

Adolescents' experiences of maltreatment within the family: challenges for family nursing

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The purpose of this study was to analyse and describe the experiences of adolescents who had been maltreated by their parents in childhood. Child maltreatment was defined as physical, psychological or sexual abuse or neglect caused by parents or other primary caregivers of the child. Data were collected from seven adolescents, aged 14–19 years, who had been maltreated within their family of origin for many years. Interviews employed broad themes pertaining to family life, maltreatment experiences and the family's strengths and problems. The data were analysed by qualitative content analysis. The analysis resulted in a description of the adolescents' experiences of maltreatment and of the consequences of maltreatment as perceived by the young people themselves. The consequences included connections between maltreatment and family life and direct consequences for the adolescents themselves. These results aid our understanding of child maltreatment and its manifestations from the viewpoint of adolescents within the family. An improved understanding of their views should make it possible to develop nursing care of these children and their families as part of multidisciplinary work. The role of nursing is central to this work, because one of the goals of nursing is to improve the well-being of families and individuals. However, further research is still needed to add to our knowledge of child maltreatment from the adolescents' viewpoint.

Key words: child abuse and neglect; child maltreatment; family nursing

Introduction

In recent years, different disciplines have shown an increasing interest in child maltreatment (Sariola and Uutela, 1992; Gelles, 1993; Kolko *et al.*, 1993; Browne, 1995; Appleton, 1996). However, such maltreatment has rarely been investigated from the point of view of children and adolescents (Corby, 1993, Reid, 1996).

Child maltreatment within the family is part of domestic violence that involves physical, psychological or sexual abuse or neglect of chil-

dren by parents or other caregivers (Humphreys and Campbell, 1989; Corby, 1993; Reid, 1996). Domestic violence causes more physical and psychological health problems than does violence inflicted by total strangers (Gelles, 1997).

Physical abuse refers to acts which cause pain and permanent or temporary damage to the child's physical functions. Examples of physical abuse include hitting, kicking, burning or strangling the child and inflicting physical injuries on them (Lewis, 1992; Kolko *et al.*, 1993).

Psychological abuse refers to cases where the child is rejected, degraded or terrorized, isolated, exploited, corrupted or deprived of adequate emotional responses so that their psychological, physical and social well-being is endangered. Psychological abuse may occur in isolation, but it

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is always a part of corporeal punishment or other physical abuse, sexual abuse or neglect. Psychological abuse is quite difficult to identify in real life or by means of research (Hart and Brassard, 1991; Hart *et al.*, 1996). This area needs much more research, especially in terms of studying maltreatment experiences of children, in order to increase our understanding of their feelings about their maltreatment. This would enable a clearer definition of psychological maltreatment to be achieved, which might facilitate more effective detection of such cases.

Sexual abuse refers to any sexual act with a child. This includes sexual contact achieved by force or threat of force, and all sexual contact between an adult and a child. Sexual acts may include sexual penetration, sexual touching or non-contact sexual acts such as exposure or voyeurism (Berliner and Elliott, 1996).

Neglect refers to failure to care for the child emotionally or physically. Such children's basic needs are not adequately met, thus endangering their well-being and development. It has been estimated that neglected children experience even more problems later in life than those who have been physically abused. This type of passive violence against children is also more common than active violence (Dubowitz *et al.*, 1993; Gaudin *et al.*, 1996).

In Finland, the law against corporeal punishment of children and youth took effect in 1984 (the Child Custody and Right of Access Act). It is intended to prevent abuse and punishment by parents and all other adults who deal with children, but so far it has not been entirely successful in the desired outcome. Sariola and Uutela (1992) concluded in their study of the incidence of family violence against children in Finland that 19% of the children (aged 15 years) under study had experienced mild violence within their family of origin within the last year (e.g., pulling by the hair or slapping), and 5% had experienced severe violence (e.g., hitting, kicking, or being threatened with a gun).

The consequences of maltreatment are manifold, and they vary depending on the number of risk factors (e.g., severity and length of maltreatment, the characteristics of the particular child, the parents and the family). Possible consequences include, for example, physical injuries such as bruises or scars. Later in life, individuals who have been exposed

to maltreatment in childhood may display neurological defects or exhibit various emotional or social problems (e.g., aggressiveness, fear, depression or mistrust). The possible consequences include lack of self-confidence, hyperactivity or inability to concentrate (Zuravin, 1991; Crouch and Milner, 1993; Dubowitz *et al.*, 1993). Pietilä (1994) found in her longitudinal study of life control and health of young men that family background was associated with health and life control in adolescence and adulthood.

Maltreated children and adolescents are forced to live continuously in situations which cause them a series of losses (e.g., lack of security, love and warmth) and negative feelings within the family. They also experience continuous disappointments. The insecurity of these children manifests itself in various symptoms, depending on the child's age and the family's situation. Children display their negative feelings in different ways – they may be aggressive, depressed, withdrawn and/or have different psychosomatic symptoms or behaviour problems at school (Gelles, 1993; Paavilainen, 1998). To date, our knowledge of child maltreatment has been mainly derived from an adult perspective. Studies of adolescents' own views and of the way in which they experience maltreatment have rarely been reported (Corby, 1993; Reid 1996).

The aim of this study is to describe adolescents' experiences of maltreatment. The concepts of 'child' and 'adolescent' have been used to describe both the time span of maltreatment and the status of the study subjects. The young people under study were children who had experienced maltreatment in childhood and reported it in adolescence. An improved understanding of child maltreatment within the family from adolescents' own points of view and based on their own descriptions would enable nurses to understand better children and their families suffering from child maltreatment. Through an improved understanding of the situation of these children and families, nurses may be able to develop appropriate professional interventions. One of the aims of nursing is to increase the well-being of families and individuals. Nurses are in a central position in caring for families that maltreat children, because they work with children and their families during consultation and in the families' homes. However, Yam (1995) and Dickson and Tutty (1996) have found that nurses

and other health care professionals detect only 10% of the victims of family violence during their consultations.

Sample and methods

The sample in this qualitative study consisted of seven adolescents. They were part of a larger sample recruited in order to study maltreatment from the perspective of the whole family. The rest of the sample ($n = 20$) were mothers, fathers and other adult members of the family. By re-analysing the adolescent data separately from the adult data, it was possible to obtain information from the adolescents themselves, especially with regard to their personal experiences of maltreatment. Analysis of these adolescent experiences could contribute to our knowledge of a topic which has not been studied previously from an adolescent perspective. The study can be regarded a piece of preliminary research into youth. Qualitative research of this kind primarily aims to provide individual aspects and views of the topic under study, rather than provide explanations or generalizations.

Ethical considerations with regard to such a sensitive topic are extremely important. According to the ethical rules of the Ministry of Social Affairs and Health in Finland, the researchers were denied access to the names of study participants. Permission was obtained from the organizations through which the participants were recruited, as well as from the adolescents themselves and their families. The adolescents and their families were recruited by social welfare and health care workers, who then contacted the researchers. The children and families under study were carefully informed of the permission that had been granted, of the principles of anonymity and of the voluntary nature of participation in the study. The participants were then asked whether or not they wished to participate (Cowles, 1988; Lee, 1993; Paavilainen, 1998; Paavilainen *et al.*, 1998). Interviews were conducted with adolescents who consented to speak about their experiences of maltreatment. The adolescents were selected so that the sample represented a whole range of different types of maltreatment. The adolescents' ages ranged from 14 to 19 years, and they had been maltreated in their family of origin. All the adolescents had been taken into care by social workers as a result of parental maltreatment,

and they had all been physically, psychologically or sexually abused and/or neglected during their childhood.

Data for the study were collected by focused interviews with broad themes derived from the literature (e.g., Minuchin, 1974; Appleton, 1996; Gelles, 1997) regarding family life, maltreatment experiences, the children's opinions about their families, and their family's strengths and problems. The aim was to allow the interviewees to speak freely about the themes concerning their families, family life, and especially about their experiences of maltreatment in childhood after having established a relationship of trust with the interviewer. Each interview started with a discussion about the study topic and various general issues so that the interviewee and the researcher could become better acquainted with each other. The interviews lasted from 45–90 minutes.

The tape-recorded interviews were transcribed and analysed using qualitative content analysis. Expressions of adolescents' experiences were first grouped according to their essentially similar contents. These preliminary categories were then combined first according to their characteristics and then by making revisions between and within the preliminary categories in an attempt to describe the adolescents' experiences in order to obtain a better fit of the data into categories and a more theoretical level of analysis (Dey, 1993; Morgan, 1993; Miles and Huberman, 1994). The analysis resulted in a description of the adolescents' experiences of maltreatment and of their perceptions of the consequences of that maltreatment.

Reliability and validity issues in qualitative research need to be evaluated according to different terms and criteria from those in quantitative research. The applicability, comprehensibility and generality of the research process and results (Dey, 1993; Miles and Huberman, 1994) were improved in the following ways. Generality in qualitative research means reaching a conceptual level in reporting findings, not generalizing the findings. The first central point is the researcher's role in the research process and their presuppositions about the object of the study. The second point is that the actions taken and the progress of analysis must be described as accurately as possible. Thirdly, one must ensure that the findings and the conceptual description actually correspond to the phenomenon under study. These three criteria were met by

grounding the analysis fully in the data, describing the analysis carefully, and using the same expressions that the adolescents had used to describe their experiences.

Results

Experiences of maltreatment

The adolescents in the study had experienced different forms of maltreatment, physical or sexual abuse combined with neglect. All of them had experienced psychological abuse (see Figure 1).

Experiences of physical abuse included being hit with bare hands or with an object (e.g., a knife, leather belt or car radio aerial), throwing a knife or some other object at the child, punching the child so that some of their teeth fell out, or ordering

the child to leave the house undressed. The case of sexual abuse in this study involved an uncle who was living with the family when the interviewee was a small child.

In this study, neglect was experienced as a lack of care for the child (e.g., being left alone at night or not given food). This was often a consequence of the parents' alcohol abuse. The children had also experienced a lack of 'togetherness', such as joint activities in the family, unfair treatment by the parents; or another caregiver's failure to provide time or set limits for the child. Typical comments made by the adolescents included the following: 'In my family, we never talked. My parents spoke with their fists, or even knives. They lied to us, they bullied us if we failed to do what they wanted.' (Interviewee 8) and 'They ran us down in every possible way. They were never interested in what

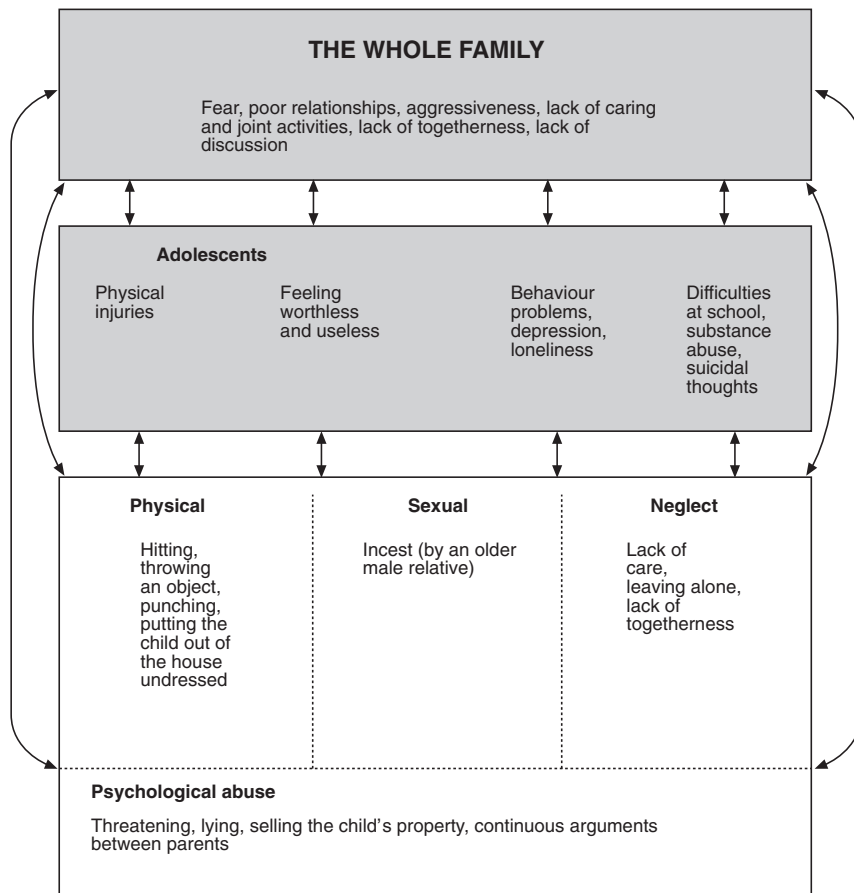


Figure 1 The experiences of maltreatment and its perceived consequences for family life.

I did. And when I tried to get into their stuff, they wouldn't let me.' (Interviewee 2).

All the adolescents who were interviewed had experienced psychological abuse. They reported that their parents lied to them, threatened and belittled them, and sold their property (e.g., one child's flute). Furthermore, one adolescent reported that their mother had moved out without any explanations or warnings, completely abandoning the child. Other reports included having been forced to serve their parents, continuous arguments between their parents or between children and parents, and parents repeatedly telling the child that he or she was not their own child. Some interviewees reported that stepmothers who resented them had treated them badly. The adolescents felt that physical violence would have been easier to bear than psychological abuse. It was also very difficult to bear the violence between parents, which was rather common in maltreating families.

The perceived consequences of maltreatment for family life

The perceived consequences that the adolescents reported have been divided into two categories, namely the connections between maltreatment and family life and the direct consequences for the adolescents (see Figure 1).

The connections between maltreatment and family life include fear, poor relationships within the family, aggressiveness among siblings, and lack of caring, few family activities or discussions and lack of affection within the family. Any feeling of 'togetherness' within the family was lacking. The adolescents were unable to share any good experiences or feelings related to the family. They were constantly afraid, and some of them had to flee to their rooms and lock the door. No one really seemed to care what happened to them. Siblings could fight very aggressively with knives or hit each other until they bled. The adolescents felt that if someone in the family was maltreated and felt bad, the same feeling would pervade the whole family: 'We never had anything in common in our family. It was like a cage of monkeys . . . a terrible row all the time, no peace and quiet.' (Interviewee 3) and 'But if the child is feeling really bad, if he or she is really depressed or has serious problems, the family feels the same way too. One should realize this and try to get them into counselling or somewhere to sort it out.' (Interviewee 15).

The perceived consequences for the adolescents were manifold. Physical abuse had resulted in various physical injuries (e.g., scars, bruises, internal injuries and back pain). Some of them needed physiotherapy. Many of the adolescents had feelings of guilt, depression and anxiety. They regarded themselves as worthless, and blamed themselves for all the difficulties within the family. They felt that they were so useless and unwanted that they could not care less whether they were dead or alive. Some of them had tried to commit suicide:

'You should ask how many of us have tried to hurt ourselves . . . You just feel guilty . . . This is what you really should be asking, although many don't want to talk about it. Your relationship with your parents is awful and you think you can't go on anymore, there's nothing good in me. I've tried many times, I've taken pills, cut my wrists and shot myself. I bet it doesn't show on the outside, but some day I may succeed in it. Then they'll wonder why on earth did she do it. I couldn't care less whether I'm dead or alive.'

(Interviewee 8)

These adolescents felt that they had no one with whom to share their problems, and they tried to hide the situation in the family. They had few friends and consequently suffered from loneliness. The families often moved house so the children had few opportunities to make friends.

The adolescents found it difficult to trust people and often did not dare to let anyone get close – they were tough, withdrawn and frightened. Some of them tried to solve the situation at any price, by starting to steal or running away from home. They wanted to escape from their home by any means available, and they felt they were at a 'dead end'. They wanted revenge and to 'do bad things to' their family members (e.g., to damage their parents' property or make their life difficult in some other way). For instance, the girl who had been subjected to incestuous abuse by her uncle wanted to act the same way with small children she met, and she wanted to have sex with older men. She also wanted to kill her uncle. Many of these adolescents tended to lose control of their emotions very easily, and all them had problems at school (e.g., skipping school or having difficulty in concentrating). They neglected their homework and had no hobbies.

Many of them also had substance abuse problems as well as psychological problems. Their overall mood was sad and depressed, and they failed to take care of themselves. The vicious circle of maltreatment and its consequences repeated endlessly, and the adolescents felt powerless and incapable of changing their lives.

Discussion

The violence that the adolescents had experienced was categorized into different types – that is, physical, psychological and sexual violence or neglect. These were quite similar to the types of maltreatment reported in previous research and in the literature (Humphreys and Campbell, 1989; Sariola and Uutela, 1992; Corby, 1993; Reid 1996). In the present study, the same adolescents had experienced many different forms of maltreatment at the same time, and they felt that it was quite difficult to make a distinction between the different forms. Previous research has often concentrated on one particular form of maltreatment, such as physical (Kolko *et al.*, 1993; Kolko 1996), psychological (Hart and Brassard 1991; Hart *et al.*, 1996), or sexual abuse (Berliner and Elliott, 1996) or neglect (Crouch and Milner, 1993; Dubowitz *et al.*, 1993; Gaudin *et al.*, 1996). Apart from studying the different forms of abuse, it is important to investigate the different combinations of abuse, and abuse as a phenomenon. It is also important to learn about the experience of being subjected to child maltreatment, in order to improve our understanding of how it feels to be abused. It is often very difficult to define the exact form of abuse or the precise situation unless the family members are questioned. Different family members may well express different views of the phenomenon.

In this study it was found that maltreatment influenced the adolescents and their families in various ways. These young people reported fear, few family activities, and lack of affection within the family, as well as physical injuries and personal problems. They regarded these as consequences of abuse. The adolescents' insecurity and the family's life situations manifested themselves in various symptoms and problems, the severity of which was dependent on the child's age and personality and the parents' behaviour.

According to previous research and the literature,

adolescents typically express their unease by displaying behaviour that is depressed or withdrawn, or by avoiding adults. They do not seek protection and consolation from adults, but they may be resigned and passively agree to everything that is asked of them. They may run away from home, or be restless or aggressive (Gross and Keller, 1992; Lewis, 1992; Ludvig, 1992; Corby, 1993; Crouch and Milner, 1993). The effects of child abuse are quite similar to the manifestations of children's sorrow in situations where there is no predictable end in sight (Jacob, 1993; Toivonen, 1994).

The manifestation of sorrow is prompted either internally or externally and reminds the person of losses, disappointments or fears (Lindgren *et al.*, 1992). These characteristics are consistent with the consequences of child maltreatment, according to the experiences of the adolescents who were interviewed in this study. For instance, Gross and Keller (1992) have also found in their studies of the long-term effects of child maltreatment that depression, low self-esteem and maladjustment are more common in maltreated adolescents compared with control groups. Psychological abuse of the child was found to be of particular significance.

Challenges for nursing practice and further research

Families that maltreat children seem to have problems in their functioning. The situation of the maltreated children and adolescents is full of contradictions, as they both love their parents and want to protect them, and hate them because the parents cause them pain and anxiety. The children may also adjust to the distressing situation and may not consider it as bad as others do. When children are taken into care by the authorities, it is not always clear what is best for the child. Would they be better off in their own home, defective as it is, or in an unfamiliar setting?

It is difficult to know whether maltreatment causes problems in family functioning or vice versa. However, it is important to understand these families, to detect child maltreatment, and to try to help such families by providing them with support before the maltreatment starts. By listening to the children and adolescents, and not just to their parents, it is possible to gain important information about whole families. It is also important to listen to different family members, as this enables one to think in a holistic way about family life and to

develop professional interventions with regard to individuals and families.

More research is needed on the children and adolescents of child-maltreating families. It will be important to investigate whether the findings of this exploratory study could be applied to larger samples. We also need to know how adolescents perceive the role of different professionals in caring for them, and what kind of care they need.

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