Child Maltreatment: Reporting (United States)

What Is Involved in Reporting Child Maltreatment in the United States?

› Reporting child maltreatment involves notifying child protective services (CPS) agencies and/or law enforcement officials of suspected or known maltreatment of a child
  • What: Most states in the United States recognize four forms of child maltreatment: physical abuse, sexual abuse, psychological/emotional maltreatment, and neglect (U.S. CDC, 2020a). A maltreated child may be subjected to one or more of these forms of maltreatment. (For more information on child maltreatment, see the series of Quick Lessons and Evidence-Based Care Sheets on child maltreatment)
  • How: Referrals of suspected or known cases of child maltreatment to CPS agencies are made by calling the agency and faxing or mailing a copy of the written report documenting suspected mistreatment
  • Where: Victims of child maltreatment may be seen in a variety of settings, including but not limited to educational, recreational, and healthcare settings
  • Who: Signs of maltreatment may be detected by parents, teachers, childcare providers, healthcare workers, or other persons who have contact with children. In the United States, professionals who work with children are mandated reporters of child maltreatment (Child Welfare Information Gateway, 2019). The identity of the reporter typically is protected by applicable laws

What Is the Desired Outcome of Reporting Child Maltreatment in the United States?

› Prompt reporting of child maltreatment according to state, local, and facility regulations/protocols promotes the immediate safety of the child and prevents recurrent maltreatment
› Reporting child maltreatment also provides an opportunity for rehabilitation of the adult abuser

Why Is Reporting Child Maltreatment in the United States Important?

Failure to report cases of suspected or known child maltreatment places the child at risk for continued maltreatment, with potentially serious physical and psychological consequences. Maltreated children are at increased risk for depression, anxiety disorders, substance abuse, eating disorders, cognitive disorders, criminal behavior, high-risk sexual behavior, poor impulse control, and suicide. Maltreatment also can result in permanent disability or death.

Facts and Figures

› In 2018, an estimated 4.3 million referrals of suspected child maltreatment involving approximately 7.8 million children were received by CPS agencies in the United States (U.S. Department of Health and Human Services, 2020)
  • Most referrals of suspected child maltreatment were made by teachers or other education personnel (20.5%), law enforcement and legal personnel (18.7%), social services staff (10.7%), medical professionals (9.6%), and mental health professionals (5.9%)
  • Of these 4.3 million referrals, 2.4 million met the agency’s criteria for child maltreatment and received a response from CPS
CPS investigations determined that 678,000 of these children were victims of child maltreatment, with some victims experiencing multiple types of maltreatment. The types of maltreatment were categorized as follows: neglect only, 60.8%; physical maltreatment only, 10.7%; and sexual maltreatment, 7.0%.

Younger children are the most vulnerable to maltreatment: in 2018, 28.7% of maltreatment victims were under the age of 3. Infants and toddlers with delays and disabilities are also vulnerable to maltreatment (Corr et al., 2019).

Adolescents typically make up a much smaller proportion of maltreatment reports and their experience of maltreatment can be very different from that of younger children. Risk factors of having a young mother and previously indicated maltreatment remain consistent regardless of age. However, researchers in one study found that physical abuse was more common for adolescents than for young children and that adolescents were also referred more frequently for sexual abuse than younger children were. CPS involvement was 65% more likely to occur with adolescents when sexual abuse was a component of the report (Raissian et al., 2014).

In 2018 an estimated 1 in 7 U.S. children experienced maltreatment and nearly 1,770 died of abuse or neglect (CDC, 2020b).

In a survey of child-serving adults, 61% of respondents expressed the need for more information about CPS investigation criteria and reporting processes (e.g., shorter wait times when calling state hotlines) (Walsh & Jones, 2015b).

Non-White children, and particularly Black children, are disproportionately represented in the child welfare system, beginning with reporting of maltreatment. Research has not clearly established the reason for racial disparity in child welfare; theorists hypothesize that this difference may be due to bias in reporting as a result of higher visibility (i.e., frequent use of public services that bring the family in contact with mandated reporters), labeling bias (i.e., an increased likelihood that reporters look for instances of maltreatment in a particular group), reporting bias (i.e., cases that are otherwise identical end up being reported differently because of racial or other bias), and/or disparities in poverty rates.

Of children identified as victims of child maltreatment in 2018, 44.5% were White (8.1 per 1,000 White children in the population), 22.6% (8.0 per 1,000) were Hispanic, and 20.6% (13.9 per 1,000) were Black (U.S. Department of Health and Human Services, 2020).

In a study, investigators found that educational personnel disproportionately reported Black children to CPS, and disproportionality in reporting was greater among educational personnel than among other categories of reporters (e.g., law enforcement, medical personnel) (Krase, 2015).

Researchers analyzing rates of child maltreatment reports in counties across the United States found that for both Black and Hispanic children there was an association between disparity in maltreatment and disparity in poverty. Disparity in maltreatment reports was highest in heavily populated urban areas, but was also elevated in rural areas (Maguire-Jack et al., 2015).

### What You Need to Know Before Reporting Child Maltreatment in the United States

The U.S. Child Maltreatment Prevention and Treatment Act (CAPTA) defines maltreatment as “any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual maltreatment, or exploitation, or an act or failure to act which presents an imminent risk of serious harm” (U.S. Department of Health and Human Services, 2019).

47 U.S. states, the Virgin Islands, Puerto Rico, Guam, Northern Mariana Islands, American Samoa, and the District of Columbia have enacted mandatory reporting laws that require healthcare, education, and social services professionals to report suspected or known child maltreatment (Child Welfare Information Gateway, 2019). Persons considered mandated reporters include:

- healthcare clinicians, including social workers, nurses, and physicians
- medical examiners
- coroners
- mental health professionals
- dentists and dental hygienists
- teachers and school personnel
- counselors and school social workers
- school coaches
- law enforcement officers
- childcare providers

CAPTA legislation requires mandatory reporting to CPS by healthcare providers and court personnel of newborns affected by prenatal substance exposure. However, researchers found that many healthcare professionals (82%) and juvenile court personnel (71%) are unaware of CAPTA reporting requirements (Chasnoff et al., 2018).
In eighteen states (Delaware, Florida, Idaho, Indiana, Kentucky, Maryland, Mississippi, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, Oklahoma, Rhode Island, Tennessee, Texas, Utah, and Wyoming) and Puerto Rico, universal mandated reporting laws require that all adults report suspected maltreatment (Child Welfare Information Gateway, 2019). The identity of the reporter can affect the likelihood that the report will be substantiated. Law enforcement personnel, medical professionals, and public agency workers have the highest rates of substantiation when compared to other mandated reporters and non-mandated reporters. Reluctance to report maltreatment can have serious consequences for a child who lives in an unsafe situation, underscoring the critical need for education of professionals regarding their responsibilities for reporting. Failure to report child maltreatment can also lead to legal action, including fines, incarceration, or limitations on or revocation of professional licenses.

- One possible reason for reluctance on the part of professionals to report child maltreatment is lack of training and knowledge about their legal obligations and the procedures for reporting.
- Negative perceptions of CPS and concerns that making a CPS report would not help the family can also influence the decision to report suspected maltreatment.
- In addition, healthcare providers, educators, and social service providers may believe that their professional relationship with the child or family will be strained if they report their suspicions and that they can help the family more by working with them rather than reporting the maltreatment.

In most states, CPS has the primary responsibility for receiving reports and investigating cases that meet agency criteria. Other states require that reports be made to either CPS or law enforcement as well as other agencies dedicated to the receipt and investigation of maltreatment of at-risk individuals. Some laws require that severe types of maltreatment (e.g., sexual maltreatment or severe physical maltreatment) be reported to law enforcement in addition to CPS.

- Reports of suspected maltreatment are required by law in most states to be made immediately after the maltreatment has become known to protect children from potentially serious consequences caused by delays in reporting.
- Most states allow anonymous reporting, but it is preferred that reporters provide their name and contact information in case additional information is needed.
- State laws protecting the legal confidentiality of attorney–client, clinician–patient, and husband–wife communications are usually voided in instances of child maltreatment. Laws provide legal protection of professionals who report child maltreatment.

State systems may be centralized (i.e., all maltreatment reports for the state are received by one intake unit), decentralized (i.e., maltreatment reports are received by local units), or hybrid (i.e., maltreatment reports may be received by both state and local units).

- Centralized intake units have been found to screen in an average of 10% more referrals than decentralized or hybrid intake units, which may be due in part to local units’ taking current workloads into consideration. Decentralized units also have lower rates of substantiating reports (Steen & Duran, 2014).

Preliminary steps before reporting child maltreatment include the following:

- Review agency/facility protocol for reporting child maltreatment, if available.
- Review legal process for reporting suspected maltreatment.
- Notify supervisor of suspicion of possible maltreatment.
- If within a medical setting, review the client’s medical history with another member of the medical team such as a nurse, nurse practitioner, physician assistant, or physician for any previous injuries consistent with child maltreatment.

Social Work Responsibilities With Regard to Reporting Child Maltreatment in the United States

Social workers should be aware of their own cultural values, beliefs, and biases and develop specialized knowledge about the histories, traditions, and values of their clients. Social workers should adopt treatment methodologies that reflect their knowledge of the cultural diversity of the communities in which they practice.

Internationally, social workers should practice with awareness of and adherence to the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Statement of Ethical Principles, as well as the national code of ethics that applies in the country in which they practice (IFSW, 2018). For example, in the United States, social workers should adhere to the National Association of Social Workers (NASW) Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence; and become knowledgeable of the NASW ethical standards as they apply to reporting child maltreatment (NASW, 2015).
Immediately notify a supervisor, clinician, and/or facility administrator of the need to report a child maltreatment case

- Other expert facility resources that can be contacted include representatives from the risk management/legal department or professional peers

Collaborate with team members, supervisor, the risk/legal department, and/or administration to gather as much information as possible and complete a report. The more information provided, the better. Reports can contain the following information, if available:

- The name, age, sex, race, Social Security number, and home address of the child
- The name, home address, race, and Social Security number of the parent or other person(s) responsible for the child’s care
- The child’s whereabouts
- The parents’ whereabouts
- The person alleged to have caused the child’s condition and his/her whereabouts
- Description of the family, including the presence of other children in the home
- Language spoken by the child and the child’s caretaker
- The type and nature of the maltreatment, including the length of time it has taken place and whether it has increased in severity or frequency
- In cases involving suspected non-accidental injury, detailed history given by child and parents/caretakers regarding the injury, including what led up to it, how it occurred, timing, location, and explanation for any delay in seeking care for the child
- Your name, address, phone number, profession, and relationship to the child

Notify a CPS agency and/or other designated agencies required by state/local laws within the legally mandated time frame (usually immediately or within up to 24 hours after learning about the suspected maltreatment) by calling the local child maltreatment hotline; a written report is usually required within 48 hours

Notify CPS and/or a law enforcement agency immediately in cases of severe injury and suspected sexual maltreatment

Document the following information in the child’s medical, school, or service record:

- Date and time the report was made
- Recipient of the report
- Signs and symptoms suggestive of child maltreatment
- Statements made by child, parent/caregiver, and/or witnesses regarding suspected maltreatment
- Care team involved in the decision-making process
- Any patient/family education

Other Interventions That May Be Necessary Before, During, or After Reporting Child Maltreatment in the United States

- After reporting child maltreatment, in some severe cases a security presence may be requested by CPS or the police if the child requires continued protection until CPS or the police arrive
- In such circumstances, provide reassurance of safety to the child and ensure continuity of care by providing emotional support and supervision
- The child and/or family will be referred to social services, psychiatric care, and/or other family and social support services, as appropriate
- The child may be removed from the home by social services if maltreatment is confirmed and thought to be perpetrated by a member of the child’s household
- Other family members (e.g., siblings) may be evaluated for signs of maltreatment

What Social Work Models Are Used With Reporting Child Maltreatment in the United States?

- Social workers use an ecological model to assess whether a child is being maltreated
  - The social workers examine various factors that may place a child at risk for maltreatment, such as family history of abuse, economic stressors, and history of CPS involvement
- Procedural models may vary from facility to facility; social workers need to be familiar with the procedures and process for reporting maltreatment within their own agency and practice jurisdiction (e.g., state-specific requirements)
- Specific models of cross-reporting information of suspected child abuse or neglect vary from state to state. Information sharing between agencies typically includes CPS, law enforcement, and the prosecutor’s office (Child Welfare Information Gateway, 2016)
Social workers are trained to assess and treat clients using an ecological perspective that encompasses complex interactions of individual, social, and transpersonal factors that impact children and their families, leading to the development of appropriate family-centered services and supports. A complete assessment of each family member is helpful to understand the extent and nature of the effect the maltreatment has had on the family and its impact on other life areas. The assessment is essential for careful diagnosis, appropriate case management, and successful intervention.

Red Flags

Universal mandated reporting, whereby all adults are considered mandated reporters, was not found to have a significant effect on the rate of reports in one study (Krase & DeLong-Hamilton, 2015). Researchers in another study reported that universal mandated reporting was associated with an increase in the number of confirmed cases of neglect, but suggested that it may also lead to large numbers of unsubstantiated reports that overburden the child welfare system (Palusci & Vandervort, 2014). Expanding the number of mandated reporters may increase the number of reports, but may not increase the identification of children at risk of maltreatment (Raz, 2017).

Investigators in a South Carolina study reported that dissemination of a child sexual abuse prevention program was associated with an increase in CPS referrals in targeted communities (Letourneau et al., 2016).

In a survey of adults in a state with universal mandatory reporting laws, 39% did not know they were legally required to report suspected child abuse and 61% were not aware they could be charged for not making a report if they suspected maltreatment. A substantial portion of respondents (53%) did not believe making a CPS report would help the child (Walsh & Jones, 2015a).

Children aged 2 to 17 years old with clinician-reported maltreatment were found to have increased likelihood of psychotropic medication use. Social workers with child or adolescent clients with maltreatment indicators who are taking psychotropic medications need to be alert to maltreatment and its effect on treatment planning for these clients (Burcu et al., 2014).

Training is recommended for healthcare, education, and social services professionals to strengthen reporting skills, including enhanced knowledge of statutory definitions of child maltreatment and self-monitoring of potential bias in reporting.

- In-service trainings that bring CPS and healthcare, education, and social services staff together can be a vehicle for increasing professionals’ understanding of child maltreatment, reporting procedures, and CPS protocols as well as enhancing collaboration between CPS and other professionals.

Making a report of child maltreatment can give rise to a range of emotions in the reporter, including uncertainty, anxiety, anger, and remorse. Support from peers and administration can play an important role in helping the individual making the report to process and manage his or her emotional reaction (Bell & Singh, 2017).

Making a report of suspected child maltreatment is important not only for the health and safety of the child, but also because exposure to trauma, particularly during early childhood, impacts the architecture of the developing brain and adversely affects children’s developmental trajectories, altering their biological, psychological, cognitive, and social development (Nemeroff, 2016; John et al., 2019).

What Do I Need to Teach the Client/Client’s Family?

- Explain that child maltreatment reporting is mandatory in suspected maltreatment cases.
- Educate the family about social services and professionals available within their community to help and support families to prevent maltreatment and neglect.
- Explain to parents/guardians that failure to provide medical care, including routine care, is a form of child neglect.
- Explain the importance of keeping follow-up medical and social services appointments to allow ongoing support of the family and to monitor the physical and psychological health of the child.

References


