REPORTING LAWS ON CHILD ABUSE

HEALTH PROFESSIONALS' KNOWLEDGE OF AND ATTITUDES TOWARDS CHILD ABUSE REPORTING LAWS AND CASE MANAGEMENT, IN VICTORIA

ABSTRACT

This study investigates the knowledge and attitudes of health professionals towards the reporting of child abuse in Victoria. A review of the literature suggests that this professional group lacks adequate knowledge of child abuse reporting, legislation and procedures. It is also suggested that numerous factors other than ignorance of the law may influence professionals' cooperation in reporting or trying to deal with a case of child abuse. Finally, it was found that the introduction of compulsory reporting in the State of Victoria would not markedly increase professionals' willingness to report. Seventy-four health professionals were included in the sample for analysis, and the results indicate that negative attitudes to the law and the competence and resources of ancillary services is more of a problem than ignorance of the law.

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INTRODUCTION

Medical interest in child abuse was first stimulated by radiologists who reported multiple fractures in very young children in the 1940's and 1950's. About this time, Caffey, whose name became attached to a 'syndrome', confused the issue by maintaining for a decade that such fractures were due to a generalised disease of the bone. Other reports[1,2,3,4] referred to this disease of maltreatment as 'unrecognised trauma', and in 1961 Kempe and his associates at the Denver Medical Centre coined the diagnostic term 'battered child syndrome' and public and professional interest in child abuse began to develop.[5,6,7,8]

The definitions of child abuse have broadened, since the term 'battered child syndrome' now embraces 'serious physical abuse, generally from a parent or foster parent in young children under the age of three years'.[9] The term child abuse also includes neglect, emotional abuse, sexual abuse and infanticide, as well as traumatic injury.[10,11,12,13,14] For the purposes of this review, child abuse shall be defined as non-accidental physical assault or traumatic injury from minimal to fatal damage inflicted upon children by persons caring for them.[15] As there has been no uniform definition of child abuse, it is not surprising that its reported incidence varies widely. Most estimates are based on reports which vary as to definition, age-limits and the interpretation and administration of statutes. Under mandatory reporting legislation, reported incidents constitute only a fraction of the total number. Those cases that come to light, by whatever means, are only the tip of the iceberg.[16, 17, 18, 19, 20] Thus, although accurate statistics are difficult to compile, it has been estimated that in the United States one quarter of a million to a million children are abused each year.[21, 22, 23, 24, 25, 26] For Australia, Boss' estimate was 46,000 cases per year in the child population aged between zero and eighteen years, by extrapolation of American statistics.[27] Notwithstanding, Boss[28] concludes that it is impossible to estimate incidence in Australia, as there is no uniformity in definition, recognition, detection or the methods of reporting and no national or even state-wide collection of data.

Identification of the problem of child abuse has led to endeavour by several legislatures to impose a duty to report recognised or suspected cases. Mandatory reporting legislation in some form is operating in every State of the United States.[29, 30, 31] In Australia, each State is also responsible for producing its own policies and programs.[32] It is only in the last decade that any policies dealing with child abuse have been introduced. In New South Wales, South Australia, Queensland and Tasmania there are now laws requiring the compulsory reporting of known or suspected cases of maltreatment, abuse and neglect.[33, 34] Among those groups targeted by this legislation are health specialists, physicians, psychiatrists, psychologists and paediatricians. Social workers are included for the obvious reason that, in their work with families, they often become privy to information that is useful in detecting or signalling the presence of an abuse/neglect problem in a family.

In Victoria, the Government decided against compulsory reporting in the light of the Report of the Child Abuse Maltreatment Workshop in 1976, and cases continue to be handled under the Community Welfare Services Act, 1970, as amended. Under this Act, any person who believes a child or young person under the age of seventeen years to be ill-treated or otherwise neglected may notify the police or any other authorized person or agency. Persons so notifying are then protected from legal liability.[35, 36, 37, 38]

Much controversy exists over the issue of compulsory reporting and a good case can be made out for either side of the argument.[39, 40] Proponents for the introduction of compulsory reporting in Victoria believe it to be necessary to 'identify abused children and to protect them from further abuse; to allow the physician to perform responsibly within the bounds of medical knowledge and ethics and to allow the community to meet its obligations to its children'.[41] More recently, in a report to the Victorian Government by the Mission of St. James and St. John (1982), a recommendation was made that 'Mandatory reporting must be introduced in Victoria to safeguard the interests of the abused child'.[42]

An important consideration is the effect of compulsory reporting in the United States and other States in Australia. In the United States, where compulsory reporting has been in operation in most States since the mid-1960's, although an increasing number of child abuse reports have been received each year, under-reporting is still rife.[43, 44, 45] Compulsory reporting appeared to stimulate a great deal of activity but, because of the lack of resources and manpower, only the most urgent cases could be immediately followed up.[46] Schuchter and his collaborators in their review of the American literature on child abuse failed to find any substantial evidence that compulsory reporting laws control or reduce the incidence of child abuse.[47]

Although compulsory reporting in Australia is more recent than in the United States, some evidence suggests that it brings to light a larger number of verified cases. For instance, in New South Wales following the introduction of the Child Welfare (Amendment) Act, 1977, 887 new cases were notified compared with an average of 64 cases per year ten years prior to 1977. In Victoria, where reporting remains voluntary, a report on the work of the Melbourne branch of the Children's Protection Society showed that in 1977 the agency dealt with 482 cases, a significantly higher figure than previous years, the rise being attributed to an increase in available staff.[48]

It might be assumed that the medical profession, usually the first and in some

cases the only agency outside the family to see the child, should bear the responsibility for reporting cases of abuse.[49, 50] In fact, however, many practitioners fail to do so even in the face of mandatory reporting laws.[51, 52, 53, 54] Many reasons have been offered to explain this seemingly obtuse behaviour.

Firstly, the practitioner may be unaware of his obligations concerning child abuse. It is essential for practising doctors to be properly informed of their duties prescribed by the law.[55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65]

Secondly, the practitioner may fail to recognise manifestations of abuse through inexperience or ignorance.[66, 67, 68] Even if the practitioner is suspicious of abuse, he may be unwilling to report a case if he lacks sufficient evidence to make a definitive diagnosis.[69, 70, 71]

Thirdly, and commonly, the practitioner may not believe that the particular parent could commit such acts on a child.[72, 73, 74]

Fourthly, the laws pertaining to child abuse are generally perceived as punitively orientated, and they specify the police as the executive agency. Doctors by contrast are therapeutically orientated and are reluctant to divulge private family information which threatens the patient-doctor relationship.[75] Negative attitude towards the law appears to be an equal if not greater problem than ignorance of the law.[76, 77, 78, 79, 80]

Fifthly, a practitioner may fear lengthy legal entanglements[81,82,83] and the consequent loss of time and fees.[84]

A further reason why health professionals may be reluctant to report cases of abuse is that they feel the protective services are inadequate to provide the necessary counselling and treatment facilities.[85]

The success in a reporting situation depends largely on the capability and orientation of the agency designated by law to receive and act on a case. Problems often occur in management, coordination, accountability, responsibility and the availability and deployment of resources due to the multiplicity of professional groups dealing with child abuse. Health professionals, law enforcement groups and social welfare teams all see the problem from their own point of view, which may be over emphasised. This is more obvious in Victoria, which lacks any statute-based framework for managing and co-ordinating a child abuse program.

The aim of the present study is to investigate the attitudes and knowledge of health professionals towards the reporting of child abuse in Victoria and to discuss the implications of some of these results.

As indicated above, published statistics strongly suggest that health professionals' knowledge of child abuse reporting laws and procedures is insufficient. Moreover, there appear to be a number of factors beyond ignorance of the law that influence health professionals' willingness to notify suspected child abuse. Finally, we would expect that the introduction of compulsory reporting in Victoria would not markedly increase the number of cases.

METHOD

Seventy-four Victorian health professionals were eventually included in the sample for analysis. These comprised 33 social welfare workers, 10 general practitioners, 9 paediatricians, 11 pyschiatrists and 11 psychologists. Forty- four of the respondents were female and 30 were male. The participants ranged from 21 to over 60 years of age, and represented several fields within their professions. Thirty-four of the subjects had been involved at least once in legal proceedings regarding abuse. Each professional included in the sample had seen six or more cases of known or suspected abuse during his or her career, although over one third of the sample had seen more than 20 cases of physical abuse.

A covering letter was enclosed with each of the questionnaires, to explain the nature of the study. No other effort was made to persuade sample members to complete the questionnaire other than the appeal for co-operation in this letter. An assurance was given that all responses would remain anonymous, and would be used for group analysis only.

The questionnaire comprised 26 questions, of which 24 were multiple choice type. The first eight sought demographic information about the responding health professionals, which included specialist interests, age, sex, number of years in practice, employer and×or usual place of employment, their experience of child abuse and any involvement in relevant legal proceedings.

Questions 9-14 tried to establish the extent of the respondent's knowledge of the Victorian Community Welfare Services Act, 1970 (as amended), regarding the reporting of child abuse.

Question 15 referred to willingness to become involved in a case of child abuse that might culminate in court proceedings.

Question 16 asked the health professional to state the authority to which he would report suspected abuse.

Questions 17 and 18 asked whether the health professional's attitude would be altered by compulsory notification.

Questions 19 to 22 investigated some of the factors that may discourage reporting, and whether these would or would not be over-ridden by compulsory notification.

Questions 23 to 24 asked how knowledgeable the health professional considered himself to be about physical abuse, and what he believed to be the most available source of additional knowledge.

Questions 25 and 26 sought suggestions for changes that would enhance willingness to report and general comments pertaining to the rest of the questionnaire or child abuse in general.

Self addressed and stamped envelopes were enclosed with all mailed questionnaires.

Phase 1: 150 questionnaires were distributed to major Social Welfare and Protection Agencies with the assistance of Agency and Institutional Directors. These questionnaires were collected on a convenient, prearranged date. Thirty-nine analysable questionnaires were received and included in the sample.

Phase 2: In order to enlarge the sample, we made enquiries by telephone to various paramedical societies and medical colleges, in an attempt to gain access to the registers of professionals qualified in these fields. We were consequently informed by all such bodies that this information could not be made available.

Eventually, therefore, we resorted to the list of medical practitioners in the local telephone directory, which unfortunately does not indicate areas of specialisation. One hundred doctors were chosen at random from this source, and were subsequently mailed the questionnaire, and 35 analysable responses were returned.

The results were than collated and analysed.

RESULTS

Frequency counts were taken of the responses to the questions asked. Table 1 deals with the familiarity of respondents, broken down into individual professional groups, with the Community Welfare Services Act, 1970, as amended, and the number who were, in fact, correctly informed in this respect.

The criterion used to determine the number of respondents demonstrating adequate knowledge of child abuse legislation, as described in the Community Welfare Services Act 1970, as amended, was a correct answer to at least four out of five True-False questions. It is clear that a substantial number of health professionals were not fully aware of the Victorian child abuse legislation and, in fact, 80% (n=74) of the sample were ignorant of the law. Sixty-three percent (n=41) of those who reported that they were acquainted with the Community Welfare Services Act 1970, as amended, were found to be unfamiliar with the provisions relating to child abuse.

Table 2 deals with the willingness of health professionals to become involved in a case of child abuse that might result in court proceedings.

Sixty-five percent (n=74) replied that they would be willing to become involved, 27% indicated reluctance and 8% (n=74) of the sample stated that they would refuse to become involved in a case of physical abuse that might result in court proceedings.

The group that indicated most reluctance

(5/10) to become involved in such a case was the general practitioners. Psychologists (9/11) and social welfare workers (26/33) were the groups most willing to become involved in such a situation.

The results indicating the bodies to which health professionals would report their suspicions that a child may have been abused are presented in Table 3 below.

Seventy-seven percent (n=74) of respondents stated that they would report suspicions to the Children's Protection Society; 28% (n=74) would report to the Early Childhood Development Centres; 41% would report their suspicions to the police; 36% (n=74) would report to a practitioner; 19% (n=74) would report to a hospital. Table 4 indicates that 11% (n=74) would not report suspicions that a child may have been abused, but would only report confirmed cases of physical abuse.

Nine out of 10 general practitioners indicated that they would report their suspicions that a child may have been abused to another physician, indicating a tendency towards intra-profession referrals.

The circumstances in which health professionals would report a case of physical abuse voluntarily and under a compulsory system are reported in Table 5.

The results indicate that if reporting abuse remains voluntary, 11% (n=74) of professionals report only in cases where the child's life is at risk, 47% (n=74) report only when there is substantial evidence of abuse and 42% (n=74) report all cases of physical abuse whether suspected or confirmed.

Of course, in the case of compulsory reporting, all respondents should have indicated that they would report every case of physical abuse. However, our results indicate otherwise and only 24 (n=33) social welfare workers, 2 (n=10) general practitioners, 2 (n=9) paediatricians, 6 (n=11) of psychologists and 4 (n=11) psychiatrists would report in all cases of abuse, suspected or confirmed. This suggests that nearly half the respondents would ignore such legislation, and that there would be no significant change in professional behaviour if compulsory reporting laws were introduced.

The factors indicated by health professionals which tend to discourage involvement with and reporting of instances of child abuse are set out in Table 6.

The results show the major factors which have been agreed upon by over half the sample (n=74) to be fear of being sued (51%, n=74); fear of adverse effects of an investigation on the child (54%, n=74); fear that the parents may blame the investigation on the child (54%, n=74); fear that no useful purpose will be served, so that the victim remains unprotected (51%, n=74).

A further question in the series as to whether the introduction of compulsory reporting would influence respondent's action drew an 81% (n=74) response that it would make no difference; a further 5% indicated that these factors would be eliminated if compulsory reporting legislation was implemented and 14% were undecided about the issue (n=74).

The results underline the fact that the majority of the respondents consider interdisciplinary workshops would be the most effective means of disseminating information about child abuse (57%, n=74), followed by access to pertinent literature (46%, n=74) and post graduate education (43%, n=74). When asked to specify alternative modes of gaining knowledge, 27% (n=74) suggested the distribution of copies of the relevant sections of the Community Welfare Services Act, 1970, as amended amongst health professionals.

TABLE 1

Frequencies of health professionals who indicated that they were acquainted with, and the number found to be correctly informed about, the legislation described in the Community Welfare Services Act, 1978.

Group	n	No. claiming to be acquainted with Act	No. found to be incorrectly informed about Act	% of group demonstrating adequate knowledge
Social welfare workers	33	22	25	24%
General practitioners	10	6	8	20%
Paediatricians	9	5	8	11%
Psychiatrists	11	4	9	18%
Psychologists	11	4	9	18%
Total	74	41	59	20%

TABLE 2

Frequencies of health professionals who were either willing, reluctant or unwilling to become involved in a case of physical abuse that might result in court proceedings.

Group	n	Willing	Reluctant	Unwilling
Social welfare workers	33	26	7	0
General practitioners	10	2	5	3
Paediatricians	9	5	3	1
Psychologists	11	9	2	0
Psychiatrists	11	6	3	2
Total	74	48	20	6

TABLE 3

Frequencies of health professionals who *would* report their suspicions that a child may have been abused to the Children's Protection Society, Early Childhood Development Programme, the police or a physician.

Group	n	Children's Protection Society	Early Childhood Development	Police	Physician	Do not report suspicion
Social welfare workers	33	30	12	14	7	3
General practitioners	10	4	2	6	9	0
Paediatricians	9	8	2	4	3	0
Psychologists	11	9	4	5	2	1
Psychiatrists	11	6	1	1	6	4
Total	74	57	21	30	27	8

TABLE 4

Frequencies of health professionals who would not report *suspicions* that a child may have been abused.

Group	Do not report suspicions
Social welfare workers	3
General practitioners	0
Paediatricans	0
Psychologists	1
Psychiatrists	4
Total	8

TABLE 5

Frequencies representing the circumstances under which health professionals would report a case of physical abuse under the conditions of voluntary and compulsory reporting.

Circumstances	Group	n	Voluntary	Compulsory
Child's life is at risk as a result of the abuse	Social welfare	33	1	0
	General practitioners	10	1	0
	Paediatricians	9	1	1
	Psychologists	11	3	1
	Psychiatrists	11	2	2
	% of total group	74	11%	7%
Only if substantial evidence of abuse is available	Social welfare	33	11	9
	General practitioners	10	7	7
	Paediatricians	9	6	6
	Psychologists	11	4	4
	Psychiatrists	11	7	5
	% of total group	74	47%	42%
In all cases of physical abuse, suspected or confirmed	Social welfare	33	21	24
	General practitioners	10	2	2
	Paediatricians	9	2	2
	Psychologists	11	4	6
	Psychiatrists	11	2	4
	% of total group	74	42%	51%

DISCUSSION

With only a 30% response to our questionnaire (74/250) we cannot draw definitive conclusions, as our sample population is certainly not representative of health professionals as a whole. The composition of the sample is, in fact, heavily skewed.

The results, however, lend support to all three of our hypotheses. Firstly, health professionals are inadequately informed in regard to the laws and procedures relating to the reporting of child abuse. Table 1 shows that a significant proportion of health professionals are unaware of important legislation that is relevant to their professional activities. This was a particularly alarming finding in the case of social welfare workers, who might have been expected to be the best informed. The results imply that all groups of health professionals whose work may bring them into contact with child abuse should be made more aware of their legal obligations in this area.

Secondly, many factors other than ignorance of the law may influence a professionals's decision to report a case of child abuse. The results in Table 5 indicate that negative attitudes towards existing legislation and doubts regarding the competence and scope of ancillary services is at least as significant as ignorance of the law. The goal of identifying and reporting suspected cases of child abuse is to establish treatment and above all to prevent recurrence. If professionals feel that appropriate treatment and community service resources are inadequate to achieve this goal, then the whole exercise is a waste of time and may do more harm than good. Such are certainly the views of some professionals. The results indicate that factors such as the fear that the situation will remain virtually unchanged, thereby leaving the victim unprotected, and fears of possible adverse effects of an investigation on the child heavily influence a professional's decision to report or deal with a case of child abuse. Such findings suggest the need for better and easier inter-professional communication as well as the need for staff training and, where necessary, reformulation of policies necessary to guide investigative procedures and ongoing services. This would help increase professionals' confidence in the resources available.

Thirdly, the introduction of legislation for compulsory reporting of child abuse in Victoria would have little influence on the number of cases brought to light, in view of the multiplicity of factors that influence the professional's decision to report cases of child abuse. The replies indicate that many of the respondents would ignore compulsory reporting legislation. Insufficient knowledge of the law on the part of a significant portion of professionals is merely one aspect of the problem. A negative attitude towards the law is surprisingly common. The other factors which we have uncovered as contributing to under-reporting need to be directly addressed and resolved if ascertainment is to improve. The data indicates that only the most severely affected cases of abuse are being reported for investigation under the existing conditions of both voluntary and compulsory reporting. These findings give rise to doubt as to the value of recent recommendations to the Victorian Government to introduce compulsory legislation for the reporting of child abuse.

Our findings indicate that new legislation would do little to alleviate the problems and concerns that contribute to under-reporting and professionals' fears of becoming involved with cases of child abuse. Rather, the direction of reform should be towards upgrading and increasing the number and range of available ancillary services in order to restore the health professionals' confidence in the quality, scope and competence of such services. In Victoria, expansion of the Children's Protection Society by increasing its staff and resources as the single body with the power

TABLE 6

The percentage of health professionals and frequencies of professional groups indicating factors that discourage involvement with and the reporting of a case of physical abuse.

Factor	Social Welfare Workers (n=33)	General Practitioners (n=10)	Paediatricians (n=9)	Psychologists (n=11)	Psychiatrists (n=11)	% of total sample
Inadequate, slow reimbursement	1	4	3	3	4	20%
Time invovled with court	6	9	7	4	7	45%
Adverse publicity for practice	3	2	2	4	4	20%
Fear of being sued	12	7	5	3	9	51%
Incompetent law enforcers	13	6	7	5	5	49%
Adverse effect on child	14	7	7	5	7	54%
Parents will blame child	12	7	8	6	7	54%
Futility of involvement	10	7	4	4	5	41%
Situation will not change	13	8	6	5	6	51%
Lack of evidence	10	6	6	4	5	42%
Disruption of family	4	4	4	4	4	27%
Family victimized/ ostracised	3	3	1	3	3	18%

and authority to advise, manage and co-ordinate child abuse services would be an obvious first step in tackling the problem.

We are indebted to those health professionals who completed and returned the questionnaires, and grateful for the scrupulous honesty of their answers. We were also heartened by the many requests received for copies of the relevant child abuse legislation or where copies could be obtained. In addition, the police and an Early Childhood Development centre in the same area have arranged regular discussions and to pool their resources in an effort to increase community awareness of the problem of child abuse in that region.

The need for continued education and examination of legal, ethical and moral issues by professionals who may have to deal with child abuse is essential if we are to make any progress in controlling this malignant social disease.

As mentioned above, it is best to view this as an exploratory study. The problems noted and the findings discussed illuminate the urgent need for further, more intensive and considered inquiry in this somewhat neglected field.

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