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BREAKING SILENCE: UNDERREPORTED CHILD ABUSE IN THE HEALTHCARE SETTING

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Abstract

As child abuse in the nation is on the rise, reporting by healthcare providers is on the decline. This paper is a review of current statistics related to child abuse and proposed resolutions to decrease the level of underreported child abuse in the healthcare setting. This article brings to light possible reporting barriers and solutions to overcome those barriers.

Keywords: Child Abuse, Underreporting, Healthcare Providers, Barriers, Education

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Breaking Silence: Underreported Child Abuse in the Healthcare Setting

Imagine that you are a five year old child being brought into the emergency room after just having your arm broken by your mother's angry boyfriend. After examination and x-rays you feel relieved when the doctor walks into the room. "Finally someone to save me," you say to yourself. However, after a brief stint of questions and applying a cast, you are released back to your mother and her boyfriend. Many cases like these happen every day. Healthcare providers examine and care for abused children they suspect are abused and let them leave with their abusers. When is it our moral duty more than our job to report abused children? When do you set aside your own restraints and ask yourself what would I do if this was my child? This paper will review research showing the epidemic of underreported child abuse in the healthcare setting.

Findings and Review

Roughly five children die every day in the United States at the hands of an abuser (Child Help, 2012). In 2008, 3.3 million reports of child abuse and neglect were filed (Centers for Disease Control and Prevention, 2010). As these numbers are on the rise, the number of reported incidences among healthcare providers is on the decline. A study reviewing the reporting of child abuse cases among primary care providers shows that 21% of suspected cases are not reported (Preidt, 2011). This leads one to question why is suspected child abuse underreported among healthcare professionals and how do we reverse those numbers?

Underreporting child abuse has become an epidemic. As healthcare providers that are supposed to be a "safe haven" for children, we are doing a poor job of protecting them. We cannot allow a lack of knowledge and initiative to be influencing factors that prevent us from

doing what is morally right. How can we as clinicians reverse this trend and move towards accurate, appropriate, and timely reporting?

A Closer Look at Startling Numbers

A closer look at a study of clinician reported child abuse in a population of 1683 suspected cases shows that only 95 of those cases were reported to Child Protective Services (CPS) (Flaherty, Sege, Griffith, Price, Wasserman, Niramol, Harris, Norton, Lu Angelilli, & Binns, 2008). That is a startling six percent! Of those 1683 cases, 27% of injuries considered likely and very likely related to child abuse were not reported and 76% of injuries considered possibly caused by abuse were not reported (Flaherty et. al, 2008).

With child abuse on the rise and the need for visits to healthcare providers inevitable, it is surprising that healthcare providers do not make the list of top reporters of child abuse in the country (Plitz & Wachtel, 2009). It is in the opinion of the author that healthcare providers should be at the top of the list. With the amount of training and education received by healthcare providers, there should be no gap in the amount of suspected and reported cases. As healthcare providers, what can we do to change the underreporting of suspected abuse? Three things: (1) raising awareness among healthcare providers and the nation, (2) providing education including private initiatives to increase knowledge, and (3) increasing the confidence in current CPS abilities to assess and intervene as needed.

Proposed Changes

Raising Awareness

In fighting the war on child abuse, the first step is to raise awareness of child abuse. John Maxwell writes on the Law of Connection that, “When you connect with individuals you gain the attention of crowds” (Maxwell, 2007, p. 437). People need to see what child abuse looks like in order to connect with the cause and take the initiative in reporting suspected abuse. When a connection can be made with individuals and perceptions become reality, child abuse outcomes can be dramatically changed. If abuse impacts the lives of children daily, shouldn't we do something to impact the awareness of it daily? Our country is in desperate need of a nationwide campaign to raise awareness. Not just healthcare providers, but people from all backgrounds. Signs with faces of abused children need to be plastered across the highways and hallways of all public areas to make it a reality to more people. Child abuse is not a far off nightmare; it is a reality for approximately one in every five children (Centers for Disease Control and Prevention, 2010).

Education

Perhaps the lack of reporting is related not to a lack of knowledge, but a lack of understanding of the intricacies surrounding child abuse. In a study that interviewed Primary Care Providers (PCPs) about reporting child abuse, findings suggest that, PCPs require better training in the diagnosis and management of child abuse (Preidt, 2011). Additionally, barriers for other healthcare professionals such as nurses include limited education in recognizing the signs and symptoms of abuse (Plitz & Wachtel, 2009). Hospitals need to implement a new system to combat the lack of knowledge and understanding surrounding underreporting. Orientation training followed up by annual review training is one of many steps that can be implemented to ensure providers and adjunct staffs are up to par on the clinical presentation of child abuse. A lack of knowledge can only be combated through education. In providing staff

and PCPs with the information necessary to make clinical judgments regarding child abuse, the number of unreported events stands to decrease dramatically.

Increasing Confidence of Healthcare Providers

Finally, increasing the confidence that care providers have in the CPS system is a key step in ensuring overall comfort in reporting suspected abuse. How does it happen that there is a lack of confidence in the agency in charge of following up and resolving issues surrounding reports of child abuse? If we do not have confidence in CPS, how can we feel confident in reporting potentially life threatening issues to them? In an integrated review of literature to identify barriers to reporting, it was identified that one reason was due to, “low opinion of CPS” (Plitz & Wachtel, 2009). A suggested theory is that there is a lack of follow up on the part of CPS to the person reporting the event. When suspected abuse is reported, the reporter should receive a confirmation showing the actions taken and that their claims were seriously investigated. Simple information such as the date the report was investigated, the outcome of the report, and any follow-up that may be needed would be a key step in showing the legitimacy of the reporting process. Not providing proof to the reporter decreases overall confidence in the system and its’ capabilities.

Much Needed Funding

Children must be provided with a safe and promising future to ensure the stability of generations to come. Making progress towards increasing the level of reporting requires funding. Insufficient funding is halting the move towards success and reversal of negative trends. Currently there is the CAPTA (the Child Abuse Prevention and Treatment Act) initiative that is committed to preventing child maltreatment (Prevent Child Abuse America, 2010).

Prevent Child Abuse America has urged Congress to fully fund CAPTA but it, “Has not been funded adequately to meet the demand for community-based prevention programs” (Prevent Child Abuse America, 2010). Initiatives cannot be implemented to change trends in decreased reporting if the government does not help by providing funding to educate the nation.

Pros and Cons

In moving to increase levels of reporting, it is recognized that there are pros and cons surrounding this situation. Recognition is the first step to changing. The hope is that this article would help people recognize the need to protect our children and motivate healthcare providers to realize the desperate need to change this pattern of decreased reporting. Some of the pros include decreasing child abuse, increasing positive outcomes for children, and increasing provider confidence in the recognition and treatment of abuse victims. However, one of the major cons is realizing the level of commitment required to making this change happen may cause healthcare providers to shy away choosing not to act due to comfort in complacency. Additional cons include, taking funding away from other necessary programs, causing internal conflict with abuse reporters, and causing conflict with care providers and patients. However, acting on one’s internal drive to do what is morally right has the potential to produce an outcome that can change the face of child abuse in our nation.

Conclusion

As society ages, the need for the next generation to be fully developed and able to move forward with the nation’s progress is vital to the continuation of society. If we do not protect the welfare of the next generation how can we ensure its’ vitality? Healthcare professionals who vow to care for the sick and wounded are letting the most vulnerable in our population remain at

risk for serious complications including decreased ability to cope in situations to more grim complications including severe debilitation and even death (Child Welfare Information Gateway, 2008). Duty is defined as, “An action or act that must occur because of a moral or legal obligation” (Porche, 2012, p. 218). As healthcare providers it is our duty to represent the ethical code of conduct that requires us to provide care to and report incidences of child abuse for individuals that cannot speak for themselves. Reporting suspected child abuse is not only a vow to do what is ethically right, it is a moral responsibility.

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