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A survey of pediatricians' attitudes and experiences with court in cases of child maltreatment[☆]

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Abstract

Objectives: To explore pediatricians' attitudes and experiences with the court system in child maltreatment cases.

Design: An anonymous, cross-sectional survey of a random sample of pediatricians registered with the North Carolina Medical Board.

Results: The response rate of the study was 60% ($N=270$). Few pediatricians (10%) reported that they had "ever" suspected maltreatment but decided not to report it. Pediatricians were equally likely to recall positive and negative experiences in court for child abuse cases. Pediatricians with negative court experiences were more likely to view reporting as time-consuming and were more than twice as likely not to report suspected cases of maltreatment (OR 2.4, 95% CI 1.04, 6.0). Seventy-five percent of pediatricians felt that court is harmful or distressing for children.

Conclusions: The majority of pediatricians report suspected cases of child maltreatment. Pediatrician's court experiences play a role in the response to child maltreatment cases, influencing attitudes towards the legal system and the process of caring for maltreated children. Future research efforts should address physicians' concerns about the impact of court on children, ways to improve the working relationship between the legal system and physicians, and the training needs of physicians in child maltreatment, including testifying and understanding the court process.

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Keywords: Child maltreatment; Mandatory reporting; Physician attitudes; Physician behavior; Legal system

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Introduction

Mandatory reporting has been a cornerstone of the US response to the problem of child abuse and neglect. Efforts to recognize and reduce child maltreatment using this approach have been in effect in the United States since the mid-1960s (Mason, 1996). Due to concerns that many maltreated children were being missed, reporting laws were developed and then further incorporated as part of a more comprehensive national plan (Clayton, 1997; McDonald & Reece, 1979; Saulsbury & Campbell, 1985; Theodore & Runyan, 1999; Warner & Hansen, 1994; Zellman, 1992). In every state, reporting laws require physicians and other professionals, persons thought likely to have knowledge of maltreatment, to report children to child protective service or legal authorities. In 21 of 50 states, reporting child maltreatment is regarded as the responsibility of all citizens (Institute of Medicine, 2002).

The reporting of maltreatment by physicians is of special interest because obtaining medical care may be the point at which a child's maltreatment is recognized and addressed. However, physician-initiated reports account for only 1–8% of child maltreatment reports nationwide (Lawrence & Brannen, 2000; Morris, Johnson, & Clasen, 1985; Saulsbury & Campbell, 1985). In an attempt to understand the limited contribution of physicians to the overall numbers, reporting by physicians has been the subject of several studies. Published rates of failure to report maltreatment by physicians cover a wide range, from less than 10% to upwards of 40%, depending on the sample, the type of abuse, and country of investigation (Badger, 1989; Flaherty, Sege, Binns, Mattson, & Christoffel, 2000; Morris et al., 1985; Reiniger, Robison, & McHugh, 1995; Saulsbury & Campbell, 1985; Van Haeringen, Dadds, & Armstrong, 1998; Vulliamy & Sullivan, 2000; Zellman, 1990). Several reasons for not reporting suspected maltreatment have been suggested, including inexperience with child maltreatment, uncertainty in the diagnosis, and the perception that the physician could work with the family to solve the issues (Chang, Oglesby, Wallace, Goldstein, & Hexter, 1976; McDonald & Reece, 1979; Morris et al., 1985; Saulsbury & Campbell, 1985). Among physicians with prior experience with child protective services, there are many who report dissatisfaction with the community response to maltreatment and opt not to report (Flaherty et al., 2000). Still other physicians believe that there is a low incidence in their patient population (Flaherty et al., 2000; Morris et al., 1985).

A frequently cited reason for not reporting suspected child abuse and neglect, though not well studied, is reluctance on the part of physicians to be involved in court proceedings. Studies in Virginia and Ohio from 1985 reported 3–10% of physicians not reporting suspected maltreatment for this reason alone (Morris et al., 1985; Saulsbury & Campbell, 1985). Badger (1989) noted that 35% of pediatricians surveyed in Alabama were reluctant to appear in court (Badger, 1989). In a recent study by Flaherty et al., 16% of the physicians viewed spending time in court for legal proceedings as an "adverse consequence" of reporting (Flaherty et al., 2000). None of these studies addressed the experiences of physicians in court for child maltreatment cases, the effect of these experiences on reporting, or the attributes of court that make participation in the process undesirable. As there is significant morbidity and mortality associated with child maltreatment, a greater understanding of barriers to reporting is imperative. The principal objective of this study, therefore, was to further explore the attitudes and experiences of pediatricians around the courts and legal system in child maltreatment cases.

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