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The process and consequences of reporting child maltreatment: A brief overview for professionals in the mental health field

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Abstract

Although it has been more than three decades since the Child Abuse Prevention Act was passed, mandating professionals to identify suspected cases of child maltreatment to protect children, professionals remain hesitant in their reporting of this severe problem. One of the primary reasons professionals fail to report child maltreatment is unfamiliarity with the reporting process. Indeed, most professionals are inadequately trained to diplomatically make these reports, and some fail to report because they fear negative consequences for themselves, the alleged victim, and victim's family. Failing to report child maltreatment is associated with greater risk of future child maltreatment; therefore, this paper reviews child abuse and neglect reporting procedures, while emphasizing consequences that may occur for all involved parties. Methods of preventing negative consequences in this process are underscored, including recommendations for future research in this area.
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1. Introduction

Perhaps one of the more difficult issues faced by professionals, especially those in the mental health field, is that of reporting suspected child maltreatment. Despite being legally mandated to do so, many professionals often fail to report suspected cases of child maltreatment (Bavolek, 1983; Faller, 1985; Hinson & Fossey, 2000). Indeed, Brosig and Kalichman (1992) found that approximately 40% of 3000 mental health professionals surveyed failed to report suspected abuse during their professional careers. This failure is often due to, or exacerbated by, lack of knowledge and skill of the process of reporting child abuse and neglect (Abrahams, Casey, & Daro, 1992; Bavolek, 1983; Baxter & Beer, 1990).

In this review, we will fully describe the process involved in reporting child maltreatment to authorities, as well as its resulting outcomes. The review will include an empirical depiction of what specific circumstances require mandated reporting, legal liabilities relevant to failing to report, administrative procedures involved in the initiation of oral and written reports, and issues that are often involved when making reports [e.g., deciding when to involve significant others in the reporting process, balancing institutional requirements with state mandates, role of court, law enforcement, and Child Protective Services (CPS)]. Likely outcomes of reporting child maltreatment will also be underscored, including risk of further

child maltreatment, custody changes, intervention and prevention services, and judicial proceedings. Whenever possible, empirically based methods of preventing negative consequences of reporting child abuse and neglect will be presented.

2. Mandate

Mandated reporting of suspected cases of child maltreatment by professionals was prompted by the Child Abuse Prevention and Treatment Act (CAPTA, P.L. 93-247) of 1974. This act required state legislatures to address child maltreatment prevention to qualify for federal assistance programs. As a result, the majority of state legislatures adopted federal requirements which included (1) coverage for all children under 18, (2) coverage of mental and physical injury, (3) abuse and neglect reports, (4) record confidentiality, (5) legal immunity for reporters of abuse and neglect, and (6) appointment of a guardian ad litem for children whose cases are adjudicated by the court (Brieland & Lemmon, 1977). In 1988, CAPTA was amended directing the Department of Health and Human Services to establish a program for collecting and analyzing national data relevant to child abuse and neglect reporting practices (U.S. Department of Health and Human Services, 2003). Eight years later, in 1996, CAPTA was amended to require all states receiving funds from the Basic State Grant program to provide specific data on children who had been maltreated to the Department of Health and Human Services (U.S. Department of Health and Human Services, 2003).

In the initiation of a report of suspected child maltreatment, many factors need to be considered. First, the child victim's age must be taken into account. If the victim is 18 years of age or older at the time disclosure is made, the mandatory reporting requirement is inapplicable in most states (Agatstein, 1989). Second, no state requires that the reporter demonstrate proof that abuse or neglect has occurred prior to making the report, as the professional need only suspect, or have reasonable cause to believe abuse has occurred (Burns & Lake, 1983; Sussman, 1974; Wagner, 1987). "Reasonable suspicion" occurs when "it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse" (California Penal Code 11166[a]). In deciding if a suspected incident warrants a report, colleagues should be consulted whenever possible (Ney, 1995). However, it should be mentioned that perceptions of need to consult with a colleague may confirm suspicion, and therefore dictate a report (Remley & Fry, 1993), and delaying the report to gather more evidence is beyond the role and legal duty of the clinician (Kalichman, 1999). Only when the professional is convinced without a doubt that no abuse occurred should the decision be made not to report (Remley & Fry, 1993). Such decisions not to report should be thoroughly documented by the professional (Besharov, 1990), including the specific circumstances that support why the report was not made. Many states will now accept reports of maltreatment even when the reporter has not seen the child firsthand (Kalichman, 1999). Therefore, if one suspects maltreatment, a report should be made (Harper & Irvin, 1985; Spencer, 1996).

3. Legal liability

Mandated reporters might be concerned about potential legal repercussions of reporting suspected child maltreatment. However, all 50 states, as well as the District of Columbia, provide immunity to professionals who report abuse, or suspected abuse, with honesty and in good faith (Beezer, 1985; Nalepka, O'Toole, & Turbett, 1981). Good faith is defined as the absence of malicious intent (Kalichman, 1999). Along these lines, Besharov (1994) emphasized that regardless of weak evidence for reporting, as long as reporters are acting in good faith, they face no liability in reporting.

Although the reported is not liable for errors in the identification of child maltreatment when acting in good faith, anonymous reports are accepted by all states to facilitate suspected cases of child maltreatment (Besharov, 1990). Approximately 14% of all reports are made anonymously (U.S. Department of Health and Human Services, 2003). However, anonymous reports may be more thoroughly scrutinized, as reports from identified mandated reporters have shown considerably greater substantiation rates. Practitioners and other mandated reporters should also understand that providing their name when making a report documents their compliance with the law, and therefore removes the threat of penalty for failure to report. Moreover, perpetrators of alleged abuse incidents often are able to identify who makes these anonymous reports, which may lead to problems, as discussed below.

4. Reporting procedure

4.1. Reporting requirements

Nearly all 50 states require an immediate oral report often followed by a written report to the designated authorities (Heymann, 1986). The purpose of the oral report is to facilitate immediate protective action should the child's life or health be in danger (Meriwether, 1986). Recipients of reports are typically designated by individual state law and generally include one or more of the following agencies: Department of Social Services, Department of Human Resources, Division of Family and Children's Services, CPS, and the local police department (Koralek, 1992). Generally, professionals may report to CPS, which in most states maintains a toll free, 24-h telephone hotline dedicated to receiving maltreatment reports. This number is often listed at the front of the telephone directory. If the child is believed to be in immediate danger, local law enforcement should be contacted. In smaller, rural communities, law enforcement may receive the calls after hours and then refer emergencies to the "on-call" CPS caseworker (U.S. Department of Health and Human Services, 1992a, 1992b). Some states rely solely on law enforcement for handling after-hour emergency calls. A few CPS agencies contract with private agencies to handle these after-hour calls (U.S. Department of Health and Human Services, 1992a, 1992b).

When a call is reported, the agency worker will typically record relevant information to determine if the case will need to be investigated (Kemp, 1998). The mandated professional

should attempt to solicit the agency representative's identification number or name, and subsequently record this information in their professional records. The latter technique will assist in documenting that the mandated call was, indeed, performed.

4.2. Caregiver involvement

After deciding to report maltreatment, the professional must determine if caregivers should be involved in the reporting process. The current literature presents conflicting views on this topic. The most frequent justification for not involving caregivers is a fear that doing so will result in further harm to the child (Racusin & Felsman, 1986). For instance, many professionals believe that the child will be at greater risk for injury or that the abuser may flee with the child should he or she become aware that a report is being made. However, parental anger, isolation, confusion, and guilt will likely be greater for caregivers who later discover a report has been made without their being informed (Racusin & Felsman, 1986). To reduce risk of parental anger, mental health professionals should be certain to discuss confidentiality, as well as its limits (i.e., child maltreatment), at the outset of the therapeutic relationship (Kenny, 1998). Moreover, some believe that the reporter has a responsibility to inform clients of the possible consequences of such a report and their rights, obligations, and alternatives (Bromley & Riolo, 1988).

When a decision is made to involve caregivers in the reporting process, the empirically derived guidelines developed by Donohue et al. (2002) may be utilized to inform non-perpetrating caregivers of the intent to report. In their method, the nonperpetrating caregiver is systematically informed of the reporting process, including potential consequences, opportunities to discuss the suspected maltreatment with the CPS hotline representative, and methods to assure safety for the child victim and family. Clearly, whether to involve caregivers is a difficult decision and is perhaps best made on a case-by-case basis utilizing the reporter's professional judgment. Involvement of perpetrators in the reporting process is less clear, as empirical studies have yet to be conducted in this area.

4.3. Written report

Written reports generally provide greater detail of the suspected abuse or neglect and are submitted within 1–7 days (Heymann, 1986). The written report may occur subsequent to the oral report, or may be substituted for an oral report. However, the written report must be received within the same time constraints as the oral report (i.e., usually within 24 h of first suspecting abuse). What to include in a written report of child maltreatment may also serve as a concern for mandated reporters. To ease this process, most states as well as some local school districts provide a reporting form for suspected child abuse and neglect (Shanel-Hogan & Jarrett, 1999). In general, information required includes the child's name, age, and address; the parent's name and address; the nature and extent of the injury or condition observed; prior injuries and when observed; and the reporter's name and location (Meriwether, 1986). It is important that the reporting professional document the case accurately and avoid interpretations or judgments (i.e., report information verbatim; Berliner, 1993). The written report

also provides an opportunity to volunteer information relevant to the safety of the child. For instance, information about the perpetrator's history of violence, emotional state, and knowledge of the report, could be emphasized, including extenuating circumstances that might be valuable for the investigator.

4.4. Institutional requirements

Institutions may implement additional reporting requirements. For example, local school board policy may specify that parents be notified when a school official has reported a case of suspected maltreatment (Remley & Fry, 1993). A particular staff member, often the principal, is often given this responsibility. Some schools have institutionalized the process of reporting such that there is an individual (usually a principal or school counselor) who is designated to make the report (Horton & Cruise, 2001). However, reporters should also be aware that institutional polices, such as these, may not be ideal, and may in fact be in opposition to the law. For instance, if the designated reporter never makes the report, the individual who initially suspected abuse is still liable for the failure to report. Institutional procedure may additionally require that a written report of suspected abuse be filed centrally with administrative staff (Remley & Fry, 1993). Procedures for record keeping and destruction may be specified, or a program coordinator may be assigned this responsibility. Thus, mandated reporters must be cognizant of institutional policies pertaining to the reporting of child maltreatment, and implement their specific institution's policy while abiding state laws. However, the individual who initially suspected abuse is permitted by law to report additional information to the appropriate agency (i.e., usually CPS or police department), and is certainly free to record notes that are relevant to the suspected abusive situation. These notes are particularly important when disagreements arise.

4.5. Report screening

It is unlikely that reports of child maltreatment made to CPS will be accepted for further investigation and subsequently founded for abuse (Giovannoni, 1995; Kalichman & Brosig, 1992; Tatara, 1991). Indeed, 33% of abuse reports that are made by telephone to CPS agencies are determined to be unworthy of subsequent investigation, and only 27% of those investigated have been found to be "substantiated" (U.S. Department of Health and Human Services, 2003). Moreover, 25% of child protection agencies screen out cases due to incomplete information, 43% screen out cases with an unnamed perpetrator, and 50% screen out reports lacking details concerning the specific acts of abuse (Wells, Stein, Fluke, & Drowning, 1989). Additionally, a majority of states screen for frivolous reports, those not constituting as abuse, or those based on speculation or secondhand knowledge (U.S. Congress, 1987). Screening may be beneficial, resulting in less unsubstantiated reports, and decreased resource dedication to inappropriate reports (Besharov, 1987). Alternatively, less severe cases may not receive attention as a result of screening (Zellman, 1992; Zellman & Antler, 1990). Thus, reporters may fail to report less severe cases fearing they will not be accepted and addressed.

4.6. Risk assessment

CPS workers have the responsibility of determining how to proceed following a determination of child maltreatment. A determination of risk is necessary as most departments are forced to manage large caseloads and dwindling resources (Kemp, 1998). Prior to the late 1980s, CPS workers primarily relied on their own judgment in determining a child's risk for child maltreatment, but now, most states use some type of formalized risk assessment for these professionals (Kemp, 1998). Balancing the desire to protect children from abuse with the rights of parents to be free from undue intervention is a daunting task for CPS (Kemp, 1998). To assist in this process, the National Association of Public Child Welfare (NAPCWA) outlines the following factors to consider when assessing risk: parent or caregiver action or failure to act, impact of parent/caregiver behavior on child and severity of alleged abuse, child's age, frequency and recency of the alleged abuse, credibility of the reporter, type and amount of evidence and corroboration, relationship of alleged perpetrator to the child, location of the child, parental willingness to protect the child, and parental ability to protect the child (NAPCW, 1988). Information gathered during risk assessment will aid in determining how to proceed with the investigation. Unfortunately, the evaluation of risk assessment methods is lacking.

5. Investigation

Should an oral and/or written report be made to, and accepted by CPS or other appropriate agency, an investigation will follow. Most states have established time frames for beginning the investigation of reports. In 2001, the average response time for CPS from receipt of the report to investigation was 54 h (U.S. Department of Health and Human Services, 2003). In most states, the report is prioritized. High-priority reports (e.g., sexual abuse) usually require an instantaneous response from CPS (generally within 3–24 h). Reports not considered high priority are categorized as needing a response from within a few days to within a few weeks (U.S. Department of Health and Human Services, 2003). Because CPS agencies receive reports with different levels of urgency, average response times can be expected to reflect the types of reports that are received, as well as the capability of workers to meet the priority standards (U.S. Department of Health and Human Services, 2003).

The purpose of the investigation is to determine whether the child has been abused or neglected, and if so, assist in developing an appropriate treatment plan for the child and family (Chamberlain, Krell, & Preis, 1982). Child protection and law enforcement personnel are generally responsible for conducting these investigations. CPS conducts civil investigations while law enforcement agencies conduct criminal investigations (Buchele-Ash, Turnbull, & Mitchell, 1995). These investigations may be conducted simultaneously. The types of cases that are most likely to be referred to the adult criminal courts include intrafamilial sexual abuse, physical abuse, and neglect cases resulting in severe injuries to the child (Kemp, 1998). Should it be determined that the child is in immediate danger, removal from the home may occur (Heymann, 1986).

5.1. Law enforcement

Situations resulting in independent investigation by law enforcement agencies include maltreatment perpetrated by individuals outside the child's home, caretakers influenced by drugs or alcohol, young children left unattended, and investigation under a search warrant (Pence & Wilson, 1992). Law enforcement officers provide immediate assistance, such as transporting victims to hospital emergency rooms, interviewing victims, and collecting and transporting evidence (Sproles, 1985). Law enforcement also conducts crime scene searches and interviews alleged offenders (Pence & Wilson, 1994). Investigative teams may include prosecutors or agency attorneys who assist in the development of the investigation by assessing evidence, providing legal guidance, drafting search warrants, and preparing witnesses and mental health professionals for interviewing and processing of information (Pence & Wilson, 1994). Law enforcement may also make arrests and present the criminal case in a lawsuit through obtaining warrants, presenting the case at a preliminary hearing or grand jury in criminal court (Pence & Wilson, 1992). However, as criminal investigations are generally only conducted when severe maltreatment is reported, CPS handles the majority of investigations (Buchele-Ash et al., 1995). Interestingly, some professionals will make reports to police departments instead of CPS to avoid long waits on the telephone in reporting child maltreatment. Indeed, if law enforcement accepts the report, the legal obligation to report the suspected maltreatment is fulfilled. However, appropriate law enforcement representatives will usually instruct the reporter to call CPS, unless the suspected maltreatment is severe or the alleged victim is at immediate risk of harm.

5.2. Child protective services

CPS is responsible for conducting investigations when the suspected perpetrator is a family member or someone who is regularly in the child's home (Besharov, 1987, 1988). The primary role of the CPS investigation is to protect the child from further harm (Conte & Berliner, 1988; Schultz & Jones, 1983). CPS agency personnel in state and local governments participate in the following major activities when appropriate: gathering evidence from involved parties; substantiating or unsubstantiang reports based on available evidence; providing emergency or short-term services; preparing relevant information for court proceedings; making referrals for services; and removing either the perpetrator or the child from the home (Besharov, 1988; Conte & Berliner, 1988; Pence & Wilson, 1992; Tatara, 1991).

There are several components in a CPS investigation. In case of emergency, all state agencies require that a worker be available at all times for emergency investigations (Clouser, 1997). The first step is ideally to attempt a contact with the reporter to obtain more information than what was included in the initial report (Deisz, Doueck, George, & Levine, 1996). State legislation generally requires that the preliminary phase of the investigation be conducted within 24 h in abuse cases, and 48 h in cases of neglect. This phase includes contact with the child and suspected perpetrator, addressing medical needs, and deciding on appropriate living arrangements (Clouser, 1997). However, as reported above, the investigation is not complete until several days later in many cases. Investigations may involve

photographs of trauma areas, X-rays or medical tests if necessary, and assessment of severity and/or risk, most often through a behavioral interview.

5.3. Interview

Statements from the victim, caregivers, witnesses, and alleged perpetrator during the investigation are extremely important (Pence & Wilson, 1994). CPS may also contact at least one other person familiar with the child and family (Clouser, 1997). The child may be interviewed first in an attempt to minimize the influence of others' statements (U.S. Department of Health and Human Services, 1988). Along these lines, the suspected abuser should not be present during the interview with the child. The alleged perpetrator may be interviewed immediately to avoid allowing time for preparation prior to the interview (U.S. Department of Health and Human Services, 1988), although the investigator may wait until all other interviews have been conducted to guide this interview.

CPS workers usually conduct face-to-face interviews at the child's home, although interviews are often conducted at school for practical reasons (Kemp, 1998). An interview held at the child's school should be coordinated with school officials to result in minimal disruption (Mason & Watts, 1986). Investigators should only interview children at school when a home interview is not possible. A school interview by a uniformed police officer may result in stigmatizing attention. The decision for police officers to wear uniforms during the interview is complex, and this issue often warrants attention in therapy if this occurs after the investigation is complete (i.e., police may be seen as adversary or protector; U.S. Department of Health and Human Services, 1992a, 1992b Law).

5.4. Outcome

The direct outcome of the investigation is the determination of whether to substantiate abuse. This decision results directly from evidence collected during the investigation. Although terminology differs, all states use a formal substantiation process in which the report is "unsubstantiated," "unfounded," or "not indicated," or alternatively, "substantiated," "founded," or "indicated" (Besharov & Laumann, 1997). Some states also include "indicated but not confirmed" (Tatara, 1991). Reporters may request to be notified of the investigation outcome, but this request must often be made at the time the report is filed.

5.5. Unsubstantiation

A report is unsubstantiated when the investigator is unable to document evidence of maltreatment. Common reasons for unsubstantiated cases include the following: inability to locate the child or child's refusal to confirm maltreatment, misinterpretation of events by reporter, lack of evidence that injury resulted, determination that family is providing adequate parenting in cases of neglect, and false reports (Pence & Wilson, 1994). Generally, unsubstantiaton results from a determination that abuse did not occur following interviews with the child and parents (Besharov, 1990). In some circumstances, a case may be

unsubstantiated as a result of negotiations with CPS. Caregivers may admit to the abuse and agree to prescribed intervention in return for a declaration of unsubstantiation (Giovannoni, 1989). When a report is unsubstantiated, the corresponding file is closed.

The majority of cases of sexual abuse have no physical or medical evidence, and no witnesses other than the victim. These cases typically involve allegations of the child contrasted with the denials of the suspect (Ney, 1995). It is unfortunate that many investigations do not produce sufficient information for a substantiation of abuse. For example, very young children who are sexually abused may lack verbal or other communication skills and be unable to provide sufficient detail to help the investigation. Alternatively, children with communication problems (e.g., children with disabilities) may be unable to provide information about their abuse. Additionally, an investigator who uses poor investigative techniques may prevent a child from disclosing what happened. Thus, many cases labeled as unsubstantiated may in fact be valid allegations of abuse (Ney, 1995).

The rates of unsubstantiated cases vary nationally but are approximated at between 59% and 65% (Besharov, 1994; Meriwether, 1986). Interpreting these rates is difficult. High rates may indicate that the CPS system is overrun with inappropriate reports, or may imply that overworked and overburdened investigators are failing to conduct adequate investigations revealing evidence of maltreatment. Low rates may signify efficient investigations or could reflect disproportionate screening at the time of report. An estimated 11% to 25% of cases are unsubstantiated without conducting an investigation or contacting involved parties (Zellman, 1991). Such screening may leave children susceptible to future maltreatment. Indeed, according to the New York Administration for Children's Services (2004), for approximately 20% of unsubstantiated cases, an additional report of maltreatment is made within 12 months.

Unsubstantiated reports may needlessly traumatize families, and invade their privacy. However, unsubstantiated investigations may provide families with information regarding available services (Besharov, 1987, 1988; Finkelhor, 1990; Tatara, 1991). Giovannoni (1989) suggested that it might be more accurate to divide unsubstantiated cases into two categories: "unsubstantiated, no further action taken" or "unsubstantiated, services provided or arranged." Mental health professionals may choose to address clients' unresolved feelings regarding the report and investigation process (Berliner, 1993).

5.6. Substantiation

Substantiation is defined by evidentiary standards, which vary from state to state. For instance, in some states, a case is substantiated with "some credible evidence," whereas others require "credible evidence" or a "preponderance of evidence" (Flango, 1991). Substantiation rates range across locales and reporters. Although reports made by mandated reporters result in greater substantiation, generally, these rates range from 30% to 55% (Besharov & Laumann, 1997; Eckenrode, Powers, Doris, Munsch, & Bolger, 1988; Finkelhor, 1990; U.S. Department of Health and Human Services, 1994). The National Center for State Courts suggests 33–67% as an appropriate balance in substantiation rates (Flango, 1991). Many states allow accused perpetrators to challenge the findings of an investigation in an administrative hearing. This may

be provided for anyone accused of abuse, or may be reserved for those, such as schoolteachers, whose identity may be publicly released (Pence & Wilson, 1994).

5.7. Central registry

The majority of states require that upon completion of the investigation, the report be filed with a central registry. The central registry holds reports and investigation findings (Meriwether, 1986). Both substantiated and unsubstantiated reports may be held by the registry. However, most states expunge reports lacking substantiation (Meriwether, 1986). In an attempt to maintain confidentiality, access to reports is restricted.

6. Intervention

Upon completion of an investigation, CPS professionals must determine when a child is in need of protection and treatment. This decision may be more difficult in some situations than in others. A case in which the child has been found to have serious physical or mental injury automatically requires the CPS professional to provide protection (Besharov, 1988). Multiple options for intervention are available. CPS may intervene through any of the following methods: provide necessary services to the family, temporarily remove the child from the home, place the child in the custody of relatives or a foster family with a court-ordered plan for reunification, or obtain a permanent placement for a child following termination of parental rights (Buchele-Ash et al., 1995). Generally, the decision to involve the judicial system is made by the investigator. However, some states automatically involve the judicial system in cases involving sexual abuse, serious injury, or death (Tower, 1992). Investigations that uncover maltreatment and deem protection necessary are reviewed in family court (Brooks, 1996).

Sometimes, when maltreatment is not substantiated, but the CPS worker believes there is potential risk to the child, the worker can offer voluntary services to the family on behalf of CPS (Kemp, 1998). If agency funding permits, these services are often provided at no cost to the victim's family. These services include referral of the family or child to a substance abuse or mental health clinic, counseling program or assistance with parenting and child care skills. Intervention may be provided by more than one agency. However, Rolde (1977) warns that involvement of multiple agencies in intervention may be more harmful than beneficial to the family. In these situations, the child's requests are often overlooked by the multiple agencies (Rubin, 1992).

The goal of most interventions is to improve family functioning and daily living for the child. Nevertheless, there are situations in which the intervention has negative affects on the family. A decline in living standards or family disintegration, which may be unavoidable in some cases, in others may result from incompetent intervention practices (Jones, 1991). One form of such practices occurs when professionals allow fear of litigation to guide decision making. Other forms include failure to provide treatment, or overtreatment, including extended periods of unsuccessful interventions, that leave a child at risk before the child is removed from the home (Jones, 1991).

Generally, crisis programs are also offered by CPS (Helfer, 1975). Most communities throughout the country have established organizations that offer services to abusive parents and their children, such as Mothers Anonymous and 24-Hour Life-Line Services (Smith, 1985).

Treatment of substantiated child abuse and neglect has advanced over the years. Previously, the most common form of treatment was the permanent removal of the child from the family (Smith, 1985). This practice has been reduced as a new perspective of abusers has arisen. Recently, abusers have come to be viewed as mentally unhealthy and in need of treatment provided by psychologists, social workers, or other helping agencies. There are factors that influence when, and which type, of treatment will be administered. Who reports the case plays a role in deciding if treatment will be provided. Cases reported by professionals are more likely to receive services than cases that are referred by nonprofessionals (Maney, 1988). The type of abuse reported also determines intervention. Sexual abuse more often receives treatment, and the treatment is longer in duration, than that provided in other forms of abuse (Maney, 1988). Treatment cannot be forced on families without a court order (Besharov, 1987). Due to feelings of shame or guilt, a family may elect not to receive services in absence of a court mandate. Most often, empirically based interventions offered for victims of child abuse and neglect are home and skill based, including various cognitive–behavioral interventions (i.e., problem solving, relationship counseling, home safety methods, family behavior therapy, parent training, and anger management; see Donohue, Ammerman, & Zelis, 1997; Donohue, Van Hasselt, Miller, & Hersen, 1997). Thus, perhaps the greatest positive consequence of being involved in the CPS system is that the victim and the victim's family are provided opportunities to receive intervention services.

When abuse has been substantiated, CPS usually requires a written treatment plan to be developed. In this plan, rehabilitative services are provided, and any risk factors of treatment must also be provided. CPS additionally provides continuous supervision and assessment of the progress made throughout treatment (Faller, 1981; Kamen & Gewirtz, 1989; Rubin, 1992). Most treatment plans have some educational element. As most such families have financial difficulties, addition of income maintenance and job programs to the intervention plan is beneficial (Pence & Wilson, 1994). Family preservation is another element of treatment that helps to reduce the risk of future abuse (Pence & Wilson, 1994). Proponents of family preservation express concern about the damage children can endure in out-of-home placements (Kemp, 1998). Lack of permanent housing in the child welfare system is a common problem. However, CPS must weigh the desire to keep families together against the need to protect children.

6.1. Prevention services

Preventative services are provided by CPS agencies to parents whose children are determined to be at risk of abuse or neglect (U.S. Department of Health and Human Services, 2003). These services are designed to improve child-rearing competence of the parents or caretakers and their level of understanding of the developmental stages of childhood. Remedial services (postinvestigative) may be offered by CPS on a voluntary basis by child welfare agencies or ordered by the courts to ensure the safety of children. These services

address safety of the child and are usually based on an evaluation of the family's strengths, weaknesses, and needs (U.S. Department of Health and Human Services, 2003).

In the United States, approximately two million children receive preventive services each year. Examples include respite care, parenting education, housing assistance, substance abuse counseling, day care, home visits, individual and family counseling, homemaker help, and transportation. These services are funded through a variety of federal and state programs because most families of child abuse victims evidence financial need (U.S. Department of Health and Human Services, 2003).

6.2. Mandated services

When abuse or neglect is found, generally the parents willfully accept services, thus protecting the child and such family from experiencing stressful and intrusive court proceedings (Poitrast, 1976). When parents refuse treatment, it is the duty of the Court to mandate involvement ensuring the safety and well-being of the child. First, the CPS agency representative files a petition to family court to force cooperation (Besharov, 1988; Rubin, 1992). The judicial system can require protective services be received in the child's residence, placement of the child in temporary foster care, termination of parental rights, or may pursue criminal charges (Chamberlain et al., 1982; Flicker, 1987; Thompson-Cooper, Fugere, & Cormier, 1993). The courts also have the ability to order physical and psychological examinations for the abused child. This is particularly important, as the child may have been denied such services by the maltreating parent (Chamberlain et al., 1982).

Timing of optimum court involvement is regularly debated, including appropriate boundaries for court involvement (Besharov, 1985; Garrison, 1987). Typically, the courts become involved only in cases where seriously harmful abuse or neglect has occurred or may potentially occur. Further need for court involvement may result if the parent is found to suffer from a mental illness or disability that may prevent them from adequately caring for the child (Besharov, 1987). Unfortunately, court mandates are often ignored or not followed completely by caregivers of abused and neglected children, thus sometimes requiring removal of the child from the home, or incarceration.

7. Placement

A request to remove the child from the home may occur if the child is in immediate danger, or if neglectful conditions far exceed those of a healthy environment. For example, Nevada law states that CPS must protect the legal rights of the parent and child, and when deemed necessary, provide emergency shelter for the child to prevent and correct the abuse or neglect (NRS 432B.190). If a child is deemed in serious danger, a social worker or law enforcement official may remove the child from the home and place the child in temporary care of a child protective professional. In most states, this involves utilizing law enforcement officials, as social workers are not granted the authority to remove children (Clouser, 1997). Occasionally, temporary custody, occurring in a "receiving home," is utilized by CPS workers. Such

custody may occur without a court order for a brief period, usually 72 h (Kemp, 1998). Continued placement commonly requires a court order (Kemp, 1998).

The Adoption Assistance and Child Welfare Act of 1980 provides guidelines for removal of children from the home of their legal guardians due to child maltreatment (Buchele-Ash et al., 1995). First, services to the family that may prevent the removal of the child should be administered. Second, when the child is removed, the child must be given proper care in the foster care system. Third, children should be moved quickly through the foster care system with the goal of reunification with their parents or placement in an adoptive family. This act requires reasonable efforts be made to reunite the child with his/her family; however, no guidelines for what constitutes a reasonable effort are given (Pence & Wilson, 1992).

Removal from the home is not a common occurrence. In 2001, approximately 20% of victims or 275,000 children were removed from their homes as a result of CPS investigations. In addition, 5% of nonvictims were placed in foster care, as they were judged to be "at risk" (U.S. Department of Health and Human Services, 2003). Reporters must remember that referred cases are not likely to cause permanent removal of the child (Goodwin & Geil, 1982).

Multiple factors predict whether a child will be put into protective placement (e.g., if the child has a history of abuse, type of abuse; Rubin, 1992). Sexual abuse is more likely to result in removal, although even then, only 17% of sexual abuse cases are estimated to result in the child's removal from the home (Finkelhor, 1983). Parent and caregiver characteristics also contribute to the removal decision. Parents who believe in severe punishment, have substance abuse problems, and have a history of child abandonment or abuse are more likely to lose custody of their children (Runyan, Gould, Trost, & Loda, 1981). Runyan et al. (1981) did not find socioeconomic status to be predictive of the child's removal from the home. However, Rubin (1992) reported that children of parents at or below poverty level, particularly those who are of ethnic minority descent, are often removed from the home rather than receive supportive services. Furthermore, minority children are placed in foster homes or institutions at higher rates than Caucasian children, African-American children are disproportionately placed in less desirable placements, greater proportions of African-American children are served in the public sector than in the private sector, and minority parents receive less social service support than nonminority parents (Stehno, 1982).

A child's removal from the home may be temporary or permanent. A judge orders the caseworker to report findings of an investigation to the court on a specified date (Clouser, 1997). For parents who cannot afford legal representation, the court will appoint an attorney by the second hearing. At that hearing, a decision will be made relative to the custody of the child. Often, the court will appoint a guardian ad litem to represent the best interests of the child, as well. This individual is expected to conduct an investigation and have access to relevant information (Clouser, 1997). He or she may also introduce evidence found in the investigation or call additional witnesses (Fraser, 1974). The CPS caseworker presents findings of the completed investigation and makes a recommendation to the court concerning the custody of the child.

When removal is necessary, CPS workers are encouraged to place children with extended family members (Buchele-Ash et al., 1995). This is preferable, as the child is usually familiar and comfortable with such a family member. When placement with extended family is not

possible, the child will be placed in a foster care home (Pence & Wilson, 1994). For some children, this placement is appropriate and safe. For other children, the experience in foster care causes additional psychological damage (Buchele-Ash et al., 1995). The state of the current foster care system is troublesome. As with many other government agencies, it is overburdened and underfunded. Problems can arise from foster care placement, such as trauma caused by separation from parents. Indeed, children may become caught in the foster care system, moving from home to home, never finding permanent placement, or never returning to the home of their original caretaker, and these separations may can continue for years (Buchele-Ash et al., 1995). Some children are abused or neglected while in the care of foster parents. Children with health, psychological, social, or educational problems place a greater burden on their foster parents, leading them, at times, to mistreat the child or overlook his or her needs (Allen, 1991). Foster parents must meet certain requirements, and training. However, training usually does not prepare them for all the unique difficulties that may arise.

Although there are problems with the foster care system, the alternative is placement in hospitals or large institutions. Many children stay in institutions while waiting to be placed in a foster home. Minority children often have to wait longer because of the limited availability of homes that are ethnically or racially similar to the child's family of origin (Stehno, 1982). In general, removal from the home should be a last resort. When a child is placed in a foster home, it disrupts the family and can hinder family cohesiveness, which is the goal of intervention (Agatstein, 1989).

Leaving the child in the original caretaker's home as a final option is becoming increasingly accepted and advocated. CPS workers, policymakers, and community advocates have provided support to this idea by initiating family preservation programs (Hutchison, 1993; Magri, 1984). The goal of such programs is to increase family functioning to a healthy level for the abused child and the family as a whole. Services provided are intensive and extensive, involving retraining behavior patterns within the family (Tatara, 1991). To ensure the child's safety, measures, such as the removal of the maltreating parent or the temporary introduction of another adult into the home, may occur during training (Krugman, 1993). If the court decides to reunite a child with his or her parents, a child welfare representative is frequently assigned to monitor and report on the family situation (Clouser, 1997). Permanent removal generally occurs only when the court determines that the home is not safe for the child and services are unlikely to improve the situation. If the court decides to retain the child in foster care, a visitation schedule is then developed to provide the parents with an opportunity to maintain supervised visits with their child (Clouser, 1997).

8. Prosecution

Prosecution typically requires evidence provided by multiple agencies. Teamwork between CPS workers, law enforcement, and others provide evidence to convict the perpetrator (Brooks, 1996). Collecting evidence helps to ensure that the child will not have to testify to convict the perpetrator, when indicated. Additionally, evidence aids the prosecution to decipher whether the child is capable of providing testimony and the type of sentencing to recommend to

the court (Sproles, 1985). If the perpetrator is found guilty, the outcome of this verdict varies depending on what court was utilized. For example, a conviction in criminal court may result in prison time, a fine, or both (Brooks, 1996). Certain abuses are more likely to result in prosecution. Perpetrators of physical abuse are more likely to be prosecuted than those of neglect (Pence & Wilson, 1992). Cases involving sexual abuse are the most commonly prosecuted. Sexual abuse is prosecuted 17% of the time compared to 1–3% for other forms of abuse (Tjaden & Thoennes, 1992).

It is a common misconception that criminal prosecution is an effective means of managing abuse. However, prosecution may not be an effective strategy. First, child abusers are rarely successfully prosecuted due to lack of evidence or reluctance of the victim to testify (Fraser, 1974). Second, no evidence exists indicating that prosecution serves as a deterrent of future maltreatment (Miller & Weinstock, 1987). Third, although a fine or jail time may be mandated, neither of these options provides treatment to the abuser (Miller & Weinstock, 1987). Fourth, prosecution causes chaos within the family. The stress the family feels may prevent them from being receptive to treatment. Results of criminal prosecution can cause the family to be separated, contrary to the goal of CPS to keep the family intact. Negative effects of parental incarceration also make prosecution a less desirable option (Duquette, 1981). If the parent suspected of maltreatment contributes financially, incarceration may lead to financial difficulty for the rest of the family. Criminal prosecution is thus rarely pursed, as it is not considered in the best interest of the child and family (Miller & Weinstock, 1987).

9. Consequences of the reporting process

Consequences of reporting child maltreatment are tenable, as the outcome and potential effects on the child and family, such as being labeled a victim and perpetrator, must be considered (Nalepka et al., 1981). Consequences in most situations may be both positive and negative. For example, a report may put an end to the abusive situation, yet involve intrusion into family functioning. Despite personal feelings and beliefs about the reporting process, practitioners are urged to maintain compliance with their legal mandate and function as child advocates. Professional involvement in the area of child abuse can be thought of as part of a professional's responsibility to the community he or she serves.

Negative consequences of reporting are often feared by professionals and may influence reporting behavior. Kalichman and Craig (1991) found one third of clinical psychologists felt reporting had negative or harmful affects. Although a large percentage of clients feel increased trust in their therapist, a fair amount lose trust in the therapeutic relationship. This may delay or retard progress in therapy (Kalichman & Brosig, 1992). Knowledge that confidentiality can be broken may deter someone from seeking services or from being completely open and honest with their therapist (Butz, 1985). If the client is able to move past these issues, and discloses information to the therapist that is reported, reconciling the trust issue may be difficult and the individual may refuse further treatment. In the health sector, a report may cause families to avoid important medical care. However, it is recommended that mental health professionals fully inform clients of the limits of confidentiality of the therapy

relationship before treatment begins, and provide repeated reminders of these limits during the course of therapy (Ney, 1995).

Additionally, our society has a tendency to label and stigmatize individuals suspected of maltreatment. Even when a case is unsubstantiated, the label often remains. Labeling can result in long-lasting psychological damage requiring treatment (Hutchison, 1993). For those cases that are substantiated, negative consequences of labeling and the intrusiveness of the investigation must be dealt with during treatment.

Despite these pitfalls, benefits to reporting maltreatment must not be overlooked. Mandated professionals often hold a number of erroneous beliefs about the reporting process that could be addressed in training. These beliefs often lead to noncompliance with their legally mandated role as reporters putting themselves at legal risk, and potentially allowing abuse of the child to continue. Mandated reporters often have a fear of reporting because they believe the perpetrator may flee, thus further debilitating the functioning of the family. However, this is often not the case. Generally, the perpetrator will be receptive to treatment that results from the report (Harper & Irvin, 1985). Rather than causing harm, the report may benefit all involved by treating an issue that might otherwise have been ignored (Newberger & Hyde, 1979).

Similar improvements to the therapeutic relationship have been reported. Approximately 30% of clients feel relieved and have increased trust in their therapists after a report is made (Goodwin & Geil, 1982). Overall, 72% of the patients had either a positive change or no change in their interaction with their therapist (Weinstein, Levine, Kogan, Harkavy-Friedman, & Miller, 2000). The earlier the report is made, the sooner the family can receive intervention and the child can be protected from future abuse (Felzen, Johnson, & Showers, 1985).

Reports may also improve family functioning. Recent research on the effects of reporting indicate that CPS involvement in cases of suspected maltreatment may not be as damaging as many professionals have presumed (Brosig & Kalichman, 1992; Finkelhor, 1992; Fryer, Bross, Krugman, Denson, & Baird, 1990; Petretic-Jackson & Koziol, 1992). Watson and Levine (1989) examined therapy outcomes in which child maltreatment was reported or was considered and the client was informed. In 4% of these cases, clients discontinued therapy, but in 25% of these cases, there was no change in the therapeutic relationship a result of the report, and in 71%, the therapeutic relationship improved. Similarly, Weinstein et al. (2000) found that approximately 73% of clients had either a positive change or no change in therapeutic relationship. Finally, Fryer et al. (1990) found that of families that had been reported to CPS, nearly 75% of them rated the quality of child welfare services as good or excellent, while only 11% rated the services as poor. Additionally, the majority indicated that CPS intervention resulted in a better life for the family. As Finkelhor (1992) concludes, to date, "there is simply no evidence to back the assertion that child protective investigations are 'unavoidably traumatic'" (p. 4). Thus, based on this research, it seems ethically and legally imperative for mental health professionals to comply with reporting laws (Ney, 1995).

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