

# Exploring Barriers and Consequences Related to Nurses Reporting Child Abuse

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EXPLORING BARRIERS AND CONSEQUENCES RELATED TO NURSES  
REPORTING CHILD ABUSE

by

ASMITA DEVKOTA

A thesis submitted in partial fulfillment of the requirements  
for the Honors in the Major Program in Nursing  
in the College of Nursing  
and in The Burnett Honors College  
at the University of Central Florida  
Orlando, Florida

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## ABSTRACT

**Background:** Child abuse is a pervasive and serious problem in the United States. Over 3 million children are the victims of some kind of physical assault by adults. Due to their prolonged contact with children and opportunity to report, nurses should be trained to accurately assess, identify, and manage cases of child abuse. The purpose of this study was to examine student's experiences with Child Protective Services, and explore their confidence and attitudes related to identifying and reporting child abuse. Factors associated with non-reporting were identified.

**Methodology:** This was an exploratory, descriptive study. Students enrolled in the online Nursing Research course, NUR 3165, were asked to participate. Forty-four RN to BSN and Concurrent students completed the 27 questions survey on Qualtrics. It included demographic questions, questions regarding the participant's beliefs about child abuse, The *Child Abuse Reporting, Attitude and Experience Survey*, and two vignettes. Survey data was analyzed using descriptive statistics.

**Results:** There were total of 44 (6 males and 38 females) students who completed the survey; most of them were between the age of 20-24. Fourteen were RN to BSN students who have practiced nursing for more than a year and 30 were concurrent nursing students who are still working on their ASN degree. The results showed that nursing students had positive experiences with CPS and indicated that they had confidence in identifying child abuse. However, students felt that they have not received adequate professional education in this field. Many reported never receiving training regarding child abuse and 84.1% indicated never reporting a suspected

case to CPS. When presented with vignettes describing scenarios related to abuse, participants were not able to positively identify cases of abuse versus cases that were ambiguous.

**Discussion:** Nurses are mandatory child abuse reporters in Florida. Many nursing students indicated that they have never reported suspected cases of child abuse to CPS and some of the reasons for this could be the lack of experience, and proper training and education on child abuse. Regardless of the reason, nursing students should be given adequate education to improve their confidence and attitude in identification and reporting of child abuse cases. Nursing schools could focus on including more hands on activity such as case studies and simulation to improve knowledge. Employers could try to utilize protocols to help identify child abuse.

## DEDICATION

This thesis is dedicated to my friends and family.

I would like to thank my sister, Bijita, for supporting me. You edited countless drafts of my thesis, constantly heard me talk about my research, and loaded me up with Starbucks so I could actually be awake to get some work done. Your support was vital to me finishing this thesis. To my sister, Binita, thank you for helping me proofread my thesis even though you are so busy with all the amazing things you are doing.

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# INTRODUCTION

## Statement of the Problem

Child abuse is a pervasive and serious problem in the United States. Over 3 million children are victims of some kind of physical assault by adults, and an estimated 26.4 million children experience some kind of aggressive behavior at the hands of a relative every year (Finkelhor, Turner, Shattuck & Hamby, 2015). Child abuse is defined as any form of physical or emotional maltreatment inflicted upon children under the age of 18 (World Health Organization, 2014). This includes physical assault, sexual abuse, emotional abuse, and neglect. In 2014, a report published by the U.S. Department of Health & Human Services estimated 1, 580 children died from child abuse and neglect in the United States. The same report also stated that Child Protective Services (CPS) received about 3.6 million cases of child abuse referrals nationally the same year. In Florida alone, there were total of 45,738 reported victims of child maltreatment. Of that number, 4, 596 children experienced physical abuse.

Child Welfare Information Gateway is a service that is provided by the U. S. Department of Health & Human Services. It states that some of the immediate consequences of child abuse are bruises, cuts, broken bones, hemorrhage, isolation, and fear (Child Welfare Information Gateway, 2013). In addition to immediate consequences, child abuse is also associated with many long term concerns (Caneira, 2015). These consequences can be detrimental and include increased incidence of depressive conditions, anxiety disorders (such as post-traumatic stress disorder), cardiovascular diseases, diabetes, alcohol abuse, abusive head trauma, spinal cord and neck damage, impaired brain development and social difficulties (Nemeroff, 2016; Child Welfare Information Gateway, 2013).

Many caregivers who come in repeated contact with children at risk for child abuse include but are not limited to registered nurses, pediatric nurse practitioners, family nurse practitioners, and school nurses. Because of the frequent contact with children and the opportunity to intervene, these caregivers should be trained adequately to manage cases of child abuse and to provide the victims with proper care (Caneira, 2015). According to Florida statutes 39.20 (1) (d) (2015), nurses, hospital personnel engaged in admission of patients, physicians, medical examiners, school teachers, judges, and officers are mandated to report suspected and actual cases of child abuse. This supports the claim that training and educating these professionals about child abuse is crucial.

Although many of the above listed health professionals receive a certain level of education and training on child abuse and are mandated by law to report cases of child abuse, some fail to report suspected child abuse. To date, it is not known for certain how many nurses fail to report child abuse cases as mandated by state law. Further inquiries must be made regarding why nurses do not report suspected cases since it has direct and important consequences on the physical and psychological well-being of victimized children.

According to Jordan and Steelman (2015), healthcare providers, including nurses, are not well-versed in child abuse expectations within their scope of practice and are unsure of what their primary responsibility is as mandatory reporters. Research investigating the barriers to nurses reporting child abuse include: insufficient training and knowledge on child abuse, and a lack of standardized guidelines for reporting these cases (Saifan, Alrimawi, & Bashayreh, 2015). Lack of education is one of the most important barriers that leads to low rates of reporting. Nurses need to be educated about the common signs of child abuse and the relationship between

injury patterns and how they occurred (Caneira, 2015; Lynne et al., 2015). Furthermore, the lack of basic knowledge combined with the lack of continuing education programs on child abuse create barriers for nurses in reporting. It is important to have knowledge and to consistently build upon it as new research findings and guidelines are discovered (Jordan & Steelman, 2015). However, it seems that educating nurses might not be enough, and additional interventions may be necessary. One strategy is to encourage nurses to collaborate with child abuse experts so they can have a better understanding of each other's roles in identifying and managing abuse (Goud, 2008).

Saifan, Alrimawi, & Bashayreh (2015) found that a lack of protocol is a barrier to reporting child abuse by nurses. This issue is also consistent with other literature. According to Levi & Crowell (2011), even those who are experts in this field view cases differently from their colleagues. Because of a lack of consensus, there is greater variability in what is considered child abuse.

Furthermore, many nurses do not report child abuse because they are unsure about the observed symptoms (Barlow, 2011). Nurses may fear that they might be wrongly reporting suspected cases and therefore opt to not report. Others feel that their negative interaction with CPS and the lack of communication between the agency and the health care provider has been a barrier in reporting child abuse (Feng et al., 2010). Some nurses fail to report suspected cases of child abuse because they are afraid that a legal case can have negative impact their practice (Herendeen et al., 2013). Changing protocols and possible future involvement with litigation discourages some to not report (Caneira, 2015; Russell et al., 2004).

Failure to report may also be associated with concerns regarding the ability of the CPS to protect the child from harm (Girgus, 2010). Others do not report because they do not want to damage the child's family relationship (Russell et al., 2004). Nurses feel that if such a case is reported, the family is less likely to bring the child for follow up appointments, therefore depriving the child of necessary medical care. Their primary concern is that the child may experience more abuse without an advocate (Jordan & Steelman, 2015). Feng et al. (2010) found that although nurses are patient advocates, they opted to not report the cases of child abuse as they had different opinions from the physicians they work with.

In their study, Herendeen et al. (2013) used an exploratory design to examine 643 Pediatric Nurse Practitioners (PNP) concerning their identification and management of child abuse, the nurse's attitude and confidence in reporting possible cases, and their experience with CPS. Approximately 20% of the participants did not report every suspected case of child abuse; however, 14.3% of this group reported suspected cases to another profession. Other nurses failed to report child abuse because their collaborating physicians did not agree with the assessments the nurses made or because they knew that the case had already been reported previously.

Identifying barriers to recognizing and reporting child abuse is essential in order to provide care to the victimized children in need (Nemeroff, 2016). If Registered Nurses have a hard time reporting cases of child abuse, it is possible that student nurses will struggle as well. Previous research has not examined nursing student's knowledge and attitudes towards child abuse. Therefore, it is important to distinguish the barriers that exists so that nursing education programs can properly address them in the future. With good knowledge and training, nursing students will be able to identify cases of child maltreatment.

This present study included both RN to BSN and Concurrent students. Concurrent students take Bachelor of Science in Nursing (BSN) portion of their classes at UCF while also taking the Associate of Science in Nursing (ASN) portion of their classes at a state college in Florida. RN to BSN students have ASN degree, are Registered Nurses, and are enrolled in school to receive their BSN. This study examined nursing student's attitude and confidence as well as their experiences in identifying and reporting child abuse. It also investigated their experiences with CPS using a survey designed by Herendeen et al. (2013).

## **PURPOSE OF STUDY**

The purpose of this study was to examine student's experiences with Child Protective Services, and explore their confidence and attitudes related to identifying and reporting child abuse. Factors associated with non-reporting were identified.

### Research Aims

1. To examine nursing students' experiences in identifying and reporting child abuse.
2. To examine nursing students' confidence and attitude in identifying and reporting child abuse.
3. To examine nursing students' experiences with Child Protective Services (CPS).
4. To compare findings from previous research with Pediatric Nurse Practitioners to the present one.



## METHODS AND PROCEDURES

### Design

This study used a non-experimental, exploratory, descriptive, correlational design. Participants completed a survey online, using Qualtrics research participation software, in a location of their choosing. The anticipated completion time for the survey was approximately 25 minutes. The survey was open for a week at the end of November to the beginning of December. The study was approved by UCF Institutional Review Board (Appendix A). This research was completed through the Honors in the Major program under the supervision of Dr. Vicki Loerzel.

### Subjects

The subjects of this study were undergraduate nursing students enrolled in the RN to BSN or Concurrent program at UCF. Participants had to be at least 18 years old, and enrolled in a section of Nursing Research course (NUR 3165) in the Fall of 2016 at the University of Central Florida. The exclusion criteria were participants under 18 years' old and those not enrolled in NUR 3165.

### Instruments

The survey included 10 demographic questions and seven questions regarding the participant's beliefs about child abuse (appendix B). These questions were developed by the PI. The survey was tested with a group of students, and these responses were not included in the final data collection. These 17 questions were asked in addition to *The Child Abuse Reporting, Attitude and Experience Survey* (appendix C). Two vignettes were also part of the survey (appendix D).

Permission to use *The Child Abuse Reporting, Attitude and Experience Survey* and vignettes based on Herendeen et al. (2013) was secured (appendix E). This survey utilized ten questions in order to assess the nursing students' experience with CPS, as well as their confidence and attitude regarding child abuse. A 5-point Likert scale was utilized (1= strongly disagree, 2= somewhat disagree, 3= neutral, 4= somewhat agree, and 5=strongly agree). There were two subscales: CPS Experience Scale and Nursing Student Confidence & Attitude Scale. Five questions were asked to assess the nursing students' experience with Child Protective Services (CPS) and the next five questions assessed confidence and attitude related to child abuse. After reading about each vignette, the participants were asked to indicate whether the vignette was 'very likely' or 'likely', 'unlikely' or 'very unlikely', or 'possible' that it was child abuse.

This survey has shown to be a reliable and valid measure of the nurses' attitude and experience (reliability: CPS Experience Scale, Cronbach's  $\alpha = 0.81$ ; PNP Confidence and Attitude: Cronbach's  $\alpha = 0.79$ . Validity: CPS Experience scale, variance is 59.5%; PNP confidence and attitude is 69%), Herendeen et al. (2013).

### Procedures

After receiving UCF IRB approval, permission from all instructors for the nursing research class, NUR 3165, was obtained. Students were recruited using an Introductory Letter (appendix F) that was posted in the research class at the end of November 2016. This 'Introductory Paragraph' explained the purpose of the study, and asked for their participation. Participants were awarded 2 points extra credit for taking the survey. An alternative assignment to write a 250-word essay in APA format on *why nurses do not report suspected cases of child*

*abuse and what should nurses do to intervene* was provided for students who did not take the survey to earn extra credit. This letter included a link to an online survey and was open for one week.

When students accessed the link, they read a consent document which described the study. Participants indicated consent by clicking “yes” at the end of the form and proceeding to take the survey. Upon completion, participants were instructed to create a unique code number and email the code, their name, and their instructor’s name to the PI’s faculty advisor Dr. Cherrill Stockmann. This code was needed to verify participation in order to award the extra credit. At the end of the study period, these names were sent to each instructor. Since the PI was a student, the names of participants were not shared with the student. Once the data collection period was over, raw survey data was downloaded into an Excel file by a faculty advisor, Dr. Vicki Loerzel and uploaded into SPSS statistical analysis software (IBM, 2016).

#### Data Analysis

Descriptive statistics were used to analyze data such as frequencies, percentages, and means. Chi squared test was done which showed that there were no statistically significant relationships between these subgroups: individuals who had children and those that did not, individuals who are Concurrent students and those who are BSN students, and individuals who are currently practicing RN and those who are not.

## RESULTS

### Demographics

A total of 44 undergraduate nursing students participated in this study. The typical student was female (86.4%), Caucasian (77.3%), Christian or Catholic (75.0%), age 34 or younger (84.1%), never married (63.3%), and had no children (68.2%). Participants were either enrolled in a RN to BSN program or in a Concurrent program. The majority (68.2%) were not currently practicing as a registered nurse. Of those who were in practice, 18.2% reported being a nurse for 1 to 3 years, and 11.4% reported being a nurse for 4 years or more. See Table 1.

**Table 1: Demographics**

Table 1 <i>Demographics (n=44)</i>	
Characteristics	n (%)
Gender	
Male	6 (14%)
Female	38 (86%)
Race	
Caucasian	34 (77%)
African American	3 (7%)
Asian	3 (7%)
Hispanic	1 (2%)
Other	3 (7%)
Relationship Status	
Single, never married	28 (64%)
Married	13 (29%)
Divorced	3 (7%)
Children	
Yes	14 (32%)
No	30 (68%)
Religion	
Christian	24 (55%)
Catholic	8 (18%)
Buddhism	1 (2%)
Other	11 (25%)

Concurrent Student	
Yes	30 (68%)
No	14 (32%)
Age	
20-24	20 (46%)
25-29	11 (25%)
30-34	6 (14%)
35-39	4 (9%)
40-44	2 (4%)
45-49	1 (2%)
Degree Date	
Never	30 (68%)
<1 year	2 (5%)
1-2 years ago	5 (11%)
3-4 years ago	4 (9%)
More than 4 years ago	3 (7%)
Years Practiced	
Never	31 (71%)
1-3 years	8 (18%)
4-6 years	4 (9%)
10-12 years	1 (2%)

### Nursing Students Experience with Child Protective Services

Results showed that the respondents reported having a positive experience with CPS. In regards to their experiences, 75.0% of respondents agreed that children benefit from agency intervention and 70.4% agreed that families also benefit from CPS intervention. However, 61.4% of nursing students were neutral that CPS agency keeps them informed about progress of its investigations. Over half (54.6%) of the respondents agreed that the CPS professionals were well-trained, professional and thorough in their approach. Fifty percent of the respondents agreed that they are willing to report future cases of child abuse to the CPS, but, 40.9% of respondents

indicated they were neutral about reporting in the future. Table 2 summarizes these results and compares them to the original study.

**Table 2: Experiences with Child Protective Services (CPS)**

Table 2 <i>Experiences with Child Protective Services (CPS)</i>						
Questions	Strongly Agree/ Agree, %		Neutral, %		Strongly Disagree/ Disagree, %	
	<i>Devkota</i>	<i>Herendeen et al.</i>	<i>Devkota</i>	<i>Herendeen et al.</i>	<i>Devkota</i>	<i>Herendeen et al.</i>
The agency professionals are well-trained, professional, and thorough.	54.6	51	36.4	29	9	20
The agency keeps me informed as to the progress and disposition of its investigations.	20.5	22	61.4	23	18.2	55
The children benefit from agency intervention.	75	51	18.2	39	6.8	10
The families benefit from agency intervention.	70.4	45	20.5	46	9.1	9
My past experiences made me more willing to report my suspicious to the CPS agency in the future.	50	54	40.9	32	9.1	13

### Nursing Student's Confidence and Attitudes

Overall, respondents indicated that they were confident and had a positive attitude in identifying child abuse. These nursing students (95.5%) agreed that primary care providers should screen for violence at home during well visits. An overwhelming number of respondents agreed (81.8%) that they were confident they could identify at risk children. More than half of the respondents (63.6%) agreed that they are confident in their ability to manage children with injuries associated with child abuse. Although respondents demonstrated increased confidence in identifying and managing patients with possible cases of child abuse, almost half (47.8%) felt that they had not received sufficient professional training in this area. Table 3 summarizes these results and compares them to the original study.

**Table 3: Confidence and Attitude Related to Child Abuse**

Table 3 <i>Confidence and Attitude Related to Child Abuse</i>						
Questions	Strongly Agree/ Agree, %		Neutral, %		Strongly Disagree/ Disagree, %	
	<i>Devkota</i>	<i>Herendeen et al.</i>	<i>Devkota</i>	<i>Herendeen et al.</i>	<i>Devkota</i>	<i>Herendeen et al.</i>
I am confident in my ability to identify children at risk of injury from child abuse.	81.8	69.0	11.4	NR	6.8	NR
Primary care providers help prevent the incidence of child abuse through anticipatory guidance.	75.0	87.0	18.2	NR	6.8	NR
Primary care providers should screen for violence among adults within the home at regular health maintenance visits.	95.5	93.0	2.3	NR	2.3	NR
I am confident in my ability to manage patients who have been injured as a result of child abuse.	63.6	58.0	18.2	NR	18.2	NR
I have received adequate professional training in the area of child abuse.	34.1	53.0	18.2	NR	47.8	21.0
<i>Note.</i> NR= Not Reported						

Relationships between Groups and Attitudes about Child Abuse

Three subgroups emerged through analysis: individuals who had children and those that did not, individuals who are Concurrent students and those who are BSN students, and individuals who are currently practicing RN and those who are not. Chi square test indicated that



there were no statistically significant relationships between these groups and participants' confidence and attitude towards reporting child abuse.

### Vignettes

The abuse scenario in Vignette A was designed to be ambiguous. The majority of participants (72.7%) reported that this case was 'possibly' child abuse, while 20.5% indicated that this case was very likely or likely case of child abuse. The remaining participants (6.8%) indicated that it was unlikely or very unlikely that this vignette describes as a case of child abuse.

The scenario in Vignette B was a more definitive case of child abuse. In this case, 61.4% of the respondents indicated that this was a possible case of child abuse. Thirty-four percent of respondents indicated that it is very likely or likely that it was child abuse, however, other 4.5% indicated that it was unlikely or very unlikely that it was child abuse. Data regarding intention to report was inadvertently left off the survey.

**Table 4: Vignette A and B Responses**

Table 4 <i>Vignette A and B Responses</i>				
	Vignette A (14 year old); %		Vignette B (6 month old); %	
	<i>Devkota</i>	<i>Herendeen et al.</i>	<i>Devkota</i>	<i>Herendeen et al.</i>
“Very likely” or “likely” that it was abuse	20.5	26	34.1	82
“Unlikely” or “very unlikely” that it was abuse	6.8	4	4.5	2
“Possible” that it was abuse.	72.7	70	61.4	16
Would report to child protective services	—	63	—	92
<i>Note.</i> — = Data not collected. Answer choices were combined for the current study.				

### Training, Reporting, Responsibility

Out of 44 respondents, 31.8% reported that they have never received training regarding child abuse. However, almost half (47.7%) of respondents reported receiving training in the past 12 months. The remaining 20.4% reported receiving training in the last 19 to 36 months ago. Table 5 shows these findings.

**Table 5: Training Regarding Child Abuse**

Table 5 <i>Training Regarding Child Abuse</i>		
	Total	Percent
Never	14	31.8%
Less than 6 months ago	10	22.7%
6-12 months ago	11	25.0%
19-24 months ago	4	9.1%
31-36 months ago	3	6.8%
More than 36 months ago	2	4.5%

Although half of the respondents stated that they have recently been trained on child abuse, 84.1% of the respondents indicated that they have never reported a suspected case to CPS while other 15.9% indicated reporting. Out of those who have reported cases of child abuse, 15.9% indicated that they have reported two to four cases.

Most respondents indicated that they did not report because they have never been in a situation to report child abuse (25.3%) while 29.9% indicated they have never witnessed or experienced a case. One person indicated not reporting child abuse but having reported elder abuse, and another person indicated not reporting because someone else reported. Table 6 shows the reasons for not reporting.

**Table 6: Why Child Abuse Cases Were Not Reported**

Table 6 <i>Why Child Abuse Cases Were Not Reported</i>		
	Total	Percentage
I have not been in such situation	11	25.3%
Never witnessed a case	9	20.7%
Never experienced	9	22.9%
'I am a student not a practicing nurse'	1	2.3%
I have not reported child abuse but have reported elder abuse	1	2.3%
Someone else reported	1	2.3%
Did not understand the situation	1	2.3 %
Unsure	1	2.3 %

## DISCUSSION

The purpose of this research was to examine nursing student's perception and confidence in identifying and reporting child abuse. This study aimed to examine nursing student's experience with Child Protective Services (CPS) and to compare findings to those reported by Herendeen et al. (2013). Factors associated with non-reporting were also identified.

### Nursing Students Experience with Child Protective Services

Overall, the results showed that participants reported having a positive experience with CPS. A majority of participants agreed that CPS intervention was beneficial to children and their family. This finding is slightly different than that of Pediatric Nurse Practitioners (PNP) from Herendeen et al. (2013). It is possible that students have an idealistic view of the world and think that CPS will always intervene in order to keep children and family safe (Wood, 2016). PNPs are experienced nurses and may have had contact with CPS before. They may not fully believe that CPS is helpful to children and family because they may repeatedly see the same children admitted and might have lost their faith in CPS. It is possible that their years of experience has made them less optimistic about the agency. Similarly, Chen et al. (2015) suggest that nurses might experience 'practice fatigue' or burnout due to their long history of being a nurse. Burnout is described by Maslach et al. (1997) as a 'psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishments'.

Half of the students in this current sample agreed that their past experience has made them more willing to report cases of child abuse in the future. This finding is uplifting because with more nurses willing to report, there could be fewer children who suffer from child abuse. Over half of the participants were indifferent to the fact that the CPS agency kept them informed

on the progress of ongoing disposition of the cases. This could simply be because participants are nursing students and do not have much experience with CPS. Herendeen et al. (2013) reported that over half of the PNPs agreed that the agency did not keep them informed. Nurses simply may want to know or feel they should be told that the child is safe following their intervention. This finding is similar to a study done on pediatricians by Flaherty et al. (2006) who reported dissatisfaction with CPS because they did not keep the pediatricians informed about ongoing investigations. These professionals, like nurses, are bound by law to maintain confidentiality of patients which prohibits them from informing nurses on pertinent cases. Florida statute 39.202 (1) states specific laws regarding child abuse reports and records which does not grant nurses' permission to review reported cases of child abuse.

#### Nursing Student's Confidence and Attitudes

Although participants reported having confidence in identifying child abuse, many also reported not receiving adequate education on this topic. This is a finding that is not consistent with Herendeen et al. (2013). The majority of PNPs reported having less confidence in identifying cases of child abuse even though about half reported getting adequate professional training. It is possible that students might have high confidence because they believe that children will have obvious signs of abuse or they may have a preconceived impressions of signs of child abuse which might falsely increase their confidence. In addition, students may gather the wrong ideas from popular medical shows and attempt to apply those beliefs to real life scenarios. It is interesting that participants reported high confidence level despite reporting inadequate training on child abuse. It is possible that students associate professional training to work settings and do not recognize lectures in a classroom as training as well.

Many participants agreed that primary care providers (PCP) can help prevent child abuse through anticipatory guidance, which was a finding that is very similar to Herendeen et al. (2013). This result may show that nursing students and PNPs believe that PCP play a major role in helping identify and manage children suspected of experiencing child maltreatment. This is evident through the results of the study as an overwhelming percent of nursing students reported that PCP should also screen for violence in adults.

Participants reported being confident in their ability to identify at risk children, but also reported that they are not confident in their ability to manage children who have been injured as a result of child abuse. Identifying cases of child abuse is different from knowing what to do following this suspicion. Nursing students may have low levels of confidence in managing child abuse because of lack of experience. They may think that there is a special procedure that is done after identifying. Student nurses may not realize that simply calling CPS is a step in management of the case. This indicates that there could be a gap in education on what to do when nurses encounter someone with suspected injuries. A study done on dental practitioners by Al-Dabaan et al. (2014) also revealed similar findings. These findings indicate that practitioners demonstrated a good knowledge of the signs of child abuse, but were reluctant in reporting such cases citing uncertainty about referral process. A strikingly similar finding was reported by Hashim and Al-Ani (2013) who reported that dental students lacked knowledge of reporting procedure. The results for this study showed that some participants stated not knowing where to report child abuse. Dentists are mandatory reporters in many states but are not in the state of Florida (Child Welfare Information Gateway, 2015a, p.16). It is unfortunate that many healthcare professionals have a similar knowledge gap when it comes to child abuse. This finding should

serve as a reason for health care professional governing bodies to improve laws and education regarding this issue and to make reporting better for practitioners.

### Vignettes

Vignette A was an ambiguous case of child abuse. The majority of respondents thought it was a 'possible' case of child abuse, a finding that is very similar to that of Herendeen et al. (2013). It is possible that respondents thought this was an ambiguous case of abuse as it mentions unclear statements such as: J.J responding vaguely to the nurse, her annoyed expressions, and bruises on her lower back. These signs could be present for many things other than child abuse.

Vignette B was a clear case of child abuse. Even though it lists many key characteristics that is consistent with abused children and their perpetrator, it was surprising to see that many participants thought it was 'possible' case of abuse. Some characteristics that should be considered as a sign of abuse is when the caregiver gives an inconsistent explanation of an injury. In this vignette, the mother gives an explanation that does not fully explain the swelling and tenderness of the right thigh that the 6-month old S.J has (Child Welfare Information Gateway, 2013, p.6). Injuries to the thigh areas are suggestive of child abuse (Pressel, 2000). Even though Vignette B states more obvious signs of child abuse, many participants misidentified it as an ambiguous case, showing that they lack knowledge in proper identification, despite reporting confidence in their ability to do so. This indicates that nursing students are unsure of the signs of child abuse. This finding is different from Herendeen et al. (2013) as 82% of experienced nurses indicated that this was a 'very likely' case of child abuse. This could mean that nurses who have seen and experienced cases of child abuse are more accurate in their identification of it. It is also possible that nursing student's personal experiences affected their

beliefs about the vignettes mentioned above, leading them to misidentify abuse (Flaherty et al., 2006).

### Training, Reporting and Responsibility

Majority of the respondents indicated that they have never reported cases of child abuse to CPS. It is possible that these students are not practicing nurses and lack experience in the healthcare field to identify abuse. Students in the Concurrent nursing program only get five days, 8 hours each of pediatric clinical rotation. It is likely that low reporting rate could be because students may not want to be wrong about suspicion and put a blemish on the family. Furthermore, one of the alarming responses from a participant for not reporting child abuse was, 'I am a student not a practicing nurse'. This response further suggests that more specific education regarding child abuse is necessary in nursing programs. It is important that nursing students are taught to report suspected cases of child abuse to their instructors during clinical rotation. Nursing students should be trained in their undergraduate years to identify child abuse in different settings such as hospitals, school, and community clinics (Poreddi et al., 2016).

It is concerning to see that 31.8% reported that they have never received training regarding child abuse. The 30 participants who reported being a Concurrent Student at the Seminole State College of Florida were in their last semester, which means they have already received training in their Concepts of Maternal Child Nursing course. According to the Nurse Practice Act of Florida, students are required to receive lecture on domestic violence before qualifying to take the National Council Licensure Examination- Registered Nurse (NCLEX-RN), Florida Board of Nursing 64B9- 3.0015 (2). Possibly, students did not recognize the course lecture as training. Or it could simply be that students missed a lot of information during lecture;



students tend to only focus on critical information that is likely to be on exams. In this study, two respondents indicated that nurses are not mandatory reporters. Although it is a small percent, students need to understand that nurses are legally mandated to report suspicious cases of child abuse as per Florida statues 30.20 (1)(d) (2015). More attention needs to be brought to these matters and students need to be taught that nurses are mandatory reporters.

## LIMITATIONS

Although there were strengths in the study, there were also some limitations. One of the limitations was a small sample size. The survey was available to approximately 140 students enrolled in the research class, but only 44 completed it. In addition, the sample mostly consisted of Caucasian females in their early 20s. This small sample may not be representative of all nursing students and thus the results cannot be generalized to the general nursing student population. The study only included RN to BSN and Concurrent students which does not adequately represent the nursing population at the University of Central Florida. In the future, a more robust sample, including pre and post licensure students could be sought.

Next, due to a delay in IRB approval, the survey was only available to the participants for seven days which was originally intended to be available for two weeks. This significantly reduced the number of participants. Since the survey was available at the end of the semester, it is also possible that students may not have taken enough time to really think about their answers and may have rushed through just to get extra credit points.

To the best of our knowledge, this research is the first one to utilize the Herendeen et al. (2013) survey on student nurses and it is possible that some questions were not appropriate or applicable to this sample. Since student nurses do not have much interaction with primary care providers, the following question may have been confusing to students: ‘Primary care providers help prevent the incidence of child abuse through anticipatory guidance.’ It is also an ambiguous question and students may not have fully understood the meaning of this statement. Furthermore, the questions about nursing students’ experiences with the Child Protective Services may not have been appropriate for the sample of this study as it is possible that students may not have

much interaction with CPS agents as they are not experienced. Also, instructions should have been provided to students indicating that the survey should be answered in reference to physical abuse.

## **IMPLICATIONS**

### Education

Several implications can be drawn from this study. One of the implications is that nursing schools need to provide students with more exposure to child abuse education. Nursing students need to have comprehensive education on identification and management of this topic. Students should be taught about the importance and significance of child abuse. Likewise, students should be taught the signs and symptoms that are present in clinical settings to identify characteristics and behaviors of abusive caregivers. Only presenting the information in a lecture format and testing the students' knowledge may not be the most effective way of teaching about child abuse. It is possible that students need more experience discussing such sensitive topics, therefore, discussions should occur during clinical rotations post-conference for experience and exposure. Doing more hands-on activities such as simulation and case studies can help students recognize signs of abuse. Simulations and case studies should focus on the interaction between the child, the parent, and the nurse. For example, in one scenario the child and the parent should portray characteristics that indicates abuse, in another the child should portray characteristics of abuse while the parent does not, and the last scenario should be of the child and the parent, both portraying subtle signs of abuse. Having three different scenarios to compare to would be helpful to students in properly identifying child abuse.

### Practice

Practicing nurses should be required to complete Continuing Education Units (CEU) on child abuse. Child abuse CEUs are not required in Florida although two hours of domestic violence course is mandatory (Florida Board of Nursing, 2017). Both pediatric and non-pediatric

nurses should have keen assessment skills to assess parents who may display characteristics that are consistent of abuse (Diderich et al., 2013). The Hague Protocol, developed by Diderich et al. (2015) uses three parental characteristics to screen for child abuse: intimate partner violence, substance abuse, or suicide attempt/ other psychiatric problems. This protocol states that if the parent meets one of these criteria, the children should be reported to the appropriate agency for further intervention. This tool could be especially important in identifying child abuse in children under five years old. This tool could be used by practitioners.

Taylor (2013) also focuses on identifying child abuse based on parental characters, the ‘toxic trio’: domestic violence, parents with mental health illness, and substance abuse. Both of these methods are fast ways of identifying at-risk children but should not be used as the only method. Without careful assessment of the parents, potential cases of child abuse can be missed. Having more community based education can help increase awareness of child abuse. Interdisciplinary communication is another important aspect of reporting. Registered nurses, social workers, and CPS employees work with each other therefore they should receive training together to promote cohesive working environment. Hospitals should hold in-services with these professionals to learn from each other. They can educate each other about ongoing research, a new way to approach child abuse, or discuss past cases for success and failures. Knowing each other and having a support network can make reporting easier.

Having a protocol could help nurses to manage child abuse. Stanford University Hospital’s guidelines indicate that if child abuse is suspected, the child should be hospitalized to protect from further injuries until the safety concerns of home is relieved, the child’s injuries

should be treated, and laboratory tests should be done. Other hospitals should emulate these guidelines in order to help nurses properly manage cases of child abuse.

### Research

More research needs to be done to evaluate nursing student's training about child abuse and reporting. Other forms of child maltreatment such as neglect should also be studied. Nurses understanding of discipline versus abuse should be explored as nurses' could have different interpretation of the topic. Future research needs to be done to find new ways of educating and evaluating students. Research should focus on understanding pediatric, emergency department, and community nurses as they are exposed to children the most. Is reporting low because nurses do not feel safe or is it because they are not informed on the cases that were previously reported? Qualitative studies could be done to understand non-reporting as open-ended questions allow for participants to open up. This method can help identify missed the signs of abuse or if the nurses gave parents the benefit of the doubt about the possible cases. Perhaps seeing that their intervention has kept the child safe can be encouraging and cause an increase in reporting. More research needs to be done to explore this point of view. Having a protocol on how to report cases of child abuse can increase reporting. The Hague Protocol by Diderich et al. (2013) should be further explored in student nurse population. Nurses' cultural background should also be considered in the future to understand cultural influence nurses' view about child abuse. Progress in this field should be made in order to prevent further complications of child abuse.

## **SUMMARY**

Nurses are mandatory child abuse reporters. This research showed that lack of education and training could be a barrier to non-reporting. Nursing schools need to focus on using case studies and simulation to improve knowledge about child abuse. Employers could also consider focusing on CEUs programs and training and implementing child abuse protocols. Also, more qualitative research needs to be done to understand why nurses do not report. It is important that nurses understand the magnitude of the problem and report suspected cases of abuse for the safety of the children.

**APPENDIX A: UCF IRB APPROVAL LETTER**



## UCF IRB Approval Letter



University of Central Florida Institutional Review Board  
Office of Research & Commercialization  
12201 Research Parkway, Suite 501  
Orlando, Florida 32826-3246  
Telephone: 407-823-2901 or 407-882-2276  
[www.research.ucf.edu/compliance/irb.html](http://www.research.ucf.edu/compliance/irb.html)

### Approval of Exempt Human Research

From: **UCF Institutional Review Board #1  
FWA00000351, IRB00001138**

To: **Asmita Devkota and Co-PI: Cherrill I. Stockmann**

Date: **November 29, 2016**

Dear Researcher:

On 11/29/2016, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination  
Project Title: Exploring Barriers and Consequences Related to Nurses  
Reporting Child Abuse  
Investigator: Asmita Devkota  
IRB Number: SBE-16-12636  
Funding Agency:  
Grant Title:  
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](#).

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

A handwritten signature in black ink, appearing to read "Patria Davis".

Signature applied by Patria Davis on 11/29/2016 09:15:48 AM EST

IRB Coordinator

## **APPENDIX B: DEMOGRAPHICS QUESTIONNAIRE**

### Demographics Questionnaire

1. What is your gender? **Male** **Female**
  2. What race do you identify with?
    - a. Caucasian
    - b. African American
    - c. Asian
      - i. \_\_\_\_\_
    - d. Hispanic
    - e. Native American
    - f. Other
  3. What is your relationship status?
    - a. Single. Never married.
    - b. Married
    - c. Separated
    - d. Divorced
    - e. Widowed
  4. Do you have children? **Yes** **No**
    - a. How many? \_\_\_\_\_
  5. What is your religion?
    - a. Christianity
    - b. Catholicism
    - c. Hinduism
    - d. Buddhism
    - e. Other: \_\_\_\_\_
  6. How old are you? \_\_\_\_\_
  7. Are you a Concurrent Student?
- If not:
8. When did you get your Associate of Science in Nursing? \_\_\_\_\_
  9. How many years have you practiced nursing? \_\_\_\_\_
  10. Where do you currently practice? \_\_\_\_\_

**APPENDIX C: CHILD ABUSE REPORTING, ATTITUDE AND  
EXPERIENCE SURVEY**

## **Child Abuse Reporting, Attitude and Experience Survey**

Please answer the following questions as they pertain to your experience with Child Protection Services (CPS):

- 1) The agency professionals are well-trained, professional, and thorough.
  - a. Strongly disagree.
  - b. Somewhat disagree.
  - c. Neutral.
  - d. Somewhat agree.
  - e. Strongly agree.
  
- 2) The agency keeps me informed as to the progress and disposition of its investigations.
  - a. Strongly disagree.
  - b. Somewhat disagree.
  - c. Neutral.
  - d. Somewhat agree.
  - e. Strongly agree.
  
- 3) The children benefit from agency intervention.
  - a. Strongly disagree.
  - b. Somewhat disagree.
  - c. Neutral.
  - d. Somewhat agree.
  - e. Strongly agree.
  
- 4) The families benefit from agency intervention.
  - a. Strongly disagree.
  - b. Somewhat disagree.
  - c. Neutral.
  - d. Somewhat agree.
  - e. Strongly agree.

- 5) My past experiences made me more willing to report my suspicions to the CPS agency in the future.
- a. Strongly disagree.
  - b. Somewhat disagree.
  - c. Neutral.
  - d. Somewhat agree.
  - e. Strongly agree.

Please answer the following questions regarding your experiences with child abuse:

- 1) I am confident in my ability to identify children at risk of injury from child abuse.
- a. Strongly disagree.
  - b. Somewhat disagree.
  - c. Neutral.
  - d. Somewhat agree.
  - e. Strongly agree.
- 2) Primary care providers help prevent the incidence of child abuse through anticipatory guidance.
- a. Strongly disagree.
  - b. Somewhat disagree.
  - c. Neutral.
  - d. Somewhat agree.
  - e. Strongly agree.
- 3) Primary care providers should screen for violence among adults within the home at regular health maintenance visits.
- a. Strongly disagree.
  - b. Somewhat disagree.
  - c. Neutral.
  - d. Somewhat agree.
  - e. Strongly agree.

- 4) I am confident in my ability to manage patients who have been injured as a result of child abuse.
- a. Strongly disagree.
  - b. Somewhat disagree.
  - c. Neutral.
  - d. Somewhat agree.
  - e. Strongly agree.
- 5) I have received adequate professional training in the area of child abuse.
- a. Strongly disagree.
  - b. Somewhat disagree.
  - c. Neutral.
  - d. Somewhat agree.
  - e. Strongly agree.

**Personal Questions:**

1. When was the last time you received training regarding child abuse? \_\_\_\_\_
2. Have you ever reported a suspected case of child abuse? **Yes**      **No**
  - a. If yes, when? \_\_\_\_\_
    - i. How many times? \_\_\_\_\_
  - b. If no, why did you not report it? \_\_\_\_\_
3. In your opinion, should nurses be legally obligated to report cases of child abuse? **Yes** **No**
  - a. Are nurses mandatory child abuse reporters? **Yes**      **No**

## **APPENDIX D: VIGNETTES**



## Vignettes

Read the two vignette below. Then, answer a question regarding the vignette.

### Vignette A

J.J., a 14-year-old girl well known to your practice, comes in for follow-up of a broken wrist that was initially treated in the local emergency department. Upon reviewing her chart, you note that you were contacted by state child protective services 1 1/2 years ago in relation to a charge of child abuse. The case was not substantiated by the agency. When J.J. comes to your office you ask her, in private, how the injury occurred; she states that she fell off her bicycle, but she is vague about where the bike accident happened and is annoyed with you for asking. Physical examination reveals a broken right wrist in a cast and bruises on her lower back.

- A. “Very likely” or “likely” that it was abuse
- B. “Unlikely” or “very unlikely” that it was abuse
- C. “Possible” that it was abuse. Would report to child protective services

### Vignette B

S.J. is a 6-month-old infant who comes to your office because he has been crying whenever his mother changes his diaper. The mother, with a flat affect, tells you that “S” fell off the changing table onto a carpeted floor last night. Upon physical examination you note swelling and tenderness on the right thigh. A radiograph reveals a midshaft femur fracture.

- A. “Very likely” or “likely” that it was abuse
- B. “Unlikely” or “very unlikely” that it was abuse
- C. “Possible” that it was abuse Would report to child protective services

## **APPENDIX E: SURVEY APPROVAL TO USE**

## Survey Approval to Use

### Child Abuse Research



Herendeen, Pam <Pam\_Herendeen@URMC.Rochester.edu>

Tue 7/5



Sure Asmita, feel free to use the questions etc. with just reference to our work. Good luck and let me know!

Sent from my iPhone



asmita

Tue 7/5

Herendeen, Pam <Pam\_Herendeen@URMC.Rochester.edu> ✕



Sent Items

Good evening Dr. Herendeen,

Thank you for providing me with that information. I was able to get in touch with Dr. Emalee Flaherty. However, since I am interested in your study, would it be possible for me to utilize your survey questions and vignettes to administer it to nursing students. I believe that your tool will be more fitting to my study as I am hoping to study nurses, like you did.

Thank you,  
Asmita Devkota  
Undergraduate Nursing Student  
University of Central Florida

**APPENDIX F: INTRODUCTORY LETTER TO CLASS**

## Introductory Letter to Class

November 2016

Dear students,

My name is Asmita Devkota. Currently, I am UCF/ Seminole State College Concurrent Nursing student. For my Honors in the Major, I am investigating nursing student's experiences with child abuse. This research is being conducted under the supervision of Dr. Cherrill Stockmann. To participate, you must be at least 18 years or older. Participation is voluntary. However, you will receive 2 points extra credit in your course for participating. The survey is confidential, and as a researcher, I will not have access to your personal information such as your name, grades, and your answers to the survey questions. The survey will have 16 questions and should take about 25 minutes to complete.

If you choose not to participate in the survey, you will be asked to write a 250 words essay in your own words on *why nurses do not report suspected cases of child abuse and what should nurses do to intervene*.

If you have any questions about the survey, please do not hesitate to contact Dr. Cherill Stockmann or I at any time.

Asmita Devkota  
UCF, College of Nursing  
asmita@knights.ucf.edu

Dr. Cherrill Stockmann  
UCF, College of Nursing  
cherrill.stockmann@ucf.edu

This research was conducted under the approval of the Institutional Review Board at UCF. If you have any questions or concerns regarding your participation and your rights, please contact the UCF IRB office.

University of Central Florida  
Office of Research and Commercialization  
12201 Research Parkway, Suite 501  
Orlando, FL 32826-3246  
Office hours:  
Monday- Friday 8:00 a.m.- 5:00 p.m.  
Phone- 407-823-2901  
407-882-2012  
fax- 407-823-3299  
E-mail- irb@ucf.edu

Thank you for your participation,

Asmita Devkota  
Dr. Cherrill Stockmann

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