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Why are professionals failing to initiate mandated reports of child maltreatment, and are there any empirically based training programs to assist professionals in the reporting process?

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Abstract

Although millions of children are referred to Child Protective Services (CPS) agencies annually, the true extent of child maltreatment is grossly underestimated, as professionals legally mandated to report child maltreatment often fail to do. Failing to report child maltreatment denies child victims opportunities to receive much needed intervention services. Therefore, the purpose of this paper is twofold: (1) review studies that have been conducted to assist in understanding the reasons professionals fail to report child maltreatment, for example, being unaware of child abuse signs and symptoms, misinterpreting laws pertinent to child abuse reporting practices, fear of negative consequences resulting from the report, and (2) examine the extant training programs that have been proposed to assist professionals in the mandated child abuse and neglect reporting process. Further directions are provided in light of the reviewed study results.
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1. Introduction

Child maltreatment is a widespread problem in the United States, as approximately 5 million children were referred to Child Protective Service (CPS) agencies during 2001 alone (U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2003). In most states, educators, legal, and law enforcement personnel, social services, medical and mental health personnel, as well as child day care providers and substitute care providers, are mandated to report suspected abuse (Kemp, 1998; U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2003). These professionals account for more than half of all child maltreatment reports (Meriwether, 1986; Reid, Macchetto, & Foster, 1999; U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2003). Others (i.e., relatives, friends, neighbors, alleged child abuse victims) are encouraged, but not mandated, to report suspected child maltreatment.

Although all 50 states require professionals to report child maltreatment, professionals often fail to comply with this mandate (Butz, 1985; Finkelhor, Gomez-Schwartz, & Horowitz, 1984; James, Womack, & Strauss, 1978; Morris, Charles, & Clansen, 1985; Saulsbury & Campbell, 1985). For instance, approximately 40% of mandated professionals have failed to report child maltreatment at some point in their careers, and 6% consistently fail to report (Besharov, 1994; Camblin & Prout, 1983; Kenny & McEachern, 2002; Levine, 1983; Zellman, 1990a, 1990b). Indeed, studies have indicated up to 68% of abused or neglected children are not referred to CPS agencies (Meriwether, 1986).

The aforementioned findings have considerable implications, as nonreported cases of child neglect and abuse are not afforded opportunities to receive intervention services. Understanding specific reasons professionals fail to report child maltreatment provides a foundation on which to base future training and educational programs that may assist in the reporting process. Therefore, this paper will begin by reviewing the barriers to reporting that have been identified in the literature, including not being aware of child abuse signs and symptoms, misinterpreting laws pertinent to child abuse reporting practices, and fear of negative consequences resulting from the report. The paper will also delineate educational initiatives and intervention programs that have been found to aid in the reporting of child maltreatment. As will be indicated, empirically based intervention approaches are needed, and may assist in the improvement of professional's compliance with mandated reporting of child maltreatment.

2. Lack of knowledge

2.1. Signs and symptoms of abuse

An obvious barrier to reporting child maltreatment is the failure to recognize this problem after it has occurred. Professionals often lack adequate knowledge of the signs and symptoms of the various types of child abuse and neglect (Stein, 1984). For instance, child neglect is frequently overlooked, as compared with obvious forms of abuse (Besharov, 1994). Similarly,

school counselors who had made a decision to not report suspected abuse frequently cited the reason of having "no visible physical signs of child abuse" as a deterrent to reporting (Kenny & McEachern, 2002, p. 71). Abrahams, Casey, and Daro (1992) reported that teachers in their sample felt a significant obstacle to reporting was their lack of knowledge on how to identify cases of child maltreatment. Lack of symptom specificity for abuse is another deterrent to reporting suspected abuse (Kalichman, 1999), and physicians and teachers have also reported that they feel they are not able to identify signs of child maltreatment accurately (Kenny & McEachern, 2002).

2.2. Reporting procedures

Lack of training in reporting procedures is another impediment to reporting child maltreatment (Stein, 1984). Many professionals lack training in specific reporting procedures, such as when and how to make the report (Abrahams et al., 1992; Beck, Ogloff, & Corbishley, 1994; Hazzard, 1984; Kim, 1986). Plante (1995) found that most service providers lack training in child abuse, including information on the requirements of mandated reporting and ethical concerns. It has also been found that despite professionals' claims to be generally knowledgeable about child abuse, they hold a number of erroneous beliefs about reporting procedures (Kenny, 2001a,b; Kenny & McEachern, 2002). Moreover, only 3% of teachers reported that they were aware of their school's procedures for reporting child abuse (Kenny, 2001a). As reported by Payne and Payne (1991), many school principals prefer to resolve child abuse quietly within the school community, while others personally investigate cases of suspected abuse brought to them by staff before making a report. Both of these actions, believed to be compliant by respondents, are not in compliance with most state child abuse reporting laws.

Another possible deterrent to reporting abuse and neglect may be attributed to the lack of clear reporting policies in some agencies (Kenny & McEachern, 2002). For professionals within an institutional setting, institutional protocol may lead to further frustration when reporting abuse (Nalepka, O 'Toole, & Turbett, 1981). Professionals are often instructed to channel reports of abuse to their supervisors before making a report to CPS. Although this approach may be appropriate in most cases, many professionals complain that they are unsure of what course of action to pursue when there is disagreement with a supervisor concerning the decision to report (Hazzard, 1984). Some respondents have indicated that they believe administration is not supportive to their decision to report (Kenny, 2001a), or that the institutional policy is in direct opposition to the state law.

3. Negative consequences for client

Generally, when professionals fail to report child abuse, they do so believing it is in the best interest of the child (Wilson & Gettinger, 1989). Some mandated reporters do not report, or hesitate to report, child maltreatment because they fear that the report will result in further

harm to the family (Bavoleck, 1983; Winefield & Castell-McGregor, 1987; Zellman, 1990a,b) and child (Alpert & Green, 1992; Harper & Irvin, 1985; Kim, 1986; Zellman, 1990a). Others believe the report may upset an already unstable family structure through prosecution of the offending parent, or removal of the child into a worse living environment (Steinberg, Levine, & Doueck, 1997; Tilden et al., 1994).

Some mental health clinicians oppose mandated reporting because they believe the reporting of child maltreatment is a breech of confidentiality (Kalichman, 1999). Indeed, about a third of psychologists are estimated to believe the treatment process is disrupted due to reporting child maltreatment (Kalichman & Craig, 1991). Along these lines, others believe the reporting of child maltreatment typically exacerbates the professional relationship between the suspected perpetrator and reporter (Ansel & Ross, 1990; Kalichman, Craig, & Follingstad, 1989; Smith & Meyer, 1984). Educators share similar concerns that reporting child abuse to the authorities may damage their relationships with child victims and their families (Abrahams et al., 1992). A fear of reporting voiced by school principals is that such reporting of child maltreatment will somehow damage the school–family alliances that have been formed (Payne & Payne, 1991), and that reports carry emotional costs to the family and child (Zellman, 1990a,b).

Some clinicians will let the first revelation of abuse go unreported, but firmly warn the family that if abuse happens again, a report will be made to avoid "disruption" of a CPS investigation (see Kenny, 1998). Others have claimed that clients may be reluctant to divulge instances of child maltreatment because they are afraid they will be reported, and thus fail to receive treatment for abusive tendencies (Faller, 1985). Similarly, mandated reporting may discourage offenders from seeking help if they know their abusive acts will be reported (Kalichman, 1999).

4. Negative attitude toward CPS

A negative view of CPS by mandated professionals is a great hindrance to reporting (Alexander, 1990; Morris et al., 1985). Professionals often complain that CPS caseworkers often put maltreated children at risk for further harm due to delays in their investigations of child maltreatment (Kenny, 2001a). Lack of faith in CPS due to poor responses of their caseworkers in the investigative and follow-up processes has been cited by principals, teachers (Payne & Payne, 1991), and school counselors (Kenny & McEachern, 2002). Wilson and Gettinger (1989) discovered a significant percentage of school psychologists held negative attitudes toward CPS, and believed CPS "would not do anything" when the abuse was reported. Finkelhor and Zellman (1991) suggested that an unfavorable perception of CPS may influence professionals to believe CPS should not be involved in the treatment of the child and family. Some professionals are critics of mandated reporting on the basis that it fails to meet the primary objective of protecting children (Kalichman, 1999). Proponents of this view purport that resources are expended on investigating reports, which in many cases are unfounded, rather than channeling these resources into prevention and intervention services.

5. Negative consequences for professionals

Most teachers believe that they should not be mandated to report child abuse and neglect (Kenny, 2001a). Indeed, professionals may have personal motivations for failing to report maltreatment. For instance, professionals may simply not want to be involved in, or may be uncomfortable about, reporting child maltreatment (Faller, 1985; Tower, 1992), or feel burdened by the time required to make a report of child maltreatment or participate in legal proceedings (Kim, 1986). Fear of physical or legal retaliation from the perpetrator is another barrier (Badger, 1989; Baxter & Beer, 1990; Kim, 1986). Kenny (2001b) found that physicians and teachers feared they could be sued by families for making a false or inaccurate report of abuse. Indeed, in one study, the majority of teachers feared legal ramifications for false reports (Abrahams et al., 1992). The aforementioned fears may be influenced by administrators, as principals have expressed concern regarding the loss of rapport with the family consequent to making a report of suspected child maltreatment (Zellman, 1990a,b). It may be especially difficult for professionals to report child maltreatment when the suspected offender is someone who they know well, or who is a respected member of the community (Tower, 1992). Many mental health workers have difficulty acknowledging that child abuse exists, especially in the families with which they have established trust and rapport (Tilden et al., 1994).

Of course, some of the aforementioned concerns may be more influential than others when considering whether to report suspected maltreatment. Nevertheless, uncertainty about specific legal requirements, fear of losing treatment alliance, fear of retaliation against the child victim, and lack of faith in CPS have been judged to be among the most influencing factors in deciding not to report child maltreatment (Alpert & Green, 1992; Harper & Irvin, 1985; Zellman, 1990a,b).

6. Training programs: educating mandated professionals

To address the aforementioned concerns, training programs need to be developed, including dissemination of basic information relevant to reporting child maltreatment, appropriate guidelines to follow during the initiation of reports, and methods of enhancing the relationship between mandated professionals and CPS (see Kalichman, 1999). Legal definitions of child abuse in each state's statutes are considerably different (Kalichman, 1999), thus contributing to confusion among mandated reporters as to what is reportable. Vague definitions of maltreatment and a lack of agreement among states as to what constitutes maltreatment leave considerable leeway in judging whether a reportable act has occurred. Such confusion may result in failure to report an incident, which might otherwise be judged to constitute abuse (Zellman, 1990a,b). As professionals face legal and professional consequences for failure to report child maltreatment, the need for training in this area is obvious. Training programs should, at a minimum, help professionals identify signs of abuse and neglect and address the legal parameters of what, when, and how to report maltreatment. Information on child abuse and neglect can be incorporated into training at a number of

levels, including preservice (i.e., implemented within undergraduate and graduate curriculums), practicums, internships, postgraduate training (fellowships), and continuing education requirements. Workshops and continuing education programs can focus on specific areas (i.e., reporting requirements, signs and symptoms), whereas information infused throughout preservice training can help professionals build a knowledge base about child abuse.

Some states mandate training specific to child abuse for professionals who are expected to have daily contact with children, such as child care workers or teachers (Barber-Madden, 1983). However, only a few states require such training for mental health professionals. Indeed, the trend toward requiring training has not been embraced by all professionals (see O'Connor, 1989). However, with 3 million children as victims of child abuse and neglect each year, most mental health professionals will come into contact with a victim of child maltreatment, affected family member, or perpetrator during their career (Kenny, 1998), and these cases will need to be competently managed. Training is especially warranted, as professionals often overestimate knowledge gained during training experiences that are limited. For instance, principals receive less formal training than other professional groups (i.e., psychologists and pediatricians) yet describe themselves as feeling very confident to handle abusive situations (Zellman, 1990a,b). Along a similar vein, Kenny (2001b) found that although professionals reported adequate training in child abuse, they in fact were not knowledgeable about many aspects of abuse.

Kalichman and Brosig (1993) contend that training relevant to child abuse and neglect occurs most often for psychologists in postgraduate and continuing education programs, with less than 20% having received training while in graduate school. Alpert and Paulson (1990) report that providers who recently received their degrees have little training and experience in child abuse. However, information relevant to child abuse reporting procedures is beginning to be included in preservice training programs. For example, Kenny and McEachern (2002) found that recently graduated school counselors with fewer years of experience reported more adequate training in child abuse than those who were not recent graduates.

States that require training in child maltreatment reporting for mental health professionals (e.g., New York, Iowa) are in the minority (Alexander, 1990; Pagel & Pagel, 1993; Reiniger, Robinson, & McHugh, 1995). State laws generally require limited training relevant to mandated child abuse reporting (e.g., legal requirements for reporting, reporting time frame, protective measures, confidentiality, the law, civil protection for reporters) upon application for licensure or licensure renewal. There has been a trend for states to require training in domestic violence but not child abuse specifically. It is important to note as well that these programs are almost exclusively nonempirically validated.

6.1. *Training models*

The American Psychological Association (APA) Public Interest Directorate and the Division of Child, Youth, and Family Services (1996) have provided guidelines with recommended course content for both graduate and undergraduate courses in child abuse and neglect. These guidelines indicate that education is an essential component in the effort to prevent child abuse and neglect, as well as to diminish the negative consequences resulting

from child maltreatment. Recommendations for course content included definitional issues, prevalence of child abuse and neglect, consequences of child abuse and neglect, theories about the development of abusive and neglectful behaviors in adults, recognition and referral of abused and neglected children and adults, responses to child abuse and neglect by CPS, medical intervention, legal involvement, mental health interventions and prevention of child abuse and neglect. In establishing graduate school curriculum, it was recommended that several courses be offered that cover all forms of child abuse and neglect. The APA has also recommended that state licensing boards consider requiring child abuse knowledge, such as the content in this program, necessary for licensure and relicensure (APA, 1996).

Gallmeier and Bonner (1992) describe 10 university-based interdisciplinary training programs in child maltreatment that resemble the suggested guidelines espoused by the APA. These programs were funded by the National Center on Child Abuse and Neglect in 1987 in an attempt to incorporate child abuse training into graduate programs. The programs include specialized training in clinical practice, administration, policy formation, advocacy, prevention, and research in the field of child maltreatment. All programs include some component of practicum experiences and many require the students to complete a special project such as a literature review, policy analysis, systems review, or research project in the area of child maltreatment. Topics covered in the seminars, which take place over two semesters, include fatal child abuse, child neglect and failure to thrive, child sexual abuse, ethical issues in child abuse and neglect, prevention of child abuse and neglect and Indian child welfare. These programs seem to fit a need for educating future professionals about child maltreatment where university education has traditionally failed to do so (Gallmeier & Bonner, 1992). However, effects of this program have yet to be empirically validated.

Alpert and Paulson (1990) discuss the need to address childhood sexual abuse in academic settings given the prevalence of such abuse. These authors assert that there is little instruction available, and a need to dispel the belief that childhood sexual abuse does not occur. They review two graduate courses offered at New York University. The first one covers content (i.e., research and theory), and the second course is a consultation course (i.e., practicum in mental health and organizational consultation). These courses are available to students across several disciplines (i.e., psychology, nursing, education), and emphasize the multidisciplinary nature of child abuse reporting. Responses of trainees who participated in these courses are varied but include spontaneous disclosure of abuse, denial of the existence of child sexual abuse as a problem, resistance to developing prevention programs, as well as anxiety related to mandated reporting (Alpert & Paulson, 1990). Although these courses focus specifically on sexual abuse, the design and structures are applicable to courses covering all types of abuse. Impact of these courses have yet to be empirically validated but do appear to be relevant to the educational needs mentioned above.

Kenny and Herrera (2003) developed a web-based training module to educate school personnel (i.e., teacher, principals, counselors) about child abuse. This 1-h module is mandatory for students and requires minimal computer skills to complete. The website contains information on signs and symptoms of child maltreatment, reporting procedures, questions to test knowledge throughout the module, as well as both pre- and posttests relevant to information reviewed. Comparisons between pre- and posttest scores indicate that students

acquire significantly higher scores on their posttest, as compared with their pretest. However, controlled evaluation of this program has yet to occur, including follow-up evaluation.

In the only controlled study to investigate an intervention to assist in the reporting of child maltreatment, Donohue, Carpin, Alvarez, Ellwood, and Jones (2002) recently developed a skills checklist for professionals to utilize when attempting to enlist the support of the suspected victim's nonperpetrating parent in the reporting process. A controlled multiple-baseline design across behaviors (i.e., initiating child abuse report, responding to upset) was utilized to evaluate skills acquisition. Improvements in interpersonal skills related to reporting child abuse were demonstrated consequent to intervention, according to ratings provided by research staff blind to the nature of the study, as well as experts in child maltreatment. Results of a completed consumer satisfaction survey indicated that the intervention was perceived by the participant to be economical, relevant, and effective. Therefore, results of this initial study are promising. However, it should be emphasized that study protocol was evaluated in role-play probe sessions. Thus, utility of this program during in vivo abuse situations will need to be explored in future outcome studies.

7. Content areas to be included in training programs

7.1. Types of abuse and definitions

As professionals may often be unclear about what constitutes a reportable act, Walters (1995) suggests that the general heading of child maltreatment should be subdivided into four categories (i.e., sexual abuse, physical abuse, emotional abuse, neglect). Unfortunately, various types of child maltreatment are complicated and difficult to define reliably. Alpert and Paulson (1990) report that sexual abuse is often omitted from child maltreatment training programs, and that educational efforts should focus on reviewing all forms of sexual abuse, including contact (e.g., fondling, intercourse, inappropriate touching of genitalia) and non-contact (i.e., exposure to pornography or sexual acts). In the case of physical abuse, most professionals understand that serious physically abusive acts resulting in injury are reportable. However, they may fail to understand that physical acts such as shaking, striking, or kicking that have the potential to result in physical injury are also reportable in most cases (Besharov, 1987). Even less clear are the cases of emotional or psychological abuse. Hyman and Snook (1990) define emotional maltreatment as "any disciplinary or motivational practice that psychologically hurts children" (p. 71). Others have endorsed similarly vague definitions. For instance, Conlee (1986) suggests emotional or psychological abuse occur when harm is caused by an individual's action towards a child, including mental distress, defamation, invasion of privacy, and negligence. Neglect may be the most complicated to identify, yet constitutes the majority of reportable victims (U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2003). Neglect is usually defined as "omissions in care by parents or legal guardians resulting in significant harm, or the risk of significant harm" (Dubowitz, 2003). Broadly defined, neglect is when a child's basic needs (e.g., food, clothing, health care, supervision education, a home free of hazards, affection) are unmet.

In defining child abuse and neglect during training, information needs to be tailored to be consistent with laws of the state in which training is implemented. Indeed, training programs should include a review of State laws regarding definitions of child abuse and neglect, as well as reporting procedures. Training programs should also include interactive group exercises in which child maltreatment vignettes are reviewed by participants, and subsequently classified into appropriate abuse types.

7.2. Reporting procedures and legal issues

Training efforts should provide specific guidelines in reporting child maltreatment, as well as the legal requirements and consequences in failing to report. Training should emphasize that professionals are not required to prove that maltreatment occurred in order to report to protective service agencies (Tower, 1992). Often, mental health workers believe that they must gain more information before filing an abuse report (Kenny, 1998). However, the majority of State statutes require a suspicion or "reason to believe" that maltreatment has occurred (Burns & Lake, 1983; Kalichman, 1999). The intent is to give clinicians the ability to make a report, and then allow CPS professionals to determine if abuse or neglect has occurred. Professionals may also utilize the judgment of colleagues when they are unsure whether to report (Remley & Lincoln, 1986).

Specific procedures for reporting child maltreatment vary among states, including time frame and how to make the report. Most states require that an oral report be made as soon as possible, and no later than 24 h after abuse is suspected (Tower, 1992). The oral report is generally made to either CPS or law enforcement (Meriwether, 1986). In many states, CPS provides a 24-h toll-free hotline through which a report is made (Tower, 1992). This phone number is listed in the front of most local telephone books. Some states mandate that a written report be filed following an oral report. State statutes vary greatly regarding the time allotted for filing written reports, but most statutes require that the written report be filed between 1 and 7 days following the oral report. Written reporting requirements also vary among states. Some states require that specific forms be completed, while others will accept a faxed or mailed statement from the reporter. It is suggested that professionals have these forms, if required, in their possession to facilitate the reporting process. Generally, the required content includes the child's identifying information (i.e., age, gender, ethnicity, date of birth), the parent's name and address, the nature of the report, and the professional's name and contact information (Kalichman, 1999; Tower, 1992). Most states also specify that the individual who has reason to suspect abuse must make the report. In these cases, if the agency policy establishes a chair of reporting, ultimately the individual who suspected abuse is held responsible (Nalepka et al., 1981).

Training should also remind professionals that regardless of situational or cultural influences, it is their legal and professional duty to report child maltreatment. Indeed, though professionals may feel that reporting laws may be biased toward ethnic or cultural minorities, the overall society functions under a set of laws to which individuals in all races, ethnicities, and social classes must adhere (Lindholm and Willey, 1986; Pierce & Pierce, 1984; Rao, DiClemente, & Ponton, 1992). Therefore, training should provide opportunities for trainees to

examine their own views regarding cultural and situational influences in their reporting of child maltreatment within the context of State reporting laws.

Professionals should be informed that all 50 states provide immunity to those professionals who report maltreatment in good faith (Beezer, 1985; Besharov, 1994; Nalepka et al., 1981). Therefore, if a professional acts in good faith (i.e., without malicious intent) when reporting child maltreatment, they do not risk legal action originated by either the State or reported individuals. Such immunity is granted regardless of the disposition of the abuse report (Kalichman & Brosig, 1993). The intent of providing immunity is to alleviate the concern that mandated reporters have about being held liable for reporting suspicions of child maltreatment (Kenny, 1998). Alternatively, decisions not to report should be well documented to protect the professional from legal ramifications (Besharov, 1990), as there is generally a legal sanction for failing to report suspected child abuse for mandated reporters. Legal sanctions can include fines, revocation of professional licenses, or jail time. For example, in Florida, failure to report is a first-degree misdemeanor (F.S.§ 39.205). Kalichman (1999) reviews a number of documented cases of practitioners who have been arrested for failure to report suspected child abuse. Moreover, failure to report suspected abuse can lead to possible civil suits by victims, or their families, who may wish to sue a professional for malpractice. Therefore, prosecution of practitioners who fail to report suspected abuse should be emphasized in training programs.

7.3. Involving the client

Many practitioners fear that reporting child maltreatment will result in severe abuse of the victim or disruption in the family. In the majority cases, maltreatment does not escalate consequent to a report when the family is involved in the reporting process. However, some cases do result in the temporary or permanent removal of the child from the home. This happens for the immediate protection of the child. However, the goal of CPS is to maintain the family structure, whenever possible, and reunification when the child is removed from the home (Duquette, 1981). It is estimated that of all reports made to CPS, less than 3% of victims are removed from the home (Goodwin & Geil, 1982). These cases are most likely to be victims of sexual abuse, with less than 17 % of children who are victims of sexual abuse being removed from the home (Finkelhor et al., 1984; Pence & Wilson, 1994).

Training should also teach attendees to involve family members of the victim in the reporting process to assist in maintaining a collaborative relationship in treatment (Bromley & Riolo, 1988). In doing so, nonperpetrating caregivers, and sometimes perpetrating caregivers, should be alerted to the report, and the professional's legal and ethical role should be explained. Further, the practitioner should express concern for the victim and thoroughly explain the CPS investigatory process (for a review of empirically based content, see Donohue et al., 2002). Empirically based guidelines to determine which family members should be involved in the reporting process have not been established. Indeed, clinical lore would suggest informing perpetrators of a forthcoming investigation might provide them time to influence victims to deny abusive incidents, or correct neglectful conditions. Nevertheless, when the family is not informed that a report of child maltreatment has been made, the

suspected victim may be at increased risk of physical harm, and may delay intervention (Racusin & Felsman, 1986).

8. Responses to professional barriers in reporting child maltreatment

As already reviewed, many professionals fear that reporting child maltreatment will lead to negative consequences for the victim and the perpetrator, as well as themselves. Though negative consequences are possible, they are not as likely as professionals may believe. Informing professionals of potential consequences of reporting child abuse and neglect is likely to increase professionals' confidence in their reporting, in turn decreasing the number of instances which are not reported and the number of children and perpetrators who fail to receive intervention.

8.1. Damage to relationships

For mental health professionals, discussing the limits of confidentiality at the outset of the therapy will likely help the family understand the necessary breech later and decrease the likelihood of anger (Kenny, 1998). Providing this information both verbally, and in writing, is recommended to avoid potential misunderstandings.

A major concern of professionals is that the therapeutic relationship with the reported perpetrator of child maltreatment will be damaged, or that the perpetrator will withdraw from treatment. Although this is a potential consequence of reporting, the majority of reported cases do not damage the professional relationship (Harper & Irvin 1985). For instance, 76% of cases reported for child maltreatment have been reportedly improved or unchanged consequent to the report (Watson & Levine, 1989). Similarly, Weinstein, Levine, Kogan, Harkavy-Friedman, and Miller (2002) found 73% of cases either improved or did not change, with approximately 30% expressing relief. Thus, training programs should emphasize these findings.

Professionals may fear that reporting may result in physical retaliation from the perpetrator. There does not exist the possibility that parents will respond angrily to a report of child abuse and "lash out" at the professional (Kalichman, 1999). Although it is our experience that this is rarely the case, safety measures should be conservatively implemented to prevent retaliation consequent to reporting of child maltreatment. For instance, anger management and self-protection strategies should be reviewed during training programs, particularly when perpetrators of child maltreatment are first notified that a report will need to be submitted to the authorities.

8.2. Legal ramifications

Many professionals believe that reports of child maltreatment often result in time-consuming court proceedings. However, criminal prosecution is infrequently sought, with fewer than 10% of child maltreatment cases resulting in prosecution (Kim, 1986). Prosecution

is particularly unlikely when the offender is a family member, probably because the goal of CPS is to keep the family intact and maltreatment is often difficult to establish in court (Duquette, 1981). The general perspective of the legal system and CPS is that removal of a family member from the home only serves to further strain the family emotionally and financially (Attias & Goodwin, 1985).

Reporting child maltreatment to CPS is intended to aid the victim by providing services, as well as protecting the child from further victimization. If a professional fails to report child maltreatment, the perpetrator is given the opportunity to further victimize the child without an established consequence (Wurtele & Schmitt, 1992). Failure to report may also result in a continuation of the cycle of abuse, with the victim becoming abusive toward other children (Goodwin & Geil, 1982). Knowledge of this process will serve both to aid the professional in reporting, as well as support the child and their family through the process.

8.3. Perception of CPS

The relationship between mandated professionals and CPS agents is often strained, and, therefore, methods to improve these relations should be included in training programs relevant to reporting child maltreatment. Zellman (1992) suggested that training professionals in reporting procedures may assist in improving this relationship. Training programs should also emphasize that although reports of serious abuse have increased over the years, commensurate increases in budgeting to CPS has not occurred. Therefore, professionals must keep in mind that CPS workers are overburdened with cases. Besharov (1990) suggests that a collaborative relationship be encouraged where mandated reporters are given access to files regarding the reports they initiate. Although this may create unforeseen problems, it might assist in providing professionals requisite regarding how the case is progressing (Lowenthal, 2001). In this manner, CPS can begin to be viewed as a resource to professionals, rather than a nemesis.

Since many professionals believe CPS will not assist children, emphasis should be placed on notifying professionals that CPS may facilitate services for the child victim's family, even if the abuse is unfounded (Wilson & Gettinger, 1989). It is true, however, that given the high volume of reports each year, CPS does reserve its resources for the more serious cases (Zellman, 1990a,b).

9. Conclusion

Failure of professionals to report child maltreatment may leave hundreds of thousands of children and their families without needed interventions and at increased risk of further maltreatment. During the past 30 years, several reasons have been consistently found to influence professionals to ignore legal mandates to report suspected child abuse and neglect, including inability to recognize signs and symptoms of child abuse and neglect, misunderstanding State child abuse and neglect reporting laws, and fear of negative consequences resulting from the report. These concerns maybe easily allayed through increased availability

of training programs, implementing educational programs that emphasize potential consequences of reporting, and improving the working relationship with CPS. Several models for training have been proposed. However, training programs specific to child maltreatment reporting practices are limited, and most existing programs lack empirical support. Certainly, training programs need to be developed and formally evaluated in controlled outcome studies.

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