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FACTORS THAT INFLUENCE PROFESSIONALS TO REPORT SUSPECTED
PHYSICAL CHILD ABUSE -- EDUCATORS, CLERGY AND
ALLIED HEALTH PROFESSIONALS

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Introduction

Recent increases in all forms of child abuse--sexual, physical, emotional, and neglect--which have accompanied the economic stagnation and recession of the past 12 months make it imperative that we seek better means of identifying children who are being abused. The variance between official cases of maltreatment and the actual incidence of neglect was documented in a federally funded National Incidence Study which revealed that only 33 percent of the cases identified by a representative sample of professionals across the country were formally reported. Professionals in the health care system are acutely aware of the need to enlist others in their long fought battle to protect our children from abuse.

Literature

Since 1988 there has been an increase in the number of studies addressing reporting patterns of professionals representing the health and human services professions. Professions included in these studies have been education, law and law enforcement, medicine, nursing, psychology and social work. However, the literature does not contain any studies of the reporting patterns of allied health professionals and clergy and only limited information about educators. In fact, adequate information is really only available for the professions of medicine, psychology and social work.

Many investigators have contemplated the possible factors which influence professionals when deciding to report suspected physical child abuse (Barksdale, 1989; Dukes & Kean, 1989; Hibbard & Zollinger, 1990; Howe, Herzberger & Tennen, 1988; Kalichman et al, 1988, 1990; Lamond, 1989; Rindfleisch & Bean, Jr., 1988; Watson et al, 1989; Zellman, 1990a, 1990b). A review of the research indicates that a professional's interpretation of case facts and the subsequent decision to report suspected physical child abuse is often influenced by personal experience, knowledge, training, attitudes, fears, values, and perceptions/misperceptions regarding the case and the reporting process (Barksdale, 1989; Dukes et al, 1989; Hibbard et al, 1990; and Rindfleisch et al, 1988). Thus, a conflict may often exist between a professional's exercise of judgement and the legal admonition that he/she must report all cases of suspected physical abuse.

A synthesis of these research findings is summarized by Howe et al (p 106): "Labeling an event as child abuse is a multifaceted process with a variety of factors contributing to the outcome (such as) the professional's definition of what constitutes (reportable) abuse (and) the type of evidence available." However, the relationship of these various factors and variables remains an important but unknown dimension of our understanding about reporting.

Purpose and Expected Significance

The purpose of this research report is to help prevent physical child abuse by identifying and examining the reporting patterns of professionals, including public school personnel, clergy and allied health professionals.

Results of our study have significantly increased our knowledge base about the education, continuing education, and inservice training needs of helping professionals regarding their reporting of suspected physical child abuse. It is the hope of the investigators that increasing our knowledge base will enable workplace organizations, federal, state, professional, and community public policy and legislative bodies to provide appropriate public policy and legislation.

Educators, including both classroom teachers and administrators, clergy, and allied health professionals such as physical and occupational therapists and medical dietitians can play an important role in the early identification of suspected child abuse. Their knowledge of children and families and their frequent interactions with both place them in a good position to identify a problem in its initial stages.

However, while educators, clergy and allied health professionals can be important in the early identification of suspected child abuse, they are almost always outside the networks of professionals traditionally associated with child abuse. They are usually not included in education and training opportunities provided through child protective services and other agencies. They are almost never included on treatment teams. They usually have very limited opportunities to develop skills in the identification of abuse or to understand how the reporting, treatment and prevention mechanisms established to protect children work. On the other hand, in most states educators, clergy and allied health professionals are required by law to report suspected child abuse.

This research report focuses on these three professions or groups of professions in order to emphasize the importance of their inclusion in child protection systems, the contribution they can make to child protection, and to begin to explore what we know about their reporting behavior.

Study Overview

The overall goal of this study was to identify normative patterns, within and across professions, and related factors which influence professionals from the human service disciplines to report suspected physical child abuse. The study included professionals from eight disciplines: allied

medicine, education, law, medicine, nursing, psychology, social work, and theology.

The discussion presented at the Thirteenth Annual Conference on Interdisciplinary Health Care Teams (Baltimore, 1991) focused on the overall results and the most striking differences among the eight professions (Casto et al, 1992; Loadman and Deville, 1990). The data were analyzed by examining the different professions individually to see how they responded to the survey questions in an absolute sense and to determine how they compare.

The self-report survey instrument was developed, pilot tested, and used in an initial field study. A 29 Likert item questionnaire was sent to 9800 professionals in Ohio, 900 of whom were public school educators, 1600 of whom were clergy, and 350 were allied health professionals. Four subscales emerged from the data analysis and were treated as the dependent variables in a series of descriptive and inferential statistical analyses which examined the differences among the respective professions in reporting suspected physical child abuse. Clear differences among certain professions were evident.

The study found that factors related to the decision to report generally fit into four categories: 1) adverse consequences and personal values; 2) perception of the social service delivery systems; 3) professionals' perceptions and performance; 4) relation of cultural factors, ethnicity, and socio-economic status of the affected families.

Differences in responses across professions on the 29 individual items were examined using univariate tests and multivariate analyses. As expected with such a large sample size, many tests were significant, as were most of the post hoc comparisons. It is important, however, when investigating the results of a particular profession to concentrate on the absolute values, while not ignoring the relative findings among professions. The results of a number of different factor analyses of the data provide interesting and somewhat different perspectives on the meaning and importance of the study.

The remainder of the discussion in this paper will concentrate on specific item results which relate to two of the factors identified in our investigation and their implications for professional education and practice.

How Do Educators, Clergy and Allied Health Professionals View the Reporting System?

Three items respond to this question: Item 27 ("I do not formally report suspected physical child abuse because the social work/foster care systems do not deal effectively with the cases"), item 28 ("I do not formally report suspected physical child abuse because the legal system does not deal effectively with the system"), and item 29 ("I do not formally report suspected physical child abuse because the medical/mental health system does not effectively deal with the cases"). On a scale of 1 to 5 with 1 being "strong agree" and 5 being "strongly disagree", the mean response from all professionals for item 27 was 4.039, for item 28 it was 4.022, and for item 29 it was 4.078. (See figures 1, 2 and 3). Educators, clergy and allied health professionals fell below the mean response of the overall group on all three

items and consistently had the lowest means on these items. Nurses, psychologists, and social workers, all more directly included in the child abuse and neglect education and treatment networks, fell above the mean. Physicians were above the mean on item 27 and slightly below on the other two items. Lawyers were below the mean on items 27 and 29 and slightly above on item 28. Social workers consistently had the highest means on these items.

These data imply that the professionals surveyed, as a whole, felt comfortable with the entire "system" (social work/foster care, legal and medical/mental health) of care for cases of suspected physical child abuse. It is interesting to note that these objective, self-reported data differ from some of the subjective difficulties with the system of care as reported in the literature.¹ The professionals who participated in this study did not cite systemic problems as reasons for not reporting suspected physical child abuse.

The fact that educators, clergy and allied health professionals seem to have the least confidence in the system might be expected. These professionals have traditionally had the least direct contact with the systems for reporting and treating cases of suspected physical child abuse. By contrast, social workers, who have the most direct contact with the system have the most confidence in its effectiveness. Nurses and physicians also believe the system works well.

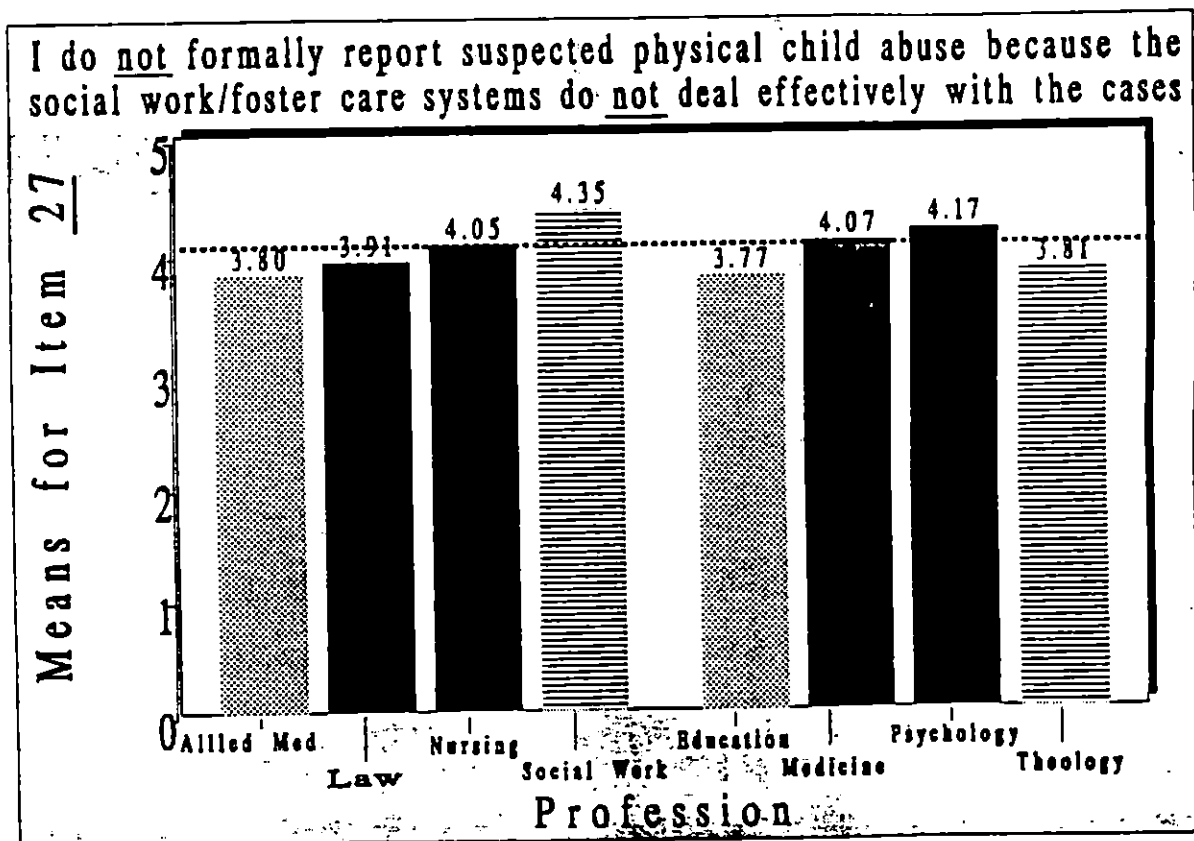


Figure 1

I do not formally report suspected physical child abuse because the legal system does not effectively deal with the cases

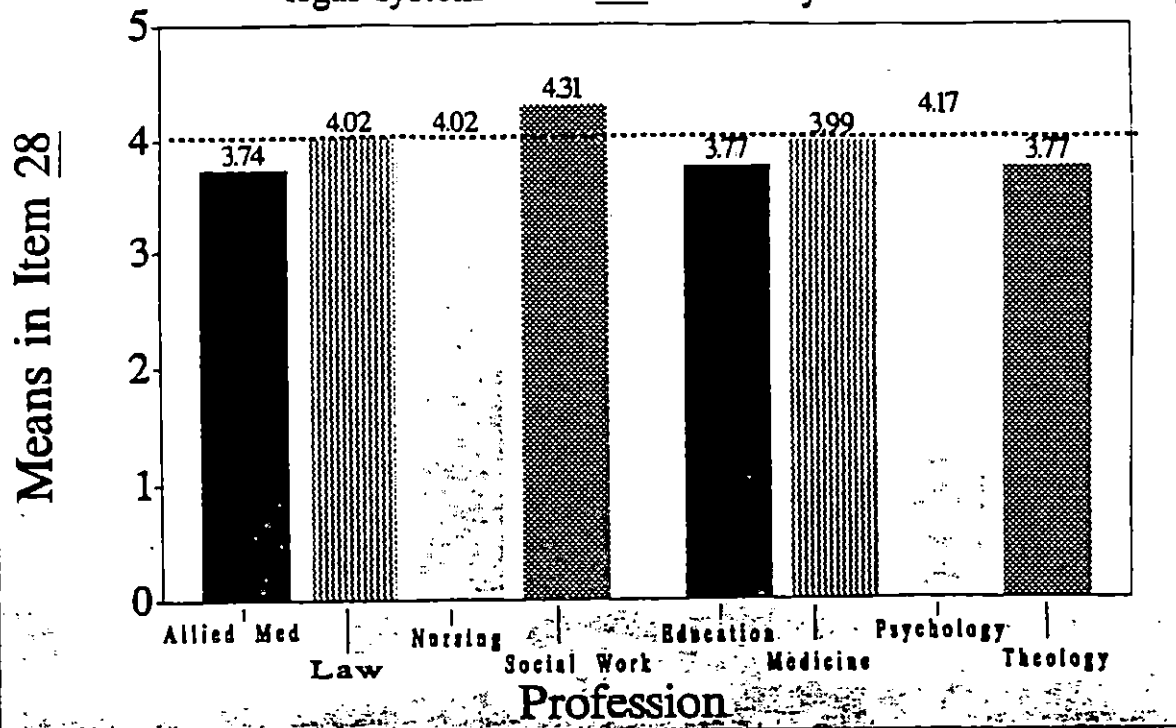


Figure 2

I do not formally report suspected physical child abuse because the medical/mental health system does not effectively deal with the cases

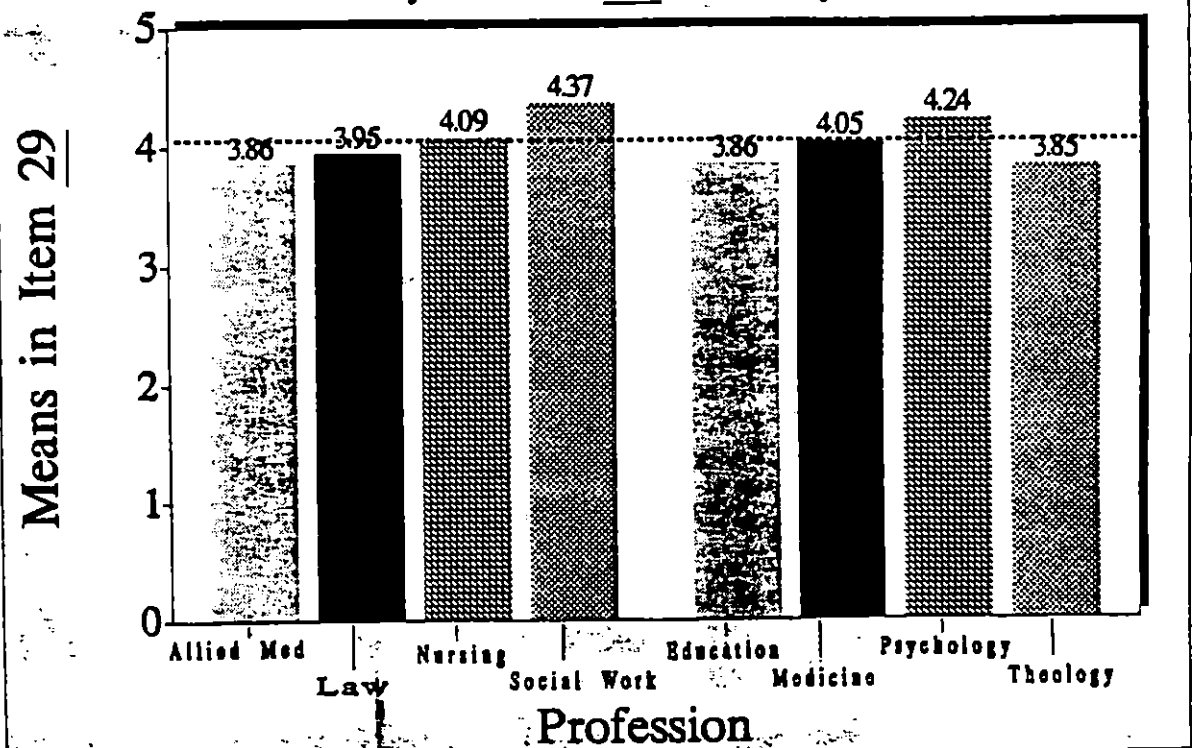


Figure 3

Those professionals who run the system (social workers) believe it works better than those who do not run it (educators, clergy and allied health professionals). Those who use the system the most (nurses, psychologists and physicians) believe it works better than those who use it least (again educators, clergy and allied health professionals).

One conclusion is that those outside the system of care may need more direct exposure to it as well as experience of it in order to increase their level of confidence in its effectiveness. One approach to increasing awareness and exposure would be to provide more interprofessional interaction around child abuse and neglect in the education of professionals entering the fields of education, theology and allied health. One step toward this goal is under consideration in Ohio Senate bill 662. This proposed legislation would require a whole range of professionals, including educators and allied health professionals, to have basic training in the identification and reporting of suspected child abuse. Students would be required to participate in the system of care to experience how it works and to become familiar with the procedures that are triggered by a report of suspected abuse. Passage of this legislative initiative in Ohio could change the climate for interprofessional collaboration in child abuse and neglect cases.

Another approach would be to enhance the opportunities for interprofessional contact among practitioners. This could be accomplished by establishing interprofessional continuing professional education as a requirement for license renewal. Additionally, child serving agencies could provide a broad based interdisciplinary staffing opportunity for cases of abuse.

The more familiar professionals become with the systems and those who work in them, the more apt they become to know and understand the system and perhaps to report suspected physical child abuse.

By contrast, when the raw scores on items 27, 28 and 29 are viewed independently, there is in fact a relatively high level of faith in the systems of care, even among the three most skeptical professions. Their skepticism is a matter of degree in comparison with the other professionals in the study, not an absolute lack of confidence. Why do professionals still fail to report suspected child abuse even if they have a relatively high level of absolute confidence in the system? The answer to this question is a complex matter based on a number of other factors about which more research is needed. However, one set of reasons may lie in the negative consequences of reporting suspected physical child abuse.

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Considerations that Influence Educators, Clergy and Allied Health Professionals Not to Report Suspected Physical Child Abuse

A second major factor in our scale contains items that address negative consequences of reporting for children, families, and professionals who make reports. Several items in the study addressed this question (items 8, 9, 11, 13, 14 and 15).²

While there are some variations in the responses to these questions by the professionals surveyed, as a group they generally disagree with them and therefore indicate that potential negative consequences may not be a significant factor in decisions not to report suspected physical child abuse. Indeed, it is perhaps surprising given the apparent disparity between the incidence of suspected physical child abuse and the number of cases actually reported how little concern professionals indicated for these supposed negative consequences for children, their families and themselves. We will, then, need to look elsewhere to identify why educators, clergy and allied health professionals do not report cases of suspected physical child abuse.

The Role of Confrontation in Influencing Decisions to Report

Two other items, 20 ("I feel comfortable confronting suspected abusers about suspected physical child abuse"), and 21 ("Members of my profession are adequately trained to confront suspected abusers about suspected physical child abuse"), provide another direction for consideration. Confrontation may play a central role in discouraging professionals to report suspected physical child abuse.

Educators, clergy and allied health professionals had the lowest means on both of these questions. (See figures 4 and 5.) Members of these three professions do not feel comfortable confronting suspected abusers. These professionals also do not feel that they are well trained to confront suspected abusers.

By contrast, social workers, psychologists and physicians all receive training in the confrontation of suspected abusers. Not surprisingly, they are in the group of professionals who are most comfortable with this aspect of identification. It is also these professionals who are called upon by the systems of care to actually confront those suspected of being abusers. This group of professionals also indicated the highest level of agreement with both of these items.

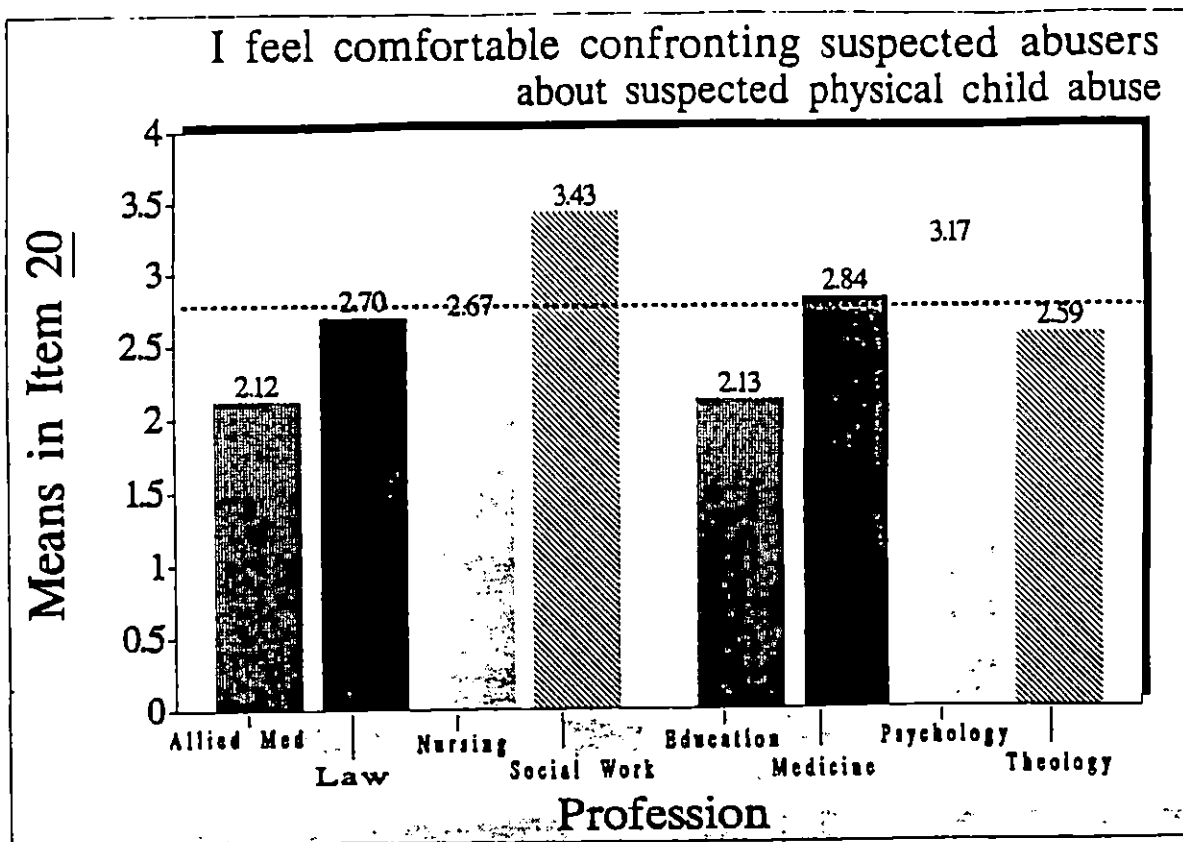


Figure 4

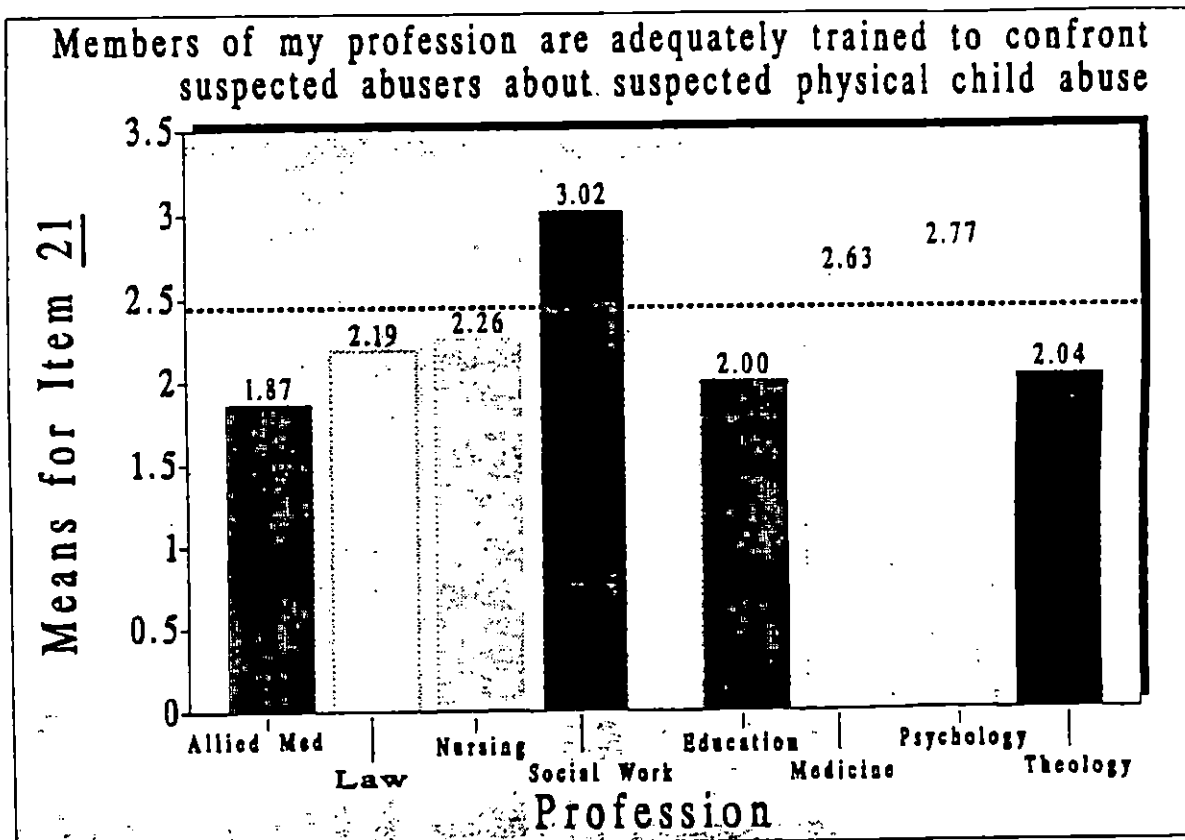


Figure 5

It should be noted, however, that even in the case of these three professions, social work, psychology and medicine, the level of absolute agreement with the items was relatively low. That is, while members of these three professions feel more comfortable confronting suspected abusers and think they are trained to do it, they only moderately agree with the items.

Apparently, confrontation is a difficult thing, even for those who are trained. It is no wonder then that those who feel inadequately trained do not feel comfortable accepting this role.

In fact, as one reviews the training programs of the various professions it should be pointed out that social workers, psychologists and physicians receive training and are faced in practice with confronting suspected abusers. By contrast, educators, clergy and allied health professionals, if trained at all, are trained to report anonymously. In other words, these latter professionals have no expectation that they will confront those suspected of physical child abuse. They are not a part of the system of care and, therefore, the only training they receive, if any, is an identification and reporting.

This "training gap" creates a significant problem around reporting suspected physical child abuse. On the one hand, it is impractical and perhaps undesirable for other reasons to expand the system of care to include a wider range of professions. On the other hand, lack of inclusion in the system of care, from the standpoint of both training and practice, is suggested by our results as a serious impediment to reporting.

Conclusions and Recommendations

Our analysis of the data and discussion indicate that the decision to report suspected physical child abuse is indeed complex. A number of different factors seem to influence the decision. The relationship between these factors is far from clear. Further research is indicated to isolate what we might call the "decision factors" in any given incident.

While the decision to report is complex, the apparent negative consequences of not reporting are more neutral than we might have suspected. Professionals do not seem to be deterred from reporting because of perceived negative consequences either for themselves, the children or their families.

One caveat must be noted. Our study involved self-reporting. There may be discrepancies between what a professional says is an influential factor in any decision and what actually influences that professional. There also may be a discrepancy between what professionals say they will do in a given circumstance and what they actually do.

Finally, professionals in general support the systems of care and think they function adequately. Those directly involved in the systems of care hold

these beliefs more strongly than those not directly involved. Despite this comfort with the system of care, there continue to be substantial differences between the numbers of cases of suspected physical child abuse actually reported and the number of those individuals who report having been abused.

This research report leads to a number of recommendations for education, practice and further research.

1) Educational programs need to provide all professionals with more opportunities to learn the systems of care and see how they work.

2) All professionals who have contact with children should be required to learn about and experience the system of care as well as learn basic information about identification, prevention and reporting.

3) All professionals who work with children should have significantly increased opportunities for interprofessional contact. These contacts should be included in both professional preparation programs and continuing professional education as well as practice.

4) Further research is especially needed to isolate the factor(s) which are decisive in any given decision to report suspected physical child abuse.

The challenge remains for practitioners and educators to provide interprofessional staff development, pre-service education, and research that will help close this gap that endangers the lives of our children.

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Endnotes

1. According to the literature, negative perceptions of the social service delivery systems are a significant factor which discourages the decision to report suspected abuse. Elements of this factor which are not necessarily supported by our study include: ineffective court and social service systems (Willis et al, 1987); a fear that social service delivery systems will do needless harm to the child or the family (Willis et al, 1987); discomfort with the role taken by police (Helfer, 1975); lack of sufficient proof that abuse has occurred (Kim, 1986); the belief that only severe abuse should be reported (Eisenberg, Owens & Dewey, 1987); and the lack of clear definitions (Daro, 1988).
2. The reader is referred to the attached copy of the instrument for the text of these items.

An Assessment Of Professional Reporting Practices Of Suspected Physical Child Abuse

QUESTIONNAIRE

- USE A NO. 2 PENCIL ONLY
- DARKEN THE CIRCLE COMPLETELY
- ERASE CLEANLY ANY MARKS YOU WISH TO CHANGE
- DO NOT MAKE ANY STRAY MARKS ON THIS FORM



CORRECT MARK



INCORRECT MARKS



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DEMOGRAPHICS

Number of children that you have:

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Number of
years in your
profession.

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

Please fill in the response
that best describes your
organization.

- ① Private Practice
- ② Private Agency
- ③ Non-Profit
- ④ Locally Funded
- ⑤ State Funded
- ⑥ Federally Funded
- ⑦ Corporately Funded

Ethnic origin:

- ① American Indian
- ② Asian
- ③ Black
- ④ Hispanic
- ⑤ White
- ⑥ Other

The profession that
best describes
your work:

- ① Allied Medicine
- ② Education
- ③ Law
- ④ Medicine
- ⑤ Nursing
- ⑥ Psychology
- ⑦ Social Work
- ⑧ Theology
- ⑨ Other

Fill in the answer that most closely matches your opinion.

Be sure to use pencil!

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

1. Individuals in my profession are well trained to recognize suspected physical child abuse..... (A) (B) (C) (D) (E)
2. The difference between physical abuse and discipline is not well defined by my profession (A) (B) (C) (D) (E)
3. I know how to report suspected physical child abuse (A) (B) (C) (D) (E)
4. Formally reporting suspected physical child abuse is a breach of confidentiality (A) (B) (C) (D) (E)
5. Physical child abuse occurs most often in lower socioeconomic status families (A) (B) (C) (D) (E)
6. Physical child abuse occurs most often in minority families (A) (B) (C) (D) (E)
7. Formally reporting suspected physical child abuse will "damage" me professionally (A) (B) (C) (D) (E)
8. Formally reporting suspected physical child abuse will result in negative consequences for the child's family (A) (B) (C) (D) (E)

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

Fill in the answer that most closely matches your opinion.

Be sure to use pencil!

9. Formally reporting suspected physical child abuse will result in negative consequences for the child (A) (B) (C) (D) (E)
10. Families I work with would not physically abuse their children (A) (B) (C) (D) (E)
11. Formally reporting suspected physical child abuse will result in retaliation against the reporter (A) (B) (C) (D) (E)
12. I would not report suspected physical child abuse because I might be wrong (A) (B) (C) (D) (E)
13. I place myself legally at risk by formally reporting suspected physical child abuse (A) (B) (C) (D) (E)
14. I would be financially at risk by formally reporting suspected physical child abuse (A) (B) (C) (D) (E)
15. I am in a better position to help the family if I don't formally report suspected physical child abuse (A) (B) (C) (D) (E)
16. I would be legally at risk by not formally reporting suspected physical child abuse (A) (B) (C) (D) (E)
17. I would not formally report suspected physical child abuse if I like the family (A) (B) (C) (D) (E)
18. Members of my profession are mandated by Ohio law to formally report suspected physical child abuse (A) (B) (C) (D) (E)
19. Formally reporting suspected physical child abuse will cost me time and inconvenience (A) (B) (C) (D) (E)
20. I feel comfortable confronting suspected abusers about suspected physical child abuse (A) (B) (C) (D) (E)
21. Members of my profession are adequately trained to confront suspected abusers about suspected physical child abuse (A) (B) (C) (D) (E)
22. I feel comfortable collaborating with others in other professions when dealing with suspected physical child abuse (A) (B) (C) (D) (E)
23. Reporting suspected physical child abuse is not my responsibility (A) (B) (C) (D) (E)
24. My workplace organization has a chain of command for formally reporting suspected physical child abuse (A) (B) (C) (D) (E)
25. My workplace organization makes known its policies regarding formally reporting suspected physical child abuse ... (A) (B) (C) (D) (E)
26. My workplace organization conducts new employee training regarding reporting suspected physical child abuse (A) (B) (C) (D) (E)
27. I do not formally report suspected physical child abuse because the social work/foster care systems do not deal effectively with the cases (A) (B) (C) (D) (E)
28. I do not formally report suspected physical child abuse because the legal system does not deal effectively with the cases (A) (B) (C) (D) (E)
29. I do not formally report suspected physical child abuse because the medical/mental health system does not effectively deal with the cases (A) (B) (C) (D) (E)

THANK YOU FOR YOUR ASSISTANCE