

# Barriers that inhibit nurses reporting suspected cases of child abuse and neglect

## AUTHORS

### Anne Piltz

RN, BN  
Registered Nurse, Riverland Regional Health Services  
Inc, Berri, South Australia  
annemdixon6@hotmail.com

### Tracey Wachtel

RN, Master Nursing, Grad Cert Nursing, MRCNA  
Lecturer in Nursing, Clinical Coordinator (Riverland),  
School of Nursing and Midwifery, Flinders University,  
Renmark Campus, South Australia  
tracey.wachtel@flinders.edu.au

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## KEY WORDS

child abuse and neglect, nurses, mandatory reporting, barriers

## ABSTRACT

### Objective

An integrative review of the literature was undertaken to identify barriers that inhibit nurses from reporting suspected cases of child abuse and neglect.

### Primary Argument

Nurses in all states and territories of Australia except Western Australia are legally required to report suspicions of child abuse and neglect to relevant child protection services. Nurses often have first contact with abused children, yet they do not make the top five list of people who notify. There is limited evidence on what motivates the reporting process and it appears that while nurses are in a key position to report suspected cases of abuse, barriers may exist that hinder this process. These barriers must be identified and addressed.

### Findings

Limited education on recognising signs and symptoms of abuse was found to be a major barrier to reporting. Other barriers include limited experience, poor documentation, low opinion of child protection services, fear of perceived consequences, and lack of emotional support for nurses through the reporting process.

### Conclusion

Although nurses are mandatory notifiers; that is, they are required by law to report child abuse and neglect, education in this area is not compulsory. While most Australian nursing degrees provide some content on child abuse and neglect, this is not a legal requirement nor is the content standardised. The introduction of compulsory mandatory reporting education should be considered for all undergraduate and post graduate nurses. Further research is needed to evaluate the effects of mandatory reporting education on outcomes and to reduce identified barriers to reporting. This in turn may offer greater protection for children, the most vulnerable members of society.

## INTRODUCTION

The World Health Organization (WHO) estimates 40 million children worldwide are victims of child abuse each year (WHO 2001). In 2006-2007 there were 58,563 substantiated investigations of child abuse in Australia (NCPC 2008). The physical, psychological and social costs of child abuse create an estimated financial burden on Australian health and criminal justice services of \$4.9 billion per year (Kids First Foundation 2003). Monetary figures however, do not adequately convey the humanitarian cost of child abuse.

There is no universal definition of child abuse but it is generally considered to be any abusive act that causes physical or emotional harm to a child, or if a child is harmed because of an adult's failure to provide adequate care (SA Government 2006). A child is defined as 'a person below 18' under the 'Convention of the Rights of the Child' (UNICEF undated). The effects of child abuse vary greatly and are difficult to determine. However it is known that abuse will have a deleterious effect on a child such as increased risk of depression; risk to the child's emotional and physical development increases the longer the abuse continues (WHO 2002).

Australia does not have national child protection legislation, with each state having different laws and requirements (NCPC 2007). Mandatory reporting legislation is in place in all states and territories except Western Australia, with reforms pending in Western Australia, which requires nurses either as professionals or as adults to report suspicions of child abuse (NCPC 2007).

Nurses working in accident and emergency departments often have first contact with abused children (Powell 1997) yet according to the Australian Bureau of Statistics (ABS) nurses do not make the top five list of people who notify, which includes police, school personnel, parents and guardians, friends and neighbors and other relatives (ABS 2003). There is limited evidence on what motivates the reporting process and it appears that while nurses are in a key position to report suspected cases of abuse, barriers may exist that hinder this process. This integrative review of the contemporary literature aims to identify potential barriers that inhibit nurses in Australia from reporting suspected incidences of child abuse and neglect. To the authors' knowledge this is the first literature review to address this issue.

**Table 1: Summary of studies**

Study	Aim	Sample	Method	Major Findings
Adams 2005 USA	Investigate how frequently advanced practice nurses assess and document risk factors for child abuse and neglect	118 advanced practice nurses One state (urban, rural and city)	Quantitative questionnaire (open/closed)	Deficit in knowledge and comprehension of key risk factors for possible child abuse and neglect
Blakely and Riberio 1997 Canada	Examine paediatric and community health nurses knowledge, attitudes, practices and degree of confidence concerning child sexual assault	164 nurses from one Canadian province	Quantitative questionnaire (open/closed)	Nurses require and request education to improve knowledge and skills for identifying, referring and treating victims of child sexual assault
Blaskett and Taylor 2003 Australia	Discover how professionals decide if a child has been abused and what influences their decision to report	452 professionals including 77 nurses 1 state Systematic random sample	Mixed design: Questionnaire and interviews	70% nurses had no training on child protection issues Concerned CPS response inadequate Feared reprisals from perpetrator
Crisp and Lister 2004 UK	Explore nurses' understanding of their professional role in relation to child protection	99 nurses Purposive sampling 1 city	Qualitative semi structured interviews	Conflict exists between identification of child abuse and providing support to families

**Table 1: Summary of studies, continued...**

Study	Aim	Sample	Method	Major Findings
Fagan 1998 UK	To identify accident and emergency nurses knowledge of child abuse and what they do when a possible victim presents to accident and emergency	14 accident and emergency nurses Purposive sampling	Qualitative questionnaire written in booklet	Current knowledge on policies, guidelines and legislation need addressing Further training and education needed
Feng and Levine 2005 Taiwan	Determine the experiences of Taiwanese nurses with new child abuse reporting laws	1400 nurses, four regions in Taiwan including rural urban and city Stratified quota sampling	Quantitative questionnaire	Most nurses never received education on child abuse and neglect nor reporting laws
Feng and Wu 2005 Taiwan	Identify factors associated with nurses intention to report child abuse and neglect in Taiwan	1362 nurse in four regions of Taiwan city, urban and rural Stratified quota sampling	Quantitative questionnaire	80% received no content on child abuse and neglect during undergraduate education Feeling uncertain about evidence of child abuse is a major barrier to reporting
Flaherty et al 2000 USA	Describe primary care providers experiences identifying and reporting suspected child abuse and variables affecting reporting behavior.	85 health care providers including 8 nurse practitioners	Quantitative questionnaire (open/closed)	Past negative experience with CPS inhibited reporting Education increases probability of care providers reporting
Lagerberg 2001 Sweden	Assess child health nurses identification and reporting of child abuse to CPS	1500 child health nurses Nationwide survey in 3000 centers	Quantitative questionnaire (closed with space for comments)	Awareness of child abuse low Personal interest important in identifying abuse Regular contact with CPS increased reporting
Lazenbatt and Freeman 2005 Northern Ireland	Assess primary care professionals ability to recognise and report child abuse and their education needs	419 professionals including 147 nurses Stratified sampling	Mixed design: Questionnaire (open/closed)	99% stated education on child abuse and neglect should be included as part of vocational education
Limandri and Tilden 1996 USA	Explore factors that influence clinician's decision to intervene in family violence	241 nurses surveyed Random selection 9 interviewed nurses purposive sampling	Mixed design: Intensive interviews	Content on family violence should be included in curriculum Need for clinical reasoning emphasised
Ling and Luker 2000 UK	Explore the meanings individual health visitors attach to events concerned with identifying children who may be at risk of child abuse	16 nurse health visitors	Qualitative interview and observation	Nurses used intuition when reporting cases of child abuse Nurses see experience as aiding intuition
Nayda 2002 Australia	Gain insight into experiences of registered nurses working with children	10 community health nurses Purposive sampling	Qualitative structured interviews	Nurses based decision to report on; intervention likely to be undertaken by CPS, consequences, moral judgment and type of abuse
Nayda 2004 Australia	Expose influences on nurses communications about reporting suspected child abuse	950 accident and emergency records in two venues 11 paediatric and accident and emergency nurses interviewed from 1 venue Purposive sampling	Qualitative semi structured interviews Vignettes Researchers Journal Entries	Lack of documentation about suspected child abuse and neglect Accident and emergency nurses deferred responsibility of reporting to paediatric nurse Nurses feared being wrong

**Table 1: Summary of studies, continued...**

Study	Aim	Sample	Method	Major Findings
Paavilainen et al 2002a Finland	Examine whether nurses and doctors at a university hospital needed supplementary training in identification on child physical abuse.	317 nurses and doctors 1 hospital	Quantitative questionnaire (closed/open)	60% needed supplementary training in identifying child abuse  Those with experience caring for abuse children felt they needed more training more often  Basic education had not addressed child abuse and neglect
Paavilainen et al 2002b Finland	Determine how nurses and physicians rated their ability to identify child maltreatment	317 nurses and physicians 1 university hospital	Quantitative questionnaire (open/closed)	40% estimated they had never cared for an abused child 75% believed they would be able to identify child maltreatment case Distinct physical signs of abuse recognised More education needed
Smith 2006 USA	Examine knowledge and understanding of child maltreatment held by students who will be future mandated reporters	332 university students across disciplines (1 university) included 10 nurses	Quantitative questionnaire (closed and contained vignettes)	Difficult to define emotional abuse and neglect Would report if certain of abuse Training may need to focus on less clear aspects of abuse rather than what is easily recognisable

CPS = child protection services

## METHOD

A comprehensive search of electronic databases CINAHL, MEDLINE, PsycINFO, Proquest and Journals@ OVID full text was conducted using the keywords nurse/nursing, child abuse and neglect, barriers, education, mandatory reporting, child maltreatment, and family violence. Included in the review were primary studies published in English from 1996-2007, those with more than one nurse involved in the sample population, and those that discussed barriers to reporting. The bibliographic details of the 13 articles initially retrieved yielded four more articles. Overall, seventeen primary research articles were retrieved including five qualitative, nine quantitative and three mixed design. A summary of the studies is provided in table 1.

### Summary and critique of the literature

The research originated from several different countries including the United States of America, the United Kingdom, Australia, Finland, Sweden, Taiwan and Canada. Sample size varied from 10 to 1500 participants depending on the chosen method and

area of focus. The use of questionnaires and self reported data by ten of the fourteen studies may have introduced bias by allowing respondents to report what is socially acceptable, not necessarily how they would react in a real situation (Roberts and Taylor 2002). Questionnaire return rates varied from 36% to 80%, at times well below the return rate of 80% recommended to provide an accurate representative sample (Gerrish and Lacey 2006). Seven of the included studies used questionnaires tested by other researchers or completed a pilot study, thus increasing the validity and reliability of the questionnaire (Gerrish and Lacey 2006).

The authors of this study acknowledge that large variations in research design, sample size and selection make it difficult to compare results and may limit generalisability of findings (Roberts and Taylor 2002). However the authors agree with Tomison (2000 p.1), who advocates the adoption of 'methodological flexibility' to provide a better understanding of child abuse as a social phenomenon in order to continue significant shifts in Australian child protection practice

based on overseas research. The importance of this issue cannot be underestimated and any research that aims to improve the outcomes for children at risk is seen by the authors of this study as a positive contribution. However there is a clear need to ensure that future research is both rigorous and valid to be certain practice is based on the best available evidence.

## FINDINGS

A thematic analysis of the literature was conducted to provide a framework for the findings and critical analysis of the studies was undertaken using guidelines from Roberts and Taylor (2002). Three themes emerged that allow a portrayal of nurses' experiences in relation to recognising and reporting suspected cases of child abuse:

- 1) factors influencing identification of child abuse and neglect
- 2) the role of experience in recognising and reporting child abuse and neglect, and
- 3) factors that deter nurses from reporting suspected child abuse and neglect.

### **1) Factors influencing identification of child abuse and neglect**

Nurses repeatedly reported current levels of training about child abuse and neglect as inadequate and requested more education on signs and symptoms of abuse and techniques to solicit information whilst maintaining therapeutic relationships with families (Lazenbatt and Freeman 2006; Feng and Levine 2005; Feng and Wu 2005; Blaskett and Taylor 2003; Paavilainen et al 2002a; Paavilainen et al 2002b; Blakeley and Riberio 1997; Fagan 1998; Limandri and Tilden 1996). Several studies found nurses had limited knowledge about child abuse in general, particularly emotional abuse and neglect (Smith 2006; Feng and Levine 2005; Crisp and Lister 2004; Nayda 2002; Blakeley and Riberio 1997).

Paavilainen et al (2002b) found health care staff had sound theoretical knowledge on child maltreatment; however they were more likely to list distinctive physical signs like multiple fractures and bruises

as indicators of abuse. This finding was supported by several studies who found nurses frequently had trouble recognising child maltreatment unless there were prominent physical signs (Smith 2006; Paavilainen et al 2002a; Blakeley and Riberio 1997; Fagan 1998; Limandri and Tilden 1996). Risk factors for abuse and neglect were also often unknown and nurses felt they had limited ability to gain information from children if abuse was suspected in the absence of physical signs (Adams 2005; Blakeley and Riberio 1997). Nurses were also less likely to report abuse without evidence or if they were uncertain abuse had occurred (Feng and Levine 2005; Feng and Wu 2005; Nayda 2004; Flaherty et al 2000; Limandri and Tilden 1996).

Recent education on child abuse was found to improve reporting rates, and recent nursing undergraduate courses were more likely to have content related to child abuse (Flaherty et al 2000; Limandri and Tilden 1996). While Blakeley and Riberio (1997) found no correlation between nurses' knowledge of child sexual abuse and the amount of time spent on the topic in undergraduate education, they concluded that nurses who completed further education on child sexual abuse had additional knowledge. Evidence suggests nurses with a personal interest in child abuse were more likely to seek additional education and nurses who worked with abused children believed they needed more training more often (Paavilainen et al 2002a; Lagerberg 2001).

### **2) The role of experience in recognizing and reporting child abuse and neglect**

Numerous studies found nurses with education and experience dealing with child abuse and neglect had greater skills in recognising and reporting child abuse (Adams 2005; Nayda 2002; Paavilainen et al 2002b; Fagan 1998). Several studies found nurses use their intuition when reporting abuse, but believe previous experience assisted this intuition and only prompted them to look for evidence once their suspicions had been aroused (Ling and Luker 2000; Fagan 1998). Experienced nurses also reported difficulties recognising and reporting cases of child abuse and neglect, citing limited contact with abused children

as the primary reason (Adams 2005; Nayda 2002; Paavilainen et al 2002b; Fagan 1998).

Nurses from particular fields had different perceptions of their role in reporting child abuse. Nurses working in community settings in the UK (n=99) felt divided between reporting what they saw during routine health services and the pressure to actively seek out signs of abuse and neglect (Crisp and Lister 2004). In Australia, community health nurses (n=10) felt it more beneficial to spend time supporting families and implementing strategies to assist them than in reporting abuse (Nayda 2002), while nurses working in accident and emergency departments (n=11) believed they did not spend enough time with clients, stating doctors and paediatric nurses had more experience and were better able to report abuse (Nayda 2004).

Community child and youth health nurses with past experience in the clinical paediatric setting expressed difficulty discerning willful neglect from a failure to meet middle class standards (Nayda 2002). Cases of emotional abuse and neglect were frequently tolerated by these nurses and seen as a social problem that was impossible to change (Nayda 2002). Accident and emergency nurses were reluctant to report people in lower socio-economic areas who they believed were more likely to be accused of abuse (Nayda 2004).

A multidisciplinary study that focused on students who would be mandated reporters in their future professions found they were unlikely to report if they did not believe an act was abusive. However the author recognised it was unknown if these beliefs would match students' actions once in the workforce. Students were also more likely to recognise and report abuse around their area of study. For example, nursing students recognised health issues whereas child development students recognised emotional abuse more easily (Smith 2006).

### **3) Factors that deter nurses from reporting suspected child abuse and neglect**

A commonly reported barrier to reporting was a nurse's fear for themselves and their families

(Lazenbatt and Fremann 2006; Nayda 2004; Blaskett and Taylor 2003; Nayda 2002, Paavilainen et al 2002b). Reporting was viewed as especially difficult in small communities where it could be deduced who made the report and where there was overlapping of personal and professional lives (Limandri and Tilden 1996). Further barriers reported included fear of pushing the family away from health services, the consequence this could have for the child, and feeling a sense of betraying the family (Crisp and Lister 2004; Nayda 2002; Flaherty et al 2000; Limandri and Tilden 1996).

Past negative experiences with child protection services (CPS) made some nurses hesitant to report (Feng and Levine 2005; Feng and Wu 2005; Blaskett and Taylor 2003; Flaherty et al 2000; Limandri and Tilden 1996). Nurses from several studies believed CPS were overburdened and that interventions were not always beneficial to the child (Blaskett and Taylor 2003; Nayda 2002; Lagerberg 2001; Flaherty et al 2000; Limandri and Tilden 1996).

Lack of documentation was also reported as a barrier to reporting. Limandri and Tilden (1996) concluded nurses were more comfortable reporting if there was documentation of past patterns of abuse, while Nayda (2002) found paediatric nurses documented their concerns about abuse 'considerably more frequently' than accident and emergency nurses. Hospital records contained limited documentation of either suspected or obvious abuse written by accident and emergency nurses, and some nurses interviewed stated they considered this the role of doctors (Nayda 2002). This lack of documentation does not allow alerts to be raised if a child is a frequent attendant to accident and emergency departments and may therefore impede future reporting.

## **DISCUSSION**

This review indicates many nurses have limited knowledge of child abuse and neglect and require education on mandatory reporting and child protection services. Nurses also need support with the emotional side of reporting or they may be reluctant to report in the future.

Many universities in Australia include content on child abuse and neglect in nursing education; however this is not required by relevant regulatory bodies, nor is the content standardised. It has been asserted that laws on mandatory reporting are meaningless without education to support them (Reinger et al 1995). Yet there may be many practicing nurses who have never received education about child abuse and neglect, nor their legal obligations as mandatory reporters (Nayda 2005).

To reduce existing barriers to reporting suspicions of child abuse and neglect, mandatory reporting education should be considered for all nurses in Australia at both an undergraduate and post graduate level. Ideally, mandatory reporting policy could be included as a nursing competency. The proposed nationalisation of nursing regulation in Australia in 2010 provides an ideal opportunity to regulate and standardise mandatory reporting education for nurses nationally.

Little is known about the effect of mandatory reporting on the prevention of child abuse and neglect (WHO and ISPCAN 2006). There is a need for further research in this area to determine if compulsory mandatory reporting education would affect outcomes. For example, nurses could be allocated an anonymous reporting code that identifies if the reporter has undergone education, thus enabling a comparison of reporting practices. A formal evaluation of this process would provide valuable data on which to base future recommendations for practice and research.

## CONCLUSION

Nurses often have first contact with abused children and are legally bound to notify child protection services of any suspicions of child abuse or neglect. However education on mandatory reporting is not compulsory. Evidence suggests there are many barriers to reporting child abuse and neglect including limited education and experience, poor documentation, low opinion of child protection services, and fear of perceived consequences. Further research is needed to evaluate the effects

of mandatory reporting education on outcomes and to reduce identified barriers to reporting. This in turn may offer greater protection for children, the most vulnerable members of society.

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