

22

Preventing and Reporting Abuse

GAIL L. ZELLMAN
C. CHRISTINE FAIR

The incidence and prevalence of child maltreatment are continuing concerns for those who advocate for children, those who provide services, and those who make funding and other relevant policies. And, as with other social problems that occur behind closed doors and often in families, determining the incidence and prevalence of child maltreatment is a difficult task.

A number of sources have been tapped to yield incidence and prevalence figures; as we shall see, each is flawed in its own way, and jointly the picture remains clouded. Official reports, which are mandated under state laws, provide an important national source of incidence and prevalence data. Their aggregation was facilitated by a provision of the Child Abuse Prevention Adoption and Family Service Act of 1988 (P.L. 100-294), which required the National Cen-

ter on Child Abuse and Neglect (NCCAN) to establish a national data collection and analysis program on child maltreatment.¹

Large, rigorous incidence studies funded by the federal government track cases and estimate the percentage that result in formal reports. Findings from these studies indicate that many cases do not eventuate in formal reports. Such findings emphasize the need for studies of would-be reporters who are required because of their professional position

to report suspected maltreatment to appropriate authorities. Such studies validate the widespread failures to report found in the incidence studies and suggest the importance of a final type of prevalence indicator—surveys of adults about their experiences with maltreatment, either as perpetrators or as victims.

This chapter presents findings from each of these very different indicators and attempts to integrate their findings. Because officially reported cases have the clearest implications for the child protective system, we focus particularly on several important issues related to outcomes for officially reported cases.

History of Reporting Laws

Concerns about child maltreatment in the 1960s revived an issue that had disappeared from the public policy agenda some 40 years before (Gordon, 1988). An article published in 1962 by Dr. C. Henry Kempe and his associates (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962) at the University of Colorado Medical Center marked the beginning of modern interest in child maltreatment.

Their paper argued that much of the accidental injury seen by pediatricians was in fact the result of intentional abuse. Kempe et al. (1962) relied on radiographic evidence of fractures in various stages of healing (e.g., Caffey, 1957, cited in Williams, 1983, p. 240) to shatter the widely held belief that abuse of children was a practice of the past (Williams, 1983, p. 240). By labeling the phenomenon the *battered child syndrome*, the paper convinced people that child maltreatment was a “disease” that could afflict anyone (Pleck, 1987, p. 172). The focus on physical abuse implied in the use of radiographic evidence served as well to reframe the meaning of child maltreatment: Long associated with neglect arising out of or in concert with poverty, physical abuse seemed far less tied to social class.

Kempe et al.’s (1962) arguments found an immediate and responsive audience. In an era marked by a growing concern for individual rights, increased sensitivity to injustice, and a belief that government had the means and the obligation to improve the prospects of individuals and families, the paper stimulated a tremendous response in both professional and lay media.

This response was different from earlier ones. The older “cruelty” model of child maltreatment viewed perpetrating parents as miscreants; their crimes invoked criminal sanctions under cruelty laws. The reframing of child maltreatment as a medical condition implied more humane treatment. The battered child syndrome accorded parents greater compassion, care, and treatment by helping professionals and implied the possibility of a “cure.” A number of agencies organized to make this response.

In 1962, Dr. Kempe discussed the battered child syndrome at meetings held by the U.S. Children’s Bureau, which had become interested in child abuse as a natural extension of its mission (Nelson, 1984). One product of these meetings was a model child abuse statute requiring certain types of persons to report known cases of child abuse and neglect to social services agencies (Nelson, 1984). Soon thereafter, the American Humane Association, the American Medical Association, and the Council of State Governments developed their own model statutes (Fraser, 1986).

The motivation for these laws was simple: Protection and services could be provided only when cases of child maltreatment became known. Reporting laws would provide the incentive to make such identification. The medicalizing of child maltreatment pointed to physicians as the obvious group to bring such cases to light. Physicians possessed expert skill and judgment, and they saw injured children regularly. The model laws would require physicians to report cases of suspected maltreatment. Statutory provisions would free them of any civil or criminal liability for doing so (Paulsen, Parker, & Adelman, 1966).

Implicit in the identification focus of the model laws was the assumption that child abuse only had to be identified to be “cured.” Moreover, it was assumed that very few “cures” would be required: Child abuse, although serious, was believed to be rare. These two assumptions contributed to the unprecedented support garnered for the reporting legislation. Legislators in every state saw the reporting laws as an opportunity to demonstrate “no-cost rectitude” (Nelson, 1984, p. 75). No one thought at that time that the reporting laws would become a driving force for the expansion of child welfare services (Nelson, 1984).

No legislation in the history of the United States had been so widely adopted in so little time. Within a 5-year span, every

state had passed a child abuse reporting law, which required specified professionals likely to come in contact with children in the course of their work to report suspected maltreatment to child protective agencies. The framers of these laws, not unmindful of the ignorance, denial, and confidentiality concerns that had made such laws necessary, devised a number of provisions designed to remove legal impediments to reporting. These provisions included statutory immunity for good-faith reporting, abolition of doctor-patient privilege in situations of suspected maltreatment, language that required only reasonable suspicion or belief and that precluded investigation on the part of the reporting professional, anonymity provisions for reporters in some states, and assessment of criminal or civil penalties for failure to report as required by law (Davidson, 1988).

As knowledge and understanding of child maltreatment increased over time, it became evident that professionals other than physicians also might be in a position to identify maltreatment. Indeed, the framers of reporting legislation became aware that members of other professions might be able to detect maltreatment and bring it to the attention of authorities at an earlier juncture—before the occurrence of the severe injuries that often brought abuse to the attention of physicians (Fraser, 1986).

These new understandings led to a substantial increase in the number of professional groups designated in state laws as mandated reporters. In 1974, for example, all state reporting laws mandated physicians to report suspected abuse and neglect, but only 25 states required social workers to report, and only 9 states required that police officers do so. By 1986, virtually every state included nurses, social workers, other mental health professionals, teachers, and school staff in the category of mandated reporters (Fraser, 1986).

The expansion of the ranks of mandated reporters was accompanied by a broadening of the concept of reportable maltreatment in the 1970s to include sexual abuse, emotional maltreatment, and neglect. Both of these changes were strongly influenced by the Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 93-247) passed in 1974. In addition to the establishment of the National Center on Child Abuse and Neglect, CAPTA included a small state grant program. To obtain a grant, a state had to meet specified eligibility requirements. Key were

the establishment of procedures for reporting and investigating child abuse reports and the assurance of treatment availability. These provisions speeded the creation of specialized child protective services (CPS) agencies and gave state child welfare agencies the power to remove a child if investigation suggested that the child was in danger (Pleck, 1987).

Impact of Laws on Identification of Maltreatment

The reporting laws clearly succeeded in encouraging the identification of abuse and neglect. The reporting rate—10.1 per 1,000 children in 1976—had climbed to 45.0 by 1992. More than 2 million reports were made in 1987, representing a 225% increase since 1976, when 669,000 reports were estimated to have been received.² In 1993, almost 3 million reports of suspected maltreatment were received by state agencies (Daro & McCurdy, 1994). Beginning in the mid-1990s, the number of reports gradually declined in many states (Jones & Finkelhor, 2001). Reports of child sexual abuse declined 26% from 1991 to 1998. Among victims of substantiated or indicated reports collected from state sources by NCCAN (1993), neglect was the most frequently reported kind of maltreatment. Forty-four percent of these children suffered deprivation of necessities. Physical injury accounted for 24% of all substantiated or indicated cases reported in that year; the figure for sexual abuse was 15%. Emotional maltreatment accounted for 6% of these cases; other maltreatment accounted for 11% of children (NCCAN, 1993). The relative rankings of types of abuse have not changed in recent years.

Reporting laws clearly succeeded in encouraging the identification of abuse and neglect.

As a direct result of reporting statutes, medical and mental health professionals, school staff, police, and other mandated reporters have reported suspected incidents of abuse to official agencies in growing num-

bers. Since 1984, professionals have accounted for the majority (mean = 53%) of reports (American Humane Association, 1988; NCCAN, 1993).

Recent data reveal that among professional reporters, school personnel were responsible for the largest number of reports (30% of all reports from professional sources). Law enforcement accounted for 22% of reports made by professionals. Medical personnel and social services workers accounted for 20% and 24% of reports, respectively. Child care providers accounted for the remaining 4% of reports made by professionals (American Humane Association, 1988; NCCAN, 1993). Again, these figures have changed little in recent years.

Impact of Laws on Protective Agencies

The success of the reporting laws created substantial and unanticipated problems for the protective agencies designated to receive those reports. Most simply lacked the capacity to respond adequately to a large share of the cases that flooded in. As Newberger (1983) notes, "No one could have foreseen that the prevalence of child abuse, however narrowly defined, was far greater than was believed at the time of the publication of the 'Battered Child Syndrome' paper or the signing of Public Law 93-247" (p. 308).

As idealists succeeded in expanding both the definition of child abuse and the numbers of professional groups required to make reports, the inability of protective agencies to respond occasioned a crisis. As the optimism of the 1960s and 1970s faded and government support for CPS programs failed to keep pace with increasing numbers of reports, the ability of CPS agencies to materially assist children and families identified through child abuse reports was called into question.

Observers and actors from all points on the political spectrum began to worry publicly about the state of CPS. Agencies were forced to cope with unmanageable caseloads by defining maltreatment more narrowly, screening out less severe reports, and setting priorities that precluded the provision of help to large numbers of children and families (Kamerman & Kahn, 1990; Rose, Talbert, & Sullivan, 1993; Zellman & Antler, 1990).

Professional Compliance With Reporting Laws

Although the number of reports increased dramatically, a sure sense that not all professionals were meeting the reporting mandate continued, and not all of even the most serious cases of child maltreatment were being reported. Such failures to report suspected maltreatment undermine the child abuse reporting system and its ability to help children in need of protection in many ways. Most important, failure to report may deny children in need of protection any opportunity to receive it. This is particularly true when the abuse is severe and the harm imminent.

Widespread violation of the reporting mandate reduces wholehearted professional support for it and may undermine the credibility of professionals in the eyes of the public (Kalichman, 1999). It is impossible for professionals to endorse fully to the public and to other professionals a law that many have knowingly violated (Finkelhor & Zellman, 1991). In addition, widespread failure to report actually may punish those professionals who do make reports by driving people who wish to avoid being reported to professionals known to violate the reporting law.

Failure to report also exposes professionals to anxiety and liability. Nevertheless, some knowledgeable professionals take this risk when they believe that a report threatens their relationship with a child and when they are fairly certain that the report will not result in any benefit to the child or the family, as discussed below.

Finally, cases handled covertly and outside the system do not come into the data collection process. Unreported cases distort the aggregate picture of child abuse and may reduce funding and policy support for children in need.

A number of studies using different methods consistently have confirmed widespread concerns that mandated reporter compliance with the reporting laws is far from complete (e.g., Bensen, Swann, O'Toole, & Turbet, 1991; Finkelhor, Gomes-Schwartz, & Horowitz, 1984; James, Womack, & Stauss, 1978; Kalichman & Brosig, 1993; Kalichman, Craig, & Follingstad, 1990; Morris, Johnson, & Clasen, 1985; Saulsbury & Campbell, 1985). Two studies in particular, described in detail below, address this important issue

and provide national data concerning the degree of compliance with the reporting mandate and the reasons that professionals may not report.

National Incidence Studies

The National Incidence Studies of Child Abuse and Neglect (NIS) collect comprehensive data on the current incidence of child abuse and neglect in the United States. The NIS is a congressionally mandated effort conducted under the auspices of the NCCAN. To date, there have been three surveys. The first, the NIS-1, was conducted in 1979 and 1980 as mandated under Public Law (P.L.) 93-247. This effort was followed by the NIS-2, which was conducted in 1986 and 1987, as called for by P.L. 98-457. Finally, the NIS-3 was conducted in 1993 and 1995, as mandated under P.L. 100-294.

Each of the three studies employs similar methodologies to yield comparable national estimates of the incidence of child abuse and neglect. The consistent methodology also permits analysis of how the severity, frequency, and character of child maltreatment have changed across the study years (Sedlak & Broadhurst, 1996).

Each survey is based on a nationally representative sample of counties from all regions of the country, which vary in terms of degree of urbanization. Community professionals in the sampled counties reported cases of child maltreatment to the study from their positions in schools, hospitals, police departments, juvenile probation, and other child-serving agencies. CPS provided information about all reported cases accepted for investigation during the study period. Participating professionals at other agencies served as "sentinels," looking for and reporting to the study cases of maltreatment that met the study's definitions (Sedlak, 1991; Sedlak & Broadhurst, 1996).

One of the substantial contributions of the NIS methodology is the imposition of specific definitional standards. Such a uniform standard mitigates some of the problems in assessing prevalence and incidence that result from the variation across states in definitions of abuse and neglect. All cases included in the NIS studies have been screened by project staff so that only those cases that conform to specific definitional standards are countable toward incidence

estimates. Moreover, efforts are made to minimize duplicated cases that may arise in the event that the same maltreatment event was reported by more than one source (Sedlak & Broadhurst, 1996). This also represents a significant advance over efforts to aggregate state-level reports, few of which are unduplicated.

Another important contribution of the NIS is the promulgation of workable definitions of maltreatment. In the NIS-1, the "harm standard" requirement was developed and stringently employed. To be included under this standard, the child had to have experienced demonstrable harm from maltreatment. In both the NIS-2 and NIS-3, a broader, more inclusive standard was developed and employed, the "endangerment standard." This standard includes all of those cases that are countable under the harm standard but also includes those children who have not yet been harmed as a result of maltreatment, provided that, in the opinion of the community professional or CPS agency, the experienced maltreatment puts them at risk for harm. Although only the stricter standard was used in the NIS-1, both the NIS-2 and NIS-3 measures are employed to assess maltreatment incidence. Thus, we have 3 years of data based on the harm standard across which to compare and 2 years for the endangerment standard (Sedlak & Broadhurst, 1996).

The NIS methodology is based on a model that depicts five levels of official recognition or public awareness of maltreatment:

1. Children reported to CPS.
2. Children not known to CPS but who are known to other "investigatory" agencies, such as police, courts, or public health departments. Although such children are known officially, they are not necessarily known as maltreated.
3. Maltreated children who are not known to CPS or to any investigatory agency but who have been recognized as maltreated by professionals in other major community institutions, such as schools, hospitals, day care centers, and social services agencies.
4. Maltreated children known to people in the community, such as neighbors or other family members; these people have not reported the maltreatment to any agency.
5. Children whose maltreatment has not been recognized by anyone.

TABLE 22.1 Percentage of Cases Investigated Under the Harm and Endangerment Standards

| | <i>NIS-3: 1993</i> | <i>NIS-2: 1986</i> | <i>NIS-1: 1980</i> |
|--|--------------------|--------------------|--------------------|
| All maltreatment under the harm standard | 28 | 44 ^a | 33 |
| All maltreatment under the endangerment standard | 33 | 51 ^a | NA |

SOURCE: Adapted from Sedlak and Broadhurst (1996, Table 7-5 and Table 7-6).

NOTE: NA = not available.

a. The difference from the NIS-3 estimate is statistically significant at the $p < .5$ level.

The NIS surveys collected data relevant to Levels 1 through 3 using both of the maltreatment definitions described above.

Another unique contribution of the NIS studies is their ability to determine what proportion of cases known to professionals in non-CPS agencies were investigated by CPS. Thus, these data illuminate professional reporting practices, particularly compliance with the reporting laws. One serious limitation of these data is that it is not clear whether a case was not investigated by CPS because the case was not known to CPS or because CPS concluded that the case did not merit investigation. Thus, the analysis of these data focuses on cases *investigated* by CPS rather than cases *known* to CPS.

In Table 22.1, we present data on the percentage of cases known to professionals in a non-CPS agency that were investigated by CPS. Findings under the harm standard appear for all three surveys; findings using the broader endangerment standard are presented for the NIS-2 and NIS-3.

As is apparent in Table 22.1, under both standards, CPS generally investigated fewer than 50% of the countable cases known to non-CPS professionals or agencies. CPS investigated more than half (51%) of these cases only in 1986, under the endangerment standard.

The data in Table 22.1 also demonstrate that in 1993, under both standards, CPS investigated a smaller percentage of cases than in previous surveys. The decline from 44% in 1986 to 28% in 1993 under the harm standard was statistically significant; the decline from 33% in 1980 under the same standard was not. Under the endangerment standard, the decline from 51% in 1986 to 33% in 1993 was statistically significant as well.

One interesting finding in the NIS-3 (Sedlak & Broadhurst, 1996) is that although the percentage of cases investigated by CPS under the harm standard declined from the previous study, the incidence of cases investigated was nearly equivalent to the NIS-2 level (roughly 6.5 children per

1,000). The decrease in the percentage of cases investigated may be attributed to the large increase in the numbers of children who fit the harm standard. Thus, overall, although CPS investigated more children in the 1993 survey than it did in either of the two previous ones, it is clear that CPS has not been able to keep up with the growth in cases as defined by the harm standard.

Similarly, under the endangerment standard, although the percentage of cases investigated declined between the NIS-2 and NIS-3 studies, the incidence of children whose maltreatment was investigated by CPS actually increased from 11.6 children per 1,000 to 13.7 per 1,000.

In Table 22.2, we present data on the sources recognizing maltreated children under the harm standard in the three studies. In all years, noninvestigatory agencies, including schools, hospitals, social services, and mental health agencies, recognized many more child victims than did investigatory agencies such as probation departments, courts, and law enforcement. According to Sedlak and Broadhurst (1996), in 1993, police/sheriff agencies, hospitals, and mental health agencies had the highest proportion of cases reported to cases investigated by CPS (45%, 40%, and 39%, respectively) under the harm standard. Rates for other agencies were far lower (Sedlak & Broadhurst, 1996).

The percentage of reports investigated by CPS differed significantly between NIS-3 and NIS-2. For example, in the NIS-2, under the harm standard, 100% of the cases known to hospitals were investigated by CPS, and 82% and 78% of the cases known to mental health agencies and law enforcement agencies, respectively, were investigated. The NIS-3 results more closely resemble those for the NIS-1; 56% of the cases known to hospitals were investigated, as were 31% and 42% of cases known by mental health agencies and law enforcement agencies, respectively (Sedlak & Broadhurst, 1996).

TABLE 22.2 Sources Recognizing Children Maltreated Under the Harm Standard

| Source | NIS-3: 1993 | | NIS-2: 1986 | | NIS-1: 1980 | |
|------------------------------------|--------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|-------------------------------|
| | Total Number of Children | Rate Per 1,000 Children | Total Number of Children | Rate Per 1,000 Children | Total Number of Children | Rate Per 1,000 Children |
| Investigatory agencies | | | | | | |
| Juvenile probation | 36,600 | 0.5 | 44,100 | 0.7 | 41,600 | 0.7 |
| Police/sheriff | 111,500 | 1.7 | 76,100 | 1.2 | 52,100 | 0.8 ^a |
| Public health | 27,500 | 0.4 | 26,100 | 0.4 | 8,900 | 0.1 ^a |
| Investigatory agencies total | 175,600 | 2.6 | 146,300 | 2.3 | 102,500 | 1.6 ^a |
| Noninvestigatory agencies | | | | | | |
| Hospitals | 113,200 | 1.7 | 32,700 | 0.5 ^a | 35,300 | 0.6 ^a |
| Schools | 920,000 | 13.7 | 507,400 | 8.1 ^a | 348,300 | 5.5 ^a |
| Day care centers | 59,700 | 0.9 | 24,300 | 0.4 | NA | NA |
| Mental health agencies | 50,900 | 0.8 | 13,400 | 0.2 ^b | 27,900 | 0.4 |
| Social service agencies | 96,000 | 1.4 | 77,000 | 1.2 ^a | 21,500 | 0.3 ^a |
| Noninvestigatory agencies total | 1,239,800 | 18.5 | 654,700 | 10.4 ^a | 433,100 | 6.8 ^a |

SOURCE: Adapted from Sedlak and Broadhurst (1996, Table 7-1).

NOTE: NA = not available.

a. Result is statistically significant from the NIS-3 finding at the $p < .5$ level.

b. Result is statistically significant at the $10 > p > .5$ level.

It is not entirely clear what conclusions should be drawn from the differences in proportions across these various types of agencies. There is some evidence that CPS agencies have tightened substantiation standards since 1980; some cases that would have been accepted for investigation in 1980 would not be pursued in subsequent years (see Ards & Harrell, 1993, for further discussion). The impact of such changes may differ across agencies. For example, if an agency tends to report milder abuse (e.g., schools), more restrictive substantiation standards might disproportionately affect the proportion of cases investigated by CPS. Conversely, institutions that tend to report more severe cases (e.g., hospitals, law enforcement agencies) might be less affected by changes in substantiation criteria.

Despite ambiguities with regard to some of the data, NIS findings in all years clearly show that most children who are recognized as abused or neglected by mandated reporters do not enter the CPS report base. Most cases of suspected maltreatment known to professionals are not reported or investigated. With support from NCCAN, Zellman and her colleagues undertook a na-

tional survey of mandated reporters to understand why.

Mandated Reporter Study

Professionals in 15 states, sampled from directories of their various professional organizations, were mailed a questionnaire in the spring of 1987 that surveyed their reporting behavior and the nature of their professional work. At the very beginning of the survey form, each respondent read and responded to five vignettes, each of which briefly described a case of possible abuse or neglect. The vignettes provided common stimuli across respondents and permitted the exploration of the independent contributions of case characteristics to intended reporting and to other decisions that bear on reporting intentions.

A total of 1,196 general and family practitioners, pediatricians, child psychiatrists, clinical psychologists, social workers, public school principals, and heads of child care centers responded to the survey (59% response rate).

Reporting behavior. More than three fourths of respondents (77%) indicated that they had made a child abuse report at some time in their professional career. Rates of ever reporting varied considerably by profession. Nearly all elementary school principals had reported at some time (92%). Rates of ever reporting were nearly as high for child psychiatrists (90%) and pediatricians (89%). Rates for secondary school principals, social workers, and clinical psychologists were 84%, 70%, and 63%, respectively. The majority of these reporters (56%) had made a report in the past year. Reporting rates in the past year by profession followed a pattern similar to that for ever reporting.

Failure to report. Almost 40% of respondents admitted that at some time in their career they had suspected abuse or neglect but had decided not to make a report. There were substantial differences across professional groups in failure-to-report (FTR) rates, with child psychiatrists most likely to have failed to report (58%) and child care providers and pediatricians least likely to have done so (24% and 30%, respectively). The majority of respondents (56%) who had ever failed to report had done so at least once in the past year, suggesting that failure to report was not simply an artifact of the lack of awareness about the reporting mandate that characterized the reporting environment as recently as 10 or 15 years ago.

Patterns of reporting behavior. To provide a clearer picture of reporting behavior, two variables that measured lifetime reporting behavior were combined into a single variable with four categories that described the respondents' reporting history: (a) never reported and never failed to report (outside system), (b) reported at least once and never failed to report (consistent reporting), (c) reported at least once and failed to report at least once (discretionary reporting), and (d) never reported but failed to report at least once (consistent failure to report). The most common lifetime reporting pattern in our sample was consistent reporting, which is what the law requires. Forty-four percent of respondents indicated that they had reported at some time and had never failed to do so when they suspected maltreatment. The second most common pattern was discretionary reporting. One third of the sample fell into this category. Seventeen percent had neither reported nor failed to report and thus remained outside the child abuse reporting system. Finally, 6% of respondents

had a lifetime pattern that included no reporting but at least one instance of FTR.

Reasons for making reports. Those respondents who had ever reported rated the importance of a series of reasons for doing so. Ninety-two percent indicated that stopping maltreatment was a very important reason for past reporting; 89% indicated that getting help for the family was a very important motivator. The reporting law was cited as a strong reason for past reporting by 71%. Differences across professions revealed that family/general practitioners were less influenced by the reporting mandate and were less likely to cite workplace reporting policy as an important motivator for reports, in part because of their tendency to practice in private group or solo settings. Child psychiatrists and psychologists were less likely to believe that a report would help the child or family, help the family see the seriousness of the problem, or stop maltreatment. They were least likely of all professional groups to rate "bringing CPS expertise to bear" as an important reason for past reporting.

Analysis of the vignette data reveals additional factors that enter into professionals' reporting decisions (Zellman, 1992).³ Respondents were significantly more likely to intend a report in cases of serious abuse (e.g., when there were physical injuries or intercourse had occurred), when the child was young rather than an adolescent, and when there was a history of previous maltreatment. When a teenager recanted an allegation of physical or sexual abuse after confrontation by an adult, respondents were significantly less likely to intend a report, despite growing awareness that recantation is not uncommon in sexually abused children and should not be taken at face value (Summit, 1983). Many of these findings have been confirmed in later studies. O'Toole, O'Toole, Webster, and Lucal (1994) and Crenshaw, Crenshaw, and Lichtenberg (1995) also found that severity of abuse was an important factor in decisions to report. Hansen et al. (1997), employing a vignette analysis, also found that vignettes of younger children are more likely to raise suspicion and precipitate reporting than those depicting older children.

Reasons for Failing to Report

Using factor analysis, we identified three clusters of reasons for failure to report. One

cluster, which we labeled “bad for me,” focuses on the perceived costs of reporting to the reporter. A second cluster, “I can do better than the system,” includes a range of criticisms of CPS agencies and respondent beliefs that he or she could do more for the child than CPS could. The third cluster, “not reportable,” includes a number of evidence-based reasons for not reporting.

Table 22.3 indicates levels of support by profession for several reasons from each of the three clusters. Reasons in the “not reportable” category were endorsed most commonly; reasons in the “bad for me” category received limited support. The most frequently endorsed reason for failing to report was a lack of sufficient evidence that maltreatment had occurred. This finding is consistent with the work of Delaronde, King, Bendel, and Reece (2000), who found that insufficient evidence and lack of certainty were the predominant motivation not to report among mandated reporters in their study. One third of respondents ascribed great importance to their judgment that the maltreatment that they suspected or had observed was not serious enough to report, a result also found by Ashton (1999).

Nineteen percent considered the fact that a report would disrupt treatment to be an important reason for not having reported suspected maltreatment. A similar percentage ascribed considerable importance to the belief that they could help the child better themselves. Sixteen percent considered the poor quality of CPS services an important reason for not having reported.

The levels of endorsement of these reasons for FTR provide some important insights into how mandated professionals view the reporting laws. Reporting laws ask professionals to be reasonably vigilant and to report their suspicions or beliefs that maltreatment has occurred or is occurring. The laws are clear that no more is required. Indeed, professionals are precluded explicitly from conducting any further investigation, a prohibition reinforced by the short latency period before a report is required (Maney & Wells, 1988). Furthermore, they are not to exercise professional discretion in choosing which cases to report. The laws are mute regarding the efficacy of making reports, but it is clear in the prohibitions on professional discretion that the potential benefits of reports are not to be considered in the reporting decision.

These data reveal, however, that issues of efficacy are of considerable concern to would-be reporters. As noted earlier, a com-

mon reporting pattern among mandated reporters is discretionary reporting—reporting in some instances and deciding not to report in others. Indeed, discretionary reporters accounted for four fifths of all those who admitted having ever failed to report.

Discretionary reporters did not lack knowledge and experience. Unlike consistent nonreporters, who tended to have little child abuse training and limited child abuse knowledge, discretionary reporters were just as knowledgeable about and just as well trained in child abuse as the consistent reporters, a finding supported in subsequent work (e.g., Kalichman & Brosig, 1993). Discretionary reporters also expressed more confidence than other reporters in their own ability to treat child abuse. Moreover, the discretionary reporters were more likely than even consistent reporters to indicate that they served as their agency’s child abuse resource person.

The most frequently endorsed reason for failing to report was a lack of sufficient evidence that maltreatment had occurred.

What most distinguished discretionary reporters from other groups was their negative opinion of the professionalism and capability of CPS staff and their beliefs that reports often had negative consequences for the children involved (Finkelhor & Zellman, 1991). Their experience and attitudes led them to conclude that it was better for the child not to make a report in some cases. These cases often involved mild abuse or neglect that they knew would not receive adequate attention from overburdened CPS staff. At the same time, such reports would risk termination of treatment and loss of the opportunity to continue to monitor the family and perhaps provide the support or education that might reduce the likelihood of further maltreatment.

Perceived efficacy was a significant contributor to reporting intentions. When respondents believed that the child would be unlikely to benefit from a report, they were significantly less likely to intend to make one (Zellman, 1990). Despite the fact that the usefulness of an intended report is raised only rarely in law or training, would-be re-

TABLE 22.3 Ratings of Reasons for Failing to Report by Those Who Had Ever Failed to Report by Profession (in percentages)

| <i>Reasons for Failure to Report</i> | <i>PROFESSIONAL GROUP</i> | | | | | | | | <i>Total Sample (N = 482)</i> | |
|--|---|-------------------------------|-------------------------------------|--|---------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|-------------------------------|--|
| | <i>Family/ General Practitioners (n = 34)</i> | <i>Pediatricians (n = 90)</i> | <i>Child Psychiatrists (n = 54)</i> | <i>Clinical Psychologists (n = 75)</i> | <i>Social Workers (n = 100)</i> | <i>Child Care Providers (n = 28)</i> | <i>Elementary Principals (n = 61)</i> | <i>Secondary Principals (n = 40)</i> | | |
| Bad for me | | | | | | | | | | |
| Reports take too much time | 2.9 | 2.3 | 0.0 | 0.0 | 1.0 | 4.2 | 1.6 | 0.0 | 1.2 | |
| Fear of lawsuit for reporting | 0.0 | 2.3 | 1.7 | 2.7 | 3.0 | 9.5 | 1.6 | 2.4 | 2.5 | |
| Discomfort with family | 0.0 | 3.4 | 0.0 | 1.4 | 2.0 | 15.0 | 5.1 | 0.0 | 2.6 | |
| I can do better | | | | | | | | | | |
| CPS overreacts to reports | 5.9 | 11.5 | 7.1 | 12.2 | 12.0 | 4.8 | 0.0 | 8.0 | 8.0 | |
| CPS services are of poor quality | 9.1 | 11.6 | 23.2 | 19.2 | 22.5 | 10.0 | 8.2 | 7.3 | 15.5 | |
| Could help the child better myself | 2.9 | 18.4 | 21.1 | 24.0 | 29.1 | 14.8 | 13.3 | 10.0 | 19.3 | |
| Treatment was already accepted | 12.1 | 16.3 | 33.3 | 32.9 | 40.2 | 5.3 | 6.7 | 20.0 | 24.2 | |
| Report would disrupt treatment | 11.8 | 20.7 | 28.1 | 23.2 | 27.5 | 4.8 | 8.6 | 2.4 | 19.0 | |
| Not reportable | | | | | | | | | | |
| Lacked sufficient evidence that abuse has occurred | 67.6 | 63.6 | 57.9 | 55.1 | 49.5 | 76.0 | 59.7 | 73.8 | 59.9 | |
| Abuse or neglect not serious enough to report | 25.7 | 35.6 | 38.6 | 28.4 | 36.3 | 28.0 | 37.3 | 27.5 | 33.4 | |
| Situation resolved itself | 18.2 | 19.3 | 10.7 | 21.3 | 29.3 | 26.1 | 13.6 | 20.0 | 20.3 | |
| Case already reported | 18.2 | 21.8 | 35.1 | 16.0 | 22.0 | 9.5 | 11.7 | 24.4 | 20.7 | |

NOTE: Sample numbers reflect the exclusion of respondents who indicated that they had never failed to report. Cell entries represent the mean percentage of professionals in the specified group who rated the reason as "very important" in their decisions not to report suspected abuse or neglect.

porters clearly consider it when they decide whether to report suspected maltreatment.

Protective system incapacity increases concerns about the usefulness of reports. When the protective system becomes increasingly burdened as agency budgets fail to keep pace with reports, attention needs to be paid to this issue, as we do below.

Victim and Offender Disclosure of Maltreatment

Gathering information about maltreatment and its disclosure directly from the persons involved represents another way to learn about the extent of the problem. Population surveys have two particular advantages. First, they provide information about cases that may not come to professional attention. Second, they yield better data than incidence studies about the extent and effects of child abuse (Peters, Wyatt, & Finkelhor, 1986).

Most prevalence studies involve surveys of adults who are asked about victimization during their childhood. These may be studies of volunteers, community samples, or special populations (e.g., college students). There are far fewer surveys of offenders. Most of this research focuses on sexual abuse, although there are some important findings regarding physical abuse as well. The little work that investigates neglect and emotional maltreatment generally does so with clinical populations.

Prevalence of Physical Abuse

Research that addresses the prevalence of physical abuse examines both the use of violence by parents and victimization experiences of special populations—specifically, college students and health care professionals. Prevalence data are also available from state reports to the National Child Abuse and Neglect Data System.

Straus and colleagues (Gelles & Straus, 1988; Straus, Gelles, & Steinmetz, 1978) investigated rates of parental violence in national samples of adults in two-parent families in two surveys 10 years apart. Parents were asked about their use of tactics for resolving conflicts with their children, ranging from nonabusive to severely abusive. Con-

flict tactics characterized as “severe violence” and thus physically abusive included kicking, biting, punching, hitting or trying to hit the child with an object, beating up, threatening with a gun or knife, and using a gun or knife.

In 1975, 14% of 1,428 parents reported using severe violence, and in 1985, 11% of 1,146 parents did so. The difference in these two rates is small but statistically significant. The researchers have argued that this represents a decrease in parental abuse of children over the decade. An alternative explanation posits that differences in methodology and changes in reporting norms account for the decrease in rate. In the first study, data were collected using face-to-face interviews and in the second using telephone interviews. Moreover, adverse publicity about child abuse may have discouraged disclosure by parents by the time of the second survey.

Three studies that questioned college students about being abused as children (Graziano & Namaste, 1990; Henschel, Briere, & Morlau-Magallanes, 1990; Wiemers & Petretic-Jackson, 1991) focused on spankings, observable injury, and physical abuse. Findings suggest that the vast majority of the study populations experienced spankings, and 10% to 20% were victims of behaviors that we now would label physical abuse.

Nuttall and Jackson (1994) surveyed 646 health care professionals (169 social workers, 128 pediatricians, 176 psychologists, and 173 psychiatrists) about their own abuse victimization during childhood. Among their findings was that 7.1% reported physical abuse as children. Psychiatrists reported significantly lower rates of physical abuse than did the other three disciplines.

Every year, child maltreatment prevalence estimates are published from the National Child Abuse and Neglect Data System. These data are compiled through both an annual survey that asks states to report relevant statistics and case-level data collection efforts. According to *Child Maltreatment 1998* (U.S. Department of Health and Human Services [DHHS], 2000), the rate for physically abused children was 1.9 per thousand in 1998. This represented a considerable decline from 1990, when the comparable rate was 3.5 per thousand. Because of differences in policy, law, and stage of implementation of state reporting systems, these data may not be entirely accurate estimates of prevalence. Readers are referred to Appendix F of the report for more detail or

cross-state differences in reporting of these data.

Prevalence of Sexual Abuse

No researcher has directly questioned adults in nonclinical populations about their sexual abuse of children. However, Briere and Runtz (1989) surveyed college males about their sexual attraction to children and reported that 21% endorsed items indicating such arousal.

In contrast, the number of studies of victims of sexual abuse is considerable. The findings from these studies are quite varied. This variability derives from methodological differences in the various studies—specifically, definitions of sexual abuse, the number and structure of questions about sexual abuse, data collection strategies, populations studied, and sample selection. All of these influence prevalence rates. As might be expected, the broader the definition, the higher the rates of sexual abuse. Studies that focus largely on sexual abuse and ask more questions about it yield more disclosures. Face-to-face interviews, as opposed to telephone surveys or questionnaires, tend to result in increased rates, as do studies of “high-risk” populations, such as psychiatric patients, convicted felons, prostitutes, and abusive parents. Finally, higher proportions of females than males report sexual victimization.⁴

The rates for male sexual victimization range from as low as 3% when a single question about sexual abuse or forced sexual contact is asked (Burnam, 1985, personal communication, as cited in Finkelhor, 1986; Kercher & McShane, 1984; Murphy, 1987) to 30% in a survey of college students, using a nonspecific definition (Landis, 1956). Of particular interest is a study by Risin and Koss (1987) involving 2,972 male college students who were asked about their sexual experiences before age 14. The importance of this study is not so much its prevalence rate (7.3%) but its finding that close to half of the offenders were females and that almost 40% of the men reported that they did not feel victimized by the experience.

Prevalence rates across studies vary more dramatically for women. The study with the lowest rate involved 1,623 women, interviewed face-to-face by nonprofessional interviewers about issues of mental health. They were asked a single question about

sexual assault prior to age 16; 6% indicated they had been assaulted (Burnam, 1985, personal communication, as cited in Finkelhor, 1986). The highest rate is reported by Wyatt in a study of 248 women focusing on their sexual experiences and using a broad definition of sexual abuse (Wyatt, 1985). Sixty-two percent of respondents reported sexual victimization; this figure was 45% when only contact behavior was considered. Wyatt's research involved face-to-face extended interviews, and the interviewers were matched with respondents on gender and race.

A larger study than Wyatt's, conducted about the same time with similar methodology and a slightly more restricted definition, yielded similar results (Russell, 1983, 1986). Fifty-four percent of 930 San Francisco-area women reported being sexually abused before age 18; this figure was 35% when only contact behavior was considered.

Data on sexual abuse of women come from two surveys by Saunders and colleagues (Saunders et al., 1991; Saunders, Villeponteaux, Lipovsky, Kilpatrick, & Veronen, 1993). Both employed the same broad definition of sexual abuse but differed in data collection methods. One involved a representative national sample surveyed by trained female telephone interviewers. The second was a probability sample of women in Charleston County, South Carolina, interviewed face-to-face by trained female research assistants. The 4,008 (weighted) respondents in the national study reported a rate of child sexual abuse of 13.3%. In contrast, the 391 women in the Charleston study reported a rate of 33.5%.

A survey conducted by Vogeltanz et al. (1999) on a national sample of women used a highly structured format and trained female interviewers. The authors found prevalence rates for childhood sexual abuse that ranged from 15% to 32%, depending on whether a broader or narrower definition was applied. A survey of women in Los Angeles County that compared prevalence rates with those from a 1984 data set found that 34% of the contemporary sample reported at least one incident of sexual abuse before age 18; this figure was comparable to the prevalence rate in the 1984 data set (Wyatt, Loeb, Solis, & Carmona, 1999). This lack of change over time is consistent with the findings of Feldman et al. (1991), who reviewed the Kinsey Report and 19 prevalence studies conducted in the 1980s. They found that prevalence rates in more

recent studies with the strongest methodology were similar to those of Kinsey in the 1940s; 10% to 12% of girls younger than age 14 had been victimized.

Prevalence data about sexual abuse are also reported by the above-noted National Child Abuse and Neglect Data System. According to *Child Maltreatment 1998* (U.S. DHHS, 2000), in 1998, the rate for sexual abuse was 1.6 per thousand, compared with 2.3 per thousand in 1990.

The Relationship of Victim and Offender Reports to Official Reports

An important but not extensively studied issue is the relationship between estimates of the prevalence of maltreatment derived from victims and offenders in response to surveys and those derived from official reports. Limited data illuminate this issue.

Some prevalence researchers have asked respondents whether their cases were ever reported. Russell (1986), who, as noted earlier, surveyed 930 women in the San Francisco area, obtained 648 disclosures of child sexual abuse. Of these, respondents indicated that only 30 cases (5%) were ever reported to the police. Saunders and colleagues (Saunders et al., 1991; Saunders et al., 1993) asked participants in both the Charleston, South Carolina, community survey and the national survey of adult women whether their sexual abuse was ever reported to the police or to other authorities. In the former study, only 5.7% of the 139 incidents described to researchers were ever reported. The proportion was a little higher for the national study: 12% of the 699 sexual assaults. But these data are less than illuminating in terms of reporting rates because many of the incidents described probably occurred before the advent of the mandatory reporting laws. In addition, victim studies usually ask about abuse during childhood, as opposed to, for example, abuse during a given year, which might more readily allow comparisons with official reporting data.

However, Straus and his colleagues (Gelles & Straus, 1988; Straus et al., 1978) asked in their surveys of parents not only if they had ever used severe violence tactics with their children but whether they had done so during the *previous year*. They found

that when data from that same year were compared, the rates reported by parents were 50% higher than official estimates from NCCAN. Moreover, the authors contend that these parental reports are themselves underestimates, because parents may not remember or reveal abuse. They conclude that if parents reported *all* abuse, these rates would be two to three times higher than the 3.6% of parents surveyed in 1975 who reported using severe violence during the previous year and the 1.9% making such disclosures in 1985 (Gelles & Straus, 1988, p. 104).

Thus, both victim and offender surveys suggest that most abuse does not come to the attention of officials. Moreover, many researchers, including Straus and colleagues (e.g., Gelles & Straus, 1988; Peters et al., 1986), regard findings from general population prevalence surveys to be underestimates because respondents may be unwilling to disclose maltreatment, may not remember, or may not view these events as abuse. These findings indicate that failure to report by mandated professionals, as revealed by the National Incidence Studies and the Mandated Reporter Study, is not the only reason child maltreatment cases elude official identification and intervention.

When Should I Report?

If you are a mandated reporter, you are obligated to report suspected maltreatment when you encounter it in the course of carrying out your professional obligations. Although the language of the reporting statute varies slightly from state to state, the child abuse reporting laws require that a report be made when you have "cause to believe" or "reasonable cause to believe" that child maltreatment is occurring or may have occurred or that a child is at risk of such victimization. You do not need to *know* that maltreatment has occurred, but your suspicions should be "reasonable." The standard is a "reasonable professional" standard, meaning that the suspicion should be reasonable based on your professional training and experience. A member of the general public might not be suspicious when you are; the best comparison group is your own colleagues.

As Myers (1998) notes, the duty to report does not require the professional to be certain that abuse or neglect has occurred. Indeed, the reporting laws clearly divide responsibilities for identification and investigation

between mandated reporters and CPS, with mandated reporters responsible only for identification. This limited responsibility is structured into the reporting laws by the short time frame permitted between the time maltreatment is first suspected and a report must be made. Often, mandated reporters are required to make a report within a specified period.

But what is *reasonable suspicion*? The law is of limited help in answering this question. As discussed earlier, the reporting laws were written to cast a wide net so that children would be protected from maltreatment and social welfare agencies would be alerted to situations in which maltreatment might be occurring *before* obvious injury occurred.

The flood of reports that the laws precipitated, as well as the inability of CPS to keep up, has led some reporters to tighten up their own standards for making a report. Indeed, Zellman (1990) found that some mandated reporters decide not to report cases that they believe should be reported under the law because they know from experience that CPS will be unlikely to respond with services. In such cases, professionals sometimes decide that through frequent contact with the family, they will be able to educate and guide the parents away from maltreatment and keep watch over the child.

As noted earlier, your colleagues' views form the standard of what is reasonable. Consequently, consulting with one or more colleagues is often the best way to answer that question (Deisz, Doueck, & George, 1996; Kalichman, 1999). Some professional organizations are attempting to address these concerns for professionals. Recently, for example, the Committee on Child Abuse and Neglect of the American Academy of Pediatrics updated its 1991 guidelines for physicians (American Academy of Pediatrics, 1999). These guidelines specifically address the evaluation of suspected cases of child sexual abuse. The guidelines also provide guidance on obtaining histories, interviewing children, and performing physical exams and laboratory data collection. These guidelines encourage physicians to seek consultation from child abuse consultants or local agencies.

Yet, your colleagues' views may not be consistent or definitive. Deisz et al. (1996) found substantial variation among the therapists in their study in the way in which they interpreted the "reasonable cause" standard. Some reported "inklings" to CPS; others reported only when the evidence convinced

them that a report needed to be made. Kalichman and Brosig (1993) found that most psychologists considered disclosure of abuse or apparent physical signs, such as bruises, to meet the reasonable cause standard; far fewer relied on behavioral indicators alone.

But what should you do when you begin to have an "inkling"? Although investigation is precluded, Kalichman (1999) urges mandated reporters to pursue reasonable questions consistent with their own professional duties. Make sure you really understand the situation. Be very aware of your own goals and how they mesh with those of CPS. For example, some reports are made because a child and family are perceived by the mandated reporter to need help, and the mandated reporter hopes CPS will provide it. But absent significant indicators of maltreatment, the family will probably not receive help through this approach. The time and effort involved in making a report might be better spent networking a family into other services (Zellman, 1990). Know your own state's law, and seek training on reporting procedures. If you decide a report is in order, present the situation as precisely as possible. CPS fails to investigate many reports due to imprecise or missing information (Wells, Stein, Fluke, & Downing, 1989). If you decide the situation currently does not meet your own reporting standard, continue to monitor the situation in case things take a turn for the worse. For further discussion of reporting, see Chapter 20, this volume.

Case Management and Disposition After Reporting

The purpose of child abuse reports is to bring potential abuse to the attention of CPS and to precipitate some CPS response when appropriate. The type and intensity of that response depend on the characteristics of the report and on the receiving agency's approach to organizing, classifying, and deploying its resources.

The nature of the reporting mandate and the state of child welfare services result in the receipt of some reports outside the CPS mandate. Because mandated reporters must act only on "reasonable suspicions" or "reasonable beliefs," some reports may be found not to constitute child maltreatment. Insuffi-

cient staffing of child welfare services in many communities has caused some reports that might have been accepted to be screened out (Wells, 1987). Such practices increase the number of uninvestigated or unsubstantiated reports. Given demand for investigation and services that far outstrips available resources, CPS must act to preserve and allocate these resources appropriately. Gatekeeping activities help CPS agencies do this. Gatekeeping in CPS agencies takes place at three points: the decision to investigate a report, the decision to substantiate a report after investigation, and the decision to provide agency service (Wells, 1987).

Screening is the first gatekeeping point. It occurs when a report is received; its final outcome is a decision about whether to conduct an official investigation. The decision to investigate hinges on whether a report of suspected maltreatment that the agency has received is determined to be a "valid report of abuse or neglect" (Wells, 1987, p. 2). This determination is a function of law, agency policies and procedures, local conditions, and practice (Wells, 1987, p. 2).

Screening serves several purposes for CPS agencies. First, screening is a tool to reduce investigative caseloads to a point that at least approaches, if not matches, available resources (Zellman & Antler, 1990). If the number of reports increases and agency budgets do not increase accordingly, caseload management approaches take on increased urgency (Downing, Wells, & Fluke, 1990).

Second, screening may identify non-abusive families who are in need of support and preventive services; CPS can make referrals to agencies that can provide those services. As Wells et al. (1989) note, many reports to CPS may be made in the belief that child welfare services are accessible only through an allegation of maltreatment. Often, reports motivated for this reason are unfounded on investigation. If screening occurs prior to investigation, nonabusive families in need of services may be referred without the potential stigma of an investigation to an agency that can provide needed services, although the availability of such services is far from certain.

Third, screening may help CPS agencies to manage caseloads and deploy limited investigational staff and resources to those cases in which the threat of harm is greatest. This third purpose is problematic for many: A triage approach to investigation institu-

tionalizes the movement of CPS agencies away from the preventive goals that motivated the expansion of the reporting laws to include additional mandated reporter groups (Wells et al., 1989). Others applaud this more limited purview. Besharov (1988), for example, argues that because our ability to predict future danger to the child is so limited, agencies are best advised to focus resources on cases in which harm already has occurred or past parental behavior could have been harmful. This approach avoids the subjectivity implicit in responding to "threatened harm."

All jurisdictions are required to investigate all bona fide reports (Van Voorhis & Gilbert, 1998). This stance complies with the federal statute that requires all reports of child abuse and neglect to be investigated (P.L. 93-247). Nevertheless, the screening function is implicit in most of the reporting laws. Some laws circumscribe the investigatory responsibility of CPS through their definitions of maltreatment. For example, most states limit investigatory responsibility to reports of children age 18 and younger by defining child maltreatment as something that occurs only to those in this age group. The identity and role of the alleged perpetrator vis-à-vis the child often figure into definitions of maltreatment as well. In most states, the alleged perpetrator must be a caretaker; in some states, alleged maltreatment in out-of-home care is explicitly a matter for the police rather than for CPS. In at least one state, the level of seriousness of the allegations figures into the definition of child abuse. Reports in which alleged physical or mental injury is not serious are not subject to investigation because nonserious injuries are not defined as child maltreatment (Wells, 1987).

In some states, complaints from reporters who refuse to give their name need not be investigated.

Other legislative criteria may permit CPS not to investigate. For example, in some states, complaints from reporters who refuse to give their name need not be investigated (Wells, 1987). Complaints may be rejected if the same person has made three previous unfounded reports concerning the same child and alleged perpetrator (Wells et al.,

1989). Policies permit screen-out on the basis of incomplete information, outdated reports, absence of a specific incident or pattern of incidents, and "inappropriate referrals" (Wells, 1987, p. 6). Indeed, Wells's analysis of 45 state policies revealed that more than two thirds appear to allow some screening (Wells, 1987). Such widespread acknowledgment and acceptance of screening contrast with the lack of discussion or permission to screen in the state reporting laws.

Other empirical data confirm the prevalence of screening policies. In a survey of CPS administrators and intake supervisors in 100 local agencies in eight states, respondents revealed to Downing et al. (1990) that most agencies have written policies that delimit the nature of reports considered appropriate for investigation. At least half of each group reported that the policy permitted screen-outs when the alleged perpetrator was not a caregiver or when the complaint concerned the parents' behavior (e.g., parental drug use with no specific act of abuse or neglect alleged). Another common reason for screening out complaints is that the problem reported is not appropriate for CPS and is better handled by another agency. Alleged school truancy, failure to provide medical care, and a mother's psychiatric problems were examples frequently cited in this latter category.

Some state policies prohibit screening: All reports are to be investigated. Zellman and Antler (1990) found, however, that even when screening is not permitted, it may occur by default. Using formal or informal risk assessment tools, cases are assigned to be investigated urgently, immediately, or as soon as possible. Because of the press of new, more emergent cases, those cases in the last, least serious category may never be investigated at all.

California data confirm that de facto screening is rampant. Van Voorhis and Gilbert (1998) cite several studies in which the percentage of reports that were investigated was well under 100%. In one county, 53.7% of official child abuse reports were closed after the initial telephone intake. Of these, 40% did not meet legal definitions of maltreatment, but 60% were screened out because of insufficient evidence, a judgment that the child was not in immediate danger, or because of information that the police were already involved (Barth, Courtney, Needell, & Jonson-Reid, 1994; Gilbert, Karski, & Frame, 1996).

Although an agency's intent may be to respond to all reported cases, prioritization or risk assessment schemes may screen out the lowest-priority cases effectively (Wells, 1987). The danger in this, notes Giovannoni (1989), is that the ability to predict risk is "in its infancy"; therefore, screen-outs based on risk are ill advised at this time.

Given the reality that screening does occur, many argue that the process should be formalized and regulated (e.g., Barone, Adams, & Tooman, 1981). Besharov (1988) urges child protective agencies to develop policies that specify the kinds of reports that will be accepted for investigation. Daniel, Newberger, Reed, and Kotelchuck (1978) note that the use of screening tests focuses program efforts on high-risk populations and is thus a useful approach. Screening would be more acceptable if there were links to other services, so that screened-out cases might be referred elsewhere, as appropriate. This approach seems particularly important given evidence that families that teachers described as near but below their own reporting threshold were found to be troubled; reported cases would likely be more so (Gracia, 1995). But, as Wells (1987) notes, unless agencies have limitless funding, they cannot serve every child whose life is troubled or traumatic. Consequently, CPS can and should limit definitions of abuse and neglect.

Classification of Cases After Investigation

CPS ultimately must determine whether reports of suspected abuse and neglect describe valid maltreatment. The purpose of the investigation is to make this determination. Whether CPS will intervene in the family, refer to another agency for voluntary services, or withdraw completely depends on whether the investigation process determines that maltreatment has occurred.

The labels applied to this determination vary by child protection agency. The terms *substantiated*, *founded*, and *indicated* all describe similar but not identical decisions. Essentially, the decision following investigation is whether to process the case further into the system. "Substantiated" cases are opened for service after investigation; "unsubstantiated" cases are closed (Giovannoni, 1989).

The Substantiation Decision

States require a report to be substantiated with either “some credible evidence” or a sufficient reason to conclude that the child has been abused or neglected. Involuntary court-ordered services can be imposed, but state laws require either a “preponderance of the evidence” or “clear and convincing evidence” that maltreatment has occurred (Besharov, 1988, p. 9).

Unsubstantiated cases indicate only that CPS has decided to take no further action after investigation. “Unsubstantiated” is not synonymous with “false report” (Giovannoni, 1989). Cases may be unsubstantiated for a variety of reasons. Many of the reasons (e.g., inability to locate the address) are unrelated to the validity of the case. The many reasons for failure to substantiate are important to keep in mind because substantiation rates have become a source of controversy, as discussed below.

Giovannoni (1989) argues that cases dismissed after investigation without further CPS involvement should be described using three categories:

- No maltreatment or other evidence of family dysfunction found
- No maltreatment found, but some evidence of family dysfunction or need for service found
- Maltreatment found, but further CPS activity not indicated

The use of such categories would clarify what sorts of cases CPS is not pursuing and why. These data also would focus attention on an important group of cases—those in which service needs exist in the absence of maltreatment. Such cases should but rarely do receive social welfare services (e.g., Besharov, 1994). New approaches to structuring the system, discussed below, have been proposed to enable nonabusive families in need of help to receive social welfare services.

A limited number of studies have attempted to understand the process of making substantiation decisions. The studies have relied on a range of methodologies, including case review, interviews with decision makers, and responses of CPS workers to case vignettes (Eckenrode, Powers, Doris, Munsch, & Bolger, 1988; Giovannoni, 1989).

Giovannoni (1989) reviewed 1,156 reports made to CPS. Several report variables significantly discriminated between cases that were and were not substantiated on investigation. A higher number of specific incidents of maltreatment alleged in the report were associated with substantiation. The availability of the address of the child and the alleged perpetrator increased the likelihood of a finding of maltreatment. Reports from absent spouses and reports of alleged drug or alcohol abuse by caretakers were less likely to be substantiated on investigation. Finally, reports from schools, law enforcement, and responsible caretakers were more likely to have had some maltreatment on investigation than reports from other sources.

Eckenrode et al. (1988) reviewed a total of 1,974 cases in the New York State Registry, looking for factors that predicted substantiation. Multiple-regression analyses revealed that the source of report, particularly whether the reporter was a professional or not, was a significant predictor of substantiation, with reports from professionals more likely to be substantiated. However, there were some important interactions between source of report and report type. For example, when sexual abuse was alleged by a caretaker mother, the likelihood of substantiation was the same as if the report had been made by a professional. Cases involving court action were more likely to be substantiated. The nature of the investigatory process also influenced substantiation probability, with the number of official contacts with the subjects of the report and the length of the investigation significantly contributing to substantiation probability. However, as Eckenrode et al. note, these process variables may reflect caseworker assessment of risk based on evidence available in the case, which complicates their meaning for the substantiation decision.

Substantiation Rates

The rate at which cases are substantiated is an issue among those concerned with protecting children. Some argue that when large numbers of cases that are investigated are not substantiated, this represents a significant waste of limited CPS resources and poses a significant burden on the families that are investigated. Although there is consensus that some level of failure to substantiate

ate is legitimate in a reporting system that accords mandated reporters no discretion and insists that reports be made on the basis of suspicions only, the amount that will or should be tolerated and the implications of higher rates are in considerable dispute.

Besharov (1986, 1988) has been among those most active in raising these concerns. Relying heavily on data reported by states (e.g., American Humane Association, 1988), he argues that there has been a steady increase in the percentage of "unfounded" reports since 1976 and finds these statistics troubling on several counts.

First, Besharov (1985) argues, investigations are "unavoidably traumatic" (p. 557). Second, conducting investigations of "minor" cases diverts inadequate resources from children in danger of serious maltreatment. These latter cases get more cursory investigation and less intensive supervision than they require because resources are being used to pursue "minor" cases. Third, would-be reporters may decide not to make reports to agencies that they know to be overtaxed.

Besharov (1985) argues that society's overambitious expectations about the ability of social agencies to identify and protect endangered children must be changed. He urges that state action should be limited to situations in which the parents have "already engaged in abusive or neglectful behavior" (p. 580) or done something that was capable of causing serious injury—in short, limited to situations in which seriously harmful behavior has occurred. These narrowed definitions should be accompanied by increased screening authority in CPS agencies. Implementation of rigorous screening policies by experienced caseworkers would reduce the number of investigations initiated, raise the substantiation rate, and help more families receive services on a voluntary basis.

The other side of this political coin is probably best represented by David Finkelhor (1990). He notes that the American Humane Association and state-level data that Besharov (1985) cites as evidence of declining substantiation rates are rife with methodological problems that make estimates difficult at best. Citing the methodologically far more rigorous NIS data, which indicate that substantiation rates significantly increased (from 43% in 1980 to 53% in 1986), Finkelhor suggests that substantiation rates may be largely unchanged over time or actually may be increasing.

More important, he argues, the very different ways that substantiation rates are measured over jurisdictions and over time render these measures inappropriate bases for policy decisions. Revised definitions or screening policies can change reported substantiation rates in the absence of any other change.

Finkelhor (1990) makes a larger and more significant point about substantiation as well. He notes that the U.S. public repeatedly has demonstrated its willingness to tolerate some considerable inefficiency and intrusion in the pursuit of important policy goals. He points to the criminal justice system as an example of a system that demonstrates considerable inefficiency, with only about half of all arrests leading to convictions. Yet public opinion polls repeatedly indicate that Americans want more—not fewer—people arrested. And limited studies suggest that the mandated reporters who must interact with CPS most frequently, although sometimes frustrated with CPS (Zellman & Antler, 1990), are not totally dissatisfied (Compaan, Doueck, & Levine, 1997). Even those families who are the subjects of maltreatment investigations seem to understand the need for such activity. For example, Fryer, Bross, Krugman, Denson, and Baird (1990) conducted a consumer satisfaction survey of parents who had been investigated by CPS. The majority (more than 70%) rated the quality of services as excellent or good and felt that their family was better off as a result of CPS involvement.

Reasons for Failure to Substantiate

Politicization of substantiation statistics obscures a complex process that is not well understood. There are many reasons why reports of child maltreatment are not substantiated; little research has been conducted on this issue. Major studies that produce substantiation rates (e.g., American Humane Association, 1988; Sedlak, 1991) provide no data concerning reasons for lack of substantiation. Clinical data and anecdotal information suggest a range of reasons why cases that are investigated are not substantiated.

Insufficient information. Many cases are not substantiated because there is insufficient in-

formation to make a determination about child maltreatment. In a substantial number of these cases, no contact is ever made with the family; most often this happens when families cannot be located. However, cases also may not be investigated because the allegations are too vague or no injury was reported (Finkelhor, 1990).

Cases also are denied after investigation because of insufficient information. Without clear-cut medical or other physical evidence, firsthand observations of home conditions or neglectful behavior, or a credible eyewitness, the CPS worker may not have enough information to conclude that the child has been maltreated, or it may not be possible to know whether the parent is responsible for the child's condition.

Data from one of the few studies that examined reasons for failing to substantiate (Jones & McGraw, 1987) revealed that 24% of the 576 sexual abuse cases examined were unfounded because of insufficient information.

Inappropriate referral. A case may be classified as unsubstantiated because the referral was not an appropriate one. A substantial number of these cases are in fact cases of child maltreatment. The referral may be inappropriate for jurisdictional reasons. For example, the maltreatment occurred in one county, but the victim resides in another. A case may be denied because the parties are not subject to the child protection act. Children may be too young or too old. Reports on unborn children or those older than age 16 may not be substantiated. Cases involving juvenile offenders or adults who are not the alleged victim's primary caretaker may be considered inappropriate referrals. A case may be denied because services already are being received. These include cases subject to duplicate report (Finkelhor, 1990), new reports on already open cases, cases already receiving service from another agency, and cases already active in court (e.g., divorce court). In addition, some states only classify cases as substantiated if protective action is taken in the juvenile court (Finkelhor, 1990).

The problem does not constitute child maltreatment. Two kinds of cases fall into this category: those in which the cause of the child's condition is not maltreatment and those in which the problem is a resource issue.

Designated professionals are mandated to report cases when they have "reasonable

cause to suspect" child maltreatment. CPS investigation may determine that the suspicion was warranted but the child's problem was not caused by maltreatment. For example, an injury may be determined to have resulted from an accidental fall.

The failure of social and welfare services to keep pace with reports has resulted in both inappropriate referrals and inappropriate denials. In the first instance, there has been increased use of CPS reports to address problems that really do not constitute child maltreatment—for example, situations involving severely impaired children. Similarly, a family problem may be characterized as maltreatment in hopes that CPS will provide the family services that are not available elsewhere in the community.

In the second instance, scarce resources within CPS and increased referrals have led to a higher threshold for opening cases. CPS may decide that the standard of care in the family meets "minimum sufficient level," even though other community professionals and certainly the mandated reporter may perceive neglect (Johnson, 1993). Cases in which there is a risk of maltreatment, but no maltreatment has been found on investigation, also may be denied.

Because of scarce resources, some CPS agencies tend to substantiate only when the maltreatment is severe enough to warrant removal of the child. Intensive, short-term, home-based services to prevent placement of children in foster care may reverse this pattern.

Because of scarce resources, some CPS agencies tend to substantiate only when the maltreatment is severe enough to warrant removal of the child.

Child no longer at risk. Several types of cases are not substantiated because the child is deemed no longer at risk. These include cases in which maltreatment occurred too long ago (Finkelhor, 1990), family circumstances have changed, and the maltreatment is deemed minor and not likely to recur.

False allegations. Despite widespread concern about false allegations, little empirical data exist concerning them. Almost all of the

available research on false allegations has been conducted on sexual abuse cases. These studies confront a range of difficult methodological problems, including defining and validating the falsity of reports and determining whether the reporter has made a knowingly false report.

False allegations appear to be rare (Faller, 1988; Goodwin, Sahd, & Rada, 1979; Horowitz, Salt, Gomes-Schwartz, & Sauzier, 1984; Jones & McGraw, 1987). Jones and McGraw (1987) concluded that such reports represented only 6% of the sexual abuse cases that they examined. State data collected by NCCAN (1993) suggest that the number of intentionally false reports is very low. The percentage of intentionally filed false reports was less than 1% of all reports. However, with only four states reporting in this category, these data must be considered with caution.

False allegations are more likely to be made by adults than children. Jones and McGraw (1987) determined that only 1% of their reports represented false accounts by children. The comparable figure reported by Oates et al. (2000) was 2.5%. But of their 14 cases in this category, only 8 (1.5% of the sample) involved a fabricated allegation that was made independent of parental coaching or collusion. When children make intentionally false accusations, they are usually older children (Faller, 1988; Horowitz et al., 1984; Jones & McGraw, 1987; Olds et al., 2000).

False allegations appear to be more common surrounding divorce than in other contexts. However, even in divorce cases, between 50% and 75% of allegations of maltreatment appear to be valid (Faller, 1991; Faller, Corwin, & Olafson, 1993; Green, 1986; Thoennes & Tjaden, 1991). Those who report higher rates of false allegations either present no data (Blush & Ross, 1986; Gardner, 1989) or rely on small, biased samples (Benedek & Schetky, 1985; Green, 1986; Kaplan & Kaplan, 1981). Moreover, most of these authors do not differentiate between cases involving calculated lies and those in which parents' mental functioning led to a false accusation.

Even in divorce situations, calculated false allegations appear to be rare. Thoennes and Tjaden (1991), in a sample of 9,000 divorces from 12 states with disputed custody or visitation, found that 169 (less than 2%) involved child sexual abuse allegations, and only 8 were judged to be knowing lies. Faller (1991), using a clinical sample of 136 sexual

abuse allegations in divorce, found only 3 cases that were judged to be calculated lies.

Proposals to Improve CPS Operations

A range of approaches have been suggested to improve CPS's handling of reports and allocation of limited resources. These include the implementation of risk assessment systems, closer coordination between mandated reporters and CPS regarding substantiation criteria, modifications to the reporting process, and restructuring of services to families in need. Each of these approaches is discussed briefly below.

Risk assessment systems. Risk assessment systems (RAS) are "formalized methods that provide a uniform structure and criteria for determining risk" (Baird, Wagner, Healy, & Miles, 1999, p. 724) and are designed to help CPS workers decide what to do with a family at the conclusion of a maltreatment investigation. Key to these decisions is an assessment of risk of future harm (Baird et al., 1999). These decisions are inherently difficult to make, and the consequences of a wrong decision can be catastrophic. RAS incorporate empirical data on case outcomes and direct the decision-making process to help workers more accurately estimate risk. As individual workers presumably improve their ability to assess risk, RAS should reduce variations in decisions across workers, which vary greatly, even among experts (Rossi, Schuerman, & Budde, 1996).

RAS are relatively new. A 1996 American Public Welfare Association survey revealed that of 44 responding states and jurisdictions, 38 had some RAS in place; 26 had first been implemented after 1987 (Tatara, 1996). RAS are largely untested. One reason is that assessment of RAS requires longitudinal research, in which families are followed to determine whether the RAS predictions proved accurate (Baird et al., 1999). However, a large body of research in psychology and corrections finds that decision making based on empirical data and actuarial predictions can more accurately predict future behavior than clinical assessments alone (e.g., Dawes, Faust, & Meehl, 1989; Meehl, 1954; Sawyer, 1966), a conclusion that applied as well to Baird et al.'s

(1999) comparison of clinical and actuarial decision making in CPS.

RAS are not a panacea either. DePanfilis (1996) notes considerable questioning of the empirical basis for many of these systems and discusses at length the inadequate and inconsistent implementation of these models in CPS agencies. Brissett-Chapman (1997) argues that the "simplistic linear models" incorporated in RAS poorly serve minority families, as they fail to account for individual, family, and community assets in minority communities.

Closer coordination between CPS and mandated reporters. Many argue that, along with informing professionals about their responsibility to report suspected maltreatment, training sessions also should include information about what levels of maltreatment constitute abuse that is likely to be acted on by CPS (e.g., that CPS is less likely to respond to reports from mental health professionals who rely solely on the child's behavior) (Deisz et al., 1996). Mandated reporters should be acquainted with decision-making models and assessment tools used by CPS (Ashton, 1999). This way, training would not necessarily increase the number of reports but would likely increase the percentage of persuadable ones. Zellman (1990) argues that feedback from CPS to reporters on individual cases would serve a similar purpose. Such feedback also might increase professionals' sense that their reports would benefit the child or family, a key factor in reporting intentions (Zellman & Bell, 1990).

Kalichman and Brosig (1992) and Giovannoni (1989) warn that such efforts could be misdirected. Although clearer decision rules would likely increase substantiation rates, this might well occur at the cost of missing cases of maltreatment. Asking would-be reporters to use categories such as "serious" may inappropriately transfer some of the investigative function from CPS to them (Giovannoni, 1989).

Modifications to the reporting process. Finkelhor and Zellman (1991) suggest that some level of professional discretion be built formally into the reporting system. They argue for the creation of a category of registered reporters, who by dint of their previous reporting history and child maltreatment expertise are accorded carefully bounded discretion in their reporting behavior. As Thompson-Cooper, Fugere, and Cormier (1993) note, Finkelhor and Zell-

man's proposal contains some of the essential elements of the "confidential doctor" system operating in the Netherlands since 1971 (Marneffe & Bruce, 1997; Roelofs & Baartman, 1997). Under this system, there is no reporting mandate, and in most cases, no child protection measures are imposed. Instead, once a notification is made, a trusted professional meets with those involved with the family to determine whether abuse has in fact taken place. According to Thompson-Cooper et al. (1993), the system has resulted in more notifications, including a sharp rise in the number of parents and children applying for help. At the same time, the number of removals of children from their homes has dropped.

There has been limited study of such options in this country. Delaronde et al. (2000) asked mandated reporters whether they preferred the current system or a system in which less severe cases could be referred to a critical intervention specialist who would work with the mandated reporter to determine a strategy for dealing with the case, including coming to a decision about whether a report should be made to CPS. The researchers found slightly more support for the current policy, although those who had ever failed to report preferred the alternative system.

System Restructuring

Under the current system, access to services largely depends on a finding of maltreatment after investigation and a court referral (Van Voorhis & Gilbert, 1998). Several designs have been proposed that seek to unlink the provision of services from the investigatory and coercive aspects of CPS. Pelton (1989, 1992), for example, suggests that CPS be restructured into three agencies with responsibility for family preservation, out-of-house placements, and investigation of maltreatment, respectively. Another approach devolves some or all responsibility for serious cases to the police, leaving the child welfare system to deliver services, in combination with other agencies, to low-risk families (Clark Foundation, 1996; Lindsey, 1994). Delaronde et al. (2000) note that there have been some efforts in this country to create such differentiated systems (e.g., Siegel & Loman, 1998; Zimmerman, 1996) and that early reports are encouraging.

Besharov (1994) argues that significant barriers exist to approaches that increase families' access to social services, either as part of CPS or independent of it, as discussed earlier. These barriers include inertia, a lack of political will to advocate for expensive ongoing services that might prevent more harm, and lack of funds. Bergmann (1994) notes that the contentions of those who claim that we "can't afford" such services often obscure insufficient desire or will:

The \$150-500 billion savings and loan crisis has illuminated the lack of seriousness of the "can't afford" argument against child welfare programs. The public money to make the S&L depositors whole was forthcoming with no debate at all. . . . Until we change our notions of how desirable adequate child welfare programs are, the public purse, which opens so easily and lavishly for other purposes, will not be available for them. (p. 18)

Conclusion

Contemporary concerns about child maltreatment were expressed in the development of model reporting laws in the 1960s, which were adopted rapidly by every state. These laws succeeded in increasing both public awareness of child maltreatment and the number of maltreatment reports.

The success of the reporting laws has created substantial and unanticipated problems for the protective agencies that receive those reports. Most simply have lacked the capacity to respond adequately to a large share of the reports that have flooded in. This reality has resulted in calls to narrow the basis for reporting, increase the amount of screening in CPS agencies, and increase the availability of both protective and other child welfare services.

Although concerns about too many reports recently have dominated discussions of reporting, prevalence studies of victims and offenders indicate that official reports do not reflect the full extent of child maltreatment. In addition, there continues to be a sure sense supported by empirical data

that not all professionals are meeting the reporting mandate and not all of even the most serious cases of child maltreatment are reported. The inability of protective agencies to respond to many reports has been implicated as a significant factor in professional decisions to withhold reports.

Few efforts have been made to do more than lament inadequacies in the current system. Proposals to limit reporting (e.g., Besharov, 1985; Hutchison, 1993; Thompson-Cooper et al., 1993) or to increase professional discretion in reporting (e.g., Crenshaw, Bartell, & Lichtenberg, 1994; Finkelhor & Zellman, 1991) are of concern to those who have worked hard to create a system in which individual, idiosyncratic decisions would be replaced by professional, universalistic ones. Proposals to increase the funding and reach of protective agencies have concerned those who worry about unwarranted intrusion into families and have disheartened those who realize that such expansion is very difficult when need exceeds resources. A broader perspective on the delivery of all types of services to needy families that transfers many services from protective agencies back to social welfare agencies might help both families and the systems that attempt to serve them, as Besharov (1994) suggests. But the lack of political will to sell long-term programs with limited outcomes and, to a smaller extent, lack of funds (Bergmann, 1994) reduce the chances of substantial change any time soon.

From a longer historical perspective, however, there is reason for encouragement and self-congratulation. Although some reports do not receive the attention they deserve, and many maltreated children remain unidentified to protective agencies, the reporting laws have brought attention and services to many others. Research aimed at identifying rates of child maltreatment in national and community samples and in special populations has raised public and professional awareness about the pervasiveness of this problem. These studies and requirements for reporting and intervention also have established child maltreatment as an important policy concern that is not likely to be eclipsed in the near future.

Notes

1. The Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992 (P.L. 102-295) retained the provisions of the 1988 act and also required NCCAN to develop a program that analyzes available state child abuse and neglect reporting information that is, to the extent possible, universal and case specific.

2. The numbers prior to 1976 are even lower but are available for only a limited number of states. American Humane statistics are obtained from state-level CPS programs that voluntarily provide data on officially reported child abuse and neglect. Differences across states in policy, definitions, and information collection procedures limit the comparability of data across states. Moreover, data on specific case measures are not available from many states. The reauthorized Child Abuse Prevention and Treatment Act, now called the Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992 (P.L. 102-295), mandated collection of state child abuse reports by NCCAN. This mandate, including its technical assistance provision, already has improved the quality of data about reported cases.

3. We were unable to measure reporting behavior in the vignettes but used reporting intentions as a reasonably proxy. Such intentions have been found to be significant predictors of actual behavior in a number of studies across a broad range of behaviors (e.g., Ajzen & Fishbein, 1980; Sheppard, Hartwick, & Warshaw, 1988).

4. For a thorough review of the studies of prevalence of sexual abuse and methodological issues, see Peters et al. (1986).

References

- Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice Hall.
- American Academy of Pediatrics, Committee on Child Abuse and Neglect. (1999). Guidelines for the evaluation of sexual abuse of children: Subject review. *Pediatrics*, *103*, 187-191.
- American Humane Association. (1988). *Highlights of official child neglect and abuse reporting, 1986*. Denver, CO: Author.
- Ards, S., & Harrell, A. (1993). Reporting of child maltreatment: A secondary analysis of the national incidence surveys. *Child Abuse & Neglect*, *17*(3), 337-344.
- Ashton, V. (1999). Worker judgements of seriousness about and reporting of suspected child maltreatment. *Child Abuse & Neglect*, *23*(6), 539-548.
- Baird, C., Wagner, D., Healy, T., & Miles, M. (1999). Risk assessment in child protective services: Consensus and actuarial model reliability. *Child Welfare*, *78*(6), 723-748.
- Barone, N., Adams, W., & Tooman, P. (1981). The screening unit: An experimental approach to child protective services. *Child Welfare*, *60*(3), 198-204.
- Barth, R., Courtney, M., Needell, B., & Jonson-Reid, M. (1994). *Performance indicators for child welfare services in California*. Berkeley: University of California at Berkeley, Child Welfare Research Center.
- Benedek, E., & Schetky, D. (1985). Allegations of sexual abuse in child custody and visitation disputes. In E. Benedek & D. Schetky (Eds.), *Emerging issues in child psychiatry and the law* (pp. 145-156). New York: Brunner/Mazel.
- Bensen, D., Swann, A., O'Toole, R., & Turbet, J. (1991). Physicians' recognition of and response to child abuse: Northern Ireland and the USA. *Child Abuse & Neglect*, *15*, 5-67.
- Bergmann, B. (1994, May). *Child care: The key to ending child poverty*. Paper presented at the Conference on Social Policies for Children, Princeton University, Woodrow Wilson School of Public and International Affairs, Princeton, NJ.
- Besharov, D. (1985). Doing something about child abuse: The need to narrow the grounds for state intervention. *Harvard Journal of Law & Public Policy*, *8*(3), 539-589.
- Besharov, D. (1986). Unfounded allegations: A new child abuse problem. *The Public Interest*, *83*, 18-33.
- Besharov, D. (1988). Child abuse and neglect reporting and investigation: Policy guidelines for decision making. *Family Law Quarterly*, *22*, 1-15.
- Besharov, D. (1994, May). *Don't call it child abuse if it's really poverty*. Paper presented at the Conference on Social Policies for Children, Princeton University, Woodrow Wilson School of Public and International Affairs, Princeton, NJ.

- Blush, G., & Ross, K. (1986). *SAID syndrome: Sexual allegations in divorce*. Unpublished manuscript, Baker College, MI.
- Briere, J., & Runtz, M. (1989). University males' sexual interest in children: Predicting potential indices of "pedophilia" in a non-forensic sample. *Child Abuse & Neglect, 13*(1), 65-75.
- Brissett-Chapman, S. (1997). Child protection risk assessment and African American children: Cultural ramifications for families and communities. *Child Welfare, 76*(1), 45-63.
- Caffey, J. (1957). Some traumatic lesions in growing bones other than fractures and dislocations: Clinical and radiological features, the Mackenzie Davidon Memorial Lecture. *British Journal of Radiology, 30*, 225-238.
- Clark Foundation. (1996). *Program for children strategy statement*. New York: Author.
- Compaan, C., Doueck, H., & Levine, M. (1997). Mandated reporter satisfaction with child protection: More good news for workers? *Journal of Interpersonal Violence, 12*(6), 847-857.
- Crenshaw, W., Bartell, P., & Lichtenberg, J. (1994). Proposed revisions to mandatory reporting laws: An exploratory survey of child protective service agencies. *Child Welfare, 73*(1), 15-27.
- Crenshaw, W., Crenshaw, L., & Lichtenberg, J. (1995). When educators confront child abuse: An analysis of the decision to report. *Child Abuse & Neglect, 19*(9), 1095-1133.
- Daniel, J., Newberger, E., Reed, R., & Kotelchuck, M. (1978). Child-abuse screening: Implications of the limited predictive power of abuse discriminants from a controlled family study of pediatric social illness. *Child Abuse & Neglect, 2*(4), 247-259.
- Daro, D., & McCurdy, K. (1994). *Current trends in child abuse reporting and fatalities: The results of the 1993 annual fifty-state survey*. Chicago: National Committee for the Prevention of Child Abuse.
- Davidson, H. (1988). Failure to report child abuse: Legal penalties and emerging issues. In A. Maney & S. Wells (Eds.), *Professional responsibility in protecting children* (pp. 93-103). New York: Praeger.
- Dawes, R., Faust, D., & Meehl, P. (1989). Clinical versus actuarial judgment. *Science, 243*, 1668-1674.
- Deisz, R., Doueck, H., & George, N. (1996). Reasonable cause: A qualitative study of mandated reporting. *Child Abuse & Neglect, 20*(4), 275-287.
- Delaronde, S., King, G., Bendel, R., & Reece, R. (2000). Opinions among mandated reporters toward child maltreatment reporting policies. *Child Abuse & Neglect, 27*(7), 901-910.
- DePanfilis, D. (1996). Implementing child mistreatment risk assessment systems: Lessons from theory. *Administration in Social Work, 20*(2), 41-59.
- Downing, J., Wells, S., & Fluke, J. (1990). Gatekeeping in child protective services: A survey of screening policies. *Child Welfare, 69*(4), 357-369.
- Eckenrode, J., Powers, J., Doris, J., Munsch, J., & Bolger, N. (1988). Substantiation of child abuse and neglect reports. *Journal of Consulting and Clinical Psychology, 56*, 9-16.
- Faller, K. C. (1988). *Child sexual abuse: An interdisciplinary manual for diagnosis, case management, and treatment*. New York: Columbia University Press.
- Faller, K. C. (1991). Possible explanations for sexual abuse allegations in divorce. *American Journal of Orthopsychiatry, 61*(1), 86-91.
- Faller, K. C., Corwin, D., & Olafson, E. (1993). Research on false allegations of sexual abuse in divorce. *APSAC Advisor, 6*(3), 1-10.
- Feldman, W., Feldman, E., Goodman, J., McGrath, P., Pless, R., Corsini, L., & Bennett, S. (1991). Is childhood sexual abuse really increasing in prevalence? An analysis of the evidence. *Pediatrics, 88*(1), 29-33.
- Finkelhor, D. (1986). *A sourcebook on child sexual abuse*. Beverly Hills, CA: Sage.
- Finkelhor, D. (1990, Winter). Is child abuse overreported? *Public Welfare, pp.* 22-29.
- Finkelhor, D., Gomes-Schwartz, B., & Horowitz, J. (1984). Professionals' responses. In D. Finkelhor (Ed.), *Child sexual abuse: New theory and research* (pp. 200-220). New York: Free Press.
- Finkelhor, D., & Zellman, G. (1991). Flexible reporting options for skilled child abuse professionals. *Child Abuse & Neglect, 15*, 335-341.
- Fraser, B. (1986). A glance at the past, a gaze at the present, a glimpse at the future: A critical analysis of the development of child abuse reporting statutes. *Journal of Juvenile Law, 10*, 641-686.
- Fryer, G., Bross, D., Krugman, R., Denson, D., & Baird, D. (1990, Winter). Good news for EPS workers. *Public Welfare, pp.* 39-41.
- Gardner, R. (1989). Differentiating between bona fide and fabricated allegations of sexual abuse of children. *Journal of the American Academy of Matrimonial Lawyers, 5*, 1-26.
- Gelles, R., & Straus, M. (1988). *Intimate violence: The causes and consequences of abuse in the American family*. New York: Simon & Schuster.

- Gilbert, N., Karski, R., & Frame, L. (1996). *The emergency response system: Screening and assessment of child abuse reports: A report to the California policy seminar*. Berkeley: University of California at Berkeley, Center for Social Services Research.
- Giovannoni, J. (1989). Substantiated and unsubstantiated reports of child maltreatment. *Children and Youth Services Review, 11*(4), 299-318.
- Goodwin, J., Sahd, D., & Rada, R. (1979). Incest hoax. In W. Holder (Ed.), *Sexual abuse of children* (pp. 37-46). Denver, CO: American Humane Association.
- Gordon, L. (1988). *Heroes of their own lives: The politics and history of family violence*. Boston: Viking.
- Gracia, E. (1995). Visible but unreported: A case for the "not serious enough" cases of child maltreatment. *Child Abuse & Neglect, 19*(9), 1083-1093.
- Graziano, A., & Namaste, K. (1990). Parental use of physical force in child discipline. *Journal of Interpersonal Violence, 5*(4), 449-453.
- Green, A. (1986). True and false allegations of sexual abuse in child custody disputes. *Journal of the American Academy of Child Psychiatry, 25*(4), 449-456.
- Hansen, D., Bumby, K., Lundquist, L., Chandler, R., Le, P., & Futa, K. (1997). The influence of case and professional variables on the identification and reporting of child maltreatment: A study of licensed psychologists and certified masters social workers. *Journal of Family Violence, 12*(3), 313-332.
- Henschel, D., Briere, J., & Morlau-Magallanes, D. (1990, August). *Multivariate long-term correlates of childhood physical, sexual, and psychological abuse*. Paper presented at the annual meeting of the American Psychological Association, Boston.
- Horowitz, J., Salt, P., Gomes-Schwartz, B., & Sauzier, M. (1984). Unconfirmed cases of sexual abuse. In Tufts New England Medical Center (Ed.), *Sexually exploited children* (pp. 231-244). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Hutchison, E. (1993). Mandatory reporting laws: Child protective case finding gone awry? *Social Work, 38*(1), 56-63.
- James, J., Womack, W., & Stauss, F. (1978). Physician reporting of sexual abuse of children. *Journal of the American Medical Association, 181*, 17-24.
- Johnson, C. (1993). Physicians and medical neglect: Variables that affect reporting. *Child Abuse & Neglect, 17*, 605-612.
- Jones, D., & McGraw, E. (1987). Reliable and fictitious accounts of sexual abuse to children. *Journal of Interpersonal Violence, 2*(1), 27-45.
- Jones, L., & Finkelhor, D. (2001). The decline in child sexual abuse cases. In *Juvenile justice bulletin*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Kalichman, S. (1999). *Mandated reporting of suspected child abuse: Ethics, law, and policy* (2nd ed.). Washington, DC: American Psychological Association.
- Kalichman, S., & Brosig, C. (1992). Mandatory child abuse reporting laws: Issues and implications for policy. *Law and Policy, 14*(2/3), 153-168.
- Kalichman, S., & Brosig, C. (1993). Practicing psychologists' interpretations of and compliance with child abuse reporting laws. *Law and Human Behavior, 17*, 83-93.
- Kalichman, S., Craig, M., & Follingstad, D. (1990). Mental health professionals and suspected cases of child abuse: An investigation of factors influencing reporting. *Community Mental Health Journal, 24*, 43-51.
- Kamerman, S., & Kahn, A. (1990). If CPS is driving child welfare, where do we go from here? *Public Welfare, 48*(1), 9-13.
- Kaplan, S. L., & Kaplan, S. J. (1981). The child's accusation of sexual abuse during a divorce and custody struggle. *Hillside Journal of Clinical Psychiatry, 3*, 81-95.
- Kempe, C., Silverman, F., Steele, B., Droegemueller, W., & Silver, H. (1962). The battered child syndrome. *Journal of the American Medical Association, 181*, 17-24.
- Kercher, G., & McShane, M. (1984). *The prevalence of child sexual abuse victimization in an adult sample of Texas residents*. Huntsville, TX: Sam Houston State University.
- Landis, J. (1956). Experiences of 500 children with adult sexual deviants. *Psychiatric Quarterly Supplement, 30*, 91-109.
- Lindsey, D. (1994). *The welfare of children*. New York: Oxford University Press.
- Maney, A., & Wells, S. (1988). *Professional responsibilities in protecting children*. New York: Praeger.
- Marneffe, C., & Bruce, P. (1997). Belgium: An alternative approach to child abuse reporting and treatment. In N. Gilbert (Ed.), *Combining child abuse: International perspectives and trends* (pp. 167-191). New York: Oxford University Press.

- Meehl, P. (1954). *Clinical versus statistical prediction: A theoretical analysis and a review of the evidence*. Minneapolis: University of Minnesota Press.
- Morris, J., Johnson, C., & Clasen, M. (1985). To report or not to report: Physicians' attitudes toward discipline and child abuse. *American Journal of Diseases of Children*, 139, 195-197.
- Murphy, J. (1987, July). *Reports of sexual abuse in a community sample*. Paper presented at the National Family Violence Research Conference, Durham, NH.
- Myers, J. (1998). *Legal issues in child abuse and neglect practice* (2nd ed.). Thousand Oaks, CA: Sage.
- National Center on Child Abuse and Neglect (NCCAN). (1993). *National child abuse and neglect data systems* (Working Paper No. 2, 1991 summary data component). Washington, DC: Government Printing Office.
- Nelson, B. (1984). *Making an issue of child abuse*. Chicago: University of Chicago Press.
- Newberger, E. (1983). The helping hand strikes again: Unintended consequences of child abuse reporting. *Journal of Clinical Child Psychology*, 2, 307-311.
- Nuttall, R., & Jackson, H. (1994). Personal history of childhood abuse among clinicians. *Child Abuse & Neglect*, 18, 455-472.
- Oates, R. K., Jones, D., Denson, D., Sirotnak, A., Gray, N., & Krugman, R. (2000). Erroneous concerns about child sexual abuse. *Child Abuse & Neglect*, 24, 149-157.
- O'Toole, A., O'Toole, R., Webster, S., & Lucal, B. (1994). Nurses' responses to child abuse. *Journal of Interpersonal Violence*, 9(2), 194-206.
- Paulsen, M., Parker, G., & Adelman, L. (1966). Child abuse reporting laws: Some legislative history. *George Washington Law Review*, 34, 482-506.
- Pelton, L. (1989). *For reasons of poverty: A critical analysis of the public child welfare system in the United States*. New York: Praeger.
- Pelton, L. (1992). A functional approach to reorganizing family and child welfare interventions. *Children and Youth Services Review*, 14, 289-303.
- Peters, S. D., Wyatt, G. E., & Finkelhor, D. (1986). Prevalence. In D. Finkelhor (Ed.), *A sourcebook on child sexual abuse* (pp. 15-59). Newbury Park, CA: Sage.
- Pleck, E. (1987). *Domestic tyranny: The making of social policy against family violence from colonial times to the present*. New York: Oxford University Press.
- Risin, L., & Koss, M. (1987). The sexual abuse of boys. *Journal of Interpersonal Violence*, 2(3), 309-323.
- Roelofs, M., & Baartman, H. (1997). The Netherlands: Responding to abuse, compassion or control. In N. Gilbert (Ed.), *Combating child abuse: International perspectives and trends* (pp. 192-211). New York: Oxford University Press.
- Rose, J., Talbert, W., & Sullivan, P. (1993). Screening, risk assessment, and case planning. In T. Tataru (Ed.), *Sixth national roundtable on CPS risk assessment*. Washington, DC: American Public Welfare Association.
- Rossi, P., Schuerman, J., & Budde, S. (1996). *Understanding child maltreatment decisions and those who make them*. Chicago: University of Chicago, Chapin Hall Center for Children.
- Russell, D. E. H. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child Abuse & Neglect*, 7(2), 133-146.
- Russell, D. E. H. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- Saulsbury, F., & Campbell, R. (1985). Evaluation of child abuse reporting by physicians. *American Journal of Diseases*, 139, 393-395.
- Saunders, B., Kilpatrick, D., Lipovsky, J., Resnick, H., Best, C., & Sturgis, E. (1991, March). *Prevalence, case characteristics, and long-term psychological effects of sexual assault: A national survey*. Paper presented at the annual meeting of the American Orthopsychiatric Association, Toronto.
- Saunders, B., Villeponteaux, L., Lipovsky, J., Kilpatrick, D., & Veronen, L. (1993). Child sexual abuse as a risk factor for mental disorders among women: A community survey. *Journal of Interpersonal Violence*, 7(2), 189-204.
- Sawyer, J. (1966). Measurement and prediction, clinical and statistical. *Psychological Bulletin*, 66(3), 178-200.
- Sedlak, A. (1991). *National incidence and prevalence of child abuse and neglect: Revised 1988 report*. Rockville, MD: Westat.
- Sedlak, A., & Broadhurst, D. (1996). *Third national incidence study of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services.
- Sheppard, B., Hartwick, J., & Warshaw, P. (1988). The theory of reasoned action: A meta-analysis of past research with recommendations of modifications and future research. *Journal of Consumer Research*, 15, 325-343.

- Siegel, G., & Loman, A. (1998). *Child protection services, family assessment and response demonstration: Impact evaluation*. St. Louis, MO: Institute of Applied Research.
- Straus, M., Gelles, R., & Steinmetz, S. (1978). *Behind closed doors*. New York: Free Press.
- Summit, R. (1983). The child abuse accommodation syndrome. *Child Abuse & Neglect*, 7, 177-193.
- Tatara, T. (1996). *A survey of states on CPS risk assessment practice: Preliminary findings*. Paper presented at the American Public Welfare Association 10th National Roundtable on CPS Risk Assessment, Washington, DC.
- Thoennes, N., & Tjaden, P. (1991). The extent, nature, and validity of sexual abuse allegations in custody/visitation disputes. *Child Abuse & Neglect*, 14, 151-163.
- Thompson-Cooper, I., Fugere, R., & Cormier, B. (1993). The child abuse reporting laws: An ethical dilemma for professionals. *Canadian Journal of Psychiatry*, 38, 557-562.
- U.S. Department of Health and Human Services (DHHS), Administration on Children, Youth and Families. (2000). *Child maltreatment 1998: Reports from the states to the National Child Abuse and Neglect Data System*. Washington, DC: Government Printing Office.
- Van Voorhis, R., & Gilbert, N. (1998). The structure and performance of child abuse reporting systems. *Children and Youth Services Review*, 20(3), 207-221.
- Vogeltanz, N., Wilsnack, S., Harris, T., Wilsnack, R., Wonderlich, D., & Kristjanson, E. (1999). Prevalence and risk factors for childhood sexual abuse in women: National survey findings. *Child Abuse & Neglect*, 23(6), 579-592.
- Wells, S. (1987). *Screening practices in child protective services*. Washington, DC: National Legal Resource Center for Child Advocacy and Protection.
- Wells, S., Stein, T., Fluke, J., & Downing, J. (1989). Screening in child protective services. *Social Work*, 34(1), 45-48.
- Wiemers, K., & Petretic-Jackson, P. (1991, August). *Defining physical child abuse: Ratings of parental behaviors*. Paper presented at the annual meeting of the American Psychological Association, San Francisco.
- Williams, G. (1983). Child protection: A journey into history. *Clinical Child Psychology*, 12, 236-243.
- Wyatt, G. (1985). The sexual abuse of Afro-American and white women in childhood. *Child Abuse & Neglect*, 9, 507-519.
- Wyatt, G., Loeb, T., Solis, B., & Carmona, J. (1999). The prevalence and circumstances of child sexual abuse: Changes across a decade. *Child Abuse & Neglect*, 23(1), 45-60.
- Zellman, G. (1990). Linking schools and social services: The case of child abuse reporting. *Educational Evaluation and Policy Analysis*, 12, 41-56.
- Zellman, G. (1992). The impact of case characteristics on child abuse reporting decisions. *Child Abuse & Neglect*, 16, 57-74.
- Zellman, G., & Antler, S. (1990). Mandated reporters and child protective agencies: A study in frustration. *Public Welfare*, 48(1), 30-37.
- Zellman, G., & Bell, R. (1990). *The role of professional background, case characteristics, and protective agency response in mandated child abuse reporting*. Santa Monica, CA: RAND.
- Zimmerman, F. (1996). Community partnerships for protecting children. *Safekeeping*, 1(1), 4-5.

The APSAC Handbook on CHILD MALTREATMENT

S E C O N D E D I T I O N

Editors

John E. B. Myers

Lucy Berliner

John Briere

C. Terry Hendrix

Carole Jenny

Theresa A. Reid



APSAC American Professional Society on the Abuse of Children



Sage Publications

International Educational and Professional Publisher
Thousand Oaks ■ London ■ New Delhi

Copyright © 2002 by Sage Publications, Inc.

All rights reserved. No part of this book may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the publisher.

For information:



Sage Publications, Inc.
2455 Teller Road
Thousand Oaks, California 91320
E-mail: order@sagepub.com

Sage Publications Ltd.
6 Bonhill Street
London EC2A 4PU
United Kingdom

Sage Publications India Pvt. Ltd.
M-32 Market
Greater Kailash I
New Delhi 110 048 India

Printed in the United States of America

Library of Congress Cataloging-in-Publication Data

The APSAC handbook on child maltreatment /
edited by John E.B. Myers [et al.].— 2nd ed.
p. cm.

Includes bibliographical references and index.

ISBN 0-7619-1991-0 — ISBN 0-7619-1992-9 (pbk.)

1. Child abuse—Handbooks, manuals, etc. 2. Child abuse—Prevention—
Handbooks, manuals, etc. I. Myers, John E. B. II. American Professional
Society on the Abuse of Children.

HV6626.5 .A83 2001

362.7'6—dc21

2001004082

02 03 04 05 10 9 8 7 6 5 4 3 2

Acquiring Editor: Nancy Hale
Editorial Assistant: Vonessa Vondera
Copy Editor: Gillian Dickens
Production Editor: Claudia A. Hoffman
Typesetter: Marion Warren
Indexer: Molly Hall
Cover Designer: Jane M. Quaney