Protecting Children through Mandated Child-Abuse Reporting

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Child abuse and neglect is one of society’s most insidious crimes. It robs children of their dignity and places them at great developmental disadvantage compared to non-abused children (Cicchetti and Toth 1995; Cicchetti, Toth, and Maughan 2000). The outcomes associated with child maltreatment are often so deleterious that the phenomenon has been aptly described as “soul murder” (Shengold 1989). Though child maltreatment has always existed, it was not until a 1962 landmark article on the battered-child syndrome that it was formally recognized as a significant social problem (Kempe, Silverman, Steele, Droegemueller, and Silver 1962). Since that time, both federal and state statutes have been established for the protection of children. Despite the creation of mandatory reporting laws, professionals who come into contact with children are often reluctant to report suspected child abuse (Kenny 2001; Reiniger, Robison, and McHugh 1995; Shoop and Firestone 1988). There are many reasons for this reluctance, including misunderstanding of the reporting laws, fear of making an inaccurate report, a poor impression of child protective services, fear that reporting will exacerbate an already tenuous situation, fear of legal retribution or retaliation, belief that “proof” is needed before a report should be made, and lack of understanding of what contributes to maltreatment (Hinson and Fossey 2000; Levin 1983; Shor 1997).

This reluctance is unfortunate because of the adverse impact that continued abuse and neglect has on the development of a child. These children often face difficulties...
with psychological, behavioral, cognitive, and academic development (Kendall-Tackett, Meyer, and Finkelhor 1993; Lamphear 1986; Oddone, Genuis, and Violato 2001). Lack of reporting also contributes to continued victimization by failing to acknowledge that a child may be at risk for further abuse (Gil 1996). In addition, failure to report suspected abuse is illegal and violates many professional ethical codes (Kalichman 1999; Myers 1986).

There is significant need for discussion of this issue as school professionals come in contact with children and likely have had very limited training in child maltreatment and the child-abuse reporting process (Kenny 2001; Pope and Feldman-Summers 1992; Wilson and Gettinger 1989). In providing a decision-making model, we hope to highlight possible indicators of abuse, an appropriate threshold for reporting, and what happens after a suspected-child-abuse report has been filed. We hope to help educators prevent further harm to children and serve as resources in their communities on this extremely important issue.

**Effects of Child Abuse and Neglect**

Compared with non-abused children, maltreated children are often found to have impairments in their psychological, behavioral, cognitive, and academic functioning (Kendall-Tackett and Eckenrode 1996; Kendall-Tackett et al. 1993; Oddone et al. 2001). These effects do not fit into discretely packaged categories; just as there is overlap among the types of maltreatment, there is overlap among effects of abuse (Cicchetti and Toth 1995; Oddone et al. 2001). Yet certain types of abuse may contribute to particular psychological, cognitive, and behavioral outcomes with greater frequency (Kendall-Tackett et al. 1993; Malinosky-Rummell and Hansen 1994).

Physically abused children often display a greater level of externalizing behavior problems (Malinosky-Rummell and Hansen 1994). These difficulties include noncompliance, increased tantrums, aggression directed toward peers and adults, poor peer relationships, emotional problems, and social-skills deficits as a result of social-cognitive processing distortions (Crick and Dodge 1994; Lamphear 1986; Wolfe 1999). Physically abused children also display less empathy, have a proclivity for substance abuse, and experience greater academic and legal difficulties (Eckenrode, Laird, and Doris 1993). Sexually abused children, on the other hand, have a high degree of internalizing problems and sexualized behaviors (Kendall-Tackett et al. 1993). Sexual abuse also fosters a high level of fears, posttraumatic stress disorder, depression/anxiety, and poor self-esteem (Browne and Finkelhor 1986; Oddone et al. 2001). Child neglect, the most prevalent form of maltreatment, is the least researched. There are several kinds of neglect: educational, emotional, and physical. Neglected children display characteristics consistent with physically abused children, including aggression, behavior problems, and poor social skills (Lamphear 1986). They are also at risk for low intelligence, cognitive dysfunction, increased school suspensions, more grade repetitions, language delays, and academic difficulties (Cahill, Kaminer, and Johnson 1999; Kendall-Tackett and Eckenrode 1996). Though child neglect seems less horrific than other types of maltreatment, and certainly receives less attention, the long-term consequences are just as devastating (Kendall-Tackett and Eckenrode 1996).

Overall, there is no defined post-child abuse syndrome, making it difficult to predict the precise outcome of maltreatment; however, maltreatment of any subtype may predispose a child to significant long-term psychological, behavioral, cognitive, and academic difficulties (Cicchetti and Toth
When the threshold of reasonable suspicion has been met, school professionals are legally required to report.

LEGAL REPORTING REQUIREMENTS

Mandatory reporting statutes in 49 states and the District of Columbia require the reporter to act on reasonable "suspicion of abuse" (Foreman and Bernet 2000). In most states, therefore, failure to report suspected child abuse carries both criminal and civil sanctions and could elicit charges that jeopardize professional licensure/certification (Myers 1998). Most school professionals attempt to comply with reporting requirements, but many may have difficulty discerning what constitutes reasonable suspicion (Hinson and Fossey 2000; Levin 1983; Wilson and Gettinger 1989). This difficulty may be related to either a lack of experience or lack of training in child maltreatment and abuse reporting (Pope and Feldman-Summers 1992). School professionals must become intimately familiar with the child-abuse reporting laws and requirements of their states. Free pamphlets that contain some of this information are available from respective state agencies. However, this information is often general and does not provide a sufficient background on child maltreatment. Most states establish minimal, and often ambiguous, guidelines describing when a report is required. Guidelines are left intentionally vague to elicit a report when the minimal threshold of reasonable suspicion has been met (Small et al. 2002). Unfortunately, this fluidity of interpretation is not without problems. Quite a number of mandated reporters lack a sufficient understanding of the signs and symptoms of child maltreatment, especially what might constitute reasonable suspicion (Hinson and Fossey 2001). The ability to distinguish reasonable from unreasonable suspicion is predicated upon an awareness of the indicators of child maltreatment. Lacking clinical experiences and advanced training in this area, school professionals may be ill prepared to recognize the signs of abuse and unable to navigate the nuances of child-abuse reporting (Hinson and Fossey 2001; Levin 1983; Wilson and Gettinger 1989).

REASONABLE SUSPICION

Despite considerable ambiguity regarding states' reporting requirements, the laws of most states are clear about one thing: the legal standard for reporting entails reasonable suspicion of abuse (Foreman and Bernet 2000; Kalichman 1999). California's statutory language is representative and helpful in understanding reason-
able suspicion. It states that "reasonable suspicion means that it is objectively reasonable for a person to entertain a suspicion based upon facts that could cause a reasonable person in a like position . . . to suspect child abuse." Though suspicion does not exclude subjective linkage of the facts presented, the suspicion must first be objective. When the threshold of reasonable suspicion has been met, school professionals are legally required to report. These professionals are not required to "prove" abuse, nor should they blur their professional boundaries by attempting to substantiate the probability of abuse through in-depth investigation (Kalichman 1999). When indicators of abuse accumulate, then a report might be needed.

There may be significant reluctance to report suspected maltreatment. For instance, some mandated reporters believe that Child Protective Services (CPS) creates more problems for the child (and the family) than it resolves (Grossoehme 1998). Failure to report due to this type of rationalization is illegal, ethically prohibited, and a violation of professional guidelines. School professionals are not afforded professional discretion and legal flexibility when a reasonable-suspicion threshold has been met (Myers 1986; 1998). Moreover, empirical evidence suggests that the outcome of CPS intervention may be less deleterious than commonly perceived. Watson and Levine (1989) suggested that families who experienced CPS investigations found these investigations to be generally positive rather than intrusive. Overall, school professionals are cautioned against any hesitancy when maltreatment is suspected. Conversely, school professionals are cautioned to avoid haste in reporting when the indicators of abuse seem unreasonable or based solely on a biased third-party account.

So what does it mean to suspect abuse reasonably? This phrase might have different meanings for different individuals. School professionals who have had specialized training providing services to maltreated children may have a different conception of reasonable suspicion than someone who has not benefited from such experience or training.

**INDICATORS OF MALTREATMENT**

There are many possible indicators of abuse, but no single sign necessarily substantiates its existence. Some maltreated children may exhibit a combination of these signs, while others exhibit none. Furthermore, children who have not been maltreated may exhibit some of the symptoms. As a general rule, the greater the combination of indicators of maltreatment, the more likely a reasonable suspicion threshold may have been met (Wolfe 1999).

Confounding this problem, child maltreatment and its associated effects do not necessarily fit into discrete categories. There is often overlap among both the types (i.e., physical or sexual) and the indicators (i.e., sexualized behavior or antisocial behavior) of maltreatment. Mandated reporters must remember that the existence of indicators of abuse does not bear a linear relationship with maltreatment (Wolfe 1999). In addition, there are often cultural differences that might be misconstrued as potentially abusive (Merali 2002; Sue and Sue 1999). These cultural factors must be considered, but they do not obviate one's legal and ethical obligation to report when maltreatment has been reasonably suspected. To help facilitate understanding of this complex topic, we must study abuse subtypes.

**Indicators of Physical Abuse**

Some signs of physical abuse are more obvious than others: bruise marks, scratches, welts, swollen limbs, marks from belts, and verbal disclosure of abuse. Other
Indicators of sexual abuse are subtle: aggression, emotional distress, and externalizing behavior. The threshold for reporting suspected physical maltreatment might be met when a caregiver physically disciplines a child and leaves a mark or bruise (Kuest and Winter 2000). At times, adults who are investigated in this scenario may claim that the marks or bruises were accidental and related to the child falling or slipping. This is a common and plausible explanation; however, accidental marks generally occur in specific areas of the body (e.g., knees, chin, rear end). On the other hand, patterned marks in more obscure areas of the body should raise suspicion (e.g., back, side of face, shoulders) (Monteleone 1994). There are also more subtle signs of physical abuse that should be noted but not necessarily reported. A sudden onset of academic or social problems at school, extreme submission or aggression when reprimanded, hypervigilance while around perceived threatening situations, and fear of adults should be noted. Furthermore, the use of coercive parenting practices by caregivers or coercive interactional styles by children should also raise suspicion in mandated reporters. This hypothesis is consistent with a social information-processing model; the child learns abusive tendencies from the caregiver and internalizes coercion as a style of relating (Crick and Dodge 1994).

Indicators of Sexual Abuse

Outside of verbal disclosure by a child and an evidentiary exam by a physician or nurse (usually within 72 hours), sexual abuse of children is much more difficult to substantiate (Ferrara 2002). Maltreated children often recant stories of abuse (Perlis 1999; Sorenson and Snow 1991), which often causes mandated reporters to hesitate filing a CPS report (Zellman 1992). Despite recantations, follow-up investigators often substantiate the disclosure of abuse (Jones and McGraw 1987). Fewer than 10 percent of children who report abuse make false allegations (Everson and Boat 1989). Therefore, school professionals should not be dissuaded from making a report when a child recants his or her allegation of maltreatment.

Additional signs of possible sexual abuse in children include sexualized behavior that may manifest as sexual acting out with peers, simulated intercourse, inappropriate sexual talk, developmentally advanced knowledge of adult sexual practices, or sexual self-stimulation (Browne and Finkelhor 1986; Ferrara 2002). Some sexually abused children may also display homophobic concerns as well as inappropriate interpersonal boundaries, including touching peers and adults in a sexualized manner (Sebold 1987). Other possible indicators include sexualized play with dolls, sexualized drawings, and incontinence (Monteleone 1994). Adolescents might present sexually provocative behavior or dress (Ferrara 2002). In both children and adolescents, anal or vaginal discomfort, or expression of angst surrounding situations that trigger memories of the sexual abuse, may also point to possible abuse.

Indicators of Neglect and Emotional Abuse

Neglect is the most prevalent form of child maltreatment, and there are several kinds: educational, emotional, physical, and medical (Dubowitz, Black, Starr, and Zuravin 1993). Educational neglect includes failure to assure that children attend schooling on a regular basis. Physical neglect often includes failing to provide appropriate food, shelter, and clothing for a child. It might also include allowing a child to be dirty and hungry continually. Emotional neglect might include extreme detachment from a child, leaving the child unsupervised or devoid of development-
tally appropriate nurturing. Allowing a child to engage in adult-like activities prematurely (e.g., permitting a child to consume significant quantities of hard alcohol at age 11) might also raise suspicion of caregiver neglect. Medical neglect includes the failure to provide children with needed medical or dental services.

Emotional abuse includes chronic, intense, and inappropriate criticism or rebuke of a child (McGee and Wolfe 1991). It might also include excessive or inappropriate criticism and deprecating caregiver tendencies directed at the child, such as derogatory name-calling and humiliation. Psychologically terrorizing a child should also be construed as emotional abuse. Finally, exposure to caregiver domestic violence or substance abuse might also raise suspicion of maltreatment. Many children placed in protective services have caregivers involved in substance dependence, a situation that should be avoided (Wolock and Magura 1996).

Uncertainty about the Threshold

At times, a school professional may be uncertain over whether sufficient information exists to file a CPS report. When this situation arises, he or she may consult with a colleague knowledgeable about child maltreatment. This person may be a school mental-health professional (e.g., school psychologist, counselor, or social worker). The most appropriate course of action, however, may be to contact CPS, requesting feedback as to whether or not a mandated report is indicated (Kuest and Winter 2000). Most of the time, CPS is knowledgeable about these matters and will assist the school professional. This way, the school professional is legally protected, ethically grounded, and may prevent further harm to the child.

School professionals should be aware that CPS recommendations supersede the advice or recommendations given by a supervisor, principal, or colleague. Even when the mandated reporter is an intern/student teacher or works in a school that requires the principal to file a CPS report, the mandated reporter has a legal obligation to report, that is separate. It supersedes any school policy or obligation to a supervisor/principal who might have a different (and perhaps uninformed and/or political) perspective (Kalichman 1999; Kalichman and Brosig 1993). When uncertain, a school professional should contact CPS and request feedback detailing what steps should be taken. If a report is made in good faith, then the school professional is generally immune from criminal and civil sanctions (Hinson and Fossey 2000). On the other hand, every state, save four, imposes criminal penalties on mandated reporters who fail to report suspected child maltreatment (Pence and Wilson 1994). Furthermore, child-abuse reporting procedures vary depending on the relationship between the child and suspected abuser. If the alleged abuser is thought to be the child’s caregiver or legal guardian, then a report is made to CPS. If the alleged abuser is someone other than the child’s caregiver or legal guardian (e.g., friend or relative), then law enforcement should be contacted (Pence and Wilson 1994). Either way, the school professional can gain procedural clarity through a phone call to CPS.

What to Include in a Report

When compiling information for a report, the educator must be cautious about crossing professional boundaries by assuming an investigative role. This role is outside the scope of the school professional’s ethical and legal mandate (Kalichman 1999; Kuest and Winter 2000). The threshold for reporting is reasonable suspicion. Thus, the school professional should not seek irrefutable evidence before making a report.

The Educational Forum • Volume 67 • Winter 2003
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Information provided in a report might include the following, if available (Kuest and Winter 2000):

- who (e.g., information about the perpetrator and anyone else who may have either witnessed the event or be at risk for maltreatment, including siblings);
- what (e.g., information about the nature of abuse);
- when (e.g., details describing when the abuse occurred and how many times it occurred, and where it usually occurs); and
- where (e.g., on what part of the body abuse was perpetrated and where the abuse took place).

Furthermore, it may be prudent to allow CPS to begin its investigation prior to informing the alleged perpetrator of a possible investigation. Premature notification risks further harm to the child, as the perpetrator may use coercive means to conceal the maltreatment. Once an investigation has been initiated, then the mandated professional should consider, on a case-by-case basis depending upon the nature of the relationship between the professional and alleged perpetrator and the nature of the maltreatment, whether to inform. A professional’s mandated report is kept confidential by CPS, though caregivers may be able to discern who filed the report (Kalichman 1999).

**WHAT HAPPENS AFTER THE REPORT?**

Following a mandated report, CPS will decide whether a child is in imminent risk of further maltreatment (Kuest and Winter 2000). If so, then CPS may act immediately by removing the child from the home and placing the child in protective custody. Otherwise, CPS will decide whether or not to investigate. If CPS decides not to investigate, the information provided will be retained in a file by the agency in the event of future allegations. If CPS decides to investigate, then a trained worker will visit the parties involved within 24 to 48 hours and make a preliminary determination of whether the child is at risk for continued maltreatment (Kuest and Winter 2000). The determination might include removing the child from the current placement or providing intervention services to the family while maintaining the child’s current placement. CPS does not automatically remove a child from caregiver custody unless the child’s safety or life is in danger. CPS is usually interested in preserving the family structure and should attempt to do so if that approach is in the best interests of the child (Kalichman 1999).

**SUMMARY AND RECOMMENDATIONS**

Child maltreatment deserves greater attention among school professionals. Long-term consequences can be devastating, so school professionals must seriously consider implementing some reforms. First, teachers, principals, and school psychologists would benefit from additional training and education in the area of child maltreatment and mandated reporting. This article might serve as an initial step in that process. More in-depth training may come about through workshops or in-service presentations from experts knowledgeable about both school systems and the child-
welfare system. Such training must raise awareness of the adverse impact of maltreatment and therefore the protective features of mandated reporting. Generally speaking, mandated reporting should be viewed positively rather than negatively, as it is in the best interest of children. An additional subset of this education should focus on increasing awareness of the indicators of maltreatment, which could provide school professionals with a more thorough understanding of the nuances of reasonable suspicion and place them in a better position to protect children. Training of this nature would also attempt to instill the understanding that, when uncertain about reporting obligations, the school professional should contact child protective services requesting guidance. Finally, training should foster an understanding of the legal requirements to report maltreatment, an awareness of liability and criminal sanctions for lack of reporting, and an awareness that the mandated reporter is generally immune from liability when a report is made in good faith.

Along with training for all school professionals, there is a need for increased support from the school district’s administration. As a result, it might be prudent to establish a district-wide policy for mandated child-abuse reporting. This might include the creation of explicit policies or protocol, containing such information as what to do during normal as well as emergency situations and who within the school should be aware of a report once filed. These mandated reporting policies/protocol should also be clearly communicated to caregivers/legal guardians of children. This communication will demonstrate support for school professionals by making explicit rather than leaving tacit the recognition of the deleterious impact of maltreatment for children and the obligation of the school professional to report when maltreatment has been reasonably suspected.

School professionals and systems ought to provide to caregivers at risk for child abuse a list of community resources for effective parenting. This will indicate an interest in supporting rather than policing caregivers’ parenting practices and may offset a possible perception that schools function as a quasi-official law enforcement agency.

Finally, schools and the local CPS agency must increase collaboration. The CPS agency may then be able to assist in training via workshops and in-service presentations regarding mandated reporting. CPS may also be able to provide a directory of preventative community resources for effective parenting. This collaboration will facilitate an open forum between two intertwined yet autonomous systems that share a common purpose: ensuring the well-being of children in our society.

For a table listing Indicators of Child Maltreatment, please go to KDP Online at http://www.kdp.org/publications/forum_W03_Dfigures.html.
REFERENCES


They cry in the dark, so you can't see their tears
They hide in the light, so you can't see their fears
Forgive and forget, all the while
Love and pain become one and the same
In the eyes of a wounded child
Because Hell
Hell is for children

—Pat Benatar
U.S. singer/songwriter, 1953–