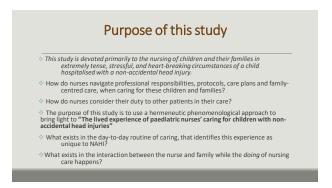


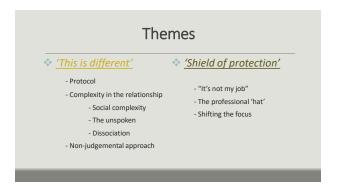


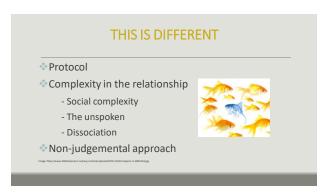
Child abuse has become a significant issue in New Zealand and rates of abuse continue to rise Non-accidental head injury (NAHI) results from abuse to the head, and is a major cause of mortality in the first three years of life with a considerable proportion of survivors consequently living a life with severe developmental and neurological dystimution NAHI is the term used by participants in this study, however many terms exist to describe this form of abuse (e.g. AHT (Abusive head trauma), Shaken baby syndrome...) Perpetrator is usually found to be a family member Nurses generally at the forefront of delivering care to children with NAHI and their families Possibility of evoking strong emotional reactions, attitudes and opinions Only 1 qualitative study found (2008) in Sweden, where nurses' experiences of children admitted with general child abuse were explored.



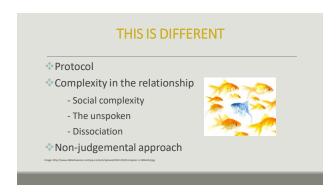














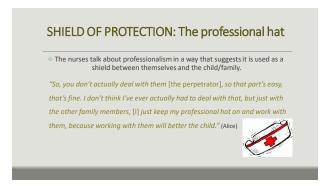








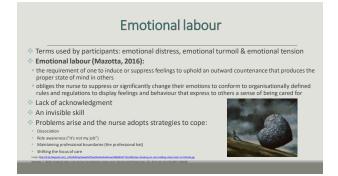


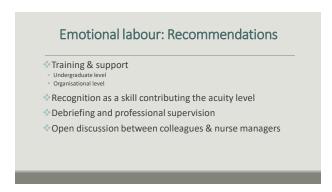




The nature of inquiry in this study can be answered in broad terms by two statements: 'The lived experiences of nurses caring for children with NAHI is different' 'The lived experiences of nurses caring for children with NAHI is protective'.









Family-centred care: Recommendations Need clear definition and exploration of how family-centred care is implemented Open and honest discussion (the absolute first step) Specific guidelines for unique care situations, especially those such as NAHI Further research into this area: the uniqueness experienced in the nursing of children who have been abused lies particularly in the interactions and management of the family



