



Challenges of reporting child abuse

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ABSTRACT

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The objective of this thesis was to study the barriers health care professionals encounter when reporting child abuse. The purpose of this study was to bring awareness of child abuse situations for nurses and health care professionals.

The aim of this thesis was to bring awareness of child welfare and its management on reporting child abuse suspicions.

The method of the study was to conduct a literature review by collecting data from studies and research that has been done. Our study questions for the thesis are the following: What are the challenges and consequences of nursing professionals addressing child abuse? How nurses manage these challenges?

The research from different countries shows a lack of readiness to report, a lack of tools and guidelines on how to report child abuse. Mandating reporting of suspected child abuse has increased the number of reports. Conducting guidelines for health care professionals and disciplines across health care sectors has made the barrier of making a report decrease. A multidisciplinary team working towards the wellbeing of a suspected child abuse victim has shown to improve the outcome of the situation.

There is still a need for higher education for professionals to detect child abuse. Health care professionals felt the lack of support from colleagues and multidisciplinary team, which affected the willingness to report. Creating clear guidelines and support for health care professionals may increase the readiness and willingness to intervene with suspected abuse.

Key words: child abuse, mandatory reporting, healthcare worker, nurse, physician, family nursing, child, young person

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1 INTRODUCTION

Violence has an alarming regularity in children's lives. The problem of child abuse and neglect, generally known as child maltreatment, has profound and far-reaching consequences for the nation and the world. Child abuse and neglect can cause physical, psychological, social, and financial harm to victims. Child abuse has social and occupational ramifications. Social and occupational consequences can even have the potential to stifle a country's economic and social progress in long-term. (Clements, Burgess Fay-Hillier, Giardino & Giardino 2015.)

Statistics done by the Finnish Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos THL, 2020) of the situation of child abuse and maltreatment in Finland. In 2019 there were almost 86 000 child welfare reports made, which was 7% more than the year before. During 2019 there were 4 522 children placed in emergency placements, which was 4% more than the year before. (Terveyden ja hyvinvoinnin laitos 2020.)

Nurses should have a thorough awareness of the term "child maltreatment". Nurses should be able to recognize risk factors for child maltreatment and detect abuse before contacting the correct authorities ensuring the child gets the help they deserve. Foremost it is important for nurses to deliver competent and thorough interventions to children who have been abused or neglected. (Green 2020.)

The reporting of suspected abuse to a government child protection agency is a cornerstone of preventing recurrence and escalation of childhood maltreatment. Following the filing of a report, child protective agencies conduct additional investigations and intervene as needed on behalf of the identified child or children. Mandatory reporting rules exist to compel professionals in positions where they are required to report known or suspected child abuse. (Green 2020.)

Nurses are frequently in the front line of care for children who may be victims of abuse. The nurse has a role of investigating further into the situation and is

required to report any abuse to the local child protective agency as soon as feasible when suspecting or having information of child maltreatment. (Child Welfare Act 25/2010). However, a variety of events and factors might disrupt the process, placing the nurse in a vulnerable or uncomfortable position. It is critical to investigate these aspects to detect potential obstacles in nurse-mandated child abuse reporting to ensure the wellbeing of the child. (Green 2020.)

The topic is Challenges of reporting child abuse by healthcare professionals. We chose this topic, due to the interest in child welfare and wanting to find tools how to promote healthcare professional's courage to report child abuse suspicions.

This thesis is made for Tampere University of Applied Science.

2 BACKGROUND, THEORETICAL POINT OF VIEW

2.1 Different forms of maltreatment

Forms of violence against children vary. For example, a child's long-term illness or injury increases the child's risk of being abused. Girls and boys are exposed to violence in slightly different ways. Boys have more experiences of physical threat than girls. Girls experience more sexual harassment and violence as well as mental or physical violence in the family. Different forms of intimate partner and domestic violence often occur simultaneously in families. Exposure to violence between adults is always harmful to a child. If there is domestic violence in the family, children are at high risk of being subjected to the violence themselves. Therefore, domestic violence must always be addressed, even if it is not directed at the child. (Terveyden ja hyvinvoinnin laitos 2021; Hotus, efficient method for identifying child maltreatment in social and health care 2015).

The Finnish Institution for Health and Welfare has conducted a nationwide school health promotion study, to monitor the well-being of Finnish children and adolescents. The aim of the study is to improve the planning and evaluation of health promotion in school, municipal and national level. In the table below the results of children and young people's experience of violence is shown during the years 2017 and 2019. (Table 1). The table shows experience rate of physical and mental violence by parents or other adults caring for a child during the school year in question. (Terveyden ja hyvinvoinnin laitos, School Health Promotion study 2021.)

TABLE 1. The number of students experienced abused by parents or care givers during grades 4-5 in 2019. (Terveyden ja hyvinvoinnin laitos, Kouluterveyskyselyn tulokset 2017 ja 2019. Perusopetus 4. ja 5. luoka oppilaat. 2019)

Type of abuse	Grade	Total % /number	Boys	Girls
Physical abuse	4-5 Graders	12,5/ 97 981	48 665	49 055
Mental abuse	4-5 Graders	17 / 98 412	49 002	49 147

Physical Abuse

The purposeful use of physical force against a child that leads in – or has a high possibility of resulting in – harm to the child's health, survival, development, or dignity is classified as child abuse. (World health organization 2006). The younger the child who has been injured, the more probable the injury is the result of abuse. Consistency in determining how the damage occurred is also vital; varying explanations for the source of injury or symptom are symptomatic of a history of maltreatment. (Hotus 2015.)

Sexual Abuse

Sexual abuse is described as the involvement of a child in sexual behaviour that he or she does not fully appreciate, is unable to provide informed consent to, is not developmentally appropriate for the kid, or otherwise violates societal laws or social taboos. (World health organization 2006.)

Emotional and psychological abuse can take the form of one-time episodes or a long-term pattern of a parent or caregiver failing to offer a developmentally adequate and supportive environment. Acts in this category are likely to harm child's bodily or mental health, as well as his or her physical, mental, spiritual, moral, or social development. (World health organization 2006.) Fear, substance abuse, psychosomatic symptoms, abdominal pain and headache, depression, adjustment problems, and school attendance problems can all be signs of emotional abuse. These symptoms require as much notice as the physical wounds would need. (Hotus 2015.)

The Finnish Institution for Health and Welfare (2021) brought up some fewer known conditions for child abuse. One of them being “the shaken baby syndrome” were care givers shake the baby violently causing long lasting damage to the child. Other forms mentioned were “corporal punishment” or discipline, such as pushing, pinching, or giving fillips, “chemical abuse” in which sedative substances are given to the child, and neglection of the basic needs of the child. (Terveyden ja hyvinvoinnin laitos, Lapsiin kohdistuva väkivalta 2021.)

Child abuse has a wide range of consequences that are difficult to predict, on the other hand abuse is known to have negative consequences for children, such as an increased chance of depression; the harm to a child's emotional and physical development increases as the abuse continues. Having an idea what type of maltreatment the child is suffering from helps nurses and other medical staff to get the help the child may need. (Plitz & Giles 2009.)

Nurses are one of the occupational groups most chosen to report known or suspected child abuse due to their ideal situation to help protect children from harm. Nurses have frequent professional dealings with children, which include their inherent opportunity to observe child's injuries on an isolated occasion or over time, and even gain strong evidence about the nature of injuries. This can be beneficial if there is a reason to believe the injuries were caused by an accident, or if the parent's explanation to the cause of injuries is unconvincing and contradictory with the injuries. (Fraser, Mathews, Walsh, Chen & Dunne 2010.)

2.1.1 Prevalence of maltreatment

Valid prevalence estimations are vital both from a scientific and practical standpoint, such as for effective treatment and prevention. However, prevalence numbers are notoriously inconsistent and difficult to compare. The reason for this can be the scope of the definition, which can vary from broad to specific. For instance, physical and sexual violence are perceived as "truly" abusive by both experts and the general population, whereas mental abuse and physical neglect are not as willingly accepted and noticed as abuse or are not as easy to diagnose as those of physical injuries. (Lagerberg 2001.)

Statistics show an increase in number of reports to social services in Finland during the years 2018, 2019 and 2020 (Table 2). The study was made by specialist Forsell, Kuoppala and Säkkinen (2021). The report states the number of made child abuse reports were mainly aimed at children aged 13. During the year 2020 1,9 reports had been made per child, when in 2019 the number was 1,8 reports per child. (Forsell et al. 2021.) Forsell speculates "Hopefully, the

increase in number of reports is due to the seriousness of which child health concerns are taken.” (Terveyden ja hyvinvoinnin laitos, Lastensuojeluilmoitusten määrä on kaksinkertaistunut kymmenessä vuodessa 2020).

TABLE 2. The number of child abuse reports during the years 2018–2020. (Forsell et al. 2021).

Case	2020	2019	2018
Number of child abuse reports	162 130	156 200	145 880
Number of children a report has been made of	84 715	83 090	
Number of young people a report has been made of	2 518	2 656	

The same report shows increased numbers in emergency placements, children under custody, number of children placed outside of home, and the number of clients under child protective service (Table 3). (Forsell, Kuoppala & Säkkinen 2021).

TABLE 3. Child abuse cases, emergency placements, custody, and clients in open care during the years 2018, 2019 and 2020. (Forsell, Kuoppala & Säkkinen 2021).

Case	Number during the year 2018	Number during the year 2019	Number during the year 2020
Children placed in an emergency placement	4 343 children	4 529 children	4 662 children
Children under custody	11 100 children	11 355 children	11 386 children
Children and young person placed outside of home	18 555 child and young person	19 005 child and young person	19 086 child and young person
Child abuse reports	145 880 reports	156 200 reports	162 130 reports
Children of whom child abuse report has been made	78 875 reports of a child	85 746 reports of a child	87 233 reports of a child
Clients in open care	54 912 child and young person	50 963 child and young person	48 802 child and young person

2.2 Mandatory reporting and The Finnish Welfare Act

Given the high frequency of child maltreatment and its potentially catastrophic long-term health and social consequences, several nations have taken initiatives to prevent child maltreatment and reduce related damage, including mandating reporting. (McTavish, Kimber, Devries, Colombini, MacGregor, Wathen, Agarwal & MacMillan 2017.)

In the context of child maltreatment, a mandatory reporting law is defined as a specific type of legislative enactment that imposes an obligation on a specified group or groups of people outside the family to report suspected occurrences of designated types of child maltreatment to child welfare agencies. (McTavish et.al. 2017.)

The Child Welfare Act (Child Welfare Act 2007/88) states that all health care professionals are obligated to inform the municipal social welfare institution without delay notwithstanding confidentiality. The duty to notify a possible abuse stands, if in the course of the duties, health care professional encounters a child whose need for care, developmental conditions or personal behaviour requires intervention from child protection services. A slight suspicion is enough to make a child protection report. (Child Welfare Act 2007/88.)

2.2.1 Responsibility of child welfare

The responsibility of child welfare lies on the public authorities as it does with families and care givers. Health care professionals have the duty to support parents and care givers in their upbringing of a child. Professionals must attempt to provide necessary assistance at an early stage for the child as to the parents and care givers. This includes referring the child and the family to the child welfare services if needed. (Child Welfare Act 417/2007; Child Custody and Right of Access Act 361/1983.)

Child-specific and family-specific child welfare includes investigations of the need for child welfare means, a client plan and provision of support in open care, excluding residential care. Child- and family-specific child welfare includes emergency placement of a child, taking child into substitute care and the aftercare related to these cases. (Child Welfare Act 4177/2007; Child Welfare Act 88/2010.)

All municipal part takers of social services need to work together with other authorities related to the municipality, by monitoring and promoting the wellbeing of children and young people. This includes eliminating and preventing the disadvantageous factors concerning the circumstances in which the child or young person is brought up. The part takers responsible for social services need to provide expert assistance for other authorities, residents and organizations operating with the municipality if problems arise in child's or young person's environment or circumstance. (Child Welfare Act 417/2007.)

2.2.2 Preventive child Welfare

One of the main principles of child welfare is prevention of child abuse. Preventative child welfare takes part in promoting and protecting the growth, development, and wellbeing of children. It takes part in finding supportive measures and tools for parents and care givers. (Child Welfare Act 417/2007; Child Welfare Act 88/2010.)

Preventative child welfare aims to intervene at an early stage if problems are detected. Interventions and measures are primarily taken in the interest of the child, carefully assessing considerations of which extent the measures and solutions are taken. (Child Welfare Act 417/2007; Child Welfare Act 88/2010.)

2.3 Barriers of reporting child abuse

Child abuse and its manifestations are not always recognizable or noticed by health care professionals. What makes a greater challenge, is the readiness and willingness to intervene in these situations. Studies show that many professionals

in countries where child welfare laws are not mandating mandatory reporting of suspected abuse, tend to hesitate more on making the report. The barriers vary from level of education, professionals' own experiences and readiness to report, to laws and regulations and recognizing child abuse. (Feng, Fetzer, Chen, Yeh & Huang 2010; Herendeen, Blevins, Anson & Smith 2013.)

Feng, Fetzer, Chen, Yeh, and Huang (2010) state in their study the importance of a multidisciplinary team and its effect on the outcomes of abused child and their family. The study was made in Taiwan, in 2009, where at the time there were no requirements or restrictions to make a report collaboratively across disciplines. Making a report seems to consist of individual objectives, rather than a collective goal, where a multidisciplinary team is caring for a child abuse victim. Multidisciplinary collaboration in reporting of a child abuse is an advantage. It has been proven to reduce anxiety, burden of care, reduced risk of becoming a target to the family and has shown to improve the quality of care and communication. (Feng et al. 2010.)

A study made by Flaherty, Sege, Binns, Mattson and Christoffel (2000) of health care providers' experiences reporting child abuse, brought up the education level and experience of making child abuse reports. These were factors including formal education on child abuse reporting that affected the professional's readiness to report. These factors made it 10 times more likely for a professional to make a report, than those professionals who had little or no past education or experience of abuse cases. The study highlighted the importance of education on the topic, providing tools and encouraging health care professionals to act on suspicions and clinical findings. (Flaherty et al. 2000.)

Jordan and Steelman (2015) bring up in their article that many healthcare providers say that their present level of education and training in identifying and intervening with children at risk of maltreatment needs to be improved. In their research it was implied that nurses continually ask for more education to help them enhance all parts of their knowledge and skill set in this particular field. (Jordan & Steelman 2015.)

Mandated reporting presented challenges for pediatric nurse practitioners. This comes up from the study Herendeen, Blevins, Anson and Smith (2013) conducted. In the survey, pediatric nurse practitioners brought to attention the attitudes and past experiences with their social governmental child protective service affecting the making a report. The negative impact of making a report was found to be a possible further abuse of the child by the parents or caregivers. This was caused due to the lack or insufficient timing of interfering by child protective services. (Herendeen et al. 2013.)

Lazenbatt and Freeman (2005) brought forth one of the barriers of reporting abuse suspicion being the need of staying anonymous as professionals felt fear of intimidation and harming the relation with the family and the child. One of the participants in the survey had explained this by saying, "*The barriers for me are an uncertainty about what I am looking for and not wanting to start a problem for the family.*" (Lazenbatt & Freeman 2005, 231).

In Green's (2020) study it was stated that the level of trust between the officials outside of the hospital and fear of retaliatory legal charges were seen as a big obstacle. Nurses were less likely to disclose cases of suspected child abuse when the child protection agency was distrusted. When reporting to a child protective agency, these same nurses expressed concern about legal repercussions. The findings reveal that nurses' comfort level when deciding on reporting action is influenced by their trust in child welfare authorities and the legal system. Green (2020) also states that the deferral of responsibility for reporting suspected child abuse to another, usually by more experienced or senior in position, was reported by nurses. When the physician with whom they were collaborating disagreed with their evaluation of child abuse, the nurses did not report it, reserving the final decision to their physician partner. (Green 2020).

2.3.1 Managing the difficulties reporting child abuse

Awareness of child abuse and its forms have been increasingly brought to attention. Progress has been made worldwide with prevention and detection of child abuse, however there is still a need for further education. All the research

had the same conclusion; further education and government conducted guidelines improve the readiness of health care professionals to make a report. (Flaherty, Sege, Binns, Mattson & Christoffel 2000; Feng, Fetzer, Chen, Yeh & Huang 2010; Herendeen, Blevins, Anson & Smith 2013.)

Providing education on identification of abuse, has made a difference to reporting, however it remains unclear whether the difference is in the confidence of the process of making a report or the identification of abuse. This comes up in the study Flaherty, Sege, Binns, Mattson & Christoffel (2000) conducted. Other issue that was brought to attention, was to be health care providers feeling the need to know that the intervention would be beneficial to the child, thus needing to be committed to their findings and statement. (Flaherty et al. 2000.)

Improving multidisciplinary teamwork and collaboration with child protective services will have a positive impact on the attitudes of health care provider making the report. Keeping health care providers informed of the process, investigations, and the outcomes, made it more likely for future reports to be made. Having a proper understanding of teamwork, effective communication across disciplines, trusting the team members and knowing the role of different part takers in the process, makes the reporting process easier to follow for health care providers. (Flaherty, Sege, Binns, Mattson & Christoffel 2000; Feng, Fetzer, Chen, Yeh & Huang 2010.)

One of the findings by Herendeen, Blevins, Anson and Smith (2013) were to be that primary care providers were seen to play a key role in prevention of child abuse. They were seen as important sources for health care providers to determine if future investigations should take place. The health care providers wanted to hear primary care providers perspective, since they see the child daily, compared to the health care provider. (Herendeen et al. 2013; Schols, Ruiter & Öry 2013.)

3 PURPOSE, OBJECTIVE AND TASKS

The purpose is to conduct a literature review and bring awareness of child abuse situations for nurses and health care professionals.

The aim of this thesis is to bring awareness of child welfare and its management on reporting child abuse suspicions. We are going to study the experiences of healthcare professionals, especially nurses, in regarding the challenges they encounter cases of child abuse.

Our study questions for the thesis are the following: What are the challenges and consequences of nursing professionals addressing child abuse? How nurses manage these challenges?

4 METHODOLOGY AND IMPLEMENTATION

Three main stages are followed in an effective review: preparing the review, performing the review, and documenting the review. Researchers recognize the need for a review in the planning stage, define research questions, and create a review procedure. The researchers classify and choose primary studies, extract, interpret, and synthesize information while performing the analysis. (Xiao & Watson 2017.)

The method we are using in our thesis is a narrative literature review. Xiao and Watson (2017) state in their journal *Guidance on conducting a systematic literature review* that a literature review has a focus on gathering information rather than assessing evidence. (Xiao & Watson 2017.)

Our steps of conducting a literature review are the following: formulating the research problem, developing, and validating the review protocol, searching the literature, screening for inclusion, extracting data, analysing and synthesizing data, and reporting the findings. (Xiao & Watson 2017).

Burns and Grove state in their book *The Practice of Nursing Research: Conduct, Critique and Utilization* (2009) the importance of finding sources for certain studies which can be decided by analysis. The analysis should be conducted in two stages. First the individual studies are reviewed and then in the second stage the studies should be compare. “As the first stage of analysis proceeds, the relevant material must be chosen by using different databases and search words. During the second stage the data is viewed more from the perspective of the study question. A literature review summary table is usually used to summarize the findings of the data analysis.” (Burns & Grove 2009.)

Databases used for finding research and literature are BookMed, CINAHL, Medline, Terveysportti, Finish Institute for Health and Welfare, Nursing and Allied Database and Ministry of Social Affairs and Health, the World Health Organization and Tampere University of Applied Science’s library Andor.

Search words used, the database the search was done, limitations used during the search and the results of the search can be seen below (Table 3). The table shows the search for articles used in this thesis.

TABLE 3. Process of searching articles from different databases.

DATE	DATABASE	SEARCH WORDS	LIMITATIONS	RESULTS	EVALUATION
Jan 2021	Medline EBSCO host	abuse OR neglect OR maltreatment OR mistreatment , children OR adolescents OR youth OR child OR teenager, reporting, nurse OR Nurses OR nursing, physician	Scholarly Peer- reviewed English	51	Mostly relevant
Jan 2021	Medline EBSCO host	abuse OR neglect OR maltreatment OR mistreatment , children OR adolescents OR youth OR child OR teenager, reporting, nurse OR nurses OR nursing, physician	Scholarly, Peer- reviewed English, year 2000-	41	Mostly relevant

Jan 2021	CINAHL- Complete	abuse OR neglect OR maltreatment OR mistreatment , children OR adolescents OR youth OR child OR teenager, reporting, nurse OR nurses OR nursing, physician	Scholarly, Peer- reviewed English Full text year 2000-	69	Few were relevant
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After the preliminary search, articles were skimmed through for inclusion. The perspective was to include articles which concentrated on nurses' experiences in child abuse cases and making of a report. After the articles were selected, data analysis was done. Information was collected from the red articles to answer our study questions; What are the challenges and consequences of nursing professionals addressing child abuse? How nurses manage these challenges?

The data was then divided to two main categories: the challenges of reporting or addressing child abuse and management of these challenges. After enough data was gathered, the findings were then reported. Additional information and background theory was search from other databases, like Ministry of Social Affairs and Health, World Health Organization and Finnish Institution for Health and Welfare.

5 RESULTS

The most significant result of this thesis was the need for further education regarding mandatory reporting is needed. One of the biggest obstacles that we found out through the articles when dealing, intervening, and reporting suspected child maltreatment was inadequate knowledge or education, experience, and confidence of the professionals. In one of our research questions: How do nurses manage these challenges of reporting child abuse, we found out that the subject is still relatively new, and no actual solutions could be found in the articles. There were many suggestions, however actual actions to improve the situation had very little research done on, thus the actual impact of those remains unclear and further research is needed

5.1 Education

Education was mentioned in many of the articles we found as one of the main issues nurses had when dealing with child maltreatment and its reporting. Both Jordan & Steelman (2015) and Flaherty et al. (2000) stated that prior to participating in intervention, nurse participants reported a lower degree of confidence and self-efficacy because of lack of education in the matter, a general deficit of awareness on child abuse and the need for more education rose up in the articles. The need for more education can be seen as a barrier instead of a solution.

5.2 Knowledge

All healthcare providers must have a thorough awareness of what constitutes child maltreatment, how to identify children who are at risk of maltreatment, and how to undertake interventions to ensure the safety and protection of this vulnerable group. (Green 2020.) Basic childhood development, factors that promote vulnerability and risk, and patterns and mechanisms of harm associated with abuse should all be covered. (Terveyden ja hyvinvoinnin laitos 2021; Hotus,

efficient methods for identifying child maltreatment in social and health care (2015).

In relation to nurses knowing about their responsibility of reporting suspected child maltreatment, they were aware of their duty and really wanted to be advocates for these children and took that responsibility seriously. (Green 2020.)

5.3 Experience and confidence

Nurses reported deferring duty for reporting suspected child abuse to someone else, usually someone more experienced or senior in position. When the doctor with whom they were working disagreed with their assessment of child abuse, the nurses did not disclose it, leaving the final choice to the doctor or other staff member considered to be in a higher position in the institute. (Green 2020).

Nurses reported lack of confidence in their conclusion of their clinical findings. Nurses reported being hesitant in making the report, unless the findings were clear and irrefutable. The reason for this was reported to be that nurses felt that they would be stepping on care givers toes or otherwise would be out of line. They felt that an uncertain diagnosis or speculation would only hurt the parents or care givers and thus nurse would lose the connection and trust that they have managed to gain from the child as from the parents or care givers. (Lazenbatt & Freeman 2005).

5.4 Importance of multidisciplinary teamwork

One of the less spoken barriers was the need for better communication and teamwork between different disciplines. Nurses felt the lack of trust towards the child protective services and their ability to respond to their concerns (Feng et al. 2010.) The research often brought up nurse's past negative experience with colleagues, senior doctors, social workers, and child protective services affecting their willingness to conduct a report. Although, nurses would have had the will to make a report, not having the support from other members of the team, affected the final decision. (Lazenbatt & Freeman 2005).

The issue in multidisciplinary team working towards the wellbeing of children, was found to be in the lack of communication of the situation after filing the report. Nurses felt being left out of the case, when they wanted to have information on the actions the child protective services have done, have the investigations been successful, is the child getting any help and benefiting from the intervention. Improving communication across disciplinary boarders affected nurse's willingness to conduct reports, when they knew the process and could follow along. (Green 2020).

Improving teamwork, trusting clinical findings, being able to have an open conversation about the situation with doctors and other members of the discipline as well as the care givers, will positively affect the confidence of professionals to conduct a report. (Green 2020).

6 DISCUSSION AND CONCLUSION

We aim to conduct our thesis through considering the ethical considerations and reliability. This can be seen in choosing of the articles that are being conducted in the literature review. We take in count the year of publication, the publisher, peer review and the form of the study. We evaluate the reliability through the content of the articles and studies. (Arene.)

We acknowledge the sensitivity of the topic, and we address it professionally and from a professional point of view.

Conflicts that we found regarding reliability in our thesis regarded the studies we used. The studies are made in English and have a worldwide point of view. The studies used in this thesis can be considered to be outdated, due to the publication year. Finding research that has been made of our interest group, that being nurses, was found to be a greater challenge than expected. This confirms the need for future research and study on the topic.

We acknowledge that our theoretical background is based on the Finnish laws and regulations regarding child abuse and mandatory reporting. We want our thesis to be reliable and useful for Finnish healthcare workers and students and this may create a conflict of interest.

The research questions for this thesis were; What are the challenges and consequences of nursing professionals addressing child abuse? How nurses manage these challenges? We tend to answer these questions in our results.

The studies show the lack on managing tools for health care professionals, lack of education during academic years and after graduation. There is a lack of provision of solutions to the situation. Enhancing opportunity for better teamwork, thorough communication across multidisciplinary teams involved and constantly educating professionals about the topic of child abuse, has an opportunity for improvement for the barriers of conducting a child welfare report.

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APPENDICES

Appendix 1. Articles used in the thesis.

1(5)

Author, Journal, Publication year, Country	Purpose of the research	Method, Study Population	Main results
Feng, J-Y., Fetzer, S., Chen, Y-W., Yeh, L. & Huang, M-C. Multidisciplinary collaboration reporting child abuse: a grounded theory study. International Journal of Nursing Studies. 2010 Taiwan	To explore the experience and perspective of professionals working with other disciplines when reporting child abuse.	A qualitative study with grounded theory. 5 physicians, 5 nurses, 6 social workers and 5 teachers	A multidisciplinary team working for child abuse case includes trust and communication between teams and members.
Flaherty E., Sege, R., Binns, H., Mattson, C. & Christoffel, K. Health care providers' experience reporting child abuse in the primary care setting. Arch Pediatr Adolesc Med. 2000 United States	To describe primary care providers' experiences identifying and reporting suspected child abuse to child protective services and variables affecting providers' reporting behaviour.	Qualitative study. 76 physicians, 8 nurse practitioners, 1 physician assistant.	Primary care providers report most cases of suspected child abuse which they identify. Past negative experience and perceived lack of benefit for the child were common reasons not to report. Through education, the probability of report increased.

2(5)

Author, Journal, Publication year, Country	Purpose of the research	Method, Study Population	Main results
Fraser, J., Mathews, B., Walsh, K., Chen, L. & Dunne, M. A multivariate analysis: Factors influencing child abuse and neglect recognition and reporting by nurses. International Journal of Nursing Studies. 2010 United States	Purpose of the study was to examine the relationship between nurse characteristics, training, knowledge of legislative reporting duty and attitudinal factors on reporting child abuse.	Logistic regression analyses were made to examine relationships between variables.	Nurses were confident in their abilities to recognize maltreatment and wanted more education relating to mandatory reporting.
Green, M. Nurses' adherence to mandated reporting of suspected cases of child abuse. Journal of Pediatric Nursing. 2020 United States	The purpose of this integrative literature review was to examine current data and research available on the topic of contributing factors that may influence nurses' adherence to mandated reporting of suspected child maltreatment cases.	Journal Article	Four inhibitory barriers to nurse reporting of suspected child abuse were identified in this literature review: inadequacy of education, level of trust, deferred responsibility, and impact on nurse-patient relationship.
Herendeen, P., Blevins, R., Anson, E. & Smith, J. Barriers to and consequences of mandated reporting of child abuse by nurse practitioners. Journal of pediatric health care. 2014 United States	Examine the experience of paediatric nurse practitioners in identification and management of child abuse.	Qualitative study. A survey was sent to 5 764 Pediatric nurse practitioners who are members of National Association of Pediatric Nurse Practitioners.	Pediatric nurse practitioners and physicians shared same barriers in reporting of child abuse. Further education is needed in curriculum preparation and continuing education in working life.

Author, Title, Journal, Publication year, Country	Purpose of the research	Method, Study Population	Main results
<p>Lazenbatt, A. & Freeman, R. Recognizing and reporting child physical abuse: a survey of primary healthcare professionals. Journal of Advanced Nursing. 2006 United Kingdom</p>	<p>To report a study of the self-reported ability and behaviours of primary healthcare professionals in Northern Ireland.</p>	<p>Qualitative study. A questionnaire was sent to 979 nurses, doctors and dentists working in primary care. 419 responded.</p>	<p>Ability to recognize and willingness to report abuse cases discriminated between the professional groups. The professionals were aware of some mechanisms for reporting abuse, however suggested further education.</p>
<p>Lagerberg, D. A descriptive survey of Swedish child health nurses' awareness of abuse and neglect. Characteristics of the nurses, Child Abuse & Neglect, 2001 Oslo</p>	<p>To determine whether children considered by child health nurses to be at risk of abuse or neglect differed from the general population in gender, age and health status, and whether such child characteristics were related to nurses' perceptions of case seriousness, or to reporting to the child protection services</p>	<p>Qualitative study. Questionnaires were mailed to about 3,000 child health centers. Fifty-five percent responded.</p>	<p>The findings raise the question whether possibly maltreated children who are very young, female or in good health run a particularly high risk of non-detection, of being considered non-serious cases and of not being reported to the CPS. The risk of going unnoticed may be higher for some children at risk of maltreatment than for others.</p>

4(5)

Author, Title, Journal, Publication year, Country	Purpose of the research	Method, Study Population	Main results
<p>McTavish, J., Kimber, M., Devries, K., Colombini, M., MacGregor, J., Wathen, N., Agarwal, A. & MacMillan, H. A meta-synthesis of qualitative studies: Mandated reporters' experiences with reporting child maltreatment. National Library of Medicine. 2017 Canada</p>	<p>To systematically synthesise qualitative research that explores perceptions of mandatory reporting.</p>	<p>A meta-synthesis of qualitative studies</p>	<p>Research on measures to prevent potential harms associated with mandated reporting, as well as research into children's experiences with the procedure, is critically needed.</p>
<p>Piltz, A. & Giles, T. Barriers that inhibit nurses reporting suspected cases of child abuse and neglect. The Australian journal of advanced nursing: a quarterly publication of the Royal Australian Nursing Federation. 2009 Australia</p>	<p>To identify barriers that inhibit nurses from reporting suspected cases of child abuse and neglect</p>	<p>An integrative review of literature</p>	<p>Limited education on recognising signs and symptoms of abuse was found to be a major barrier to reporting.</p>

5(5)

Author, Title, Journal, Publication year, Country	Purpose of the research	Method, Study Population	Main results
Schols, M., Ruiters, C. & Öry, F. How do public child healthcare professionals and primary school teachers identify and handle child abuse cases? BMC Public Health. 2013 England	To investigate Dutch frontline workers' child abuse detection and reporting behaviours.	Qualitative study, interview of 16 primary school teachers and 17 public health nurses and physicians.	Although both groups of professionals are aware of child abuse signs and risks, they also lack of specific knowledge. Frontline workers are in need of supportive tools in detection and reporting process.