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## **Factors that Influence Child Abuse Reporting: A Survey of Child-Serving Professionals**

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

Recent high-profile child sexual abuse cases have focused attention on child maltreatment reporting policies. Since the scandal involving Jerry Sandusky at Penn State University and similar cases involving failure to report child abuse, at least 14 states have amended their statutes on reporting suspected child abuse. Some states have expanded reporting duties to coaches and additional professionals, some have switched to a universal reporting law which requires all adults to report suspected child abuse. Others have required expanded education and training for mandated reporters, increased penalties for failure to report, prohibited employers from retaliating against employees who report, and increased coordination of investigations (Vandervort, 2012).

Despite the fact that all states have some kind of reporting requirements, few studies have examined the impact of different reporting requirements, and the field lacks a rigorous evidence base about the consequences of various kinds of reporting laws (Wekerle, 2013). Steen and Duran (2014) note this leaves

“policymakers and child welfare administrators with little guidance in the selection of child maltreatment reporting policies and reporting system structures.” (pg. 868).

#### **Box A: How the study was conducted**

A convenience sample of professionals including counselors, teachers, and medical professionals (N=556, see Box B sample characteristics) completed an online survey between March 23 and May 28, 2015. The sample was generated by emailing national medical, educational and counseling organizations and professional groups. Participating organizations and groups posted the request to participate on their listserv, twitter, Facebook or linkedIN accounts.

Additionally, we interviewed several child maltreatment research experts (N=6) by telephone to get their thoughts about policies and practices that may influence reporting.

A key concern is that child abuse is under-reported, and research suggests that professionals do not always report suspicions of abuse and neglect. The Child Abuse Recognition and Evaluation Study (CARES) is a large national U.S. prospective study that examined decision-making by primary health care providers (Flaherty et al., 2008). This study found that 27% of the health care providers did not report injuries to Child Protective Services (CPS) despite believing they were “likely” or “very likely” caused by child abuse. A study of social workers, pediatricians, and physician assistants in two states found 58% had not reported all cases of suspected child maltreatment throughout their careers (Delaronde, King, Bendel & Reece, 2000). A U.S.

national study of the incidence of maltreatment reviewed children identified as maltreated but not reported to CPS (Sedlak et al., 2010). This study estimated that 80% of the non-reported child maltreatment cases would have been investigated had they been reported. These data thus suggest that professionals are under-reporting. Factors that appear to influence whether professionals decide to report suspected abuse include legal factors, such as wording and knowledge of reporting policies, professional characteristics, such as experience and training, and situational factors, such as type of and severity of abuse (Brosig & Kalichman, 1992).

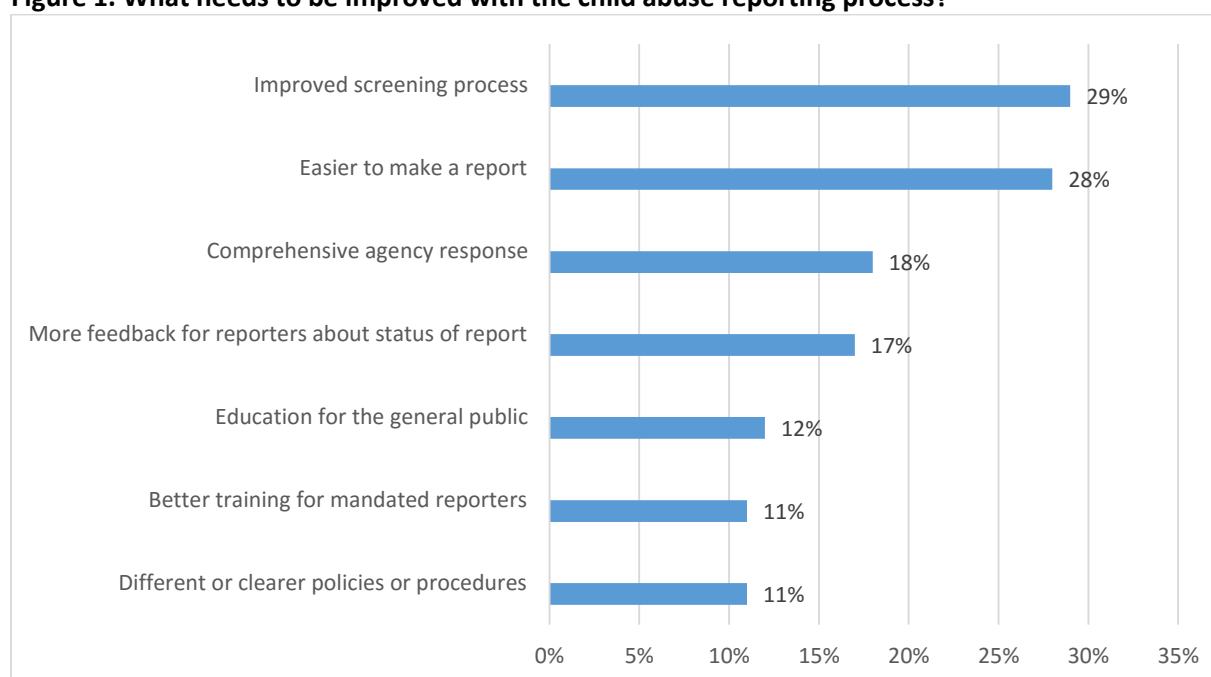
Despite concerns of under-reporting, there has been little research seeking to understand if training, policy changes, or changes in child protection practices might support and improve on the child abuse reporting process for child-serving professionals (Pietrantonio et al., 2013). Thus, an online survey of child-serving professionals was conducted as well as several key informant telephone interviews with child maltreatment experts. The goals of the study were to examine the following questions:

- Does the child abuse reporting process need to be improved?
- What types of factors make child abuse reporting less likely?
- Are professionals satisfied with their agency’s child abuse reporting protocols? and
- What do professionals say about the training they have received on reporting child abuse?

## WHAT ABOUT THE CHILD ABUSE REPORTING PROCESS NEEDS IMPROVEMENT?

When asked about whether the reporting process needs improvement, 61% of survey respondents indicated that improvements were needed. About one-quarter (24%) of respondents were not sure and 15% of respondents thought improvements were not needed. For the respondents who thought the process needs improvement (n=403), we asked follow-up questions about what in particular they would like to see improved. The open-ended responses mainly fell into seven categories. The categories are described below, followed by illustrative quotes from some participants in italics.

**Figure 1. What needs to be improved with the child abuse reporting process?**



### 1. Improved screening process at intake (29%)

Nearly one-third of participants were frustrated with the screening process and how decisions were made to investigate or not investigate cases. Some people felt that it would be helpful to have a standardized screening process so that the same questions are asked regardless of who the Child Protective Services (CPS) intake worker is who answers the phone. They were frustrated that the screening process seemed to be quite variable. Professionals were also frustrated that what they understood were situations meeting the criteria of abuse or neglect did not seem to match the definitions used by intake workers at CPS agencies.

Professionals were concerned that some child abuse reporting hotlines are staffed by overworked and overwhelmed staff, making the whole reporting process exhausting. Some mentioned that hotline workers came across as curt and interrogated the callers. Professionals did note that experienced and knowledgeable intake workers were central to having a positive reporting experience.

*"Screeners need to ask good questions to get needed information."*

*"Need better informed hotline workers."*

**Box B: Sample Characteristics (N=556)**

## Profession

- Counselor, clinician, social worker (48%)
- Medical professional (19%)
- Teacher, school professional (17%)
- Family support, home visitor (11%)
- Other (3%)

## Years in professional field

- 1 year or less (4%)
- More than 1 to 3 years (11%)
- More than 3 to 10 years (29%)
- More than 10 to 20 years (28%)
- More than 20 years (27%)

## Sex

- Female (89%)
- Male (11%)

## Age

- 29 or under (11%)
- 30 to 39 (27%)
- 40 to 49 (23%)
- 50 to 59 (22%)
- 60 or more (15%)

## Previously reported suspected child abuse to CPS or law enforcement

- Yes (87%)
- No (13%)

## Number of times reported suspected child abuse

- Less than 5 times (31%)
- 5 to 10 (27%)
- 11 to 20 (15%)
- 21 to 50 (15%)
- More than 50 (11%)

**2. Changes to make it easier to make a report (28%)**

Nearly one-third of respondents thought it should be easier to make a report when they had concerns about the safety of a child. Some had been frustrated by a lengthy wait time for state hotlines, others mentioned that they have called to make a report locally and have to leave a message, with no one responding back to them for hours. Others noted that reporting abuse should be available 24/7 and that reporting often does not fit into the hours of 8 to 5.

Some professionals wanted more options for making reports, such as online, email, fax, or phone, while some professionals wanted a 1-800 national reporting number. We heard frustration that many times neighboring states or counties had different ways of making reports. This variation created further confusion and frustration for professionals.

*“Needs to be easier and faster to make a report, especially at night.”*

*“Should not be put on hold or told someone will call back.”*

*“Need a uniform process streamlined across states”.*

**3. A more comprehensive agency response after a child abuse report (18%)**

Professionals felt that improving what happens after a child abuse report has been made is critical to improving the overall reporting process. Professionals were concerned not only about the ability of agencies to have immediate support services for families, but also that the system response needs to be comprehensive and to meet a family’s multiple needs. Professionals noted the importance of having alternative approaches available for families who need additional support when their issues have not risen to reportable abuse.

Professionals also mentioned that there should be a way for more interactive communication across various agencies that serve the same families. For example, substance abuse treatment teams could assist in the planning of protective services and there should be open lines of communication across parenting programs and CPS. In general, the concern was that the system response needs to be much more cohesive and multidisciplinary.

*“Increase likelihood of a positive intervention for families.”*

*“Need more resources for offering services to families.”*

#### **4. More feedback for reporters about the status of the report (17%)**

Professionals who make a child abuse report would like to know what happens after the report is made. Respondents felt that triage or CPS intake workers should provide feedback to mandatory reporters about the status of the report they made, such as whether the case was accepted and investigated.

*“Professionals who report need to know what happens after the report is made.”*

*“Rarely do I get follow-up for a reported suspicion. That would be helpful information for me working with the student after the report and an investigation occurs.”*

#### **5. More education for the general public about child abuse reporting (12%)**

Professionals thought that the overall reporting process would be improved if there were increased public education and awareness of what child abuse is and what child abuse reporting means. We heard that with improvements to the overall awareness of child maltreatment in a community there would likely be improved ownership that all adults have a responsibility to help ensure the safety of children. Professionals, for example, felt that many people in the community probably don't understand that they could make an anonymous report if they were concerned about the safety of a child.

*“Need more training for the public to understand what abuse is and how/when to report.”*

*“More opportunities for community members to be educated on what constitutes a report.”*

#### **6. Better training for mandated professional reporters (11%)**

Professionals thought that training on mandatory reporting needs to become more standardized and to reach all health and relevant professionals pre-service with continuing education opportunities. Professionals mentioned that it would be helpful if CPS could provide the training for mandated reporters. We also heard that more could be done to help educate professionals that they do not have to wait until they have enough “proof” of abuse in order to make a report. Professionals felt that training also needs to address the difficult and complex situations that they often encounter.

*“Better training of potential reporters. Trainings that reflect the complex factors involved in deciding to report when suspicions of abuse or neglect are not clear cut.”*

*“Need training to enhance consistency across specialists.”*

#### **7. Different or clearer policies and procedures (11%)**

Some professionals thought it was confusing that intra-familial child abuse is reported to different agencies than extra-familial child abuse. Suggestions included that all reports involving children should be centralized, both intra-familial and extra-familial, or that there should be clearer guidelines for which department should receive the report (e.g., CPS, APS, Local Law Enforcement, County Law Enforcement, etc.).

We also heard that some schools need better guidelines about the reporting process and that it can be confusing for some that teachers should first report to other school staff rather than directly reporting their concerns to CPS. Some professionals had concern that the criteria for what needs to be reported errs so much on the side of caution that it overloads the system with referrals.

*“All reports involving children should be centralized, both intra-familial and extra-familial child*

*abuse.”*

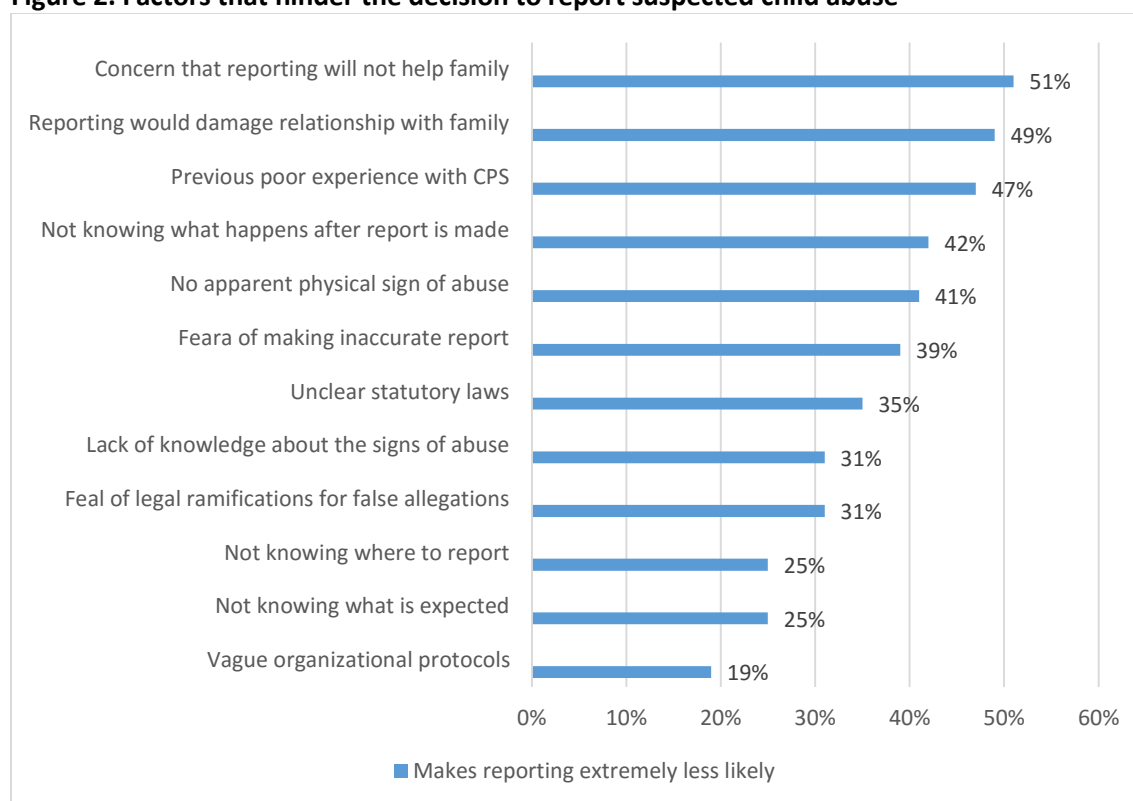
*“An established written procedure for my elementary school building needs to be prepared so that all school personnel know the channels to report suspected abuse.”*

## **WHAT FACTORS HINDER THE DECISION TO REPORT SUSPECTED ABUSE?**

In order to better understand situations and factors that could hinder professionals’ decisions to report suspected abuse, we asked participants about the relevance of a total of 12 possible factors (see Figure 2). A better understanding of the importance of such factors could help to improve the reporting process by highlighting areas that professionals weigh as they consider reporting suspected abuse.

Our survey respondents reported that incident and interpersonal factors impact their consideration more than statute related factors. Out of the 12 factors, concern that reporting would not help the family received the highest percentage of endorsements for hindering the decision to report. Other important considerations were concern that reporting would damage the relationship with the family and having a previous poor reporting experience. The 12 factors that respondents rated are ordered in Figure 2 below from the most likely to hinder the decision to the least likely.

**Figure 2. Factors that hinder the decision to report suspected child abuse**



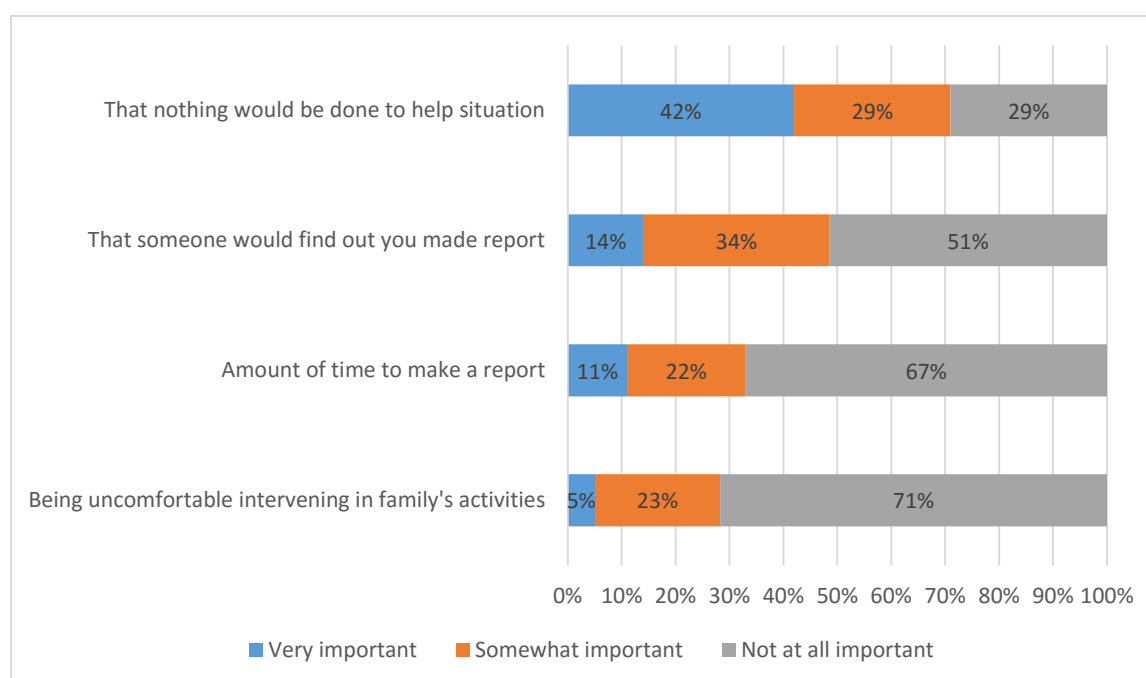
Next, we asked how important different aspects of child abuse reporting are to participants – such as how important it is that someone would find out that they made the report or that they may be uncomfortable intervening in family’s activities. Here we wanted to know the extent to which various perceptions of the

reporting process are important to professionals. Knowing what is important to professionals could help agencies concerned with the child abuse reporting process know how to target improvements.

As shown in Figure 3, 42% of respondents rated their concern that nothing would be done to help the situation as a very important consideration when deciding whether to make an official report of suspected child abuse.

The three other factors were mostly rated as not at all important to respondents; 71% of respondents said being uncomfortable intervening in family's activities was not important to their decision, 67% of respondents said the amount of time it takes to make a report was not important, and 51% of respondents said that whether someone would find out you made the report was not important to them when deciding whether to report suspected child abuse.

**Figure 3. Factors important in decision to report suspected child abuse**



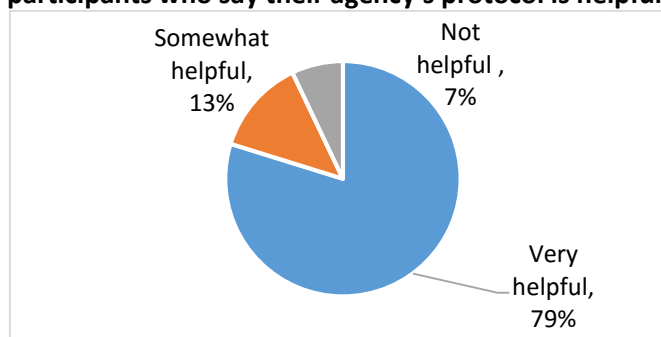
The last question on factors associated with reporting child abuse asked whether professionals worry about being criminally charged for not reporting their suspicions. This is important to explore because although failure to report is classified as a misdemeanor or a similar charge in 39 states, it is known the extent to which professionals worry about this (Child Welfare Information Gateway, 2014).

The vast majority (72%) of respondents said they do not worry at all or just a little about being criminally charged for not reporting suspected child abuse, 12% of respondents are somewhat worried and 15% of respondents worry very much about this.

## **ARE PROFESSIONALS SATISFIED WITH THEIR AGENCY'S CHILD ABUSE REPORTING PROTOCOL?**

The majority (84%) of respondents indicated that their agency had a protocol for reporting child abuse and neglect (5% said no and 10% did not know), which most respondents (79%) found very helpful.

**Figure 4. Percentage of participants who say their agency's protocol is helpful or not**



We asked follow-up questions about what was helpful or unhelpful about their agency's protocol (n=214). The open-ended responses fell into the categories described below, followed by illustrative quotes from some participants in italics.

### ***What is helpful about the protocol?***

Responses for what was helpful about their agency's protocols fell into two themes.

#### **1. Having a clear step by step process to follow when making a report is helpful (47%)**

Participants said it was helpful to have specific forms and outlines for the required information and to have access to regular training on the protocols.

*"It is very step-by-step, if you follow the plan, your professional liability will also be covered."*

*"It is very detailed and based on state regulations."*

#### **2. Having access to a team for support in making a report is helpful (17%)**

The second theme for what was most helpful about their agency's protocol was having access to a multidisciplinary team. This included having access to medical and social work teams and having teams readily available, such as 24 hours/7 days a week.

*"The protocol allows for employees to place calls with support from peers and administration. It is acknowledged that it can be an emotionally difficult decision."*

*"Social work is consulted and together a report is made. Social work has lots of experience with wording and what is needed."*



### ***What is unhelpful about the protocol?***

Responses for what was not helpful about their agency's protocols fell into three themes.

#### **1. Organizations' protocols are vague (19%)**

Participants mentioned that many components of the protocol are left unclear and up to the individuals "gut" feeling or that the protocol does not outline what information needs to be gathered in order to provide the necessary information during the reporting process. Generally professionals wanted very detailed information about every aspect of the reporting process.

*"The protocol is not very specific and is limited by poor state guidelines in general (e.g., which agency gets the report, what happens next, etc)."*

*"Does not go deep enough. Just says make a report when suspected."*

#### **2. It is not helpful that my administrator or supervisor decides whether to report (9%)**

Some participants mentioned that they have found that different supervisors/managers have different opinions about what is or is not reportable.

*"It is problematic that supposed to bring concerns to the attention of supervisor and they decide if a report should be made."*

*"It has to go through too many hands before a decision is made to report or not."*

#### **3. Staff need greater access to and awareness of protocol (9%)**

Some participants mentioned that the protocol itself was fine, but that it was not widely distributed so therefore the protocol was not well known. We heard, for example, that protocols were difficult to find or not advertised well within agencies.

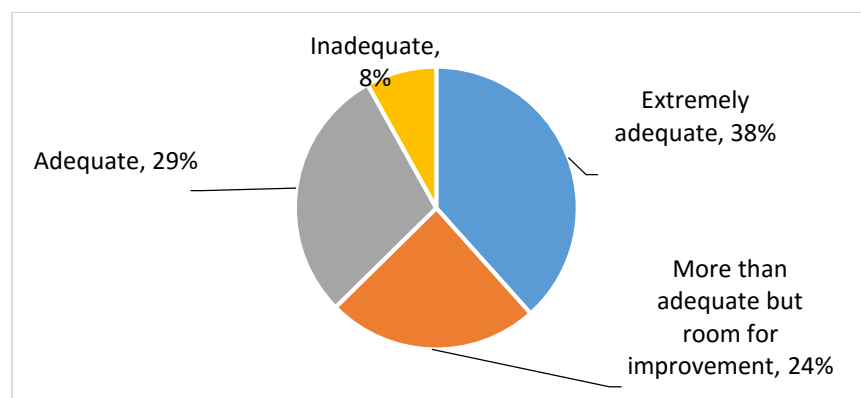
*"It is present on the web site but would be better distributed to the membership."*

*"It is not easily found, nor are teachers and staff educated about the protocol."*

### ***HOW ADEQUATE IS TRAINING ON REPORTING CHILD ABUSE?***

The vast majority (84%) of respondents had received training on reporting child abuse at some point. And half (51%) had received training in the past year. Just over one-third (38%) describe the training as extremely adequate, 24% of respondents said that it was more than adequate but room for improvement, 29% of respondents said it was only adequate, and 8% of respondents said it was inadequate.

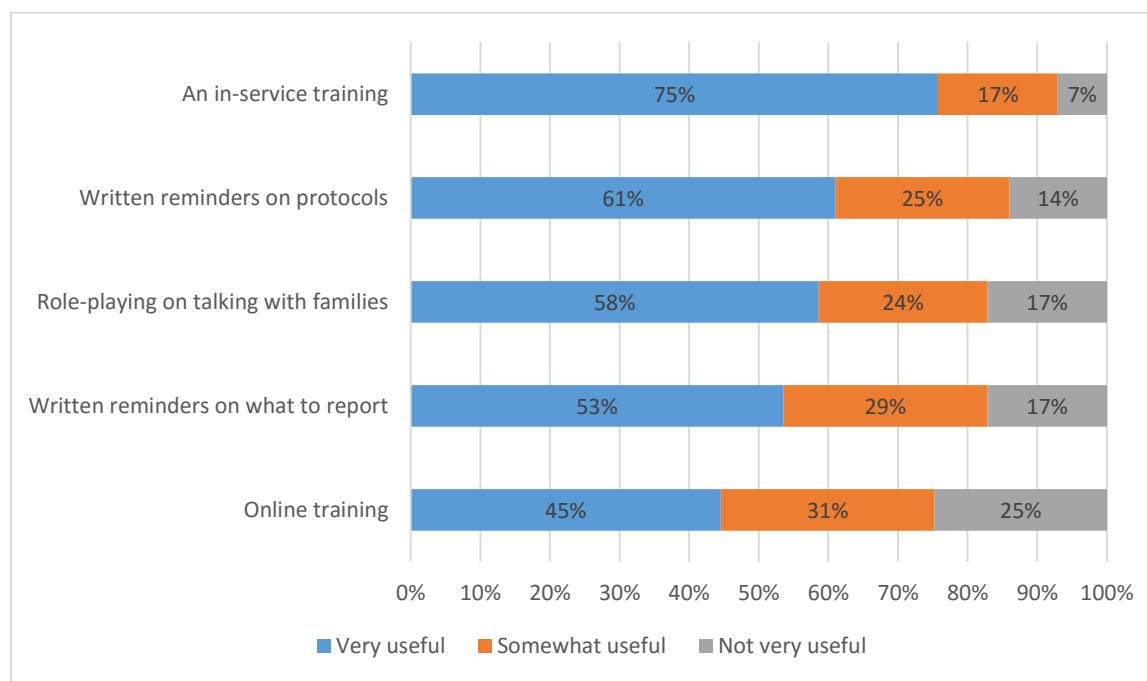
**Figure 5. Adequacy of most recent training**



### **What are useful training strategies?**

When asked to rate how useful different training strategies would be, 75% of respondents rated an in-service training and 61% of respondents rated written reminders on protocols as very useful training strategies. Online training opportunities received the highest endorsements as being not very useful (25%).

**Figure 6. Usefulness of training strategies**



### **What suggestions do professionals have for improving training on reporting child abuse?**

Some respondents had specific suggestions about training (n=180), the responses fell into the following categories:

- Address the attitudes and emotional aspect of reporting abuse (37%)
- Have interactive training (23%)
- Include case studies and examples (21%)
- Offer refresher training opportunities (17%)
- Have advanced training to discuss the complexities of reporting (13%)

### **WHAT ELSE SHOULD WE KNOW ABOUT WHAT WOULD MAKE IT EASIER TO REPORT SUSPECTED CHILD ABUSE?**

The responses to this open-ended question echoed what we heard in other parts of the survey. A few examples are presented below.

*“Need confidence in knowing the concern would be investigated.”*

*"I think it would help people be more motivated to report child abuse if the physicians and medical staff had some access to the follow-up of the child (we almost never find out if the child did "OK" after the report was made.)"*

*"Maybe include in potential training the necessity to continue reporting even when it seems futile. It's hard not to get discouraged. But it continues to be necessary."*

*"Streamline the process, make it shorter, make it easy to know where to report."*

*"Need online reporting system with a callback or something."*

*"Provide sufficient resources to families who have been reported for child abuse to deal with ongoing problems."*

*"The crises in the system are not reporting, but the lack of safety net and prevention services."*

## **IMPLICATIONS**

In general, while our survey participants noted some positives about the reporting process, such as having a clear step-by-step agency reporting protocol with team support, most participants (61%) said the reporting process needs improvement. Professionals mentioned a number of improvements they would like to see with the reporting process, highlighting in particular frustrations with a limited feedback or service response by CPS after reporting suspected child abuse.

We also interviewed several child maltreatment research experts<sup>i</sup> to get their thoughts about policies and practices that may influence reporting. All the child maltreatment experts we talked with noted that although there are many different reporting policies and protocols, with some even differing within states, there is no accompanying research as to what works well or what does not. According to these experts, the main issue is not whether certain professionals are classified as mandated reporters or not, or whether a state has a universal reporting policy or not, but rather that reporting system reforms need to ensure that a consistent, effective and comprehensive system response will follow after a report of child abuse is made. Based on comments from these research experts and the child-serving professionals we interviewed, we suggest ten recommendations below for improving the reporting process.

1. Examine the CPS screening process and provide better information to mandated reporters about what happens after a report is made. Nearly one-third of professionals (29%) who thought that the child abuse reporting process needs improvement specified in particular that the screening process needed clarity and improvement. They were frustrated that what they defined as meeting the criteria of abuse did not seem to match the definitions used by intake workers at CPS agencies. Professionals appeared to mostly express the desire to have CPS do more, as opposed to concern that CPS would be too heavy handed. This was especially true for medical professionals. Respondents also cited inconsistencies in the CPS response over time – which could potentially affect how likely professionals are to report suspicions in the future. CPS agencies may need to examine their response to reports of child abuse to identify possible improvements and provide better feedback to mandated professionals about their abilities as well as limitations in responding to a report of child abuse.

2. Improve training and resources for CPS intake workers. When professionals had a positive reporting experience, they noted that things that helped the most were having a professional, knowledgeable intake worker and knowing what information was needed for the report. One of the most consistent frustrations professionals mentioned had to do with inexperienced intake workers who often came across as curt and interrogated the callers. Although professionals did note that many agencies lack adequate resources to train and retain intake workers, agencies could examine the extent to which training and supervision is offered to their workers and examine ways to support CPS intake workers.
3. Make it easier for mandated professionals to make a report and identify ways to streamline response within and across agencies. Nearly one-third of professionals (28%) who thought that the child abuse reporting process needs improvements said that it should be easier to make a report when they had concerns about the safety of a child. Professionals making reports want a process that is relatively quick, uniform, and accessible at any hour or day of the week. Some noted, for example, that it was confusing that extra familial cases were handled differently than intra familial cases. Agencies, for example, could examine whether reporters are placed on hold while making a report and whether there are various options for making a report.
4. Develop more comprehensive cross-agency community response systems. Professionals were concerned that many times the system response is not comprehensive and does not meet the family's multiple needs. Some of these concerns were related to the lack of resources agencies have to meet all of the needs of families reported with concerns of child abuse and neglect. Although many states have implemented differential responses options to try to alleviate some of these concerns, it is not yet clear the extent to which these types of responses are meeting the needs of families.
5. Ensure that CPS system response is seen as helpful. Respondents were more likely to say things that would hold them back from reporting were process related factors (not knowing what happens after report, that result would not help family) compared to statute related factors (vague protocols, not knowing where to report). Approximately half of professionals had concerns that reporting would not help the family and 47% said previous poor experience with CPS made future reporting less likely. This implies that CPS agencies need to work to ensure that the system response is helpful to families. Agencies could also publicize success stories to help promote the work they do.
6. Provide feedback for professional reporters. Professionals said it is frustrating to make reports but not to know the outcome of the report. Seventeen percent of respondents who thought the reporting system needs improvement said they wanted to know the outcome of their report. Agencies should examine the extent to which feedback is provided for professional reporters.
7. Help child-serving organizations draft detailed reporting protocols. Professionals satisfied with their agency's child abuse reporting protocols, mentioned that having access to multidisciplinary teams 24 hours/7 days a week was enormously helpful. Professionals also appreciated having clear step by step reporting protocols with specific examples. Professionals who mentioned unhelpful aspects of the protocols, typically mentioned that they were too vague.

8. Provide interactive and advanced training to professional reporters. Only 38% of respondents said their most recent training on child abuse reporting was extremely adequate. Suggestions for training included the need to address the emotional aspect of reporting, discuss case complexities, and to be interactive. Some thought rather than focus on who is or is not a mandated reporter, it is more critical to focus on what is given to those professionals to do this duty to report their suspicions of child abuse.
9. Deliver public education campaigns. Although there was no specific question about this, we heard that more public awareness and education is needed about child abuse and what types of cases should be reported and not reported. Even beyond a practical level, this kind of messaging would send a positive message to the community about the importance of the well-being of children and the moral obligation for reporting. It was noted that even professionals would likely benefit from more detailed information on reporting policies. Public awareness campaigns should be piloted and researched to understand their impact on the ultimate goal of increasing child safety.
10. Need to better understand failure to report penalties. Although most professionals do not worry about being criminally charged for not reporting child abuse, more than one in ten professionals worry very much about this. More information is needed to better understand their worries and how it might impact their work.

Agencies interested in improving the reporting process could implement reforms across any of these ten recommendations. It is also important that as reforms are implemented, that their impact and effectiveness are also empirically tested. Few studies have examined the impact of different reporting requirements and the field lacks a rigorous evidence base about the consequences of various kinds of reporting laws (Mathews, 2015; Palusci & Vandervort, 2014; Wekerle, 2013). As examples, below we highlight a few reforms that we see as good candidates for evaluating:

- Empirically test whether a modification in the screening process improves the reporting and identification of children who have been abused or neglected.
- Develop and test an enhanced training protocol of intake CPS workers to see whether it impacts the reporting experience.
- Improve the feedback given to mandated reporters after they make a report and then empirically test whether this improves satisfaction with the system or actual reporting by mandated reporters.
- Examine the outcomes of a public awareness campaign on child abuse, reporting, and CPS success stories.

## CONCLUSIONS

This report provides a unique perspective on reporting experiences from a large sample of child-serving professionals. While many policy, procedure, and practice reforms are implemented to try to improve child abuse reporting procedures, they are rarely based on research and even less frequently tested through evaluation. The responses by survey respondents suggest a number of key areas of reform that

could most directly improve the experiences of those who interact frequently with CPS systems and serve as the gateway to initiating a formal protective response for children.

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For more information about this project, please contact [wendy.walsh@unh.edu](mailto:wendy.walsh@unh.edu)



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<sup>i</sup> The child maltreatment experts we talked with were John Fluke, Ben Matthews, Jennifer Miller, Rebecca Robuck, Julie Steen, and Frank Vandervort.