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# REPORTING CHILD ABUSE: PEDIATRICIANS' EXPERIENCES WITH THE CHILD PROTECTION SYSTEM

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## ABSTRACT

**Objective:** To explore pediatricians' reluctance to adhere to a legal mandate to report suspected child abuse and to compare their perspectives with those described in other jurisdictions in studies informed by different theories and employing diverse methodologies.

**Method:** An anonymous survey questionnaire was distributed to all pediatricians with admitting privileges to B.C. Children's Hospital which has a specialized Child Protection Services Unit. Physicians were asked about their own prior reporting experience and the influence of that experience upon future reporting decisions. They were also asked why they think other physicians might be reluctant to report ( $N = 26$ ).

**Results:** While respondents were generally positive about their experience in filing a report to Child Protective Services, they were less positive about the dearth of feedback they received and they were undecided as to whether there was a positive outcome to their report. Their perceptions of the reasons colleagues might fail to report emphasized dissatisfaction with CPS, concern with loss of relationship with the child's parents, and a desire to avoid court proceedings.

**Conclusions:** Physicians' noncompliance or at least dissatisfaction with their child abuse reporting mandate is an international problem that can not be addressed by institutional protocols alone. Confusions about the limitations on confidentiality and information sharing might be better addressed through more shared training and opportunities for collaboration than by legal mandates and institutional protocols alone. Organizational theory and exchange theory might inform future research about the conditions under which collaboration is enhanced in the service of protecting children.  
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*Key Words*—Reporting, Child abuse, Physicians, Child abuse reporting.

## INTRODUCTION

VICTIMS AND PERPETRATORS of child abuse will not typically self-report to child protection services (CPS) (Warner-Rogers, Hansen, & Spieth, 1996) so responsibility for detection and reporting must fall to others. Since physicians are often the first to see and treat serious physical trauma in children, they are in an ideal position to report abuse allegations to CPS social workers who are delegated with the responsibility to protect children.

Contemporary reporting requirements were enacted in the United States in 1966 as they were

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in British Columbia in 1967 in order to rectify the problem of physicians failing to report. The assumption by law-makers that reporting would curb the problem of child abuse (Giovannoni & Becerra, 1979) quickly gave rise to opposition from organizations such as the American Medical Association which claimed that mandatory reporting by physicians would cause further harm by parents failing to bring sick and injured children for medical treatment (Martz, 1995).

Some professionals argue that child protection services should be sought only when it would benefit the family and child, rather than simply following mandatory legislation. They feel that reporting child abuse only brings it to the attention of the authorities who are accused of doing little to ameliorate the problem (Kalichman, 1993). Doubts have been raised about the ability of CPS as “an overworked and underfunded . . . system to fulfill its role of providing protection and successful remediation to abusive families” (Crenshaw, Bartell, & Lichtenberg, 1994, p. 17). Advocates have called for more leniency in reporting laws for some professionals with specialized training in child abuse identification (Finkelhor & Zellman, 1991), and some reporters already use their own discretion to weigh the seriousness of cases before reporting to CPS (Zellman, 1990b).

In British Columbia, the Child, Family and Community Service Act (1996) mandates physicians to report suspected child abuse to CPS. Although mandatory child abuse reporting laws have been in place in British Columbia since 1967 (Martz, 1995), the degree of compliance by physicians in this province and elsewhere has been questioned (Compaan, Doueck, & Levine, 1997; Gove, 1995a; Warner & Hansen, 1994; Zellman, 1990a).

Research has shown that some key reasons cited by physicians for failing to report were definitional or evidentiary confusion (Besharov, 1990; Deisz, Doueck, George, & Levine, 1996; Giovannoni & Becerra, 1979; Kalichman, 1993; Zellman, 1990b); ethical considerations related to confidentiality (Kalichman, 1993); costs to the reporter such as time spent making reports and court attendance (Zellman, 1990a); and systemic concerns such as CPS or police ineffectiveness (Kalichman, 1993; Zellman, 1990a, 1990b). Hampton and Newberger (cited in Warner & Hansen, 1994) found racial and economic differences to be a factor in hospital reporting. Woolf, Taylor, Melnicoe, Andolsk, Dubowitz, De Vos, and Newberger (cited in Warner & Hansen, 1994) saw the lack of relevant medical training as a factor in child abuse identification and subsequent reporting.

One of the key points of intervention in child protection is the nexus at which the roles of the physician and the CPS social worker overlap. This is where the act of sharing information is critical and could prevent future harm to children. The community has delegated the responsibility of child protection to CPS social workers who are unable to meet that duty if they do not know the abuse is occurring.

Although little research has been done in Canada regarding physicians' reporting practices, some has been done on reporting practices of other professionals. For example, Beck, Ogloff, Manley-Casimir, and Corbishley (1995) and Beck, Ogloff, and Corbishley (1993) of British Columbia's Simon Fraser University studied child abuse reporting practices of local psychologists and teachers. Both groups rated definitional and diagnostic confusion as the primary reason for failing to report. Feared negative effect on the child or on the therapeutic relationship was second. The third most common reason for not reporting was lack of confidence in CPS.

Lack of confidence in CPS has been consistently cited in the literature as a leading barrier to reporting by professionals and non-professionals (Beck et al., 1993, 1995; Kalichman, 1993; Zellman, 1990a, 1990b). This recurrent theme has not been fully explored in Canadian research. The objective of the present research is to uncover whether pediatricians in a major children's hospital in Canada share this reluctance to report suspected child abuse, the reasons for any such reluctance, and the implications for policy and practice.

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