

Child Abuse and Neglect: Reporting by Health Professionals and their Need for Training

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ABSTRACT: **Background:** For health professionals who interact professionally with children, adequate awareness and training regarding the clinical indicators of child abuse and neglect, as well as subsequent reporting and procedures, are essential.

Objectives: To study Israeli health professionals' experiences with identification and reporting of suspected cases of child abuse and neglect, and their perceived training needs in this area.

Methods: The study group was a convenience sample comprising 95 Israeli health professionals (physicians, nurses, social workers, psychologists, etc.) attending workshops on medical aspects at a national conference on child abuse and neglect. In this cross-sectional survey, the health professionals were asked to complete an anonymous structured questionnaire on their experience with child abuse and neglect and on their training needs.

Results: The participants in the survey had relatively high levels of involvement with child protection. Nevertheless, they strongly expressed their need for training, especially in mastering practice skills. The need for training was greater for professionals with less experience in child protection, and there were different needs according to profession.

Conclusions: Despite their prior extensive experience in dealing with child abuse and neglect, most of the health professionals participating in the conference reported the need for training in certain areas.

IMAJ 2010; 12: 598–602

KEY WORDS: child abuse, child neglect, maltreatment, health professionals, training needs

or neglected (omission) by adults responsible for their care. There are four major types of child maltreatment: neglect, physical abuse, emotional neglect/abuse, and sexual abuse. In 2008 there were 34,000 new referrals of maltreated children to protective services in Israel (about 16 to every 1000 children) [1].

Health professionals are often called upon to deal with cases of suspected child abuse and neglect [2]. It is essential, therefore, that they are adequately trained to recognize the clinical indicators of child abuse and neglect and to carry out the reporting requirements and procedures [3].

Physicians, and particularly pediatricians, are often the first professionals to be confronted with cases of suspected child abuse and neglect. In many cases, pediatricians become more involved when the suspicions they raise are verified. In such cases, they then work with families, child welfare agencies, police and lawyers, and are asked to provide testimony in court. When screening, diagnosing and reporting such cases, pediatricians face a complicated task due to multiple medical as well as social and contextual factors involved in this professional process. Previous studies have shown that they feel ill prepared to deal with such cases [3,4]. This low level of subjective preparedness may be one of the reasons for many unreported cases of suspected child abuse. For instance, in the Swedish study of Borres and Haäg [5] two-thirds of the interviewed physicians reported that there were incidences in which they suspected abuse but preferred not to report it. The reasons physicians avoid reporting are multifaceted [6], and include: a) the inherent difficulties in defining child abuse and inadequate training to diagnose such cases; b) fear of alienating or stigmatizing the family; c) lack of confidence in child protection services and the police; d) personal, legal and financial risks associated with reporting; and e) discomfort in taking on the role of a "policeman" [4,7-9].

The most significant factor in this context is insufficient awareness of child protection issues, which is due to inadequate training and lack of professional education on domestic violence in medical schools and residency curricula. Previous studies have identified a very low level of domestic violence

In recent years, domestic violence in general, and child abuse and neglect in particular, have increasingly gained public attention, either because societies have become more violent or because professional and public awareness of the problem has grown. Child maltreatment is defined as a condition in which the child is either abused (commission)

detection in pediatric practice compared with primary care settings [5,7]. Canadian psychiatry residents as well as American pediatric residents and pediatric emergency fellows all reported feeling inadequately trained for approaching, evaluating and managing child protection cases [10-12]. Inadequate knowledge on the part of physicians has also been documented [13,14]. Therefore, training is an essential component of improving physicians' skills in child protection processes [2,15,16]. Several studies have examined how health professionals who have regular professional contact with children and their families in a variety of front-line specialties assess their training in child abuse and neglect. These surveys included primary care physicians [2,3], as well as residents in pediatrics [17], accident and emergency medicine [11], and psychiatry [10]. Overall, these studies conclude that a large proportion of pediatricians perceive their training to be unsatisfactory in both intensity and focus. In particular, many are confused regarding their specific role in the child protection process, are uncertain as to what they should do and report when they come across suspected cases of maltreatment, and are especially uncertain regarding the consequences (positive or otherwise) of involving outside agencies [7]. Borres and Hägg [5] found that 60% of the respondents reported their need for training in identifying child abuse, 49% of them in recognizing symptoms, and 37% regarding the effects of abuse and neglect. The most prominent rationale for the need for training was the fact that nursing or medical education had failed to adequately cover child abuse and neglect issues. Local and regional surveys of primary care practitioners noted that their prior education and experience with child protection services, along with the characteristics of practice setting (e.g., hospital versus community based), appear to influence their decision to report suspected abuse [8,18-22]. Following these findings, several educational programs on child abuse and neglect were instituted. Bar-on [23] found that the pediatricians participating in the program were more capable of distinguishing abuse from accident cases both theoretically and in practical situations. Furthermore, they had the required skills to approach the children and their parents, and to function as members in multidisciplinary teams more effectively than those who had not participated in the program. This and other studies [8,10,12] provide support for the importance of designing training programs to improve the ability of health professionals to identify cases of suspected abuse, report them, and work effectively with the child protection system to prevent and treat such cases.

In order to tailor training programs to the specific needs of Israeli health professionals it is essential to identify their training needs in this area. The present study assesses Israeli health professionals' experiences with identifying and reporting suspected cases of child abuse and neglect, and their perceived training needs in this area.

SUBJECTS AND METHODS

The current study was based on a convenience sample of 95 Israeli health professionals attending workshops on medical aspects of child abuse and neglect, conducted as part of a national conference on the subject. The sample comprised 90.8% females; most participants were 36–55 years old (70.6%), 15.3% were older than 56, and the rest (14.2%) were younger than 35. Close to half (46.5%) of the participants were physicians, 29.1% were nurses, 15.1% social workers, 5.8% were psychologists in the health system, and 3.5% defined their profession as “other.” Most of the health professionals reported that they worked in the community (53.0%) and in hospitals (41.0%). Approximately 42% of the participants had more than 21 years of experience, 26.2% had between 11 and 20 years, 20.2% had 5–10 years, and approximately 20% had less than 5 years of experience in their profession.

PROCEDURE

Information was collected from the health professionals by an anonymous structured questionnaire that was distributed to all participants in several workshops during a conference on medical aspects of child abuse and neglect. Participants were given time to complete the questionnaire before the workshops started. The response rate was approximately 95%. Anonymity was ensured, and the researchers made it clear that participants could withdraw from the study at any time for any reason.

MEASUREMENT

A self-report questionnaire was used for the study. The questionnaire included background information (age, gender, profession) as well as several scales regarding the health professionals' experience of reporting suspected cases of child abuse and neglect, and their training needs. The instrument was developed by the authors based on the relevant literature [4,7,24,25] on health professionals' training needs and reporting of child abuse and neglect. No psychometric information was available, except for internal consistencies of a training needs scale, reported below.

STUDY VARIABLES

The variables included gender, age (≤ 25 , 26–35, 36–45, 46–55, ≥ 56 years old), profession (physicians, nurses, social workers, psychologists, “other”), workplace (community, hospital, “other”), and years of experience in their profession (≤ 5 years, 6–10, 11–20, ≥ 20).

We examined six types of specific experiences in identifying, reporting and taking part in professional discussions of cases of child abuse and neglect during the last year, such as “You reported a suspected case of child abuse and neglect to the police” and “You testified in court on suspected child

abuse and neglect." An "experience" scale was created by counting the types of activities in which they were involved (0 = did not happen at all in the last year) to 6 (six different types of experiences related to child abuse and neglect in the last year).

The health professionals were asked to report their level of agreement with a series of questions aimed to measure their training needs in identifying, understanding, reporting, and treating cases of child abuse and neglect. Each scale ranged from 1 (not at all) to 5 (very much). The five areas were:

- *Theoretical knowledge needs*: measured by four items ($\alpha = 0.84$), e.g., "I need theoretical knowledge about the consequences of child abuse and neglect on the maltreated child"
- *Knowledge on the role and work procedures of child welfare professionals* (i.e., child investigators, child protection officers, the police, hospital-based violence committee): measured by four items ($\alpha = 0.91$). It includes items such as "I need to learn the roles and work procedures of the police in cases of suspected child abuse and neglect"
- *Professional skills to accurately identify maltreated children*: measured by four items ($\alpha = 0.93$), each referring to a different type of child abuse and neglect (physical, sexual, emotional, neglect). It includes items such as "I need professional skills to correctly identify children who were sexually abused in their home"
- *Skills to deal with the maltreated child and the parents*: assessed by five items ($\alpha = 0.89$), including items regarding ways to cope with parents who are suspected of being abusive and the suspected maltreated child, e.g., "I need professional knowledge and skills enabling me to cope with a maltreated child's responses during the child's examination"
- *Knowledge and skills to help monitor and follow-up cases*: measured by four items ($\alpha = 0.77$), e.g., "I need professional knowledge and skills on how to prepare a professional case review of suspected maltreatment, for example for the court."

RESULTS

EXPERIENCE WITH CASES OF CHILD ABUSE AND NEGLECT OVER THE LAST YEAR

Overall, many of the participants reported having experiences in the last year that involved suspected abuse or neglect: 78.9% had at least one case, 65.3% participated in a case conference on such a case, 71.6% reported at least one case to the child protective services and 29.5% reported to the police. About 45% prepared a professional report on a child abuse case and 12.6% testified in court. Overall, the health professionals reported an average of three specific experiences of identifying, reporting and participating in professional discussions of child abuse and neglect during the previous year

(mean 3.03, SD 1.75, median 3.00). The minimal number of such experiences found in the current sample was 0 (10.5% of the sample) and the maximum 6 (9.5%).

PREVIOUS TRAINING

Most of the respondents had participated previously in a workshop or conference related to the issue of child abuse and neglect (86.2%), about half of the physicians during their training for their medical specialty (47.4%), and about 40% of the health professionals reported that they had had lectures on this topic when in medical school or university. Only 23.9% participating in the study said that they received intensive training as part of specialization in this area.

TRAINING NEEDS

The respondents reported on 26 specific training needs in five areas [Table 1]. Several training needs were identified by more than 70% of the respondents: skills in how to testify in court (78.2% acknowledged this need to a large or very large extent), how to talk to a child suspected of being a victim of maltreatment (74.4%), how to address a child's reactions during the examination (72.2%), and how to deal with parents who react strongly to the investigation (71.9%). About 70% of the respondents also expressed a need for skills to work in an interdisciplinary team. An overview of the five areas of training needs indicates that the need for practical knowledge and skills to identify various types of maltreatment (mean 3.75, SD 1.04) and to interact with children and parents (mean 3.66, SD = 0.89) was higher than the need for theoretical knowledge (mean 3.56, SD 0.91), monitoring and follow-up (mean 3.45, SD 1.00), and information about how other components of the protective system operate (mean 3.37, SD 1.17).

WHO NEEDS MORE TRAINING?

We examined the characteristics of respondents who expressed a need for further training. In terms of background variables, the need for training was not significantly associated with gender, age or years of professional experience. Further, there was no difference between professionals working in hospitals and those working elsewhere. However, respondents working in hospitals expressed more training needs in the area of theoretical knowledge (mean 3.82, SD 0.91), compared with others [mean 3.39, SD 0.82, $t(76) = 2.20$, $P < 0.05$]. When comparing physicians, nurses and others, we found that there were significant differences in their overall need for training [$F(3,80) = 3.30$, $P < 0.05$]. A more detailed analysis indicated that the sources of this effect were: significant differences in needs with regard to learning about the role of other partners in child-protective work [$F(3,80) = 7.87$, $P < 0.001$], and knowledge and skills to monitor and follow up [$F(3,80) = 4.78$, $P < 0.01$]. Scheffe post-hoc tests

indicate that nurses have a greater need (compared with social workers and psychologists) to learn about the work and roles of other professions, and physicians have greater needs (compared with social workers) to train on issues of monitoring and follow-up.

The findings showed consistently that training needs were significantly higher for the professionals who had fewer experiences in dealing with maltreatment cases. Thus, previous experience was negatively associated with overall training needs ($r = -0.384, P < 0.001$), and with specific training needs such as knowledge on the role and work procedures of child welfare professionals ($r = -0.354, P < 0.001$), theoretical knowledge regarding child abuse and neglect ($r = -0.241, P < 0.05$), knowing how to cope with the maltreated child and the parents ($r = -0.268, P < 0.01$), skills to identify maltreated children ($r = -0.269, P < 0.01$), and knowledge and skills for reporting and monitoring suspected cases of child abuse and neglect ($r = -0.346, P < 0.001$).

DISCUSSION

The survey was conducted during workshops on child abuse and neglect designed for health professionals. One may assume that these workshops probably attracted those professionals who are more involved in this area. This may explain the relatively high levels of experience of the present sample with child maltreatment cases. In fact, almost 80% had experienced at least one case of suspected child abuse and neglect during their work and two-thirds had participated in a case conference on such a case. Interestingly however, despite this prior extensive experience, most of the participants in this study reported training needs in many areas. It is reasonable to assume that the training needs of health professionals who have less experience would have been even higher. The most common needs were for skills regarding testifying in court, talking with children in order to examine suspicion for maltreatment, and addressing their and their parents' reactions during the examination. These findings indicate that many of the training needs are related to practical skills – “how to” talk to children, and to their parents, “how to” prepare for court testimony, and “how to” identify signs of abuse, rather than a need for more theoretical and abstract knowledge. This trend has implications not only with regard to the training content but also for training methods. Indeed, recent training programs in this area emphasize hands-on experience and active simulations designed to provide realistic experiences under controlled circumstances that allow for multiple opportunities for feedback and self-reflection [4].

The present study found large variations among the respondents in their training needs. Hence, a “one size” training program will not fit all, and a more sophisticated

Table 1. Training needs reported by study participants regarding child abuse and neglect (N = 85–90)

% needing training*	Mean**	SD
1. Need theoretical knowledge regarding	3.56	0.91
Understanding maltreating family systems	64.0	3.76
Differential diagnosis	61.2	3.74
Laws and regulations	59.0	3.57
Causes for maltreatment	44.3	3.32
Effects of maltreatment on the child	44.2	3.42
2. Need to learn about the role and work procedures of	3.37	1.17
Hospital-based family violence committees	62.6	3.60
Child investigators	55.6	3.39
Child protection officers	53.9	3.29
Police	45.5	3.17
3. Need professional skills so that I can accurately identify	3.75	1.04
Sexual abuse	67.0	3.88
Emotional abuse	66.7	3.74
Neglect	65.2	3.72
Physical abuse	59.6	3.66
4. Need knowledge and skills to help me	3.66	0.89
Talk to children in order to examine suspicion	74.4	3.99
Deal with child's reactions during examination	72.2	3.94
Deal with parents' reactions to allegations	71.9	4.00
Work with an interdisciplinary team	70.8	3.91
Talk with parents	65.6	3.71
Identify non-accidental injury	62.2	3.71
Identify inconsistencies in parents' reports on accidents	50.0	3.33
Discern suspicious physical and behavioral signs	42.0	3.22
Identify failure to thrive	39.3	3.12
5. Need knowledge and skills to help monitor and follow up	3.45	1.00
How to testify in court	78.2	4.05
How to prepare a professional report	67.4	3.73
What to include in the report	49.4	3.17
To whom I should report	37.5	2.85

*Need training to “a large extent” and “to a very large extent”

**Means on a scale 1 = not at all to 5 = to a very large extent

approach is required to tailor efficient training programs that are appropriate for each of the subgroups. For instance, there are indications that in certain areas nurses differ from physicians in their training needs and in their experience with reporting child maltreatment, and they in turn differ from social workers. In addition, hospital-based professionals may have different training needs than community-based teams. Training programs should reflect this variability. The factor that seems most relevant to differences in training needs is

the intensity of the professional involvement with issues of child abuse and neglect. The study strongly indicates that health professionals who are significantly more involved with such cases in their daily work express fewer needs for training. Conversely, those who do not face such cases regularly express a stronger need for training.

It seems, therefore, that although both groups of professionals need training, programs should be tailored to fit their specific needs. That is, health professionals who in their regular daily work are not exposed to many cases of child maltreatment may need a more basic training to ensure that they are aware of signs of abuse and neglect and have rudimentary knowledge in reporting procedures. Professionals who are in positions of greater involvement with such cases should receive a more intensive training, including the acquisition of more sophisticated skills required for assessing and making decisions in complex cases. Such training may include simulations and supervised practice. This recommendation is in line with a growing trend among physicians and other health professionals to specialize in the area of child maltreatment.

With regard to the limitations of the study, the sample used was a convenience sample, which does not represent the overall health professional body in Israel as it over-represents professionals who have a special interest in child maltreatment. Another limitation was that the study was based only on self-report of the health professionals and did not include observations of their actual practice. Nonetheless, this is a step toward a better understanding of the needs of Israeli health professionals in this area.

Future studies should include a representative sample, perhaps stratified on the level of involvement with the field of child abuse. The findings of such a study can serve as a basis for a national training program for health professionals in various practice settings and specialties, such as family physicians, pediatricians and dentists in the community on the one hand and hospital-based physicians and nurses on the other. The efforts to prevent and intervene in cases of child abuse and neglect require the coordinated efforts of professionals from many fields and in a range of settings and roles. Training should be tailored to the specific needs of all relevant professionals in order to achieve a better outcome for maltreated children.

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"Earth is here so kind, that just tickle her with a hoe and she laughs with a harvest"

Douglas William Jerrold (1803-1857), English dramatist and writer