Nurse Reporting of Known and Suspected Child Abuse and Neglect Cases in Taiwan

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Despite the frontline role of taking care of children, nurses in Taiwan have been reluctant to report known and suspected cases of child abuse and neglect (CAN). This problem threatens the success of legislation aimed at reducing CAN cases in Taiwan. The purpose of this study was to examine the influence of nurses' perceptions, attitudes, and knowledge on suspecting and reporting CAN cases in health care settings in Taiwan. Two hundred and thirty-eight nurses were surveyed using structured questionnaires with a return rate of 79.3%. Health care settings surveyed in this study included emergency units, pediatric units, and community centers from eight hospitals in southern Taiwan. Almost 3/4 (70%) of the sample of nurses thought they needed more training courses on CAN. Correlation analysis showed a significant relationship between suspecting and reporting CAN with perception, attitude, and knowledge. Stepwise multiple regression analysis revealed that perception ($\beta = 0.475$), knowledge ($\beta = 0.265$), and attitude ($\beta = 0.246$) accounted for 60% of the variance in suspecting and reporting CAN. The focus and scope of training programs for nurses in Taiwan should take these findings into consideration.

Child abuse and neglect (CAN) is an issue that affects individuals, families, and communities. Therefore, the responsibility of caring for children's physical and psychologic wellbeing should be a national and international priority. Societies that fail to respond may pay a high economic and social price for treating events of CAN [1]. Unfortunately, the prevalence of CAN has increased recently in Taiwan. According to the statistical report of the Children's Bureau (2006), there were 8,013 cases of CAN in Taiwan in 2003. In 2004, 7,837 children were reported to the Children's Bureau as alleged victims of CAN. Then, in 2005, 9,897 cases of child abuse were estimated to have taken place in Taiwan. This steady growth in CAN cases that is evident in Taiwan has also been experienced throughout Eastern Europe, the United States, and Australia [2,3]. In the United Kingdom, one to two children are killed each week through abuse. The majority are victims of their parents and caretakers [3]. In the United States, approximately 906,000 children were substantiated victims of CAN according to the Children's Protective Service (CPS) [4].

In Taiwan, legislation exists to protect children, respect their rights, and prevent abuse and neglect.

According to Article 30 of the Taiwanese Children and Youth Welfare Act (2003), CAN is conceptualized as children and young people of less than 18 years of age being injured or suffering negligent treatment such as abandonment, physical and mental mistreatment, abduction, kidnapping, trade, seduction, and supplying of sexual videotapes/pictures that are harmful to physical and mental health. In addition, Article 34 of the Child and Youth Welfare Act (2003) stated that "multi-professional collaboration such as doctor, nurse, social worker, clinical psychiatrist, educator, child protector, and police should take responsibility to report events of CAN to the county/city social affairs bureau or local police office not later than twenty-four hours after discovery." The Act also protects the confidentiality of the notifier and provides immunity from suit [5].

It can be argued that prevention is more effective than treatment in cases of suspected CAN. Nevertheless, the reporting rate of suspected CAN cases by nurses is low in Taiwan. According to the Children's Bureau report in 2003, one quarter of abused and neglected cases were reported by social workers, who reported the highest numbers of cases. The second largest proportion of CAN cases was reported by police officers. Other cases were reported mainly by relatives and neighbors. Nurses seem not to have played an appropriate role in treating or reporting CAN cases despite their frontline role in taking care of children. After all, the nurse's role should enable them to identify the CAN victim early and to treat them immediately.

Challenging situations such as those where health care professionals suspect CAN are typically beyond the scope of the basic training given to nurses in Taiwan. Since the act was updated, a majority of Taiwanese nurses have been reported to believe that they have no responsibility for identifying and reporting cases of CAN even when it is suspected [6,7]. Hence, it appears that they only treat the symptoms of CAN, and they do not pay much attention to the notification and prevention of further abuse and neglect. A recent study conducted by Feng and Levine found that 86% of Taiwanese nurses never reported child abuse cases; 21% of nurses had failed to report suspected child abuse cases; and 80% of nurses did not have any child abuse education [8]. These findings are disturbing given that laws have been passed to ensure that abused children receive support and treatment.

Many studies have investigated the factors that affect the reporting behaviors of CAN cases of health professionals. The factors include insufficiency in specialists' training, specialists' personal background, specialists' attitudes for the service effect of child protection, and specialists' knowledge and reporting experience [8–11]. However, Kotler pointed out that "perception" plays a key role in decision making [12]. According to Price et al, perceptions of CAN are likely to affect the general public's reporting of child abuse to the authorities [13]. There is also a lack of research regarding the impact of perception on reporting CAN cases for nurses in Taiwan. Moreover, the impact levels of perception, knowledge, and attitude on reporting have not been compared in previous studies. Therefore, the purpose of this study was to examine the influence levels of nurses' perception, attitude, and knowledge on suspecting and reporting CAN cases. The findings from the study should contribute to the development of intervention programs to improve nurses' confidence to identify CAN cases and improve the wellbeing of families with children in Taiwan.

Influence of training and knowledge on suspecting and reporting CAN

A number of studies have demonstrated the importance of training and knowledge on suspecting and reporting of CAN cases in different units of nurses reported by various countries. For example, in Finland, Paavilainen et al surveyed 513 nursing staff in a university hospital and found that 60% of respondents needed supplementary training in the identification of child abuse [14]. In the United Kingdom, Smith found that registered clinical nurses (RCNs) believed that child protection training should be mandatory for all staff likely to have contact with children in their everyday work [15].

At present, many studies [16–18] have proposed that improving knowledge of CAN could improve reporting practices. For example, Krisann et al reported that professionals failed to report child maltreatment mostly due to lack of knowledge, and negative consequences for the client, CPS, and professionals [17].

Influence of perception and attitude on suspecting and reporting CAN

Nurses' perception is a key element in successful reporting of CAN. In Tilden et al's survey, 44.4% of

nurses thought that they did not have a responsibility to report CAN cases involving family violence, and 39% of nurses thought that mandatory reporting of CAN cases was not useful [19]. Price et al also found that respondents' perception and knowledge of child abuse was significantly deficient [13].

Nurses' attitudes toward CAN also play an important role in the decision-making process of reporting. Many studies have found that some mandatory reporters fear reporting CAN due to potential harm to the reporters' family and aggressive behavior from the abuser [20,21].
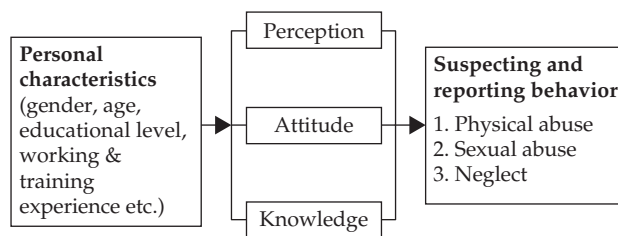
Suspecting and reporting CAN in Taiwan

According to the literature, child abuse is classified into physical abuse, emotional abuse, sexual abuse, and neglect [22–25]. Nurses were less likely to report emotional abuse due to the difficulty of definition and assistance [26,27]. Therefore, emotional abuse is not discussed in this study.

In Taiwan, the Law of Child Protection identifying certain professionals as "mandated reporters" of CAN has been in force since 1973. Even though legislators felt that mandated training was necessary because of low reporting, the mandated report rate of CAN has remained low in recent years [5]. Feng and Levine found that 86% of respondents had never reported a child abuse case experience; 21% of respondents had failed to report a suspected case of child abuse; and most respondents lacked knowledge of the reporting law [8].

Therefore, the aims of this study were twofold: (1) to understand the status of nurses' training, individual perceptions, attitudes toward, and prevention knowledge on suspecting and reporting of suspected CAN cases in Taiwan; and (2) to identify nurses' perceptions, attitudes, and prevention knowledge in relation to the suspecting and reporting of suspected CAN cases.

The Figure outlines the major components of the conceptual framework utilized in this study. It lists the demographic characteristics of emergency nurses, pediatric nurses, and community nurses, and training, perception, attitude, and knowledge were the potential personal influences of nurses' suspecting and reporting of CAN. Demographic characteristics included gender, age, nursing education level, marital status, length of working experience, and CAN training course experience. The cases of suspecting

Figure. *Conceptual framework: influence of nurses' perception, attitude, and knowledge on suspecting and reporting of child abuse and neglect cases.*

and reporting of CAN include physical abuse, sexual abuse, and neglect.

MATERIALS AND METHODS

Sampling and sample

The study sample comprised nurses from emergency units, pediatric units, and community centers using convenient sampling because they have a higher chance and more experience of encountering suspected CAN cases. The other reasons for choosing the three target populations in this study are as follows. (1) King and Reid pointed out that children make up 30% of emergency department attendances [28]. (2) Community nurses are expected to work with the whole family, but earlier research indicated that community nurses who lack training in identifying and treating domestic violence will have difficulty in recognizing abused children [9,27,29]. (3) Pediatric staff are frequently the first health professionals involved when CAN cases are suspected [14,30]. Consent forms and informed sheets were distributed to and returned from eight different general hospitals and participants in southern Taiwan.

The total sample of 300 registered nurses were surveyed by convenient sampling, 256 were returned and, of these, 238 (79.3% of the return rate) were completed. The research purposes and requests were explained to the nurses who were to participate in this study. The questionnaires were returned anonymously within 1 week. To be eligible for this study, the potential participants had to meet the following entry criteria: (1) registered nurses must be working in emergency units, pediatric units, or community centers in southern Taiwan; (2) registered nurses must have the ability to speak and understand either Mandarin or

Taiwanese languages; (3) registered nurses must have at least 3 months' experience in clinical hospitals; and (4) registered nurses must be willing to participate in this study.

Operational definitions of terms and measures

The operational definitions of the major terms in this study are described as follows. Perception refers to how the individual makes personal choices, explains the environment, and uses the information to reach decisions. A 17-item scale adapted by Price et al was chosen as the measuring instrument for this study [13]. Attitude is evaluation, feeling, and action direction including a positive or negative response based on tendency. A 7-item scale that draws information about nurses' attitude was chosen and revised from a tool developed by Collins [31]. Knowledge is defined as how a person gains the truth, the principle, the thought, and the information from daily activity. A 14-item scale related to nurses' knowledge of CAN was revised from Hibbard and Zollinger [32]. In suspecting and reporting behavior, we used case vignettes [21] to measure nurses' reporting intention of CAN, the questions of which measure the respondent's behavioral intention to report and consider deciding whether or not to report suspected maltreatment.

Measures

For the present study, a questionnaire comprising five parts was used, namely "demographic characteristics", "perception of CAN", "attitude of CAN", "knowledge of CAN", and "suspecting and reporting of CAN".

The Chinese version of the questionnaire used in this study was translated from English. Back translation was employed to confirm the correctness of the Chinese version. The questionnaire was reviewed by five experts and we conducted a pilot test to enhance the questionnaire's readability and reliability. A panel of five experts in this field reviewed the content of the questionnaire for validity, and an average score of 4.32 was obtained for the content validity on a five-point Likert scale. In addition, a pilot test was conducted to confirm whether the questionnaire was easy to respond to and to stabilize. Subjects were able to complete the questionnaire within 25–30 minutes. Ultimately, the instrument consisted of 70 Likert-type items arranged on a five-point response set ranging

from "strongly agree" (5) to "strongly disagree" (1). The scores for "perception of CAN", "attitude of CAN", and "knowledge of CAN" could range from 17 to 85, 6 to 30, and 14 to 70, respectively. The higher the scores, the higher the levels of perception, attitude, and knowledge of the CAN issue. Demographic data were collected on the participants' gender, age, work experience, education level, marital status, work on the current unit, job position, and CAN training experience.

The measurement of "suspecting and reporting of CAN" included three written vignettes on physical abuse, sexual abuse, and neglect measures, related to nurses' reporting intention of CAN in Zellman [21]. After each vignette, six questions were asked to measure nurses' suspecting and reporting of CAN. The score for "suspecting and reporting of CAN" can range from 18 to 90. The questions measure respondents' behavioral intention to report and consider deciding whether or not to report suspected maltreatment.

Data analysis

Data entry and analysis were performed using SPSS version 12.0 (SPSS Inc., Chicago, IL, USA). Cronbach's α coefficient and expert content validity index (CVI = 0.90) were used to examine the reliability and validity of the instruments. Cronbach's α coefficients of "perception of CAN", "attitude of CAN", "knowledge of CAN", and "suspecting and reporting of CAN" were 0.91, 0.88, 0.75, and 0.83, respectively. Descriptive statistics, *t* test, correlation, and regression were used to analyze the collected data.

RESULTS

Characteristics of participants

Ninety-nine percent of the participants were women, reflecting the Taiwanese gender bias in the nursing profession. Over half were registered nurses and had a junior college education. The demographic profile of the sample is presented in Table 1.

Respondents' CAN suspecting and reporting experiences and training needs

Eighty-four percent of the respondents reported that they had not taken CAN courses at nursing school. In fact, most nursing schools in Taiwan have not provided

Table 1. Demographic characteristics of participants (*n* = 238)

	%
Sex	
Female	99.6
Male	0.4
Educational level	
High school	5.5
Junior college	71.0
College/university	22.7
Masters degree	0.8
Marital status	
Single	49.6
Married	48.7
Separated/divorced	0.8
Widowed	0.8
Working experience in the unit	
<1 yr	16.4
1–3 yr	28.2
4–6 yr	17.2
7–9 yr	12.6
≥10 yr	25.6
Have children	
Yes	43.7
No	56.3
Position	
Enrolled nurse	40.3
Registered nurse	52.9
Chief nurse	3.8
Nursing inspector	2.9

Table 2. Respondents' reporting experience and training needs (*n* = 238)

	%
Have you ever taken CAN courses at school?	
None	84.9
One credit	6.7
Two credits	8.0
Three credits	0.4
Have you ever taken the training course r/t CAN in the hospital?	
None	80.7
1–3 times	18.5
4–6 times	0.4
7–9 times	0.4
Do you take the CAN training course regularly?	
Never	87.0
Seldom (1–3 times)	12.6
Occasionally (4–6 times)	0.4
What kinds of teaching methods do you like when you take CAN training programs? (Multiple choice)	
Role play	20.5
Lecture	20.2
Case study	19.3
Forum	20.5
Medium teaching	19.1
Do you know how to report CAN cases?	
Know	59.8
Don't know	40.2
How many cases of CAN have you reported per year?	
None	69.7
1–3 cases	20.2
4–6 cases	6.3
7–9 cases	2.9
≥10 cases	0.8
I feel I need to receive more CAN training programs.	
Agree	73.1
Disagree	0.8
No opinion	26.1

"CAN" courses for students either in the past or even after the legislative changes were made.

Eighty percent of respondents had never taken the CAN courses available in their working hospitals. Eighty-seven percent of the respondents did not take CAN training courses regularly (Table 2). Only one hospital provided child abuse related programs for nurses to continue training regularly. The remaining seven hospitals provide information about CAN courses through academic conferences but attendance at these is not compulsory. Seventy percent of the respondents believed they needed supplementary training courses on CAN issues. Moreover, only 59% of respondents knew how to report the CAN cases they suspected. Thirty percent (pediatric nurses, emergency nurses, and community nurses) had reported CAN cases. In other words, 70% of respondents had never reported CAN cases. In order to understand whether the respondents did not report cases when they had suspicions or whether they never had a suspicious case,

comments from the completed questionnaires were analyzed. Of the 36 respondents who had never reported CAN cases with comments, 20 (55.6%) nurses believed they had never had a suspicious case. Twelve (33.3%) nurses had suspicions but did not report them because they did not know how to report a CAN case. In addition, four (10.1%) nurses had cases worthy of reporting for suspected abuse and neglect but did not report them because of fear of intimidation.

Table 3. Correlations among suspecting and reporting CAN of three different abuse types and other three variables

	SR (total)	SR (neglect)	SR (physical abuse)	SR (sexual abuse)
Perception	0.643*	0.407*	0.551*	0.571*
Attitude	0.551*	0.342*	0.482*	0.527*
Knowledge	0.585*	0.358*	0.528*	0.534*

*$p < 0.001$. SR = suspecting and reporting CAN.

Table 4. Regression results of suspecting and reporting CAN and perception, attitude, and knowledge

Regression	Suspecting and reporting			SR (neglect)			SR (physical abuse)			SR (sexual abuse)		
	B	SeB	β	B	SeB	β	B	SeB	β	B	SeB	β
Perception	0.177*	0.017	0.475*	0.131*	0.026	0.306*	0.197*	0.026	0.397*	0.202*	0.024	0.412*
Attitude	0.195*	0.042	0.246*	0.143†	0.067	0.156‡	0.213†	0.065	0.201†	0.277†	0.062	0.265†
Knowledge	0.141*	0.029	0.265*	0.093‡	0.046	0.152‡	0.186‡	0.045	0.263†	0.157‡	0.042	0.225†
Overall R^2	0.60			0.23			0.46			0.50		
F value	1150.8			23.637			65.001			76.478		

*$p < 0.001$; †$p < 0.01$; ‡$p < 0.05$. SR = suspecting and reporting CAN.

Relationships among suspecting and reporting CAN, knowledge, attitude, and perception

The relationships among suspecting and reporting CAN, perception, attitude, and knowledge were examined for correlation. As Table 3 shows, suspecting and reporting CAN had moderately significant positive relations with perception ($r = 0.643$, $p = 0.000$), attitude ($r = 0.551$, $p = 0.000$) and knowledge ($r = 0.585$, $p = 0.000$). The variable which had the strongest positive relation with suspecting and reporting CAN was perception.

Table 3 shows the correlation coefficients among suspecting and reporting CAN, perception, attitude, and knowledge. Scores for suspecting and reporting CAN were separated by abuse type to examine the relationships among abuse types. The three abuse types included neglect, physical, and sexual abuse in this study. Suspecting and reporting CAN of the three abuse types all had significant positive relationships with perception, attitude, and knowledge. Perception had the highest correlation coefficient with suspecting and reporting in neglect ($r = 0.407$, $p = 0.000$), physical abuse ($r = 0.551$, $p = 0.000$), and sexual abuse ($r = 0.571$, $p = 0.000$) cases.

There was no significant relationships between work experience and the other four variables—suspecting and reporting CAN ($r = 0.09$, $p = 0.165$),

perception ($r = 0.12$, $p = 0.062$), attitude ($r = 0.04$, $p = 0.501$), and knowledge ($r = 0.04$, $p = 0.409$). However, we found that work experience had a significant positive relationship with the frequency of reporting CAN cases ($r = 0.144$, $p = 0.026$), although the strength of this relationship was not strong.

Effects of perception, attitude, and knowledge on suspecting and reporting CAN

Stepwise multiple regression analysis was used to predict suspecting and reporting CAN using perception, attitude, and knowledge variables. As Table 4 details, perception, attitude, and knowledge all had significant effects on suspecting and reporting CAN. The order of the impact level was perception, knowledge, and attitude. Perception had the greatest effect on suspecting and reporting CAN. The multiple regression model in Table 4 also shows that all the three variables of perception, attitude, and knowledge accounted for a substantial amount of the variance in suspecting and reporting CAN ($R^2 = 0.60$).

Regression models were used separately by abuse type to investigate the impact of perception, attitude, and knowledge on different abuse types. As Table 4 shows, perception, attitude, and knowledge all still had significant effects on suspecting and reporting CAN although the regression models were separated by abuse type. The influence of knowledge on suspecting

and reporting CAN for "neglect" cases was weak and had a low regression coefficient.

DISCUSSION

The results have indicated that school education and hospital training programs related to CAN are limited for nurses in Taiwan and are not taken up by the majority of practicing nurses anyway. However, almost three quarters of the respondents believed supplementary training courses on CAN issues were needed. According to Feng and Levine's recent study, most nurses in Taiwan understand their responsibilities as mandatory reporters [8]. At the same time, our study has shown that most of the nurses in Taiwan thought they need further training courses on suspecting and reporting CAN. This problem does not only exist in Taiwan but also in other parts of the world. Paavilainen et al found that 73% of respondents needed supplementary education on child abuse issues in Finland [14]. Wang and Daro [33] and Kurt and Tracy [34] also found that nurses and physicians lacked adequate CAN education. The percentage of respondents reported needing supplementary education on child abuse in Taiwan and Finland are similar. This indicates an awareness of their professional responsibility but a lack of confidence in practice.

Fifty-nine percent of the respondents in this study know how to report CAN cases. Moreover, in Feng and Levine's study, 21% of participants had encountered at least one suspected case of child abuse, but they did not report it [8]. "Feeling uncertain about the evidence" was ranked as the most important reason for the failure to report. Thus, the low reporting rate of nurses is not only due to nurses not knowing how to report suspected CAN cases. The ability to assess and identify CAN cases and the willingness to report CAN cases are possible reasons for the low reporting rate by nurses. Therefore, discussing the influence of perception, attitude, and knowledge on suspecting and reporting CAN is necessary.

Seventy percent of respondents in this study had never reported suspected CAN among patients in their care. Further analysis revealed that of 36 respondents who had never reported CAN cases, 18 nurses thought they lacked pre-service and in-service education programs on recognition and awareness of CAN cases. Twelve (33.3%) nurses had suspicions but did not

report them because they did not know how to report a CAN case. Therefore, a CAN training program is important to improve knowledge, perception, and attitude. Feng and Levine found that 14% of Taiwanese nurses had reported one or more child abuse cases [8]. Both this study and Feng and Levine's study [8] found a low reporting rate of CAN from nurses in Taiwan.

Of the three concept variables in this study, we can conclude that perception strongly influences suspecting and reporting CAN. The differences among perception, attitude, and knowledge in correlation with suspecting and reporting CAN were small. The results of multiple regression analysis showed that perception, attitude, and knowledge all had significant influences on suspecting and reporting CAN. However, the strength order of the impact level was perception, knowledge, and attitude, respectively. Perception was still the strongest predictor of clinical nursing management and reporting behavior. Kotler pointed out that perception is one kind of concept to a specific matter [12]. Attitude is evaluation, feeling and action direction based on perception. Therefore, perception and attitude play key roles in decision making. From action and learning, people establish their perception and attitudes. Furthermore, perception and attitude interact with each other, and they will affect people's actions. Feng and Levine's study reported only the correlation between attitude and nurses' intention to report [8]. However, this study extends this to include important factors of suspecting and reporting CAN cases. The results of our regression analysis showed perception to be the most important factor influencing suspecting and reporting CAN.

To develop an effective training program for improving perception, Shortrudge-Baggett and van der Bijl [35] and Wilson [36] suggested the following principles: (1) to understand nurses' needs and current problems in making contact with children and their families; (2) to design an interview or group discussion to listen to and share others' experiences of child protection; and (3) to show videotapes to improve nurses' understanding of the abusers' criminal motivations and the victims' physical and psychologic experiences and feelings through actual CAN cases. Bannon and Carter [37] and Coffey [38] pointed out that the scope of training for perception may need to be broadened in several aspects. First, nurses need to have an awareness of the variation in child protection that exists

among different cultural groups. Second, successful training must present opportunities to discuss and solve problems to encourage participation, attention, and promote positive learning outcomes.

The results also showed a weak association between years of experience as a nurse and suspecting and reporting CAN, perception, attitude, and knowledge. Only 20% of respondents had taken CAN training courses in their hospital. Therefore, nurses' perceptions, attitudes, and knowledge of CAN cases do not strengthen with length of experience as a nurse. However, we found that work experience had a significant positive relationship with the frequency of reporting CAN cases ($r = 0.144$, $p = 0.026$), although the strength of this association was weak. Since the descriptive analysis showed that 80% of respondents have never taken a CAN training course in their hospital, the results may be caused by the fact that the assessment and identifying experiences and abilities increased as working experiences increased. Therefore, use of case studies may be an important training method for nurses because it will enhance their assessment and identifying abilities.

The results of this study showed that most of the nurses in Taiwan thought that they needed more training courses on CAN, and 59% of the respondents know how to report CAN cases. Therefore, the low reporting rate of nurses is not only caused by the reason that nurses do not know how to report suspected CAN cases. The ability to assess and identify CAN cases and the willingness to report CAN cases are possible reasons for this low reporting rate. Seventy percent of respondents in this survey had never reported CAN cases. Feng and Levine found that only 14% of Taiwanese nurses had reported one or more child abuse cases [8]. Thus, both studies confirm the low reporting rate of CAN cases by Taiwanese nurses.

The results of correlation analysis showed that suspecting and reporting CAN had strong significant relationships with perception, attitude, and knowledge. The variable which had the strongest positive relationship with suspecting and reporting CAN was perception. The results of multiple regression analysis showed that perception, attitude, and knowledge all had significant effects on suspecting and reporting CAN. The strength order of the impact level was perception, knowledge, and attitude. Perception had the largest predictive ability to suspecting and reporting CAN. Therefore, we would conclude that perception

is the most significant and predictive variable in suspecting and reporting CAN.

CAN cases have increased in Taiwan. However, most hospitals in Taiwan do not have CAN training programs for nurses. In order to fill this gap, nursing administrators need to develop a CAN training program. Previous literature and the results of this study can help to identify the focus and scope of such a training program.

Study limitations

A number of limitations may influence some of the findings in this study. First, a larger sample size would have strengthened the study and increased its power to examine relationships between variables. Next, only selected nurses in a southern area of Taiwan were surveyed, so the findings cannot be extended to all areas of Taiwan. Third, this study referred to the sampling and analysis methods of Blakeley and Ribeiro [39], Nayda [27], and Feng and Levine [8], which focused on the status of general nurses, and combined the nurses from emergency units, pediatric units, and community centers for investigation and discussion. Further research could extend the scope to nurses in other fields such as school nurses and nursing educators.

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台灣護理人員對兒童虐待與疏忽案件
通報行為之研究

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台灣護理人員通報兒童虐待與疏忽案件的比率非常低。儘管護理人員是位於處理兒童虐待與疏忽案件的第一線，他們似乎尚未在通報兒童虐待與疏忽案件上適當的扮演其應具備的角色。本研究目的在探討台灣護理人員對兒童虐待與疏忽的認知、態度與知識以及其對案件通報行為之相關與影響。本研究以結構式問卷針對護理人員作調查，發放 300 份問卷後，回收有效問卷 238 份。受訪的醫療單位包括南部地區八家醫院的急診部、兒科及社區護理人員。研究結果發現大多數受訪者認為他們需要更多有關兒童虐待與疏忽的教育訓練課程。相關分析顯示，護理人員的認知、態度及知識與通報行為有顯著相關。複迴歸分析結果顯示，認知、態度及知識對兒童虐待與疏忽案件通報行為均有顯著影響，且可解釋 60% 的總變異量，其影響力大小依序為認知、知識及態度。護理人員對兒童虐待與疏忽的認知對通報行為最具有預測力與影響力。本研究結果可以提供未來設計兒童虐待與疏忽教育訓練課程之參考。

關鍵詞：態度，兒童虐待與疏忽，知識，認知，懷疑與通報
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