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Pre-service education for registered nurses on mandatory reporting of child maltreatment: An integrative review

Sarah Stenson, RN, MN(CFHN), PhD^{a,*}, Alison Hutton, RN, PhD^b,
Angela Fenton, B.E. (hon), MECE, PhD^c, Julian Grant, RN, PhD^d

^a Lecturer in Nursing, School of Nursing, Paramedicine & Healthcare Sciences, Faculty of Science & Health Charles Sturt University, Australia

^b Professor of Nursing, Western Sydney University, Australia

^c Associate Head of School (Learning and Teaching)/Senior Lecturer in Education, School of Education, Faculty of Arts & Education, Charles Sturt University, Australia

^d Associate Dean of Research and Professor of Nursing, School of Nursing, Paramedicine & Healthcare Sciences, Faculty of Science & Health, Charles Sturt University, Australia

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ABSTRACT

Problem: The aim of this review is to examine the international literature about pre-service education for registered nurses and identify how it prepares them for their role as mandatory reporters of child maltreatment, to be applied to an Australian context.

Methods: All peer-reviewed papers about nurses' pre-service education on legally mandated reporting of child maltreatment written in English were eligible. Papers based on nurses working in various settings were included, from both Australian and international sources between 1994 to present. Literature search was performed between June–July 2021, and repeated in July 2023. 18 papers that met the eligibility criteria were included. They included 7 quantitative studies, 3 qualitative studies, 2 mixed-method studies, 5 literature reviews and 1 peer-reviewed discussion paper.

Results: The resultant papers came from Australia ($n = 3$), USA ($n = 3$), Taiwan ($n = 3$), India ($n = 1$), Brazil ($n = 1$), The Philippines ($n = 1$), Iran ($n = 1$), Hong Kong ($n = 1$), Saudi Arabia ($n = 1$), Korea ($n = 1$), UK ($n = 1$), and The Netherlands ($n = 1$). Publication dates ranged from 2005 to 2020. Key themes identified were insufficiencies in education leading to barriers to nursing making mandatory reports.

Conclusions: To remove barriers to making mandatory reports, nurses' education on mandatory reporting of child maltreatment should challenge nurses' attitudes and perceptions, be structured and use evidence-based pedagogy, and be delivered preservice.

Implications: Structured and pedagogically sound preservice education for nurses about mandatory reporting of child maltreatment is recommended. Education should offer opportunities for nurses to challenge their attitudes and preconceptions about child maltreatment.

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Introduction

Child maltreatment has significant negative impacts on children internationally (WHO, 2022). It is estimated that up to 1 billion children globally experience violence or neglect annually (Hillis et al., 2016). Child maltreatment has significant impacts on children's health, development, and wellbeing and the longer it occurs the greater the effects (Hunter, 2014; Young and Widom, 2014). Children who experience

child maltreatment are substantially more likely to have mental health disorders in adulthood, and are more likely to engage in health-risk behaviours and utilise health services (Mathews, Pacella, et al., 2023). These negative effects persist well into adulthood (Mathews, Thomas, & Scott, 2023). Children continue to experience maltreatment despite many countries enacting the UNICEF Convention on the Rights of the Child (UN General Assembly, 1989).

Early recognition of risk and referral to support programs is key to improving outcomes for children experiencing child maltreatment (Lamond, 1989; Mathews et al., 2016; Mathews, Bromfield, et al., 2017; WHO, 2022). Mandatory reporting of child maltreatment plays an important role in the identification and response to child maltreatment worldwide. Many countries have implemented mandatory reporting for specific professionals to prevent cases of child maltreatment being overlooked (Mathews et al., 2008).

* Corresponding author.

E-mail addresses: sastenson@csu.edu.au (S. Stenson),

a.hutton@westernsydney.edu.au (A. Hutton), afenton@csu.edu.au (A. Fenton), jgrant@csu.edu.au (J. Grant).

In many jurisdictions, nurses are among those professionals obligated to report their suspicions around child wellbeing (Mathews et al., 2015). Nurses' professional standards reinforce these obligations (ICN, 2021). Despite this, child maltreatment often goes unreported by nurses leading to a delay in action to protect children from harm (Green, 2020; Piltz & Wachtel, 2009).

There are many barriers that prevent nurses from making mandatory reports of child maltreatment with nurses reporting less than other professionals (AIFS, 2020; AIHW, 2020a; Mathews et al., 2015). Some of the barriers identified include personal circumstances, experiences, attitudes and preconceptions, lack of organisational support, poor knowledge of legislation, and inability to identify child abuse and neglect (Bluestone, 2005; Chan et al., 2020). Consistently, a lack of knowledge and confidence has been identified as a key factor in preventing nurses from making mandatory reports (Borimnejad & Fomani, 2015; Chan et al., 2020; Lee & Kim, 2018; Lines et al., 2019).

A recent, national Australian Child Maltreatment Study (Mathews, Pacella, et al., 2023) highlighted the prevalence and life-long effects of child maltreatment in Australia and has called for reforms to how child maltreatment is recognised and addressed in this jurisdiction. It includes recommendations for change in the ways professionals are educated about their obligations as mandatory reporters (Mathews, Thomas, & Scott, 2023). As the authors live and work in Australia, the intention of this international review is to examine the international literature about pre-service education for registered nurses and identify how it prepares them for their role as mandatory reporters of child maltreatment, to inform research in an Australian context.

Background

Registered nurses (RNs) are generally considered a “trusted” profession and have the opportunity to build rapport with parents and children (Roy Morgan, 2021). RNs' professional standards, codes of conduct, and codes of ethics all support their role as mandatory reporters of child maltreatment (International Council of Nurses, 2025; Nursing and Midwifery Board of Australia, 2016, 2018). Yet, in Australia, police and childhood educators have been shown to report concerns of child maltreatment more frequently than nurses (AIHW, 2020a).

Nurses are well-placed to recognise and respond to child wellbeing concerns and have the requisite knowledge to assess children's physical, social, and emotional health (Lines et al., 2019). Nurses are required to complete a generalised education programme and be authorised by the regulatory body within their country (ICN, 2025). In Australia, New Zealand, the UK, USA, and Canada, registered nurses (RNs) are practitioners who have completed a bachelor-level degree of up to 5 years' study duration and have registered with their country's nursing board or equivalent (Nursing and Midwifery Board of Australia, 2024; The Nursing Council of New Zealand, 2025; The Nursing and Midwifery Council, 2024; The National Council of State Boards, 2024; Canadian Nurses' Association, 2021). RNs work in a range of settings, including advanced practice roles, and have a broad scope of practice that includes accountability, advocating for and supporting clients, and identifying when care needs to be escalated. Additionally, they have the added responsibility of supervising enrolled nurses, student nurses, and other healthcare workers (Nursing and Midwifery Board of Australia, 2024). This regulatory endorsement supports the role of nurses as mandated reporters.

Research both in Australia and internationally has identified that lack of knowledge and confidence are significant barriers to nurses making mandatory reports when they suspect child maltreatment (Borimnejad & Fomani, 2015; Chan et al., 2020; Lee & Kim, 2018; Lines et al., 2019; Saltmarsh & Wilson, 2016). A review by McTavish et al. (2017) found similar themes among 42 studies, where it was identified that difficulty in identifying types of child maltreatment was a barrier to nurses making reports. As reported by Tweedlie and

Vincent (2019), pre-service nurses found themselves ill-equipped to respond to situations of suspected child maltreatment, despite the likelihood of this being encountered while on practical placements.

The quality and timing of education on child protection and mandatory reporting is also a significant factor in nurses' confidence to report (Littler, 2018). Given that much of the literature cites nurses' perceived lack of knowledge around mandatory reporting, one component of this review's overall aim included an exploration the role of preservice education in building capacity and self-efficacy of nurses to recognise child maltreatment and report appropriately.

Nurses are central to recognising and reporting child maltreatment, but in order to do so they must be adequately prepared for this aspect of their role.

Problem

The aim of this review is to examine the international literature about pre-service education for registered nurses and identify how it prepare them for their role as mandatory reporters of child maltreatment.

Method

This review was undertaken as an integrative review. Integrative reviews bring together findings and results from both qualitative and quantitative studies to draw reliable and comprehensive conclusions (Dhollande et al., 2021). Due to the inclusion of varied methodologies, conclusions drawn by integrative reviews are considered appropriate to inform nursing policy and research directions (Dhollande et al., 2021).

Integrative reviews use organised and methodical strategies to enhance data collection and extraction to provide a complete overview of the extant literature on a topic and any gaps that are evident (Whittemore & Knafl, 2005). They are considered an important tool in developing and refining nursing practice (Dhollande et al., 2021; Whittemore & Knafl, 2005).

Eligibility criteria

The review question asked, “how does pre-service education on child protection prepare registered nurses for their role in child protection and mandatory reporting of child maltreatment?”

The research question was developed using the Participants, Concept, Context (PCC) framework (Aromataris & Munn, 2020), where the participants are registered nurses, the concept is education about child protection and mandatory reporting, and the context is pre-service education. Inclusion and exclusion criteria were developed to guide literature selection (see Table 1).

The review aimed to look at the international evidence that could be applied in an Australian context. In Australia, registered nurses are professionals with an Australian Qualifications Framework level 7 qualification (Australian Nursing & Midwifery Accreditation Council, 2019) and thus have a higher level of responsibility to advocate for vulnerable clients and to educate and lead others within the nursing workforce. The registered nurse is similarly regulated internationally in the United States, Canada, and the United Kingdom and Ireland (AHPRA, 2016). The role of the registered nurse in Australia aligns with the International Council of Nurses' (ICN) definition of nurses' function to provide care to individuals, either sick or otherwise, and to promote health, prevent illness, aid recovery, and advocate for their clients (ICN, 1987).

Given that nurses may encounter child maltreatment in any context, and that such encounters can potentially occur very early in a nurse's career, education provided at a pre-service level is the context of this review.

Table 1
Inclusion & Exclusion Criteria.

Inclusion	Exclusion
Inclusion	Exclusion
Relates to legally mandated reporting of child maltreatment (abuse, neglect, etc) by nurses	Abuse/violence against adults or other vulnerable populations
Relates to education of nurses about mandatory reporting and/or child maltreatment.	Mandatory reporting of nurses who breach professional standards
Relates to registered nurses	Not in English
Peer-reviewed	Neglect/abuse by medical practitioner or other professional including medical neglect
Australian and international	Focuses specifically on: Harm/potential harm to unborn child, statutory rape, female genital mutilation, child exploitation, human trafficking, sexual exploitation of children, shaken baby syndrome, and/or Factitious Disorder Imposed on Other (Munchausen's by Proxy).
Education provided at an undergraduate level (Pre-service education)	
Nurses working in various settings – rural, remote, metropolitan, emergency, peri-operative, med/surg, etc....	

Types of sources

This integrative review considered qualitative, quantitative, and mixed-method, peer-reviewed studies, that are written in English language. It includes both Australian and international sources. In the academic literature searched above, peer-reviewed formal reports, text, and opinion papers were also considered for inclusion in this narrative review.

Search strategy

A search of the literature via Medline, EBSCO-Host Health and EmCare databases was undertaken. Google Scholar, a simple Google search and a Scopus search were subsequently completed. Reference lists of highly relevant articles were also searched. Searching was done between 25th June and 7th July 2021. A repeat search on 7th July 2023 located four new records, however all four were excluded due to not meeting inclusion/exclusion criteria. See Table 2 for search results.

Data Extraction

Data were extracted using a modified version of the JBI template source of evidence details, characteristics and results extraction instrument (Francis, 2022). The data are summarized in Table 3.

Table 2
Database Search Results.

Database/Source	Terms searched	Results
Medline (includes MESH headings) 2014 – present	Child abuse.mp.; Education, Nursing, Baccalaureate/ OR Students, Nursing/ OR Nursing Staff, Hospital/ OR Clinical Competence/ OR Education, Nursing, Continuing/; Mandatory Reporting.mp.; Nurs*.mp.	33 relevant articles
Medline (includes MESH headings) 1946 – present	Child Abuse.mp.; Mandatory Reporting.mp.; Nurs*.mp.	97 relevant articles
EBSCO-Host Health	child abuse AND mandatory reporting AND nurs*; Limit to Scholarly (Peer Reviewed) Journals	78 relevant articles
EmCare	Child abuse/; Nurs*.mp.; Mandatory report*.mp.	27 relevant articles
Google Scholar	child abuse AND nurs AND mandatory report	43 relevant articles
Google Search	nurses mandated reporters of child abuse Australia; child protection Australia; nurses and child protection Australia	11 relevant documents
Scopus	child abuse AND nurs AND mandatory report	34 relevant articles

Sample

After removing duplicates and screening titles and abstracts in JBI Sumari, 66 records remained. An additional 28 duplicates were manually removed, followed by the exclusion of 20 records that did not meet the inclusion/exclusion criteria (as outlined in Table 1). Ultimately, 18 records were included in the final review. This process is illustrated in the PRISMA diagram (Fig. 1)

Results

The resultant papers included 7 quantitative studies, 3 qualitative studies, 2 mixed-method studies, 5 literature reviews and 1 peer-reviewed opinion paper, with publication dates ranging from 2005 to 2020. Papers came from Australia ($n = 3$), USA ($n = 3$), Taiwan ($n = 3$), India ($n = 1$), Brazil ($n = 1$), The Philippines ($n = 1$), Iran ($n = 1$), Hong Kong ($n = 1$), Saudi Arabia ($n = 1$), Korea ($n = 1$), UK ($n = 1$), and The Netherlands ($n = 1$).

Text analysis was performed by author S.S. Data were extracted into a table based on the *JBI QARI Data Extraction Tool for Qualitative Research* (Joanna Briggs Institute [JBI], 2014). Each paper was read, and the key findings were extracted into the table. Findings were then summarized to answer the research question, and similar conclusions were grouped into themes.

This review highlights that current pre-service education does not adequately prepare nurses for their role as mandatory reporters of child maltreatment. Multiple studies demonstrate that nurses often lack sufficient knowledge about mandatory reporting obligations and do not feel confident in identifying signs of child maltreatment (Feng & Levine, 2005; Green, 2020; Lee & Kim, 2018; Louwers et al., 2012). Surveys across various studies, including one from the Philippines, found that 60 % of nurses reported receiving no pre-service training on child maltreatment or mandatory reporting (Atencion et al., 2019; Lee et al., 2007). Where education was provided pre-service, nurses were still often found to be uncertain about reporting even when their knowledge of the legal requirements was sound (Eisbach & Driessnack, 2010; Elarousy & Abed, 2019; Lines et al., 2017; Littler, 2018; Piltz & Wachtel, 2009).

In Atencion et al.'s (2019) quantitative study of nurses' intent to report child maltreatment, they found that >54 % of nurses surveyed who suspected child maltreatment did not make a mandatory report due to "feeling uncertain about the evidence" (p.212). This result is mirrored by Bluestone's (2005) assertion that professionals use more subjective factors to guide judgement when they feel evidence of child maltreatment is more ambiguous. Nurses' personal attitudes, experiences, cultural norms, and pre-conceptions play a significant role in their subject judgement of such cases (Bluestone, 2005; Chan et al., 2020; Eisbach & Driessnack, 2010; Elarousy & Abed, 2019; Feng & Levine, 2005; Feng & Wu, 2005).

Table 3
Data Extraction.

Study	Aim	Sample	Method	Major Findings
Algeri & de Souza, 2006 Brazil	Analysis of nurses' involvement with children experiencing maltreatment.	24 articles	Literature review	Nurses lack knowledge and understanding required to recognise and respond to child maltreatment
Atencion et al., 2019 Philippines	Determination of nurses' intentions to report child maltreatment	Convenience sample of 146 paediatric and emergency nurses from 8 public hospitals in one city.	Quantitative Self-report, cross-sectional survey	Nurses have inadequate knowledge, but this does not impact intent to report. Pre-service education suggested.
Azizi & Shahhosseini, 2017 Iran	Review of barriers to health professionals making mandatory reports of child maltreatment	Narrative review of 56 peer-reviewed papers including nurses, physicians and paediatricians.	Narrative literature review	Barriers to health professionals reporting child maltreatment can be summed up as either individual, interpersonal, organisational, or situational barriers. Lack of knowledge an individual barrier.
Bluestone, 2005 USA	An assessment of nursing and education students' personal experiences of punishment in childhood and how this affects their perceptions/understanding of child abuse.	52 education and 28 nursing undergraduate students in New York State prior to completion of child protection module.	Quantitative Self-completed questionnaire.	Mandatory pre-service training for professionals needs to consider various factors and should address participants' perceptions and experience of childhood punishment.
Chan et al., 2020 Hong Kong	An assessment of nurses' knowledge, attitudes, and intent to report child maltreatment, and their perceptions as to whether mandatory reporting should be instituted in Hong Kong.	68 registered nurses working in Hong Kong.	Mixed-methods Cross-sectional survey	Nurses need training around recognising child maltreatment but also need training around attitudes, long-term consequences of "milder" child maltreatment, and changing cultural perceptions of child maltreatment
Eisbach & Driessnack, 2010 USA	Explore paediatric nurses' process of mandatory reporting of child maltreatment	23 nurses including 10 school nurses, 7 paediatric nurse practitioners and 6 paediatric mental health nurse practitioners.	Qualitative Descriptive study using grounded theory	Nurses less likely to identify and report more subtle signs of child maltreatment. More education needed.
Elarousy & Abed 209 Saudi Arabia	Identify barriers to nurses making mandatory reports of child maltreatment	145 nurses working in paediatrics, paediatric surgical, paediatric oncology, paediatric intensive care and paediatric clinics and emergency departments.	Quantitative Structured questionnaire	Training around mandatory reporting and child maltreatment needs to be robust and universally available to all nurses. Expecting nurses to attend non-compulsory training is unreasonable. Even where knowledge of child maltreatment was high, attitudes of nurses towards child maltreatment was a significant barrier to reporting.
Feng & Wu, 2005 Taiwan	To determine factors associated with nurses' intention to report child maltreatment.	1362 nurses working in Taiwan	Quantitative Cross-sectional correlation study in 3 phases. The overarching study was mixed-methods. This article reports on phase three.	Nurses report low knowledge on child maltreatment and reporting and lack of education during pre-service training. Intention to report child maltreatment is strongly influenced by knowledge of child maltreatment and mandatory reporting, but also influenced by attitudes, subjective norms and perceived behavioural control.
Feng & Levine, 2005 Taiwan	To identify factors associated with nurses' intention to report child maltreatment.	1400 RNs in Taiwan	Mixed-methods Cross-sectional study conducted in 3 phases then culminating in a national survey. This article reports on the final stage.	The need for more intensive pre-service and in-service training for nurses around child abuse and reporting of suspected child abuse.
Green, 2020 USA	Examination of barriers to reporting child maltreatment faced by nurses	9 articles	Integrative literature review	Nurses experience several barriers to mandatory reporting of child abuse: 1) inadequacy of education; 2) level of trust (in CP organisation); 3) deferred responsibility and 4) impact on nurse-patient relationship.
Lee & Kim, 2018 Korea	Using the theory of planned behaviour to predict nurses' intention to report child maltreatment	116 nurses across 8 hospital EDs near the capitol of Korea	Quantitative Cross-sectional survey uses the theory of planned behaviour	Education on mandatory reporting and attitude towards child maltreatment were the biggest predictors of reporting in emergency nurses. Many nurses reported low knowledge on mandatory reporting.
Lee et al., 2007 Taiwan	To understand the status of nurses' training on child maltreatment/mandatory reporting and to identify perceptions,	238 RNs from EDs, paediatric units and community centres	Quantitative Self-completed structured survey	Most nurses in Taiwan understand their reporting obligations but very few have any pre-service or in-service training on child

(continued on next page)

Table 3 (continued)

Study	Aim	Sample	Method	Major Findings
	attitudes, and prevention knowledge of child maltreatment.			maltreatment. Many nurses felt they needed more training on child maltreatment and mandatory reporting. Perception was also a key indicator of intent to report. Training should aim at improving perception as well as knowledge and attitudes to child maltreatment.
Lines et al., 2017 Australia	Integrative review of the literature aiming to identify nurses' roles and experiences of keeping children safe.	60 studies	Integrative literature review	Nurses experience barriers to confidence and ability to safeguard children. Nurses feel underprepared to respond to suspicions of child maltreatment.
Littler, 2018 UK	To explore 'perceptions, opinions and experiences of safeguarding education within pre-registration children's nursing curricula'.	9 students undertaking pre-registration training in paediatric/family nursing.	Qualitative Phenomenological study	The participants had a blended approach to education on child maltreatment/mandatory reporting embedded throughout the "child nursing" curricula, however it was identified that that more activities and pedagogical approaches need to be included to adequately prepare nurses for responding to child maltreatment in practice. The author notes also that it was concerning how frequently nursing students came across suspicions/concerns of child maltreatment while on clinical placement.
Louwers et al., 2012 Netherlands	Aim to define facilitators and barriers to screening for child maltreatment.	27 health professionals across 7 hospital EDs. Included 9 senior physicians, 6 members of the hospital board, 6 nurses, and 6 managers. The facilitators/barriers were then presented to 5 child abuse experts for advice.	Qualitative Semi-structured interviews	There are several barriers to recognition of child maltreatment in EDs - including lack of training/education, low motivation of staff, time constraints, high staff turnover and the breadth of presentations to ED.
Nayda, 2005 Australia	Discusses nurses' lack of education around their role as mandatory reporters in Australia	N/A	Discussion	Nurses need to improve their knowledge and understanding of mandatory reporting requirements and the signs of abuse and neglect. They must also influence staff education and policy and protocols to support nurses in their roles as mandatory reporters. Nurses should also aim to work collaboratively with other professionals and organisations to break down barriers to communication between child protection services and healthcare.
Plitz & Wachtel 2009 Australia	To identify barriers that inhibit nurses from making mandatory reports.	17 articles - 5 qual, 9 quant and 3 mixed.	Integrative literature review	That mandatory education for nurses around reporting of child maltreatment and standardized content should be introduced. Further research needs to go into the effectiveness of mandatory education.
Poreddi 2016 India	Assess pre-service nurses' knowledge and attitudes of child maltreatment	158 nursing students	Quantitative Descriptive correlational questionnaire	Supports previous studies that nurses lack skills in identifying child maltreatment and that professional education is inadequate.

Misconceptions about the child protection system and varying attitudes towards child maltreatment still hindered reporting. Nurses were more likely to report cases they deemed "more serious," such as physical or sexual abuse, but were less inclined to report subtler forms like psychological abuse or neglect (Chan et al., 2020; Eisbach & Driessnack, 2010; Elarousy & Abed, 2019; Green, 2020). Uncertainty about the evidence and concerns about the outcomes of reporting, such as child removal, also prevented many nurses from reporting (Azizi & Shahhosseini, 2017; Bluestone, 2005; Eisbach & Driessnack, 2010; Green, 2020; Lee & Kim, 2018). Of note, Lee et al. (2007) state that perceptions, attitudes, and knowledge do not strengthen with experience alone (p.135). Most studies suggest that pre-service education

should address both knowledge gaps and inappropriate attitudes to ensure nurses are better prepared for their mandatory reporting responsibilities (Algeri & de Souza, 2006; Bluestone, 2005; Green, 2020; Lee et al., 2007; Nayda, 2005; Plitz & Wachtel, 2009; Poreddi et al., 2016).

Analysis revealed three key themes: the role of pre-service education, the importance of addressing attitudes and preconceptions, and the need for structured, comprehensive education.

Pre-service education

Fifteen studies concluded that education should be delivered at a pre-service level. These studies originated in Brazil (Algeri & de Souza,

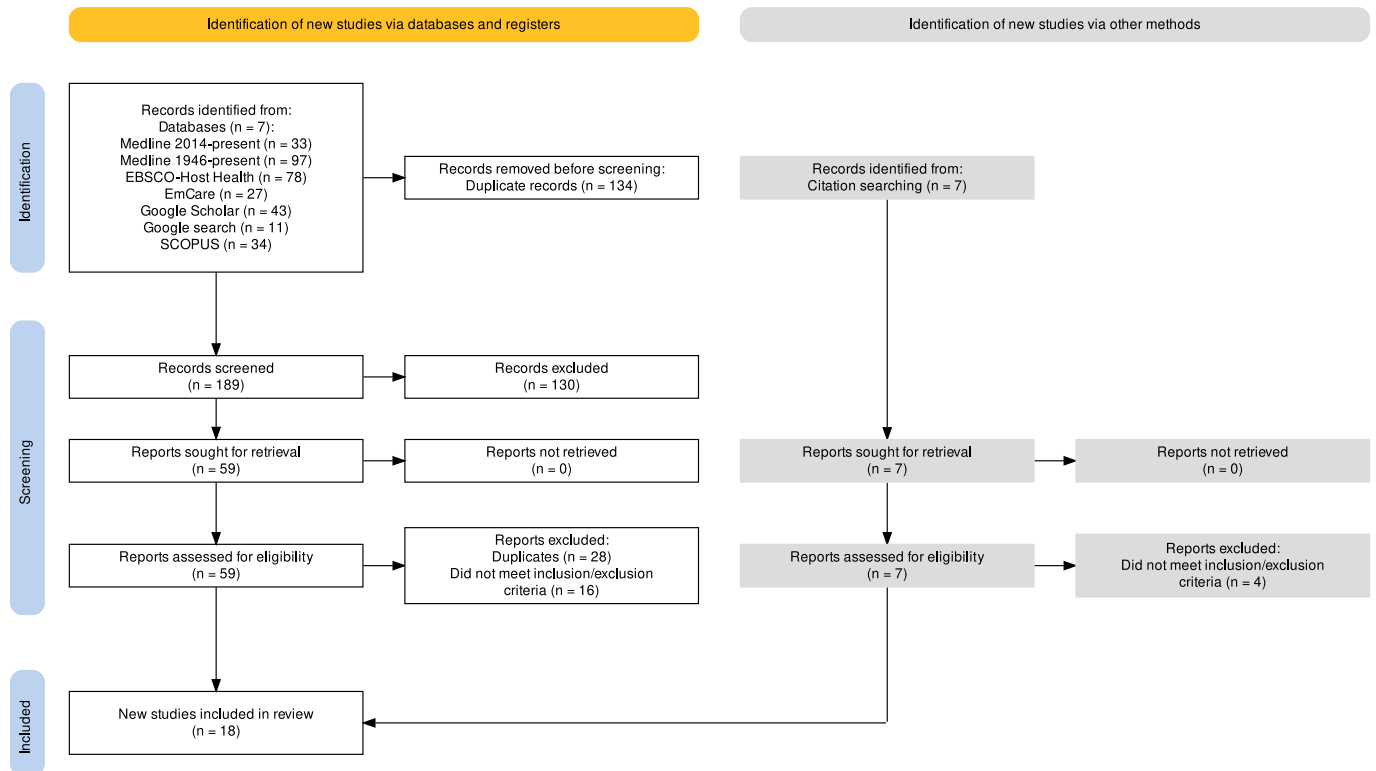


Fig. 1. PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: <https://doi.org/10.1136/bmj.n71>. For more information, visit: <http://www.prisma-statement.org/>

2006), the Philippines (Atencion et al., 2019), the USA (Bluestone, 2005; Eisbach & Driessnack, 2010), Hong Kong (Chan et al., 2020), Saudi Arabia (Elarousy & Abed, 2019), Taiwan (Feng & Wu, 2005; Lee et al., 2007), Korea (Feng & Levine, 2005; Lee & Kim, 2018), the UK (Littler, 2018), the Netherlands (Louwers et al., 2012), Australia (Nayda, 2005; Piltz & Wachtel, 2009), and India (Poreddi et al., 2016). Six were qualitative, seven were quantitative, and two used mixed-methods.

Pre-service education can be standardized, evaluated, and provide opportunities for assessment and practical application of skills and knowledge that are not always practicable during in-service education (Green, 2020; Littler, 2018; Piltz & Wachtel, 2009). It also provides opportunities for participants to address attitudes and perceptions around mandatory reporting and child maltreatment (Bluestone, 2005; Lines et al., 2017). Delivering such education in the pre-service setting also prevents nurses from missing out on training due to such barriers as scheduling conflicts, time pressures, and motivation (Elarousy & Abed, 2019; Lee et al., 2007; Louwers et al., 2012).

The results of Poreddi et al.'s (2016) descriptive questionnaire of Indian nursing students led the author to conclude that nurses require education on mandatory reporting to be in pre-service education. Littler (2018) agrees, adding that such education would support nursing students, given that their phenomenological study demonstrates there is a high occurrence of nursing students encountering suspicions of child maltreatment whilst on clinical placements.

Pre-service training provides appropriate knowledge and skills to nursing students to prepare them for clinical placement and early post-graduate practice, as it has been noted cases of child maltreatment may be encountered during any stage of nursing practice (Atencion et al., 2019; Littler, 2018). Providing education during pre-service courses also means RNs receive the same training, regardless of work context, and removes common barriers that prevent RNs from attending in-service education such as accessibility, time constraints, staff

turnover, and low motivation to learn (Elarousy & Abed, 2019; Louwers et al., 2012). Elarousy and Abed (2019) found in their Saudi Arabian study that RNs will not attend non-compulsory in-service training due to their busy schedules.

Lee and Kim (2018) noted in their cross-sectional study of Korean nurses that pre-service education on child maltreatment and mandatory reporting provides an opportunity to instil a sense of professional responsibility to report child maltreatment as a social issue. Algeri & de Souza's literature review came to a similar conclusion, with the authors stating that pre-service education would prepare nurses to identify and respond to child maltreatment.

Nurses need opportunities to address attitudes and preconceptions and for practical application of knowledge and skills in simulation. Education in the pre-service setting would be better equipped to provide such education (Lee et al., 2007; Littler, 2018; Piltz & Wachtel, 2009). The literature advocates for nurses to be given experience in recognising child maltreatment via use of case studies or vignettes and through simulation (Piltz & Wachtel, 2009; Poreddi et al., 2016). Short training sessions are inadequate to address all barriers and complexities around mandatory reporting of child maltreatment (Bluestone, 2005; Littler, 2018).

Addressing attitudes and preconceptions

Almost all papers ($n = 17$) discussed the need for education to address nurses' attitudes and preconceptions about child maltreatment and mandatory reporting of child maltreatment. These included papers from Australia (Lines et al., 2017; Nayda, 2005; Piltz & Wachtel, 2009), USA (Bluestone, 2005; Eisbach & Driessnack, 2010; Green, 2020), Taiwan (Feng & Levine, 2005; Feng & Wu, 2005; Lee et al., 2007), Saudi Arabia (Elarousy & Abed, 2019), the Netherlands (Louwers et al., 2012), India (Poreddi et al., 2016), Korea (Lee & Kim, 2018), Iran

(Azizi & Shahhosseini, 2017), the Philippines (Atencion et al., 2019), Brazil (Algeri & de Souza, 2006), and Hong Kong (Chan et al., 2020), and included 8 qualitative studies, 7 quantitative studies, and 2 mixed-method studies.

Chan et al. (2020) found in their cross-sectional survey of Hong Kong nurses' knowledge, attitudes, and intent to report child maltreatment that most RNs believed that reports resulted in the child being removed from the family and feared the consequences of families being broken up more than the consequences of child maltreatment. They emphasised the need for attitudes and misconceptions to be addressed in pre-service education. Feng and Wu (2005) had similar findings in their study in Taiwan. Similarly, studies in Saudi Arabia and Australia identified themes about RNs' attitudes to and perceptions about child maltreatment and mandatory reporting, which reduced the likelihood of them making reports, and thus needing to be addressed in pre-service education (Elarousy & Abed, 2019; Lines et al., 2017; Nayda, 2005). Consistently, RNs' individual attitudes, perceptions, and experiences around child maltreatment and mandatory reporting were found to hinder their willingness to report (Chan et al., 2020; Elarousy & Abed, 2019; Feng & Wu, 2005; Lee et al., 2007; Lines et al., 2017; Nayda, 2005).

Lee and Kim's (2018) cross-sectional survey in Korea found that those participants in their study who had more positive attitudes to mandatory reporting were more likely to report child maltreatment. Many of the nurses in their study believed mandatory reporting would not help the child. Perceptions that child maltreatment was a "family issue" (p. 39) were also prevalent and hindered reporting. This was also supported by the results of a previous survey by Lee et al. (2007) that demonstrated that accurate perceptions about child maltreatment are a strong indicator for nurses' reporting behaviour. They also found that perceptions, attitudes, and knowledge did not strengthen with experience and concluded that education on this topic must include opportunities for discussion and hone clinical problem-solving skills.

Studies from Saudi Arabia, Korea, Taiwan, and Hong Kong found that nurses expressed that they felt that it was up to the individual family to decide how to discipline their child and thus were reluctant to report (Chan et al., 2020; Elarousy & Abed, 2019; Feng & Levine, 2005; Feng & Wu, 2005; Lee & Kim, 2018). Several authors theorised that this was because of collectivist societal norms within these specific cultures. Examples include the Chinese concept of filial piety which is often instilled via physical punishment (Ho, 1996, in Feng & Levine, 2005), deeming public shaming as acceptable punishment for children and having low regard for children's self-esteem (O'Brian, Chung & Rhind, 1997, in Chan et al., 2020), and Arabic cultural norms that accept physical punishment of children (Elarousy & Abed, 2019). Other perceptions that reduced the likelihood of nurses reporting included differing opinions on what constitutes child maltreatment, which may be influenced by their own childhood experiences as well as culture (Bluestone, 2005; Eisbach & Driessnack, 2010; Lines et al., 2017). As Lines et al. (2017) found, nurses' decisions about whether to report suspicions of child maltreatment were closely influenced by their own beliefs about what constitutes abuse and neglect. Authors emphasised the necessity for these attitudes to child maltreatment to be addressed early in a nurse's career, in pre-service education (Bluestone, 2005; Chan et al., 2020; Elarousy & Abed, 2019).

Lack of faith in the child protection system was also noted as a common perception held by nurses. Plitz & Wachtel's (2009) literature review found that nurses often believed child protection services were inadequate. In Lee & Kim's cross-sectional survey of Korean nurses, many nurses reported that they felt mandatory reporting would not help the child. Green's (2020) literature review found that there was a general distrust of handing cases over to child protection services and concerns about continuity of care and the nurse-patient relationship. Fears of damaging the nurse-patient relationship were also raised by

nurses in other studies (Chan et al., 2020; Elarousy & Abed, 2019; Feng & Wu, 2005).

Other attitudes and perceptions commonly held by nurses that hindered reporting include empathy for the parents over the children and mistaken understanding of the impacts of less severe or more subtle forms of maltreatment. Azizi and Shahhosseini's (2017) literature review found that nurses were less likely to report maltreatment that was considered less severe. Chan et al.'s (2020) cross-sectional survey supported this finding adding that sexual and physical abuse was more likely to be reported, and that neglect was often forgiven due to the excuse of parents being busy. One participant in Eisbach & Driessnack's qualitative, descriptive study was quoted as voicing their concerns and potential guilt if their reporting led to the child being removed from the family. This belief that mandatory reporting invariably resulted in the child being removed from the family was also prevalent (Chan et al., 2020; Green, 2020; Piltz & Wachtel, 2009).

Structured, comprehensive education

The majority of papers ($n = 17$) discussed the inadequacies of education as a factor that prevented nurses from making reports. Eight qualitative studies, seven quantitative studies, and two mixed-methods studies identified and/or discussed this theme. Studies originated from Brazil (Algeri & de Souza, 2006), the Philippines (Atencion et al., 2019), Iran (Azizi & Shahhosseini, 2017), the USA (Bluestone, 2005; Eisbach & Driessnack, 2010; Green, 2020), Hong Kong (Chan et al., 2020), Saudi Arabia (Elarousy & Abed, 2019), Taiwan (Feng & Levine, 2005; Feng & Wu, 2005; Lee et al., 2007), Korea (Lee & Kim, 2018), Australia (Lines et al., 2017; Piltz & Wachtel, 2009), the UK (Littler, 2018), the Netherlands (Louwers et al., 2012), and India (Poreddi et al., 2016).

Littler's (2018) phenomenological study and Lines et al.'s integrative review (2017) both differentiated between structured 'education' and informal 'training'. Lines et al. acknowledged that these terms were often used interchangeably, but Littler considered 'education' and 'training' to mean different things. A clear differentiation between the two terms was not found in the literature. According to Littler (2018), education and training on child maltreatment and mandatory reporting go "hand-in-hand" (p. 29) and should be structured and underpinned by pedagogy to provide a foundation of critical thinking and reflection skills. RNs should have specific knowledge on recognising forms of child maltreatment, build advanced cognitive skills, and develop the ability to critically analyse and reflect on their own attitudes and pre-conceptions (Algeri & de Souza, 2006; Bluestone, 2005; Lines et al., 2017). Research from Iran highlighted the need for robust vocational education to address barriers to RNs reporting (Azizi & Shahhosseini, 2017). Researchers from the Philippines also argued that the training RNs received was not sufficient to address barriers to reporting. RNs in their study scored well on knowledge questions but remained unlikely to report their suspicions due to a lack of confidence (Atencion et al., 2019).

Nurses' knowledge and skills around detecting and reporting child maltreatment were reported to be lacking, even though some have had in-service training on the topic (Atencion et al., 2019; Chan et al., 2020; Elarousy & Abed, 2019; Feng & Wu, 2005; Green, 2020; Lee & Kim, 2018; Nayda, 2005; Piltz & Wachtel, 2009). Brief in-service training – training provided during work time to already qualified professionals – is not comprehensive enough, nor pedagogically sound enough, to address attitudes and perceptions and to develop the critical thinking skills required to recognise and respond to child maltreatment concerns (Atencion et al., 2019; Azizi & Shahhosseini, 2017; Green, 2020; Lee et al., 2007; Littler, 2018; Plitz & Wachtel, 2009; Louwers et al., 2012). Many RNs reported they had insufficient pre-service training or education to support them as mandatory reporters (Atencion et al., 2019; Chan et al., 2020; Feng & Wu, 2005; Lee et al., 2007; Lee & Kim, 2018).

Nurses' lack of confidence and uncertainty in identifying child maltreatment, especially more subtle signs of neglect and psychological abuse, was identified in multiple studies as a barrier to nurses completing mandatory reports (Atencion et al., 2019; Azizi & Shahhosseini, 2017; Bluestone, 2005; Eisbach & Driessnack, 2010; Feng & Wu, 2005; Feng & Levine, 2005; Green, 2020; Lee & Kim, 2018; Lines et al., 2017; Piltz & Wachtel, 2009). In their literature review, Azizi and Shahhosseini (2017) asserted that pre-service education should be developed to address nurses' uncertainty around making reports of child maltreatment. Results from Bluestone's (2005) cross-section questionnaire of pre-service nurses in the USA indicate that the one-hour course provided to students about mandatory reporting and child maltreatment was insufficient to address the full complexity of the topic of child maltreatment and when mandatory reporting is required. Bluestone called for more comprehensive education that addresses multiple barriers. Chan et al. (2020) made similar conclusions based on the results of their mixed-methods study of Hong Kong nurses, as did Eisbach and Driessnack (2010) based on their qualitative, descriptive study.

Education on mandatory reporting and child maltreatment was argued to need inclusion of content on the process of mandatory reporting, legal aspects, nurses' professional responsibilities, comprehensive identification of signs of maltreatment, opportunities to put skills and knowledge into practice, and opportunities to address attitudes and perceptions that may prevent reporting (Azizi & Shahhosseini, 2017; Bluestone, 2005; Chan et al., 2020; Eisbach & Driessnack, 2010; Elarousy & Abed, 2019; Feng & Wu, 2005; Feng & Levine, 2005; Lee et al., 2007; Lines et al., 2017; Littler, 2018; Poreddi, 2016).

Discussion

If the child protection system is to be effective, it requires participation of nurses as mandated reporters to recognise and respond to suspicions of child maltreatment (Mathews et al., 2023b). Nurses have a professional, ethical, and legal responsibility to respond to suspicions of child maltreatment. If education can improve nurses' skills in recognising child maltreatment and their confidence in reporting, then there is an obligation for nursing educational institutions to implement appropriate education. As affirmed in the "Call to Action" from *The Australian Child Maltreatment Study* (Mathews et al., 2023b), "key stakeholders need support to enable appropriate responses to child maltreatment. For example, health practitioners require pre-service training and ongoing education to identify and treat maltreatment" (p.S49).

Pre-service education offers a chance to influence nurses' attitudes and perceptions about the impacts of child maltreatment and build their knowledge on the way that the child protection system works (Nayda, 2005; Piltz & Wachtel, 2009; Poreddi, 2016; Green, 2020). If nurses understand early on that child protection services are non-punitive and aim to provide support rather than remove children from their families, this will allay some of the fears nurses have that prevent them from reporting (Eisbach & Driessnack, 2010; Elarousy & Abed, 2019). This provides a strong foundation of knowledge early in a nurse's career that can be built upon as they gain experience.

A salient example is the propensity for neglect and psychological abuse to be underreported (Kumari, 2020). Signs for these types of maltreatment are often subtle, so nurses are uncertain as to the need to report (Eisbach & Driessnack, 2010; Green, 2020; Kumari, 2020). There is also a perception that neglect and psychological abuse are less harmful to the child (Azizi & Shahhosseini, 2017; Chan et al., 2020). Empathy for the parents who are unintentionally neglecting a child due to their circumstances also prevents reporting (Chan et al., 2020; Eisbach & Driessnack, 2010). Nurses must employ a child-centred approach that prioritises children's experiences and recognises the power imbalance between the child and parent or caregiver (Lines et al., 2020a, 2020b).

Ultimately, keeping children safe and reducing the impact of maltreatment on their wellbeing is the key goal of mandatory reporting. This goal is not met when nurses are reluctant to make reports. Nurses who lack confidence to identify and respond to child maltreatment or who have misconceptions about the nature and impact of abuse are not making reports (Atencion et al., 2019; Azizi & Shahhosseini, 2017; Feng & Wu, 2005; Lavigne et al., 2017). When nurses don't report suspicions of child maltreatment, children continue to experience harm. This has negative effects on the child and on society.

The Australian Childhood Maltreatment Study (Mathews, Pacella, et al., 2023) has recently highlighted the life-long impacts of child maltreatment. The study found that over a quarter (28.5 %) of participants aged 16–65+ years old reported experiencing child maltreatment, and two fifths (39.4 %) experienced more than one type of harm. The study also demonstrated associations between a history of experiencing child maltreatment and prevalence of mental health disorders, risk-behaviours, and increased health service use throughout the life course. These long-term impacts underline the importance of prevention, early detection, and intervention to reduce the short-term and life-long impacts of child maltreatment (Mathews, Thomas, & Scott, 2023).

Mandatory reporting has been a feature of many countries' child protection systems for decades (Mathews, 2015). Nurses are included as mandatory reporters due to their knowledge and opportunities for contact with children and families throughout the life course. Other professions, such as teachers, have made changes to the way they are educated about child maltreatment but nursing education seems to have stagnated (Mathews et al., 2017 in Walsh et al., 2023).

Education for nurses on mandatory reporting of child maltreatments needs to be improved. The literature has been calling for more comprehensive and robust education on this topic for over twenty years, yet little has changed. While there is evidence that some education programs address one or two of the aforementioned requirements, this review strongly evidences the need for all three components to be included in education for nurses to effectively address barriers to reporting. Education for nurses on mandatory reporting must address attitudes and perceptions; must be structured and comprehensive; and must be delivered pre-service.

Future research needs to investigate if and when these three components of education are being implemented and evaluate the effectiveness of such programs. Complacency when it comes to the safety of children is inexcusable. The nursing profession has an obligation to move forward to refine and evaluate how education on child maltreatment is delivered and how nurses are supported to build knowledge and skills and address attitudes and preconceptions. While nurses are not the only professionals who are mandated reporters, they have an obligation to improve their reporting or else the identification of child maltreatment will continue to be underreported and incomplete.

Limitations

- Different countries have different education requirements for registered nurses and differing legislation and definitions for child maltreatment, which may limit generalisability.
- Some relevant studies also included professionals other than nurses and their perspectives may not align with nurses in all cases.
- Rigor could have been improved using a validated tool to evaluate the articles' quality.

Conclusions

When nurses do not report their suspicions of child maltreatment, children suffer the consequences. Nurses need support, particularly in the form of education, to be able to fulfil their professional, ethical,

and legal obligations to identify and respond to suspicions of child maltreatment. Nursing education on mandatory reporting of child maltreatment should provide opportunities to address attitudes and perceptions; should be build on structured and comprehensive education about detecting and responding; and should be delivered to all nurses in their pre-service training. Research needs to investigate and evaluate whether educational programs are meeting these requirements and whether it is effective at preparing nurses to meet this obligation.

CRediT authorship contribution statement

Sarah Stenson: Writing – review & editing, Writing – original draft, Formal analysis, Data curation, Conceptualization. **Alison Hutton:** Writing – review & editing, Supervision. **B.E. Angela Fenton:** Writing – review & editing, Supervision. **Julian Grant:** Writing – review & editing, Supervision.

Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this work the author(s) used ChatGPT in order to improve readability of some sections. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the published article.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:
All authors declare no conflicts of interest.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.pedn.2025.01.024>.

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