

## Future Mandated Reporters: Understanding the Role

Sara Golomb

Valparaiso University

Katie Sears

Bethalto Community Unit School District #8

Rebecca Drozd

University of Detroit Mercy

Juna Kotori

University of Detroit Mercy

and

Melissa Vera-Hughes

University of Detroit Mercy

### Abstract

Graduate students in the medical, mental health, and educational fields have in common that they all will become future mandated reporters. As part of their graduate training, these professionals receive minimal training at best as to how to proceed when faced with reasonable suspicion that maltreatment has occurred. Unfortunately, specific training is not common, leaving graduates exposed and putting the children they serve at further risk. The purpose of this pilot study was to obtain direct feedback from graduate educators and graduate students as to the way the topics of child maltreatment and mandated reporting are incorporated into training programs. Using a survey questionnaire tailored to the level of training for the different respondents, researchers seek to delineate and document the critical need for direct training in these areas. The long-term goals are to provide an exploratory and evaluative study of the strengths and weaknesses of current training practices, all serving to provide a basis to develop and disseminate necessary recommendations to improve pre-service training, protect graduates from liability, and reduce placing children and families at further risk of harm.

*Keywords:* Mandated Reporting; Child Maltreatment; Graduate Training

### **Future Mandated Reporters: Understanding the Role**

Graduate students in medical, mental health, and educational fields share an important commonality. All of these professionals will become mandated reporters. Mandated reporting is the requirement to report suspected child maltreatment. As part of their graduate training, these professionals receive minimal training on these topics. Therefore, the purpose of this pilot study was to obtain direct feedback from graduate educators and graduate students as to how the topics of child maltreatment and mandated reporting are incorporated into training programs.

Using a survey questionnaire tailored to the educational level for the different respondents, researchers sought to more clearly understand and document the critical need for direct training in these areas. In the short term, initial feedback was used to further refine the survey. The long-term goal is to provide an evaluative study of training detailing the strengths and weaknesses of current training practices, and to develop and disseminate recommendations to improve pre-service training, protect graduates from liability, and reduce placing children and families at further risk of harm.

### **Child Maltreatment**

In 2014, approximately 3.6 million child maltreatment reports affecting an estimated 6.6 million children were made in the United States (U.S. Department of Health and Human Services, 2016). These statistics highlight the significance of this social issue. Victimization from child maltreatment leads to several short and long-term negative outcomes, which cover a wide array of behavioral issues, psychological or emotional disorders, and physical health concerns occurring across the life span. Negative outcomes may include increased risk for substance use, non-suicidal self-injury, unsafe sex practices, teen pregnancy, and social isolation from peers and family (Felitti, Adna, Nordenberg, Williamson, Spitz, & Edwards, 1998; Kelley, Thornberry, & Smith, 1997). Academic progress and school functioning can also be impacted, which may further exacerbate behavioral concerns. As adults, victims are more likely to have continued chemical dependence, involvement in the criminal justice system, and they are at greater risk for engagement in inter-partner violence (Casanueva, Dolan, Smith, & Ringeisen, 2012; Child Welfare Information Gateway, 2013; "Preventing Child Abuse," 2009; "Reauthorization of CAPTA," 2008; Swan, 1998).

Children who are victims of child maltreatment are also at increased risk for psychological disorders, including depression and posttraumatic stress disorder, compared to their non-abused peers. Further, the increased risk for depression continues into adulthood (Child Welfare Information Gateway, 2013; "Preventing Child Abuse," 2009; "Reauthorization of CAPTA," 2008). Finally, health consequences of victimization may include cognitive and neurological impairments, and in cases of sexual abuse,

sexually transmitted infections that cause a host of accompanying physiological problems. Adults who were victims of child maltreatment also have higher rates of heart, liver, and lung disease (Casaneuva et al., 2012; Child Welfare Information Gateway, 2013; "Preventing Child Abuse," 2009).

### **Mandated Reporting**

Significant negative outcomes of victimization necessitate a formal system for accountability in ensuring the safety and wellbeing of children. In the United States, the Child Abuse Prevention and Treatment Act (CAPTA), initially enacted in 1974, remains the primary legislation guiding response to suspicions of child maltreatment ("Breaking the Silence," 2011). CAPTA formally defined different types of child maltreatment, which encompass several behaviors ranging from mild to severe that potentially or actually cause harm to a child. Most states recognize four categories of child maltreatment, specifically physical abuse, sexual abuse, emotional abuse, and neglect ("Breaking the Silence," 2011; Fraser, Mathews, Walsh, Chen, & Dunne, 2010; Nelson, 1984; Woika & Bowersox, 2013).

In addition, CAPTA requires individual states to develop protocols for identifying, investigating, and responding to suspected cases of abuse (Nelson, 1984; Woika & Bowersox, 2013). All 50 states and the District of Columbia have varying mandates for reporting suspicion of maltreatment; however, all states specify certain professionals who by law must report (Gushwa & Chance, 2008; Kenny, 2001a). In most states, any professional who routinely interacts with children is considered a legally mandated reporter, including educators, health professionals, law enforcement, and social services personnel (Kenny, 2001b; Woika & Bowersox, 2013). Failure to report suspected abuse can result in serious consequences, including loss of the professional's license or criminal charges.

Such legal requirements are also consistent with the ethical standards set forth by many professional associations in which members are often considered mandated reporters, including but not limited to the American Medical Association, the American Nurses Association, the American Bar Association, the American Psychological Association, the National Association of School Psychologists, and the National Association of Social Workers. Most ethical standards discuss the patient's, client's, and student's right of confidentiality, while noting exceptions in which confidentiality cannot be preserved. These exceptions call upon the professional's duty to provide warning about any potential or actual harm to an individual, which includes harm to a child from a caregiver. Further, ethical standards often obligate the professional to take steps necessary to ensure the protection of the potential victim, which in many cases is synonymous with reporting the suspicions to the state's child protection agency (Fisher, 2009; Kalichman, 1993).

Despite seemingly clear guidelines as to when a report of child maltreatment is required, researchers have identified several barriers to reporting. A commonly cited deterrent is little knowledge of mandates and the specific cases in which one should report (Dailor & Jacob, 2011; Feng, Chen, Fetzer, Feng, & Lin, 2012; Kenny, 2001a). Additionally, some fear that a report may be inaccurate, as it is often based only on the child's self-report without physical evidence of harm (Delaronde, King, Bendel, & Reece, 2000; Eisbach & Driessnack, 2010; Kenny, 2001a). This is not unexpected, as many state mandates contain vague and non-behavioral language as to what constitutes suspicion of abuse. In fact, many researchers argue mandated reporters are left with too much discretion in deciding to report a case (Alvarez, Donahue, Kenny, Cavanagh, & Romero, 2005; Levi, Dellasega, & Boehmer, 2012; Mathews & Kenny, 2008). There is another barrier related to the fear of inaccuracy of the report. Professionals may be fearful of legal and ethical ramifications, in particular if the report is not substantiated, which acts as a further deterrent (Baxter & Beer, 1990; Dailor & Jacob, 2011; Kenny, 2001a; VanBergeijk, 2007). This remains true despite mandates specifying that reporters cannot be held legally liable assuming the report is made with good intention (Alvarez et al., 2005).

Researchers have also identified that professionals fear retaliation from the child's family and making matters worse for the child, which prevents them from making the report (Baxter & Beer, 1990; Delaronde et al., 2000.; Kenny, 2001a; VanBergeijk, 2007). Further, some researchers have determined they are also fearful of violating parents' rights by making a report, while others are concerned with the misinterpretation of cultural values or practices as maltreatment (Feng et al., 2012; Kenny, 2001a). Issues of culture further exacerbate the problem as professionals strive to achieve cultural competence and to remain culturally sensitive. Although many professionals undergo comprehensive training on issues of child maltreatment, the response to child abuse and neglect is often not culturally competent. Unfortunately, there is a gap in the literature regarding the promotion and development of cultural competency. Child maltreatment research often does not take notice of ethnicity in its analyses and designs. Indeed, prior to 1990s, literature on cultural competence in the field of child protection was virtually non-existent (Hughes, 2006). However, there has been a movement within the last decade to raise awareness and provide training to better serve and represent ethnically diverse clients (Terao, Borrego & Urquiza, 2001). Cultural competence training is difficult mainly because societal norms are highly sensitive and heterogeneous, always changing, with vague boundaries (Hughes, 2006).

## **Need for Training**

Mandated reporters play an important role protecting children from harm. When this important role is countermanded by the previously discussed difficulties and barriers reporters often face, questions arise regarding the state of training. As is true with any other skill set specific to a particular field, professionals must be sufficiently trained in order to carry out the complex process of mandated reporting. Unfortunately, researchers have generally found that most mandated reporters across disciplines have inadequate training preparing them to identify child abuse and make accurate reports as outlined in state requirements (Champion et al., 2003; Kenny, 2001a; DeMattei, Sherry, Rogers, & Freeman, 2009). This lack of training can have serious implications for service providers, both personally and professionally, in addition to placing the children they serve at risk for further harm. As Felzen Johnson (2002) stated: “Any stage of the maltreatment system, from the language of the law to the provision of therapeutic and prevention services, that is inadequate has the potential to adversely affect the outcome to the child” (p. 559). Thus, ensuring mandated reporters are adequately trained is essential in promoting positive outcomes for the children they serve.

## **Method**

### **Participants**

To obtain multiple perspectives about how training on the topics of child maltreatment and mandated reporting are incorporated into graduate education programs, researchers targeted both graduate educators and graduate students as participants. The intent behind obtaining the different perspectives was to understand not only how educators addressed that training in graduate programs, but also how the students received it. Therefore, the differing perspectives would provide additional insight as to the effectiveness of any training provided.

The participants included the graduate educators and graduate students across a single university in a variety of programs. Each program is in a field that requires professionals to report child maltreatment. For the graduate educators, all teaching faculty were included (e.g. adjuncts, lecturers) and the participant pool was not limited to full time, tenure track faculty. Graduate students included all students, whether full or part-time.

The pilot university is located in an urban metropolitan area in the Midwestern United States. Table 1 depicts the demographics of the graduate student survey respondents. Table 2 depicts the demographics of the graduate educator survey respondents.

For the initial pilot study, the researchers decided to use a sample of convenience across the university, inviting participation from each program that prepares future mandated reporters. These included Counseling, Dental, Education, Nursing, and Psychology programs. A total of fifty-four participants began the survey, but due to ability to skip questions, all participants did not complete all questions. Among those, thirty-nine (72%) identified as graduate students, three (6%) who were enrolled as graduate students in part-time or evening programs also identified as practitioners, and twelve (22%) identified as graduate educators. For the purposes of this study, only the graduate educators' and graduate students' responses were utilized. A future study will focus on practitioners.

### **Instruments**

The researchers created a survey questionnaire called the Mandated Reporting in Graduate Education Questionnaire (MRGEQ). In order to obtain multiple perspectives, researchers designed the MRGEQ to be applicable to all levels of professionals and future professionals, to be interdisciplinary, and to be relevant across states. The questionnaire is a modification of the School Psychologists as Mandated Reporters Questionnaire developed and utilized by Sears, K. (unpublished dissertation), which was itself a blend of the Teacher Reporting Questionnaire (*Mathews, B. P., Walsh, K. M., Butler, D. A., Farrell, A., Rassafiani, M., & Kilby, S. (2009). Teacher Reporting Questionnaire – Western Australia Government Schools (Unpublished)*), and the Educators and Child Abuse Questionnaire (*Kenny, M. C. (2001). Child abuse reporting: Teachers' perceived deterrents, Child Abuse & Neglect, 25, 81-92*)).

The MRGEQ consists of a mixture of quantitative and qualitative questions, and is divided into several sections. The first section determines the respondent's ability to identify and respond to potential situations of child maltreatment. The second section looks at training with respect to child maltreatment and mandated reporting, including methods of delivery, level of satisfaction with training, and overall confidence in abilities. At the end of the body of the questionnaire participants are able to voice their perspective on the MRGEQ and provide constructive feedback. Finally, the MRGEQ also includes a demographics section. While it is designed as a single questionnaire, the MRGEQ utilizes skip-logic based on the participant's level of experience such that the questionnaire is tailored to a version appropriate for the particular respondent. Consequently, the questionnaire takes approximately 20 to 40 minutes to complete, depending on whether the respondent is a graduate student or graduate educator. The MRGEQ may be completed in more than one session to minimize the impact of the time commitment but to hopefully maximize the quality of the data collected.

**Procedure**

The intent of the initial pilot was two-fold. First, in an effort to achieve content-validity and to inform ongoing questionnaire development and refinement, researchers piloted the MRGEQ at a single university with graduate educators and graduate students in programs that prepare future mandated reporters to elicit feedback on questionnaire content and structure. As discussed later, the researchers utilized the feedback to edit the MRGEQ. Second, researchers obtained initial data to detail the current state of graduate education with respect to mandated reporting.

For ease of distribution, data collection, and data management, the researchers utilized the SurveyMonkey (surveymonkey.com) online survey platform. Additionally, the researchers enabled the feature to suppress I.P. addresses in order to preserve the respondents’ anonymity. For distribution, the platform enabled the researchers to create weblinks to the survey that could be embedded and forwarded with the invitations and requests to participate. This allowed potential participants to in turn forward the invitations to additional participants. In order to encourage participation, the researchers sent the requests through their university email system rather than through the SurveyMonkey email system, and contacted the program directors or faculty within each of the graduate education programs that prepare future mandated reporters. Where possible, researchers specifically emailed invitations to participate to personal contacts within those programs. All emails included requests to distribute the MRGEQ to all graduate educators and graduate students in the various programs, along with links to the questionnaire in electronic format. Initial emails seeking participation included a brief overview of the research study, and informed potential respondents that participation in the study was voluntary. After the initial requests, researchers sent follow ups at 2 and 4 weeks later, with a final email prior to closing the survey.

**Results**

**Table 1- Demographics of Graduate Students**

Variable	<i>n</i>	%
<b>Gender</b>		
Female	26	83.9%
Male	4	12.9%
Prefer not to answer	1	3.2%
<b>Age</b>		
18-22	3	9.7%
23-29	15	48.4%
30-39	7	22.6%
40 or older	6	19.4%

<b>Race</b>		
White	15	48.4%
Black or African-American	12	38.7%
Asian	1	3.2%
Other	1	3.2%
Prefer not to answer	2	6.5%
<b>Hispanic or Latino Descent</b>		
Yes, Hispanic or Latino	1	3.2%
No, not Hispanic or Latino	30	96.8%
<b>Field of Graduate Education</b>		
Counseling	2	6.4%
Addiction Counseling	1	3.2%
School Counseling	6	19.35%
Clinical Mental Health Counseling	3	9.6%
Community Mental Health Counseling	1	3.2%
School and Mental Health Counseling	1	3.2%
School Psychology	11	35.5%
Educational Leadership	1	3.2%
Advance Nurse Practitioner	1	3.2%
Family Nurse Practitioner	1	3.2%
Health Systems Management	1	3.2%
Prefer not to answer	2	6.4%

**Table 2- Demographics of Graduate Educators**

<b>Variable</b>	<b><i>n</i></b>	<b>%</b>
<b>Gender</b>		
Female	2	40.0%
Prefer not to answer	3	60.0%
<b>Race</b>		
White	1	20.0%
Black or African-American	1	20.0%
Prefer not to answer	3	60.0%
<b>Hispanic or Latino Descent</b>		
No, not Hispanic or Latino	5	100%
<b>Field of Graduate Education</b>		
Clinical Psychology	1	20.0%
Physician's Assistant	1	20.0%
Education	1	20.0%
Counselor/Education	1	20.0%
Prefer not to answer	1	20.0%

### **Graduate Students' Responses**

With respect to the three case vignettes and perspectives about their training, the thirty-nine participating graduate students' responses can be summarized as follows:

#### *Vignette 1*

Thirty-six (92%) of the graduate students completed this item. Of those completing the item, thirty-two (89%) of the respondents indicated that yes, there were reasonable grounds to suspect child maltreatment. Thirty of the respondents (83%) indicated that they would be required to file a report.

#### *Vignette 2*

Thirty-five (89.7%) of the graduate students completed this item. Of those completing the item, twenty-nine (83%) of the respondents indicated that yes, there were reasonable grounds to suspect child maltreatment. Seventeen of the respondents (48%) indicated that they would be required to file a report. For this case vignette, greater than half of the respondents who identified reasonable grounds to suspect maltreatment believed they would not be required to file a report.

#### *Vignette 3*

Thirty-four (87%) of the graduate students completed this item. Of those completing the item, twenty-nine (85%) of the respondents indicated that yes, there were reasonable grounds to suspect child maltreatment, and twenty-eight (80%) indicated that they would be required to file a report. For this case vignette, where there were physical bruises on the child, the majority of respondents not only identified reasonable grounds to suspect maltreatment, but also recognized the requirement to file a report.

#### *Confidence in Ability to Identify Indicators of Child Maltreatment*

Thirty-one (79.4%) of the graduate students completed this item. Using a five-point scale, eleven (35.5%) respondents indicated some level of confidence in their abilities (Somewhat Confident/Confident), while eight respondents (25.8%) indicated some level of lack of confidence (Somewhat Unconfident/Unconfident). The remaining twelve (30.7%) respondents indicated a neutral response.

#### *Confidence in Ability to Follow Mandated Reporting Procedures*

Thirty-one (79.4%) of the graduate students completed this item. Using a five-point scale, ten (32.2%) respondents indicated some level of confidence in their abilities (Somewhat Confident/Confident), while eleven respondents (35.5%) indicated some level of lack of confidence (Somewhat Unconfident/Unconfident). The remaining ten (32.2%) respondents indicated a neutral response.

### *Satisfaction with Training about Child Maltreatment*

Twenty-nine (74%) of the graduate students completed this item. Using a five-point scale, nine (31%) respondents indicated some level of satisfaction with their training (Somewhat Satisfied/Satisfied), while thirteen respondents (44.8%) indicated some level of dissatisfaction (Somewhat Dissatisfied/Dissatisfied). The remaining seven (24%) respondents indicated a neutral response.

### *Satisfaction with Training about Mandated Reporting*

Twenty-nine (74%) of the graduate students completed this item. Using a five-point scale, nine (31%) respondents indicated some level of satisfaction with their training (Somewhat Satisfied/Satisfied), while fifteen respondents (51.2%) indicated some level of dissatisfaction (Somewhat Dissatisfied/Dissatisfied). The remaining five (16%) respondents indicated a neutral response. For this item, greater than half of the respondents indicated some level of dissatisfaction with their training about mandated reporting.

### *Where Would You Find Additional Information*

Twenty-seven (69.2%) of the graduate students completed this item. This item was an open-ended question about where the graduate students thought they could find additional information on mandated reporting. Six of the respondents (22%) indicated they did not know where to locate any additional information.

## **Graduate Educators' Responses**

With respect to the three case vignettes and perspectives about the training they provide, the twelve graduate educators' responses can be summarized as follows:

### *Vignette 1*

Ten (83%) of the graduate educators completed this item. All respondents indicated that yes, there were reasonable grounds to suspect child maltreatment. They also all indicated that they would be required to file a report.

### *Vignette 2*

Seven (58%) of the graduate educators completed this item. Five (71%) of the respondents indicated that yes, there were reasonable grounds to suspect child maltreatment. Four of the respondents (57%) indicated that they would be required to file a report.

### *Vignette 3*

Seven (58%) of the graduate educators completed this item. Four (57%) of the respondents indicated that yes, there were reasonable grounds to suspect child maltreatment. Two of the respondents (28%) indicated that they would be required to file a report.

*Confidence in Training Provided to Graduate Students - Child Maltreatment*

Six (50%) of the graduate educators completed this item. All respondents indicated responses endorsing neutrality to confidence in the training they provided to graduate students. No respondents indicated any perspectives less than neutral.

*Confidence in Training Provided to Graduate Students - Mandated Reporting*

Six (50%) of the graduate educators completed this item. All respondents indicated responses endorsing neutrality to confidence in the training they provided to graduate students. No respondents indicated any perspectives less than neutral.

*Satisfaction with Training Provided - Child Maltreatment*

Six (50%) of the graduate educators completed this item. All respondents indicated responses endorsing neutrality to satisfaction with the training they provided to graduate students. No respondents indicated any perspectives less than neutral.

*Satisfaction with Training Provided - Mandated Reporting*

Six (50%) of the graduate educators completed this item. All respondents indicated responses endorsing neutrality to satisfaction with the training they provided to graduate students. No respondents indicated any perspectives less than neutral.

## **Discussion**

Preliminary analyses of the survey responses indicate participants at both the graduate student and graduate educator levels experience a degree of confusion and uncertainty when asked to identify potential instances of child maltreatment, as well as when asked to determine whether those instances would require a report to be made to the local child protective service. Both graduate educators and graduate students were split when identifying suspected maltreatment. Of those who did suspect maltreatment, even fewer felt a report was mandated. Furthermore, based on a limited sample, there seems to be a mismatch between what the training graduate educators believe they are providing and how graduate students receive that same training. Graduate educators indicated a neutral position or overall confidence that students would be able to identify indicators of maltreatment and would be able to follow mandated reporting procedures. Likewise, graduate educators indicated a neutral perspective or satisfaction with the current modes of training. On the other hand, graduate students indicated mixed levels of confidence and greater dissatisfaction with training. For graduate students, roughly one-quarter to one-third of respondents indicated some level of lack of confidence in their ability to identify child maltreatment and to follow mandated reporting procedures. In terms of satisfaction, nearly half of the respondents indicated some level of dissatisfaction with training.

The implications of these data indicate a general uncertainty among all levels of respondents in this pilot study. This uncertainty warrants further in-depth exploration of not only the identification of suspected child maltreatment, but the barriers that interfere with compliance in filing a mandated report. Additionally, the study draws attention to the discrepancy between the provision and reception of training, highlighting a need to understand what factors are leading to this instructional gap.

Some of the limitations to the pilot study include the small number of participants, the even fewer number of participants that were graduate educators, and the dual nature of the purpose. There is potential that survey respondents focused on either providing feedback on the structure of the survey instrument, or on the quality of their responses about their knowledge, confidence, and satisfaction with training. Once adjustments to the survey instrument are made, a subsequent pilot of the revised instrument may elicit a larger response rate. Due to feedback regarding the length of the survey for graduate educators, future studies will include a more refined, streamlined version of the MRGEQ for graduate educators.

The purpose of this pilot study was to achieve a better understanding and obtain direct feedback from graduate educators and graduate students as to the way training on the topics of child maltreatment and mandated reporting are incorporated into training programs. Initial next steps include refining the survey instrument based on feedback from the pilot study, conducting a follow up study in an attempt to achieve replication and obtain additional data, and finally to apply an appropriate method to provide more formal analysis of the data. Future studies will continue to include comparisons across a variety of disciplines, all of which prepare future mandated reporters, across universities, and across states. A follow up study targeting a broader pool of graduate educators is planned to provide a broader graduate educator perspective that was not achieved in this pilot study. Ultimately, the intent is to provide an ongoing exploratory and evaluative study to improve pre-service training around the topics of child maltreatment and mandated reporting for graduate students so they are better prepared to not only comply with their legal mandate, but to enable them to better safeguard victims of maltreatment.

#### References

- Alvarez, K. A., Donahue, B., Kenny, M. C., Cavanagh, 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 Behavior, 10*(3), 311-331. doi: 10.1016/j.avb.2004.03.001
- American Bar Association (2013). Model Rules of Professional Conduct. Retrieved from [http://www.americanbar.org/groups/professional\\_responsibility/publications/mod](http://www.americanbar.org/groups/professional_responsibility/publications/mod)

[el\\_rules\\_of\\_professional\\_conduct/model\\_rules\\_of\\_professional\\_conduct\\_table\\_of\\_contents.html](#)

American Medical Association (2014). Code of Medical Ethics of the American Medical Association, 2014-2015 Edition. Retrieved from <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page?>

American Nurses Association (2015). Code of Ethics for Nurses with Interpretive Comments. Retrieved from [http://www.nursingworld.org/DocumentVault/Ethics\\_1/Code-of-Ethics-for-Nurses.html](http://www.nursingworld.org/DocumentVault/Ethics_1/Code-of-Ethics-for-Nurses.html)

American Psychological Association. (2010). Ethical Principles of Psychologists and Code of Conduct. Retrieved from <http://www.apa.org/ethics/code/principles.pdf>

Baxter, G., & Beer, J. (1990). Educational needs of school personnel regard child abuse and/or neglect. *Psychological Reports, 67*, 75-80. doi: 10.1002/anie.200905978

Breaking the silence on child abuse: Protection, prevention, intervention, and deterrence: Hearing before the Subcommittee on Children and Families of the Committee on Health, Education, Labor and Pensions, United States Senate (2011) (testimony of Bryan Samuels).

Casanueva, C., Dolan, M., Smith, K., & Ringeisen, H. (2012). *NSCAW Child Well-Being Spotlight: Children with Substantiated and Unsubstantiated Reports of Child Maltreatment are at Similar Risk for Poor Outcomes*. Retrieved from [http://www.acf.hhs.gov/sites/default/files/opre/nscaw2\\_child\\_mal.pdf](http://www.acf.hhs.gov/sites/default/files/opre/nscaw2_child_mal.pdf)

Champion, K. M., Shipman, K., Bonner, B. L., Hensley, L., & Howe, A. C. (2003). Child maltreatment training in doctoral programs in clinical, counseling, and school psychology: Where do we go from here? *Child Maltreatment, 8*(3), 211-217. <http://dx.doi.org/1-.1177/1077559503254139>

Child Abuse Prevention and Treatment Reauthorization Act, 42 U.S.C. 5101-511(2010).

Child Welfare Information Gateway: U.S. Department of Health and Human Services (2013a). *Long-term consequences of child abuse and neglect*. Retrieved from [https://www.childwelfare.gov/pubs/factsheets/long\\_term\\_consequences.pdf](https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf)

Dailor, A. N., & Jacob, S. (2011). Ethically challenging situations reported by school psychologists: Implications for training. *Psychology in the Schools, 48*(6), 619-631. [http:// dx.doi.org/10.1002/pits.20574](http://dx.doi.org/10.1002/pits.20574)

- Delaronde, S., King, G., Bendel, R., & Reece, R. (2000). Opinions among mandated reporters towards child maltreatment reporting policies. *Child Abuse & Neglect, 24*(7), 901-910. [http://dx.doi.org/10.1016/s0145-2134\(00\)00151-4](http://dx.doi.org/10.1016/s0145-2134(00)00151-4)
- DeMattei, R., Sherry, J., Rogers, J., & Freeman, J. (2009). What future health care providers will need to know about child abuse and neglect. *The Health Care Manager, 28*(4), 320-327.
- Eisbach, S. S., & Driessnack, M. (2010). Am I sure I want to go down this road? Hesitations in the reporting of child maltreatment by nurses. *Journal for Specialists in Pediatric Nursing, 15*(4), 317-323. doi: 10.1111/j.1744-6155.2010.00259.x
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P. & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experience (ACE) Study. *American Journal of Preventive Medicine, 14*(4):245–258.
- Felzen Johnson, C. (2002). Child maltreatment 2002: Recognition, reporting and risk. *Pediatrics International, 44*(5), 554-560. <http://dx.doi.org/10.1046/j.1442-200x.200201642.x>
- Feng, J., Chen, Y., Fetzer, S., Feng, M., & Lin, C. (2012). Ethical and legal challenges of mandated child abuse. *Children and Youth Services Review, 34*, 276-280. doi:10.1016/j.childyouth.2011.10.026
- Fisher, C. B. (2009). *Decoding the ethics code: A practical guide for psychologists*. Thousand Oaks, CA: Sage.
- Fraser, J. A., Mathews, B., Walsh, K., Chen, L., & Dunne, M. (2010). Factors influencing child abuse and neglect recognition and reporting by nurses: A multivariate analysis. *International Journal of Nursing Studies, 47*, 146-153. <http://dx.doi.org/10.1016/j.ijnurstu.2009.05.105>
- Gushwa, M. & Chance, T. (2008). Ethical dilemmas for mental health practitioners: Navigating mandated child maltreatment reporting decisions. *Families in Society: The Journal of Contemporary Social Services, 89*, 78-83. <http://dx.doi.org/10.1606/1044-3894.3712>
- Hughes, T. (2006). *The neglect of children and culture: Responding to child maltreatment with cultural competence*. NY: St. John's University School of Law.

Kalichman, S. C. (1993). *Mandated reporting of suspected child abuse: Ethics, law, and policy*. Washington, DC: American Psychological Association.

Kelley, B. T., Thornberry, T. P., Smith, C. A. (1997). *In the wake of childhood maltreatment*. U.S. Department of Justice.

Kenny, M. C. (2001a). Child abuse reporting: Teachers' perceived deterrents. *Child Abuse & Neglect*, 25, 81-92. [http://dx.doi.org/10.1016/S0145-2134\(00\)00218-0](http://dx.doi.org/10.1016/S0145-2134(00)00218-0)

Kenny, M. C. (2001b). Compliance with mandated child abuse reporting: Comparing physicians and teachers. *Journal of Offender Rehabilitation*, 34, 9-23. [http://dx.doi.org/10.1300/J076v34n01\\_02](http://dx.doi.org/10.1300/J076v34n01_02)

Levi, B. H., Dellasega, C., & Boehmer, S. (2012). What is reasonable suspicion of child abuse? *Journal of Public Child Welfare*, 6, 569-589. doi: 10.1080/15548732.2012.683374

Mathews, 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, 50-63. <http://dx.doi.org/10.1177/1077559507310613>

Mathews, B. P., Walsh, K. M., Butler, D. A., Farrell, A., Rassafiani, M., & Kilby, S. (2009). Teacher Reporting Questionnaire – Western Australia Government Schools (Unpublished)

National Association of School Psychologists. (2010). Principles for Professional Ethics. Retrieved from [http://www.nasponline.org/standards/2010standards/1\\_%20ethical%20principles.pdf](http://www.nasponline.org/standards/2010standards/1_%20ethical%20principles.pdf)

National Association of Social Workers (2008). Code of Ethics. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>

Nelson, B. J. (1984). *Making an issue of child abuse: Political agenda setting for social problems*. Chicago: The University of Chicago Press.

Preventing child abuse and improving responses to families in crisis: Hearing before the Committee on Education & Labor, House of Representatives (2009) (testimony of Rodney Hammond).

- Reauthorization of the Child Abuse Protection and Treatment Act (CAPTA): Hearing before the Subcommittee on Children and Families of the Committee on Health, Education, Labor and Pensions, United States Senate (2008) (testimony of Cheryl Anne Boyce).
- Swan, N. (1998). Exploring the role of child abuse on later drug abuse: Researchers face broad gaps in information. *National Institute on Drug Abuse, 13*(2), Retrieved from [http://archives.drugabuse.gov/NIDA\\_Notes/NNVol13N2/exploring.html](http://archives.drugabuse.gov/NIDA_Notes/NNVol13N2/exploring.html)
- Terao, S., Borrego, J., & Urquiza, A. (2001). A Reporting and Response Model for Child Maltreatment. *Child Maltreatment*. Sage Publications.  
<http://cmx.sagepub.com/cgi/content/abstract/6/2/158>
- U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2016). *Child Maltreatment 2014*. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf>
- 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.  
[http://dx.doi.org/10.1300/J146v15n02\\_02](http://dx.doi.org/10.1300/J146v15n02_02)
- Woika, S., & Bowersox, C. (2013). Child abuse and mandated reporting. *Educational Horizons, 91*(4), 26-29.