International Journal of Nursing Studies 47 (2010) 146–153

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns

Factors influencing child abuse and neglect recognition and reporting by nurses: A multivariate analysis

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ARTICLE INFO

Article history:
Received 16 January 2009
Received in revised form 2 April 2009
Accepted 23 May 2009

Keywords:
Child abuse and neglect
Mandatory reporting
Professional training
Nurse reporting

ABSTRACT

Background: Reporting of known and suspected child abuse and neglect is a fundamental responsibility of health professionals in many countries including Australia. Nurses' duties to report child abuse and neglect are expressed in legislation, or in occupational policy documents. In this paper factors influencing nurses' compliance with mandated reporting are examined.

Objective: The purpose of this study was to examine the relationship between nurse characteristics, training, knowledge of legislative reporting duty and attitudinal factors on the reporting by nurses of different types of child abuse and neglect.

Methods: Logistic regression analyses were conducted to examine relationships between variables.

Design, setting and participants: A cross-sectional survey using the Child Abuse and Neglect Nurses' Questionnaire (CANNQ) was conducted. The respondents were 930 Registered Nurses (RNs) currently working across metropolitan, rural and remote locations throughout the state of Queensland, Australia.

Results: Nurses were confident and knowledgeable in their obligation to report physical [CPA] and sexual [CSA] abuse. They were less confident and knowledgeable about emotional abuse [CEA] and neglect [CN]. Recognition of the extent of harm to abused and neglected children was poor. Positive attitudes to mandatory reporting influenced better recognition of all forms of abuse and neglect and the likelihood of reporting CSA, CEA and CN; parenting experience influenced intention to report child sexual abuse, and CAN training predicted reporting of child neglect.

Conclusions and practice implications: Results indicate that with training, nurses are a key choice for mandating child abuse and neglect reporting. Educational preparation and training for nurses should emphasise the serious impact of child abuse and neglect on children and families to improve recognition of the extent of harm and the likelihood of reporting. From a perspective of increasing compliance with the legislative duty, particular attention needs to be paid to recognition and reporting of CEA and CN. Further research is needed to determine whether factors influencing sound reporting can be successfully modified.

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doi:10.1016/j.ijnurstu.2009.05.015

What is already known about the topic?

- Professionals working with children and families are often reluctant to make a report of child abuse or neglect.
- Few studies of registered nurses have been conducted, but previous research has uncovered that nurses are less likely to report suspected cases of emotional abuse and neglect; concerned about making a report that will not be substantiated; concerned about reprisals and fearful that reporting will not benefit the child or the family. Nurses have been found to lack professional training and skills and some do not to acknowledge its significant impact on children and adult survivors.

What this paper adds

- Analyses support that nurses' attitudes to reporting suspected or known child abuse and neglect not only influence intended reporting behaviour but also the ability to recognise the seriousness of cases of child abuse and neglect.
- Prior training and nurses' personal experience as a parent also influence likelihood to report some types of maltreatment.
- Australian nurses usually report except under certain conditions. As a professional group, nurses are a good choice of mandated professional for child abuse and neglect reporting.

1. Introduction

The incidence, sequelae and costs of child abuse and neglect (CAN) have become steadily more apparent in recent decades. Parents and caregivers are known to be perpetrators in most instances of CAN, which can range from apparently mild incidents such as minor emotional neglect, and problems with disciplining a child, to serious and criminal matters such as sexual abuse, severe physical abuse, and life-threatening neglect. Parents in 'less serious' cases may often not seek assistance from helping agencies or professionals, and those responsible for very serious cases of CAN are even less likely to disclose the events.

In an effort to respond to these problems, and faced with the challenge of discovering cases of CAN that otherwise would remain concealed, many jurisdictions across the world have imposed an obligation on members of selected occupations regularly dealing with children to report known or suspected CAN to government agencies. Nurses are one of the occupational groups usually selected to report known or suspected CAN (Mathews and Kenny, 2008) due to their ideal situation to help protect children from harm; nurses have frequent professional dealings with children, which involve their inherent opportunity to observe injuries to a child either on an isolated occasion or over a period of time, and even to gain strong evidence about the nature of those injuries (for example, if there is good reason to think they are accidental, or whether the parent's account of the injuries is unconvincing and inconsistent with the injuries).

These reporting obligations are often legislated, as is the case for example in each state, territory and province in the USA, Canada and Australia (Mathews and Kenny, 2008), where nurses are made "mandated reporters" of CAN. In addition, even where there is not a legislative duty to report, as occurs in the United Kingdom and New Zealand, the obligation to report CAN may be placed in occupational policy documents. The mere presence of a reporting duty in legislation does not correlate with the breadth of that duty: legislation in some jurisdictions, for example, only require reports of sexual abuse and physical abuse, and nearly all only require the reporting of cases of abuse of a relatively high degree of severity (Mathews and Kenny, 2008). Thus, a policy-based reporting duty may be broader than one in legislation.

A recent survey of 161 countries found that of 72 responding, 49 had either legislation or policy requiring reports of suspected CAN (Daro, 2007), demonstrating how widespread this social policy measure has become. In Ireland, no legislation requires reporting of CAN, although policy requires reports of CAN by professionals including nurses (Department of Health and Children, 2004), and Irish legislation protects those who report CAN in good faith from civil liability (Protection For Persons Reporting Child Abuse Act 1998). In the United Kingdom, in which none of its three legal systems (England and Wales, Northern Ireland, and Scotland) legislatively require any occupational group to report CAN, nurses appear to be under policy-based obligations to report CAN (Royal College of Nursing, 2007; Nursing and Midwifery Council, 2008; HM Government, 2006; Scottish Executive, 2000). The Royal College of Nursing's 2007 *Child Protection – Every Nurse's Responsibility* policy document provides a clear statement of nurses' duty to report CAN. In Scotland, the *Protecting Children – A Shared Responsibility: Guidance on Inter-Agency Co-operation* policy (Scottish Executive, 2000) also states clearly that 'Where professionals suspect child abuse or neglect they should consult with senior staff or designated child protection officers in their own agency, or contact the social work service, the police or the Reporter directly for advice. Any person who believes or suspects that a child is being abused, or is at risk, should tell the social work service, the police or the Reporter about their concerns'.

Nurses continue to view child protection as a narrow surveillance role that conflicts with their primary role of supporting vulnerable families (Crisp and Green Lister, 2004). Crisp and Lister interviewed almost 100 nurses in Scotland individually and in groups. They found a lack of consensus among practice nurses about their role in child protection, reflecting the diversity and ambiguity of policies and guidelines set out for them as previously discussed. Similar results have been published for specific groups of nurses in advanced practice roles such as public health nurses in the Republic of Ireland (Hanafin, 1998), and accident and emergency nurses in Wales (Joughin, 2003). Despite the Lord Laming Report (2003) of the inquiry into the death of Victoria Climbie finding that the child's death was the result of gross failure of the system to protect the child, nurses still do not have a specific child protection remit. At the same time, the Laming Report