

Alvarex, 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, 563-578.

(info not yet integrated into Inspiration lit review info)

\*\*\*\*\*summary of key information from article:

...” approximately 40% of mandated professionals have failed to report child maltreatment at some point in their careers, and 6% consistently fail to report”

**Barriers to reporting:**

1. Professionals Lack of knowledge re. Signs and symptoms of abuse & Reporting procedures
2. Professionals Perceived Negative consequences for client, e.g., the reporting of suspected CA/N may put the child in greater danger
3. Professionals Negative attitude toward Child Protective Services (CPS), e.g., the system does not work, nothing will occur as a result of the report
4. Perceived Negative consequences for professionals, e.g., the professional could be taken to court for an incorrect referral

**Cited need for training to address the barriers to reporting, Training should include:**

1. types of abuse & definitions
2. state specific reporting procedures and legal issues
3. information concerning how to involve the “client” in the reporting process
4. perceptions and realities of professionals concerning: a) damage to relationships; b) additional harm to children; c) legal ramifications; and d) perceptions of CPS

\*\*\*\*\*in depth info from article:

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“Although all 50 states require professionals to report child maltreatment, professionals often fail to comply with this mandate (Butz, 1985; Finkelhor, Gomez-Schwartz, & Horowitz, 1984; James, Womack, & Strauss, 1978; Morris, Charles, & Clansen, 1985; Saulsbury & Campbell, 1985). For instance, approximately 40% of mandated professionals have failed to report child maltreatment at some point in their careers, and 6% consistently fail to report (Besharov, 1994; Camblin & Prout, 1983; Kenny & McEachern, 2002; Levine, 1983; Zellman, 1990a, 1990b). Indeed, studies have indicated up to 68% of abused or neglected

children are not referred to CPS agencies (Meriwether, 1986).”

“this paper will begin by reviewing the barriers to reporting that have been identified in the literature, including not being aware of child abuse signs and symptoms, misinterpreting laws pertinent to child abuse reporting practices, and fear of negative consequences resulting from the report. The paper will also delineate educational initiatives and intervention programs that have been found to aid in the reporting of child maltreatment. As will be indicated, empirically based intervention approaches are needed, and may assist in the improvement of professional’s compliance with mandated reporting of child maltreatment.”

### **Barriers to reporting:**

#### 1. Professionals Lack of knowledge

##### 1.1 Signs and symptoms of abuse

“Professionals often lack adequate knowledge of the signs and symptoms of the various types of child abuse and neglect (Stein, 1984).”

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“...school counselors who had made a decision to not report suspected abuse frequently cited the reason of having “no visible physical signs of child abuse” as a deterrent to reporting (Kenny & McEachern, 2002, p. 71). Abrahams, Casey, and Daro (1992) reported that teachers in their sample felt a significant obstacle to reporting was their lack of knowledge on how to identify cases of child maltreatment. Lack of symptom specificity for abuse is another deterrent to reporting suspected abuse (Kalichman, 1999), and physicians and teachers have also reported that they feel they are not able to identify signs of child maltreatment accurately (Kenny & McEachern, 2002).”

##### 1.2 Reporting procedures

“Lack of training in reporting procedures is another impediment to reporting child maltreatment (Stein, 1984). Many professionals lack training in specific reporting procedures, such as when and how to make the report (Abrahams et al., 1992; Beck, Ogloff, & Corbishley, 1994; Hazzard, 1984; Kim, 1986). Plante (1995) found that most service providers lack training in child abuse, including information on the requirements of mandated reporting and ethical concerns. It has also been found that despite professionals’ claims to be generally knowledgeable about child abuse, they hold a number of erroneous beliefs about reporting procedures (Kenny, 2001a,b; Kenny & McEachern, 2002). Moreover, only 3% of teachers reported that they were aware of their school’s procedures for reporting child abuse (Kenny, 2001a). As reported by Payne and Payne (1991), many school principals prefer to resolve child abuse quietly within the school community, while others personally investigate cases of suspected abuse brought to them by staff before making a report. Both of these actions, believed to be compliant by respondents, are not in compliance with most state child abuse reporting laws.

Another possible deterrent to reporting abuse and neglect may be attributed to the lack of clear reporting policies in some agencies (Kenny & McEachern, 2002). For professionals within an institutional setting, institutional protocol may lead to further frustration when reporting abuse (Nalepka, O’Toole, & Turbett, 1981). Professionals are often instructed to channel reports of abuse to their supervisors before making a report to CPS. Although this approach may be appropriate in most cases, many professionals

complain that they are unsure of what course of action to pursue when there is disagreement with a supervisor concerning the decision to report (Hazzard, 1984). Some respondents have indicated that they believe administration is not supportive to their decision to report (Kenny, 2001a), or that the institutional policy is in direct opposition to the state law.”

## 2.0 Professionals perceived Negative consequences for client

“Generally, when professionals fail to report child abuse, they do so believing it is in the best interest of the child (Wilson & Gettinger, 1989). Some mandated reporters do not report, or hesitate to report, child maltreatment because they fear that the report will result in further...

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“...harm to the family (Bavoleck, 1983; Winefield & Castell-McGregor, 1987; Zellman, 1990a,b) and child (Alpert & Green, 1992; Harper & Irvin, 1985; Kim, 1986; Zellman, 1990a). Others believe the report may upset an already unstable family structure through prosecution of the offending parent, or removal of the child into a worse living environment (Steinberg, Levine, & Doueck, 1997; Tilden et al., 1994).

Some mental health clinicians oppose mandated reporting because they believe the reporting of child maltreatment is a breach of confidentiality (Kalichman, 1999). Indeed, about a third of psychologists are estimated to believe the treatment process is disrupted due to reporting child maltreatment (Kalichman & Craig, 1991). Along these lines, others believe the reporting of child maltreatment typically exacerbates the professional relationship between the suspected perpetrator and reporter (Ansel & Ross, 1990; Kalichman, Craig, & Follingstad, 1989; Smith & Meyer, 1984). Educators share similar concerns that reporting child abuse to the authorities may damage their relationships with child victims and their families (Abrahams et al., 1992). A fear of reporting voiced by school principals is that such reporting of child maltreatment will somehow damage the school–family alliances that have been formed (Payne & Payne, 1991), and that reports carry emotional costs to the family and child (Zellman, 1990a,b).

Some clinicians will let the first revelation of abuse go unreported, but firmly warn the family that if abuse happens again, a report will be made to avoid “disruption” of a CPS investigation (see Kenny, 1998). Others have claimed that clients may be reluctant to divulge instances of child maltreatment because they are afraid they will be reported, and thus fail to receive treatment for abusive tendencies (Faller, 1985). Similarly, mandated reporting may discourage offenders from seeking help if they know their abusive acts will be reported (Kalichman, 1999).

## 3.0 Negative attitude toward CPS

“A negative view of CPS by mandated professionals is a great hindrance to reporting (Alexander, 1990; Morris et al., 1985). Professionals often complain that CPS caseworkers often put maltreated children at risk for further harm due to delays in their investigations of child maltreatment (Kenny, 2001a). Lack of faith in CPS due to poor responses of their caseworkers in the investigative and follow-up processes has been cited by principals, teachers (Payne & Payne, 1991), and school counselors (Kenny & McEachern, 2002). Wilson and Gettinger (1989) discovered a significant percentage of school psychologists held negative attitudes toward CPS, and believed CPS “would not do anything” when the

abuse was reported. [Finkelhor and Zellman \(1991\)](#) suggested that an unfavorable perception of CPS may influence professionals to believe CPS should not be involved in the treatment of the child and family. Some professionals are critics of mandated reporting on the basis that it fails to meet the primary objective of protecting children ([Kalichman, 1999](#)). Proponents of this view purport that resources are expended on investigating reports, which in many cases are unfounded, rather than channeling these resources into prevention and intervention services.”

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#### 4.0 Negative consequences for professionals

“Most teachers believe that they should not be mandated to report child abuse and neglect ([Kenny, 2001a](#)). Indeed, professionals may have personal motivations for failing to report maltreatment. For instance, professionals may simply not want to be involved in, or may be uncomfortable about, reporting child maltreatment ([Faller, 1985; Tower, 1992](#)), or feel burdened by the time required to make a report of child maltreatment or participate in legal proceedings ([Kim, 1986](#)). Fear of physical or legal retaliation from the perpetrator is another barrier ([Badger, 1989; Baxter & Beer, 1990; Kim, 1986](#)). [Kenny \(2001b\)](#) found that physicians and teachers feared they could be sued by families for making a false or inaccurate report of abuse. Indeed, in one study, the majority of teachers feared legal ramifications for false reports ([Abrahams et al., 1992](#)). The aforementioned fears may be influenced by administrators, as principals have expressed concern regarding the loss of rapport with the family consequent to making a report of suspected child maltreatment ([Zellman, 1990a,b](#)). It may be especially difficult for professionals to report child maltreatment when the suspected offender is someone who they know well, or who is a respected member of the community ([Tower, 1992](#)). Many mental health workers have difficulty acknowledging that child abuse exists, especially in the families with which they have established trust and rapport ([Tilden et al., 1994](#)).”

#### **How to address the problem of lack of reporting:**

“Training programs should, at a minimum, help professionals identify signs of abuse and neglect and address the legal parameters of what, when, and how to report maltreatment.”

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“Workshops and continuing education programs can focus on specific areas (i.e., reporting requirements, signs and symptoms), whereas information infused throughout preservice training can help professionals build a knowledge base about child abuse.”

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“Recommendations for course content included definitional issues, prevalence of child abuse and neglect, consequences of child abuse and neglect, theories about the development of abusive and neglectful behaviors in adults, recognition and referral of abused and neglected children and adults, responses to child abuse and neglect by CPS, medical intervention, legal involvement, mental health interventions and prevention of child abuse and neglect.”

“[Gallmeier and Bonner \(1992\)](#) describe 10 university-based interdisciplinary training

programs in child maltreatment that resemble the suggested guidelines espoused by the APA. These programs were funded by the National Center on Child Abuse and Neglect in 1987 in an attempt to incorporate child abuse training into graduate programs.”

“All programs include some component of practicum experiences and many require the students to complete a special project such as a literature review, policy analysis, systems review, or research project in the area of child maltreatment. Topics covered in the seminars, which take place over two semesters, include fatal child abuse, child neglect and failure to thrive, child sexual abuse, ethical issues in child abuse and neglect, prevention of child abuse and neglect and Indian child welfare. These programs seem to fit a need for educating future professionals about child maltreatment where university education has traditionally failed to do so (Gallmeier & Bonner, 1992). However, effects of this program have yet to be empirically validated.”

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“In the only controlled study to investigate an intervention to assist in the reporting of child maltreatment, Donohue, Carpin, Alvarez, Ellwood, and Jones (2002) recently developed a skills checklist for professionals to utilize when attempting to enlist the support of the suspected victim’s nonperpetrating parent in the reporting process. A controlled multiplebaseline design across behaviors (i.e., initiating child abuse report, responding to upset) was utilized to evaluate skills acquisition. Improvements in interpersonal skills related to reporting child abuse were demonstrated consequent to intervention, according to ratings provided by research staff blind to the nature of the study, as well as experts in child maltreatment. Results of a completed consumer satisfaction survey indicated that the intervention was perceived by the participant to be economical, relevant, and effective. Therefore, results of this initial study are promising. However, it should be emphasized that study protocol was evaluated in roleplay probe sessions. Thus, utility of this program during in vivo abuse situations will need to be explored in future outcome studies.”

### **Content areas to be included in training programs:**

#### 1. types of abuse and definitions

“As professionals may often be unclear about what constitutes a reportable act, Walters (1995) suggests that the general heading of child maltreatment should be subdivided into four categories (i.e., sexual abuse, physical abuse, emotional abuse, neglect).”

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“In defining child abuse and neglect during training, information needs to be tailored to be consistent with laws of the state in which training is implemented. Indeed, training programs should include a review of State laws regarding definitions of child abuse and neglect, as well as reporting procedures. Training programs should also include interactive group exercises in which child maltreatment vignettes are reviewed by participants, and subsequently classified into appropriate abuse types.”

#### 2. reporting procedures and legal issues

“Training efforts should provide specific guidelines in reporting child maltreatment, as well as the legal requirements and consequences in failing to report. Training should emphasize

that professionals are not required to prove that maltreatment occurred in order to report to protective service agencies (Tower, 1992). Often, mental health workers believe that they must gain more information before filing an abuse report (Kenny, 1998). However, the majority of State statutes require a suspicion or “reason to believe” that maltreatment has occurred (Burns & Lake, 1983; Kalichman, 1999). The intent is to give clinicians the ability to make a report, and then allow CPS professionals to determine if abuse or neglect has occurred.”

“Specific procedures for reporting child maltreatment vary among states, including time frame and how to make the report. Most states require that an oral report be made as soon as possible, and no later than 24 h after abuse is suspected (Tower, 1992).”

“Generally, the required content includes the child’s identifying information (i.e., age, gender, ethnicity, date of birth), the parent’s name and address, the nature of the report, and the professional’s name and contact information (Kalichman, 1999; Tower, 1992). Most states also specify that the individual who has reason to suspect abuse must make the report.”

“Training should also remind professionals that regardless of situational or cultural influences, it is their legal and professional duty to report child maltreatment.”

“...training should provide opportunities for trainees to...

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“...examine their own views regarding cultural and situational influences in their reporting of child maltreatment within the context of State reporting laws.”

“Professionals should be informed that all 50 states provide immunity to those professionals who report maltreatment in good faith (Beezer, 1985; Besharov, 1994; Nalepka et al., 1981).”

“Such immunity is granted regardless of the disposition of the abuse report (Kalichman & Brosig, 1993).”

“...decisions not to report should be well documented to protect the professional from legal ramifications (Besharov, 1990), as there is generally a legal sanction for failing to report suspected child abuse for mandated reporters. Legal sanctions can include fines, revocation of professional licenses, or jail time.”

### 3. Involving the client

“Many practitioners fear that reporting child maltreatment will result in severe abuse of the victim or disruption in the family. In the majority cases, maltreatment does not escalate consequent to a report when the family is involved in the reporting process.”

“It is estimated that of all reports made to CPS, less than 3% of victims are removed from the home (Goodwin & Geil, 1982).”

“Training should also teach attendees to involve family members of the victim in the reporting process to assist in maintaining a collaborative relationship in treatment (Bromley & Riolo, 1988). In doing so, nonperpetrating caregivers, and sometimes perpetrating caregivers,

should be alerted to the report, and the professional's legal and ethical role should be explained. Further, the practitioner should express concern for the victim and thoroughly explain the CPS investigatory process (for a review of empirically based content, see [Donohue et al., 2002](#)). Empirically based guidelines to determine which family members should be involved in the reporting process have not been established.”

“...when the family is not informed that a report of child maltreatment has been made, the...

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“...suspected victim may be at increased risk of physical harm, and may delay intervention ([Racusin & Felsman, 1986](#)).”

4. Responses to professional barriers in reporting child maltreatment, i.e., the concerns of professionals if they make a report

a. damage to relationships

“A major concern of professionals is that the therapeutic relationship with the reported perpetrator of child maltreatment will be damaged, or that the perpetrator will withdraw from treatment.”

“Professionals may fear that reporting may result in physical retaliation from the perpetrator.”

“...it is our experience that this is rarely the case, safety measures should be conservatively implemented to prevent retaliation consequent to reporting of child maltreatment. For instance, anger management and self-protection strategies should be reviewed during training programs, particularly when perpetrators of child maltreatment are first notified that a report will need to be submitted to the authorities.”

b. legal ramifications

“it is our experience that this is rarely the case, safety measures should be conservatively implemented to prevent retaliation consequent to reporting of child maltreatment. For instance, anger management and self-protection strategies should be reviewed during training programs, particularly when perpetrators of child maltreatment are first notified that a report will need to be submitted to the authorities.”

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“Reporting child maltreatment to CPS is intended to aid the victim by providing services, as well as protecting the child from further victimization. If a professional fails to report child maltreatment, the perpetrator is given the opportunity to further victimize the child without an established consequence ([Wurtele & Schmitt, 1992](#)). Failure to report may also result in a continuation of the cycle of abuse, with the victim becoming abusive toward other children ([Goodwin & Geil, 1982](#)).”

c. perception of CPS

“The relationship between mandated professionals and CPS agents is often strained, and, therefore, methods to improve these relations should be included in training programs relevant to reporting child maltreatment.”

**Conclusion:**

“During the past 30 years, several reasons have been consistently found to influence professionals to ignore legal mandates to report suspected child abuse and neglect, including inability to recognize signs and symptoms of child abuse and neglect, misunderstanding State child abuse and neglect reporting laws, and fear of negative consequences resulting from the report.”

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“...training programs specific to child maltreatment reporting practices are limited, and most existing programs lack empirical support.”

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