

Sponsored by

Child Protective
Services Unit

Virginia Department
of Social Services



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Summer, 2008

Virginia Child Protection Newsletter

Volume 83



Eight-year-old Bobby tells his therapist that his mother has been drinking to excess. A few nights ago, she got angry and slugged his younger sister in the mouth. Now two teeth are loose.

A doctor gets "that sinking feeling" while examining a broken limb. The parent's account does not match the injury and the child appears wary of his parent.

Maria never has proper clothing for the weather and she is always short on lunch money. The teacher notices that her hygiene is poor and she misses school frequently.

A youth counselor finds an older teen has taken younger children into an isolated area of the camp and taught them "sex games."

Are these observations indications of possible child abuse or neglect? Do they merit reporting to Child Protective Services? Are these professionals required to make a report of suspected child maltreatment?

What is Mandated Reporting?

Mandated Reporting laws require that professionals who deal with children report suspicious circumstances suggestive of child maltreatment to child protective services. In addition to requiring professionals to report, the laws generally outline penalties for failure to report.

Mandated reporters should not wait for a child to spontaneously tell them about abuse. Rather, when properly trained, reporters should be alert to indicators of possible abuse such as suspicious bruises and behaviors that

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might suggest a child has been maltreated. It is not the reporter's task to substantiate the abuse, only to report reasonable suspicion.

Under-reporting

While mandated reporting should mean that most suspected cases of child maltreatment are reported, studies indicate that a substantial number of reporters fail to consistently report suspected child abuse and neglect. For example, in a study by Bendel (2000) of 382 social workers, pediatricians, and physician assistants in Connecticut and Massachusetts, 58% said they did not report all cases.

Other findings are similar. Wilson & Gettinger, 1989 (cited in Bluestone, 2005) studied school personnel and found only 31% of suspected abuse cases were reported. Alvarez et al., 2004 (cited in Bluestone, 2005) concluded that up to 68% of maltreated children are not reported to authorities. A study in the Miami-Dade area (www.teachmorelove-more.org) found that under-reporting was especially prevalent in less serious cases involving physical and emotional abuse. Teachers were also found to under-report cases of physical and emotional abuse and used discretion in reporting cases that they recognized (O'Toole et al., 1999). A survey of physicians found that 43% of the 224 doctors had at some point considered a case as suspected child abuse or neglect but then decided against reporting despite a legal mandate to do so (Van Haerigen, Dadds, & Armstrong, 1998).

History

In the United States, the official policy of mandated reporting of child abuse began in 1966 with legislation that identified physicians as required reporters. Laws were expanded in the 1970's to include a broader range of professional groups. Under the Federal Child Abuse Prevention and Treatment Act (CAPTA) passed in 1974, all 50 states have enacted child abuse reporting laws. Readers who would like to review a summary

of reporting laws can visit the State Statutes section of the Child Welfare Information Gateway at: www.childwelfare.gov/systemwide/laws_policies/index.cfm

CAPTA provides a foundation for the States by identifying a minimum set of acts or behaviors that characterize child maltreatment. However, laws vary from State to State. Each State is responsible for providing its own definition of child maltreatment and describing the conditions that obligate mandated reporters to report known or suspected child maltreatment.

Every State has statutes identifying mandatory reporters of child maltreatment. In approximately 18 states, any person who suspects child abuse or neglect is required to report (Goldman, Salus, Wolcott & Kennedy, 2003). Most states, however, limit mandatory reporting duties to professionals working with children, while allowing other individuals to report if they wish to do so.

Who Reports?

In 2004, more than half (56%) of reports of suspected abuse or neglect were made by professionals while friends, neighbors, relatives and other non-professionals submitted about 44% of the reports (Child Welfare Information Gateway). Four reporter groups comprise the largest percentage of professional reports. These are: Educational personnel (16.1%); Law Enforcement/Legal/Criminal Justice (15.2 %); Social Services and Mental Health (14.4%); and Medical personnel (8.3%) (Goldman et al., 2003).

Reporting Logistics

Approximately 48 States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands designate professions whose members are mandated by law to report child maltreatment. Professions named in legislation frequently include: social workers; teach-

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ers and other school staff; physicians and health-care providers; mental health professionals; child care providers; medical examiners or coroners; and law enforcement officers.

Some other professionals named in legislation include commercial film or photograph processors (in 11 States, Guam, and Puerto Rico), substance abuse counselors (in 13 States), and probation or parole officers (in 15 States). Six States include domestic violence workers and seven States, including Virginia, name Court-Appointed Special Advocates.

Members of the clergy are now required to report in 26 States. Many States and territories include Christian Science practitioners or religious healers among professionals who are mandated to report suspected child maltreatment. In most instances, they appear to be regarded as a type of health-care provider. Only nine States explicitly name Christian Science practitioners among classes of clergy required to report (Child Welfare Information Gateway, 2008).

The majority of States require only an oral report to the specified authorities but some also require that a written report follow. Other States can require written reports upon request. Reports are generally of **suspicion** of maltreatment. Proof is not required. In most States, reports are to be immediate in order to limit the time a child remains in danger.

Mandatory reporting statutes may specify when a communication is privileged. Privileged communication refers to a statutory recognition of the obligation to maintain confidential communications between professionals and clients, patients, or congregants. According to the Child Welfare Information Gateway (2008) all but four States and Puerto Rico address the issue of privileged communication in their legislation, either affirming it or denying it. Physician-patient and husband-wife privileges are commonly denied while attorney-client privilege is commonly affirmed.

Most States maintain toll-free numbers for

receiving reports of abuse or neglect (Child Welfare Information Gateway, 2008). Generally, the report is made to child protective services (CPS) but some States allow reports to law enforcement. Some States require that certain types of abuse (most generally sexual abuse, child pornography or severe physical abuse) be reported to both law enforcement and to CPS (Goldman et al., 2003).

Some sources stress the importance of calling with a report and warn that reporters should never e-mail a report of child abuse and neglect (www.childabuse.com/report.htm). There is a National Abuse Hotline at 1-800-4-A-CHILD or 1-800-422-4453 that will assist concerned persons.

To encourage reporting, State statutes include provisions for immunity for good-faith reporting. Statutes also address confidentiality issues and clarify when child abuse reporting is required even if the information is confidential or privileged. The identity of the reporter is specifically protected from disclosure to the alleged perpetrator in 39 States, the District of Columbia, Puerto Rico, American Samoa, Guam, and the Northern Mariana Islands. In some jurisdictions, release of the reporter's identity can be ordered by the court if there is a compelling reason to disclose or upon a finding that the reporter knowingly made a false report (Child Welfare Information Gateway, 2008).

Approximately 16 States, the District of Columbia, American Samoa, Guam, and the Virgin Islands currently require mandated reporters to provide their names and contact information, either at the time of the initial oral report or as part of a written report (Child Welfare Information Gateway, 2008).

Many laws contain penalties for failure to report child maltreatment. Approximately 46 States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, and the Virgin Islands impose penalties on mandatory reporters who knowingly or willfully fail to make a report when they suspect child maltreatment. Failure to report is classified as a misdemeanor in 38 States and America Samoa, Guam, and the Virgin Islands. In three States, misdemeanors are upgraded to felonies for serious situations and in Illinois and Guam a second or subsequent violation is classified as a felony (Child Welfare Information Gateway, 2008).

False reporting (knowingly or maliciously making a false report) is addressed through specific penalties. Approximately 30 States have such penalties. The Virgin Islands and 32 States classify false reporting as a misdemeanor. In three States false reporting is a felony and in five States, including Virginia, a second or subsequent offense is upgraded to a felony. A conviction can result in jail terms ranging from 30 days to 5 years or fines ranging from \$200 to \$10,000.

In addition to criminal penalties, mandated reporters can face civil action (such as a malpractice action) for damages caused to the

child by the failure to report the maltreatment. A person who knowingly makes a false report can also be sued in civil court for damages to the family resulting from the false report (Child Welfare Information Gateway, 2008).

What Variables Affect Reporting?

Definitions

The lack of standardized definitions allows for subjectivity and also may account for some of the under-reporting of child maltreatment. Many laws are broadly written with ambiguous definitions which can result in professionals lacking guidance about when to report (Goldman et al., 2003).

Carleton (2006) maintains that statutes are vague on the meaning of "reasonable suspicion." Vagueness is important because if professionals are faced with ambiguous situations, decisions about reporting are likely to be governed by personal and subjective factors (Bluestone, 2005). For example, in defining sexual abuse, researchers note that some state laws are not specific about consensual sexual activity between older teenagers and partners who are 18 and older. Feldman-Winter, Finkel, Madison, & McAbee (2001), after reviewing all 50 state laws, suggest that reporting of sexual activity be mandatory for older adolescents only when the other partner is a custodial adult.

Reporter Characteristics

How do professionals interpret reporting statutes? What influences their decision-making process? Do professionals differ from lay individuals? Research has identified a few characteristics that impact reporting behaviors. These include: knowledge of reporting laws; attitudes towards reporting; gender of the reporter; ethnicity of the reporter; and whether or not the reporter is in the group of individuals who are mandated to report.

Knowledge of Reporting Laws

The recognition and reporting of child abuse depends greatly on the mandatory reporter's knowledge of child abuse and the reporting laws (Feng & Levine, 2005; Goldman et al., 2003). For example, in a national survey of U.S. mandated reporters, Zellman, 1990a (cited in Feng & Levine) found that one of the strongest correlates of reporting child abuse was knowledge and understanding of the reporting law. Such findings underscore the importance of training for mandated reporters.

Attitudes towards Reporting

Recognition and knowledge of reporting laws is necessary, but not sufficient, for re-

porting. Reporter's attitudes also influence the decision to report. For example, Zellman, 1990b (cited in Feng & Levine) found that a third of professionals had reported child abuse at some point in their careers, but they also had failed to report at other times despite awareness of the reporting law.

What beliefs and attitudes make it difficult for professionals to report? One is the belief that reporting could cause further harm to children (for example, if CPS handles the case poorly or fails to protect the child). Another concern is that reporting will interfere with ongoing therapy. Third, some professionals fear involvement with courts or legal systems. A fourth concern is government interference in private family lives. A fifth influence is the individual's beliefs about acceptability of practices such as corporal punishment.

Some reporters say they are reluctant to report child abuse because of negative experiences with CPS in the past. They view CPS as overburdened and understaffed. They are concerned that nothing will be done if they report or that the investigation process will do more harm than good (Goldman et al., 2003). Others are concerned about the adversarial relationship that can occur between parties (Slattery, 1997).

Carleton (2006) found that perceptions of the efficacy of CPS predicted reporting tendency for non-mandated reporters, but not for mandated reporters. Prior researchers have suggested that some mandated reporters believe CPS does more harm than good and that this belief influences reporting (Bendel, 2000; King et al., 1998, cited in Bendel, 2000).

Therapists may be concerned that reporting a family for suspected abuse will strain their therapeutic relationship with the family. These professionals may believe that they can help the family more by continuing to work with them. When a treatment provider has a relationship with a client prior to recognizing or learning about maltreatment, reporting becomes a delicate issue (studies cited in Bendel, 2000; Goldman et al., 2003). Despite threats of legal reprisals, some counselors try to balance the therapeutic benefits of delayed or withheld reporting with the benefits of immediate reporting. If mandatory reporting conflicts with the counselor's religious convictions, counselors might choose to violate the legal mandate (MacDonald, Hill & Li, 1993).

Brown & Strozier (2004) reviewed the literature on the impact of mandated reporting on the psychotherapy process. They found only three empirical studies (Steinberg, Levine & Doucek, 1997; Levine & Watson, 1989; Weinstein, Levine, Kogan, Harkavy-Friedman & Miller, 2001). They summarized, "Despite the differences in methodology, all three report similar outcomes – around three-fourths of the reported cases were unaffected or affected positively by the reports" (p. 48). An improved outcome was defined as a stronger therapeutic alliance,



longer time in treatment, and more explicit consent procedures. The fourth of cases with a negative outcome terminated therapy or considered doing so, missed appointments or were late, or expressed anger, hostility, or even threatened violence in the session.

Becoming involved in an investigation or testifying in court is daunting to many providers. They do not want to be involved in reporting because of worry that they will not do well if called upon to testify. Court appearances can require much time and are not always convenient.

Those who believe that governments should interfere as little as possible in family lives may be less likely to report potential child abuse. Although this view was mentioned (Carlson, 2006), research to support it appears absent.

Acceptability of corporal punishment is negatively correlated with the likelihood of reporting (studies cited in Feng & Levine, 2005). Likewise, some reporters refuse to believe that verbal behavior can be damaging by itself (Carleton, 2006). The implication here is that some professionals, by law, may be required to report as abuse behaviors that they experienced themselves as a child and that they continue to label as 'appropriate discipline' (Bluestone, 2005).

Goldman et al. (2003) note that mandated reporters must report regardless of their concerns or prior experiences. The law does not grant exceptions. Studying reasons why people fail to report can assist those who train or develop curriculum as these issues can be addressed by trainers.

Gender

Some studies have shown that males rate vignettes describing abuse as less serious than do women (studies cited in Carleton, 2006). In Carleton's study being male was related to reporting tendency for non-mandated reporters, but not for those who had a legal mandate to report.

Ethnicity

Cultural values influence what is considered optimal childrearing and what is viewed as child abuse (Feng & Levine, 2005). According to Ibanez, Borrego, Pemberton, & Terao (2006), decisions about reporting maltreatment vary based on the ethnicity of both the child and the reporter. Their review found inconsistent findings, leading the researchers

to examine a combination of factors including: ethnic identity; acceptability of corporal punishment; and whether or not reporters respond differently if the child is similar or different in ethnicity to the reporter.

Ibanez et al. (2006) found that ethnicity partially predicted the likelihood to report a case of physical abuse involving a child whose ethnicity differed from the respondent. Higher levels of ethnic identity were associated with less likelihood to report a child of the same ethnicity for African American respondents. Additionally, respondents with a great acceptance of corporal punishment (i.e. reporters who believe spanking is an acceptable punishment) were less likely to report a child of their same ethnicity.

It is important to note that minority groups may differ drastically in attitudes towards corporal punishment. For example, Ibanez et al. (2004) found that African Americans and Hispanics were dissimilar in attitudes towards corporal punishment with Hispanics being similar to the Caucasian reference group. Likewise, Hong & Hong (1991, cited in Feng & Levine, 2005) found that Chinese students differed from Hispanic and Caucasian students in perceptions of child maltreatment. Chinese students judged parental conduct less harshly and were more accepting of the use of physical force by parents.

Therefore when examining cultural values related to corporal punishment, ethnic groups should be considered separately. However, clinicians must remain aware that no cultural parenting practice outweighs the obligation to report harm to a child (Terao, Borrego, & Urquiza, 2001).

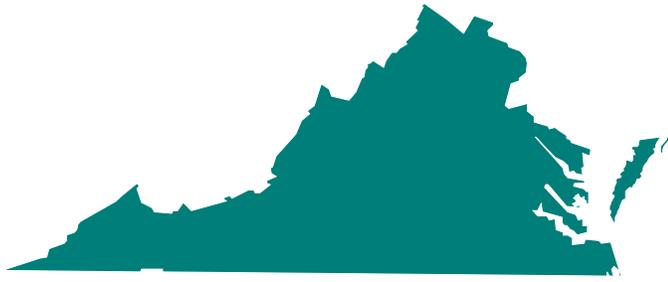
Another variable that may impact differently for different ethnic groups is trust and respect for child protective services. Mistrust of CPS may be greater among racial and ethnic minorities and may relate to withholding a report (studies cited in Carlson, 2006).

Findings about ethnic differences suggest several implications for training. Professionals should be educated about the potential for subjectivity in the decision-making process. Professionals should be able to identify cases where personal biases can affect decision-making and reporting practices. Another possible error for professionals is to attribute parental use of force as simply a cultural practice and overlook cases that merit reporting (Terao et al., 2001).

Mandated versus Non-mandated Reporters

Carleton (2006) notes that there is very little published research that has examined the reporting behaviors of non-mandated reporters. He cites some studies suggesting that lay and anonymous reports are less reliable than are reports from mandated reporters. Zuvavin and Watson (1987) found, however, that

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Virginia's Picture

The Commonwealth's current child abuse reporting statute was first enacted in 1975. Section 63.2-100 has been amended and modified a number of times. The statute is comprehensive, requiring the reporting of numerous types of maltreatment. The law applies to any child under 18 years of age when a parent or any person responsible for the child's care:

- Causes or threatens to cause non-accidental physical or mental injury;
- Has a child present during the manufacture or attempted manufacture of a controlled substance or during the sale of such substance where such activity would constitute a felony violation;
- Neglects or refuses to provide adequate food, clothing, shelter, emotional nurturing, or health care;
- Abandons the child;
- Neglects or refuses to provide adequate supervision in relation to the child's age and level of development;
- Knowingly leaves a child alone in the same dwelling with a person, not related by blood or marriage, who has been convicted of an offense against a minor for which registration is required as a violent sexual offender; or
- Commits or allows to be committed any illegal sexual act upon a child, including incest, rape, indecent exposure, prostitution, or allows a child to be used in any sexually explicit visual material.
- In addition, newborn infants who have been medically diagnosed for exposure to non-prescription, controlled substances during pregnancy are considered to be at risk of abuse and neglect. Attending physicians are required to report these children.

Readers should note that Virginia law requires that mandated reporters report all cases of suspected child maltreatment to child protective services regardless of the abuser/neglector's relationship to the child. In cases where the alleged abuser/neglector is not a caretaker, CPS will refer those cases to local law enforcement.

Corporal punishment is not permitted in Virginia in public schools, foster homes, group homes, or other child-caring institutions. However, it is not illegal for parents to use corporal punishment in Virginia. Excessive corporal punishment can easily result in unintended injury or injuries to children, and these instances are reportable under the law.

Virginia statutes do not specify a particular age when children can be left unsupervised.

Some Virginia localities, however, do have ordinances that specify an age when a child may be unsupervised. In deciding whether a child is capable of being left alone, CPS (Child Protective Services) will consider the child's maturity level, how quickly a child can reach help if needed, and the situation (such as length of time alone; safety of the environment; history of care).

Failure of a parent or caretaker to obtain health care treatment can be reported to CPS if the untreated condition could result in illness, developmental delays, or endangerment. CPS will consider the availability of resources; the parent's financial ability to provide the treatment; the parent's cultural and religious beliefs; and the consequences of the failure to obtain the care.

A Virginia case involving a 16-year-old, Abraham Cherrix and his parents led to a recent change in Virginia's laws concerning medical neglect. In 2005, Abraham was diagnosed with Hodgkin's disease, one of the most treatable forms of cancer. He was so ill from three months of chemotherapy in 2005 that he refused further chemotherapy when the cancer returned. Instead he began herbal treatment from a clinic in Mexico.

The oncologist alerted CPS and Abraham's parents were charged with neglect and ordered to continue conventional treatment. The parents appealed. On appeal, a compromise was reached in Accomack County Circuit Court. The parties agreed to a combination of radiation and immunology to bolster the immune system, under the care of a board-certified U.S. medical doctor. Initially, two tumors were treated, one in his neck and one in the windpipe. Later, a scan showed five new tumors. Most recent reports in June, 2008 suggest that Abraham is cancer-free. Abraham has now turned 18.

Abraham's situation led Delegate John Welch III and Senator Nick Rerras to introduce a bill that became known as Abraham's law. It changes the statutory and regulatory definition of medical neglect by adding the following provision: A parent's refusal of a particular treatment for a child with a life-threatening condition shall not be deemed a refusal to provide necessary medical care if four conditions are met. First, the decision must be made jointly by the parents and the child. Secondly the child must be age 14 or older and be sufficiently mature to have made an informed decision. Third, the parents and child must have considered alternative treatment options. Finally, the parents and child must, in good faith, believe that the decision is

in the child's best interest. The law became effective on July 1, 2007 (Pilotonline.com, retrieved 2008).

Situations that are Outside the Scope of Child Abuse/Neglect

Some situations that are not appropriate for CPS intervention are:

- Educational neglect (which is handled by the school system);
- Failure to provide immunizations and/or preventative health care;
- Failure to use safety belt restraints in motor vehicles (handled by law enforcement as a motor vehicle violation);
- Non-caretaker sexual abuse (handled by law enforcement);
- Abuse that did not occur in Virginia and the abuser does not live in Virginia (these cases are handled by the state in which the abuse occurred);
- Poverty.

Reporting Child Abuse and Neglect

In Virginia, anyone may make a report of suspected abuse or neglect. However, the Code identifies certain professionals who are required to report: persons licensed to practice medicine or the healing arts; hospital residents or interns; persons employed in the nursing profession; social workers; eligibility workers in a local department of social services; probation officers; teachers and anyone employed in a public or private school, kindergarten, or nursery school; persons providing full-time or part-time child care for pay on a regular basis; mental health professionals; law enforcement officers; animal control officers; professional staff persons employed by a public or private hospital, institution, or facility in which children are placed; persons associated with or employed by any private organization responsible for the care, custody, and control of children; mediators certified to receive court referrals; volunteer Court Appointed Special Advocates (CASA); emergency medical services (EMS) personnel; and any person who has received training approved by the Department of Social Services for the purposes of recognizing and reporting child abuse and neglect.

Reports are made to the local department of social services or to the Child Abuse and Neg-



Resources From Virginia Department of Social Services

Recognizing, Reporting and Preventing Child Abuse and Neglect in Virginia,

8 pages, pamphlet, free of charge.

This pamphlet explains the Code of Virginia and how to report child maltreatment. Indicators of possible physical abuse, physical neglect, sexual abuse, and emotional maltreatment are described. Tips for families and self care tips for parents are included.

Child Protective Services: A Guide to Family Assessment,

10 pages, pamphlet, free of charge.

This brochure explains the child protective services process to parents and others who have been the subject of a report. It starts with the question "Why has a CPS worker contacted me?" and continues to explain why reports are made, who can make a report, and what happens after a report is made. It explains the family assessment process.

Available from: Virginia Department of Social Services, 7 North Eighth Street, Richmond, VA 23219. Web site: dss.virginia.gov



A Guide for Mandated Reporters in Recognizing and Reporting Child Abuse and Neglect,

Commonwealth of Virginia, Department of Social Services, Child Protective Services, 2007, 36 pages \$2.00 (make checks payable to Treasurer, Commonwealth of Virginia).

Available from: Virginia Department of Social Services, Child Protective Services Unit, 7 North Eighth Street, Richmond, Virginia 23219.

The booklet describes indicators of possible child abuse and neglect and how to report it. It offers ideas about how to respond to a child who reports being a victim. The booklet also details the response that child protective services will make and what services are available for families.

lect Hotline (1-800-552-7097). Reports must be made immediately following the first suspicion. A list of local departments and their contact information is available at www.dss.virginia.gov/localagency

Section 63.1512 of the Code protects reporters from liability unless it is proven that a reporter had malicious intent. Mandated reporters who fail to report can be charged with a misdemeanor. If a mandated reporter is found guilty, the fine is up to \$500 for the first incident and from \$100 to \$1,000 for any subsequent incidents.

Any case of suspected abuse or neglect where the victim is under age 18 at the time of the report must be reported. The Code of Virginia provides for the confidentiality of the identity of all persons who report suspected child maltreatment. However, the identity of the mandated reporter may be revealed during a court proceeding, if ordered by the judge.

After a report is made, CPS staff will determine that the situation meets the legal definitions of child abuse or neglect and whether or not CPS has the authority and responsibility to conduct a family assessment or an investigation. If the report is not appropriate for CPS, they may refer the report to another agency or organization.

If the report fits the criteria for CPS response, then staff will either perform a Family Assessment or begin an Investigation. In either case, the goals are to assess the child's safety, to strengthen and support families, and to prevent further abuse of the child.

An investigation is undertaken if there are immediate safety concerns, prior reports of abuse or neglect, or if the report is required by law to be investigated. Examples of reports

that are investigated are: sexual abuse allegations; a child's death; serious physical injuries; hospitalization due to suspected maltreatment; abandonment; and abuse or neglect occurring in schools, day care centers or homes, foster homes, or other non-family settings. After gathering all of the information, a determination will be made of either **founded** (meaning that there is a preponderance of the evidence that abuse or neglect has occurred) or **unfounded** (insufficient evidence that abuse or neglect occurred).

A Family Assessment is undertaken if there is no immediate threat to the child's safety. These cases might include: lack of supervision; physical neglect; minor physical injury; emotional abuse/neglect. A Family Assessment is completed within 45-60 days and will determine whether or not services are needed. There is no finding made in a Family Assessment.

The Code of Virginia grants workers certain authorities while investigating complaints or conducting a family assessment. All mandated reporters are required by law to cooperate with the investigating agency and make related information, records and reports that document the basis for the complaint available upon request. The child or any siblings can be interviewed without the consent of the parent or guardian and outside of the parent's presence. This authority is also given to any person who is mandated to make a report of suspected abuse or neglect. The CPS worker can take photographs and arrange for X-rays of the child as part of the medical evaluation without the consent of the parent or guardian.

Readers who want more information about the CPS response can request VCPN, volumes



51 and 70 or access the Virginia Department of Social Services Policy Manual available online at: www.dss.virginia.gov (then click on children; then click on child protective services; then click on CPS manual).

Virginia requires teachers to obtain training in reporting of child maltreatment as part of their licensing requirements. This regulation is found in the Code of Virginia, Section 22.1-298.8. To facilitate teacher training, the Virginia Department of Social Services has contracted with VISSTA training center at Virginia Commonwealth University to provide an online training that meets the guidelines for the licensure requirement. It is available at: http://www.vcu.edu/vissta/training/va_teachers/ See separate spotlight, page 6, for more information.

There is also an online course for any mandated reporter or interested citizen. It is available at: <https://www.pubinfo.vcu.edu/vissta/courses/cws5692/index.asp> See separate spotlight, page 6, for more information.

The Department of Social Services also offers informational pamphlets and manuals to help required reporters understand the reporting law (see separate reviews, above). They co-sponsor Child Abuse Prevention Month with a coalition of other agencies. Each year a Prevention Month packet assists local communities in creating public awareness events.

Mandatory reporting is one mechanism to help protect children and identify families that require assistance in order to parent well. The mandatory reporting requirement clarifies that the community as a whole is responsible for children.

References Available Upon Request



The Family and Children's Trust Fund (FACT) was created by the Virginia General Assembly in 1986 as a public-private partnership for the prevention and treatment of family violence. FACT's major objectives are:

- Promote and encourage public awareness programs.
- Partner with institutions, organizations, and communities to address family violence issues.
- Conduct comprehensive fund-raising activities to provide financial support and grants for prevention and treatment programs.
- Establish FACT as the clearinghouse and resource on family violence for the Commonwealth.

The principal revenue sources are special revenue license plates and income tax check-off donations. FACT also accepts individual and corporate donations. As the KIDS FIRST license plates have increased in popularity across the Commonwealth, more funds have been available to local communities for prevention and treatment of family abuse. Additionally, FACT sponsors many statewide and regional activities. FACT sponsored a Community Awareness Conference and Awards program on June 25, 2008 attended by more than 200 individuals. This conference allowed participants to learn more about successful community programs, to hear about research, to learn how to gain community support for programs, and to learn about the new Social Indicators family violence project that will lead to an annual report of family violence in the Commonwealth.

FACT, in collaboration with the Virginia Bar Association Young Lawyer's Division and the Virginia Department of Social Services has created two stellar resources. *Protecting Children: A Mandated Reporter's Guide To Recognizing And Reporting Child Abuse And Neglect* instructs mandated reporters in their responsibility to detect and report suspicion of child maltreatment. This extremely well-done resource includes ideas for how to talk with children about possible abuse as well as reviewing indicators of maltreatment and reporting responsibilities. It is available in video form for \$7 and in DVD format for \$10.

The second resource is similar and is also available in both formats. *Protecting Adults At Risk: A Mandated Reporter's Guide To Recognizing And Reporting Suspected Abuse, Neglect And Exploitation* is a sensitive guide to detecting and reporting maltreatment and exploitation of elderly individuals. The training also includes ideas for how to elicit information from suspected victims. There are also videos available on teen dating violence and domestic violence.

FACT has been one of the sponsors of the New Parent Kit (featured in VCPN, volume 74). A statewide network of public and private partners produced this resource for all new parents in Virginia. Last year the New Parent Kit was distributed to 110,000 new parents and included 10,000 kits produced in Spanish. The kit includes information and resources that cover a wide range of child development topics.

This spring, the FACT Board of Trustees awarded \$350,000 to local organizations throughout Virginia for family violence prevention, treatment, and public awareness programs.

For more information about FACT, contact Fran Inge, Director, FACT, 7 North Eighth Street, 5th Floor, Richmond, VA 23219, (840) 726-7604, FAX: (804) 726-7015, E-mail: fran.inge@dss.virginia.gov
Web site: www.fact.state.va.us



Together Against Violence



Child Abuse
HOTLINE
1-800-552-7096

*Help is waiting
24 hours a day.*

Virginia's Online Mandatory Reporter Training

Virginia Department of Social Services, through a contract with Virginia Commonwealth University, offers an online training module for teachers. Teachers in the Commonwealth are required by Section 22.1-298.8 of the Code of Virginia to complete child abuse and neglect study as part of the licensure process. The online training has been approved by both the Virginia Department of Education and the Virginia Department of Social Services as meeting the required curriculum guidelines for teacher licensure certification.

The online training covers definitions and indicators of child maltreatment and how to recognize child abuse and neglect. Both legal definitions (what is covered in the state statute) and operational definitions (how definitions are applied through Child Protective Services policy) are covered. Trainees are taught how to respond to suspected maltreatment and how to make a report of suspected abuse or neglect. The training is available at: http://www.vcu.edu/vissta/training/va_teachers/

A second online training for other mandated reporters is available. **Mandated Reporters: Recognizing and Reporting Child Abuse and Neglect** is available through the VISSTA website or at: <https://www.pubinfo.vcu.edu/vissta/courses/cws5692/index.asp>

The self-paced, interactive, online course offers an overview of indicators of child abuse and neglect and the responsibilities of reporting. After taking this course, mandated reporters will know what to do when they suspect child abuse and/or neglect and the steps to take in order to report suspicions.



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cases reported by anonymous sources that were substantiated were similar in seriousness to reports from mandated reporters.

The mandate to report abuse should be stronger than factors that discourage reporting. For example, while a mandated reporter may hold beliefs that are linked to reluctance to report, the hope is that the legal mandate will “outweigh” personal factors and will lead to reporting.

Carleton (2006) investigated 157 persons. Of these, 57 said they were mandated reporters in the job currently held or the job most recently held. Carleton did find that mandated and non-mandated reporters differed in some of the factors used in decision-making. For both groups, the strongest factor was the perceived seriousness of the situation. For mandated reporters, willingness to engage in prosocial behavior was a significant predictor of reporting tendencies. For non-mandated reporters, perceptions of CPS (whether they would do more harm than good) was a factor in decision-making. Males were somewhat more likely to take the initiative of reporting the conditions to CPS. Carleton concluded that “there remains a good deal of variance in reporting tendencies to be explained” (Carleton, 2006, p. 32).

Other variables

Carleton (2006) hypothesizes that diffusion of responsibility can limit reporting. If there are many potential reporters, some may not report because they believe others will make the report or are in a better position to know the case.

An additional variable that has not been investigated extensively is the reporter’s attitude towards prosocial behavior. In deciding to make a report, the individual must believe it is his or her responsibility to do so and there must be willingness to put forth effort when there will not likely be personal gain. The prosocial beliefs must be strong enough to overcome fear of negative reprisals such as being asked to testify in court or retribution from the family.

Situational Characteristics

In addition to reporter characteristics, there is some suggestion that situational characteristics can influence the likelihood of reporting. Some that have research support are: age of the child; seriousness of the incident(s); ethnicity of the child/family; and type of maltreatment.

Age of the Child

Older children are perceived as stronger and more able to withstand abusive behaviors. Thus, vignettes describing abuse of older children are rated as less serious than the same actions directed towards younger children (Carleton, 2006). Zellman and Faller (1996) studied 1,196 professionals in 15 states including general and family practitioners, pediatricians, child psychiatrists, clinical psychologists, social workers, public school principals, and heads of child care centers. They found practitioners were more likely to report younger versus older children. Studies reviewed by Terao et al. (2001) consistently found that professionals were more likely to report younger children. Cases involving physical violence and imminent harm are more likely to be reported.

Seriousness of the Incident(s)

Studies reviewed by Terao et al. (2001) found that the seriousness of the incident and whether sufficient evidence was available were two factors likely to be of significant influence on the decision to report.

Ethnicity of the Child/Family

Not only does the ethnicity of the reporter (as discussed above) influence reporting choices, but also the cultural background of the child is a factor. Due to respect for cultural differences, some reporters are reluctant to report families where it appears the maltreatment is culturally accepted (Bendel, 2000).

It is essential that all clinicians provide a prompt response by reporting all instances of child endangerment regardless of the ethnic background of the family (Terao et al., 2001).

That said, there may be need for a decision-making model to guide reporters who work with clients from different cultures.



Type of Maltreatment

Emotional Abuse: Only 3 to 4% of child maltreatment reports are primarily concerned

with emotional abuse, although emotional abuse is a component in approximately 18% of cases (Carleton, 2006). It may be that emotional abuse is far more prevalent but is not perceived as serious and thus is not reported.

Some theorists term emotional abuse as the ‘core component’ of child abuse, believing that most abuse is emotional even if it manifests as physical or sexual maltreatment (studies cited in Carleton, 2006). Emotional abuse has been linked to: difficulties in attachment; eating disorders; increased aggression; low self-esteem; suicide attempts; self-mutilating behaviors; depression; and anxiety disorders.

An obvious difficulty with emotional abuse is that the consequences are not immediately observable. It may be many years before the symptoms emerge. Emotional abuse does not leave physical marks that are identifiers or cues to reporters. Different children may respond quite differently to the same verbal behavior of adults or parents, making it difficult for reporters to know if they should report the parent’s behavior or only damaged children. Even when symptoms are evident, it is possible that the symptoms are due to causes other than the parent behavior. Thus, linking parent behavior and child symptoms can be extremely problematic.

Carlson (2001, cited in 2006) found a link between beliefs about teasing and a tendency to report potential emotional abuse. Persons scoring higher on a scale of sensitivity to teasing were more likely to view hypothetical vignettes describing potential emotional abuse as reportable.

Sexual Abuse: One area of reporting that is especially difficult for physicians who treat adolescents is consensual adolescent sexual activity with adult partners. Most child protection laws consider “children” to be those youth under age 18 and consider adult “perpetrators” to be anyone 18 or over. Laws are frequently silent on the issue of consent. CPS is concerned with those situations where caretakers are perpetrators or where the parent of the child or teen was not properly supervising the youth.

Faced with the conflict of betraying adolescent confidentiality or failing to report, a physician may adopt a “don’t ask, don’t tell” policy that could be detrimental to the adolescent (Feldman-Winter et al., 2001). Some doctors may believe that confidentiality is necessary in order for the adolescent to continue health care. The adolescent’s parent(s) may be unaware of the activity as well.

Neglect: A study of identification and reporting by Head Start personnel found that neglect was the most frequently identified type of child maltreatment by the program’s child care workers. However, it was the least likely to be reported. For medical neglect, the parents’ religion, intellectual level, and economic situation all influenced physician reporting as did the severity of the symptoms and the efficacy and safety of treatment

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Mandatory Reporting

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(Johnson, 1993). In residential facilities, physical and sexual abuse were more likely to be reported than failure to provide necessities (Rindfleish & Bean, 1988).

Over-reporting

The most frequent concern and questions in the literature deal with under-reporting or failure to report abuse. However, there are some concerns about over-reporting as well. Only a portion of the reports received and investigated by CPS meet criteria for a “founded” or “substantiated” designation. In 2004, an estimated 3 million referrals concerning the welfare of approximately 5.5 million children were made to CPS agencies throughout the United States. Of these, approximately 63% were accepted for investigation or assessment and 37% were not accepted. About 30% of the reports that were investigated included at least one child who was found to be a victim of abuse or neglect. About 60% of the reports were “unfounded” or “unsubstantiated” and the remaining reports were closed for other reasons.

Training

While training may ensure that the basic information about mandated reporting laws has been communicated to prospective reporters, the training may not be sufficient to help reporters deal with the emotional and practical complexities involved in identification and reporting maltreatment. There are few studies of the effectiveness of training (Alvarez et al., 2004, cited in Bluestone, 2005).

One effort to evaluate training was undertaken in the Miami-Dade area in 2000. The results are posted at www.teachmorelovemore.org but it is unclear who conducted the study. A list of all agencies, organizations and associations where mandated reporters work was developed and a telephone survey was conducted. Findings were that training is inconsistent, infrequent, or insufficient. Training was most often directed to new employees rather than updates for existing staff. The format varied from memos to orientations. Recommendations were offered to improve training efforts.

Since reporting decisions are mediated by

personal factors, some authors (Bluestone, 2005) suggest making an explicit attempt during training to help reporters become aware of how their own values, attitudes, and experiences influence reporting decisions.

Summary

There is limited research and data about the variables impacting the decision to report child maltreatment. It is clear that many variables influence the reporting decision: the reporter’s own history and personal definitions of maltreatment; knowledge of the law; level of experience and training; cultural and ethnic background of the child, family and the reporter; the severity of the incident; the family’s history with the reporter; and perhaps many other factors as well. Training is the most promising method to achieve compliance with mandatory reporting and to help reporters know how to observe, when to report, and how to report.

References Available Upon Request

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