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Assessing Pediatric Nurses' Knowledge and Comfort Level with Recognition and Reporting of Child Abuse

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The document mentioned above has been reviewed and accepted by the student's advisor, on behalf of the advisory committee, and by the Assistant Dean for MSN and DNP Studies, on behalf of the program; we verify that this is the final, approved version of the student's DNP Project including all changes required by the advisory committee. The undersigned agree to abide by the statements above.

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Dr. Leslie Scott, Advisor

Final DNP Project Report

Assessing Pediatric Nurses' Knowledge and Comfort Level with Recognition and Reporting of Child Abuse

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Dedication

This final project is dedicated to my husband, daughter, parents, sister, my mother and father in law who gave me never-ending support and love through this long journey. I love you all. Also, to my friends (Kari, Jessie, and Shannon) who have given me strength and encouragement when I needed it most.

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Introduction

Child abuse is a serious, yet preventable problem in the United States. Child abuse is defined in The Child Abuse Prevention and Treatment Act as "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation or an act or failure to act, which presents an imminent risk of serious harm" (United States Department of Health and Human Services [USDHHS], Children's Bureau, Child Maltreatment 2009, 2010).

In 2010, there were an estimated 3.3 million referrals to Child Protective Services for the suspected abuse or neglect of a child in the United States, and of those children approximately 1,560 died as a result of the abuse or neglect. The duplicate victim rate, the rate of children victimized more than once, is 10.9 victims per 1,000 children in the population, indicating that children are often times victimized more than once (USDHSS, Children's Bureau, Child Maltreatment 2009, 2010).

Pediatric emergency room and critical care nurses are frequently exposed to potentially abused children in their workplace. They are also considered mandatory reporters in 48 states, including Tennessee (USHHS, Child Welfare Information Gateway, Mandatory Reporters of Child Abuse and Neglect, 2013). In order to provide the best care to children, nurses need to be educated on how to recognize and report child abuse.

After conducting a literature review on nurse's comfort level with recognizing and reporting child abuse a study conducted by Feng and Levine (2005) was found. Their research concluded that although nurses feel a professional responsibility to report child abuse, most do not feel knowledgeable or comfortable recognizing or reporting suspected child abuse. Feng and Levine (2005) recommended that future practice included training for nurses at their workplace on recognizing and reporting potential child abuse. The literature review found that it was unknown how nurses' in the United States currently felt about recognizing and reporting suspected child abuse and thus led to this DNP project as was listed as a gap in the literature.

This DNP capstone project contains three manuscripts addressing child abuse and nurses' comfort with recognizing and reporting child maltreatment. The first manuscript is a review of the literature related to nurses' comfort levels with recognizing and reporting child abuse. The second manuscript reports the principal investigator's findings related to nurses' comfort levels with recognizing and reporting suspected child abuse in a southern urban children's hospital. The final manuscript provides a cost benefit analysis of the implementation of a nursing education program to assist pediatric inpatient nurses in recognizing and reporting suspected child abuse.

Manuscript 1

Integrative Review of the Child Abuse Literature

One in seven children who live in the United States will experience some form of child abuse in their lifetime. Even with the high rate of child abuse reported, Child Protective Services reports that this rate of child maltreatment may be an underestimate of the true occurrence (CDC, Child Maltreatment Facts at a Glance, 2013). Indicating that abused children are often times not identified and not referred to Child Protective Services.

Some of these abused children will present to the hospital with an injury that does not match the history provided. Nurses are mandatory reporters of suspected child abuse in 48 states and need to feel comfortable recognizing and reporting suspected child abuse to Child Protective Services for further investigation.

Aim

The aim of this integrative review was to synthesize the literature that (1) addresses the current rate of the United States (2) discusses the impact that child abuse has on the economy (3) states the risk factors for child abuse and (4) assesses the comfort levels nurses report with recognizing and reporting child abuse.

Methods

An integrative review of published literature was summarized and recommendations for practice and future research were listed. Search methods included online databases and ancestry searching. The following online databases were used: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Psychology Information (PsychINFO), MEDLINE, ScienceDirect, and PubMed. The keywords used were nurses, child abuse, child maltreatment, pediatrics, physical abuse, screening, comfort level, costs, recognition, and reporting. Inclusion criteria required the articles to

be written in the English language and published within the last five years, with two additional articles added from 2005. Qualitative , quantitative studies were included.

Results

Fourteen articles were analyzed. Articles are listed in Table 1 and arranged by author and year, journal, sample, method, purpose, findings, implications, evidence level, , evidence grade. Research for these articles was conducted in the United States, Australia, Ireland, Poland, Taiwan, and the Netherlands. Three were found in nursing journals, eight from pediatric journals, one from a policy journal, and two from government publications.

Common themes that emerged from the review were: (1) child abuse continues to be a problem in the United States based on 2012 statistics, (2) child abuse causes an economic burden, (3) there are risk factors that can help healthcare providers recognize abuse and that nurses feel uncomfortable recognizing and reporting suspected child abuse and (4) healthcare providers need more education to better care for these children.

Child Abuse Statistics and Goals

Child Maltreatment 2012, a report published by the United States Department of Health and Human Services, listed child abuse statistics for 2012. There were 686,000 victims of child abuse. Of those, 1,640 of these children died as a result of the abuse. The U.S. Department of Health and Human Services included the goal of reducing the rate of fatal child abuse cases by 10% by 2020 and listed this as a goal in Healthy People 2020.

Leventhal and Gaither (2012) tracked diagnosis codes (ICD-9) on inpatient databases over three years to track the occurrence of pediatric serious injuries due to

physical abuse. The ICD-9 codes showed that over the three years there was a statistically significant increase in the incidence of serious injuries resulting from child abuse which was in contrast to the decrease in substantiated cases from physical abuse data reported from child protective services. This indicated the need to use more than one source of data to track child abuse and also the need to develop programs that can reduce morbidity and morality from child abuse.

Child Abuse causes an Economic Burden

Child abuse costs the United States billions of dollars every year. The estimated average lifetime cost per victim of nonfatal child abuse is $210,012 and the total lifetime economic burden from new cases of fatal and nonfatal child abuse is $124 billion dollars (Feng, Brown, Florence & Mercy, 2012). Hmurovoich (2009) suggests that to reduce these costs there needs to be a comprehensive national policy on child abuse and neglect prevention.

Health Care Provider's Comfort Level with Suspected Child Abuse

Child abuse continues to be a preventable and costly problem in the United States. Research has shown the majority (86%) of pediatric nurses have encountered child abuse in the workplace but did not feel comfortable recognizing or reporting it (Pabis, Wronska, Sluraraka & Cuber, 2010). Nurses reported that they felt a need for more education about how to recognize and report suspected child abuse (Lazenbatt & Freeman, 2005).

It was unknown if years of education would increase a nurse's comfort level with suspected child abuse. It was found that even pediatric nurse practitioners, who have more years of education than bedside nurses, do not have increased knowledge or comfort levels with recognizing and reporting suspected child abuse (Herendeen,

Blevens, Anson & Smith, 2014). Continuing education about child abuse was needed for experienced pediatric nurse practitioners. This indicates the need for nurses to have continuing education on recognizing and reporting child abuse in their workplace to increase their comfort levels.

Fraser, Mathews, Walsh, Chen and Dunne (2009) studied what factors influenced a nurse to report child abuse via a survey in Australia. The authors concluded that nurses were most knowledgeable in their obligation to report physical and sexual abuse but less knowledgeable about emotional abuse and neglect. Their recommendations for practice concluded that with training, nurses play a vital role in helping reduce the rate of child abuse. To improve the likelihood of nurses reporting, these authors found that training should emphasize the serious impact child abuse has on families.

In most states in the US, nurses are considered mandatory reporters of child abuse. Nurses reported there were two main barriers that led them to not report suspected abuse and they included (1) their lack of knowledge about child abuse and (2) their fear of the impact the reporting will have on the children and/or their family (Pietrantonio, Wright, Gibson, Allred, Jacobson & Niec, 2013). If nurses had more education on child abuse they would no longer have the lack of knowledge and they would know it would have a better understanding of the child protection system.

In summary, nurses are often faced with abused children in the workplace, and many nurses report that they do not feel comfortable recognizing or reporting this abuse. They feel that they need increased training to increase their competence with identifying and reporting suspected child abuse.

Risk Factors for Child Abuse

Identifying risk factors for child abuse can help nurses recognize child abuse more accurately and should be included in their education. A longitudinal study on 332 families from urban pediatric primary clinics elucidated five risk factors that place a child at high risk for child abuse. They include: the child having a low performance on a standardized developmental assessment, parental education being less than or equal to a high school education, maternal drug use, maternal depression, and having one or more children in the home (Dubowitz, Kim, Weisbart, Semiatin & Magder, 2011). Educating health care professionals on these risk factors is important to help prevent child abuse.

Flaherty, Stirling and the Committee on Child Abuse and Neglect added to the above risk factors and wrote a clinical report on the child, parental and environmental risk factors that place a child at risk for child abuse. They recommend that families identified as high risk be referred to hospital or community resource centers to help build strong and secure family relationships.

Gaps in the Literature

Although this integrative review concluded that nurses need more education after nursing school on recognizing and reporting child abuse no literature was found on how to best conduct this education. Future research should address what kind of educational program would best help nurses. Also, few studies researched the comfort level of U.S. nurses with identifying and reporting child abuse, so there is a need for future studies on this.

Implications for Practice

Recognizing a child who has been abused can be a difficult assessment for a anyone, including pediatric nurses. After an extensive review of the literature, it can be concluded that nurses do not feel comfortable with this assessment and they need more education to increase their comfort levels. All healthcare facilities that treat children should conduct in-services for their nurses to help them recognize and report child abuse. This education should include risk factors for child abuse, signs of an abused child, how to report child abuse in their institution, their state's child abuse laws, the impact that child abuse has on the United States, and the impact that child abuse has on a family. The goal of this education will be to help nurses to become more confident and comfortable with recognizing and reporting suspected child abuse.

Author, Year	Title, Journal	Sample	Method	Purpose of Article	Findings	Implications	Evidence Level	Evidence Grade
Chen, Fetzer, Lin, Huang, and Feng (2013)	Healthcare professionals' priorities for child abuse educational programming: A Delphi study, Children and Youth Services Review	25 child abuse experts	3 round Delphi study	To identify the priorities of healthcare professionals' education and clinical competencies related to child maltreatment	Knowledge of child abuse is the most important element for healthcare providers to have related to child abuse.	The findings indicate the importance of educational programs related to child abuse for healthcare professionals	Level III	Grade C
Dubowitz, Kim, Weisbart, Semiatin, and Magder (2011)	Identifying children at high risk for a child maltreatment report. Child Abuse and Neglect 35 96-104	332 low income families	Prospective Longitudinal study	To help professionals identify factors that place families at risk for child maltreatment and to facilitate necessary services to potentially prevent abuse and neglect	Five risk factors were associated with an increased risk for child maltreatment.	Pediatric healthcare providers can identify these risk factors and refer families to necessary services to potentially prevent child maltreatment.	Level II	Grade B
Feng, Brown, Florence and Mercy (2012)	The economic burden of child maltreatment in the United Sates and implications for prevention, Child Abuse and Neglect	Best available secondary data using an incidence based approach	Expert opinion	To write new estimates of the average lifetime costs of child maltreatment victim and lifetime costs for all new child maltreatment cases	The estimated average lifetime cost per victim of nonfatal child maltreatment is $210,012. The total lifetime economic burden from new cases of fatal and non fatal child maltreatment was $124	The burden of child maltreatment is substantial, indicating the importance to prevent high rates of child maltreatment.	Level III	Grade B

					billion			
Feng, and Levine (2005)	Factors associated with nurses' intention to report child abuse: A national survey of Taiwanese nurses. Child Abuse and Neglect	1617 registered nurses working in pediatric, psychiatric and emergency care units in Taiwan	Stratified quota sampling technique	To determine the experiences of Taiwanese nurses with a new child abuse reporting law and to assess nurses' attitude related to intention to report	Most had an inadequate knowledge of the reporting law and 80% percent said they never had child abuse education.	There is strong evidence for child abuse education among nurses in Taiwan.	Level I	Grade A
Flaherty, Stirling and the Committee on Child Abuse and Neglect (2010)	Clinical Report- The Pediatrician's Role in Child Maltreatment Prevention, Pediatrics, 126 (4) 833-841	Na	Expert Consensus	To outline how the pediatrician can help strengthen families and promote safe relationships to prevent maltreatment	The pediatrician is in a good role to promote well- being and help raise healthy families.	American Academy of Pediatrics guideline for pediatricians to recognize risk factors for abuse and education to provide parents	Level V	Grade C
Fraser, Mathews, Walsh, Chen and Dunne (2009)	Factors Influencing child abuse and neglect recognition and reporting by nurses: A multivariate analysis. International Journal of Nursing Studies, 47(2), 146-153	930 Registered Nurses in Australia	Logistic regression analysis and a cross-sectional survey	Examine the relationship between registered nurse characteristics, training and knowledge of reporting duty on the reporting of child abuse	Recognition of the extent of harm from abuse was poor. The nurses were confident when reporting abuse. Positive attitudes towards reporting increased the likelihood of reporting.	With training, nurses are a good choice for mandating abuse reporting. Training should include the impact of abuse on families.	Level IV	Grade C
Healthy People 2020 (2013)	Healthy People 2020 Injury and Violence	Na	Expert Opinion	Statistics of 2010 child abuse rates with goals	10% improvement in fatal child	There needs to be a reduction in the rate of	Level V	Grade C

	Prevention			for 2020.	abuse cases	victims of child abuse		
Herendeen, Blevins, Anson and Smith (2014)	Barriers to and consequences of mandated reporting of child abuse by Nurse Practitioners, Journal of Pediatric Healthcare	5,764 pediatric nurse practitioners	Survey via a convenience sample	Examine the experiences of pediatric nurse practitioners in the identification and management of child abuse, determine the frequency of their reporting, and their attitudes and confidence in reporting	Pediatric nurse practitioners who had continuing education expressed greater confidence with child abuse and were more likely to report.	Health care providers require further education on child abuse education to effectively diagnose and manage child abuse.	Level II	Grade B
Hmurovich (2009)	Child Abuse and Neglect Prevention, Policy and Practice, 67(3), 11-13	Na	Expert Opinion	To encourage people to shift their thinking from how it is paid for to a comprehensive national policy	$104 billion is spent each year on child abuse and this does not include the personal problems it causes the child	There needs to be a national child abuse and neglect prevention policy.	Level V	Grade C
Lazenbatt, Freeman (2005)	Recognizing and reporting child physical abuse: A survey of primary health professionals, Journal of Advanced Nursing, 56(3), 2227-236.	A stratified, random sample of 979 nurses, doctors and dentists working in primary care in Northern Ireland	Cross-sectional survey design	(a) study the self-reported ability of primary healthcare providers to recognize abuse (b) to assess the educational and training needs of those professionals.	60% stated they have seen at least one case that made them suspicious of abuse and only 47% had reported it. 79% felt they needed further education in child abuse.	Lack of knowledge is acting as a barrier to recognize and report abuse and more education is needed.	Level IV	Grade B
Leventhal & Gaither (2012)	Incidence of serious injuries due to physical abuse in the	Using the kids' inpatient database cases of serious	Systematic sample taken over three years	To track the occurrence of serious injuries due to physical	There was a statistically significant increase in the	The results highlight the need for the development of	Level II	Grade B

	United States: 1997-2009, Pediatrics	physical abuse were abstracted using ICD-9 codes		abuse.	incidence of serious injuries due to physical abuse.	programs that can reduce morbidity and mortality from child abuse.		
Pabis, Wronska,Slurarska, and Cuber (2010)	Pediatric nurses' identification of violence against children. Journal of Advanced Nursing 67(2) 384-393	160 Registered nurses in a pediatric ward in Poland	Cross sectional data from a convenience sample	To evaluate the RN's assessment, diagnostic skills and interventions with a child who has been maltreated.	86% of nurses had encountered an abused child but the majority did not feel comfortable	There is a need for increased training for RN's to increase their competence to identify abuse.	Level IV	Grade C
Pietrantonio, Wright, Gibson, Alldred, Jacobson and Niec (2013)	Mandatory Reporting of child abuse and neglect: Crafting a positive process for health professionals and caregivers. Child Abuse and Neglect, 37, 102-109	na	Expert Opinion	Focuses on the context for mandatory reporting and supports a more structured process for mandatory reporting.	There are 2 main barriers encountered with mandatory reporting (1) lack of knowledge (2) not reporting due to concern about the impact of the reporting on themselves and/or family	There is a need for further training and education to health professionals on reporting of child maltreatment	Level V	Grade B

US Health and Human Services (2013)	Child Maltreatment 2012	na	Expert Opinion	2012 child maltreatment statistics	In 2012, there were 686,000 victims of child maltreatment and and 1640 children died of abuse and neglect.	This indicates child abuse is continuing to be a problem in the United States.	Level 5	Grade C

Evidence Grading:

Level:
Level I- high quality randomized trial with statistically significant difference, high quality prospective study, systematic review
Level 2- Lesser quality RCT, prospective comparative study, retrospective study, lesser quality prospective study
Level 3- Case control study, retrospective comparative study, systematic review, case control study
Level 4- case series, case control study
Level 5- Expert opinion

USPSTF Grade:

A- Recommends the service. High certainty that the net benefit is substantial
B- Recommends the service. High certainty that the net benefit is moderate.
C- Service may be selected on individual circumstances. However, for most cases there is only a small benefit
D- Recommends against the service. High certainty that service has no benefits
I- Current evidence is insufficient to assess the balance of benefits and harms.

Manuscript 2

Nurse's Comfort Level with Recognizing and Reporting Child Abuse: A survey of Pediatric Nurses

Child abuse continues to be a prevalent, but preventable problem in the United States. Leventhal and Gaither (2012) found that from 1992-2009 the rate of incidence of serious child abuse increased. Indicating there is still a need for health care professionals, including nurses, to be comfortable recognizing potential child abuse.

Recognizing children who are being abused can a challenge for nurses but they are well positioned to do so and are required by the law. Tennessee law states that nurses are mandatory reporters of child abuse and are required to report when: "A person has knowledge that a child has been harmed by abuse or neglect, a person is called upon to render aid to any child who is suffering from an injury that reasonably appears to have been caused by abuse, a person knows or has reasonable cause to suspect a child has been sexually abused or a physician diagnoses or treats any sexually transmitted disease in a child age 13 or younger or diagnoses pregnancy in an emancipated minor" (US Department of Health and Human Services, Mandatory Reporters of Child Abuse and Neglect, 2012). If a nurse knowingly or willing fails to make a report when they suspect a child is being abused can face jail time from 30 days to 5 years, mandated to pay a fine from $300 to $10,000 or both jail time and fines (U.S. Department of Health and Human Services, Penalties for Failure to Report and False Reporting of Child Abuse and Neglect, 2012).

Nurses need to feel comfortable and confident with recognizing and reporting any potential child maltreatment. However, many nurses report that they do not feel confortable with the difficult task of recognizing and reporting suspected child abuse, even though most had encountered an abused child in their practice (Pabis et al., 2010).

The evidence from the research supports the need for more nursing education on recognizing and reporting child abuse (Feng and Levine, 2005). Although numerous studies have been conducted in various countries, few studies have examined the comfort level in recognizing and reporting child abuse among pediatric nurses in the United States.

The objective of this study is to assess pediatric nurses knowledge of child abuse symptoms and comfort level in recognizing and reporting suspected child abuse in a children's hospital located in an urban area of the Southern United States.

Method

This study employed a cross-sectional descriptive design to describe the associations between nurse's attitude regarding abuse, knowledge of abuse, subjective norms regarding abuse, and intention to report abuse. The study used a questionnaire sent to registered nurses via email with the use of REDCAP to obtain data.

Sample

An email was sent to registered nurses who worked in the emergency room, pediatric cardiovascular intensive care unit and pediatric intensive care unit of a large southern urban children's hospital. Emergency room and intensive care unit nurses were used for this research because Leventhal and Gaither (2012) concluded that the rate of injury from serious child abuse has increased and the location that nurses are most likely to encounter serious child abuse is in the emergency room and intensive care units. Inclusion criteria included that they must be nurses, have had access to email, and been

over the age of eighteen. A total of 185 emails were sent with 58 nurses completing the questionnaire indicating a response rate of 31.4%.

Approval

Approval was obtained from the medical center Institutional Review Board where the study was conducted. A letter of support was obtained from the Chief Nursing Officer and attached to the Institutional Review Board request. E-mails were then sent with a cover letter that explained the purpose of the study with a link to the REDCap survey. Subject's identity was not linked to any information on the survey. A reminder email was sent after two weeks and the study was completed after one month.

Child Abuse Report Intention Scale Survey

A 35- question survey (Appendix A) was used to assess the reported comfort level of nurses with recognizing and reporting child abuse. The survey title was the Child Abuse Report Intention Scale (CARIS). CARIS is a validated survey used with permission by Feng, Jui-Ying. It had six sections: demographic information, reported experiences of reporting child abuse and five scales measuring: attitude, knowledge, subjective norms, perceived behavioral control, and intended reporting behaviors. The intended reporting behaviors section was scored based on eight vignettes.

Data Analysis

Frequencies were used to describe the demographic information on gender (male vs. female, education (diploma, associates, baccalaureate, and masters), specialty area of practice (emergency room, critical care, or other) and position (staff nurse, nurse administrator, nurse educator, or other). Mean scores were used to describe the nurse's

reporting history (if they ever reported suspected child abuse or failed to report suspected child abuse, comfort levels with the education they received in school, and their current working institution). Knowledge of mandatory suspected child abuse reporting laws was analyzed based on whether the questions were answered correct or incorrect. Mean scores were used to describe nurses' intended reporting behavior based on eight scenarios.

Results

Demographics

The majority of the responses were from females (96.6%) who held a baccalaureate degree in nursing (69.5%). The average age of the nurses responding to the survey was 33 years. The majority of the nurses, thirty (51.7%) did not have children. The average amount of time they had been practicing as a registered nurse was 8.5 years. This demographic information is included in table 1. Responders were also asked if they were victims of child abuse with 13.8% stating they were and if they knew someone who had been a victim of child abuse with 63.8% stating they did.

Table 1.

Demographic Information (n=59)

	N	**%**
Gender:		
Male	2	3.4
Female	56	96.6

Education:		
Diploma	1	1.7
Associates	4	6.9
Baccalaureate	41	70.7
Masters	12	20.7
Specialty		
Emergency Room	14	23.7
Critical Care	44	74.6
Other	1	1.7
Position		
Staff Nurse	51	87.9
Nurse Administrator	5	8.6
Nurse Educator	1	1.7
Other	1	1.7

Reporting history

Nurses were asked if they had ever reported a child they thought was being abused, with 51.7% (n=30) stating they had, 39.7% (n=23) stating they had never encountered an abused child situation, and 8.6% (n=5) reported they thought a child was being abused and never reported it. Of those five nurses, they reported feeling uncertain about the evidence was the number one reason they did not report the suspected child abuse, with lack of faith in the legal system as the second reason, and a cultural issue as

the third. The majority (94.8%) of nurses felt strongly they should be an advocate for an abused child.

Only nine (15.2%) nurses felt the education they received in nursing school was adequate enough to prepare them to deal with suspected child abuse with the average time spent on this education being 2.4 hours. Forty-one (70.7%) nurses stated they had formal instruction on child abuse at their present working institution. Of those nurses they felt their training was adequate (40.4%) or minimal (45.6%) and only 8 (14%) felt that the in-service from their current institution was inadequate.

Knowledge of mandatory suspected child abuse reporting laws

Thirteen questions were scored based on the nurse's knowledge of mandatory reporting laws. Answers were scored as correct or incorrect. The mean score for the knowledge of the reporting laws was 70.9%. Fifty-seven (98%) nurses knew they were mandated by law to report any suspected child abuse. Thirty-one (55.4%) nurses were unaware that if they failed to report a case of suspected child abuse that they could pay a fine.

Intended reporting behavior

Nurses were given a series of scenarios and asked to respond how likely they were to report that form of abuse. The scenarios corresponded with severe and less severe neglect, sexual abuse, physical abuse, and psychological abuse. Table 3 shows the statistics of their intended reporting behavior. Every nurse stated they would report the severe sexual abuse and were most likely to report the cases of sexual abuse than the others followed closely by physical abuse. The nurses were least likely to report the

psychological abuse. The nurses also reported that they would be more likely to report the severe cases of abuse than the less severe with neglect, sexual abuse, physical abuse, and psychological abuse.

Table 2.

Statistics of intended reporting behavior (n=59)

Intended reporting behavior	**Mean**	**Range**
Left child home alone until midnight and child started a fire (severe neglect)	8.4	1-10
Delay in medical treatment for a child (less severe neglect)	6.9	1-10
Engage in sexual intercourse with their child (severe sexual abuse)	10	1-10
Show pornographic pictures (less severe sexual abuse)	9.5	1-10
Hit a child to result in bruising and rib fractures (severe physical abuse)	9.9	1-10
Use a cane to hit a child's leg and hands (less severe physical abuse)	8.8	1-10
Dress their female child like a boy and tell her they wished she was a boy (severe psychological abuse)	7.0	1-10
Ridicule and criticize their child (less severe psychological abuse)	4.9	1-10

Discussion

In this sample of nurses, 51.7% of nurses stated they had reported child abuse with 8.6% stating they thought a child was being abused but did not report it. Since a large portion of the sample of nurses stated they had encountered child abuse in their

practice it is important that they feel comfortable and confident with recognizing and reporting potential child abuse.

The five nurses', who reported they suspected a child had been abused but did not report it identified it was because they were uncertain of the evidence, had a lack of faith in the legal system, or had cultural issues. Educating nurses on how to recognize the signs of child abuse may help them feel more confident in their findings and reporting behaviors. Including common cultural practices that might be mistaken for child abuse should be included in the education. Also, having follow up with nurses with child abuse cases may increase their faith in the legal system and increase their reporting in the future.

This survey shows that only 15.2% of nurses felt the education they received in nursing school was adequate enough to make them feel comfortable with child abuse. Thus, indicating the importance of continuing education on child abuse at their working institution. Approximately 70% of the nurses who work at the hospital where this survey took place stated they had an in-service after they started working to help them recognize signs of child abuse and only 8% felt this in-service was inadequate. This indicates that the current in-service is sufficient and should continue to help nurses with this difficult assessment.

The majority of nurses knew they are required by law to report any suspected child abuse but they were not knowledgeable about other reporting requirements of the law. Since the nurses' mean score of the law questions was 70.9%, the current federal and state laws on child abuse should be included in future training.

The results from the intended reporting behavior showed that nurses were most likely to report the sexual abuse, followed by physical, then neglect. They were least likely to report psychological abuse. This indicates that nurses need education on how important it is to report all types of suspected child abuse and all severities of suspected child abuse.

Future Research

Although many important themes emerged from this research there is more information that could be used for future research on this topic. It is unknown whether or not there is a relationship between being abused or knowing someone who has been abused and the nurse's intended reporting behavior. As more and more graduating nurses join the workforce with a broader education on child abuse, it is unclear if this will serve as an influence in reporting suspected child abuse to Child Protective Services. Future research should also look at the relationship between increased years of nursing experience and comfort levels.

If an educational program is implemented at the hospital for nurses, a follow up study should be completed to see if nurse's reported comfort level with reporting and recognizing suspected child abuse had a statistically significant increase.

Limitations

There are several limitations to this study including a small sample size and low response rate. The results are not generalizable to all nurses since the sample was a convenience sample of nurses who worked in the emergency room and critical care areas

of the hospital. Response bias could have occurred due to the social values addressed and sensitivity of the CARIS survey.

Conclusion

This study supports that the education nurses receive in nursing school is not sufficient to make them feel comfortable with recognizing and reporting suspected child abuse. Pediatric hospitals need to be aware of these findings and provide adequate training for their nurses on how to recognize and report suspected child abuse, the child abuse laws of their state and common cultural practices that could be mistaken for child abuse. Institutions also need to be aware of their nurse's personal exposure to abuse and take this into account during the educational programs. This study gives insight on what should be done to help nurses feel more comfortable with their nursing assessment but also to better recognize potentially abused children.

Manuscript 3

Evaluation and Cost Benefit Analysis of a Child Abuse Innovation

There are many consequences that result from child abuse, some immediate and some long term. Recognizing the early warning signs that a child is being abused can reduce both the immediate and long term effects (Afifi, Enns, Cox, DeGraff, ten Have Sareen, 2007). Assessing the risk factors associated with child abuse is one way to help detect child abuse early. There are numerous risk factors that exist in either the child or caregiver that increases the potential risk of child abuse. Two of the most common risk factors that place a child at risk for abuse are being less than four years of age and/or having a special health condition. The parental high risk factors include lack of parenting skills, history of the parent being maltreated as a child, substance abuse, mental health issues, a non biological caregiver in the home, parental stress, high poverty, and poor social connections (CDC, Child Maltreatment: Risk and Protective Factors, 2013). As nurses are on the front line of medical care, early recognition of child abuse and the factors that put a child at risk for abuse may help alter the course.

The consequences of child abuse are both immediate and long-term. They are based on the child's age and level of development when the abuse occurred; the type of abuse; the frequency, duration and severity of the abuse; and the relationship between the abuser and the victim. Immediate physical effects of abuse can range from nothing observable by the naked eye, to bruising and broken bones, to brain damage or death (Child Welfare Information Gateway, 2008). Long-term physical and psychological effects can include chronic fatigue, obesity, depression, anxiety, eating disorders, aggression, abuse, violent behavior and increased high-health-risk behaviors such as teen pregnancy and alcohol and/or substance abuse, suicidal thoughts and/or attempts, and

difficulty building trusting relationships. Additional long-term effects include difficulty paying attention and problem solving and a lower school performance (Wang & Holton, 2007).

The purpose of this paper is to examine and conduct a cost benefit analysis of an educational program for critical care and emergency room nurses and referral program for high-risk parents. This innovation program could be implemented in a children's hospital to increase nurses' recognition of the risk factors that place a child at a higher risk of being abused. After identifying the high-risk families the nurse would then refer the parents to a support program to help the family.

An Innovation

Recognizing children who are at risk for being abuse can be challenging but nurses are well positioned to do so. Nurses need to feel comfortable and confident with recognizing and reporting any potential child maltreatment or children who are considered "high risk" to be victims of child abuse. However, Lazenbatt and Freeman (2005) concluded that nurses do not feel confident in recognizing or reporting abuse. Their research indicated a direct correlation with increased nursing education about child abuse recognition and nurses' increased confidence in recognizing child maltreatment.

This educational program will be for nurses that work in the emergency room and critical care areas of a children's hospital. A pre-test will administered to the nurses' to determine their current knowledge and confidence with recognizing the risk factors that put a child at high risk for child abuse. The pre-test will also assess their comfort with referring parents to a parenting program. Following the pre-test the nurses, will attend a

one hour educational session on how to better recognize the signs that place a family at high risk for child abuse and how to refer families to the parenting program. After the class concludes, a post-test will be given to evaluate the learning outcomes and the perceived level of comfort change.

The family support program that will be used for this cost benefit analysis is Positive Parenting Program, also known as Triple P. Referrals to parenting programs have been shown to reduce the risk of child abuse and improve quality of life for parents and children (Shannon, n.d.). Triple P is a parenting and family support program that is used to prevent problems in the family, school, and community. Parents are encouraged to create positive environments and to support their child/children in reaching their full potential (TripleP.net, 2013). There are five levels in this program with increasing intensity. The highest intensity program, level five, will need to be used for this innovation. Level five, "Enhanced Triple P," is a behavioral intervention program for parents, that offers four additional classes for families identified as high risk for child maltreatment (Triple P, 2013).

Implementation of Innovation

The Change Theory model by Kurt Lewin will be used to implement this innovation. There are three steps to this model. The first step is to unfreeze. During this stage the nurses will need to be motivated for the change to occur and visualize the need for a change. The program leader will need to acquire organizational buy-in for this implementation to be successful. To facilitate nursing buy-in, the program leader will educate the nurses on their unit's pre-test scores and explain how the program they could

help them provide better care for children who are victims of child abuse and their parents.

The second step is movement. The program planner will continue to encourage the change and the innovation. Nurses will attend the educational program, obtain further education on how to recognize the signs that place a family at risk for child abuse and learn how to refer a family to Triple P.

The third and final step is refreezing. This step occurs after the change has taken place and ensures that the knowledge that the nurses gained during their educational program is being used to its fullest extent. Refreezing is important to ensure that the nurses will not revert back to their previous practices (Burke, 2011). Refreezing will be conducted by the program leader and management team through monitoring, supporting, and encouraging the nurses to utilize their knowledge and the Triple P program. The results of the program will be evaluated after six months.

Evaluation of Innovation

The purpose of evaluating a program is to measure the effects of the program in order to conclude whether the program reached its intended goals. (Issel, 2009). Evaluation of this program will be conducted in three parts. Six months after the program has been implemented the nurses will take a post-test to measure their confidence level via an internet survey, using RedCAP. The second part of the evaluation will assess the number of referrals to Triple P before and after program implementation. The third part will be to determine if the amount of substantiated child

abuse changed after implementation of the innovation. This will be evaluated by receiving the Department of Children's Services records.

The initial goal of this innovation will be to see at least a 10% decrease in the amount of substantiated child abuse cases. A 10% reduction is an achievable goal with this program given that after implementing the Triple P system in nine counties in South Carolina a 22% reduction in substantiated child abuse cases was observed when compared to other counties without Triple P (TripleP.net).

Cost Benefit Analysis

When looking at the cost benefit analysis of this innovation it will be important to recognize that victims of child abuse are affected in different ways and do not always require the same services. For example, it has been shown that children who are victims of child abuse are at a greater risk for problems in school and mental health problems (CDC, 2012). Although not all victims of child maltreatment have these problems, they cannot be ignored when considering the costs of a maltreated child and will be considered in this cost benefit analysis.

Costs

The costs of the program will be based on information gathered from the health care facility where the program will be implemented. At the time of this cost benefit analysis there were approximately 191 critical care and emergency room nurses at this facility. The cost of educating them will be at an hourly rate of $23.00. The educational program will take about two hours of each nurse's time for a total cost of $8786. The program leader will need time to develop the program, educate the nurses on the program

and evaluate the change. It is estimated that it will take 160 hours at $23.00/hour for a total cost of $3680 to develop, initiate and monitor the program. The education will occur in a hospital classroom that already has a computer, tables and chairs. The pre and the post-tests will be completed on the computers via RedCAP before and after the training and therefore will not add any additional costs.

The costs associated with implementing the fifth level of the Triple P program were based on data calculated from nine South Carolina counties that had previously implemented the program. Items that were included in the program costs included: direct costs of employing the trainers, training materials, salary of the administration and facility costs. The average total cost per county was $2,183,812 with an average cost of $11.74 per child (Foster, Prinz, Sanders & Shapiro, 2008).

Benefits

A study conducted in 2013 by the Centers for Disease Control (CDC), examined child maltreatment cases (1,740 fatal and 579,000 non–fatal) over a 12–month period to look at the cost per victim of child maltreatment. The lifetime cost for each victim of child maltreatment who survived the initial abuse was $210,012. These findings were used for the benefits of this cost-benefit analysis (Table 1).

The total costs of child abuse calculated by the CDC included the healthcare required for the child totaling $32,648. This amount included payments for hospital and physician care, mental health/counseling costs, rehabilitation, counseling, and medications. This study also showed that adult medical costs are higher in people who were abused as children and was included in the cost per victim with a total cost of

$10,530 (CDC, 2013). Also included in the costs per victim of child abuse was the loss of productivity dollars. These expenses included: lost wages, reduced housework and job productivity, worker's compensation dollars, and disability. It is important to remember that lost wages not only affect the victim's family but also the employer and society. Child welfare costs, including social workers' salaries, child protective services, and possibly foster care totaled $7,728 per victim. Costs of the criminal justice system included: police officers' salaries, court fees, and jail costs of the alleged abuser. Also victims of child abuse are at a higher risk as an adult for jail time later, criminal activity, substance abuse, domestic violence, and also abusing another child. The costs associated with these factors were included in the criminal justice category for a total cost of $6,747. Lastly, victims of child abuse are at risk of needing special education and the total costs of this program are $7,999.

Victims of child abuse also suffer from intangible losses that cannot be quantified in dollars so they were not included in this cost benefit analysis but should be considered when deciding whether to implement this innovation. A study conducted by Wright and Vicneire (2010) concluded that children who are victims of child abuse have a reduced quality of life. They found that these children suffer physical, psychological and emotional pain/suffering, they have decreased feelings of safety security and privacy, and increased fears.

Conclusion of Cost-Benefit Analysis

Table 1 shows the costs of the educational program and Triple P with the cost per victim of child abuse below it. After analyzing the costs and benefits from this table, the

costs of the education program are higher than the costs per one victim of child abuse but it is important to remember that the program's goal is to reduce the rate per victim by greater than one child. Table 2 shows that if the innovation can save 11 children from abuse the program will save money and also save families and victims from the intangible losses previously discussed.

Evaluations from programs that have previously implemented this innovation have shown positive results, with child abuse rates decreasing 22 percent (Foster, Prinz, Sanders & Shapiro, 2008). After conducting chart reviews for 2012, the hospital where this innovation is being proposed, had approximately 310 consults for evaluation of child maltreatment (K. Lakin, personal communication, January 23, 2014). Assuming the program could reduce child abuse rates by approximately 4 percent or 11 children (based on 2012 consults) it would be a cost effective innovation.

Conclusion

Child abuse creates large financial costs for victims and for society. It is estimated that in 2012, child abuse and neglect had an estimated average lifetime cost of approximately $124 billion (Fang, Brown, Florence & Mercy, 2012). Child abuse and neglect is preventable and affects every American. By implementing this educational program for emergency room and critical nurses, along with utilizing the Triple P program, children can be saved from being a victim of child abuse resulting in reduced costs to the healthcare facility, government and community.

Table 1

Costs of Innovation and Per Victim of Child Abuse

Costs of Education Program:	
Cost for nursing education program	
191 nurses @ $23.00/hr:	$8,786
Cost for time of program leader	
$23.00/hr @ 160 hours:	$3,680
Cost of Triple P	$2,183,812
Total	***$2,196,278***
Cost per Victim of Child Abuse (CDC, 2013):	
Childhood health care costs	$32,648
Adult medical costs	$10,530
Productivity losses	$144,360
Child welfare costs	$7,728
Criminal Justice Costs	$6,747
Special Education Costs	$7,999
Total	***$210,012***

Table 2

Total savings from Innovation

Total cost of innovation:	$2,196,278
Total cost of 11 victims of child abuse:	$2,310,132
Total Savings from Innovation:	***$113,854***

DNP Capstone Conclusion

Every child should be raised in a healthy and safe home, but unfortunately this is not always the case. Abused children are seen far too often in our community. Children are often targets of abuse because they are vulnerable members of our community due to their reliability of their caregivers to meet their daily needs. The consequences of child abuse are profound and can last a lifetime and even lead to death.

Pediatric emergency room and critical care nurses are exposed to children everyday in their workplace. They are expected and required by law to be able to recognize any suspected child abuse and report it to the authorities. It is important that nurses feel comfortable recognizing and reporting suspected abuse because the earlier abused children are identified, the greater the chance they have to heal and have the abuse cease.

The research from this DNP capstone indicates that nurses do not always feel comfortable recognizing and reporting suspected child abuse. It concluded, to increase their comfort levels with recognizing and reporting suspected child abuse nurses need continuing education in their workplace. It was also found that some nurses thought their patient was potentially being abused and never reported it. The reason nurses reported that they did not report the suspected abuse was because they were unsure of the evidence, indicating nurses need more training on how to recognize suspected abuse. Their training should include assessment skills focused on how to recognize suspected abuse and how to report it, information on federal and state laws, and common cultural practices seen that are commonly mistaken for child abuse.

Child Abuse Report Intention Scale (Nurses' Version)

Section 1. Personal, professional and institutional information. Provide only one answer to each question unless instructed to check all that apply.

◆ **Personal**

1. What is your gender?
   (1) _____ Female (0) _____ Male

2. What is the year of your birthday? _____

3. What is your marital status?
   (1) _____ Never married
   (2) _____ Married or living as married
   (3) _____ Separated
   (4) _____ Divorced
   (5) _____ Widowed

4. Do you have children?
   (1) _____ Yes How many? _____
   (0) _____ No

5. What is your religion?
   (1) _____ Buddhism
   (2) _____ Taoism
   (3) _____ Christian
   (4) _____ Catholic
   (5) _____ None
   (6) _____ Other Specify _____ _____

6. What is your highest education degree?
   (1) _____ Diploma
   (2) _____ Associate degree
   (3) _____ Baccalaureate degree
   (4) _____ Master's degree
   (5) _____ Doctorate Degree
   (6) _____ Other

7. In what year you receive your last degree? _____

8. Were you a victim of child abuse?
   (1) _____ Yes
   (0) _____ No

9. Do you know anyone who has been abused?
   (1) _____ Yes
   (0) _____ No

10. Nurse's history of reporting:
   1) In your work, have you ever made a report of suspected child abuse?
      (1) _____ Yes How many? _____
      (0) _____ No

   2) Have there ever been times when you thought a child was being abused but did not report?
      (1) _____ Yes
      (0) _____ No

   3) If (2) answer yes, please rank the reasons for not reporting: 1 as the most important and 3 as the least important reason.
      (Example: the reasons for me to do exercise
      ____3___ Hobby
      ____1___ Health
      _____ Leisure
      ____2___ Weight Control
      _____ Have accompany
      _____ Other)

      _____ Culture issue
      _____ Fear of reprisal
      _____ Feeling uncertain about the evidence
      _____ Fear of litigation
      _____ Lack of faith in legal authority
      _____ Others

◆ **Professional**

11. How many years have you practiced as an RN? _____ years _____ months

12. Specialty:
   (1) _____ Pediatric
   (2) _____ Emergency care
   (3) _____ Psychiatric
   (4) _____ Others Specify _____

13. Current position:
   (1) _____ Staff nurse
   (2) _____ Nurse administrator
   (3) _____ Nurse educator
   (4) _____ Clinical nurse specialist
   (5) _____ Other Specify _____

14. Do you work
    (1) _____ Full time?
    (2) _____ Part time?

15. During your education in school how many hours of instruction, if any, did you have on child abuse?
    _____ Hours
    0 = None

16. Have you ever received any formal instruction about child abuse at your present institution?
    (1) _____ Yes
    (0) _____ No

17. At what level do you feel your training in school education prepared you to deal with cases of child abuse?
    (1) _____ Adequate
    (2) _____ Minimal
    (3) _____ Inadequate

18. At what level do you feel your in-service training prepared you to deal with cases of child abuse?
    (1) _____ Adequate
    (2) _____ Minimal
    (3) _____ Inadequate

◆ **Institutional**

19. How many patients do you see everyday? _____ (Approximately)

20. Where is the location of your workplace?
    (1) _____ North
    (2) _____ Central
    (3) _____ South
    (4) _____ Eastern

21. What is the source of support of your hospital
    (1) _____ Public
    (2) _____ Private _____ Affiliated with Religious Non-Profit Proprietary

22. What is the accreditation of the hospital you work?
    (1) _____ Medical Center
    (2) _____ Regional Hospital
    (3) _____ District Hospital
    (4) _____ Psychiatric Hospital
    (5) _____ Other

Section 2a. Examines attitudes regarding childrearing belief and discipline. Indicate with a check (√) the degree to which you disagree or agree with the following statements.

Questions	Strongly disagree 1	2	3	4	5	Strongly agree 6
1. It is OK for parents to slap their children who talk back.						
2. Corporal punishment is an effective way to educate children.						
3. I intend to use physical punishment with my children when needed.						
4. I don't consider physical punishment as child abuse.						
5. Parents who spare the rod will spoil the child.						
6. Parents have the absolute right to decide the ways they discipline their children.						

Section 2b. Examines attitudes regarding punishment and culpability of offenders or victims of child abuse. Indicate with a check (√) the degree to which you disagree or agree with the following statements.

Questions	Strongly disagree 1	2	3	4	5	Strongly agree 6
1. Abusive parents should lose the right to raise their children.						
2. Severe punishment of child abusers would help stop abuse of children.						
3. Each case of abuse should be reported to the authorities.						
4. People who abuse children should be prosecuted as criminals.						
5. Reports should not be made if there is only one incident of child abuse.						

Section 2c. Examines attitudes regarding professional responsibility. Indicate with a check (√) the degree to which you disagree or agree with the following statements.

Questions	Strongly disagree 1	2	3	4	5	Strongly agree 6
1. Nurses should advocate for abused children.						
2. In my practice, I intend to screen for child abuse.						
3. In my practice, I don't want to ask parents about child abuse.						
4. Nurses should always report child abuse cases.						
5. Reporting child abuse is troublesome to me.						
6. Nurses have the responsibility to protect children from further abuse.						
7. It is very time consuming to deal with child abuse case.						

Section 3. Examine your knowledge of child abuse and the reporting law. Please read each statement carefully and indicate with a check (√) the degree to which you disagree or agree with the following statements.

Questions	Yes 1	No 2	Don't know 3
1. Nurses are mandated by law to report suspected child abuse. (True)			
2. A professional must have physical evidence of child abuse before reporting the case to Child protective services. (False)			
3. Most sexual abuse of children involves physical force. (F)			
4. Children who have been abused usually tell someone soon after the abuse. (F)			
5. Professionals who report a case of suspected child abuse can be sued if the case is not substantiated in court. (F)			
6. Bruises that circumscribe the neck are usually associated with accidental trauma. (F)			
7. In most cases of child abuse and neglect, children are not removed from their parents' home. (T)			
8. In most case, children who are sexually abused are abused by strangers. (F)			
9. Most sexual abuse of children includes intercourse. (F)			
10. Many runaway children and adolescents have been abused before running away. (T)			
11. A sexually abused child may have a normal physical examination. (T)			
12. Failure on the part of a health professional to report suspected child abuse or neglect can result in paying a fine. (T)			
13. Child abuse and neglect rarely occur among middle- or high social economic class. (F)			

Section 4. Subjective norm

Questions	Definitely No 1	2	3	4	Definitely Yes 5
1. Do most people who are important to you think you should report suspected child abuse?					
2. Do most people whose opinion you respect think you should report suspected child abuse?					

Section 5. Perceived Behavior Control

Questions	Definitely No 1	2	3	4	Definitely Yes 5
1. I believe I have a lot of control over reporting suspected child abuse.					
2. As a nurse, I don't feel I can do anything about child abuse.					
3. It is mostly up to me whether or not I report suspected child abuse.					
4. I feel I don't get enough support from physicians when I suspect child abuse.					
5. I know how to report child abuse.					
6. Many resources are available to me for reporting child abuse.					
7. I feel my professional training doesn't meet the clinical needs for child abuse.					
8. I have higher priorities in clinical than child abuse. This affects my decision to become involved or not in reporting child abuse.					

Section 6. Intended Practice Behaviors: Vignette Questions and Response Options

1. The parents regularly left their 9-year-old child alone inside the house after dark. Often they did not return until midnight. On one occasion, the child started a small fire.

(1) Based on the information you have provided, how serious in this incident?	1	2	3	4	5	6	7	8	9	10
	Not at all serious									Extremely serious
(2) In your own professional judgment, does the incident described above constitute abuse?	1	2	3	4	5	6	7	8	9	10
	Definitely no									Definitely yes
(3) In your view, would you be required by law to report this incident?	1	2	3	4	5	6	7	8	9	10
	definitely not required to report									definitely required to report
(4) All things considered, what overall impact would a child abuse report be likely to have on this child?	1	2	3	4	5	6	7	8	9	10
	Highly negatively impact									Highly positive impact
(5) All things considered, what overall impact would a child abuse report be likely to have on the rest of the family?	1	2	3	4	5	6	7	8	9	10
	Highly negatively impact									Highly positive impact
(6) How likely would you be to report this case?	1	2	3	4	5	6	7	8	9	10
	Almost certainly would not report									Almost certainly would report

2. The parents ignored the fact that their 10-month-old child was obviously ill, crying constantly and not eating. When they finally brought the child to a hospital he was found to be seriously dehydrated.

(1) Based on the information you have provided, how serious in this incident?	1	2	3	4	5	6	7	8	9	10
	Not at all serious									Extremely serious
(2) In your own professional judgment, does the incident described above constitute abuse?	1	2	3	4	5	6	7	8	9	10
	Definitely no									Definitely yes
(3) In your view, would you be required by law to report this incident?	1	2	3	4	5	6	7	8	9	10
	definitely not required to report									definitely required to report
(4) All things considered, what overall impact would a child abuse report be likely to have on this child?	1	2	3	4	5	6	7	8	9	10
	Highly negatively impact									Highly positive impact
(5) All things considered, what overall impact would a child abuse report be likely to have on the rest of the family?	1	2	3	4	5	6	7	8	9	10
	Highly negatively impact									Highly positive impact
(6) How likely would you be to report this case?	1	2	3	4	5	6	7	8	9	10
	Almost certainly would not report									Almost certainly would report

3. On one occasion, the parent and the child engaged in sexual intercourse. The parent told the child that it is the lesson that parents teach their children to become adults.

(1) Based on the information you have provided, how serious in this incident?	1	2	3	4	5	6	7	8	9	10
	Not at all serious									Extremely serious
(2) In your own professional judgment, does the incident described above constitute abuse?	1	2	3	4	5	6	7	8	9	10
	Definitely no									Definitely yes
(3) In your view, would you be required by law to report this incident?	1	2	3	4	5	6	7	8	9	10
	definitely not required to report									definitely required to report
(4) All things considered, what overall impact would a child abuse report be likely to have on this child?	1	2	3	4	5	6	7	8	9	10
	Highly negatively impact									Highly positive impact
(5) All things considered, what overall impact would a child abuse report be likely to have on the rest of the family?	1	2	3	4	5	6	7	8	9	10
	Highly negatively impact									Highly positive impact
(6) How likely would you be to report this case?	1	2	3	4	5	6	7	8	9	10
	Almost certainly would not report									Almost certainly would report

4. These parents have only one child, an eight-year-old girl. They keep her hair cut short like a boy's and frequently dress her in boy's clothing. They keep telling their girl they really wanted to have a boy instead of a girl.

(1) Based on the information you have provided, how serious in this incident?	1	2	3	4	5	6	7	8	9	10
	Not at all serious									Extremely serious
(2) In your own professional judgment, does the incident described above constitute abuse?	1	2	3	4	5	6	7	8	9	10
	Definitely no									Definitely yes
(3) In your view, would you be required by law to report this incident?	1	2	3	4	5	6	7	8	9	10
	definitely not required to report									definitely required to report
(4) All things considered, what overall impact would a child abuse report be likely to have on this child?	1	2	3	4	5	6	7	8	9	10
	Highly negatively impact									Highly positive impact
(5) All things considered, what overall impact would a child abuse report be likely to have on the rest of the family?	1	2	3	4	5	6	7	8	9	10
	Highly negatively impact									Highly positive impact
(6) How likely would you be to report this case?	1	2	3	4	5	6	7	8	9	10
	Almost certainly would not report									Almost certainly would report

5. A nine-year-old boy comes to school. The teacher notices that there are red marks on his palms and legs. When asked, he tells the teacher that yesterday he went over to a friend's house to play instead of going home to do his homework. When his father found out, he hit him on the palms and legs repeatedly with a cane. He says that his father does this whenever he does not do his homework.

(1) Based on the information you have provided, how serious in this incident?	1	2	3	4	5	6	7	8	9	10
	Not at all serious									Extremely serious
(2) In your own professional judgment, does the incident described above constitute abuse?	1	2	3	4	5	6	7	8	9	10
	Definitely no									Definitely yes
(3) In your view, would you be required by law to report this incident?	1	2	3	4	5	6	7	8	9	10
	definitely not required to report									definitely required to report
(4) All things considered, what overall impact would a child abuse report be likely to have on this child?	1	2	3	4	5	6	7	8	9	10
	Highly harmful									Highly beneficial
(5) All things considered, what overall impact would a child abuse report be likely to have on the rest of the family?	1	2	3	4	5	6	7	8	9	10
	Highly harmful									Highly beneficial
(6) How likely would you be to report this case?	1	2	3	4	5	6	7	8	9	10
	Almost certainly would not report									Almost certainly would report

6. A 20-year-old woman, five months pregnant, brought her 19-month-old child to the emergency room with facial bruises and swelling. X-rays revealed old, healing rib fractures. The mother reported that the injuries were the result of beating by the child's father, who had been angered by her crying.

(1) Based on the information you have provided, how serious in this incident?	1	2	3	4	5	6	7	8	9	10
	Not at all serious									Extremely serious
(2) In your own professional judgment, does the incident described above constitute abuse?	1	2	3	4	5	6	7	8	9	10
	Definitely no									Definitely yes
(3) In your view, would you be required by law to report this incident?	1	2	3	4	5	6	7	8	9	10
	definitely not required to report									definitely required to report
(4) All things considered, what overall impact would a child abuse report be likely to have on this child?	1	2	3	4	5	6	7	8	9	10
	Highly harmful									Highly beneficial
(5) All things considered, what overall impact would a child abuse report be likely to have on the rest of the family?	1	2	3	4	5	6	7	8	9	10
	Highly harmful									Highly beneficial
(6) How likely would you be to report this case?	1	2	3	4	5	6	7	8	9	10
	Almost certainly would not report									Almost certainly would report

7. The parents often compare the school performance of the child to others, and make the child feel inferior. The parents ridicule and criticize the child whenever the child does not do well in the exams.

(1) Based on the information you have provided, how serious in this incident?	1	2	3	4	5	6	7	8	9	10
	Not at all serious									Extremely serious
(2) In your own professional judgment, does the incident described above constitute abuse?	1	2	3	4	5	6	7	8	9	10
	Definitely no									Definitely yes
(3) In your view, would you be required by law to report this incident?	1	2	3	4	5	6	7	8	9	10
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(4) All things considered, what overall impact would a child abuse report be likely to have on this child?	1	2	3	4	5	6	7	8	9	10
	Highly harmful									Highly beneficial
(5) All things considered, what overall impact would a child abuse report be likely to have on the rest of the family?	1	2	3	4	5	6	7	8	9	10
	Highly harmful									Highly beneficial
(6) How likely would you be to report this case?	1	2	3	4	5	6	7	8	9	10
	Almost certainly would not report									Almost certainly would report

8. The parent repeatedly showed the child pornographic pictures.

(1) Based on the information you have provided, how serious in this incident?	1	2	3	4	5	6	7	8	9	10
	Not at all serious									Extremely serious
(2) In your own professional judgment, does the incident described above constitute abuse?	1	2	3	4	5	6	7	8	9	10
	Definitely no									Definitely yes
(3) In your view, would you be required by law to report this incident?	1	2	3	4	5	6	7	8	9	10
	definitely not required to report									definitely required to report
(4) All things considered, what overall impact would a child abuse report be likely to have on this child?	1	2	3	4	5	6	7	8	9	10
	Highly harmful									Highly beneficial
(5) All things considered, what overall impact would a child abuse report be likely to have on the rest of the family?	1	2	3	4	5	6	7	8	9	10
	Highly harmful									Highly beneficial
(6) How likely would you be to report this case?	1	2	3	4	5	6	7	8	9	10
	Almost certainly would not report									Almost certainly would report

Thank you for completing this survey. Please return the survey in the addressed stamped envelope mailed to you with the survey.

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