

Bachelor's Thesis

Degree Programme in Nursing

2024

Sanni Haloila & Kiia Lähteenmäki

# Adverse and Dangerous Situations in Children's Nursing Care

– With a focus on children's psychiatric care

Opinnäytetyö (AMK) | Tiivistelmä

Turun ammattikorkeakoulu

Sairaanhoidajakoulutus

2024 | 47 sivua

Sanni Haloila & Kiia Lähteenmäki

## Vaara- ja haittatilanteet lasten hoitotyössä

- Pääpaino lasten psykiatrisessa hoitotyössä

Opinnäytetyön tavoite on selvittää vaara- ja haittatilanteiden tyyppisiä ja yleisyyttä lastenpsykiatrisessa hoitotyössä. Opinnäytetyön tarkoitus oli kerätä tietoa Suomessa tapahtuvista vaara- ja haittatilanteista lastenhoitotyössä keskittyen psykiatriseen hoitotyöhön ja luoda yhteenveto hankkeeseen osallistuvien maiden tuloksista samankaltaisuuksien ja eriäväisyyksien esille tuomiseksi. Opinnäytetyö on kirjoitettu osana Safe4Child-hanketta. Safe4Child-hankkeen tarkoituksena on kehittää traumatietoisia lähestymistapoja hoitotyössä lasten ja nuorten kanssa työskenteleville.

Tiedonhaku suoritettiin käyttäen eri tietokantoja, sekä käyttäen hankkeeseen osallistuvien maiden kokoamia materiaaleja. Safe4Child-hankkeeseen osallistuvat yliopistot kokosivat tietoa maissaan tapahtuvista lastenpsykiatrisen hoitotyön vaara- ja haittatapahtumien tyypeistä ja yleisyydestä. Kerätty materiaali analysoitiin käyttäen induktiivista analysointimenetelmää.

Tulokset osoittavat, että vaara- ja haittatilanteita tapahtuu jokaisessa hankkeeseen osallistuvassa maassa. Henkinen väkivalta, kuten nimittely tai uhkailu ovat lasten psykiatrisessa hoitotyössä yleisempää kuin fyysinen väkivalta.

Aihetta tulisi tutkia enemmän laajemman käsityksen saamiseksi vaara- ja haittatilanteiden tyypeistä ja yleisyydestä.

Asiasanat:

Henkinen väkivalta, psykiatria, hoitajat, lapset, hoitotyö, väkivalta

Bachelor's Thesis | Abstract

Turku University of Applied Sciences

Degree programme in Nursing

2024 | 47 pages

Sanni Haloila & Kiia Lähteenmäki

## Adverse and Dangerous Situations in Children's Nursing Care

- With a focus on children's psychiatric care

The aim of the thesis is to find out the type and frequency of adverse and dangerous situations in children's psychiatric nursing care. The purpose of the thesis was to gather information of adverse and dangerous situations happening in children's nursing care in Finland and then to make an overview of the prevalence between the countries participating in the project. The thesis work is written as part of the Safe4Child project.

The data was collected from different databases, and from the materials gathered by collaborating countries. The collaborating countries gathered information about the frequency and quality of the adverse and dangerous situations in each of their countries. The data was analysed by using inductive content analysis.

The results indicated that adverse and dangerous situations occur in every partnering country. Psychological abuse such as verbal abuse and threatening, happen more often in children's psychiatric nursing care than physical violence does.

The topic should be researched more to get a better understanding of the type and frequency of adverse and dangerous situations that occur.

Keywords:

Psychological abuse, psychiatry, nursing staff, children, nursing care, violence

# Table of Contents

<b>List of abbreviations</b>	<b>5</b>
<b>1 Introduction</b>	<b>7</b>
<b>2 Legislation in children’s psychiatric care</b>	<b>8</b>
<b>3 Children’s psychiatric disorders and aggression</b>	<b>9</b>
3.1 Disruptive Behaviour	9
3.2 Aggression	10
3.3 Forms of violence	10
<b>4 Violence against healthcare professional</b>	<b>12</b>
4.1 Types of violence experienced by healthcare professionals	12
4.2 Effects of violence on nursing staff	13
<b>5 Reporting adverse and dangerous situations in Finland</b>	<b>15</b>
<b>6 Aim, purpose, and research questions</b>	<b>16</b>
<b>7 Methods and analysis</b>	<b>17</b>
7.1 Detailing the timeline for the thesis	17
7.2 Data collection for Finland’s literature review	18
7.3 Qualitative literature from partner countries	20
7.4 Inductive Content Analysis	21
<b>8 Results of participating countries</b>	<b>24</b>
8.1 Finland’s report	24
8.2 Ireland’s report	26
8.3 Germany’s report	28
8.4 Bulgaria’s report	28
8.5 Summary of the results	29
<b>9 Ethics and reliability of the thesis</b>	<b>32</b>
<b>10 Discussion</b>	<b>36</b>

<b>References</b>	<b>40</b>
-------------------	-----------

## **Figures**

Figure 1 Forming the subcategories.	23
Figure 2 Types of violent situations in psychiatric care.	30

## **Tables**

Table 1 Information search	19
Table 2 Inclusion and Exclusion criteria.	20
Table 3 Simplification of the material.	22
Table 4 Patient numbers aged 0-12 by year in psychiatric care (THL 2023a).	25
Table 5 HaiPro reports by year, violence as incident type (HUS n.d.).	25

## List of abbreviations

FinCC	Finnish Care Classification
HaiPro	A reporting tool developed for reporting events that endanger patient and customer safety
HUS	The joint Authority for Helsinki and Uusimaa Hospital District
TENK	The Finnish National Board on Research Integrity
THL	Finnish Institute for Health and Welfare
N	Number
Valvira	National Supervisory Authority for Welfare and Health

# 1 Introduction

Disruptive behaviour occurs in almost every child at some stage of their development, such as reacting to disappointment aggressively. The control of behaviour develops in accordance with the child's developmental growth as their social skills evolve. However, for some children, behaviour that differs from their age level may continue. (Aronen 2016.) Around five percent of children and adolescents present some kind of behavioural disorders. Behavioural disorders in children and adolescents are often described as diverse. Diverse behavioural disorders can include long-term, repeated or continuous aggression, and defiant or antisocial behaviour. Behavioural disorders are a common reason for referring children and adolescents to mental health services. (Käytöshäiriöt (lapset ja nuoret): Käypä hoito -suositus, 2018.)

The thesis was carried out as a part of the Safe4Child project. The Safe4Child project is funded by the European Union and is a collaboration between Turku University of Applied Sciences, University College Cork, Medical University Plovdiv, and Hamburg University of Applied Sciences. One of the main objectives of the Safe4Child project is to develop training for nurses and nursing students on the management of aggressively behaving children in psychiatric and residential units. The implementation of the online course utilises a realistic virtual reality environment to practice such situations through simulation. (Safe4Child n.d.)

According to Finnish law, everyone under the age of 18 is defined as a child (Children's Protection Act 13.4.2007/417, 1:6.1). However, in accordance with the specialty, the thesis focuses on child psychiatry, i.e. children under the age of 13.

The aim of the thesis is to highlight the prevalence of adverse and dangerous situations in children's psychiatric care. The purpose of the thesis was to find out the adverse and dangerous situations in Finland and to make an overview of results provided by countries collaborating in the project.

## 2 Legislation in children's psychiatric care

According to Finnish law, everyone under the age of 18 is defined as a child (Children's Protection Act 13.4.2007/417, 1:6.1). Finnish children's psychiatric specialist care focuses on children with severe mental health disorders up to the age of 12 years old. The youth psychiatric specialist care focuses on adolescents over the age of 13 years old. (Aalto-Setälä et al. 2023, 26). The thesis focuses on child psychiatry and children under the age of 13.

An underage person can be ordered to involuntary treatment in a situation where 1) they have a serious mental health disorder, 2) failure to receive treatment would substantially worsen the child's illness or seriously endanger their or other's health and safety, and 3) no other mental health services are suitable for use. (Mental Health Act 1116/1990, 2:8.2.)

The legislation concerning the care and status of children and adolescents is extensive. Regulations regarding health care, family life and children's rights must often be considered at the same time. It is not just about knowing the laws, but the ability to apply different legislation in different situations. The number of standards, overlapping standards, or in some cases the absence of standards creates problems in applying them in certain situations. (Kaivosoja & Tolvanen 2016, 778.)

### 3 Children's psychiatric disorders and aggression

Anxiety disorders, attention-deficit disorders, disruptive behaviour disorders and depression are the most common childhood psychiatric disorders. The presence of several simultaneous psychiatric disorders or developmental disorders is common. (Sourander & Marttunen 2016, 117.) Being defiant and aggressive is typical in childhood. In later childhood and youth anti-social behaviour such as lying, stealing or violence occurs more often. (Aalto-Setälä et al. 2020, 132.)

#### 3.1 Disruptive Behaviour

Disruptive behaviour is a common phenomenon in children, and behavioural disorders or difficulties in controlling one's behaviour occur in almost every child at some stage of their growth (Aronen 2016). However, there is a difference between behavioural disorders and conduct symptoms in children. Conduct symptoms are a common phenomenon which occurs during a child's normal growth. Such symptoms are transient and short-lived. (Puustjärvi & Repokari 2017.) In turn, symptoms of a behavioural disorder are long-lasting and intense. Antisocial, defiant, or aggressive behaviour that deviates from age-concordant expectations is characteristic of long-term and recurring behavioural disorders. (Petitclerc & Tremblay 2009, 223; Puustjärvi & Repokari 2017.)

Symptoms of disruptive behavioural disorders, such as aggression, are one of the most common reasons children are referred to mental health specialists (Petitclerc & Tremblay 2009, 223; Koyama ym. 2024). Long-term behavioural problems and disorders detected in childhood predict psychiatric morbidity and psychosocial disadvantage in the future (Petitclerc & Tremblay 2009, 223; Aronen 2016). Prevention of behavioural disorders, early identification, and effective treatment in childhood are most potent functions in preventing serious problems in the future (Aronen 2016).

### 3.2 Aggression

Aggression is a complex condition that involves many different emotions such as fear, anger, and sadness. Aggression is also described as a state that causes both motorial and psychological functions. These actions manifest as aggressive and hostile reactions. (Amnell 1992.) A child's aggressive behaviour can be divided into reactive aggression, where aggressive behaviour is impulsive and unplanned, for example triggered by an emotional state, or proactive aggression, where behaviour is more deliberate and goal oriented (Fite et al. 2009; Puustjärvi & Repokari 2017).

Aggression is defined as any behaviour intended to cause harm towards an individual. It's an act performed believing it will cause harm to the target and where the target is inclined to avoid the harm. Harm caused by an accident is not aggressive since it is not intended. (Baron & Richardson 1994, 8; Anderson & Bushman 2002.) Aggressiveness is often described as a personality trait and aggression as aggressive behaviour. Therefore, acting aggressively and being aggressive are two different things. (Viemerö 2006.)

### 3.3 Forms of violence

Violence can be classified based on different forms. These forms are domestic violence, sexual violence, physical violence, psychological abuse, financial abuse, maltreatment, or neglect; cultural or spiritual violence and honour related violence, stalking, bullying, gender-based violence, violent radicalisation, and digital violence. (THL 2023b.)

Physical violence manifests itself as a deliberate violation of a person's bodily integrity. Physical violence can be, for example, hitting, kicking, strangling, shaking, causing pain, using firearms or bladed weapons, or threatening with the previously mentioned objects. (Nollalinja 2024a.)

Psychological abuse appears as intentionally damaging another person's psychological well-being (Nollalinja 2024b). Psychological abuse can have various ways of showing, such as criticising, calling names, limiting social interactions, isolation or intense jealousy. Psychological abuse can also be threatening with suicide. (THL 2023b; Mieli 2023; Nollalinja 2024b.)

Psychological abuse towards children can cause damage on the child's social, emotional, and cognitive development. That can cause negative outcomes for instance in school performance, or cause aggression, anxiety or self-harming, such as substance abuse, or even suicidal behaviour. (Rizvi & Najam 2014, 256–257.)

Self-harm can exhibit as cutting, punching, burning of the skin, or even as extreme as suicide (Lapsen itsetuhoisuus, Health village, Mentalhub; Marttunen et al. 2016, 393). It can also show as drug and alcohol usage or aggression. Substance abuse of alcohol and drugs at a young age is more likely to be caused by a need to control one's psychological pain. Controlling psychological pain with self-harm in children and adolescents is common when there is no ability to express feelings in other ways. Suicide attempts as a type of self-harm at a young age are usually impulsive acts. (Suomalainen et al. 2018.) Other mental health issues, such as depression, anxiety disorders or eating disorders increase the risk for self-harm (Marttunen et al. 2016, 395–398; Haravuori et al. 2022).

## 4 Violence against healthcare professional

Workplace violence is a common phenomenon in the nursing profession (Truman et al. 2013, 6; Dunsford 2021; Cao et al. 2023; Sófi et al. 2023; Qian et al. 2023). The basis of a nurse's work is to provide care (Dunsford 2021; Finnish Nurses Association 2021). However, available literature has not focused on ethical dilemmas from the perspective of violence, even though ethical guidelines have been made (Dunsford 2021).

In their 2023 study, Sófi et al. found that 52% of respondents to a questionnaire reported not experiencing any form of violence while working in psychiatric nursing with children. This finding was attributed to the healthcare staff's perceptions of the children in their care. Many employees viewed these children primarily as individuals who were ill and in need of assistance. As a result, when faced with aggressive behaviours, they did not interpret these actions as abusive. Instead, they understood such behaviours through the lens of the children's mental health challenges, fostering a more empathetic approach to care. This is also supported by Dunsford's (2021) conclusion that children's verbal violence is more easily accepted due to their still developing social skills.

### 4.1 Types of violence experienced by healthcare professionals

In a study conducted by Cao et al. (2023), the prevalence of verbal violence was examined in six tertiary public hospitals in China. Out of 2050 distributed questionnaires, 1567 were deemed valid for analysis. The study focused on physicians, nurses, and medical technicians, all with at least one year of work experience. Responses regarding physical and sexual violence were excluded. The researchers concentrated on examining verbal aggression directed at healthcare workers, encompassing both abuse and threats. Within this categorisation, 35,5% (n=540) of the respondents reported experiencing verbal abuse, while 22,8% (n=357) of the respondents reported being subjected to threats during the past year.

Qian et al. (2023) carried out a study focusing on the violence experiences of 21 nursing students during clinical training, using a qualitative interview. The study found that verbal abuse is common in nursing during clinical practice, not only by patients, but also by student instructors.

Healthcare workers in children's psychiatric care in particular face a significant risk of violence on a daily basis. In a particular study, researchers were in contact with 51 healthcare workers who already had at least one year of work experience in both medical and psychiatric care units. Ultimately, 21 filled out a questionnaire. Ten of the responders were nurses or specialist nurses. The most common type of psychological violence reported was threats, which covered 38% of all forms of non-contact violence. The second most common type of psychological violence reported was bullying, which encompassed behaviours like insulting, mocking, blackmailing, and blaming, with a prevalence of 24%. Physical violence was reported as kicking, pushing, spitting and biting, covering 29% of perceptions of physical violence. Respondents connected experiences of violence with patients' mental health disorders. (Sófi et al. 2023.)

#### 4.2 Effects of violence on nursing staff

Qian et al. (2023) found in their study that nursing students viewed verbal violence as disrespectful and even experienced anger consequently. Verbal violence has also had physical effects on nursing students, such as loss of appetite and insomnia. Students also began to question their career path due to the psychological and physical effects of nursing work.

The most common side effect of violent encounters experienced by healthcare workers is a trauma reaction. 76% of the survey respondents experienced feeling of victimisation as well as overall negative emotions. 43% of the respondents stated that violence cannot be avoided while 19% thought that the employee's competence influenced the situations. Violent encounters were handled though introspection to avoid more serious harm. (Sófi et al. 2023.)

In the study by Cao et al. (2023), it was found that healthcare workers who experienced verbal violence were more likely to suffer from emotional exhaustion. Additionally, their level of job satisfaction and work engagement were lower. Verbal violence was generally responded to with negative emotions such as guilt, fear, disgust, distress, and disbelief. Verbal aggression negatively impacted healthcare personnel's job satisfaction, fostering a perception of a hostile work environment. This perception subsequently influenced patient interactions and, over time, diminished healthcare professionals' confidence in their own professional skills and sense of personal dignity. Concurrently, negative psychological stress diminishes the physical, psychological, and social functioning of affected individuals, impairing their ability to maintain full concentration and immersion in their work. This, in turn, inevitably reduces healthcare workers' focus and attentiveness. Both job satisfaction and work engagement are negatively associated with unhealthy outcomes such as emotional exhaustion.

## 5 Reporting adverse and dangerous situations in Finland

Act on the Processing of client Data in Health care and Social Welfare 14.4.2023/703 (4:17), define that health care professionals must record the necessary information of the organisation, planning, implementation, monitoring and supervision of patient's care in the patient records.

In Finland, a national nursing work **registration model, FinCC**, is widely used (Mykkänen 2019). According to the FinCC 4.0 classification of nursing work activity, classification SHToL 4.0, patient care by subject area is recorded based on the components. One of these components is security. Adverse and dangerous situations and restrictive measures, which have been used to guarantee the safety of both the patient and the nursing staff, are recorded as a category under security. (Kinnunen et al. 2023.)

**HaiPro tool** is used in Finnish social welfare and health care with over 200 000 users (HaiPro 2024). HaiPro is used for reporting patient and customer safety incidents in nursing work. The main purpose is on learning from the incidents and improving operational development. (Knuuttila et al. 2007; HaiPro 2024.) HaiPro reporting is based on voluntary reporting, and those records should not be used to investigate single adverse and dangerous situations in the facilities, but instead develop patient safety (Knuuttila et al. 2007; Rauhala et al. 2018).

## 6 Aim, purpose, and research questions

The aim of the thesis is to highlight the quality and frequency of adverse and dangerous situations in children's nursing care. The purpose of the thesis as part of the project was to gather information of Finland's adverse and dangerous situations in children's nursing care, with a focus on children's psychiatric care, and to summarise prevalence among collaborating countries.

Research question guiding the thesis:

- What kinds of adverse and dangerous situations occur in children's nursing care?
- How frequently adverse and dangerous situations occur in children's nursing care?

## 7 Methods and analysis

The client of the thesis was Turku University of Applied Sciences. The thesis was written as part of the Safe4Child project, which is made in collaboration with Turku University of Applied Sciences and universities from Germany, Bulgaria and Ireland. The Safe4Child project is co-funded by the European Union. Nursing staff faces aggressive behaviour on daily basis while working with children and adolescents. In Finland, there's no existing training material for such situations. The lack of training for adverse situations challenges nursing staff on preventing such events. The goal of the Safe4Child project is to train employees in nursing to manage the challenging behaviours of children and adolescents in nursing care in specialised settings, so that the encounter with patients is humane and respectful, using trauma informed approaches. The execution of the online course uses a virtual reality environment to practice confronting children's aggressive behaviour. (Safe4Child n.d.)

### 7.1 Detailing the timeline for the thesis

The implementation of the thesis began with the selection of the topic in January 2024 under the guidance of the thesis supervisor. The initial phase of the work was the planning stage. During this phase, the authors communicated with the subject provider to ensure that the assignment was understood correctly and that the chosen direction for the planning aligned with the requirements set by the client. The thesis plan was completed in March 2024. Later in March, the authors were provided with results from collaborating countries, which marked the beginning of the analysis of these results using inductive content analysis.

In June 2024, the authors met with representatives from the collaborating countries at Turku University of Applied Sciences in Finland to present their preliminary findings, which were based on the authors' review of adverse and dangerous situations in children's psychiatric care in Finland and a summary of

these findings along with those provided by the partnering countries. Discussions were held at a general level regarding the results, their similarities and differences, as well as issues related to reporting and the lack of research data. Representatives from the partner countries expressed their appreciation for the presenters of the thesis.

The thesis was presented in a final seminar in October 2024, and the final work was completed in November 2024. The completed thesis was published electronically on Theseus following the approval of both the thesis supervisor and the client.

## 7.2 Data collection for Finland's literature review

For the thesis work's Finland's part, information was collected from different databases, such as the CINAHL Complete, PubMed and Medic databases. In addition, information was sought by manual searches from sources found to be reliable, such as the Finnish Institute of Health and Welfare, Current Care Guidelines, and Health Village.

Searches were made using search words in both Finnish and English. Search terms used for information search were "*psykiatria*" (*psychiatry*), "*psykiatrinen hoitotyö*" (*psychiatric nursing*), "*lapsi*" (*child\**), "*mielenterveys*" (*mental health*), "*väkivalta*" (*violence, aggression,*), "*vaara*" (*dangerous*), "*haitta*" (*adverse*), "*sairaanhoitaja*" (*nurse*). The results of the information search have been collected in the information search table, which can be seen in Table 1.

Table 1 Information search

Database	Search	Result	Chosen based on title	Chosen based on abstract	Chosen based on full text
CINAHL Complete	(Child*) AND (Aggressi* OR Violence OR Adverse) AND (Psychiatric nursing)	53	9	2	0
	(Child*) AND (Dangerous) AND (Psychiatry) OR (Mental health)	42	5	1	0
Pubmed	(Child*) AND (Aggressi* OR Violence OR Adverse) AND "Psychiatric nursing"	98	12	5	0
Medic	(Lapsi) AND (väkivalta OR vaara OR Aggressi*) AND (psykiatrinen hoitotyö)	12	3	2	0
Total		205	29	10	0
<b>Manual research</b>					
THL	"Psychiatric specialised health care"	8	5	1	1
HUS	"Quality and Patient Safety"	29	6	1	1
Mentalhub	"Lasten mielenterveyden hoito"	55	8	1	1
Ministry of Social Affairs and Health	"Wellbeing services counties" AND "mental health"	24	3	1	1
Valvira	"Customer information systems"	1	1	1	1
Finlex	"Potilasasiakirjat"	10	4	4	1
Total		127	27	9	6

The Boolean AND and OR operators were used in the search. Search terms were modified so that there were less than 100 search results in total. In the information search, the titles were first read from the search results, through

which part of the articles were eliminated. Based on the titles of the articles, an abstract of some of the articles was read. Based on the abstracts, the articles were selected and read in their entirety. As the topic of the thesis was so specific, the articles were also immediately eliminated if they did not answer the research questions of the thesis. The inclusion and exclusion criteria of the information search for Finland's literature review are described in Table 2.

Table 2 Inclusion and Exclusion criteria.

Inclusion	Exclusion
Released in 2014 or later	Released before 2014
Text in Finnish or English	Text in other languages
Research article, Research, Pro gradu -work	Not a research article, research or Pro gradu -work
Target country Finland	Any other country
The study deals with violence against caregivers by children	The research deals with violence against children or violence by parents against caregivers

### 7.3 Qualitative literature from partner countries

Research results produced by other universities participating in the project were used in the thesis. These research results are part of the material of the thesis and have been widely used to create a wider and more versatile results section. The material consists of four descriptions. These four descriptions are from different target countries, these being Bulgaria, Finland, Germany and Ireland. Each country had to produce a description, the content of which is the country-specific reporting model for adverse and dangerous situations, the frequency of adverse and dangerous situations, and the quality of adverse and dangerous situations in children's psychiatric nursing work. The descriptions are summaries of the public information available in the country written by each partner in the target country. None of the countries used information outside of

public registers when making the description. Descriptions provided by Bulgaria, Germany and Ireland were each two pages long. From these descriptions, a summary and analysis of adverse and dangerous situations in these different European countries was made.

#### 7.4 Inductive Content Analysis

The purpose of the analysis is to summarise the material found without removing its purpose. The purpose is to increase the information value by creating one clear entity. (Eskola & Suoranta 1998.) Part of an integrative literature review is a critical examination and evaluation of the material, but studies made from different methodological starting points can be used as the basis of the analysis (Salminen 2011, 8). The analysis takes place based on the material and partly simultaneously with the selection of the material (Kangasniemi et al. 2013, 295). In the implementation of the thesis, the material was searched for and analysed continuously, with a critical eye. The analysis of the data was reflected in the comparison and pruning of the research results found, in which case the final output is consistent, and the result is relevant and answers the research question.

The analysis of the thesis was carried out using inductive content analysis. There is no ready-made framework for inductive, i.e. data-driven, content analysis, but the classification is defined by the author based on the material used (Elo et al. 2022). Inductive content analysis can be divided into three parts. The first of these is the preparation phase, the second the analysis phase and the third the reporting phase. (Elo & Kyngäs 2008.)

The preparation phase includes the selection of a meaning unit and familiarisation with the material. The meaning unit can be, for example, a set of thoughts, a sentence, or a single word. Typically, a sentence or set of thoughts is used as a unit of analysis. The second task of the preparation phase is to familiarise yourself with the material. Familiarisation with the data happens by carefully reviewing the material and familiarising oneself with the material before

starting the analysis. (Elo et al. 2022.) The chosen meaning unit was experiences of adverse and dangerous situations. With this meaning unit, the answer to the research question “*What kinds of adverse and dangerous situations occur in children's nursing care?*” could be simplified. After the selection of the meaning unit, familiarisation with the material began. The descriptions produced by each country were carefully read through.

The second stage is the analysis phase. The purpose of the analysis phase is to summarise the data through simplification and the formation of categories. All expressions that answer the research questions are searched in the data. The expressions are then reduced by removing the extra filler words. However, the original content of the material must be preserved. (Elo at al. 2022.) After carefully reading through the descriptions, the authors started to pick out sentences from the texts corresponding to the research question. These sentences were then simplified, seen in Table 3.

Table 3 Simplification of the material.

Original sentence	Simplification
Of the 297 reported incidents, 21% (n=62) involved violence or aggression against staff.	Psychological violence showcases as verbal abuse
Of these 62 incidents, 50% involved verbal abuse of staff and 39% involved physical aggression towards staff.	Physical violence showcases as aggression
Most incidents (78%, n=232) involved self-harm, of which 35% were self-strangulation.	Physical violence showcases as self-harm
91% of all employees had experienced aggressive incidents in the last three month, of which verbal abuse (79%) and verbal threats (53%) were the most common, followed by physical assaults (24%).	Physical violence showcases as assault Psychological violence showcases as verbal threats Psychological violence showcases as verbal abuse

After the simplification the material is grouped and classified. In other words, differences and similarities are sought within the data. The expressions are then subclassified. After the formation of subcategories, these formed classes are

compared with each other and combined into uniform groups, i.e. parent classifications. (Elo et al. 2022.) After the simplification the subcategories are formed. This process can be seen in Figure 1. After forming the subcategories, the authors combined the findings into parent classifications, which were under an umbrella classification; this classification was a sentence through which the authors got an answer to the research question.

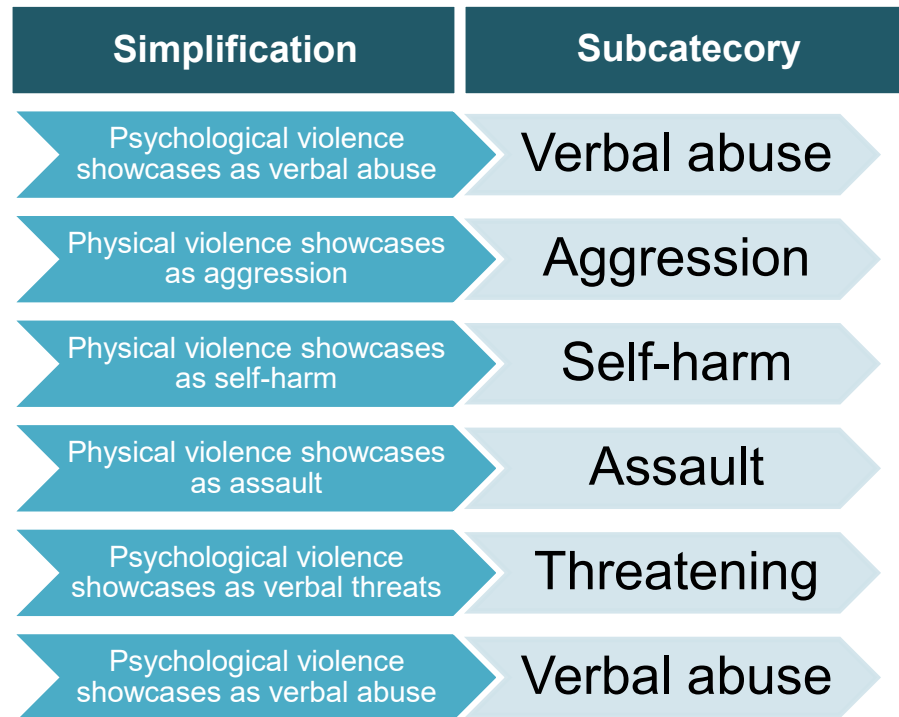


Figure 1 Forming the subcategories.

## 8 Results of participating countries

Below are the reports compiled by the participating countries, showing the statistics from the countries' adverse and dangerous situations in children's psychiatric nursing care. These countries and their universities are all cooperating partners of the Safe4Child project. University College Cork, Medical University Plovdiv and Hamburg University of Applied Sciences produced their own reports on the country-specific findings. The thesis writers from Turku University of Applied Sciences produced the results for Finland's part. From these reports, a summary was made of the quality and frequency of adverse and dangerous situations in psychiatric nursing work with children.

### 8.1 Finland's report

In Finland, wellbeing services counties are responsible for all social and health services. There are a total of 21 wellbeing services counties. These wellbeing services counties offer, and are responsible for, the welfare services in their area, such as mental health services. (Ministry of Social Affairs and Health n.d.) These wellbeing services counties have departments specialised in child psychiatry, where child patients are treated at inpatient wards and, for example, outpatient clinics (Lasten mielenterveyden hoito, Health Village, Mentalhub).

In the statistical report of the Finnish Institute of Health and Welfare (THL) for the year 2023, the number of patients in specialised psychiatric care on an annual basis by age group has been published. From the statistics, we notice that from 2012 to 2022, the number of patients in the age range 0-12 years has increased by a percentage of 49.12% (n=7311). The median number of patients treated at the inpatient wards between 2012 and 2022 was 1026 with the average value being 1016. These statistics examine only specialised psychiatric care and not mental health services. (THL 2023a.) Table 4 provides an overview of children treated in specialised psychiatric care on an annual level, as well as the annual numbers of patients in inpatient care.

Table 4 Patient numbers aged 0-12 by year in psychiatric care (THL 2023a).

Year	Patients	Inpatient care
2012	14 883	1043
2014	16 160	983
2016	18 800	1026
2018	22 027	1058
2020	22 318	985
2021	23 063	1042
2022	22 194	972

HaiPro is a reporting system widely used in Finland. It is used to report events that endanger patient safety and general adverse events in nursing work. The form consists of several parts. These sections are profession of the person filling the form, the nature of the event, incident type, the consequence for the patient, the consequence for the treating unit, the circumstances of the event and suggestions for preventing the event from happening again. The classification of incident types includes, for example, violence. (Knuuttila et al. 2007.) The joint authority for Helsinki and Uusimaa Hospital District (HUS) has published statistical information on HaiPro reports for the years 2019, 2020, 2021 and 2022 (HUS n.d.). The authors looked at the prevalence of violent situations through these public HaiPro reports in the wards treating diseases of children and adolescents. These statistics can be seen in Table 5.

Table 5 HaiPro reports by year, violence as incident type (HUS n.d.).

Year	Total of reports	Incident type: violence
2019	2140	21
2020	1733	15
2021	1867	5
2022	1690	12
Total	7430	53

In Finland, the National Supervisory Authority for Welfare and Health (Valvira) supervises social welfare customer information systems and healthcare patient information systems (Valvira n.d.). Patient documents can be found in these information systems. Patient documents include the medical report and related patient information or documents. (Act on the Processing of Client Data in Healthcare and Social Welfare 14.4.2023/703, 5:26.1.)

Entries in patient documents are made by professionals participating in the treatment (Act on the Processing of Client Data in Healthcare and Social Welfare 14.4.2023/703, 5:25.1). Adequate notes must be recorded often enough for patients who are treated at inpatient wards, and long-term care. These entries must include any status changes. Changes related to the patient's condition and treatment measures should be found in the daily entries. (Act on the Processing of Client Data in Healthcare and Social Welfare 14.4.2023/703, 5:32.1.) During inpatient care, information about patients is therefore recorded daily in the reports. These reports also record patient-specific adverse and dangerous situations in nursing work that might have taken place during the treatment period. (Act on the Processing of Client Data in Healthcare and Social Welfare 14.4.2023/703, 5:29.1.) This data is not publicly available (Act on the Processing of Client Data in Healthcare and Social Welfare 14.4.2023/703, 2:4.1).

Adverse and dangerous situations that occur in Finland are reported through the HaiPro system and recorded in patient records, but the data are not compiled into statistics. The information is also not publicly available. Therefore, there is no data available in Finland on the frequency or the type of adverse and dangerous situations nurses might face in nursing work done with children.

## 8.2 Ireland's report

Ireland has four inpatient units for Child and Adolescent Mental Health care with the total capacity of 72 registered beds. In addition to that there is two private facilities that provide additional child and adolescent mental health care.

Children may also be admitted to adult psychiatric units or to an acute paediatric unit.

Irish National Incident Management System (NIMS) works as Ireland's incident report system for all adverse behavioural incidents at the Child and Adolescent Mental Health inpatient units. Reports are filed with an approved standardised National Incident Report form. The National Incident Report form is used in all adverse incidents in the Irish health care system. The form also contains a specific section for behavioural incidents.

Ireland had 366 admissions to mental health facilities for children under 18 years old in 2022. From the 366 admissions 20 were admitted to adult units. From all admissions 72% were female and 6% under 13-year-olds. Of all patients, 63% were between the ages of 16-17 years. The average length of stay was 43,3 days.

The report has data from one of the four inpatient units over the period of 12 months in 2022. These results can be thought to represent the behavioural incidents of all Child and Adolescent inpatient facilities in Ireland.

During the twelve months period in 2022 there was 297 adverse behavioural incident reports. Of the incidents, 88% were related to female service users and incident reports ranged from 12 to 18-year-old service users. Most reported incidents happened in December and February each having 15% of the total reports made. Forty nine percent of the incidents occurred between 6pm and midnight and most of the incidents took place in the bedroom (36%) and ward (23%). Self-harm was involved in 232 cases, making up 78% of all reports made. Of all 297 reports, 21% (n= 62) included aggression or violence against staff. Verbal abuse of staff was involved in 50%, and physical aggression in 39% of the reports that included aggression or violence against staff.

In conclusion most of the children admitted to inpatient facilities in Ireland were girls over 13 years old. Of all adverse behavioural incidents recorded, 78% involved self-harm.

### 8.3 Germany's report

Germany has no official register for records of incidents happened in child and adolescent psychiatric units or residential care. Aggressive incidents and high risk for staff members are a known widespread occurrence but despite that there is no systematic questionnaire used to collect data on the issues. This is the reason for comparatively few studies on the subject.

Existing studies show that experiencing verbal and sometimes physical assault on the staff is not rare. In 2001 Germany had 40% of all reported workplace injuries happening in psychiatry.

In 2021 large scale analysis of aggressive incidents in psychiatric hospitals in the state of Baden-Württemberg was made. Staff Observation Aggression Scale-Revised (SOAS-R) was included in patients' electronic charts. The survey incorporated over 60 000 admissions in one year. Cases with aggressive incidents in 2019 were 8,1% with total number of reported cases being 206. The percentage of patients with violent behaviours was noticeably higher than in adult psychiatry and psychosomatics.

In Germany 70-80% of caregivers had experienced verbal violence over the course of a year. Physical violence was experienced by 40% of staff in outpatient care and 63% of staff in inpatient care.

Workplace injury statistic show that in 2016 25% of all reported incidents of assault, violence or being threatened took place in inpatient psychiatric wards. Younger staff with less experience have a higher risk of experiencing aggressive incidents.

### 8.4 Bulgaria's report

Bulgaria has no official register to collect data about aggressive behaviour in children and adolescents' psychiatric wards. Children who need psychiatric inpatient care In Bulgaria are divided into two groups based on their age. The

groups are children up to 13 years old and adolescents between 13 to 18 years old. Bulgaria has three inpatient children's psychiatric wards.

The National Centre for Public Health and Analysis establish and maintain the National Register of Patients with Mental Illnesses in the Republic of Bulgaria. The register has data of patients who have had treatment in Bulgaria's inpatient psychiatric care facilities, mental health centres, psychiatric clinics or wards of medical establishments for hospital care and / or in medical establishments for specialised psychiatric outpatient care. The register has a systematic collection, storage, analysis and interpretation of data on patients with mental health illnesses in Bulgaria. At the beginning and end of each school year the register examines the degree of aggression and analyse its results. There is no data on the level of aggression of children with identified mental illnesses.

## 8.5 Summary of the results

Within the country-specific reports it was found that there are no public statistics or descriptions of adverse and dangerous situations in Finland, Germany or Bulgaria. The Irish registry revealed that physical violence was largely related to self-harm. Ireland and Germany both reported physical aggression or assault towards the staff. However, what was found is that psychological violence occurs more often than physical violence. Psychological violence showcases itself as verbal abuse and threatening with acts of physical violence. Figure 2 reflects the types of adverse and dangerous situations in psychiatric nursing done with children.

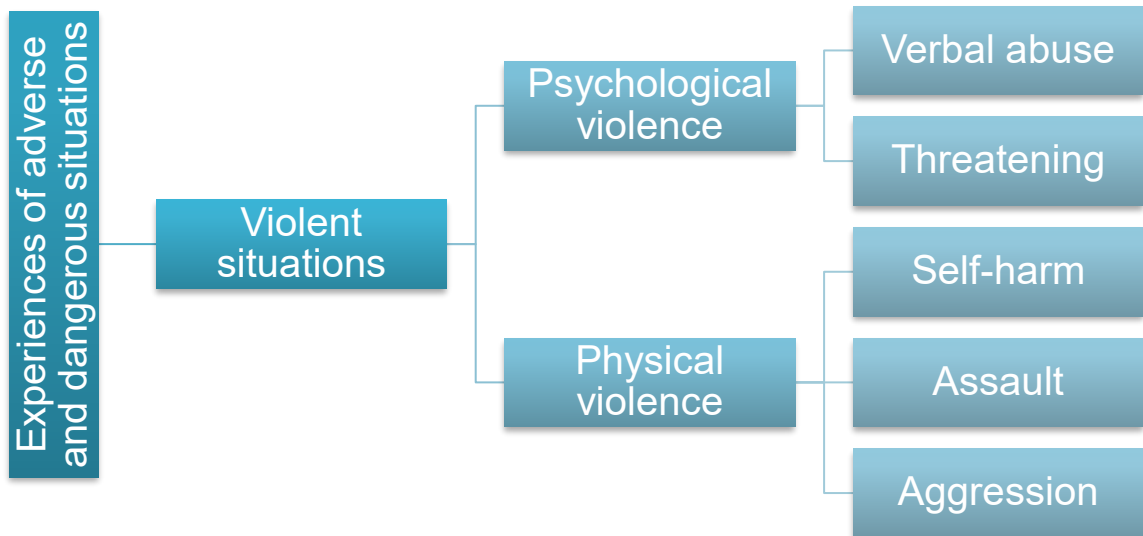


Figure 2 Types of violent situations in psychiatric care.

Since there is no statistical data from Finland or Bulgaria available for the writers, the statistics are solely based on Ireland's and Germany's reports. In 2022, Ireland reported 366 patients under the age of 18 in psychiatric care units. Six percent of these patients were under the age of 13 years old.

During 2022, 297 adverse behavioural reports were reported in Ireland. At the time of the incident, the patients were between 12 and 18 years old. Seventy-nine percent (n=232) of these reports were related to self-harm. Twenty-one percent (n=62) of the reports were related to aggression and violence towards the staff. Of the violence reports, 50% (n=31) were related to verbal violence and 39% (n=24) to physical violence. These numbers do not directly describe the aggressiveness of the target group under the age of 13 that was chosen for the study.

Germany does not have an actual report on the violence of children under the age of 13 towards nursing staff, but they produced results related to psychiatric nursing work. In Germany, 70-80% of nurses experienced verbal violence over a one-year period. Physical violence was experienced by 40% of the staff in outpatient care and 63% in inpatient care.

The publicly available HaiPro reports from HUS give some perspective on the frequency of recorded violent situations. On the other hand, there are no descriptions of the situations or more detailed breakdowns available publicly, so the nature of the violent situations remains an unknown factor. The authors also could not look at violent situations in child psychiatry separately, as these were generally classified under psychiatry, in which case adults are also considered in the statistics. The age of the patients at the time of the incident is also an unknown factor.

Since there are no actual results within the age range from any country, the authors investigated the reporting models in the target countries. In Finland, adverse and dangerous situations are reported using the HaiPro reporting model. With the HaiPro reports, it would be possible to get information about the quality and frequency of adverse and dangerous situations, but these statistics are not publicly available. In Ireland, the Irish National Incident Management System (NIMS) is used to report its violence incidents, but adverse situations for children under the age of 13 years have not been specified in the reporting. Neither Germany nor Bulgaria has an official register for adverse and dangerous situations occurring in child and adolescent psychiatry.

## 9 Ethics and reliability of the thesis

This thesis is written based on The Finnish Code of Conduct for Research Integrity and Procedures for Handling Alleged Violations of Research Integrity in Finland by Finnish National Board on Research Integrity (TENK). According to the Finnish Code of Conducts guidelines the basic principles of good scientific practices are reliability, appreciation, responsibility, and honesty (TENK 2023, 12). The authors of the thesis followed ethical research practices and methods.

Several ethical questions are involved in the selection of a research subject. In the broadest sense, questions such as what, and what kind of goals are promoted by science and research are discussed. The general starting point is that the matter to be researched is scientifically meaningful and justified. The research subject and the research problem must not offend anyone or contain assumptions about a specific group of patients. Special attention should be paid to this when studying vulnerable groups of people, such as small children and psychiatric patients. (Leino-Kilpi & Välimäki 2015, 366.) Consent for research relies on an individual's understanding of their participation. While older children may grasp the implications of their involvement, younger children may not. The challenge lies in assessing a child's capacity to comprehend and make informed decisions (Davidson & O'Brien 2009). Moreover, research involving children is crucial not only for enhancing overall health and well-being but also for ensuring that the perspectives of participating children are accurately represented in the frameworks and regulations that influence their lives (Kyegombe et al. 2019). Only a few studies have been made internationally on adverse and dangerous situations when working with children. The purpose of the thesis was to summarize the results compiled by the thesis workers for Finland and the descriptions of the cooperating countries. However, the studies found were largely international when the purpose was to gather a report of adverse and dangerous situations occurring in Finland to use for an overview of results for the participating partner countries.

Literature review as a research method is multi-method and analytical. This method of research combines a systematic information search process, selection of studies, critical reading and evaluation of the material, analysis of the material i.e. comparison and combining to produce new information. The aim of the literature review can be to describe the material that is already known, as well as the desire to find information gaps in the study of the topic. On the other hand, a literature review can also aim for new research questions, perspectives and methodological approaches. The literature review is characterised by discipline, which aims for the reliability, validity and generalisability of the research. (Vilkka 2023.)

Before starting scientific research, it should be determined whether a permit is needed for the research. The need for a research permit is found out in the planning phase of the research. (Kettunen 2019.) As the form of research for the thesis was a literature review, a research permit was not required. All data obtained for the thesis is publicly available information.

The purpose of scientific research is to produce information that is as reliable as possible. When evaluating the reliability of the research, it is determined how truthful information the research was able to produce. It is a necessary part in terms of research activities, scientific knowledge and its utilisation. (Kylmä & Juvakka 2007.) The reliability and relevance of the selection of data should be highlighted in the text. Criticism of sources should be maintained in the processing and selection of material in relation to the research question. In terms of the reliability of the research, it is important that the research questions are presented clearly. The material used for the work also supports the reliability of the research. (Kangasniemi et al. 2013.) The authors acquainted themselves with the topic of the thesis widely by using the newest available sources picked from reliable databases. The authors maintained critical throughout the whole process of writing when choosing the sources for data collection for Finland's literature review. When collecting data, the writers used inclusion and exclusion criteria to acquire data relevant to the research. The

research questions have been clearly presented and have guided the progress of the work at every stage.

The general ethical value of science is striving for independence. Thus, the assumption is that the goals and methods set by science itself lead to the best results when searching for new knowledge and understanding. The moral value base of science is characterised by four central norms. The first of the norms is universalism, i.e. the norm of universally valid criteria. This means that the characteristics of the author, such as religion or nationality, do not affect the acceptance of the claim. The second norm is communism, which includes the idea that research results are public and available to all members of the scientific community. The assumption is that the results will be published openly and completely. The third of the norms is selflessness, which means seeking information regardless of one's own interest and prestige. The fourth norm is systematic suspicion. This means postponing conclusion and judgments until sufficient empirical data gives them a solid basis. These norms promote the production of new science and serve as good principles for scientific research. (Kuula 2011.) The authors did not allow their background, such as their own beliefs, religion or nationality to influence the acceptance of the information found. The thesis is published electronically in Theseus database for the results to be publicly available to all members of the scientific community. Information for work has been searched for in a wide variety of ways, despite one's own interest.

Research misconduct means distorting research information and misleading the research community. It weakens the value of scientific work and its results and causes harm to other scientific work authors and research subjects. Research misconduct is classified in scientific use according to international practise into three subcategories, these being fabrication, falsification and plagiarism. Fabrication refers to fabricated observations and their presentation. Falsification refers to unjustified modification of research data and modification or presentation of original observations in such a way that the result is distorted. Plagiarism refers to the unauthorised borrowing of material from the work of

others without permission or orthodox referencing. (TENK 2023, 16-17.) All theses works are checked in the plagiarism detection system before being sent for evaluation (Arene 2020). When writing the thesis, no research misconduct was used in any of its subcategories. All findings of the thesis are based on research information and qualitative studies produces by the collaborating countries. No found or recorded information has been falsified. The writing has been followed by correct referencing. The thesis work was checked for plagiarism before publication.

The thesis had two authors who shared joint responsibility throughout the whole writing and research process. The thesis work has been done both independently and together to create and ensure unified work. As part of the implementation of the thesis, the supervising teacher met the authors regularly in terms of planning and implementation. The authors have also been in contact with the project leader who gave the idea for the thesis work, to ensure the consistency of the work in terms of the requirements set.

## 10 Discussion

The aim of the thesis is to find out the adverse and dangerous situations encountered in the children's psychiatric nursing, while the purpose was to write a summary of results provided by partnering countries and a literature review produced by the thesis writers of Finland's adverse and dangerous situations. The thesis was carried out as part of the Safe4Child project in a collaboration between Turku University of Applied Sciences, University College Cork, Medical University Plovdiv, and Hamburg University of Applied Sciences. The purpose of the Safe4Child project is on developing training material for nurses and nursing students on the management of aggressively behaving children in nursing care. The implementation of the online course utilises a virtual reality environment to practice confronting children's aggressive behaviour.

(Safe4Child n.d.)

Research involving children is vital for fostering their overall health and well-being, and it plays a key role in ensuring that their views are appropriately represented in the frameworks and regulations that influence their lives (Kyegombe et al. 2019). The subject is sensitive when discussing about children and violence. Adverse and dangerous situations occur in psychiatric nursing work with children in every partner country. There has been limited research on this topic, and the authors did not find detailed information on the prevalence or characterisation of adverse and dangerous situations within Finland. The results presented by other countries were also limited, with the absence of publicly available data and a scarcity of research findings being significant issues. The problem is not ignorance of the prevalence of the situations but the consequences of it. From this the authors were able to conclude that the subject should be studied more.

The guiding research questions for the thesis were "*What kinds of adverse and dangerous situations occur in children's nursing care?*" and "*How frequently adverse and dangerous situations occur in children's nursing care?*" During the analysis, several different types of challenging and adverse behaviours

encountered in psychiatric nursing with children were identified. Data was also found on the frequency of challenging and adverse behaviours.

Adverse and dangerous situation occurring in children's psychiatric nursing care included **verbal abuse, aggression, self-harm, assault** and **threatening**. It has been studied (Sófi et al. 2023) that threatening is the most common form of psychological violence in children's psychiatric units. Quite often the verbal violence of a child is accepted merely since the child does not necessarily understand social norms or their own capacity for empathy yet (Dunsford 2021). This statement is supported by findings of a study conducted by Sófi et al. (2023), where it is stated that the healthcare workers viewed children's mental health disorders as an explanatory factor for children's aggressive behaviours and these actions as not abusive. Citing the results of the thesis, Germany's findings state that 70-80% of nurses experienced verbal violence over a one-year period whilst 40% of the staff experienced physical violence in outpatient care and 63% in inpatient care. It is worth noting that these statistics are from psychiatric care, not strictly numbers from children's psychiatric nursing care. Ireland, on the other hand, reported 62 adverse events over a one-year period related to aggression or violence towards nursing staff. Of these reports, 50% were related to verbal violence and 39% involved physical aggression. These statistics being from children's psychiatric care units.

The thesis reveals problems in the reporting of adverse and dangerous situations when working in children's nursing care. Based on the findings of the thesis, there are significant differences in the reporting models of the target countries. While Finland employs the HaiPro tool and Ireland uses NIMS, Bulgaria and Germany do not have a specified reporting model for reporting adverse and dangerous situations in child psychiatric nursing care.

On the other hand, the thesis also highlights the types and prevalence of adverse and dangerous situations in different types of treatment facilities, in different collaborating countries and units. The research strengthens the perception that adverse and dangerous situations occur in all collaborating

countries. The lack of reporting models and the small amount of public data, on the other hand, speak in favour of little research on the topic.

Ethical dilemmas regarding violence faced by healthcare workers have been paid little attention to. The core of nursing work is to provide care, but providing care safely is sometimes threatened by too great a risk of violence. (Dunsford 2021.) Especially those who work in child psychiatric care face a considerable risk of violence daily, caused by both children and their family members (Sófi et al. 2023). Violence can be classified based on different forms. These forms include intimate partner violence, sexual violence, physical violence, psychological violence, financial abuse, maltreatment or neglect; cultural or religious violence and honour violence, stalking, bullying in school and early childhood education, gendered violence, radicalisation and digital violence. (THL 2023b.) It has been studied (Sófi et al. 2023) that the most common side effect of the violence experienced by the staff is a trauma reaction and 76% of the respondents have stated that they deal with the violence through negative emotions. In addition, Cao et al. (2023) found that employees who experience verbal violence were significantly more likely to suffer from psychological exhaustion, associated with a decline in job satisfaction and work engagement.

Part of the Safe4Child project is to teach nursing staff and students to deal with children in situations of challenging and adverse behaviours, but when there is no extensive data of the frequency and quality of the adverse and dangerous situations it is difficult to create teaching material for patient encounters. It is the nursing staff's right to be able to prevent and to prepare for violent encounters with all patient groups they work with, and it cannot be done without an honest description of violent situations. There should be more public reports on adverse and dangerous situations encountered in children's nursing work. Even though the subject is sensitive, the health effects on the nursing staff must not be taken lightly. The subject should be researched more to get a better understanding of the occurrence of adverse situations in nursing work. For example, qualitative studies and interviews in psychiatric units treating children would increase the public's awareness of the frequency of harmful and

dangerous events. Such research models would support the nursing staff's readiness to work in units where violence and aggression of children can be visible on daily basis. These studies would be especially helpful so that projects such as Safe4Child could produce relevant teaching material.

## References

Aalto-Setälä, T., Huikko, E., Appleqvist-Schmidlechner, K., Haravuori, H. & Marttunen, M. 2023. Kouluikäisten mielenterveysongelmien tuki ja hoito perustason palveluissa. Opas tutkimiseen, hoitoon ja vaikuttavien menetelmien käyttöön. Terveyden ja hyvinvoinnin laitos. 1. uudistettu painos. Referenced 11.9.2024. <https://urn.fi/URN:ISBN:978-952-408-131-3>

Act on the Processing of Client Data in Healthcare and Social Welfare  
14.4.2023/703

Amnell, G. 1992. Aggressio ja psyykinen kasvu. Lääketieteellinen aikakauskirja Duodecim 108 (3), 240–. Referenced 25.2.2024.  
<https://www.duodecimlehti.fi/duo20051>

Anderson, C. & Bushman, B. 2002. Human Aggression. Annual Review of Psychology 53 (1), 27–51. Referenced 10.4.2024.  
[https://www.researchgate.net/publication/228079531\\_Human\\_Aggression](https://www.researchgate.net/publication/228079531_Human_Aggression)

Arene 2020. Ammattikorkeakoulujen opinnäytetöiden eettiset suositukset. Ammattikorkeakoulujen rehtorineuvosto Arene ry. Referenced 17.10.2024.  
<https://www.arene.fi/wp-content/uploads/Raportit/2020/AMMATTIKORKEAKOULUJEN%20OPINN%C3%84YTET%C3%96IDEN%20EETTISET%20SUOSITUKSET%202020.pdf? t=1578480382>

Aronen, E. 2016. Lapsen häiriökäyttäytyminen. Lääketieteellinen aikakauskirja Duodecim 132 (10), 961–6. Referenced 6.2.2024.  
<https://www.duodecimlehti.fi/duo13145>

Baron, R. & Richardson, D. 1994. Human Aggression. Second edition. New York: Springer.

Cao, Y., Gao, L., Fan, L., Zhang, Z., Liu, X., Jiao, M., Li, Y., Zhang, S. 2023. Effects of verbal violence on job satisfaction, work engagement and the mediating role of emotional exhaustion among healthcare workers: a cross-

sectional survey conducted in Chinese tertiary public hospitals. *BMJ Open* 13: e065918. Referenced 30.10.2024. <https://doi.org/10.1136/bmjopen-2022-065918>

Children's Protection Act 13.4.2007/417

Davidson, A. & O'Brien, M. 2009. Ethics and medical research in children. *Pediatric Anesthesia* 19 (10), 994–1004. Referenced 30.9.2024. <https://doi.org/10.1111/j.1460-9592.2009.03117.x>

Dunsford, J. 2021. Nursing violent patients: Vulnerability and the limits of the duty to provide care. *Nursing Inquiry* 29 (2):e12453. Referenced 1.10.2024. <https://doi.org/10.1111/nin.12453>

Elo, S., Kajula, O., Tohmola, A. & Kääriäinen, M. 2022. *Hoitotiede* 34 (4), 215–225. Referenced 3.5.2024. <https://journal.fi/hoitotiede/article/view/128987>

Elo, S. & Kyngäs, S. 2008. The qualitative content analysis process. *Journal of Advanced Nursing* 62 (1), 107–115. Referenced 3.5.2024. <https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2007.04569.x>

Eskola, J. & Suoranta, J. 1998. *Johdatus laadulliseen tutkimukseen*. 1. painos. Tampere: Vastapaino. E-kirja. Referenced 7.3.2024. <https://www.ellibslibrary.com/book/978-951-768-035-6> Requires registration.

TENK 2023. The Finnish Code of Conduct for Research Integrity and Procedures for Handling Alleged Violations of Research Integrity in Finland. Finnish National Board on Research Integrity. Referenced 24.4.2024. [https://tenk.fi/sites/default/files/2023-11/RI\\_Guidelines\\_2023.pdf](https://tenk.fi/sites/default/files/2023-11/RI_Guidelines_2023.pdf)

Finnish Nurses Association 2021. Code of ethics for nurses. Referenced 30.10.2024. [https://sairaanhoitajat.fi/wp-content/uploads/2021/08/Tulostus\\_A4\\_EO\\_SH-2021\\_ENG.pdf](https://sairaanhoitajat.fi/wp-content/uploads/2021/08/Tulostus_A4_EO_SH-2021_ENG.pdf)

Fite, P., Stoppelbein, L. & Greening, L. 2009. Proactive and Reactive Aggression in a Child Psychiatric Inpatient Population. *Journal of clinical child and adolescent psychology: the official journal for the Society of Clinical Child*

and Adolescent Psychology, American Psychological Association, Division 38 (2), 1990–205. Referenced 27.9.2024.

<https://doi.org/10.1080/15374410802698461>

HaiPro 2024. HaiPro. Awanic Oy. Referenced 2.9.2024. <https://awanic.fi/haipro/>

Haravuori, H., Kiviruusu, O., Lindgren, M., Therman, S., Aalto-Setälä, T. & Marttunen, M. 2022. Nuorten itsetuhoisuuden esiintyvyys: Kouluterveyskyselyn 2021 tuloksia. Tutkimuksesta tiiviisti 49/2022. Terveiden ja hyvinvoinnin laitos, Helsinki. Referenced 24.9.2024. <https://urn.fi/URN:ISBN:978-952-343-966-5>

HUS n.d. Laatu ja potilasturvallisuus. Helsingin ja Uudenmaan sairaanhoitopiiri. Referenced 26.5.2024. <https://www.hus.fi/tietoa-meista/laatu-ja-potilasturvallisuus#erittely-laatu--ja-potilastur>

HUS 2020. HaiPro –ilmoitukset 2019. Erittely laatu- ja potilasturvallisuuden HaiPro –ilmoituksista vuodelta 2019. Helsingin ja Uudenmaan sairaanhoitopiiri. Referenced 26.5.2024. Available: <https://www.hus.fi/tietoa-meista/laatu-ja-potilasturvallisuus#erittely-laatu--ja-potilastur>

HUS 2021. HaiPro –ilmoitukset 2020. Erittely laatu- ja potilasturvallisuuden HaiPro –ilmoituksista vuodelta 2020. Helsingin ja Uudenmaan sairaanhoitopiiri. Referenced 26.5.2024. Available: <https://www.hus.fi/tietoa-meista/laatu-ja-potilasturvallisuus#erittely-laatu--ja-potilastur>

HUS 2022. HaiPro –ilmoitukset 2021. Erittely laatu- ja potilasturvallisuuden HaiPro –ilmoituksista vuodelta 2021. Helsingin ja Uudenmaan sairaanhoitopiiri. Referenced 26.5.2024. Available: <https://www.hus.fi/tietoa-meista/laatu-ja-potilasturvallisuus#erittely-laatu--ja-potilastur>

HUS 2023. HaiPro –ilmoitukset 2022. Erittely laatu- ja potilasturvallisuuden HaiPro –ilmoituksista vuodelta 2022. Helsingin ja Uudenmaan sairaanhoitopiiri. Referenced 26.5.2024. Available: <https://www.hus.fi/tietoa-meista/laatu-ja-potilasturvallisuus#erittely-laatu--ja-potilastur>

Kaivosoja, M. & Tolvanen, M. 2016. Yleistä psykiatriseen hoitoon liittyvästä lapsia ja nuoria koskevasta lainsäädännöstä. Teoksessa: Kumpulainen, K. Aronen, E., Ebeling, H., Laukkanen, E., Marttunen, M., Puura, K. & Sourander, A. (toim.) Lastenpsykiatria ja nuorisopsykiatria. 1. painos. Helsinki: Kustannus Oy Duodecim, 778–780.

Kangasniemi, M., Utriainen, K., Ahonen, S.M., Pietilä, A.M., Jääskeläinen, P. & Liikanen, E. 2013. Kuvaileva kirjallisuuskatsaus: eteneminen tutkimuskysymyksestä jäsennettyyn tietoon. *Hoitotiede* 25 (4), 291–301. Referenced 7.3.2024. <https://journal.fi/hoitotiede/article/view/128286/77409>

Kettunen, J. 2019. Selvitä, tarvitsetko tutkimuksellesi luvan. Referenced 2.10.2024. <https://vastuullinentiede.fi/fi/tutkimuksen-suunnittelu/selvita-tarvitsetko-tutkimuksellesi-luvan>

Kinnunen, U-M., Liljamo, P., Härkönen, M., Ukkola, T., Kuusisto, A. & Hassinen, T. 2023. FinCC 4.0 -luokituskokonaisuuden käyttäjäopas. Terveiden ja hyvinvoinnin laitos. Referenced 28.5.2024. <https://yhteistyotilat.fi/wiki08/display/FLKJ1?preview=/56886406/139796212/FinCC%204.0%20-luokituskokonaisuuden%20k%C3%A4ytt%C3%A4j%C3%A4opas%20v1.4%2020231031.pdf>

Koyoma, E., Kant, T., Takana, A., Kennedy, J. & Zai, C. 2024. Genetics of child aggression, a systematic review. *Transl Psychiatry* 14 (252). Referenced 30.10.2024. <https://doi.org/10.1038/s41398-024-02870-7>

Knuuttila, J., Ruuhilehto, K. & Wallenius, J. 2007. Terveystieteiden tutkimuskeskuksen vaaratapahtumien raportointi. Lääkelaitoksen julkaisusarja (1). Helsinki: Lääkelaitos. Referenced 26.5.2024.

Kuula, A. 2011. Tutkimusetiikka – Aineistojen hankinta, käyttö ja säilytys. Tampere: Vastapaino.

Kyegombe, N., Banks, L., Kelly, S., Kuper, H. & Devries, K. 2019. How to conduct good quality research on violence against children with disabilities: key

ethical, measurement, and research principles. BMC Public Health 19 (1133). Referenced 1.10.2024. <https://doi.org/10.1186/s12889-019-7456-z>

Kylmä, J. & Juvakka, T. 2007. Laadullinen terveystutkimus. Helsinki: Edita Prima Oy.

Käytöshäiriöt (Lapset ja nuoret). Käypä hoito -suositus. Suomalaisen Lääkäriseuran Duodecimin, Suomen lastenpsykiatriyhdistyksen, Suomen nuorisopsykiatrisen yhdistyksen ja Suomen Psykiatriyhdistyksen Nuorisopsykiatrisen jaoksen asettama työryhmä. Helsinki: Suomalainen Lääkäriseura Duodecim, 2018. Referenced 27.2.2024. Saatavilla internetissä: [www.kaypahoito.fi](http://www.kaypahoito.fi).

Lapsen itsetuhoisuus, Health Village, Mentalhub. Web address: <https://www.mielenterveystalo.fi/fi/itsetuhoisuus/lapsen-itsetuhoisuus> Read 24.9.2024.

Lasten mielenterveyden hoito, Health Village, Mentalhub. Web address: <https://www.mielenterveystalo.fi/fi/lasten-mielenterveyden-hoito> Read 21.9.2024.

Leino-Kilpi, H. & Välimäki, M. 2015. Etiikka hoitotyössä. 8.-10. painos. Helsinki: Sanoma Pro Oy.

Marttunen, M., Laukkanen, E., Kumpulainen, K. & Puura, K. 2016. Itsetuhokäyttäytyminen. Teoksessa: Kumpulainen, K. Aronen, E., Ebeling, H., Laukkanen, E., Marttunen, M., Puura, K. & Sourander, A. (toim.) Lastenpsykiatria ja nuorisopsykiatria. 1 painos. Helsinki: Kustannus Oy Duodecim, 392–404.

Mental Health Act 14.12.1990/1116

Mieli 2023. Henkinen väkivalta satuttaa sisältäpäin. Suomen Mielenterveys ry. Referenced 24.9.2024. <https://mieli.fi/vaikea-elamantilanne/vakivalta/henkinen-vakivalta-satuttaa-sisaltapain/>

Ministry of Social Affairs and Health n.d. Wellbeing services counties will be responsible for organising health, social and rescue services. Referenced 28.5.2024. <https://stm.fi/en/wellbeing-services-counties>

Mykkänen, M. 2019. Tietorakenteet hoitotietojen käsittelyssä ja potilastiedon toisiokäytössä. Kuopio: Itä-Suomen yliopisto. Referenced 28.5.2024. [https://erepo.uef.fi/bitstream/handle/123456789/21249/urn\\_isbn\\_978-952-61-3181-8.pdf?sequence=1&isAllowed=y](https://erepo.uef.fi/bitstream/handle/123456789/21249/urn_isbn_978-952-61-3181-8.pdf?sequence=1&isAllowed=y)

Valvira n.d. Information systems for social welfare and healthcare. National Supervisory Authority for Welfare and Health. Referenced 28.5.2024. <https://valvira.fi/sosiaali-ja-terveydenhuollon-tietojarjestelmat>

Nollalinja 2024a. Fyysinen väkivalta. Nollalinja.fi. Referenced 3.8.2024. <https://nollalinja.fi/mika-on-vakivaltaa/fyysinen-vakivalta/>

Nollalinja 2024b. Henkinen väkivalta. Nollalinja.fi. Referenced 24.9.2024. <https://nollalinja.fi/mika-on-vakivaltaa/>

Petitclerc, A. & Tremblay, R. 2009. Childhood Disruptive Behaviour Disorders: Review of Their Origin, Development, and Prevention. *The Canadian Journal of Psychiatry* 54 (4), 222–31. Referenced 27.9.2024. <https://doi.org/10.1177/070674370905400403>

Puustjärvi, A. & Repokari, L. 2017. Lasten käytöshäiriöihin tulee puuttua ajoissa. *Suomen lääkirilehti* 21 (72), 1364–9. Referenced 6.2.2024. <https://www.laakarilehti.fi/tieteessa/katsausartikkeli/lasten-kaytoshairioihin-tulee-puuttua-ajoissa/?public=0a34f8bb355a519541d62d6aa8f29986>

Qian, M., Zhu, P., Wu, Q., Wang, W., Shi, G., Ding, Y., Zhang, H., Xinyue, G., Xu, T. & Zhang, Q. 2023. Experiences of verbal violence among Chinese nursing students in clinical practice: a qualitative study. *BMC Medical Education* 23 (768). Referenced 30.10.2024. <https://doi.org/10.1186/s12909-023-04741-z>

Rauhala, A., Kinnunen, M., Kuosmanen, A., Liukka, M., Olin, K., Sahlström, M. & Roine, R. 2018. Mitä vapaaehtoiset vaaratapahtumailmoitukset kertovat?

Suomen lääkarilehti 46/2018 (73), 2716–2720. Referenced 1.10.2024.

<https://www.laakarilehti.fi/tieteessa/alkuperaistutkimukset/mita-vapaaehtoiset-vaaratapahtumailmoitukset-kertovat/>

Rizvi, S. & Najam, N. 2014. Parental Psychological Abuse toward children and Mental Health Problems in adolescence. Pakistan journal of medical sciences. 30 (2): 256–60. Referenced 24.9.2024.

<http://dx.doi.org/10.12669/pjms.302.4593>

Safe4Child n.d. Safe 4 Child. Referenced 28.2.2024.

<https://safe4child.turkuamk.fi/our-project/>

Salminen, A. 2011. Mikä kirjallisuuskatsaus? Johdatus kirjallisuuskatsauksen tyyppeihin ja hallintotieteellisiin sovelluksiin. Opetusjulkaisu 62.

Julkisjohtaminen 4. Vaasan yliopisto. Vaasa. Referenced 27.2.2024.

<https://urn.fi/URN:ISBN:978-952-476-349-3>

Sófi, G., Törő, K., Csikós, G. & Fliegau, G. 2023. Perceiving violence against healthcare workers in a child and adolescent emergency psychiatric ward in Hungary: a qualitative pilot study. Frontiers in Psychology, 14. Referenced 1.10.2024. <https://doi.org/10.3389/fpsyg.2023.1220183>

Sourander, A. & Marttunen, M. 2016. Lasten ja Nuorten mielenterveyden häiriöiden epidemiologia. Teoksessa: Kumpulainen, K. Aronen, E., Ebeling, H., Laukkanen, E., Marttunen, M., Puura, K. & Sourander, A. (toim.) Lastenpsykiatria ja nuorisopsykiatria. 1 painos. Helsinki: Kustannus Oy Duodecim, 116–124.

Suomalainen, L., Seilo, N., Haravuori, H. & Marttunen, M. 2018. Nuoren viiltely ja muu itsetuhoisen käyttäytyminen. Lääketieteellinen aikakauskirja Duodecim 134 (8): 857–64. Referenced 24.9.2024. <https://www.duodecimlehti.fi/duo14287>

THL 2023a. Psykiatrinen erikoissairaanhoido 2022; Osastohoidon kesto lyhenee edelleen psykiatrisessa erikoissairaanhoidossa. Terveiden ja hyvinvoinnin laitos. Tilastoraportti 66, 2023. Referenced 27.5.2024. Available:

[https://www.julkari.fi/bitstream/handle/10024/147842/TR66\\_2023\\_psykiatrinen%20erikoissairaanhoido%202022.pdf?sequence=1](https://www.julkari.fi/bitstream/handle/10024/147842/TR66_2023_psykiatrinen%20erikoissairaanhoido%202022.pdf?sequence=1)

THL 2023b. Väkivallan muodot. Terveyden ja hyvinvoinnin laitos. Referenced 7.3.2024. <https://thl.fi/aiheet/vakivalta/vakivallan-muodot>

Truman, A., Goldman, C., Berger, J. & Topp, R. 2013. Verbal abuse of pediatric nurses by patients and families. Kentucky Nurse 61 (1), 6–8. Referenced 30.10.2024.

Viemerö, V. 2006. Aggressio ja aggressiivisuus. Tieteessä tapahtuu 24 (3). Referenced 10.4.2024. <https://journal.fi/tt/article/view/56593>

Vilkkä, H. 2023. Kirjallisuuskatsaus metodina, opinnäytetyön osana ja tekstilajina. 2. painos. Helsinki: Art House