Cairo University Specialized Pediatric Hospital to conduct the current study with briefed explanation for the aim and tools of data collection. All participants (mothers and their children should be exposed to immediate threat) were informed about the study in order to obtain their acceptance and cooperation to participate in the study; the researchers explained the benefits of the current study and inform them that all data gathered during the study considered confidential. The mothers informed about their rights to withdraw from the study at any time without any effect on their children received care. The sheets were filled in one session that lasted 40 minutes. Data were collected over a period of five months.

Planning for the Intervention

Assessments for the mothers' capacity to be involved in safety plans, as well as child developmental appropriate age were determined through initial interview. The severity of the threat, the availability of the needed safety intervention was estimated in the assessment phase,



the mother's willingness and ability to work towards a constructive resolution, the vulnerability of the child, and the family's members history of cooperation must all be considered when assessing the potential for a successful safety-producing intervention. The expected outcomes from this intervention were discussed with mothers; determine the cause of hazards or threats among mothers (neglect or abused) for their children. And provide individualized safety guidelines for mothers based on assessment needsto reduce risk of recurrence among children.

METHODS

Implement head-to-toe child evaluation for determining risk assessment collected by safety assessment tool, neglect and abused index were estimated to decide what type of mothers according to neglect or abused score; risk assessment for children (child vulnerability to threat based on age appropriate implemented). Then the mothers were provided by certain guidelines appropriate to the needs of the child and his condition from neglect or abused assessment tool. Mothers should determine if anyone in the family can help her in child care. Identification of families' resources which may be used to eliminate safety threats. Interventions include involving extended family members, neighbors' or other individuals to address as friends to eliminate immediate threats to child especially if it was apparently neglected or abused mother. The safety intervention list was comprised of general categories of interventions. These interventions are meant to provide guideline risk reduction identified during the data collection phase. Each category of intervention should be considered in terms of its availability, its usefulness in the situation, and the mother's willingness to implement and follow through with the strategy in order to reduce the **Recurrence of the threat or** harm to the child. Mothers were provided by brochures contains safety measures for their child at home, across the street, during transportation and at school according their age and family capacity to handle child with mother.

Data Analysis

The collected data were categorized and analyzed using SPSS version 14 by using number and percent (statistical package for the social science software), statistical package on IBM compatible computer. Qualitative data were expressed as number and percent (No & %) then analyzed by applying chi-square test and person correlation.

RESULTS

Table (1) showed that the percentage distribution of biosocial characteristics of the studied mothers and their children, which represented that there were a statistical significance difference ($P < 0.05$) for mothers

age, level of education, working status, number of children and children age.

Table (2) demonstrated that distribution of studied children according to their health history of exposure to safety threats, which signified that more than half of examined children were exposed to threats in the 2nd to 5th year of their life (57.8%), majority of children have health history of exposure to failing and injuries threats by (62.2% and 71.1% respectively), and the most common cause for the children' threats were due to mothers neglect by (60%) of studied mothers.

Table (3) revealed child vulnerability to threat, which represented that about half of children (46.75%) were exposed to trauma or accident, the same percentage of those children were sociable in their behavior, the majority of those children were exposed to threats by (75.6%) due to their walking alone, handling fire boxes (77.8%) or due to available medicine by (57.8%). Moreover, the majority of those children (75.5%) were elicited neglected from their mothers but they were not exposed to abused from their mothers (64.4%).

Table (4) explained that the distribution of mothers according to their neglect or abuse scale, which represented that (60%) of children have signs of previous wounds, injuries or scratch on their bodies which described that (55.6%) of those mothers were unable to provide care for their children, or supervised them during their daily activities. Furthermore (68.9%) of those mothers were usually not in attendance with their children and the elicited numbers of neglected children by their mothers were (77.8%). According to mothers neglect score more than one thirty of the mothers have moderate to high neglect score (33.3% & 42.2%) respectively, however, the majority of those mothers were have low abused score for their children.

Figure (1) showed that the distribution of recurrence of children threat among neglect mothers which represented that majority of children have moderate to high level of neglect from their mothers.

Figure (2) showed that the distribution of recurrence of threat among abuse mothers which represented that majority of children has low level of abuse from their mothers. Table (5) indicated that correlations between mothers abuse, neglect score and children history of vulnerability to threat due to their behavior represented a positive correlation between mothers neglect score with children neglect, children walking alone, history of burn, and history of failing.

Table (6) represented that there were insignificance relationship between children age or sex with neglect score ($P > 0.05$), while there were a significance relationship between children abnormal behavior, walking alone, and handling fire boxes ($P < 0.005$).



Table 1. Distribution of biosocial characteristics of the studied mothers and their children

Biosocial Characteristics	No	%	X ²	P. Value
Mothers' age				
Less than 20 years	7	15.6	13.55	0.009
20-25 yrs	17	37.8		
26-30 yrs	12	26.7		
31-40 yrs	3	06.7		
More than 40 years	6	13.3		
Mean age of the mothers	28.68±8.2			
Mothers' levels of education			16.22	0.003
Illiterate	15	33.3		
Primary education	5	11.1		
Secondary education	16	35.6		
High education	9	20.0		
Mothers' work			24.40	0.000
Working	16	35.5		
Not working	29	64.4		
Numbers of children			16.6	0.001
One	4	8.9		
Two	7	15.6		
Three	22	48.9		
More than three	12	26.7		
Children' age			42.20	0.000
From 1- 5 yrs	30	66.7		
5 to less than 10 yrs	6	13.3		
10 to less than 15 yrs	9	20.0		
Mean age of the children	3.28±2.48			
Children' sex			3.75	0.053
Boys	29	64.4		
Girls	16	35.6		

Table 2. Distribution of studied children according to their health history of safety threats

Children health history	No	%	X ²	P. Value
Date of common recurrence safety threats			12.93	0.002
First year	12	26.7		
2 nd -5 th year of life	26	57.8		
6 th yrs or more	7	15.5		
History of falling			2.68	0.107
Yes	17	37.8		
No	28	62.2		
History of burn			8.022	0.005
Yes	13	28.9		
No	32	71.1		
History of poisoning			13.88	0.000
Yes	10	22.2		
No	35	77.8		
Causes of child threat			16.53	0.000
Over activity	13	28.9		
Young age	5	11.1		
Mothers neglecting	27	60.0		
Children diagnosis			0.533	0.766
Trauma	17	37.7		
Falling	13	28.8		
Poisoning	15	33.5		



Table 3. Allocation of the children vulnerability to threat.

Child vulnerability to threat	No	%	X²	P. Value
Harmful children behavior				
Fire box handling	7	15.6		
Gases or hot utensils exposure	3	06.7		
Falling or shaken	8	17.8	21.55	0.000
Poisoning substance handling	6	13.3		
Trauma or accident exposure	21	46.7		
Child characteristics				
Isolated	7	15.6		
Sociable	21	46.7	22.22	0.000
Fearable	9	20.0		
Aggressive	8	17.8		
Walk alone				
Yes	34	75.6	5.000	0.025
No	11	24.4		
Child handling fire box				
Yes	35	77.8	13.88	0.000
No	10	22.2		
Reach out for medicine or poisoning				
Yes	26	57.8	1.089	0.297
No	19	42.2		
Child elicited neglected				
Yes	34	75.5	12.82	0.000
No	11	24.5		
Child need follow up				
Yes	32	71.1	8.022	0.005
No	13	28.9		
Mothers abused with the child				
Yes	16	35.6	3.75	0.053
No	29	64.4		

Table 4. Distribution of mothers according to their neglect or abuse scale

Distribution of mothers according to their neglect or abuse	No	%	X²	P. Value
Signs of child injury scratch or wound				
Yes	27	60.0	1.80	0.180
No	18	40.0		
Mothers unable to provide care				
Yes	25	55.6	0.556	0.456
No	20	44.4		
Mothers do violence or shaking child				
Yes	16	35.6	3.753	0.053
No	29	64.4		
Child sexual abused				
Yes	4	08.9	30.42	0.000
No	41	91.9		
Child neglected by their mothers				
Yes	35	77.8	13.88	0.000
No	10	22.2		
Mothers unable to supervise child during daily activities				
Yes	25	55.6	0.556	0.456
No	20	44.4		



Mothers not in attendance with the child				
Yes	31	68.9		
No	14	31.1	6.42	0.011
Number of elicited neglected child				
Yes	31	68.9		
No	14	31.1	6.42	0.011
Mothers neglect score				
0-1 low	3	06.7		
2-4 moderate	15	33.3		
5-8 high	19	42.2	13.57	0.004
9 or more very high neglect	8	17.7		
Mothers abuse score				
0-1 low	33	73.3		
2-4 moderate	7	16.6		
5-7 high	3	06.7	57.31	0.000
8 or more very high abuse	2	04.4		

Table 5. Correlations between mothers maltreatment score and children history threat vulnerability

** Correlation is significant at the 0.01 level (2-tailed).

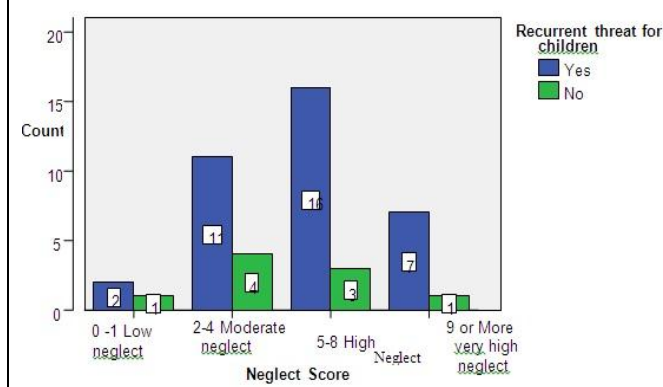
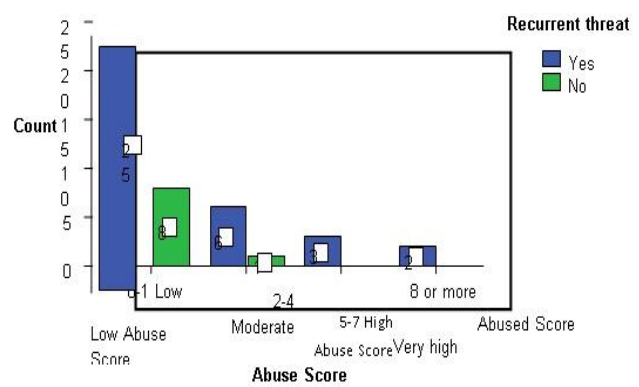
History of children' vulnerability to threats	Abuse Score	Neglect Score	Abnormal behavioral	Medicine available	Walk alone	History of poisoning	History of injury	History of failing
History of failing	.239	.105	.063	.006	.065	.416	.092	1
Sig. (2-tailed)	.114	.492	.680	.968	.672	.004(**)	.547	
History of burn	.153	.162	.329(*)	.301(*)	.035	.105	1	.092
Sig. (2-tailed)	.314(*)	.287	.027	.044	.821	.493		.547
History of poisoning	.052	.264	.119	.250	.416(**)	1	.105	.416(**)
Sig. (2-tailed)	.735	.080	.437	.098	.005(*)		.493	.004
Walk alone	.137	.151	.126	.189	1	.416(**)	.035	.065
Sig. (2-tailed)	.369	.323(**)	.410	.214		.005	.821	.672
Medicine available	.007	.264	.065	1	.189	.250	.301(*)	.006
Sig. (2-tailed)	.962	.080	.670		.214	.098	.044	.968
Abnormal behavior	.127	.179	1	.065	.126	.119	.329(*)	.063
Sig. (2-tailed)	.407	.239		.670	.410(**)	.437	.027	.680
Neglect Score	.017	1	.179	.264	.151	.264	.162	.105
Sig. (2-tailed)	.912		.239	.080	.323	.080(**)	.287	.492(*)
Abuse Score	1	.017	.127	-.007	.137	.052	.153	.239
Sig. (2-tailed)		.912	.407(**)	.962	.369	.735	.314(*)	.114
Child neglect		.371(*)	.194	.643(**)	1	.110	.348(*)	.371(*)
Sig. (2-tailed)		.012	.202	.000		.473	.019	.012
Number of mothers	45	45	45	45	45	45	45	45



Table 6. Relationship between children vulnerability with neglect score

Children vulnerability to safety threat	Mothers neglect score								X ²	P. Value
	0-1 low		2-4 moderate		5-8 high		9 or more very high			
	No	%	No	%	No	%	No	%		
Children age										
From 1- 5 yrs	1	2.2	12	26.6	12	26.6	5	11.1	13.26	0.151
5 to less than 10 yrs	2	4.4	0	00.0	4	08.8	0	00.0		
10 to less than 15 yrs	0	0.0	3	06.6	3	6.6	3	06.6		
Children sex										
Boys	1	2.2	9	20.0	12	26.6	7	26.6	3.26	0.352
Girls	2	4.4	6	13.3	7	15.5	1	02.2		
Child threat due to abnormal behavior										
Yes	0	0.0	10	22.2	5	11.1	7	26.6	13.41	0.004
No	3	6.6	5	11.1	14	31.1	1	02.2		
Walk alone on the street										
Yes	3	6.6	1	2.2	6	13.3	4	08.8	21.4	0.005
No	0	0.0	0	0.0	20	44.4	10	22.2		
Child handling fire box										
Yes	3	6.6	1	2.2	9	20.0	4	08.8	13.20	0.005
No	0	0.0	0	0.0	17	37.7	11	24.4		
Reach out for medicine or poisoning										
Yes	1	2.2	6	13.3	2	04.4	1	02.2	4.89	0.179
No	2	4.4	9	20.0	17	37.7	7	26.6		

* Correlation is significant at the 0.05 level (2-tailed) ** **Correlation is significant at the 0.01 (2-tailed)

Fig 1. Recurrence of safety threat among neglected children**Fig 2. Recurrence of Safety threats among abused children**

DISCUSSION

Every child has the right for adequate care, supervision and to be free from neglect and abused. It's a responsibility of mothers to maintain physical, mental, emotional, educational and medical needs for their children to keep them safe. Biosocial characteristic of neglected or abused mothers revealed that their mean age was 28.6.8.+8.2 years and more than one their obtained primary or secondary education and majority of children age (66,7%) were ranged from 1-5 years and boys were more neglected than girls.

Child Abuse and Neglect Fatalities, (2013) reported similar results which represented that women comprised a larger percentage of all perpetrators than men 53.9 percent compared to 45.0 percent. Four-fifths (83.0 percent) of all perpetrators were between the ages of 18 and 44 years. The great majority of perpetrators were parents: One or both parents maltreated 91.4 percent of children victims. On behalf the percentage of perpetrators who were parents, 88.6 percent were biological parents. The American Prosecutors Research Institute, (2014) contradicting this results and mentioned that the risk of



neglect generally declines with perpetrators age.

The mean age of victims of neglect children were three years old. Boys were at risk of neglect more than girls by 64.4%. In addition to, it were mentioned that age vulnerability for child maltreatment whether physical, sexual or through neglect – depends in part on a child's developmental stage. Fatal cases of physical abuse or neglected are found largely among young children from 2-5yrs by 57.8 %. In reviews of infant deaths in Fiji, Finland, Germany and Senegal, for instance, the majority of victims were less than 2 years of age. Young children are also at risk for non-fatal neglect or physical abuse, though the peak ages for such abuse which was vary from country to country. For example, rates of non-fatal physical abuse peak for children at 3–6 years of age in China, at 6–11 years of age in India and between 6 and 12 years of age in the United States and girls are at higher risk than boys for infanticide, sexual abuse, educational and nutritional neglect, as well as forced prostitution [11]. Also, Victorian Risk Framework: risk profile guide (2002) disagree with these results and mentioned that children of both sexes are represented almost equally overall in substantiated cases of neglect, physical abuse and emotional abuse, while females are the victims in 75 percent of sexual abuse cases. The age of children represented in the substantiated cases of both physical and emotional abuse in his study reasonably evenly spread among children aged up to 14 years. Sexual abuse, however, is overwhelmingly higher among females in the 10-14 years category, but has the same results for the common age for neglected cases which is the largest proportion substantiated neglect cases were in children under the age of 5 years [13].

Health history of children exposure to threat represented a significance difference regarding the cause of threat, their previous exposure to injuries and handling of poisoning materials. A parent's ability and willingness to act protectively is enhanced if the parent is acknowledging the harm, is capable and willing to engage with services and is focused on addressing the circumstances leading to the harm. For some parents, recognition of the protective issues will not be made verbally but may be displayed in the parent's behavior and responses similar results revealed [12] and represented by majority of children were exposed to threat due to their mothers let them walking alone, handling fire boxes by themselves or medicine as well as they were appear neglected from their mothers but they were not exposed to violence during their rearing period. American Prosecutors Research Institute, 2014 reported that children are never responsible for their victimization, but certain characteristics increase their vulnerability, so children's need for attention and affection to increase their signal which is the most exploitable characteristic.

Also, study revealed that (60%) of children have signs of wounds, injuries or scratch on their bodies which described that more than half of those mothers were unable

to provide safety care for their children, or supervised them during their daily activities by (55.6%). In addition, the majority of those mothers were usually not present with their children and the elicited numbers of neglected children were (77.8%). According to mothers neglect score more than one thirty of children have moderate to high neglect score (33.3% & 42.2%) respectively, however, majority of those mothers were have low abused score for their children. Children who suffer abuse and neglect may sustain a variety of devastating physical, psychological, cognitive, and behavioral problems. The effects vary with the age and personality of the victim and also with the type and duration of the neglect or abuse. Physical consequences may range from minor injuries to severe brain damage, while psychological harms range from lack of self-esteem to learning disorders up to serious mental illnesses.

The results also revealed that majority of mothers have moderate to high neglect score and low level of abused probated from moderate to high recurrence of safety threats. Neglect is the most common type of maltreatment encountered in this study. Factors related to chronic neglect in families of study conducted [13], who illustrates that the child abuse potential score for mothers in their study in relation to their experience of childhood trauma noted that mothers who had experienced "moderate" childhood trauma had considerably higher mean scores for emotional abuse and sexual abuse than those who had experienced "severe" childhood neglect for trauma. This can be explained by the fact that moderate neglect that occurred during the mothers' childhoods might go unnoticed and those women might have not received any assistance to help them overcome the effects, while severe neglect her in Egypt not informed for justice persons to take the appropriate action. However, also it's difficult to be frankly with mothers and inform them that they are neglected persons with their children. So, nurses when dealing with such issues should be aware for such vocabulary consequences by using simple polite and explain it in indirect wards.

Accordance to Louise (2007) who study factors related to mothers' child abuse identified several factors in the lives of the mothers that influenced their child neglect which were limited education, having more than three children, living alone, and lack of biological mother in their support system. While factors among mothers to be abused actually related to mental health problems. Child Welfare Information Gateway 2009, who stated that the first to 5 years of life have a big impact on how the child brain develop and neglect of mothers can be so damaging child's experience and changing their thought process and neural pathway [14].

As well, Child vulnerability to threat represented that about half of children were previously exposed to trauma or accident, the same percentage of those children



were sociable in their behavior, majority of those children exposed to threat due to their walking alone, handling fire boxes or medicine. Moreover, majority of those children were appear neglected from their mothers but they were not exposed to violence from their mothers. Certain children are more physically and emotionally vulnerable than others to abusive and neglectful behavior. The child's age as well as physical, mental, emotional, and social development can greatly increase or decrease the likelihood of neglect or abuse, depending on the interactions of these characteristics with parental factors. Younger children, due to their size and development status, are particularly vulnerable to physical, emotional abuse and neglect especially with the major vulnerable age group in this study was less than 5 yrs. It must be emphasized, however that although there are characteristics which make children vulnerable, children are not responsible in any way for their neglect or abuse.

Correlations between mothers abuse score, neglect score and children history of vulnerability to threat due to their behavior represented a positive correlation between mothers neglect score with children neglect, children walking alone, history of injury, and history of failing. Cognitive Processes Associated With Child Neglect Presents the results of a study indicating that neglectful mothers show significant problems in processing information concerning their child's emotions and behaviors, which may affect their childrearing behavior. Only a handful of studies examine neglect using probability sampling; despite these studies are well distributed. A study conducted in 25 cities across 15 Chinese provinces found 28% of parents of three- to six-year olds felt they neglected their children physically and emotionally and did not look out for their safety. A study in the Philippines examined adverse childhood experiences among population-based sample of adults and found that 22.5% reported experiencing physical neglect, including not having enough to eat and being dressed in dirty clothes. A much higher percentage of 43.6% reported experiencing psychological neglect, which included feeling unloved, feeling their parents wished they hadn't been born and being hated by family members [15].

Since researches on the relationship between different types of abuse and neglect is limited. However Alister [16] founded that different types of abuse were significantly correlated (i.e., children experienced more than one type of maltreatment). This co-occurrence was particularly common between physical abuse and other types of maltreatment. Problems resulting from a lack of

skills and knowledge have been suggested as characteristic of some neglected and abusive adults. These include lack of parenting skills including overuse of physical punishment, problems with coping and self-control, marital difficulties, and a general deficiency in interpersonal skills. Also, inadequate knowledge of child development may result in inappropriate parental expectations and this in turn, can contribute to neglected /abusive behavior. This may manifest itself in behavioral patterns which accept violence or neglect as a way to solve family, personal or economical problems or a belief that children are the property of their parents. So that nurses must accommodate their plan of care to investigate every child threat and relate those with mothers behavior from the date of admission to discharge better intervention.

Majority of the children have health history of exposure to falling and burning threats. The most common cause for the children' threats were due to mothers neglect. The majority of those children were exposed to threats due to their walking alone, handling fire boxes or medicine. Moreover; two fifth of children have signs of previous wounds, injuries or scratch on their bodies, which described that their mothers were unable to provide care for their children, or supervised them during their daily activities. Regarding to mothers neglect score more than one thirty of the mothers have moderate to high neglect score, however the majority of those mothers were have low abused score for their children. The study also concluded that there were a positive correlation between mothers' neglects score and children neglect, children walking alone, history of burn, and history of failing.

RECOMMENDATIONS

1-Use of family members, neighbors, as safety resource is recommended when discovering neglected or abused mother. 2-Assessment for Safety Plan for each mother should be integrated part in nursing intervention from admission of child with threat. 3-Recommendations for further research to study methods to eliminate social, economical and psychological factors that lead to neglected or abused among mothers in our national community.3-Replicated this study and evaluate its effectiveness in reducing threat.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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