

Mandatory Reporting of Child Maltreatment

A Bibliography



May 2021

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Preferred citation: National Children’s Advocacy Center. (2021). Mandatory Reporting of Child Maltreatment: A Bibliography. Huntsville, AL: Author.

This project was supported by a grant awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Scope

This bibliography lists citations and abstracts to research literature focusing upon a wide range of mandatory reporting topics. This bibliography is not comprehensive. Included are English language, including International publications. Links to full text publications are provided when possible.

Organization

Publications are divided into three sections: educators (page 4), other professionals (page 20), and law (page 49). Publications in each section are listed in date-descending order. Author abstracts are provided unless otherwise noted.

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Mandatory Reporting of Child Maltreatment

A Bibliography

Educators

Humphreys, K. L., Piersiak, H. A., Panlilio, C. C., Lehman, E. B., Verdiglione, N., Dore, S., & Levi, B. H. (2021). A randomized control trial of a child abuse mandated reporter training: Knowledge and attitudes. *Child Abuse & Neglect*, 117. <https://doi.org/10.1016/j.chiabu.2021.105033>

Despite being well-positioned to identify maltreatment in the children that they provide care for and being legally required to report suspected child maltreatment, early childhood professionals (ECPs) make a limited proportion of reports to child protective services. It is critical to identify evidence-based interventions to improve the reporting practices of this group of mandated reporters allowing for the better protection of children from maltreatment. The goal of the present study was to determine if iLookOut, an online child abuse identification and reporting training for ECPs, results in differential gains in knowledge and attitudes towards child abuse and its reporting among ECPs, as compared to an online standard training. Both interventions were completed online by participants recruited from licensed child care programs in Southern Maine from October 2017 to January 2020. Eligibility criteria included being at least 18 years of age, English-speaking, and working as paid or volunteer staff at a licensed child care program taking care of children 5 years of age or younger. Of the 1152 enrolled individuals, 1094 provided complete pre- and post-intervention data. A randomized controlled trial comparing iLookOut with an online standard training. ECPs who completed iLookOut significantly outperformed those who completed Standard mandated reporter training in terms of both knowledge ($d=1.09$ vs. 0.67) and attitudes ($d=0.67$ vs. 0.54) relative to pre-test scores. iLookOut is a promising candidate for widespread use in meeting the need for evidence-based training on child abuse and its reporting.

Bourke, A., & Maunsell, C. (2016). [‘Teachers matter’: The impact of mandatory reporting on teacher education in Ireland](https://doi.org/10.1002/car.2379). *Child Abuse Review*, 25(4), 314-324. <https://doi.org/10.1002/car.2379>

The role of teachers in safeguarding the welfare of children is long acknowledged. However, recent research in Ireland found that the training provided to teachers on child protection issues was

lacking (Buckley and McGarry, 2011). The frequent interactions that teachers have with children and their expertise in terms of typical child development place them in an ideal position for identifying possible signs of abuse. Yet despite this advantage, research indicates that schools fail to report a substantial proportion of suspected child abuse cases (Kenny, 2004). The oft-cited reasons for this may be conceptualised as: explicit reasons, such as a lack of knowledge about child abuse issues; and implicit reasons, such as the individual teacher's belief system about abuse. The current paper discusses implicit as well as explicit obstacles to teachers' 'engagement' with, and consequent barriers to their responding to, child protection issues. The current changes in initial teacher education and the introduction of mandatory reporting for professionals in Ireland, offer an opportune time to raise this issue and highlight the need for holistic education in child protection for teachers. Copyright © 2015 John Wiley & Sons, Ltd.

Dinehart, L., & Kenny, M. C. (2015). Knowledge of child abuse and reporting practices among early care and education providers. *Journal of Research in Childhood Education*, 29(4), 429-443.

This study sought to assess child abuse knowledge and reporting practices of a diverse sample of early care and education (ECE) practitioners. One hundred and thirty-seven practitioners in the state of Florida completed the *Early Childhood Educators Child Abuse Questionnaire*. Results revealed that only a minority of participants have been involved in making child abuse reports. Although most reported receiving training in child maltreatment, many still were unsure of legal requirements of reporting. Responses to vignettes of potential abuse revealed a tendency to report to school administration more often than reporting directly to authorities. On a test of child abuse knowledge, the majority of the respondents demonstrated a fair level of knowledge. Recommendations for future research involving ECE administrators are suggested.

Goldman, J. D., & Grimbeek, P. (2015). Preservice teachers' sources of information on mandatory reporting of child sexual abuse. *Journal of Child Sexual Abuse*, 24(3), 238-258.

Teachers in many countries are mandated by law, professional codes, or education authorities to report child abuse and neglect, including child sexual abuse. However, teachers may not receive adequate preparation for such sensitive interventions, as preservice teacher education degrees

provide very few or no compulsory courses on child protection and crucially related, lifelong health and well-being issues. So, where do preservice teachers source their information regarding the mandatory reporting of such abuse? This research examines preservice teachers' professional university education for their sources of information about mandatory reporting and child sexual abuse. A sample cohort of 56 final 4th-year university bachelor of education (primary school) student teachers in Australia identified the sources they used regarding 10 important aspects of child protection. The results suggest that most did not learn about mandatory reporting or child sexual abuse, and others cited sparse and sporadic public media as their primary information source. These findings, building on previous evidence about inadequate or nonexistent preservice mandatory intervention courses in primary teacher education, may guide the design of appropriate training responses enhancing educational professionals' knowledge, competencies, skills, and efficacies as mandatory reporters of child sexual abuse.

Goldman, J. D., & Grimbeek, P. (2015). Socio-praxis preferences in teacher preparation for child sexual abuse and its mandatory reporting. *Pastoral Care in Education, 33*(1), 20-32.

Child abuse and neglect, particularly child sexual abuse, is a pastoral care issue that deeply concerns all education professionals. The literature strongly supports specific training for preservice teachers about child sexual abuse and its mandatory reporting, although few studies identify how such training should be academically structured. Experiential theory suggests that learning, at any age, is greatly enhanced when students experience content in practice, rather than abstractly as lectures or handouts, and that consideration of students' needs, interests and preferences greatly enhances their engagement and learning outcomes. This study gathers and explores quantitative and qualitative data on the specific preferences that primary and secondary school student-teachers ($N = 321$) have for a pre-service course on child sexual abuse and mandatory reporting, considering factors, including duration, timing, mode, academic value, size and integration. Results show that student-teachers want more content regarding child sexual abuse than they currently get, they want it to be integrated with early experiential in-school learning, and they want it delivered just before their first block of practice teaching in schools. These findings support pre-service implementation of specific, engaging, socio-praxis learning experiences that accommodate student-teachers' expressed needs and preferences, and so may be used to guide the

planning and configuration of a dedicated course regarding child sexual abuse and its mandatory reporting.

Lusk, V. L., Zibulsky, J., & Viesel, K. (2015). Child maltreatment identification and reporting behavior of school psychologists. *Psychology in the Schools, 52*(1), 61-76.

A majority of substantiated maltreatment reports are made by educators and thus, teacher knowledge of child maltreatment reporting mandates and reporting behavior has been a focus of research. The knowledge and behavior of school psychologists, however, has not received similar attention. This study investigated the child maltreatment reporting behavior and knowledge of school psychologists. Practicing school psychologists ($N = 274$) responded to scenarios from the *Crenshaw Abuse Reporting Survey—Form S (CARS-S)* that required respondents to recognize reportable child maltreatment and answer factual questions regarding the reporting mandate. A significant correlation was found between school psychologists' accuracy in deciding whether to report and their overall knowledge of the reporting mandate. Results highlight the knowledge and behavior of school psychologists working in varied settings when presented with cases focused on differing types of maltreatment issues. Practical implications for school psychology practice and training are discussed.

Goldman, J. D., & Grimbeek, P. (2014). Child sexual abuse and mandatory reporting intervention preservice content preferred by student teachers. *Journal of Child Sexual Abuse, 23*(1), 1-16.

The importance of preservice university teacher training about child sexual abuse and its mandatory reporting intervention is addressed in educational literature, although very little is known about student teachers' learning interests and preferences in this area. In this article, student teachers refer to students in university who are training to become teachers whose training includes teaching experiences in schools. This study examines the content about child sexual abuse and its intervention that student teachers believe they should learn. Results based on quantitative analyses show the relative importance of gender in determining responses to questions about university training and, to a lesser extent, the importance of a previous acquaintance with victims of sexual abuse, previous employment, and the length of the university course. Results based on qualitative data show that content knowledge preferred by elementary/primary and secondary school student

teachers includes the teacher's role in mandatory reporting of child sexual abuse and signs, experiences, and responses to student disclosure. Student teachers prefer content examples of school professionals' responses and procedures after disclosure and prefer direct learning content from intervening school professionals. These outcomes could usefully guide teachers and educators who design intervention curricula on child sexual abuse for preservice teachers.

King, C. B., & Scott, K. L. (2014). Why are suspected cases of child maltreatment referred by educators so often unsubstantiated?. *Child Abuse & Neglect*, 38(1), 1-10.

School professionals have a unique vantage point for identifying child maltreatment and they are a frequent source of referral to child protective services. Disturbingly, past studies have found that maltreatment concerns reported by educators go unsubstantiated by child protective services at much higher rates than suspected maltreatment reported by other professionals. This study explores whether there are systematic differences in the characteristics of cases reported by educators as compared to other professionals and examines whether such variation might account for differences in investigation outcome. Analyses were based on 7,725 cases of suspected maltreatment referred by professionals to child protective services from the Canadian Incidence Study of Reported Child Abuse and Neglect - 2003 a national database on the characteristics of children and families investigated by child protective services. School professionals were responsible for 35.8% of professional referrals. Reports by educators were much more likely to be unsubstantiated (45.3%) than those by other professionals (28.4%) in subsequent child protective investigation. Cases reported by educators were found to contain significantly more child risk factors (e.g., child emotional and behavioural problems) and fewer caregiver and family risk factors (e.g., caregiver mental health problem, single parent family) than cases reported by other professionals. Even controlling for these differences, educator-reported concerns were still 1.84, 95% CI [1.41, 2.40] times as likely to be unsubstantiated as reports from other professionals. Contrary to the notion that educators are mostly reporting non-severe cases, suspected/substantiated cases reported by school professionals were more likely to be judged as chronic and more likely to involve families with a previous child protection history. Results are concerning for the capacity of the education and child protection systems to work together to meet their shared goal of promoting healthy child development. Additional research is needed on the way in which child risks and problems influence child protective service, particularly in the context

of chronic abuse and neglect and lack of availability of child and family mental health interventions. Potential problems with credibility of school professionals as reporters of child maltreatment concerns also warrant further investigation.

Krase, K. S. (2013). Educational personnel as reporters of suspected child maltreatment. *Children & Schools, 35*(3), 147-154.

In the United States, reports of suspicions of child maltreatment to Child Protective Services (CPS) are more likely to come from educational personnel than from any other professional or nonprofessional reporting source. However, research consistently raises concerns as to the quantity and quality of reports by this important community resource. The study reported in this article examined reports made by schools to CPS, comparing reports from educational personnel across states. Study findings are provided visually through maps using geographic information systems technology. The findings suggest that training efforts need to be evidence based and locally focused to effectively improve the ability of educational personnel to make reports that protect children and assist families in need.

Goldman, J. D. G., & Grimbeek, P. (2011). Sources of knowledge of departmental policy on child sexual abuse and mandatory reporting identified by primary school student-teachers. *Educational Review, 63*(1), 1-18

The introduction of a Department of Education policy on child sexual abuse and mandatory reporting is significant for school teachers. The mandatory reporting of child sexual abuse by school teachers carries wide-ranging and significant implications for the lives of school-aged children, and for the teachers who must implement the policy's requirements, processes and procedures. There is very little literature on student-teachers' pre-service knowledge about such a mandate. Most student-teachers do not receive compulsory university training in Child Protection and its legal requirements. This study audits an Australian cohort of 56 Bachelor of Education (BEd) primary school student-teachers in their final fourth year, on the sources of the professional knowledge they garnered during those four years concerning the Department of Education's policy on child sexual abuse and its mandatory reporting. The results show that such sources of knowledge that were available to student-teachers during their BEd were incidental, sparse and sporadic. These results are cause for concern; however, they may be used to help educators and

curriculum planners design effective, appropriate and compulsory pre-service training for student-teachers.

Bryant, J. K., & Baldwin, P. A. (2010). School counsellors' perceptions of mandatory reporter training and mandatory reporting experiences. *Child Abuse Review, 19*(3), 172-186.

The purpose of this study was to examine child abuse reporting by a national sample of school counsellors in the United States. The qualitative results from a large mixed methods study incorporating both quantitative and qualitative strands are presented. Participants were asked to comment on past child abuse training, noting the areas of training they found most beneficial and areas where they desired additional training. Participants were also afforded the opportunity to make any general comments regarding their perceptions of the current mandatory reporting legislation and their experiences of reporting child abuse. Results showed that while many school counsellors felt past training on mandatory reporting legislation and identifying types of abuse was helpful, they identified a need for additional training in identifying emotional and sexual abuse, and supervisory neglect (i.e. lack of supervision by a parent or caretaker producing potential injury or harm to the child). They also desired more training regarding working with children and families affected by child abuse. Four themes emerged from the open question. The first theme illuminated concerns regarding the effectiveness of the mandatory reporting process while the second theme was equally negative, with counsellors sharing many frustrations about their working relationship with child protection services. Additional themes related to their reporting experiences and specific challenges embedded in the school context, such as dealing with parents following a report, difficulty getting adolescent reports investigated and working with school personnel to ensure that reporting responsibilities were understood and followed. Copyright. © 2009 John Wiley & Sons, Ltd.

Smith, M. C. (2010). Early childhood educators: Perspectives on maltreatment and mandated reporting. *Children and Youth Services Review, 32*(1), 20-27.

This study examined knowledge of maltreatment issues of 141 early care and education (ECE) providers who are mandated reporters. Participants rated the importance of factors for determining maltreatment, indicated whether a hypothetical act was maltreatment, and whether they would

report that incident. Participants emphasized the importance of actual harm and sexual acts for determining child maltreatment, but rated potential for harm as less important relative to studies of other mandated reporters. The results also suggested that participants hold similar beliefs about what constitutes maltreatment (neglect) as K-8 teachers. Unlike their K-8 counterparts, participants placed more emphasis on sexual abuse and less emphasis on physical abuse. Finally, consistent with findings from studies of K-8 teachers, participants were more likely to say they would report an incident when they were personally more certain the act was abuse.

Goldman, J. D., & Grimbeek, P. (2009). How university student-teachers for primary school learn about Department of Education Policy on child sexual abuse, and mandatory reporting: The sources of their professional information. *Higher Education*, 58(2), 221-239.

Many regional and local Departments of Education in many countries now require their primary school teachers to be mandatory reporters of child sexual abuse. However, many student-teachers are not provided with courses on child protection and its policy requirements during their pre-service university education. So, how do student-teachers source, and develop, their professional information about this important role? This study examines an Australian university cohort of final 4th year bachelor of education primary school student-teachers, asking them to identify and clarify the nature of any relevant professional information they accessed over the 4 years of their teacher education. The results show that, in the absence of formal child protection courses, such professional information was scarce and sporadic. Student-teachers consistently indicated a pattern of not learning about essential Department of Education policies and procedures whilst at university. These results, although disappointing, provide a rationale for university curriculum planners to design appropriate pre-service university training courses that initiate, develop, and enhance student-teachers' professional competencies as mandated reporters of child sexual abuse.

Greytak, E. A. (2009). [Are teachers prepared? Predictors of teachers' readiness to serve as mandated reporters of child abuse.](#) (2009). *Publicly accessible Penn Dissertations*. Paper 57.

Findings from this study suggest that many teachers are not equipped for their role as mandated reporters. Yet, the findings also suggest that providing information about mandated reporting or child abuse is not sufficient for ensuring compliance with mandated reporting laws. Further

experimentation in practice and additional research is needed to identify factors that promote the reporting of educators' suspicions of child abuse to child protective services.

Goebbels, A. F. G., Nicholson, J. M., Walsh, K., & De Vries, H. (2008). [Teachers' reporting of suspected child abuse and neglect: Behaviour and determinants.](#) *Health Education Research, 23*(6), 941-951.

By reporting suspected child abuse and neglect, teachers can make an important contribution to the early detection and prevention of abuse. However, teachers are sometimes reluctant to report their suspicions. This study investigated the determinants of teachers' reporting behaviour using concepts from the Integrated Change Model. Self-report data were collected from 296 teachers employed in 15 Australian schools. Compared to their colleagues, teachers who had never suspected child abuse or neglect (non-detectors, N=57, 19%) were more likely to have a lower confidence in their skills for recognising the signs of abuse, a higher degree of perceived social support regarding reporting, less years teaching experience and lower academic qualifications. Among those who had suspected cases of child abuse or neglect (N=239, 81%), teachers who always reported their suspicions (consistent reporters, 82%) were more likely to have firm action plans about reporting and detecting signs of CAN than teachers who did not always report their suspicions (inconsistent reporters, 18%). While only a small proportion of the variance in detection and reporting status was explained, the results illustrate the utility of health promotion theory and methods for improving our understanding of these behaviours.

Hinkelman, L., & Bruno, M. (2008). Identification and reporting of child sexual abuse: The role of elementary school professionals. *The Elementary School Journal, 108*(5), 376-391.

The purpose of this article is to summarize aspects of theory and research on child sexual abuse that suggest best practices for identifying and addressing abuse involving elementary school children. Teachers and school counselors often have the most interaction with children this age, yet they may feel inadequately prepared to intervene effectively and appropriately. We discuss research on the profiles of sexually abused children and the effects of abuse on the self-concept and the interpersonal and academic well-being of children. The profiles indicate that sexually abused youth are often victims between the ages of 8 and 12 years, have been victimized multiple times, and often present with physical complaints (e.g., headaches and stomach sickness, etc.) as

well as academic difficulties (e.g., lower achievement scores and lower performance on memory tasks). We also review studies of critical components of professional interventions, which include training in the following areas: reporting abuse procedures, creating a safe environment for disclosure, communicating belief in the child's disclosure, and increasing sensitivity in speaking with potential victims of abuse.

Goldman, J. D. (2007). Primary school student-teachers' knowledge and understandings of child sexual abuse and its mandatory reporting. *International Journal of Educational Research, 46*(6), 368-381.

Teachers in many schools have only recently gained a new role to fulfil as mandatory reporters of child sexual abuse. However, little is known, and little literature has been found, on the preparation they receive, as student-teachers, for this significant role. This study examines a final-semester cohort of 81 Bachelor of Education (Primary School) student-teachers in Queensland, Australia, by questionnaire, on their knowledge and understandings of child sexual abuse and its mandatory reporting. Using quantitative and qualitative data, the results show that while these student-teachers have a substantial awareness of the role's importance, without gender or age differences, they are suffering a crucial lack of confidence in their ability to identify child sexual abuse, and also in their ability to respond appropriately to suspicions of it. This evidence may be useful to inform the development of more appropriate and effective pre-service education programmes, and departmental policy to ensure that teachers entering the profession are better prepared to deal with it. Thus, this study accords with a variety of imperatives in national and international government-sponsored research, policy and practices which are focussing on this timely, ubiquitous and costly issue, in addressing enhanced pre-service teacher preparation to respond more effectively to child sexual abuse and its mandatory reporting.

VanBergeijk, E. O. (2007). Mandated reporting among school personnel: Differences between professionals who reported a suspected case and those who did not. *Journal of Aggression, Maltreatment & Trauma, 15*(2), 21-37.

A total of 298 NYC public school designated reporters participated in a mail survey designed to identify factors associated with the reporting of suspected cases of child abuse and neglect. Three factors were predictive of reporting the last case of suspected maltreatment. They were: (a) reporter's confidence rating that the maltreatment took place; (b) professional affiliation; and (c)

number of obstacles to reporting identified. Respondents were divided into two groups: last case of suspected maltreatment reported (LR) and last suspected case not reported (LSNR). The findings suggest that the two groups were significantly different in terms of their level of confidence that abuse occurred. School psychologists were disproportionately represented in LSNR. The LSNR group identified a greater number of obstacles.

Smith, M. (2006). What do university students who will work professionally with children know about maltreatment and mandated reporting? *Children and Youth Services Review*, 28(8), 906-926.

This study examines the knowledge and understanding of child maltreatment held by students in majors and disciplines that lead to careers which fall into the mandated reporter category. Participants included 332 graduate and undergraduate students in majors ranging from Nursing to Administration of Justice. Subjects were asked to rate the importance of factors for determining maltreatment (e.g., seriousness of the act), to indicate whether an act depicted in a vignette was maltreatment, and whether they would report that incident. Results indicated less confidence and consistency in ratings relative to working professionals [Portwood, S. (1999). Coming to terms with a consensual definition of maltreatment. *Child Maltreatment*, 4(1), 56-68.] as well as differences in ratings by academic discipline. The results are discussed with respect to their implications for curriculum and training.

Walsh, K., Farrell, A., Bridgstock, R., & Schweitzer, R. (2006). The contested terrain of teachers detecting and reporting child abuse and neglect. *Journal of Early Childhood Research*, 4(1), 65-76.

This article establishes the important role of early childhood teachers in child abuse and neglect and argues for empirical research into their practice of detecting, and reporting, known or suspected child abuse and neglect in a State with new and unique reporting obligations for teachers. It emphasizes the practical value of such research for the early childhood profession and ultimately for the children in their care.

Bryant, J., & Milsom, A. (2005). Child abuse reporting by school counselors. *Professional School Counseling, 9*(1), 63-71.

A sample of school counselors (N = 263) in one Midwestern state completed questionnaires to share their child abuse reporting behaviors, influences with regard to making a decision to report, and perceived barriers to the reporting process. Participants indicated reporting the majority of suspected cases, and elementary school counselors reported more cases than did high school counselors. Implications and recommendations are presented.

Webster, S. W., O'Toole, R., O'Toole, A. W., & Lucal, B. (2005). Overreporting and underreporting of child abuse: Teachers' use of professional discretion. *Child Abuse & Neglect, 29*(11), 1281-1296.

According to mandatory reporting laws for professionals, the relationship between initial recognition that a child may have been abused and the subsequent reporting of that suspected case of child abuse to the responsible agency would, at first glance, appear to be clear. However, this relationship has developed into one of the major social policy controversies of the recent past. Our major goal is to present research findings that address this social policy debate concerning the problems of underreporting and overreporting, focusing specifically on teachers.

A factorial survey design, that combines the advantages of the factorial experiment with those of surveys, was employed in a probability sample of teachers (N = 480) who responded to vignettes in which case characteristics were systematically manipulated. Teachers responded with judgments about whether the vignette was child abuse and the likelihood that they would report this suspected case. Characteristics of the teachers and their work setting (school) were also measured. When comparing the teachers' recognition and reporting scores, we found that they gave the same score for 63% of the vignettes they judged, gave higher reporting than recognition scores (overreporting) for 4% of the vignettes, and gave higher recognition than reporting scores (underreporting) for 33% of the vignettes. Discrepancies between recognition and reporting (over and under reporting) were related to characteristics of the case, teacher, and school where the teacher was employed. Teachers in our Ohio sample evidence the use of professional discretion in making judgments about the recognition and reporting of child abuse and do not appear to make these judgments with equal certainty. Their use of discretion is more likely to result in underreporting than overreporting.

Egu, C. L., & Weiss, D. J. (2003). [The role of race and severity of abuse in teachers' recognition or reporting of child abuse.](#) *Journal of Child and Family Studies*, 12(4), 465-474.

In the United States, reported child abuse rates vary dramatically with race. We employed a scenario methodology to examine whether teachers, whose professional obligations include reporting suspected instances of abuse, exhibit bias in evaluating a possibly abused child. Each teacher (180 White, 180 Black, and 180 Hispanic) read one of six profiles about a hypothetical elementary school student and then expressed extent of agreement with either a statement that the child is being physically abused or a statement that the child should be reported as being physically abused. Within the set of profiles, race of the child and severity of abuse were manipulated. When the child in the profile was severely abused, responses for the two judgmental tasks were comparable. However, when the child was moderately abused, teachers asked whether the child was abused gave higher responses than their counterparts who were asked whether the child should be reported. No effects of race of the child or race of the teacher were observed.

Yanowitz, K. L., Monte, E., & Tribble, J. R. (2003). Teachers' beliefs about the effects of child abuse. *Child Abuse & Neglect*, 27(5), 483-488.

Teachers' expectations about the effects of physical and emotional abuse on children's classroom behaviors were examined in this study. Not only do teachers have to decide if a particular child is the victim of abuse, they may also have to contend with changes in that child's classroom behavior. Teachers generated what they thought were typical outcomes of physical and emotional abuse on children's classroom behavior. Responses generally fell into the following categories: lowered self-esteem, heightened aggression, academic difficulties, and poor social interaction skills. Teachers who mentioned lowered self-esteem were more likely to generate it as the result of emotional abuse rather than physical abuse. Teachers' expectations generally mirrored research findings as to the actual effects of child abuse. Suggestions are made to incorporate the results in training programs designed to increase teachers' self-confidence in reporting potential cases of child abuse.

Kenny, M. C., & McEachern, A. G. (2002). Reporting suspected child abuse: A pilot comparison of middle and high school counselors and principals. *Journal of Child Sexual Abuse, 11*(2), 59-75.

A survey on experiences with child abuse reporting was obtained from 116 middle and high school counselors and principals across the U.S. Results revealed that counselors throughout their careers had made more reports than principals and perceived themselves to be better trained on child abuse. Those school professionals with fewer years of experience reported more adequate pre-service training. Counselors also failed to report in more instances than principals, citing as deterrents the lack of physical evidence and little faith in child protective services. Most counselors and principals took appropriate action when presented with case examples of child sexual abuse. Recommendations for future research are provided.

Kesner, J. E., & Robinson, M. (2002). Teachers as mandated reporters of child maltreatment: Comparison with legal, medical, and social services reporters. *Children & Schools, 24*(4), 222-231.

All 50 states now have mandated reporting laws, which require certain professionals who work or come into contact with children to report suspected abuse or neglect. Many believe that teachers are in the best position to identify and report child abuse. However, research to date has not focused on characteristics of reports made by educators. This study compared reports of child maltreatment made by education personnel with the three other groups required to report. Results indicated that education personnel were responsible for 25 percent of the reports of abuse among the four mandated report sources, yet they had the lowest rate of substantiation. Significant differences were found in the age and race of the child involved in their maltreatment reports, whether the case was substantiated or not, and whether the child involved had a prior history of maltreatment. Some of the differences found may result from the manner in which teachers interact with children. Others differences may be associated with the poor training teachers receive about child maltreatment and their relatively low status among the mandated reporters.

Kenny, M. C. (2001). Child abuse reporting: Teachers' perceived deterrents. *Child Abuse & Neglect, 25*(1), 81-92.

There are three general objectives: First, to determine the number of reports of abuse made by teachers, their knowledge of child abuse laws and reporting procedures, and their perceived

deterrents in reporting abuse; second, to determine if there were gender or ethnic differences in reporting; and third, to evaluate teachers responses to case vignettes. A survey of 197 teachers was conducted. They were given a questionnaire that included demographic information, knowledge of child abuse laws and procedures, and two scenarios of legally reportable child abuse. Seventy-three percent of this sample reported that they had never made a report of child abuse, while those who had made reports made an average of one report. Only 11% of teachers reported that there were instances in which they believed abuse may have occurred, but failed to report. Additionally, these teachers felt that their pre- and post-service training did not adequately prepare them for abuse reporting. The most common reasons cited for not reporting abuse were fear of making an inaccurate report, feeling as though child protective services do not help families, and no apparent physical signs of abuse. There were no gender differences in reporting. The teachers' responses to the case vignettes were not consistent with their previous reports. In general, most teachers reported having never made a child abuse report. Although only a small percentage of teachers reported failing to report abuse, when presented with legally reportable case vignettes, many failed to report. The majority of teachers report receiving inadequate training in child abuse signs, symptoms, and reporting procedure. There is an obvious need for more education for teachers that addresses their perceived deterrents and aids them in feeling more confident in making reports of child abuse. © 2001 Elsevier Science Ltd. All rights reserved.

O'Toole, R., Webster, S. W., O'Toole, A. W., & Lucal, B. (1999). Teachers' recognition and reporting of child abuse: A factorial survey. *Child Abuse & Neglect*, 23(11), 1083-1101.

The major aim of this study was to determine the effect of characteristics of the case, the teacher, and the organizational setting on recognition and reporting of child abuse. A factorial survey design was employed in which a probability sample of teachers ($N = 480$) responded to vignettes in which case characteristics were systematically manipulated. Analysis using OLS regression showed that case characteristics alone accounted for 50.30% of the variance in recognition and 51.08% of the variance in reporting: the strongest effects were from type and seriousness of abuse, positive behavior of the victim and positive psychology of the perpetrator. The inclusion of variables describing the teachers and the school explained only a very small additional proportion of the variance in teachers' responses. Teachers responses to child abuse are relatively unbiased by either the extraneous characteristics of the perpetrator or victim, the responding teacher, or the

school setting. The findings do not appear to support the problem of “overreporting.” There is evidence for “underreporting,” particularly in less serious cases involving physical and emotional abuse. Teachers are undeterred by the many problems and fears that may accompany a report of child abuse to Child Protective Services. Teachers use discretion in reporting abuse they recognize.

Crenshaw, W. B., Crenshaw, L. M., & Lichtenberg, J. W. (1995). When educators confront child abuse: An analysis of the decision to report. *Child Abuse & Neglect, 19*(9), 1095-1113.

Five scenarios of child abuse were used to study the recognition and reporting of child abuse in a sample of 664 teachers, counselors, school psychologists, principals, and district superintendents. The following results emerged: (a) Reporting tendency varied by type of abuse described, forming a 3-level hierarchy; (b) reporting tendency and reporting rate were unrelated to the gender of the victim or respondent; (c) reporting tendency was unrelated to the profession of the educator (i.e., principal, counselor, etc.), though certain types of abuse were suspected and/or reported significantly less often by classroom teachers; (d) for each scenario a linear composite of decisional items discriminated Reporters from Nonreporters with 75% to 84% accuracy. Most salient in distinguishing Reporters from Nonreporters were issues involving quality of suspicion and the respondent’s belief that schools should be a first line of defense against abuse and neglect; (e) educators were uniform in their high level of awareness of mandatory reporting laws; (f) educators preparedness to detect child abuse differed by profession, but most desired additional training. The implications of these findings are reviewed and suggestions made for revisions to social service policies and training for educators.

Professionals from numerous disciplines

Baker, A. J., LeBlanc, S., Adebayo, T., & Mathews, B. (2021). Training for mandated reporters of child abuse and neglect: Content analysis of state-sponsored curricula. *Child Abuse & Neglect*, 113. <https://doi.org/10.1016/j.chiabu.2021.104932>

Child abuse and neglect is a public health concern around the world, with well-established impacts and costs to children, families, and society. While mandated reporters make the majority of reports, child abuse is still under-reported and many mandated reporters fail to report known and suspected cases. This study was designed to evaluate the content of US state-sponsored online mandated reporter training in order to identify gaps and need for improvement in mandated reporter training. A deductive qualitative content analysis of the publicly available curricula was conducted. Variables coded were identified through a literature review and consultation with experts. Numerous gaps were identified in the curricula including: few trainings identified reasons why reports should be made, only about one fourth included a definition, indicators, and examples of each type of maltreatment, the average number of suggestions for responding to a disclosure made by a child was 3, and few curricula addressed barriers to reporting or the impact of reporting on the reporter. The trainings as a whole are not providing mandated reporters with comprehensive information about definitions, examples, and indicators of the major types of childhood maltreatment. In addition, the trainings contain only limited information to motivate reporters to see their role as part of a collective endeavor to protect children, and they are failing to adequately address reluctance about reporting. However, improvements are readily achievable. A partnership approach to curriculum design and delivery is recommended to develop effective training that will promote sound reporting.

Tufford, L., Lee, B., Bogo, M., Wenghofer, E., Etherington, C., Thieu, V., & Zhao, R. (2021). [Decision-making and relationship competence when reporting suspected physical abuse and child neglect: An objective structured clinical evaluation](https://doi.org/10.1007/s10615-020-00785-6). *Clinical Social Work Journal*, 1-15. <https://doi.org/10.1007/s10615-020-00785-6>

Mandatory reporting of suspected child abuse and neglect highlights the challenges between the ethical and legal obligations of social workers and the need to maintain the therapeutic relationship with the client. The ability to bridge this tension is paramount to ensure continued psychosocial treatment and the well-being of children. This paper discusses a study to determine the decision-

making factors of social work students and practitioners when facing a suspicion of child abuse and neglect, how they justify their decision to report or not report to child protection services, and the current and future relationship repair strategies used with simulated clients during an objective structured clinical evaluation (OSCE). Nineteen BSW, MSW, and experienced practitioners (N = 19) underwent an OSCE with one of two child maltreatment vignettes, physical abuse or neglect. Fisher's exact test was used to examine participants' historical and current reporting behaviors. Independent samples T-tests, Cohen's D, and qualitative content analysis was used to examine participants' decision making and relationship repair strategies when faced with suspected child abuse and neglect. Results showed that six participants discussed the duty to report during the OSCE while 13 participants did not. Participants' who discussed and did not discuss the duty to report during the OSCE articulated clear reasons for their decision and identified relationship repair strategies in working with the client. A sub-group of participants who identified the child maltreatment but did not discuss the duty to report, provided more tentative and complex reasons for their inaction and next steps in working with the client. All participants demonstrated a degree of competence and critical reflection in the OSCE, with integration for future learning. These findings are discussed and implications for future practice are offered.

Cash, S. J., Murfree, L., & Schwab-Reese, L. (2020). ["I'm here to listen and want you to know I am a mandated reporter": Understanding how text message-based crisis counselors facilitate child maltreatment disclosures.](https://doi.org/10.1016/j.chiabu.2020.104414) *Child Abuse & Neglect*, 102. <https://doi.org/10.1016/j.chiabu.2020.104414>

Emerging research suggests technology-facilitated crisis services are a promising method to support young people during child maltreatment disclosure. Little is known about how employees/volunteers respond to child maltreatment disclosure in these platforms and how they may support young victims through the disclosure process. We sought to determine how crisis counselors respond to child maltreatment disclosures using a content analysis of all conversations within a text-based crisis organization that resulted in a mandatory report. We conducted an iterative team-based content analysis of 244 conversations (24,730 text messages) between a young person and a crisis counselor from an anonymous text-based crisis service. All conversations included in the sample resulted in a mandatory report to child protective services. There were two crucial points in maltreatment disclosure conversations. The first occurred

immediately after the disclosure. At this point, crisis counselors most often provided sympathy and affirmation. The second crucial point after disclosure was the discussion of mandatory reporting. In many cases, crisis counselors confirmed both parties understood mandatory reporting and encouraged young people to consider the repercussions of their decision to share identifiable information that would permit a mandatory report. Understanding how crisis counselors responded to young people in one text-based crisis service, particularly characteristics of well-received conversations, may inform the policies and processes for other organizations. Continued exploration of crisis text-based services may improve the disclosure process for young victim.

Nouman, H., Alfandari, R., Enosh, G., Dolev, L., & Daskal-Weichhendler, H. (2020). Mandatory reporting between legal requirements and personal interpretations: Community healthcare professionals' reporting of child maltreatment. *Child Abuse & Neglect, 101*.
<https://doi.org/10.1016/j.chiabu.2019.104261>

Healthcare professionals working at community-based services have a crucial position in raising concerns about possible child maltreatment. Yet, barriers exist to healthcare professionals adhering to mandatory reporting rules and regulations. The current study investigated the various forms by which healthcare professionals working in community services manage mandatory reporting, their reasoning and experience with formal requirements. The study has utilized the decision-making-ecology model as a conceptual framework. The study was carried out in the largest district of the largest health-management organization in Israel, across fourteen sites located at seven cities. Eighteen healthcare professionals of various occupational groups participated in in-depth semi-structured interviews. The results reveal that out of the of 52 recent cases that have been suspected for possible child maltreatment, only 58 % were reported as legally required. Yet, about half were reported in delay. Practitioners were more likely to report after additional evidence accumulated and increased the level of suspicion or after failing to manage the issue by other means of support. The analysis identified multiple factors that combined to impact the decision-making regarding reporting. Those were clustered around the individual case, healthcare professional, organizational setting, and external context. Our results emphasize the importance of workplace-environmental conditions in promoting optimal reporting behaviors, including working in multi-disciplinary teams, availability of rapid expert consultation, provision of emotional-support, and reciprocal exchange of information with child-protection-services.

Tufford, L., & Lee, B. (2019). [Decision-making factors in the mandatory reporting of child maltreatment](https://doi.org/10.1007/s40653-018-0211-2). *Journal of Child & Adolescent Trauma*, 12(2), 233-244.
[https://doi:10.1007/s40653-018-0211-2](https://doi.org/10.1007/s40653-018-0211-2)

The goal of this exploratory study was to investigate the factors that may impact a social worker's decision to report suspected child maltreatment. A volunteer sample of social workers (n = 439) from Ontario, Canada completed an online survey where they reviewed three hypothetical vignettes of potential child maltreatment (exposure to intimate partner violence, physical, emotional). Social workers responded to questions regarding their decision-making and the factors which would impact their reporting decision (legal requirements, ethnicity of caregivers, circumstances around disclosure, reporting history, consultation or supervision, field of practice). A series of multiple logistic regression analyses were performed for each version of the three vignettes. The study found that consultation or supervision were significant predictors in social worker's decision to report suspected child maltreatment. Peer consultation may assist with emotional regulation and provide an outside perspective to guide decision-making.

Al-Saif, D. M., Al-Eissa, M., Saleheen, H., Al-Mutlaq, H., Everson, M. D., & Almuneef, M. A. (2018). Professionals' attitude toward reporting child sexual abuse in Saudi Arabia. *Journal of Child Sexual Abuse*, 27(1), 22-37.
<https://doi.org/10.1080/10538712.2017.1360429>

Child sexual abuse (CSA) requires specialized knowledge and training that includes forensic interview skills. The aim of this study was to determine variations in professionals' attitudes toward CSA by measuring three aspects of forensic attitudes (sensitivity, specificity, and skepticism) and evaluating disagreements concerning the assessment of CSA cases in Saudi Arabia. A cross-sectional, web-based study, in which the Child Forensic Attitude Scale was used to measure professionals' attitudes, was conducted. Professionals who dealt with suspected cases of CSA as part of their jobs or were in professions that necessitated involvement with such cases, were selected as participants. Of 327 participants, 53% were aged ≤ 40 years, and 54% were men. In addition, 24% were doctors/nurses, 20% were therapists/psychiatrists, 24% were social workers, 17% were educators, 9% were law enforcement professionals, and 5% were medical examiners. Attitude subscale scores differed significantly according to participants' sex, specialty, and training. Women, healthcare professionals, and those who had participated in more than five training courses were more concerned about the underreporting of abuse (high sensitivity) relative

to other professionals. In comparison, men, medical examiners, law enforcement officers, and undertrained professionals tended to underreport suspected sexual abuse cases (high specificity). High specificity in attitudes toward suspected cases of CSA could affect professionals' judgment and contribute to low reporting rates. Certain strategies, including increasing self-awareness of personal bias, specific CSA recognition courses, and team approaches to case assessment and management, should be implemented to control the influence of subjective factors.

Foster, R. H., Olson-Dorff, D., Reiland, H. M., & Budzak-Garza, A. (2017). Commitment, confidence, and concerns: Assessing health care professionals' child maltreatment reporting attitudes. *Child Abuse & Neglect*, 67, 54-63.
<https://doi.org/10.1016/j.chiabu.2017.01.024>

Given that childhood maltreatment is a significant international public health problem contributing to all major morbidity and mortality determinants, there is need to explore current practices and readiness of health care professionals (HCPs) to assess maltreatment, identify maltreatment risk factors, and complete mandated reporting. HCPs (N = 114) completed a child maltreatment mandated reporting measure to assess level of comfort with mandated reporting, commitment to the reporting role, and confidence in the child protection system to take action as needed. Additional questions explored comfort discussing maltreatment and risk factors for maltreatment in a medical setting and knowledge of community resources. Results indicated that HCPs were committed to their mandated reporting role and did not perceive substantial potential negative consequences of reporting. However, there were concerns regarding lack of confidence in the system's ability to respond sufficiently to reports. Despite commitment to the reporting role, results showed that large proportions of HCPs do not routinely screen for maltreatment, feel uncomfortable discussing maltreatment history, and lack knowledge about community resources. Additional training efforts must be prioritized in health care systems to improve short- and long-term health outcomes.

Harteringer-Saunders, R. M., Trouteaud, A. R., & Matos Johnson, J. (2017). Mandated reporters' perceptions of and encounters with domestic minor sex trafficking of adolescent females in the United States. *American Journal of Orthopsychiatry*, 87(3), 195-205.
<https://doi.org/10.1037/ort0000151>

This is the first study to explore whether mandated reporters who work with adolescent females, ages 10 to 17, recognize domestic minor sex trafficking (DMST) and associated risk factors. Because mandated reporters are required by law to report child abuse, neglect, and child exploitation, lack of specific DMST training or not believing DMST exists in communities continues to place young females at risk for revictimization. Results indicate that 60% of mandated reporters in the sample (N = 577) had no specific training on DMST. Furthermore, almost 25% of respondents did not believe DMST existed in their communities. Implications for practice are discussed. (APA PsycInfo Database Record © 2017 APA, all rights reserved)

Lynne, E. G., Gifford, E. J., Evans, K. E., & Rosch, J. B. (2015). [Barriers to reporting child maltreatment do emergency medical services professionals fully understand their role as mandatory reporters?](#) *North Carolina Medical Journal*, 76(1), 13-18.

Child maltreatment is underreported in the United States and in North Carolina. In North Carolina and other states, mandatory reporting laws require various professionals to make reports, thereby helping to reduce underreporting of child maltreatment. This study aims to understand why emergency medical services (EMS) professionals may fail to report suspicions of maltreatment despite mandatory reporting policies. A web-based, anonymous, voluntary survey of EMS professionals in North Carolina was used to assess knowledge of their agency's written protocols and potential reasons for underreporting suspicion of maltreatment (n=444). Results were based on descriptive statistics. Responses of line staff and leadership personnel were compared using chi-square analysis. Thirty-eight percent of respondents were unaware of their agency's written protocols regarding reporting of child maltreatment. Additionally, 25% of EMS professionals who knew of their agency's protocol incorrectly believed that the report should be filed by someone other than the person with firsthand knowledge of the suspected maltreatment. Leadership personnel generally understood reporting requirements better than did line staff. Respondents indicated that peers may fail to report maltreatment for several reasons: they believe another authority would file the report, including the hospital (52.3%) or law enforcement (27.7%); they are uncertain whether they had witnessed abuse (47.7%); and they are uncertain about what should

be reported (41.4%). This survey may not generalize to all EMS professionals in North Carolina. Training opportunities for EMS professionals that address proper identification and reporting of child maltreatment, as well as cross-agency information sharing, are warranted.

Parkinson, P. (2015). Mandatory reporting of child sexual abuse by religious leaders. In *Mandatory Reporting Laws and the Identification of Severe Child Abuse and Neglect* (pp. 295-308). Springer Netherlands.

Scott, D., & Fraser, J. (2015). Mandatory reporting of child abuse and neglect by health professionals. In *Mandatory Reporting Laws and the Identification of Severe Child Abuse and Neglect* (pp. 381-393). Springer Netherlands.

Walsh, W., & Jones, L. (2015). [Factors that influence child abuse reporting: A survey of child-serving professionals](#). Durham, NH: Crimes against Children Research Center.

Policies and procedures to improve child abuse reporting are revised regularly but rarely based on data. To help inform new directions for child abuse reporting policy reforms, we conducted an online survey of 556 child-serving professionals about their experiences with reporting suspicions of abuse and neglect. Most of the respondents (61%) said the reporting process needs to be improved. Clarifying and improving the screening process and making it easier to make a report were among the most commonly cited suggestions for improvement. Respondents rated process related factors (not knowing what happens after report, concerns that the response would not help the family) as more likely to hold them back from reporting than statute related factors (vague protocols, not knowing where to report). Only 38% of respondents said their most recent training on child abuse reporting was fully adequate. Many of the suggestions offered by survey respondents could be piloted and evaluated to move toward establishing child abuse reporting procedures and policies with a stronger research base.

Herendeen, P. A., Blevins, R., Anson, E., & Smith, J. (2014). Barriers to and consequences of mandated reporting of child abuse by nurse practitioners. *Journal of Pediatric Health Care*, 28(1), e1-e7.

The objective of this study was to examine the experiences of pediatric nurse practitioners (PNPs) in the identification and management of child abuse, determine the frequency of their reporting,

and describe the effects, attitudes, and confidence in reporting child abuse. A survey based on the 2006 CARES survey was disseminated via e-mail through use of Survey Monkey to 5,764 PNP members of the National Association of Pediatric Nurse Practitioners. The data from this survey were then subjected to statistical analysis, and the resultant findings were compared and contrasted with other similar studies. Data analysis revealed that smaller numbers of PNPs in the sample group failed to report suspected child abuse than did their physician colleagues. PNPs and physicians encountered similar perceived barriers to reporting and used similar processes in dealing with them. Both physicians and PNPs with recent child abuse continuing education hours expressed greater confidence in child abuse management skills and were more likely to report suspected cases of abuse. Much information was learned about PNP reporting practices regarding child abuse. The most significant facts that emerged from this study were that all health care providers require further child abuse education, both in their curriculum preparation and continuing education, to effectively diagnose and manage child abuse.

Goldenberg, R. (2013). Unholy clergy: Amending state child abuse reporting statutes to include clergy members as mandatory reporters in child sexual abuse cases. *Family Court Review*, 51(2), 298-315.

Mandatory Child Abuse Reporting Statutes date back as early as the 1960s. These statutes require certain individuals to report any instance of suspected child abuse that is made known to them. Individuals who are mandated reporters include, but are not limited to, physicians, therapists, and schoolteachers. Over the past decade, with the eruption of sexual abuse in the Catholic, Jewish, and Mormon communities, special attention has been given to reporting statutes in determining who qualifies as mandated reporters. The clergy-penitent privilege, which exempts clergy members from having to report instances of abuse made known to them in their religious or otherwise professional capacity, remains one of the last reporting statutory exemptions today. This Note advocates for the abrogation of the clergy-penitent privilege in cases of child sexual abuse. In religious communities, where religious personnel are often the first to be made aware of child abuse, clergy members should be required to report instances of child sexual abuse in an effort to better protect children. Keypoints for the Family Court Community Currently every state in the United States has enacted some form of child abuse reporting statutes., There is a lack of uniformity among state reporting statutes over who is required to be a mandated reporter of abuse.

Nearly half of the states in the U.S. carve out a religious exemption for clergy-members from having to report instances of child abuse. This exemption creates a discrepancy between religious personnel and other individuals who are mandated reporters.

Pietrantonio, A., Wright, E., Gibson, K. N., Alldred, T., Jacobson, D., & Niec, A. (2013). Mandatory reporting of child abuse and neglect: Crafting a positive process for health professionals and caregivers. *Child Abuse & Neglect*, 37(2/3), 102-109.

Health professionals working with children and their families are often required by law to report to governmental authorities any reasonable suspicion of child abuse and/or neglect. Extant research has pointed toward various barriers to reporting, with scant attention to positive processes to support the reporting process. This paper focuses on the context for mandatory reporting and evidence-informed practice for supporting a more structured and purposeful process of mandatory reporting. These practical strategies discuss: (1) the factors that positively influence the relationship between a child's caregivers and the mandated health professional reporter; (2) a framework and specific skills for discussing concerns about maltreatment and reporting to child protective services with the caregiver(s); and (3) the need for further training and education of health professionals.

Wekerle, C. (2013). Resilience in the context of child maltreatment: Connections to the practice of mandatory reporting. *Child Abuse & Neglect*, 37(2-3), 93-101.

A human rights perspective places the care for children in the obligation sphere. The duty to protect from violence is an outcome of having a declaration confirming inalienable human rights. Nationally, rights may be reflected in constitutions, charters, and criminal codes. Transnationally, the United Nation's (UN) Convention on the Rights of the Child (CRC) prioritizes a child's basic human rights, given their dependent status. UN CRC signatory countries commit to implementing minimal standards of care for minors. Laws requiring professionals to report child maltreatment to authorities is one practical strategy to implement minimal child protection and service standards. Mandatory reporting laws officially affirm the wrong of maltreatment and the right of children. Mandatory reporting can be conceptualized as part of a resilience process, where the law sets the stage for child safety and well-being planning. Although widely enacted law, sizeable research gaps exist in terms of statistics on mandatory reporting compliance in key settings; obstacles and

processes in mandatory reporting; the provision of evidence-based training to support the duty to report; and the training-reporting-child outcomes relationship, this latter area being virtually non-existent. The fact that mandatory reporting is not presently evidence-based cannot be separated from this lack of research activity in mandatory reporting. Reporting is an intervention that requires substantial inter-professional investment in research to guide best practices, with methodological expectations of any clinical intervention. Child abuse reporting is consistent with a clinician's other duties to report (i.e., suicidality, homicidality), practice-based skills (e.g., delivering "bad" news, giving assessment feedback), and the pervasive professional principle of best interests of the child. Resilience requires the presence of resources and, mandated reporting, is one such resource to the maltreated child. Practice strategies identified in the literature are discussed.

Brown, R. (2012). [Reporting child abuse and neglect: Who is responsible?](#) *Policy and Practice*, 70(1), 20-23.

Child Welfare Information Gateway. (2012). [Clergy as mandatory reporters of child abuse and neglect](#). Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

This factsheet discusses laws that require members of the clergy to report cases of suspected child abuse and neglect. The issue of whether a member of the clergy can claim privileged communications as a reason for not reporting also is discussed. Summaries of laws for all States and U.S. territories are included.

Davidov, D. M., Jack, S. M., Frost, S. S., & Coben, J. H. (2012). Mandatory reporting in the context of home visitation programs: Intimate partner violence and children's exposure to intimate partner violence. *Violence Against Women*, 18(5), 595–610.

The mandatory reporting of intimate partner violence (IPV) is a controversial issue that is receiving increased attention. A related concern is whether children's exposure to IPV constitutes child maltreatment, making it reportable to child protective services. These issues have been relatively unexplored within the context of home visitation programs. A secondary analysis of qualitative data collected from community stakeholders, clients, and home visiting nurses in the Nurse–Family Partnership program was carried out. Participants' perceptions about mandatory reporting

of IPV and reporting of children's exposure to IPV are highlighted. Emergent themes and implications for research, practice, and policy are discussed.

Vandervort, F. E. (2012). Mandated reporting of child maltreatment: Developments in the wake of recent scandals. *APSAC Advisor, Fall*, 3-9.

Eichelberger, C. S. (2011). Training and mandated reporters' confidence levels: A correlational study. *ProQuest LLC*.

Child maltreatment is a costly social issue, both financially and in terms of children's well-being. All 50 states and many countries have enacted mandatory reporting laws, but not all of them require mandated reporter training. A multitude of studies have shown that many mandated reporters do not report all of the cases of suspected child abuse and neglect, as required by law. Providing training to mandated reporters increases their skill in recognizing and reporting suspected child maltreatment to authorities. Studies have shown that recognition and reporting skills are enhanced through mandated reporter training. Training has empirically been associated with an increase in the mandated reporter's confidence levels, which in turn increases the likelihood that the mandated reporter will make the referral to authorities. Each referral is an opportunity for the child welfare system to intervene on an at risk child's behalf. This quantitative correlational study included the use of questionnaires to compare the relationships between educational mandated reporters' confidence levels and child maltreatment training. Results in this study showed confidence levels to recognize and report child maltreatment to be low due to limited, outdated, or non-existent training.

Levi, B. H., & Crowell, K. (2011). Child abuse experts disagree about the threshold for mandated reporting. *Clinical Pediatrics, 50*(4), 321-329.

Though reasonable suspicion serves as the standard threshold for when to report suspected child abuse, there is little guidance how to interpret the term. To examine how experts on child abuse interpret reasonable suspicion using 2 probability frameworks. *Participants*: Anonymous survey of clinical and research experts on child abuse. *Main outcome measures*: Responses on ordinal and visual analog scales quantifying the probability needed for "suspicion of child abuse" to rise to

reasonable suspicion. A total of 81 of 117 experts completed the survey (69% response rate, mean age 47 years, 69% female). On both the ordinal probability scale (rank order on a differential diagnosis) and the estimated probability scale (1% to 99% likelihood), experts demonstrated wide variability in defining reasonable suspicion, with no statistically significant differences found for age, race, gender, professional training, seniority, or prior education on reasonable suspicion. This study found no consensus in how experts on child abuse interpret reasonable suspicion.

Alvarez, K. M., Donohue, B., Carpenter, A., Romero, V., Allen, D. N., & Cross, C. (2010). [Development and preliminary evaluation of a training method to assist professionals in reporting suspected child maltreatment](#). *Child Maltreatment, 15*(3), 211-218.

The understudied process of reporting suspected child maltreatment to authorities is often difficult for both mental health professionals and family members who are intimately involved. Therefore, the current study was conducted to develop a training curriculum to assist professionals in reporting suspected child maltreatment. Fifty-five professional and student mental health practitioners were randomly assigned to workshop conditions that were relevant to either (a) reporting suspected child maltreatment or (b) learning to be sensitive to ethnicity. Results indicated participants in the reporting suspected child maltreatment condition demonstrated significant improvement in knowledge of child maltreatment reporting laws, accuracy in recognizing child maltreatment, and clinical expertise in reporting. Implications to clinical practice are discussed in light of the results.

Bunting, L., Lazenbatt, A., & Wallace, I. (2010). Information sharing and reporting systems in the UK and Ireland: Professional barriers to reporting child maltreatment concerns. *Child Abuse Review, 19*(3), 187-202.

Across the UK recent policy developments have focused on improved information sharing and inter-agency cooperation. Professional non-reporting of child maltreatment concerns has been consistently highlighted as a problem in a range of countries and the research literature indicates that this can happen for a variety of reasons. Characteristics such as the type of abuse and the threshold of evidence available are key factors, as are concerns that reporting will damage the professional-client relationship. Professional discipline can also impact on willingness to report, as can personal beliefs about abuse, attitudes towards child protection services and experiences of court processes. Research examining the role of organisational factors in information sharing and

reporting emphasises the importance of training and there are some positive indications that training can increase professional awareness of reporting processes and requirements and help to increase knowledge of child abuse and its symptoms. Nonetheless, this is a complex issue and the need for training to go beyond simple awareness raising is recognised. In order to tackle non-reporting in a meaningful way, childcare professionals need access to on-going multidisciplinary training which is specifically tailored to address the range of different factors which impact on reporting attitudes and behaviours. Copyright © 2009 John Wiley & Sons, Ltd.

Flaherty, E. G., Sege, R. D., Griffith, J., Price, L. L., Wasserman, R., Slora, E., ... & Binns, H. J. (2008). [From suspicion of physical child abuse to reporting: Primary care clinician decision-making](#). *Pediatrics*, *122*(3), 611-619.

The goals were to determine how frequently primary care clinicians reported suspected physical child abuse, the levels of suspicion associated with reporting, and what factors influenced reporting to child protective services. In this prospective observational study, 434 clinicians collected data on 15003 child injury visits, including information about the injury, child, family, likelihood that the injury was caused by child abuse (5-point scale), and whether the injury was reported to child protective services. Data on 327 clinicians indicating some suspicion of child abuse for 1683 injuries were analyzed. Clinicians reported 95 (6%) of the 1683 patients to child protective services. Clinicians did not report 27% of injuries considered likely or very likely caused by child abuse and 76% of injuries considered possibly caused by child abuse. Reporting rates were increased if the clinician perceived the injury to be inconsistent with the history and if the patient was referred to the clinician for suspected child abuse. Patients who had an injury that was not a laceration, who had >1 family risk factor, who had a serious injury, who had a child risk factor other than an inconsistent injury, who were black, or who were unfamiliar to the clinician were more likely to be reported. Clinicians who had not reported all suspicious injuries during their career or who had lost families as patients because of previous reports were more likely to report suspicious injuries. Clinicians had some degree of suspicion that ~10% of the injuries they evaluated were caused by child abuse. Clinicians did not report all suspicious injuries to child protective services, even if the level of suspicion was high (likely or very likely caused by child abuse). Child, family, and injury characteristics and clinician previous experiences influenced decisions to report.

Gushwa, M., & Chance, T. (2008). Ethical dilemmas for mental health practitioners: navigating mandated child maltreatment reporting decisions. *Families in Society*, 89(1), 78-83.

All states have legislation establishing child protection agencies and reporting procedures, supported by the Child Abuse Prevention and Treatment Act (Child Welfare Information Gateway, 2003), which links federal funding to the stipulation that states must enact mandatory child abuse reporting laws. Despite this legal mandate, mental health practitioners often fail to inform their clients of the limitations of confidentiality and many are not aware of their legal mandate to report child maltreatment. This paper examines ethical and legal parameters mental health practitioners must address when working with cases of suspected child abuse and offers recommendations for practice and policy to improve collaboration between mental health practitioners and child protection agencies, in the interests of protecting children and strengthening families.

Jones, R., Flaherty, E. G., Binns, H. J., Price, L. L., Slora, E., Abney, D., Harris, D., Christoffel, K. K., & Sege, R. D. (2008). [Clinicians' descriptions of factors influencing their reporting of suspected child abuse](#): Report of the Child Abuse Reporting Experience Study Research Group. *Pediatrics*, 122(2), 259-266.

Primary care clinicians participating in the Child Abuse Reporting Experience Study did not report all suspected physical child abuse to child protective services. This evaluation of study data seeks (1) to identify factors clinicians weighed when deciding whether to report injuries they suspected might have been caused by child abuse; (2) to describe clinicians' management strategies for children with injuries from suspected child abuse that were not reported; and (3) to describe how clinicians explained not reporting high-suspicion injuries. From the 434 pediatric primary care clinicians who participated in the Child Abuse Reporting Experience Study and who indicated they had provided care for a child with an injury they perceived as suspicious, a subsample of 75 of 81 clinicians completed a telephone interview. Interviewees included 36 clinicians who suspected child abuse but did not report the injury to child protective services (12 with high suspicion and 24 with some suspicion) and 39 who reported the suspicious injury. Interviews were analyzed for major themes and subthemes, including decision-making regarding reporting of suspected physical child abuse to child protective services and alternative management strategies. Four major themes emerged regarding the clinicians' reporting decisions, that is, familiarity with the family, reference

to elements of the case history, use of available resources, and perception of expected outcomes of reporting to child protective services. When they did not report, clinicians planned alternative management strategies, including active or informal case follow-up management. When interviewed, some clinicians modified their original opinion that an injury was likely or very likely caused by abuse, to explain why they did not report to child protective services. Decisions about reporting to child protective services are guided by injury circumstances and history, knowledge of and experiences with the family, consultation with others, and previous experiences with child protective services.

Kesner, J. (2008). Child protection in the United States: An examination of mandated reporting of child maltreatment. *Child Indicators Research, 1*(4), 397-410.

Child protection is one of the key indicators of a society's health. In the U.S. all states have enacted laws which require certain professionals who regularly come into contact with children to report suspected maltreatment. Passage of these laws has resulted in an unprecedented increase in the number of reports of child maltreatment made to U.S. child protective services (CPS), yet this increase has not been systematically studied to determine whether this increase in reports is actually reducing the incidence of child maltreatment. This paper describes and compares the reporting practices of four mandated reporting groups in the U.S. over a 3-year period. Data from the National Child Abuse and Neglect Dataset (NCANDS) were analyzed. NCANDS is a national database created by the US Department of Health and Human Services (DHHS) of reports of maltreatment made to child protective services agencies (CPS) in the US. Results indicate that each reporter group has a somewhat unique profile of reports and responses from the child protection agencies to which they report. Significant differences were found related to the type of maltreatment reported and the rate of report substantiation by CPS. While some differences can be easily explained, others require more research and have broad implications for the professional education and training of mandated reporters.

Sege, R., & Flaherty, E. G. (2008). Forty years later: Inconsistencies in reporting child abuse. *Archives of Disease in Childhood, 93*(10), 822-824.

Forty years have passed since medical professionals in the United States were first required to report all cases of suspected child abuse to state child protective service agencies. Despite the

passage of time, many cases of severe child physical abuse remain hidden. Healthcare professionals may not recognize common syndromes of child abuse, or, as has been demonstrated in recent studies, may recognize the possibility of abuse but decide not to report the case to the state agencies. Rethinking the types of training we provide, the relationship between medical professionals and state agencies, and re-training medical and child protection professionals may be required to further improve the recognition and care of abused children.

Kenny, M. C. (2007). Web-based training in child maltreatment for future mandated reporters. *Child Abuse & Neglect, 31*(6), 671-678.

The purpose of this study was to determine the effectiveness of providing Web-based information about child maltreatment to undergraduate education and graduate counseling students. The goal was to determine, via an objective test, whether students would gain information about abuse signs and symptoms and reporting laws. One hundred and five education and counseling students enrolled in a large, urban, ethnically diverse, university participated in the Web-based training tutorial. Their participation was part of their course requirements. They logged into the Web site using their university identification number and password. The pre and post-tests could only be taken once. Completion of the tutorial took on average 1 hour. Findings indicated that students' post-test scores were significantly higher than pretest scores on an examination measuring knowledge of child maltreatment signs, symptoms, and reporting procedures. Participants rated their knowledge of child maltreatment significantly higher after taking the tutorial and reported enjoying the self-paced learning of the Web format. Overall, this study demonstrated the effectiveness of a brief on-line tutorial to disseminate information related to child abuse identification and reporting to future mandated reporters. In approximately 1 hour of on line training, participants gained an increase in knowledge of reporting procedures. Utilization of Web-based training is proposed as an effective and convenient method of instruction particularly for child abuse issues.

Carleton, R. A. (2006). Does the mandate make a difference? Reporting decisions in emotional abuse. *Child Abuse Review, 15*(1), 19-37.

Mandated ($N = 57$) and non-mandated ($N = 94$) reporters were questioned as to their perceptions of the seriousness of 20 vignettes related to child emotional abuse, as well as their willingness to

report the actions contained in the vignettes to child protective services. No difference was observed between mandated and non-mandated reporters on the mean number of vignettes considered reportable. In addition, several psychosocial variables, including perceptions of teasing, political viewpoint, tendencies towards diffuse responsibility, perceptions of child protective services (CPS) and attitude towards helping others, were measured. Separate regression equations for mandated and non-mandated reporters showed two different models in predicting reporting tendencies. Mandated reporters were most affected by the seriousness of the situation and their willingness to engage in prosocial behaviour, whereas non-mandated reporters were most motivated by judgments of the seriousness of the abusive situation and their faith in child protective services. Being a male was also observed to be more predictive of reporting for non-mandated reporters. Copyright © 2006 John Wiley & Sons, Ltd.

Flaherty, E. G., Sege, R., Price, L. L., Christoffel, K. K., Norton, D. P., & O'Connor, K. G. (2006). Pediatrician characteristics associated with child abuse identification and reporting: results from a national survey of pediatricians. *Child Maltreatment, 11*(4), 361-369.

Pediatrician experience with child protective services (CPS) and factors associated with identifying and reporting suspected child physical abuse were examined by a survey of members of the American Academy of Pediatrics (AAP). Respondents provided information about their demographics and experience, attitudes and practices with child abuse. They indicated their diagnosis and management of a child in a purposely ambiguous clinical vignette. Pediatricians who had received recent child abuse education were more confident in their ability to identify and manage child abuse. High confidence in ability to manage child abuse and positive attitude about domestic violence screening and value of anticipatory guidance predicted that pediatricians would have high suspicion that the child in the vignette was abused and that they would report the child to CPS. Future efforts to improve medical intervention in child abuse should focus on physician attitudes and experience, as well as cognitive factors.

Narayan, A. P., Socolar, R. R., & St. Claire, K. (2006). [Pediatric residency training in child abuse and neglect in the United States.](#) *Pediatrics*, *117*(6), 2215-2221.

Child abuse and neglect are leading public health problems with significant morbidity and mortality. Previous studies indicate that physicians often lack knowledge and confidence in addressing child abuse and neglect. Our goal was to assess the child abuse and neglect curricula in pediatric residency programs as reported by chief residents and to identify levels of preparedness of residents to address child abuse and neglect on graduation. We analyzed variables related to preparedness. A 28-item survey was sent to chief residents of all 203 Accreditation Council for Graduate Medical Education–accredited pediatric residency programs in the United States from 2004–2005. We performed descriptive, bivariable, and multivariable analyses. The response rate was 71%. Most programs taught didactics on physical and sexual abuse, but only 54% included domestic violence. Ninety-three percent of respondents rated their didactics as useful or very useful. Forty-one percent of programs required mandatory clinical rotations in child abuse and neglect, 57% offered elective rotations, and 25% offered no rotations at all. Respondents rated the levels of preparedness of graduating residents to address child abuse and neglect as: very well (12%), well (54%), somewhat well (28%), or not well (6%). Preparedness was significantly associated with didactic usefulness, number of hours of didactics, total number of inpatient cases of child abuse and neglect seen, percent of residents completing mandatory rotations, number of sexual abuse cases during mandatory rotation, number of physical abuse cases during mandatory rotation, and length of mandatory rotation. Mandatory clinical experiences in child abuse and neglect improve the preparedness of graduating residents to identify and evaluate patients for child abuse and neglect. Perhaps residency training in child abuse and neglect should be a required subspecialty rotation with more explicit curricular content than in the current mandates.

Alvarez, K. M., Donohue, B., Kenny, M. C., Cavanaugh, N., & Romero, V. (2005). The process and consequences of reporting child maltreatment: A brief overview for professionals in the mental health field. *Aggression and Violent Behaviour*, *10*(3), 311–331.

Although it has been more than three decades since the Child Abuse Prevention Act was passed, mandating professionals to identify suspected cases of child maltreatment to protect children, professionals remain hesitant in their reporting of this severe problem. One of the primary reasons professionals fail to report child maltreatment is unfamiliarity with the reporting process. Indeed,

most professionals are inadequately trained to diplomatically make these reports, and some fail to report because they fear negative consequences for themselves, the alleged victim, and victim's family. Failing to report child maltreatment is associated with greater risk of future child maltreatment; therefore, this paper reviews child abuse and neglect reporting procedures, while emphasizing consequences that may occur for all involved parties. Methods of preventing negative consequences in this process are underscored, including recommendations for future research in this area.

Flaherty, E. G., & Sege, R. (2005). Barriers to physician identification and reporting of child abuse. *Pediatric Annals*, 34(5), 349-356.

Physicians systematically underidentify and underreport cases of child abuse. These medical errors may result in continued abuse, leading to potentially severe consequences. We have reviewed a number of studies that attempt to explain the reasons for these errors. The findings of these various studies suggest several priorities for improving the identification and reporting of child maltreatment: Improve continuing education about child maltreatment. Continuing education should focus not only on the identification of maltreatment but also on management and outcomes. This education should include an explanation of the role of CPS investigator and the physician's role in an investigation. The education should provide physicians with a better understanding of the overall outcome for children reported to CPS to help physicians gain perspective on the small number of maltreated children they may care for in their practice. This education should emphasize that the majority of maltreated children will benefit from CPS involvement. New York is the only state that mandates all physicians, as well as certain other professionals, take a 2-hour course called Identification and Reporting of Child Abuse and Maltreatment prior to licensing. Cited studies in this article suggest that such a mandate might be expected to improve identification and reporting, thereby encouraging other states to adopt similar regulations. Give physicians the opportunity to debrief with a trained professional after detecting and reporting child abuse. The concept of child abuse and the gravity of the decision to report can be troubling to the reporter. The debriefing could include discussions of uncomfortable feelings physicians may experience related to their own countertransference reactions. Provide resources to assist physicians in making the difficult determination of suspected maltreatment. The role of accessible telephone consultation should be evaluated, along with formalized collaborations with local Emergency Departments with pediatric

expertise. Improve the relationship between CPS and medical providers. For example, CPS workers should systematically inform the reporting physician about the progress of their investigation and the outcome for the child and family. Several past reports have made specific suggestions to improve the working relationship. Warner and Hanson recommended that positive outcomes be programmed into the reporting process. They suggested that CPS have special phone lines staffed by well-trained employees for mandated reporters to call. Finkelhor and Zellman proposed a more radical change to improve the working relationship between CPS and mandated reporters. They suggested that certain professionals, with demonstrated expertise in the recognition and treatment of child abuse and registered as such, should have "flexible reporting options." Options include the ability to defer reporting, if there are no immediate threats to a child, or to make a report in confidence and defer the investigation until necessary. Finkelhor and Zellman emphasized that this model would improve physician-reporting compliance and enhance the role of CPS while reducing the work burden for CPS. Improve interaction with the legal system. Child abuse pediatric experts who have courtroom experience could provide education and support to physicians who have little preexisting experience with the legal system. Reimbursement for time spent supporting legal proceedings should be equitable and may reduce physician concerns about lost patient revenue. Retrospective studies and vignette analyses provide much information about some of the barriers to child maltreatment reporting and describe many of the reasons why physicians do not identify and report all child maltreatment. Future prospective examinations of physician decision-making may further explain the physician's decision-making process and the barriers he or she faces when identifying and reporting child abuse.

Gunn, V. L., Hickson, G. B., & Cooper, W. O. (2005). Factors affecting pediatricians' reporting of suspected child maltreatment. *Ambulatory Pediatrics, 5*(2), 96-101.

To identify factors associated with pediatricians' decision not to report suspected child maltreatment. A survey was distributed to a random sample of pediatricians in a single state. Participants were asked if they had ever suspected child abuse or neglect but did not report. In addition, all were asked to list all the considerations that pediatricians incorporate into their decisions not to report. One hundred ninety-five pediatricians completed the survey (56% of those eligible). Twenty-eight percent of respondents stated that they had considered reporting an incident of suspected child maltreatment but had chosen not to. Providers who had chosen not to report

were more likely to be men ($P = .006$), to have been in practice longer ($P = .001$), to have reported more cases ($P = .001$), to have been deposed ($P = .001$) or to have testified ($P = .01$) in child maltreatment cases, and to have been threatened with lawsuit ($P = .02$) than were pediatricians who had never declined to report. Multivariate logistic regression demonstrated that male gender (odds ratio [OR] 2.18; 95% confidence interval [CI] 1.05–4.49), years in practice (OR 1.23; 95% CI 1.05–1.44), and experience reporting (OR 1.28; 95% CI 1.02–1.60) were all independently associated with decisions not to report. Respondents who had declined to report were more likely to cite lack of knowledge about reporting laws and process ($P = .05$) and poor experiences with child service agencies ($P = .03$) as reasons for not reporting than were their counterparts who had never declined to report suspected maltreatment.

Khan, A. N. G. A., Rubin, D. H., & Winnik, G. (2005). Evaluation of the mandatory child abuse course for physicians: Do we need to repeat it? *Public Health, 119*(7), 626-631.

Child abuse is one of the most common disorders affecting children of all ages. The objective of this study was to measure and assess the effectiveness of the mandated New York State child abuse and maltreatment course, and to identify and define the need for a refresher course. This study was conducted in two parts. Part 1 consisted of a web-based survey among the paediatric members of ‘Physicians Online’ in New York State, and Part 2 consisted of an anonymous questionnaire survey using conventional US mail among the registered physicians in New York State who took the mandatory ‘Recognition of Child Abuse and Maltreatment ‘ Course between January 1988 and December 1998. The questionnaire included demographic information, test questions, and opinions of the physicians regarding the need for a refresher course. The web survey yielded 239/664 (36%) responses in 1 week. Approximately 45% of the respondents agreed that participation in the course produced a significant difference in their knowledge base and recommended that the course should be repeated every 5 years. The response rate for the mail survey was 56% (424/756). Among the respondents, 88% agreed that participation in the course produced an increased source of knowledge and practice (mean score of 3.2 ± 1.2 using a scale of 1–5; where 1=disagree and 5=agree). The time since the course was taken (1–5 years vs >5 years ago) did not significantly influence their responses. Although 84% of the respondents answered the test questions correctly, significant differences were noted across practice specialty ($P < 0.05$). In response to the question regarding the necessity for a refresher course, the mean score was

2.55±1.6 using a linear scale of 0–5 (where 0=strongly disagree and 5=strongly agree). These data suggest that practice specialty, not the time since the course was taken, made a significant difference in the knowledge of recognition and reporting of child abuse.

Strozier, M., Brown, R., Fennell, M., Hardee, J., & Vogel, R. (2005). Experiences of mandated reporting among family therapists. *Contemporary Family Therapy*, 27(2), 177-191.

Mandated reporting of child abuse has rarely been examined in terms of its impact on Family Therapy (FT) systemic processes. This study is designed to assess negative experiences FTs have with mandated reporting. A survey instrument was devised to assess negative experiences of FTs with mandated reporting. The instrument was administered to 101 FTs. The results indicate four statistically significant findings regarding frequent negative experiences, largely related to the underfunding and understaffed nature of Child Protective Services (CPS). The results also indicated that negative experiences with CPS begin in the early stages of FTs' careers.

Alvarez, K. M., Kenny, M. C., Donohue, B., & Carpin, K. M. (2004). Why are professionals failing to initiate mandated reports of child maltreatment, and are there any empirically based training programs to assist professionals in the reporting process? *Aggression and Violent Behavior*, 9(5), 563-578.

Although millions of children are referred to Child Protective Services (CPS) agencies annually, the true extent of child maltreatment is grossly underestimated, as professionals legally mandated to report child maltreatment often fail to do. Failing to report child maltreatment denies child victims opportunities to receive much needed intervention services. Therefore, the purpose of this paper is twofold: (1) review studies that have been conducted to assist in understanding the reasons professionals fail to report child maltreatment, for example, being unaware of child abuse signs and symptoms, misinterpreting laws pertinent to child abuse reporting practices, fear of negative consequences resulting from the report, and (2) examine the extant training programs that have been proposed to assist professionals in the mandated child abuse and neglect reporting process. Further directions are provided in light of the reviewed study results.

Twaite, J. (2004). Understanding and reporting child abuse: Legal and psychological perspectives: Part two: Emotional abuse and secondary abuse. *Journal of Psychiatry & Law*, 32(4), 443-481.

Emotional abuse and secondary abuse of children are increasingly recognized within the mental health and legal professions as at least as damaging to adjustment as physical abuse, sexual abuse, and neglect. However, emotional and secondary abuse are relatively more difficult for mandated reporters to recognize and document, and reporting laws are problematic. This review article was written to acquaint professionals with the seriousness and prevalence of emotional and secondary child abuse and with the issues surrounding the reporting of such abuse.

Ainsworth, F. (2002). Mandatory reporting of child abuse and neglect: Does it really make a difference? *Child & Family Social Work*, 7(1), 57-63.

Mandatory reporting of child abuse and neglect has its origins in the USA, where model statutes for laws designed to introduce this process were first drafted in the early 1960s. Indeed, every state and the District of Columbia passed a child abuse reporting law between 1963 and 1967. Some 10 years later, in 1977, New South Wales was the first Australian state to pass comparable legislation. Mandatory reporting of suspected cases of child abuse and neglect is now in place in all Australian states and territories, with the exception of Western Australia. The question considered in this paper is: 'What evidence is there that children are abused and neglected *less* in jurisdictions where mandatory reporting exists by comparison with jurisdictions where it does not exist?' This question is examined by way of a comparison between two states, New South Wales and Western Australia. This paper also raises questions about the cost of mandatory reporting and the extent to which it diverts financial resources away from support services for families. There is also a question about the new New South Wales child protection legislation that extends mandatory reporting and possible negative consequences for ordinary families. The final question is about the role assigned to health care and education professionals under this legislation.

Johnson, C. F. (2002). Child maltreatment 2002: Recognition, reporting and risk. *Pediatrics International*, 44(5), 554-560.

Child abuse is a major cause of morbidity and mortality in the USA and in all other countries which have studied its incidence. It is the second leading cause of death of children in the USA.

To decrease the incidence of child abuse and improve the welfare of children there must be international efforts to recognize, and report child abuse and to decrease those risk factors, which place children in jeopardy. In the USA, reports of child maltreatment have decreased each year since 1994 after nearly two decades of increase. The increase was associated with the passage of laws that mandated reporting child maltreatment and increased recognition of maltreatment.

Hawkins, R., & McCallum, C. (2001). Effects of mandatory notification training on the tendency to report hypothetical cases of child abuse and neglect. *Child Abuse Review, 10*(5), 301-322.

The objective of this study was to examine the effect of mandated notification training upon the tendency of individuals to report hypothetical cases of abuse and neglect. A second objective was to investigate the factors that influence the decision to report and to determine whether mandated notification training had an effect on these factors. Comparisons were drawn between a no training and a recent training group (with random allocation). An additional group of participants who had received training some time ago was included. Five hypothetical vignettes were responded to by 41 teachers and school personnel who had recently completed training, 31 people who had not completed training and 73 people who had completed training some years previously. Where the quality of evidence of abuse and thus suspicion of abuse was relatively high, there were no differences in the likelihood of reporting between trained and untrained participants, all of whom were very likely to report. Ambiguous evidence of abuse had a strong negative influence on reporting likelihood, although mandatory reporting training reduced this inhibition. Copyright © 2001 John Wiley & Sons, Ltd.

Vulliamy, A., & Sullivan, R. (2000). Reporting child abuse: Pediatricians' experiences with the child protection system. *Child Abuse and Neglect, 24*(11), 1461-1470.

To explore pediatricians' reluctance to adhere to a legal mandate to report suspected child abuse and to compare their perspectives with those described in other jurisdictions in studies informed by different theories and employing diverse methodologies. An anonymous survey questionnaire was distributed to all pediatricians with admitting privileges to B.C. Children's Hospital which has a specialized Child Protection Services Unit. Physicians were asked about their own prior reporting experience and the influence of that experience upon future reporting decisions. They were also

asked why they think other physicians might be reluctant to report ($N = 26$). While respondents were generally positive about their experience in filing a report to Child Protective Services, they were less positive about the dearth of feedback they received and they were undecided as to whether there was a positive outcome to their report. Their perceptions of the reasons colleagues might fail to report emphasized dissatisfaction with CPS, concern with loss of relationship with the child's parents, and a desire to avoid court proceedings. Physicians' noncompliance or at least dissatisfaction with their child abuse reporting mandate is an international problem that cannot be addressed by institutional protocols alone. Confusions about the limitations on confidentiality and information sharing might be better addressed through more shared training and opportunities for collaboration than by legal mandates and institutional protocols alone. Organizational theory and exchange theory might inform future research about the conditions under which collaboration is enhanced in the service of protecting children.

Steinberg, A. M., Pynoos, R. S., Goenjian, A. K., Sossanabadi, H., & Sherr, L. (1999). Are researchers bound by child abuse reporting laws? *Child Abuse & Neglect*, 23(8), 771-777.

Study objective was to discuss issues concerning mandatory reporting of child abuse in research settings. An overview of existing Federal and State statutes regarding mandatory reporting of child abuse is presented. A critical review of the literature addresses the following issues: (1) whether researchers have a moral duty to place the health and safety of children above concerns about confidentiality and the benefits of obtaining new knowledge; (2) whether the Certificate of Confidentiality preempts reporting requirements; (3) whether researchers who are not health professionals (such as child developmentalists, psychobiologists, neuroscientists) should be required to report; and (4) whether researchers should be required to expand their protocols to include more in-depth investigation of potential abuse. Existing child abuse reporting laws do not specifically designate researchers as among the category of individuals mandated to report suspected child abuse. Currently, Human Subject Protection Committees and Federal funding agencies are tending to interpret reporting laws as applying to researchers, including requiring that research subjects are informed of this responsibility in consenting procedures. It is unclear whether the Certificate of Confidentiality preempts child abuse reporting laws. The authors recommend that legislatures specifically designate researchers as mandated reporters to ensure more uniform reporting practices in research settings. For both investigators and Human Subject Protection

Committees, inclusion of researchers among the categories of those mandated to report would also help address issues of immunity from civil and criminal liability for “good faith” reports that turn out to be false and injurious.

King, G., Reece, R., Bendel, R., & Patel, V. (1998). The effects of sociodemographic variables, training, and attitudes on the lifetime reporting practices of mandated reporters. *Child Maltreatment, 3*(3), 276-283.

This study examined the effects of sociodemographic, training, and attitudinal variables on the child maltreatment lifetime reporting proportion (LRP) of 382 randomly selected pediatricians, master's level social workers (MSWs), and physician assistants (PAs). Findings indicated a lifetime mean of 24 suspected cases of child maltreatment and an average of 16 reported cases with an LRP of 69%. Pediatricians reported the highest LRP (76%), followed by MSWs (63%) and PAs (60%); differences in LRP were partially reduced to nonsignificance after adjusting for the other independent variables. Multivariate analysis revealed that the strongest predictors of LRP were case-related attitudes, professional concerns, institutional setting, and the amount of training the professional received. These results demonstrate the importance of professional education and opinions of mandated reporters in reporting practices.

Drake, B., & Zuravin, S. (1998). Bias in child maltreatment reporting. *American Journal of Orthopsychiatry, 68*(2), 295-304.

Data on the degree of class bias in child protective services databases are reviewed, along with recent empirical findings on the class distribution of child maltreatment. The evidence suggests high levels of child abuse and neglect among the poor and, despite debate on the question, there is no body of empirical data suggesting that these findings are a product of bias predisposing toward overestimates of child maltreatment among the poor. Implications for research, practice, and policy are offered.

O'Toole, R., O'Toole, A. W., Webster, S., & Lucal, B. (1997). Influence of perpetrators' account on nurses' recognition and reporting of child abuse. *Journal of Family Violence, 12*(1), 49-62.

Suspected perpetrators may attempt to influence the professional's recognition and reporting of child abuse by providing an account that explains or justifies their behavior or the child's injury. A factorial survey design was employed in which a random sample of nurses (N = 1038) judged vignettes that included systematic variations of types of accounts and selected case characteristics. In comparison to the other characteristics of the case, perpetrator accounts had little impact on nurses' recognition and reporting of child abuse. Only two types of accounts influenced the nurses' responses, and from the perspective of the suspected perpetrator they backfired, resulting in greater recognition and reporting of abuse. Interaction terms constructed of accounts and situational variables had little impact on nurses' judgments when sexual abuse was involved, but resulted in both higher and lower recognition and reporting scores when physical and emotional acts were judged.

Steinberg, K. L., Levine, M., & Doueck, H. J. (1997). Effects of legally mandated child-child abuse reports on the therapeutic relationship: A survey of psychotherapists. *American Journal of Orthopsychiatry, 67*(1), 112-122.

In a national survey of 907 licensed psychologists regarding mandated reporting of child maltreatment, predictors of outcome included: therapeutic alliance; role strain; therapist explicitness; family vs. individual treatment; and whether or not the client was the perpetrator. Therapists were asked to describe a case involving reporting, its impact on treatment, informed consent procedures, as well as their own attitudes and beliefs. Implications for research are discussed, and recommendations for clinical training and practice are offered.

Reiniger, A., Robison, E., & McHugh, M. (1995). Mandated training of professionals: A means for improving reporting of suspected child abuse. *Child Abuse & Neglect, 19*(1), 63-69.

Professionals who are legally required to report suspicions of child abuse and neglect to a child abuse hotline often do not do so. In 1988 the New York State Legislature passed a law requiring professionals to take a 2-hour course called *Identification and Reporting Child Abuse and Maltreatment* as a prerequisite for licensure. New York Society for the Prevention of Cruelty to Children has provided this training for more than 2,500 physicians, psychologists, psychiatrists,

nurses, teachers, and other professionals. A question affecting training content and quality, as well as policy decisions by child welfare professionals, remains: whether failure to report is founded in professionals' ignorance of the law and procedures involved in reporting or in their inability to recognize indicators of child abuse and neglect. NYSPCC conducted a survey of 1,368 course participants to determine the extent to which information in the course was new to them. Results indicated that substantial numbers of professionals were not aware of indicators of abuse; nevertheless all professionals were more knowledgeable about abuse than they were about legal obligations and procedures for reporting. A surprising finding was that teachers were no more knowledgeable about indicators of abuse than were other professionals, though most abused children are of school age. These and other results strongly supported the need to train professionals about indicators of child abuse and about how to report them.

Crenshaw, W. B., Lichtenberg, J. W., & Bartell, P. A. (1994). Mental health providers and child sexual abuse: A multivariate analysis of the decision to report. *Journal of Child Sexual Abuse*, 2(4), 19-42.

This study examined the sexual abuse reporting tendencies of Mental Health Providers (MHPs). The Crenshaw Abuse Reported Survey (CARS-M; Crenshaw, 1990) was completed by 452 Kansas MHPs. Descriptive statistics, discriminant analyses and chi-squares yielded the following results: (a) knowledge of and support for reporting laws was nearly uniform across respondents; (b) reporting tendency differed across MHP profession and gender on scenarios of suspected and known sexual abuse; and (c) reporting tendencies were predicted with 82% to 92% accuracy for each scenario, using a linear composite of decisional items. The data suggest that both Reporters and Non-Reporters are doing what they believe to be in the best interest of their clients. The principal differences between the groups are the way in which they interpret their roles as professionals within a broader legal context and how they execute the treatment of their clients within this context.

O'Toole, A. W., O'Toole, R., Webster, S., & Lucal, B. (1993). Nurses' recognition and reporting of child abuse: A factorial survey. *Deviant Behavior, 14*(4), 341-363.

According to interactionist theory, responses of professionals to potential deviance will vary by characteristics of the event, characteristics of the biography and training of the observer, and characteristics of the organization in which the process occurs. Hypotheses concerning recognition and reporting of child abuse were tested using a factorial survey design. A probability sample of nurses ($N = 1,038$) judged vignettes, in which case characteristic variables were systematically manipulated, and responded to a questionnaire on their background, professional work, and organization. Case characteristics involving type and level of seriousness of abuse, perpetrator status, and perpetrator psychology had the greatest effects on the average recognition and reporting scores, as shown in the analysis using ordinary least squares regression. Contrary to interactionist predictions, only a small additional amount of the variance was accounted for when the nurses' characteristics and organizational characteristics were added to the equation. Implications of the findings for further research and for social policy and practice concerning child abuse are discussed.

Wurtele, S. K., & Schmitt, A. (1992). Child care workers' knowledge about reporting suspected child sexual abuse. *Child Abuse & Neglect, 16*(3), 385-390.

As reports of the sexual abuse of preschool-aged children increase and the number of children in day care expands, it is important to recognize child care workers as potentially important resource persons for sexually abused preschoolers. Although they are potential resources for abused children, they may fail to report suspected abuse if they do not know their legal responsibilities and their rights and protections under the law. The purpose of this study was to determine child care workers' knowledge about their reporting rights and responsibilities. Relative to child sexual abuse experts, day care personnel knew significantly less about the procedures for reporting suspected abuse and their protection under the law. Suggestions for improving child care workers' knowledge about reporting suspected sexual abuse cases are provided.

Zellman, G. L. (1990). [Report decision-making patterns among mandated child abuse reporters](#). *Child Abuse and Neglect*, 14(3), 325–336.

The goal of this investigation was to examine whether reporting decisions could be described by a coherent process that was consistent across incidents of suspected abuse. Using case vignettes imbedded in a national mail survey of mandated reporters, we examined the relationship between a series of judgments about the cases described in the vignettes and reporting intentions. These judgments included seriousness of the incident; whether the incident should be labeled “abuse” or “neglect”; whether the law would require a report; and whether the child and, separately, the rest of the family would benefit from a report. These five abuse-relevant judgments were strongly related to each other and together accounted for a substantial amount of the variance in reporting intentions. The law's demands most closely related to reporting intentions; benefits of reports were least closely related. Varimax rotation of a factor analysis revealed two factors: The first included seriousness, the abuse label, and the law's requirements, along with reporting intentions. The two benefit judgments loaded on the second factor. There were small differences in reporting judgments and patterns as a function of type of abuse. The implications of these findings for mandated reporter behavior are discussed.

Law

Mathews, B. (2019). [A taxonomy of duties to report child sexual abuse: Legal developments offer new ways to facilitate disclosure](#). *Child Abuse & Neglect*, 88, 337-347.
<https://doi.org/10.1016/j.chiabu.2018.12.003>

Child sexual abuse is undisclosed for many reasons that are resistant to change. Citizens can play an important role in disclosing cases of child sexual abuse to authorities. Professionals who deal with children also play a crucial role. Office-holders in organisations have a clear responsibility to prevent cover-ups of sexual abuse. Recently, some countries have created important new legal duties for adults to disclose child sexual abuse. This article creates a contemporary taxonomy of duties to disclose cases of child sexual abuse, and explains their nature and justification. Citizens, professionals dealing with children in the course of their work, and managers of child and youth-serving organisations. Legal analysis created a taxonomy of reporting duties. Analysis of these duties from perspectives of criminal jurisprudence, public health law, children’s rights and ethics considered their justification. Seven legal duties now exist, in criminal law, civil law and child

protection law. Some apply to all citizens; others to managers in organisations; others to professionals dealing with children in the course of their work. All the duties are directed to early detection of cases; some are directed towards prevention; and some are focused on avoidance of institutional corruption. These developments represent historic progress in overcoming normally intractable barriers to disclosure of cases of child sexual abuse. New legal duties are consistent with principles from criminal jurisprudence, public health law, children's rights and ethics. Where adopted, societies should ensure the creation and maintenance of ecological conditions in which these duties can be observed.

Raz, M. (2017). [Unintended consequences of expanded mandatory reporting laws](https://doi.org/10.1542/peds.2016-3511). *Pediatrics*, 139(4), e20163511. <https://doi.org/10.1542/peds.2016-3511>

Editorial

Mathews, B., Lee, X. J., & Norman, R. E. (2016). Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: A seven-year time trend analysis. *Child Abuse & Neglect*, 5662-5679.

Child sexual abuse is widespread and difficult to detect. To enhance case identification, many societies have enacted mandatory reporting laws requiring designated professionals, most often police, teachers, doctors and nurses, to report suspected cases to government child welfare agencies. Little research has explored the effects of introducing a reporting law on the number of reports made, and the outcomes of those reports. This study explored the impact of a new legislative mandatory reporting duty for child sexual abuse in the State of Western Australia over seven years. We analyzed data about numbers and outcomes of reports by mandated reporters, for periods before the law (2006–2008) and after the law (2009–2012). Results indicate that the number of reports by mandated reporters of suspected child sexual abuse increased by a factor of 3.7, from an annual mean of 662 in the three year pre-law period to 2448 in the four year post-law period. The increase in the first two post-law years was contextually and statistically significant. Report numbers stabilized in 2010–2012, at one report per 210 children. The number of investigated reports increased threefold, from an annual mean of 451 in the pre-law period to 1363 in the post-law period. Significant decline in the proportion of mandated reports that were investigated in the first two post-law years suggested the new level of reporting and investigative

need exceeded what was anticipated. However, a subsequent significant increase restored the pre-law proportion, suggesting systemic adaptive capacity. The number of substantiated investigations doubled, from an annual mean of 160 in the pre-law period to 327 in the post-law period, indicating twice as many sexually abused children were being identified.

Palusci, V. J., Vandervort, F. E., & Lewis, J. M. (2016). Does changing mandated reporting laws improve child maltreatment reporting in large US counties?. *Children and Youth Services Review*, 66, 170-179. <https://doi.org/10.1016/j.chidyouth.2016.05.002>

The effects of changes in mandated child maltreatment reporting laws have not been systematically evaluated. To better understand the effects of these changes, the objectives of the present study are: (1) to assess the relationships between report rates and state universal and clergy reporting laws in 2010; (2) to compare the changes in total, confirmed, and maltreatment type report rates and with changes in reporting laws from 2000 to 2010, and (3) to examine whether there is any relationship with report rates and the nature of the mandated reporting law change. We used county-level data from the U.S. National Child Abuse and Neglect Data System for the years 2000 and 2010 to evaluate changes in reporting rates for total reports, confirmed reports, and confirmed maltreatment types while controlling for concurrent changes in child and community variables. We found that trends in 2010 for increased total and confirmed reports were similar to 2000 for counties with universal and/or clergy reporting requirements, which significantly contributed to report rates even after controlling for child and community factors. Universal reporting was associated with higher report rates for physical and sexual abuse, and clergy reporting requirements were associated with more sexual abuse, medical neglect and psychological maltreatment confirmed reports. However, while counties in states that changed their clergy reporting laws had higher increases in total reports, they had fewer confirmed physical and sexual abuse, neglect, and psychological maltreatment reports. More pronounced changes were noted in a state that made more pronounced changes in its clergy reporting laws. Policymakers should consider whether changing requirements for mandated reporting meaningfully improves child maltreatment identification.

Walsh, W. A., & Jones, L. M. (2016). A statewide study of the public's knowledge of child abuse reporting laws. *Journal of Public Child Welfare, 10*(5), 561-579.
<https://doi.org/10.1080/15548732.2016.1189374>

This study conducted telephone interviews with a random sample of adults (N = 509) in a state with a universal child abuse reporting law. A substantial proportion of the interviewees (39%) were not aware of this law. Findings indicated that the public's understanding was mixed. Most respondents knew that reports could be made anonymously and that their identity could be kept private. However, most believed that children are automatically removed from the home if there is maltreatment and more than 50% were not aware they could be charged with a misdemeanor for failing to report a suspicion of child abuse. The respondents who had ever made a report (19%), had a greater knowledge of the laws than those who had not made a report. Older adults and those with less education had the least accurate perception of child abuse reporting policies. When asked about barriers to reporting, respondents cited worries that reporting would not help the child. Findings suggest that efforts to increase the public's comfort with reporting may require strategies to increase their confidence that the benefits will outweigh the risks for the child.

Drake, B., & Jonson-Reid, M. (2015). Competing values and evidence: How do we evaluate mandated reporting and cps response?. In *Mandatory Reporting Laws and the Identification of Severe Child Abuse and Neglect* (pp. 33-60). Springer Netherlands.

Palusci, V. J., & Vandervort, F. E. (2014). Universal reporting laws and child maltreatment report rates in large US counties. *Children and Youth Services Review, 38*, 20-28.

The effects of universal mandated reporting laws on child maltreatment reporting rates have not been systematically evaluated. To better understand the effects of universal reporting, the objectives of the present study are: (1) to evaluate the relationship of total and confirmed child maltreatment report rates with state universal reporting laws; (2) to determine whether demographic characteristics modify these effects; and (3) to assess whether these relationships, if any, hold with confirmed reports of specific child maltreatment types. We used county-level data from the U.S. National Child Abuse and Neglect Data System for the year 2000 in linear regression models to evaluate reporting rates for total reports, confirmed reports, and confirmed maltreatment types in a cross-sectional, ecological analysis. We compared these rates while controlling for child and community demographic variables such as child population size, gender, race, ethnicity,

school attendance, disability, poverty, housing, high school graduation, parental marriage, religiosity, unemployment and crime. We found that counties in states with laws mandating that all adults must report suspected child maltreatment have significantly higher rates of total and confirmed reports even after controlling for several demographic characteristics previously associated with CM in the literature. However, among CM types, universal reporting was associated only with higher rates of confirmed neglect. Since it is unclear whether changing state law or policy will enhance case identification in states that do not currently require universal reporting, policymakers should consider whether universal reporting will meaningfully improve CM identification as they consider changes to state statutes.

Brown, L. G., & Gallagher, K. (2012). [Mandatory reporting of abuse: A historical perspective on the evolution of states' current mandatory reporting laws with a review of the laws in the commonwealth of Pennsylvania.](#)

Kim, S., Gostin, L., & Cole, T. (2012). [Child abuse reporting: Rethinking child protection.](#) *JAMA*, 308(1), 37-38.

McElroy, R. (2012). [An analysis of state laws regarding mandated reporting of child maltreatment.](#) Cincinnati: Child Focus.

This issue brief provides an overview of how different states have approached universal mandated reporting policies, some considerations for reporting statutes in general, and various themes from interviews SPARC conducted with state administrators. While it does not explore every issue a state should consider in discussions about whether to move towards a universal mandated reporting policy, it may provide a starting point for states moving in this direction.

National Conference of State Legislatures (2012). [Mandatory Reporting of Child Abuse & Neglect-State Legislative Overview.](#)

This presentation produced by the National Conference of State Legislatures (NCSL), looks at both State and Federal Legislation introduced in 2012 concerning reporting of suspected child abuse and neglect.

National District Attorney's Association (2012). [State Statutes on Mandatory Reporting of Child Abuse and Neglect](#). Alexandria, VA: National Center for Prosecution of Child Abuse.

This compilation includes civil and criminal state, District of Columbia, territory and federal statutes as of November 2012 regarding mandated reporting of suspected child abuse and neglect. Please note there may have been changes to this area of law since our last update.

Williams, S. J. (2012). [Reforming mandated reporting laws after Sandusky](#). *Kansas Journal of Law and Public Policy*, 22, 235.

This article explores the intersection of poverty, power, and privilege in the child protection system that contributed to the child sexual abuse scandal at Penn State University. It concludes with a call to action to ensure accountability for mandated reporters and create equity in systems protecting children and youth.

Child Welfare Information Gateway (2010). [Mandatory reporters of child abuse and neglect: Summary of state laws](#). Washington: US Department of Health and Human Services.

Matthews, B., & Kenny, M. C. (2008). [Mandatory reporting legislation in the United States, Canada, and Australia: A cross-jurisdictional review of key features, differences, and issues](#). *Child Maltreatment*, 13(1), 50-63.

Mandatory child abuse reporting laws have developed in particular detail in the US, Canada, and Australia, as a central part of governments' strategy to detect cases of abuse and neglect at an early stage, protect children, and facilitate the provision of services to children and families. Yet, the terms of these laws differ in significant ways, both within and between these nations, with the differences tending to broaden or narrow the scope of cases required to be reported, and by whom. The purpose of this paper is to provide a current and systematic review of mandatory reporting legislation in the three countries which have invested most heavily in them to date. A comparison of key elements of these laws is conducted, disclosing significant differences and illuminating the issues facing legislatures and policymaking bodies in countries already having the laws. These findings will also be instructive to those jurisdictions still developing their laws and to those which may in the future choose to design a system of mandatory reporting.

Melton, G. B. (2005). Mandated reporting: A policy without reason. *Child Abuse and Neglect*, 29(1), 9-18.

Houry, D., Sachs, C. J., Feldhaus, K. M., & Linden, J. (2002). Violence-inflicted injuries: Reporting laws in the fifty states. *Annals of Emergency Medicine*, 39(1), 56-60.

Physicians have an important role in the diagnosis, treatment, and documentation of violence-inflicted injuries. Physicians may also be legally mandated to report these assault-related injuries to law enforcement. Previous studies have shown that physicians may not be aware of the reporting laws in their state. The objective of this study was to review the reporting laws for violence-inflicted injuries in adults in the 50 states and the District of Columbia, with particular emphasis on domestic violence. Members of a domestic violence research interest group contacted individual state legislatures regarding mandated reporting by health providers of violence-inflicted injuries in adults. This information was then verified by each state's domestic violence coalition. Statutes regarding child abuse or sexual assault and statutes concerning injuries in incapacitated adults were not included in this study. Five states (Alabama, New Mexico, South Carolina, Washington, and Wyoming) have no specific reporting requirements for health providers treating patients with assault-related injuries. Forty-two states have reporting requirements for injuries resulting from firearms, knives, or other weapons. Twenty-three states have reporting requirements for injuries resulting from crimes. Seven states have statutes that specifically require health providers to report injuries resulting from domestic violence. Forty-five states have laws that mandate physician reports of injuries caused by weapons, crimes, or domestic violence. Physicians need to be aware of the existence of these laws and of their state's specific requirements.

Crenshaw, W. B., Bartell, P. A., & Lichtenberg, J. W. (1994). Proposed revisions to mandatory reporting laws: An exploratory survey of child protective service agencies. *Child Welfare: Journal of Policy, Practice, and Program*, 73(1), 15-27.

Reviews the literature on mandatory reporting by mental health service providers (MHPs) and examines macro (social service) and micro (psychotherapeutic) strategies for dealing with child abuse. Three alternative models of reporting are proposed (family self-report, conjoint reporting, and discretionary reporting). Results indicate strong support for the standard model of reporting and marginal support for alternatives that supply the MHP and the family with more latitude in

determining when to report and how reports are handled. (PsycINFO Database Record © 2012 APA, all rights reserved)

Hutchison, E. D. (1993). Mandatory reporting laws: Child protective case finding gone awry? *Social Work, 38*(1), 56-63.

Recent attacks on the child protective system have included criticism of the mandatory reporting laws to protect children from maltreatment. After a brief history of the development of the reporting laws and an evaluation of the assumptions underlying the use of these laws for case finding, this article analyzes the costs and benefits of the reporting laws for four stakeholders—the state, professionals, families, and children—and concludes that the costs of the laws outweigh the benefits. Recommended policy revisions include improved income maintenance, general social services and family-preservation programs to support families in their care of children, and narrowed definitions of child maltreatment.

Kalichman, S. C., Craig, M. E., & Follingstad, D. R. (1990). Professionals' adherence to mandatory child abuse reporting laws: Effects of responsibility attribution, confidence ratings, and situational factors. *Child Abuse & Neglect, 14*(1), 69-77.

This study investigated the relationship between responsibility attribution and tendency to report child sexual abuse among practicing psychologists. Two hundred ninety-five licensed psychologists from two states completed vignettes in which the sex of the child and the father's admission or denial of alleged sexual abuse were systematically manipulated. Subjects assigned relative percentages of responsibility to the father, mother, child, and society for the abuse and indicated their tendency to report and their level of confidence that abuse was occurring. Results indicated a significant effect for responsibility to the mother which varied as a function of the father's response to the allegation of abuse. Mothers were blamed significantly more for the abuse when the father denied being abusive. Responsibility attribution did not predict reporting, while confidence in the occurrence of abuse did. Also, sex differences were found among participants where male subjects assigned significantly more responsibility to the abusive father than female participants, and the females blamed the mother more than the males. Results are discussed in the context of previous research on responsibility attribution in child abuse.

Lamond, D. A. P. (1989). The impact of mandatory reporting legislation on reporting behavior. *Child Abuse & Neglect*, 13(4), 471-480.

In New South Wales, Australia, in July 1987, the category of professionals required to report suspected cases of child sexual assault to the Department of Family and Community Services was extended to include teachers and other school professionals. This paper reports on the impact of the process associated with the enactment of the new mandatory reporting requirements on the reporting behavior of the new mandatory notifiers. There was a significant increase in the number and proportion of reports of suspected sexual assault received from teachers. At the same time there has been no change in the quality of teachers' reports, as measured by the percentage of reports which are verified on assessment.