

Why Nurses Underreport Suspected Child Abuse Cases

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About the author:

A native of Addis Ababa, Ethiopia, Kidist received a Clinical Excellence Honorable Mention award from the School of Nursing for her exceptional work in interacting and meeting the health care needs of Pediatric patients. She is the recipient of the Goppert and Maude Landis Nursing Scholarship. Her long-term plans are to return to Ethiopia and work with children in orphanages or who have lost their parents. Short term, Kidist sees herself as working in a pediatric-oriented environment and furthering her education. She writes, "As a mother and a future nurse, I feel that we need to make our voices heard and become advocates for children who are abused every day. No child deserves to be abused, but should be safe, healthy, and happy."

Why Nurses Underreport Suspected Child Abuse Cases

In 2006, approximately 906, 000 children in the United States were victims of abuse and neglect, and an estimated 1,500 children died (Anonymous, 2008). Federal laws require each state to have their own definition of child abuse and neglect with an identified minimum set of actions or behavior. Federal law defines child abuse and neglect as any type of recent act by the parent or caretaker that results in death, serious physical or emotional harm, sexual abuse, and an act that presents an imminent risk of serious harm to a child. Child abuse can be classified as physical, sexual, and emotional. Child neglect is also a form of abuse (Anonymous, 2007).

Between the years 1963 to 1967, the federal government enacted the first mandatory reporting laws (Mathews & Kenny, 2008). This reporting duty was designated to health care professionals, social workers, teachers, and childcare providers who are likely to encounter children on a daily basis due to their nature of work. The purpose of this paper is to identify some of the factors that influence health professionals to underreport child abuse or neglect cases. This issue is particularly important in nursing because of nurses' close contact with children, parents, and family members.

Review of Literature

Any person can report child abuse and neglect. However, as mentioned above professionals who are in routine contact with children are legally mandated to report suspected child maltreatment. Typically, if a reporter in his or her official capacity suspects or has reasons to believe that a child has been abused or neglected, he/she should report the incident to Child Protective Services (CPS) immediately. The reporter should also report the source of suspected abuse (parent, adult caregiver, or legal guardian, and the types of abuse (physical, emotional, sexual, psychological and neglect) (Depanfilis, 2006).

Some states also require reports of other types of abuse to children like exposing children to illegal drugs, use of drugs by caregiver impairing ability to adequately care for child, exposing child to criminal distribution, production, and manufacture of drugs, etc. Reporters should contact the Child Protective Services (CPS), who initiates the assessment, investigation, and removal (if warranted) of the child. However, studies have shown that not all of the child abuse and neglect cases recognized by professionals were reported to CPS (Mathews & Kenny, 2008).

Issues with underreporting

Nurses' are key assets in the community in identifying child abuse and neglect cases. It is important to remember that nurses' are not only care providers, but also advocates and voices of the children who are victimized and neglected. In fact, Fluke, Shusterman, Hollinshead, & Yuan (2008) noted that initial reports made by health care professionals would be intervened swiftly by CPS. This agency more likely finds victimization in children that were reported by health care professionals. This illustrates the need for nurses' to be vigilant when dealing with suspected child abuse cases.

Several factors can be identified as to why health care professionals underreport suspected child abuse cases. The inexperienced nurse who lacks confidence and fears being wrong on his/her assessment of the suspected child abuse case may not intervene and report. The nurse may also feel guilty about the consequences of his/her report if the child is removed from home and put in foster care (Jones et.al).

Greipp (1997) found out that nurses often underreport because of their own personal history with child abuse. For example, if a nurse experienced abuse as a child or knows someone close who had been abused as a child may feel that it is "ok" and considers it as part of life. In addition, the perception that children who are abused will come forward and will reveal the fact

that he or she is being abused will alter the nurse's decision-making in reporting since children who are abused will simply hide their distress and may not open up.

Similarly, the nurse's personal biases or cultural experiences could lead to underreporting of child abuse cases. For example, if a nurse observes a child who is acting out and appears to be a "*brat*", then the nurse might ignore the bruises on the child's body thinking it was from the child's aggressive nature. Cultural experiences like believing that parents have full right to discipline, restrain, and punish their own children, could lead the nurse not to intervene in suspected child abuse cases (Greipp, 1997).

Sanders & Cobley (2005) found out that there is a "*culture*" of underreporting of non-accidental injuries in children in hospital emergency departments mainly because a significant number of medical or nursing staff do not have formal education in identifying potential indicators of child abuse. Therefore, many rely on the pediatrician or the medical doctor to assess and give his/her opinion about the case. The case may go underreported if there is no rapid access of pediatrician or medical doctor.

Jones et.al, (2008) conducted a study with primary care physicians on whether they reported suspected child abuse cases and found that only 73% of the injuries were reported to CPS even when the physician had the highest level of suspicion that there would be a possible child abuse. In this study, the physicians reported that they did not report the case to CPS because of anticipated negative child or family consequences of a report. They also reported, despite their report to the CPS, they have not taken action on the case or CPS may investigate but will close the file without further action.

Conclusion

In summary, child abuse is a global problem that is increasing in frequency. Here in the United States, thousands of children are abused and neglected each year. Although Federal law mandates health care professionals, teachers, social workers to report suspected child abuse cases, society as a whole should bear the responsibility of reporting cases of child abuse to the appropriate governmental agency. However, findings of this report demonstrate that there is significant lack of detection and underreporting among health care providers and nurses. Factors identified as reasons for underreporting include lack of knowledge in and assessment skills by nurses' when dealing with a suspected child abuse case. In addition, personal history and bias related to abuse, and the impression that CPS will not intervene as required are some of the other reasons of underreporting.

Reporting suspected child abuse cases is not only a legal obligation, but also an ethical and moral obligation. As future nurses, we all must remember that we are advocates for the children who are being abused and injured every day – we have to make sure it never happens again. The nurse is responsible for applying ethical principles as it relates to particular child abuse cases. A nurse who actively seeks to intervene in suspected child abuse cases has simply applied the ethical principle beneficence – that directs the nurse toward doing good for the client. To ignore a suspected abuse case would be a violation of non- maleficence – doing no harm to the client. By reporting a suspected child abuse case, the nurse will promote justice and follows mandatory reporting laws.

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