


1. 貧血之問題可出現在不同年齡及疾病診斷的兒童身上，請以您臨床照顧過的貧血個案，或是有潛在高危險性貧血的個案為例(需寫出個案的年齡與疾病診斷)，說明：
 - (1) 疾病導致貧血的機轉 (10%)；
 - (2) 病人臨床上出現的徵象與症狀(5%)；
 - (3) 面對這樣的病童，您所給予或所需給予的護理照顧重點 (10%)?
2. 請閱讀以下之英文摘要，以中文寫出：
 - (1) 研究目的、研究設計、研究對象、主要研究結果? (20%);
 - (2) 針對此研究結果，護理的臨床應用為何? (5%)

Who Gets Protection? A National Study of Multiple Victimization and Child Protection Among Taiwanese Children

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Abstract

This study aims to examine the prevalence of multiple types of child victimization and the effects of multiple types of victimization on children's mental health and behavior in Taiwan. The study also examines the child-protection rate and its correlates among children experiencing various types of victimization. This study collected data with a self-report questionnaire from a national proportionately stratified sample of 6,233 fourth-grade students covering every city and county in Taiwan in 2014. After calculating the 1-year prevalence of child victimization, the study found that bullying was the most prevalent (71%), followed by physical neglect (66%), psychological violence (43%), inter-parental violence (28%), community violence (22%),

physical abuse (21%), and sexual violence (9%). As the number of victimization types increased, children were more likely to report greater posttraumatic symptoms, psychiatric symptoms, suicide ideation, self-harm thoughts, and violent behaviors. Gender, neonatal status, parental marital status, and other family risks were significantly associated with elevated incidences of the victimization types. Only 20.6% of the children who had experienced all seven types of victimization had received child protective services. A child was more likely to receive child protective services if he or she had experienced sexual violence, community violence, inter-parental violence exposure, higher family risks, higher suicidal ideation, or living in a single-parent or separated family. In conclusion, this study demonstrates the cumulative effects and the harmful effects that children's experience of multiple types of victimization can have on the children's mental health and behavior. The present findings also raise alarms regarding the severity of under-serving in child-victimization cases. These results underscore the importance of assessing, identifying, and helping children with multiple victimization experiences.

3. 佩佩是一位 2 歲 7 個月女童，因氣喘發作經急診於小夜班住院接受 Slou-Medrol 20mg 注射 q 12 h，Atrovent 0.25mg 加 Bricanyl 1.25mg inhalation q6h 及口服症狀藥物治療。住院第二天，佩佩仍然煩躁不安，害怕生命徵象及血氧監測，拒絕給氧治療及藥物吸入，大聲哭鬧而將藥物吐出。您是照顧她的護理師，請以兒童發展的觀點分析說明：
- (1) 氣喘發作的風險因素為何(5%)？；
 - (2) 佩佩的煩躁不安、害怕、哭鬧等行為的可能因素及護理重點(10%)；
 - (3) 如何衛教家屬有關急性期及後續的氣喘照護重點，以避免再度惡化發作(10%)?
4. 隨著醫療科技的進步，急重症及長期照護需求的兒童及其家庭照護，需要更多的了解及重視。請由您臨床照顧過的個案經驗，舉例說明：
- (1) 兒童及其家庭面對長期照護的壓力源及照護需求(15%)；
 - (2) 長照 2.0 未能普遍照顧的兒童對象，您如何為其發聲及爭取其基本權利 (10%)?