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MANDATORY CHILD ABUSE REPORTING:

BEHAVIORS, ATTITUDES AND BELIEFS AMONG PSYCHOLOGISTS

REGARDING CURRENT AND PROPOSED STATUTES

by

Angela Marie Cavett
Bachelor of Science, North Dakota State University, 1994
Master of Arts, Saint Mary's University of Minnesota, 1998

A Dissertation

Presented to the Graduate Faculty

of the

University of North Dakota

In Partial Fulfillment of the Requirements

for the Degree of

Doctor of Philosophy

Grand Forks, North Dakota
December
2002

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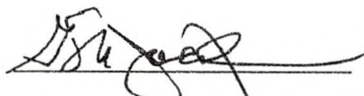

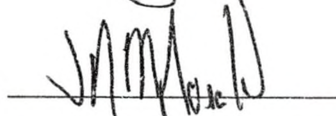

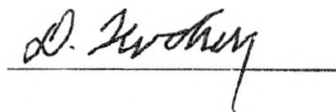

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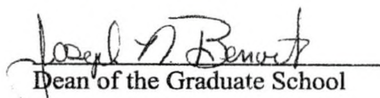
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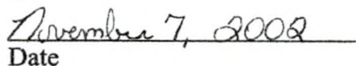
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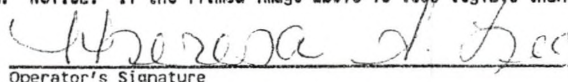
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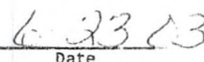
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My daughter, Ella, reminded me on a daily basis how important and rewarding it is, not only to keep children free of abuse and neglect, but also to smile and laugh, read and play with a child every day. Having a child during my doctoral program was a challenge and the greatest experience I could imagine. Thank you, Ella, for this daily reminder of the important things in life.

This project developed out of a promise I made to myself in grade school, to provide better protection for maltreated children. Those who have helped with this research have provided an opportunity for me to fulfill that promise to myself and to those who are currently affected by this issue. For that, I am deeply grateful.

In memory of Raymond Earl Crumble (1970-1999)

To our daughter Ella Crumble-Cavett

To children, reported or unreported, who hurt due to child maltreatment.

ABSTRACT

Child abuse is a serious societal problem that has occurred throughout history. However, only recently has society begun to formally confront child maltreatment by requiring professionals, including psychologists, to identify children who are being abused or neglected, through formal, mandated reporting. Child abuse reports are general addressed by social workers from Social Service Departments. However, this system is not always effective. Despite the mandates to report, psychologists have chosen to not report some cases, especially cases of mild physical abuse.

Psychologists make decisions regarding whether or not to report. This study elaborates on and extends what is known about psychologists' behaviors, attitudes and beliefs regarding a proposed statute allowing for greater discretion, as proposed by Finkelhor and Zellman (1991), are explored.

Support for the proposed statutes was analyzed. The support was found to be bi-modal for the participants. This pattern was found for both "Consistent" and "Inconsistent" reporters. Participants' perceptions of the effectiveness of the current and proposed statutes were explored. The effectiveness was explored across three levels of abuse severity. Participants tended to believe the current statutes were effective at identifying and protecting children who were more severely abused. Participants tended to believe that the proposed statutes would be more effective for milder forms of physical abuse.

Psychologists' beliefs regarding the effectiveness of the statutes across severity and disclosure levels were explored. Finally, participants' beliefs about the likelihood of continued abuse to families receiving services (abuse-focused therapy and child protective services) were assessed. Participants believed that families involved in abuse-focused therapy or child protective services were more likely to discontinue being abusive. Furthermore, participants tended to believe that families that received neither service were likely to continue being abusive.

Societal implications include the possible need to reassess the effectiveness of the current statutes. The results indicate that an alternative model, allowing for discretion in mild cases, would have support of many and may be more effective for mild abuse. Implications for training include a need for better understanding of child abuse identification as well as the decision-making process. Further training on ethical and legal implications is also necessary.

CHAPTER I

INTRODUCTION AND LITERATURE REVIEW

Child abuse is a serious societal problem that has occurred throughout history. However, only recently has society begun to formally confront child maltreatment beginning with a system developed by Dr. C. Kempe. This approach mandates professionals to identify children who were being maltreated through mandatory reporting. Child abuse reports were addressed by social workers from Social Service Departments and Child Protective Agencies. However, this system is not always effective. Despite the mandates to report, psychologists have chosen not to report some cases, especially cases of mild to moderate physical abuse. The limitations suggest that alternative models for addressing child abuse may need to be developed.

Psychologists make decisions regarding whether or not to report. This study elaborates on and extends what is known about psychologists' behaviors, attitudes and beliefs under the current statutes. In addition, behaviors, attitudes and beliefs regarding a proposed statute allowing for greater discretion, created by Finkelhor and Zellman (1991), are explored.

Support for the proposed statutes were analyzed. Participants' perceptions of the effectiveness of the current and proposed statutes were explored. Vignettes were developed varying severity and disclosure within the "gray range" that is often not reported under the current statutes and that would qualify for discretionary reporting

under the proposed statute. Psychologists' beliefs regarding the effectiveness of the statutes across severity and disclosure as well as reporting behavior are discussed. Finally, participants' beliefs about the likelihood of continued abuse to families receiving services (abuse-focused therapy, child protctive services) were assessed.

The maltreatment of children has existed throughout history (Zigler & Hall, 1989). For a history of child abuse and neglect, readers are referred to *Child Maltreatment* (Cicchetti & Carlson, 1993) and *The Battered Child* (Helfer & Kempe, 1987). Historically approaches have been developed for addressing child maltreatment by society. The current approach developed out of the pioneering work of Dr. C. Kempe, a physician. In the early 1960's, Dr. Kempe coined the phrase Battered Child Syndrome that he defined as soft tissue damage and bone fractures in various stages of healing due to repeated physical trauma (Cicchetti & Carlson, 1989). Dr. Kempe led a campaign that, within five years, resulted in child abuse reporting laws for physicians in all fifty states (Radbill, 1989).

In 1974, United States Congress passed the Child Abuse Prevention and Treatment Act leading to mandated reporting by all professionals involved in human services (as cited in Deisz et al., 1996). A model mandatory child abuse reporting statute developed by the Children's Bureau of the Department of Health, Education, and Welfare was used by individual states when developing statutes for mandatory reporting (Silver, Barton, & Dublin, 1967). The model statute included five features. First, child abuse is to be reported by professionals in all cases. Second, the statutes need to be clearly stated. Ambiguous statutes leave loopholes for cases to be unreported. Third, immunity should be provided for professionals who report in good faith. Fourth, professional-client/patient

confidentiality is not a valid reason for failure to report. Fifth, criminal charges should be made when professionals fail to report abuse.

The initial purpose for the mandates was specifically for identification of cases. Since the implementation of the mandates, the number of reported cases has increased drastically. Two million reports of suspected abuse and/or neglect concerning 2.9 million children were reported to Child Protective Services in 1994, according to the U.S. Department of Health and Human Services. Professionals, including psychologists, accounted for more than half of the reports. Not only are professionals responsible most reports, but also professionals' reports are also most likely to be substantiated (Giovannoni, 1989).

Dissatisfaction with the Current Reporting Laws

There is considerable dissatisfaction among psychologists with the present system of dealing with child abuse. Although reporting laws have been criticized and approximately 30% of psychologists do not abide them in all cases of suspected abuse (Kalichman, Craig, & Follingstad, 1989), psychologists indicate that they believe that the reporting laws are necessary. Studies have shown that 85-94% of psychologists believe that for the protection of children, reporting laws are needed (Craig & Kalichman, 1990; Kalichman et al., 1988; 1989). In a study in which 94% of the subjects indicated that they believed that mandates were necessary, only 61% believed that the laws were effective (Kalichman & Craig, 1991). Approximately 20% believed that the laws were not effective and 20% were unsure if the laws were effective (Kalichman & Craig,1991).

Ansell and Ross (1990) suggest that since psychologists did not make the laws, and therefore could not consider important factors may not have been considered in the

development of the laws. These include, "the effects of such laws on clinical practice, their probable effects on clients and certainly their effects on the best interest of the child and his or her family" (Ansell & Ross, 1990). They argue further that the current mandates put psychologists in a role of the police. Furthermore, they argue that psychotherapists theoretically should be able to use clinical interventions in lieu of reporting.

> "The ethicist might have assumed that a psychotherapist who suspected a client of child abuse might consider a range of options before rushing to report. Those options lie within the clinical function to make a judgement call" (Ansell & Ross, 1990, p. 399).

Psychologists Rates of Failure to Report

Despite the mandate to report, psychologists often fail to do so. Studies have investigated compliance with the legal and ethical mandates using vignettes describing hypothetical cases of child abuse (Kalichman, Craig, & Follingstad, 1990; Kalichman & Craig, 1991; Kalichman & Brosig, 1993; Finlayson, 1989; Haas, Malou & Mayerson, 1988). Failure rates for reporting cases of child abuse have ranged between 34-37% (Kalichman, Craig, & Follingstad, 1989; Kalichman & Craig, 1991). Reported failure to report in clinical practice has been found to be similar to responses in survey research using vignettes (Kalichman et al., 1990; Kalichman & Craig, 1991; Kalichman & Brosig, 1993).

Failure to report appears to occur among practicing psychologists across a range of levels. Pope and Bajt (1988) investigated the ethical behaviors of "Senior Psychologists" defined as those who had served on state ethics boards, the American

Psychological Association Ethics Committee, had written texts about ethics or were diplomats of the American Board of Professional Psychologists. Twenty-one percent had failed to report child abuse, despite being mandated to do so.

The mandates to report child abuse and neglect apply to social service positions across a range of professions, including those in education and health care. Failure to report is common across professions. Failure to report among physicians in clinical practice has been noted (Saulsberry & Cambell, 1985; James, Womanck, & Strauss, 1978). Medical personnel including medical technicians and registered nurses were found to have an understanding of types of abuse (King, Baker & Ludwig, 1999). However, sixty-nine percent did not have an adequate understanding of the reporting statutes (King, Baker & Ludwig, 1999). Furthermore, of those who had reported child abuse 41% did not make the report to an appropriate agency (the police or social services) (1999). Although teachers and other school professionals account for the largest source of reports to Child Protective Services, teachers do not report 76% of the cases in which they suspect abuse (DHHS, 1988, as cited in Bonardi & Akutsu, 2000).

When Marriage and Family Therapists ranked the most significant dilemmas, child abuse reporting was the highest ranked issue (Green & Hansen, 1989). Of those who did not report a situation of child abuse, almost half indicated that they would not report unless the abuse occurred again. About 20% indicated that a report would be made if the abuse got worse.

Arguments Supporting and Opposing the Current Mandates to Report

At the extreme, some who oppose mandates to report believe that the needs of the state are given a higher priority than the therapeutic needs of the client (Newman, 1999)

when reporting is mandated. For instance, Newman believes that reporting mandates are inappropriate reactions and band-aid responses to a serious social problem.

A more common, less extreme objection to the mandates includes the belief that mandatory reporting of child abuse may adversely affect the therapeutic relationship (Faller, 1985). The client may not trust the therapist who reports child abuse and this may lead to failure to open up. Psychologists' fear that reporting may have an adverse affect on the disclosure process (Finlayson, 1991). When clients fear they will be reported by their therapists, they hesitate to discuss potentially reportable behaviors. Indeed, Taube and Elwork found fewer reports of parental punishment by parents informed of the limitations of confidentiality than by those who were not informed of the limits (Taube & Elwork, 1990). Not only may people with parenting concerns not discuss behaviors in treatment, in addition, they may not seek treatment altogether. Faller (1985) argued that potential clients may not enter therapy if the therapist would possibly report them.

The fears that reporting may affect the therapeutic relationship are based on the fact that psychotherapy has historically been within the context of a confidential relationship. Psychologists feel compelled to maintain confidentiality which is protected by the professions code of ethics. In a study of psychologists "Twenty-four percent of the respondents probably or definitely believed in absolute confidentiality" and they "indicated that it is necessary for successful treatment" (Thelen, et. al., 1994). One reason for the belief in maintaining confidentiality is to encourage openness and honesty in therapy. Mandating reports which conflict with client confidentiality presents an issue which must be seriously considered.

Psychologists appear to weigh the costs and benefits of a report in specific cases. When the right to have disclosures remain confidentiality is compared to the benefits of reporting abuse, there is an inverse relationship. The belief that confidentiality should be maintained decreased as the symptoms of abuse increased (Finlayson, 1991). The proposed changes are consistent with this weighted decision-making process. This would allow for services to be provided to families with less severe interactions while limiting the intrusive investigations by an agency with huge caseloads and few resources.

There has also been discussion of the possible positive consequences of reporting. In fact, when actual consequences of reporting were examined, the fear that a report would damage the relationship was challenged. An improvement was found in seventy-six percent of the cases after being reported to child protection in a study by Watson and Levine (1989). Furthermore, in a review of child abuse assessments, Dale and Fellows (1999) found that the assessments were beneficial to about 60% of the families. This study did indicate that the structure of the assessment may be the variable which determines the therapeutic benefits gained through the report. In particular, child abuse assessments with a focus on partnerships with parents in addressing the problems have been found to be the most effective (Dale & Fellows, 1999). A weakness of the study is that there was not a control group which was not reported. Since the report may be seen as a direct confrontation of the abuse, this may confound with the actual behavior of reporting.

Making the Decision to Report: Three Types of Models

In clinical practice, psychologists need to make decisions regarding whether to report or not report. The process by which psychologists make those decisions, given the

current statutes, will now be explored. Kalichman (1999) has considered three models of decision-making in psychologists' reporting decisions: utility models, evidence-based models and threshold models. When a utility model is used, the pros and cons of each possible decision are weighed. Evidence-based models are a way of processing the evidence against the legal definitions. Threshold models are a decision-making approach using internal standards. Kalichman suggests that the actual process may be an integration of the three models.

Utility Models

Utility models resemble an equation with the possible outcomes being weighed by the psychologist. Figure 1 gives an example of how the utility model is used in reporting decisions.[1] There are costs and benefits for reporting. Not reporting has other costs and benefits. According to Kalichman, psychologists use perceived costs and benefits in their decision-making processes (Kalichman, 1999). Contributions to psychologists' perceptions will be discussed more fully in the following sections on Influential Factors Among Non-reporters and Influential Factors Among Reporters. However, one of these factors, the perceived severity of abuse/neglect is particularly relevant in understanding the utility model process, with costs and benefits being weighed accordingly.

> "The benefits of reporting suspected child abuse weigh heaviest when maltreatment is most likely occurring. On the other hand, when abuse is more questionable, the benefits of not reporting are greatest. It is along these lines

[1]Utility Model: Cost and benefits to reporting and not reporting. From Kalichman, S. C. (1999). Mandated Reporting of Suspected Child Abuse: Ethics, Law and Policy, p. 69. American Psychological Association: Washington, D.C.

that professionals appear to subjectively define what constitutes reasonable suspicions of child abuse and whether they should report" (Kalichman, 1999, p. 69).

	Costs	Benefits
Reported	Disrupting Treatment Relying on CPS to handle cases Family must face CPS	Stopping abuse Upholding the law Maintaining trust
Not Reported	Potential for further abuse Liability for failure to report	Maintaining confidentiality Protecting child from the system

Figure 1. Utility Model: Cost and benefits to reporting and not reporting.

Evidence-Based Models

Evidence-based models of decision-making have been described as those which focus on the factors that influence reporting. These factors will be described in the section titled Influential Factors in Empirical Research. Kalichman (1999) used a model of decision-making by police officers for child abuse reporting situations which was developed by Willis and Wells (1988) to develop a theoretical framework for psychologists. This model is illustrated in Figure 2.[2] The model includes "extralegal" and "legal" variables. Abuse severity, policies and procedures of the organization and

[2] Kalichman's model of psychologists' decision-making in suspected abuse cases. From Kalichman, S. C. (1999). Mandated Reporting of Suspected Child Abuse: Ethics, Law and Policy, p.70. American Psychological Association: Washington, D.C.

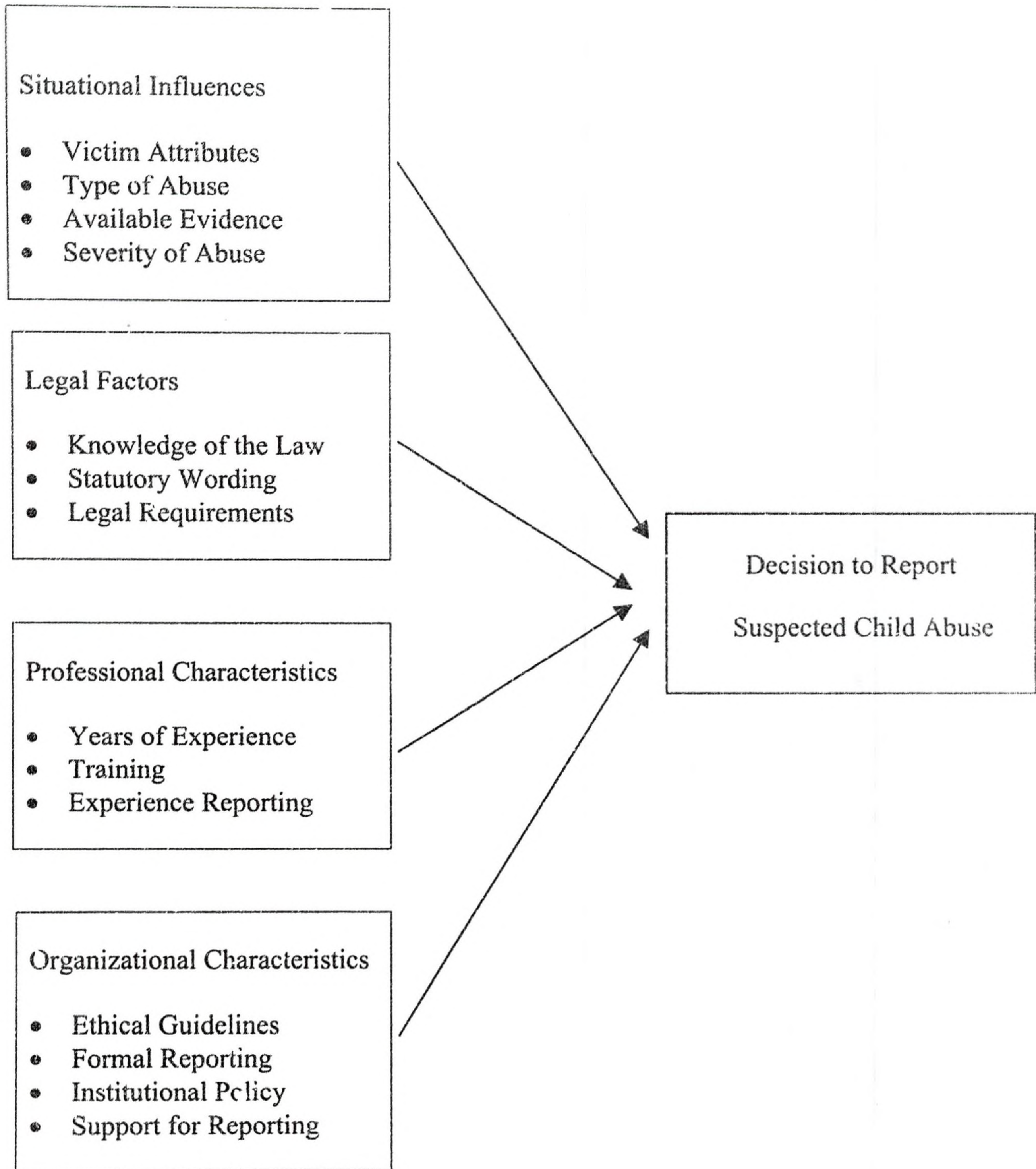

Figure 2. Kalichman's model of psychologists' decision-making in suspected abuse cases.

knowledge of laws were included in the "legal" category of the model proposed by Willis and Wells. "Extralegal" included characteristics of the reporter, factors pertaining to the situation, some organizational factors and past experiences and attitudes about mandates. Brosig and Kalichman (1992) proposed a psychologist decision-making model which included situational factors, psychologist-related factors and factors pertaining to the law.

"The uncertainty of when to report is the principal reason for failure to report suspected child abuse" (Kalichman, 1999, p. 71). When children are present in therapy, there are often symptoms of abuse. However, many symptoms of child abuse and neglect are similar to other psychological problems (Herrenkohl & Herrenkkohl, 1979). Although the signs are less linked to abuse than other signs of abuse such as bruises or verbal disclosures, behavioral symptoms lead to 20% of child abuse cases which are substantiated (Giovannoni, 1989). Even less clear signs of abuse, such as anxiety or depression, are the least likely to be substantiated. Table 1 lists behaviors often seen in children who have been abused.

Threshold Models

Threshold models are methods of conceptualizing reporting when the professionals' "subjective internalized standards for determining when to report" have been met (Kalichman, 1999, p. 79). Threshold models are similar to evidence-based models; however, they "go beyond evidence-based models by recognizing a continuum of abuse indicators" (Kalichman, 1999, p. 79). Table 2 lists behaviors often seen in children who have been abused but categorizes them according to how specific the symptom is to abuse versus other competing explanations for the behavior. The threshold model is based on a continuum of symptoms and signs of abuse (Kalichman, 1999) which

Table 1

Symptoms of Abuse used in Evidence-Based Models of Reporting

Physical Abuse	Sexual Abuse	Emotional Abuse
Wariness of adults	Reluctance to change clothes in front of others	Over-eagerness to please
Extreme aggression or withdrawal	Withdrawal	Dependence on Adult contact
Dependent or indiscriminate attachments	Unusual sexual behavior and/or knowledge beyond developmental expectation	Understanding of abuse as being Warranted
Discomfort when other children cry	Poor peer relationships	Changes in behavior
Drastic behavior change when not with parents or caregiver	Avoidance or seeking out of adults	Depression
Manipulation	Manipulation	Excessive anxiety
Poor self-concept	Self-consciousness	Unwillingness to discuss problems
Delinquent behavior such as running away from home	Problems with authority and rules	Aggressive or bizarre behavior
Use of alcohol and/or other drugs	Eating Disorders	Withdrawal
Self-manipulation	Self-mutilation	Apathy
Fear of parents, of going home	Obsessive cleanliness	Passivity
Overprotection of or over-responsibility for parents	Use of alcohol and/or other drugs	Unprovoked fits of yelling or screaming
Suicidal gestures and/or attempts	Delinquent behavior, such as running away from home	Inconsistent behavior at home and school
Behavioral problems at school	Extreme compliance or defiance	Running away from home
	Suicidal	Suicidal gestures and/or attempts
	Promiscuity	Low self-esteem
	Engagement in fantasy or infantile behavior	Inability to sustain relationships
	Unwillingness to participate in sports activities	Unrealistic goal setting
	Academic problems	Impatience
	Enuresis	Inability to communicate or express his or her feelings, needs, or desires
		Sabotage of his or her chances of success
		Lack of self-confidence
		Self-depreciation or negative self-image

are subjective probability estimate (Swets, 1992). "A formal analysis of reporting decisions requires quantifying several parameters, including an index of abuse indicators, values for the costs of an incorrect report, benefits of a correct report, and the base rate of abused children in a given setting (Swets, 1992)" (cited in Kalichman, 1999, p. 80).

Table 2

Symptoms from Low to High Specificity Related to Abuse

	Low Specificity	Moderate Specificity	High Specificity
Sexual Abuse	Anxiety Depression	Sexual acting out	Complaints of genital or anal discomfort Detailed verbal account
Physical Abuse	Anxiety Depression Low self-esteem Social Maladjustment	Aggression Acting out	Bruises, Welts, Burns Verbal account of abuse
Emotional Abuse	Anxiety Depression	Verbal account of humiliation, rejection, degradation terrorizing	Observation of humiliation rejection, degradation, terrorizing
	Lenient Criteria		Strict Criteria
	Low Reporting Thershold		High Reporting Threshold
	High False Detection Rate		High Correct Detection Rate

Studies have shown that psychologists are more likely to report as the evidence of abuse is more specific. For instance, in a study of reporting, vignettes which described a child with bruises were reported by almost all the participants (Kalichman & Brosig,

1991). The more ambiguous the symptoms, the less likely psychologists are to report. In cases where symptoms are ambiguous, psychologists may consider other possible explanations.

Support for a threshold model of reporting decisions is also found in experimental vignette studies that show cumulative effects of salient indicators of abuse on reporting tendencies (Brosig & Kalichman, 1992a; Kalichman et al., 1989). Thus, as evidence of abuse increases professionals become more inclined to report, as would be expected when surpassing a reporting threshold (Kalichman, 1999, p.77).

When conceptualizing the reporting decisions of psychologists in cases of child abuse from a threshold model, there is a level of suspicion to indicators of abuse ratio Kalichman, 1999). As the indicators become more specific to abuse, in lieu of other etiologies, suspicion increases. Reporting decisions are based on a threshold, which is along the continuum from lenient decision criteria to strict decision criteria. Figures 3 and 4 illustrate how decision criteria are set based on levels of suspicion and indicators of abuse.[3] [4]

Using a threshold model in any diagnostic process, such as cases of child abuse, there are "hits" and "misses." "Hits" are those cases that are true positives, or cases of child abuse which truly are abuse and are reported. "Misses" are those cases which are

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[3] A threshold model for reporting physical abuse showing low and high thresholds. From Kalichman, S. C. (1999). Mandated Reporting of Suspected Child Abuse: Ethics, Law and Policy, p. 78. American Psychological Association: Washington, D.C.

[4] A threshold model for reporting sexual abuse showing low and high thresholds. From Kalichman, S. C. (1999). Mandated Reporting of Suspected Child Abuse: Ethics, Law and Policy, p. 79. American Psychological Association: Washington, D.C.

Indicators of Physical Abuse

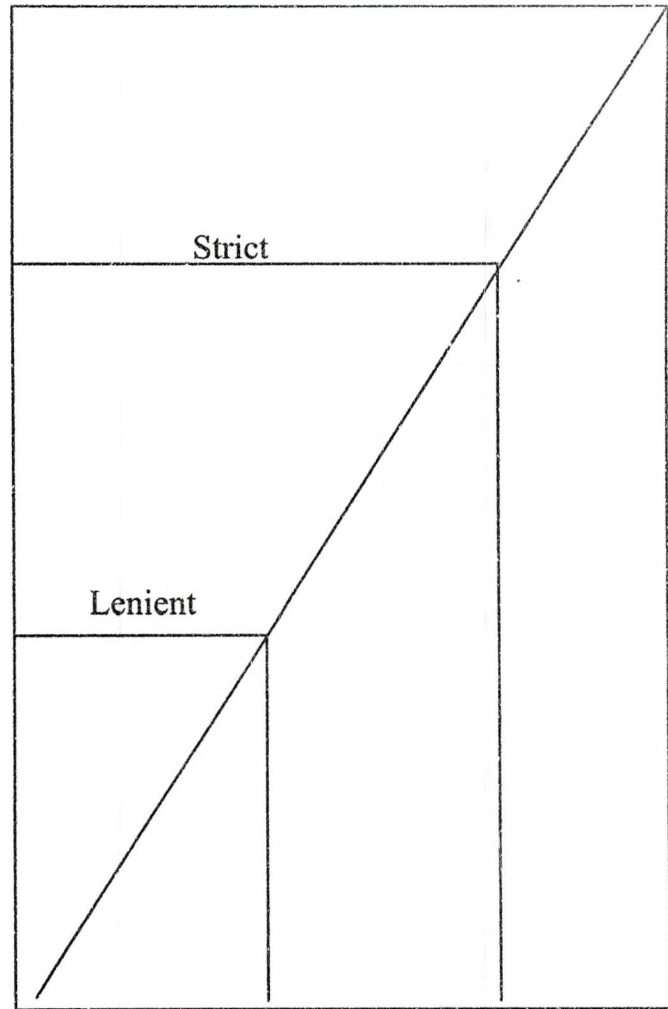
Bruises
Scratches
Welts

Verbal Disclosure

Aggressive Behavior

Acting-out

Emotional Distress



Levels of Suspicion

Figure 3. A threshold model for reporting physical abuse showing low and high thresholds.

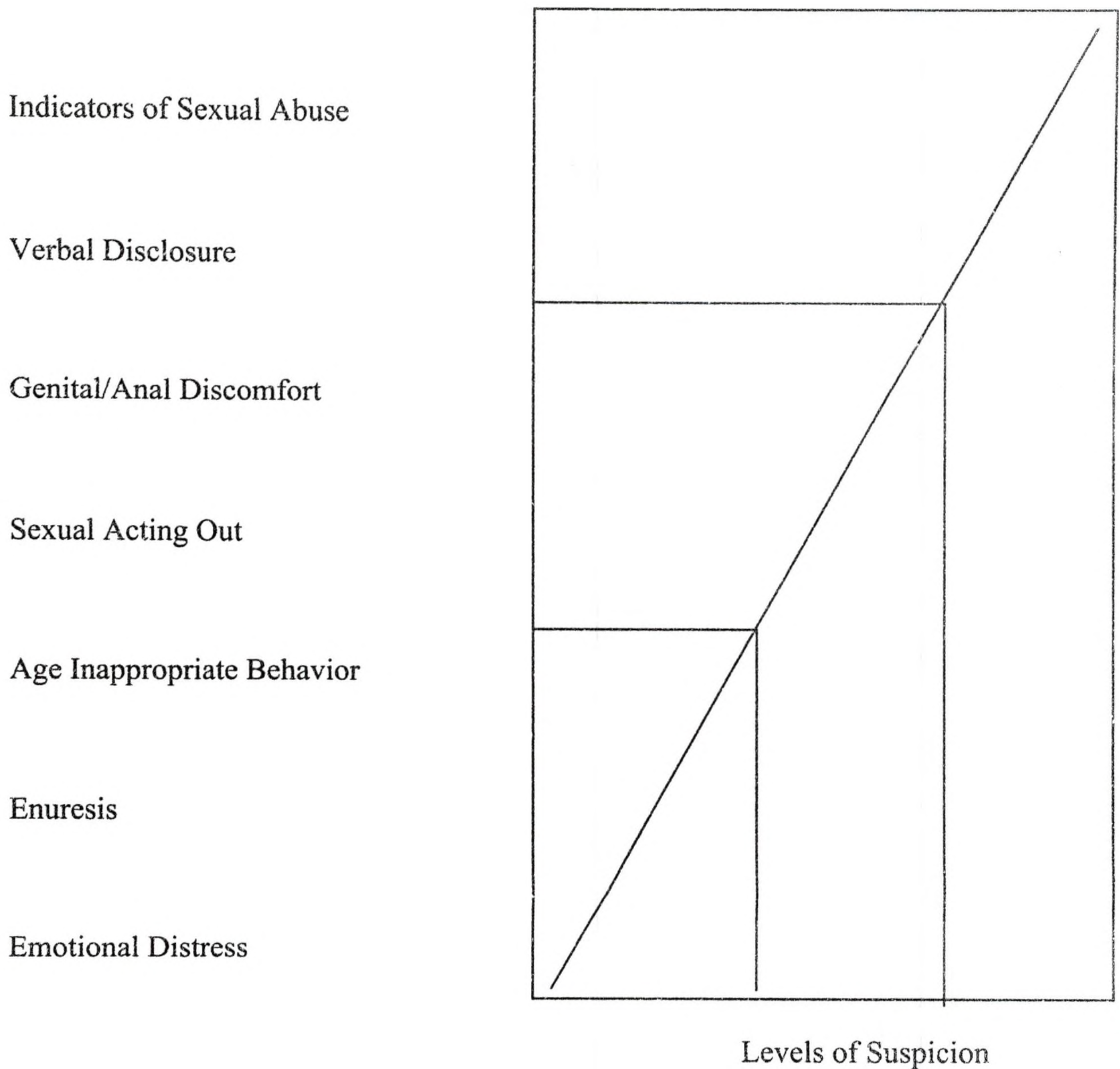


Figure 4. A threshold model for reporting sexual abuse showing low and high thresholds.

not abuse but are reported. There are also cases which are not reported which are not abuse. The fourth category includes those cases of true abuse which are not reported ("false negatives"). Figure 5 illustrates the four categories using both high and low

Thresholds.[5] In the next section, the variables which are factors in the decision-making processes will be discussed. Following that discussion, the current statutes and decision-making models will be compared.

Kalichman has outlined "Points of Ethical Consideration in Mandated Reporting" under the current statutes. These can be seen in Table 3. These guidelines provide structure in thinking about the decision to report or not when presented with specific cases in clinical practice.

Table 3

Points of Ethical Consideration in Mandated Reporting

- Know your state mandatory reporting laws.
- Provide informed consent with details of limited confidentiality.
- Remember that disclosures of abuse surpass reporting thresholds.
- Suspicions based on subtle signs of abuse should not be immediately dismissed.
- Boundaries of professional competence and roles should be maintained.
- Parents and guardians should be informed of reports unless doing so would endanger children.
- Keep detailed records of reports.
- Follow up reports with child protection workers.
- Verify cases believed to have been reported by clients, supervisors, colleagues, or others
- Discuss ambiguous cases with colleagues.
- Training in abuse should parallel professional contact with potential abuse.

Factors that Influence Reporting Behaviors

The research literature in the area of child abuse reporting includes several closely related but different areas. Factors that psychologists have stated as influential in their decisions to report have been discussed, as well as those influential in not reporting.

[5] Hits and misses in threshold models of reporting. From Kalichman, S. C. (1999). Mandated Reporting of Suspected Child Abuse: Ethics, Law and Policy, p. 81. American Psychological Association: Washington, D.C.

Strict Criteria/High Threshold

	Reported	Not Reported
Not Abused	0	240
Abused	10	50

Lenient Criteria/Low Threshold

	Reported	Not Reported
Not Abused	0	240
Abused	10	50

Figure 5. Hits and misses in threshold models of reporting.

Influential factors include variables pertaining to the therapist, the child, the suspected abuser, and the statutes. Further research may reveal other factors influential in reporting decisions. By identifying the factors that lead to reporting or not reporting, the profession will be better able to deal with this controversial issue. In this section, I will first review

factors that have been directly linked to the decision to report or not report. Second, factors relevant to therapist characteristics will be discussed, followed by factors related to the child and the child's family. Finally, I will present information about the impact of reporting statutes themselves on the decision to report.

Given that a decision is made to report or not to report, there are two groups that emerge from the population of mandated reporters, Reporters and Non-reporters. Reporters are those who indicated that in the past in their clinical practice, they have never chosen not to report suspected child abuse. This group is also referred to as consistent reporters. Non-reporters, or inconsistent reporters, are those who have at least once in their clinical practice chosen not to report a case of suspected child abuse.

<u>Influential Factors Among Non-Reporters</u>

Numerous studies have identified factors that psychologists claim are influential in the decision-making process leading to not reporting. Lack of evidence has been the factor most influential in the decision not to report (Finlayson & Koocher, 1991; Kalichman, Craig, & Follingstad, 1989).

Psychologists indicate that several factors related to the therapeutic relationship influenced their decision to not report. These relationship-based factors include wanting to maintain confidentiality (Kalichman, et al., 1991), fear that reporting would disturb therapy (Kalichman, Craig, & Follingstad, 1989), maintaining trust (Finlayson & Koocher, 1991) and fearing that reporting could be detrimental to the therapeutic relationship (Ansell & Ross, 1990; Miller &Weinstock, 1987; Pope, Tabachnick & Keith-Speigel, 1987).

Non-reporters claim that the family in which the abuse may have occurred is important in their reporting decisions. Non-reporters indicate that the needs and good of the family are highly influential in their deciding not to report (Kalichman & Brosig, 1993). Indeed, 13% of psychologists who have reported indicate that the report did have a negative effect on the family (Kalichman & Craig, 1991).

Time appears to be a factor in reporting of child abuse by psychologists. Muehleman and Kimmons (1981) found that approximately half of the psychologists in their study chose not to report a case of child abuse. However, all the subjects reported that they would report at a later time (Muehleman & Kimmons, 1981). Perhaps this delay in reporting is to seek out supporting or contradictory evidence.

Psychologists' lack of confidence in the authorities may be important to those who are inconsistent reporters. However, as the symptoms of abuse increase, lack of confidence decreases in its influence over the decision-making process of inconsistent reporters (Finlayson, 1991). Legal implications are the lowest-ranked factor in the decision not to report (Wilson & Gettinger, 1989).

Influential Factors Among Reporters

Factors consistent reporters identify as being influential in their decision-making process are different from factors which are claimed as influential in the decision-making processes of inconsistent reporters.

In a study by Brosig and Kalichman (1992) the most influential factor in the decision-making process of reporters was the protection and needs of the child. Psychologists who report feel that stopping abuse has a strong influence on their reporting (Finlayson & Koocher, 1991). The second most important factor identified by

consistent reporters as influential was clinical judgment. Three factors that were least important in the decision-making process of those who did report included: evidence that abuse was occurring, maintaining trust in therapy, and avoiding legal problems. However, when non-reporters and reporters were compared on the self-reported influence that legal implications had on their decisions, reporters indicated a greater impact (Kalichman & Brosig, 1993).

Legal, moral and ethical concerns play varying roles in the decision-making process of psychologists who are consistent reporters. Consistent reporters claim that ethical and moral obligations are strong motivating factors in their decision-making process (Finlayson, 1991). However, legal concerns are not strong motivators in the decision. Fear of prosecution for failure to report is not a strong motivating force for consistent reporters. In addition, psychologists who report abuse are granted immunity from claims made against them if the abuse is not substantiated.

It is interesting that factors that motivate inconsistent reporters most are least important in the decision-making process of consistent reporters. Evidence and maintaining trust are two of these factors (Brosig & Kalichman, 1992). Inconsistent reporters state that evidence is important in their decision to not report. However, it is less important in the decision-making processes of consistent reporters. This indicates that a different level of evidence is necessary to motivate consistent reporters compared to inconsistent reporters.

Characteristics of the Reporter: Past Reporting Behavior

One may assume that the factors that were influential in the decision-making processes in the past will remain salient factors in present and future decision-making processes. Therefore, one would predict consistency in reporting behavior tendencies. This is indeed what the research indicates. Psychologists' past reporting behavior is related to reporting behavior in a particular case (Kalichman & Craig, 1991). In a study by Kalichman and Craig (1993), 37% of psychologists indicated that they had not reported a case in clinical practice. Those who indicated that they had not consistently reported suspected abuse in the past were less likely to indicate that they would report abuse presented in the vignette than those who were consistent reporters (Kalichman & Craig, 1991). Furthermore, recent reporting behavior was more predictive of reporting in the study than less recent reporting behavior. Reports were most likely to be made by those who indicated that they had reported a case of child abuse within the past two months (Kalichman & Craig, 1991).

Theoretical Orientation

Several factors related to the clinician have been found to correlate with the tendency to report or not report child abuse. Female psychologists are more likely to report than are male psychologists (Finlayson & Koocher, 1993). Psychologists whose theoretical orientation is psychodynamic are less likely to report child abuse than those who identify as cognitive-rational emotive, behavioral or eclectic (Nicolai & Scott, 1994). The authors have suggested that differences between therapists of varying theoretical orientations may be due to different attitudes and assumptions about mandatory reporting (Nicolai & Scott, 1994).

Psychologists were found to be influenced by time in their reporting decisions (Muehleman & Kimmons, 1981). Psychologists may not report when suspicions first arise, however, a report will eventually be made. A tendency to delay reporting appears to be consistent across disciplines. In a study of family therapists, about half the subjects would not report the presented case of suspected child abuse until it happened again (Green & Hansen, 1989).

Training and Experience

There is contradictory evidence regarding the effects of training and experience on child abuse reporting. When reporting behavior was compared across most direct measures of experience and training, there was not a significant relationship. In a study by Kalichman and Brosig (1993) clinicians were asked to report hours per week that they saw clients, number of total client cases, number of child abuse cases and the number of years they had been doing therapy. None of the measures was related to reporting behavior. In addition, training about child abuse in internship or graduate school was not related to reporting of child abuse. However, there was a relationship between post-graduate training and reporting. Psychologists who received more training at workshops or through continuing education in the area of child abuse were less likely to report than psychologists with less education (Kalichman & Brosig, 1993). The authors suggest that trainings may not include a significant amount of information on ethical and legal issues in treating child abuse.

Indeed, the training of psychologists in the area of abuse has been criticized. Professionals, considered experts in the area of ethics, have indicated that factors which pertain to reporting are not adequately addressed in training (Pope & Bajt, 1988). Only

82% of the participants believed that education, training or supervision had adequately addressed the issue of child abuse reporting. Seventy-eight percent believed that the professional literature addresses the issue adequately.

Although Kalichman and Brosig (1993) did not find many significant relationships between reporting behavior and direct measures of experience and training, when other measures of knowledge were examined, different conclusions were drawn. A failure to report may occur if psychologists do not recognize that some symptoms are potentially a result of abuse. For example, Finlayson and Koocher (1991) conducted a study in which a child was described based on the work of Sink (1988) providing information about behaviors of children who have been abused. Although the child's presentation was "indicative of severe types of sexual abuse", only 10% of the psychologists felt there was substantial reason to believe abuse had occurred (Finlayson & Koocher, 1991). Furthermore, despite the frequency and normality of recanting, psychologists are less likely to report when a child recants (Finlayson & Koocher, 1991). Attias and Goodwin found that one-third of psychologists decided not to report suspected child abuse when the child recanted. Recanting is a stage frequently seen during the normal disclosure process of child sexual abuse (Bradley & Woods, 1996). In fact, "it has been reported that nearly 75% of sexual abuse victims initially deny abuse and that nearly 25% eventually recant their allegations (Soverson & Snow, 1991)" (as cited in Bradley et al., 1996).

Researchers are not listed in some statutes mandating reporting of child abuse. However, there is discussion regarding the moral duty that psychologists have to report

(Steinberg, Pynoss, Goenjian, Sossanabadi, & Sherr, 1999) cases identified through research.

Other Ethical Actions

Psychologists' behavior regarding other ethical issues is associated with their reporting behavior. Psychologists are ethically required to provide information to clients on confidentiality and limitations. There is great variability around how psychologists inform clients of the limits of their confidentiality. About half of psychologists report that they always inform clients of the limits of their confidentiality. Clients have indicated that they prefer to get information about the limits of confidentiality early in treatment (Miller & Thelen, 1986). Preferably the limitations will be discussed in the initial session (Miller & Thelen, 1986). Despite the desires of clients, only 22% of psychologists in a study by Nicolai and Scott (1994) discuss the limits of confidentiality in the initial session. When clients begin to discuss issues which may be reportable, such as child abuse, the rate of psychologists who discuss the limitations of confidentiality rises to 80%. About 20% of psychologists sometimes, rarely or never give information about or discuss the limitations of confidentiality. About 5% mislead clients by stating that everything is kept confidential.

The procedure that a psychologist follows in presenting information about the limits of confidentiality in psychotherapy is associated with reporting decisions (Nicolai & Scott, 1994). Psychologists who always provide confidentiality information are more likely to report child abuse consistently than those who are less consistent in providing confidentiality information are (Nicolai & Scott, 1994). In addition, those who provide specific information about confidentiality are more likely to report child abuse than those

who provide less specific information are (Nicolai & Scott, 1994). Training and discussion on legal and ethical issues may be beneficial.

Characteristics of the Child, Suspected Abuser and Family

The age of the child has an impact on reporting by psychologists, with younger children be more likely to be reported (Kalichman & Craig, 1993). Furthermore, the child's age, relationship to the father and type of abuse have an interaction effect on reporting behavior. Studies have varied these variables; age (7 or 16 years), relationship to father (biological or step-child) and type of abuse (sexual or physical). Psychologists were more likely to indicate that they would report the case if the child was younger when the father was the biological father and the type of abuse was physical (Kalichman & Craig, 1991). Age was not a factor which influenced reporting when the father was the step-father or when the abuse was sexual (Kalichman & Craig, 1991).

Disclosures of abuse were related to reporting behavior of the psychologist. Verbal disclosures are considered high specificity symptoms. When the child reported that abuse was occurring reporting was more likely to occur than if the child did not report abuse was occurring (Kalichman, 1988). Furthermore, type of abuse and disclosure or no disclosure by the child interact in their relationship with reporting. Physical and sexual abuse are reported at similar rates when the child discloses the abuse. However, when no statement is given, physical abuse is more likely to be reported. This is probably related to the visibility of symptoms relative to the types of abuse. However, disclosure of abuse by the child is not highly probable (Pierce & Pierce, 1985). Therefore, less obvious symptoms of abuse must be recognized by psychologists (Kalichman & Brosig, 1993). Disclosures by the parent also have an impact on reporting behavior. Psychologists are

more likely to report when the father portrayed as abusive discloses that he has abused his child and wants treatment (Kalichman, Craig, & Follingstad, 1989).

When a father suspected of being abusive was asked to come to therapy, his reaction sometimes influenced reporting decisions. For younger children, psychologists ratings of certainty that abuse was occurring were not influenced by the fathers decision of whether or not to come to therapy (Kalichman & Craig, 1991). However, when the child was older, confidence that the child was being abused and reporting were lower when the father would not come to therapy (Kalichman & Craig, 1991). Therefore, the behavior of the father may lead to underreporting by psychologists.

Family characteristics which indicate that there is a greater likelihood of abuse influence reporting behavior. Families who have been reported for child abuse in the past, are more likely to be reported than other families in similar situations (Katz, Hampton, Newberger, Bowles, & Snyder, 1986).

Race/Socioeconomic Status/Family Constellation

Cultural issues have been for the most part, ignored in research on child maltreatment (Kelly & Scott, 1986). Furthermore, much of the research often overlooks confounding variables such as race and socioeconomic status (Kelly & Scott, 1986). Although there is some research on the influence of cultural characteristics of the child and family suspected of abuse, of this little research specifically included psychologists as participants. Therefore, the following section on cultural issues related to child abuse reporting includes psychology and other professions mandated to report.

The socioeconomic status of the patient appears to influence reporting decisions by physicians (Johnson, 1993, Zellman, 1992) social workers, school principals and

psychologists (Zellman, 1992). The abuse situation was rated as more serious when the child was portrayed as being lower socioeconomic status as compared to middle or high socioeconomic status. Cases were more likely to be perceived as reportable, as well as more serious, when the child was portrayed as being from a low socioeconomic status home. In addition, the label "abuse" was more often used with children who were lower socioeconomic status.

Interactions between socioeconomic status and severity of abuse were found in a vignette study by Zellman (1992). When the abuse portrayed was less severe lower socioeconomic status parents were judged more harshly. However, when the abuse was more severe, higher socioeconomic status parents were subject to more harsh judgment. The authors believe this may reflect toleration of mild levels of abuse from educated parents. However, severe abuse by more educated people is deemed less acceptable than even severe abuse by less educated people

Lower socioeconomic status of the child and family is also associated with a higher probability that a clinician will note a concern about neglect in the medical chart of the child (Thyen, 1997). Children from lower socioeconomic status families were also more likely to be reported to child protection agencies. The relationship between reporting of suspected neglect and income of the child's family was such that every 10,000 dollar increase in income was associated with a decrease in reporting to child protection by half the amount of cases (Thyen, 1997).

Racial and socioeconomic characteristics are associated with reporting behavior in cases studies. A chart review of hospitals in the Northeastern United States, African American children were more often suspected of being neglected as indicated by their

medical records (Thyen, Leventhal, Yazdgerdi & Perrin, 1997). However, when the effects of other socioeconomic variables (socioeconomic status, family constellation) were considered, race was not significantly associated with any of the three variables; concern of child abuse, concern of neglect or child abuse reports made to child protective services. A similar study conducted at a child guidance center by Watson and Levine (1989) had similar results. The authors believed that race was influential in the decision of whether or not to report, however significance was not found in their study. The authors indicate that this lack of statistical significance may be due to confounding variables present in the study. The race of the children influence the perceived benefit to the family from a report to child protective services (Zellman, 1992), with clinicians indicating that minority families were more likely to benefit.

The studies by Zellman (1992) and Thyen, Leventhal, Yazdgerdi & Perrin (1997), unlike many of the studies on child abuse reporting behavior among professionals, analyzed actual cases. With the methodology used, a common limitation is confounding variables. Therefore, a study controlling for the confounding variables would be informative.

In a study of teachers, Bonardi and Akutsu (2000) found that teachers' reporting behaviors were influenced by sociodemographic variables including race. When teachers were the same race as the child, teachers were less likely to report. Although past studies have indicated that African American children were more likely to be reported to child protective services, this study differed. African American children were less likely to be reported than other children including white, Latinos or Asian Americans. This may be due to the acceptance of different parenting styles for different cultures. Further

exploration of community or culture specific definitions for abuse and neglect needs to be done. However, the current statutes do not provide for different responding based on culture.

Family constellation was associated with reporting in a review of case files even when other variables were considered (Thyen et al., 1997). Clinicians were more likely to report the family to child protective services when the child was from a single parent family. When the single parent lived with another adult, concerns were greater that the child had been abused. When the single parent lived alone, there was a greater tendency to be concerned about neglect. Children, who lived with single parents and no other adults, were reported four times more than children from two-parent families. These results were seen independently of low income and age of the child, which were also associated with both documented concerns and reports to CPS (Thyen, et.al., 1997).

Statutes and Reporting Behavior

Psychologists have criticized the mandated child abuse reporting statutes. One criticism has targeted the language used in the statutes (Walker, Alpert, Harris, & Koocher, 1989). Psychologists have claimed that the wording of the statutes is an influential factor in the decision-making process regarding whether or not to report. Reporting statutes vary from state to state with many states having statutes that have been criticized for being vague. Due to vague wording, the threshold for what is considered reportable is subjective. One problem that has been identified is the lack of specificity in the statutes. "Suspicion", "reason to suspect" or "reasonable suspcion", which are difficult to interpret, are often the words used in reporting laws (Kalichman & Brosig,

1993). Both over-reporting (Jones and Welch, 1989) and under-reporting (Solnit, 1982) of cases have been associated with vague wording of the statutes.

Brosig and Kalichman (1992) investigated the effects that wording of statutes had on reporting abuse using the statute from Colorado and an experimental statute. The statute from Colorado has a broad definition of suspected abuse, requiring only a suspicion and not requiring that the child be seen by the psychologist. The experimental statute includes a phrase from the Mississippi statute which states "brought to him/her or coming before him/her for treatment". The statutes differed only on whether the child was seen by the psychologist (Brosig & Kalichman, 1992). There was an interaction between wording of the statute and client presented and reporting behavior. Presented clients were either the child suspected of being abused or the adult suspected of being abusive. Psychologists who had seen the child suspected of being abused increased reporting after reading the statute regarding the mandate to report regardless of the wording (Brosig & Kalichman, 1992). The wording of the statute influenced reporting decisions depending on the client seen. Brosig and Kalichman (1992) suggest that this supports other findings that statutes do prompt differential reporting by psychologists under certain conditions (Finlayson & Koocher, 1991; Muehleman & Kimmons, 1981). When the client was the adult suspected of being abusive, psychologists increased reporting after reading the laws which required only a reasonable suspicion. However, when the law required that the child be seen for the reporting to be mandated, psychologists decreased their reporting of clients who were the adults suspected of being abusive (Brosig & Kalichman, 1992).

Psychologists were influenced by the wording of the statutes in a study by Brosig and Kalichman (1992) who found differences in levels of confidence about reporting. Furthermore, there were differences between consistent and inconsistent reporters in the effect of wording on confidence that reporting was required. Consistent reporters and inconsistent reporters differed in their confidence that a case of suspected child abuse needed to be reported when the client was the adult. Consistent reporters indicated that they felt confident that it was required that abuse be reported while inconsistent reporters did not feel as confident that reporting was required (Brosig & Kalichman, 1992).

From the research literature, it appears that psychologists are responsive to the wording of statutes and that the decision-making process is influenced by statutes (Brosig & Kalichman, 1992). Therefore, statutes should be clear to facilitate clinicians abide by them and protect children. Brosig and Kalichman argue that statutes with wording which is restrictive, such as requiring reporting only if the child is seen, leads to underreporting (Brosig & Kalichman, 1992). They argue further that it is surprising that psychologists choose not to report when they have seen the adult perpetrator. Although some statutes, such as that used in Pennsylvania, may mandate reporting only when the child is seen, psychologists still have the option to report. Furthermore, one would assume that if the highest priority is the protection of the child, as psychologists reported in the study (Brosig & Kalichman, 1992), then psychologists would choose to report.

Many state statutes require only a "suspicion" to mandate reporting of potential abuse. This is in contrast to statutes that require reporting only when the child is seen and child abuse is suspected. The Colorado reporting statute is an example of a statute that requires only a suspicion. Yet, some psychologists chose not to report (Brosig &

Kalichman, 1992). As discussed in the section on differences between consistent and inconsistent reporters, lack of evidence was the most influential factor in the decision to not report. It has been argued that psychologists attempting to collect evidence before reporting are not adhering to the mandate to report suspected abuse. Brosig and Kalichman believe that this leads to underreporting of child abuse (Brosig & Kalichman, 1992).

Other differences between statute wording have an influence on reporting behavior. In a study of the influence of the statutes' definition of reasonable suspicion on reporting behavior, statutes were presented which had a vague or a clear definition of "reasonable suspicion". The clarity of the definition of "reasonable suspicion" had an influence on reporting behavior, with a higher rate of psychologists indicating they would report based on a clear definition compared to vague definitions (Flieger, 1999).

Relationship Between Current Mandates and Models of Decision-Making

"Interpreted in its broadest sense, legal standards for reasonable suspicions of abuse pose lenient decision criteria-low reporting thresholds" (Kalichman, 1999, p. 92). According to Finlayson and Koocher, laws regarding the reporting of child abuse by professionals require only a suspicion that abuse may be occurring (Finlayson & Koocher, 1991). The statutes indicate that only a suscipion is necessary, concrete evidence is not necessary. "This low threshold leaves no legal basis for claiming exercise of clinical discretion in reporting""(Finlayson & Koocher, 1991). "Despite a legal mandate to report abuse, which includes abuse which the psychologist has reason to believe has occurred, a clinical suspicion of child abuse does not seem to be enough to spur many clinicians into reporting those suspicions to the authorities" (Finlayson &

Koocher, 1991). Numerous studies indicate that psychologists are more likely to suspect child abuse than to report it across all levels of symptom presentation, a tendency which becomes more profound as the symptoms presented become more generalized (Finlayson & Koocher, 1991).

"The mandatory reporting system, by design, accepts a high false-positive rate to detect a maximum number of abused children" (Kalichman, 1999, p. 85). The original mandatory reporting statutes were created to identify cases of suspected abuse. At the present time, setting criteria which allows as many possible cases of abuse to be brought to the attention of Child Protective Services, the system remains based on the objective of identifying all possible cases. Given the resource limitations of Child Protective Services one may question whether broad reporting mandates are in the best interest of children.

The present system of reporting is based on identifying all possible cases. Then Child Protective Services can decide which cases are in need of services. "To balance the low threshold for initiating a report of suspected abuse, the child protection system sets higher thresholds for investigating reports" (Kalichman, 1999, p. 89). Child Protective Services can not address all cases of abuse. Child Protective Services workers make decisions regarding which cases are investigated, when services are suggested or required or when more extreme responses such as foster placements are needed.

Therefore, cases are not always "substantiated" due to the amount of evidence. Mild cases may be more likely to be unsubstantiated. However, more severe cases are sometimes not 'substantiated'. This is due in part to the fact that "Indicators of abuse are different from, although not independent of, the severity of abuse" (Kalichman, 1999, p.86). Child Protective Services can not address all cases of true abuse due either to limits

on resources or lack of evidence during the investigation. Not having the abuse substantiated, however, does not mean that services would not be beneficial to the clients. This is reflected in the following statement regarding "unsubstantiated cases".

> "A great deal of confusion surrounds the nature of unsubstantiated reports to CPS. There is a widespread failure in the literature in distinguishing between unsubstantiated reports which result in preventative services, unsubstantiated reports which are erroneous or based on misunderstanding and unsubstantiated reports which are intentionally malicious or deceitful in nature" (Robin, 1991).

The current system is not effectively intervening with child abuse at all levels. Due to the limitations of Child Protective Services, alternative responses to responding to child abuse may need to be considered. When confronted with a case in practice where symptoms (i.e., behaviors) indicate abuse or neglect as possible causal factors, the psychologist has to make a decision. Not only is it a clinical decision, reporting decisions have profound legal, ethical and moral implications for many individuals. For the child, the consequences lie on a continuum from protection from severe suffering to being removed from the situation based on false suspicions of abuse. For the suspected abuser, consequences may include judicial involvement and imprisonment, stress and emotional suffering, decreases in social status and/or treatment to improve the person's positive coping skills. Among other concerns for the professional there may be performance concerns (how can I do the best for this client/child/suspected abuser) and/or legal and ethical issues. The consequence for the system is that an overburdened child protection agency may have one more case to investigate with inadequate funding and heavy caseloads. In addition, there are possible consequences to the other family members, the

school of the child(ren) and the employer of the abuser, the extended family and the community.

Possible Responses of Psychologists tc Mandates

"The system the nation has devised to respond to child abuse and neglect is failing" (U.S. Advisory Board on Child Abuse and Neglect, 1990, p. 2). Psychologists and other professionals, including those working in the present system believe children are not adequately identified and protected by the current statutes. Given the failure of the current system, it is imperative that alternatives be considered and professionals begin discussions about how to create the best system for identifying and protecting maltreated children.

There are three responses psychologists can take in addressing perceived limitations to the statutes. First, psychologists can fail to abide by the mandates. In this case, the psychologists could see their actions as "acts of civil disobedience" as discussed by Pope and Bajt (1988). Second, psychologists can report while believing that the report is not in the best interest of their client. Third, psychologists can actively address societal changes to better protect children. Past research indicates that psychologists are not directly approaching the limitations of the statutes but instead are often responding by failing to report. This study is based on a belief that psychologists can act as agents of social change to initiate discussions and guide policy

There is a continuum of societal responses to child abuse from a macro- (social service) to a micro- (therapeutic) level. The current system is based on a macro level approach. This approach gives responsibility and authority to the Child Protective Services agencies, hereafter referred to as CPS agencies. Psychologists and others who

are treating families are not allowed discretion in which cases are to be reported to Child Protective Services. This, in part, has lead to Child Protection Agencies having limiting resources to address a mass of reports across a continuum of abuse from mild to severe. Complications have arisen out of this current approach.

Strategies for dealing effectively with child abuse include two categories; macro-strategies and micro-strategies (Crenshaw, Bartell, & Lichtenberg, 1994). Macro-strategies include legal and social services interventions such as investigations. Micro-strategies include therapy and psychological interventions. The two strategies for dealing effectively with abuse are related to the two extremes of the reporting debate (there should be a mandate to report, there should not be a mandate to report).

In cases where a report is mandated in all cases of suspected child abuse, the approach is a statutory scheme (Crenshaw, Bartell, & Lichtenberg, 1994). Whether the child, abuser and family are in treatment is not relevant to the reporting decision. In fact, there is no decision. The statutory scheme has been identified as a social-service centered approach, with therapy being peripheral.

From the micro response, labeled the therapeutic response, the reporting decision is case-specific (Crenshaw, Bartell, & Lichtenberg, 1994). It is a therapy-centered approach which includes the possibility of reporting to social services in specific cases. When the therapist perceives that the best interests of the client will be addressed through a report, a report is made.

Crenshaw, Bartell and Lichtenberg (1994) argue that "neither level of response has sufficient empirical support to demonstrate its efficacy, and therefore both are open to further scrutiny". They propose a model for reporting of abuse which involves an

integration of the macro and micro levels. This would provide more flexibility and a change in roles for the psychologist.

There is a difference in roles between mandated reporters who are mental health professionals and those who are not mental health professionals. This difference is based on the role that the mental health professionals has in treating those who are abused or abusive. For instance, a teacher may suspect abuse and is mandated to report. There is not an intervention component within the teacher role that directly addresses the abuse. There are no proposed changes to the mandatory reporting statutes by professions who do not have a direct role in treating child abuse. However, unlike the case of non-mental health professionals, psychologists and other mental health professionals are often involved in assessment and treatment. Therefore, there may be benefits to statutes which give some latitude in reporting depending on the role of the profession.

Alternatives to the Current Model

Three alternatives to the current statutes have been described; Family-Self Report, Conjoint Reporting and Discretionary Reporting (Crenshaw, Bartell and Lichtenberg, 1994). The Family-Self Report model allows for the parents to report themselves to social services with a subsequent verification by the therapist. The current mandates do not provide the latitude given by this model since the professional has a short window of time in which to report and the report is required (Crenshaw, Bartell, & Lichtenberg, 1994). The Conjoint Reporting Model allows the family and therapist to meet together with Child Protective Services. In addition, the therapist is involved in treatment following the report. The third model, Discretionary Reporting, is an alternative in which the reporting decision is left to the mental health professional. An example is a model proposed by

Finkelhor and Zellman (1991). Variations between specific proposed discretionary models include having a registry (Finkelhor & Zellman, 1991) and allowing only licensed mental health professionals Discretionary Reporter status. Agatstein (1989) proposed a similar system allowing professional associations to set guidelines for reporting. Under the professions' guidelines, therapists would be allowed greater flexibility in reporting decisions. Anderson (1992) proposed similar arguments for limiting reporting when the severity was mild or when the abuse had occurred in the distant past. Likewise, Smith and Meyer (1984) proposed that therapists working with clients in situations where the abuse had stopped or the level was not severe and therapy was productive, be given the option not to report. Beneficial outcomes of a discretionary model include reduction in the Child Protection workload on less severe cases. In addition, the process may motivate change in abusive clients.

Psychologists already make use of a discretionary model when they delay reporting until a subsequent abusive act. As indicated earlier, about 20% of Marriage and Family Therapists indicate that they delay reports until further abuse occurs or the abuse worsens (Green & Hansen, 1989). This chasm between the legal statutes and professional behavior indicates that not all professionals believe that the current statutes are the best approach.

Calls for changes to the current statutes have included exempting psychologists from the blanket mandate for all professionals to report suspected abuse. Finkelhor and Zellman (1991) proposed a process by which psychologists and other professionals who qualified could become "registered reporters". Registered Reporters would be allowed to be exempt from reporting or be granted a delayed reporting status under certain

circumstances. Severe cases would not qualify under the Registered Reporter exemption. Registered reporters would need to have training and experience with child abuse. In addition, the status of Registered Reporter would only be granted if the psychologist had reported child abuse in the past. The reporting process of Registered Reporters would specify when reports would be made under the exemption and when the reports must be made to Child Protective Services. Investigations of cases submitted under Registered Reporter status would not be investigated as other cases are. Instead, the investigation would depend on the resolution of abuse within the therapeutic relationship. Another possibility is that reporting of identifying information could be delayed while the family was actively involved in treatment to resolve the abuse. Families who discontinued treatment prior to successful resolution would need to be reported. If abuse escalated, a formal report would need to be made to CPS. The Registered Reporter would need to report the case, however, the identifying information and/or other information would not need to be given. The behavior of Registered Reporters would be closely monitored by case review, perhaps by CPS.

It is important to note that such an exemption might not be supported by CPS. In a study of social workers by Crenshaw, Bartell and Lichtenberg (1994) alternative models that allowed for discretion in reporting were opposed by the participants while the standard model was supported almost unanimously. The Discretionary Model had the least amount of support with the Family-Self report receiving very little support and a moderate amount of support for the Conjoint Report model. This indicates "a reciprocal reluctance by social service agencies to trust MHPs (mental health professionals) to be health directly involved in the reporting decision and/or post-report treatment"

(Crenshaw, Bartell, & Lichtenberg, 1994, p. 24). It appears that mental health professionals may not trust that reporting all cases to Child Protection is the best approach and Child Protection Agencies may not trust mental health professionals to make reporting decisions in a discretionary manner.

The Proposed Statute and Decision-Making Models

The proposed statute can be compared with the current statutes using the decision-making models described earlier. Utilizing the Utility Model, one could predict that the proposed statutes would decrease the costs while increasing the benefits. For instance, treatment would not be disrupted due to a report if the therapist with Discretionary status did not report a case of mild abuse. Meanwhile, the family would be engaged in therapy focusing on developing alternative parenting strategies. Indeed, the family would be required to continue abuse-focused therapy to qualify for the delayed reporting. The Evidence-based model applied to the current statutes would require that when evidence is found that abuse is occurring, a report must be made. However, symptoms of abuse are often symptoms of other difficulties. Utilizing the Evidence-based model, the proposed statutes would allow for therapy to continue as the psychologist gained more insight into the etiology of the symptoms. The therapist may gather further evidence during therapy to suggest abuse or an alternative reason for the symptoms. The Threshold model applied to current statutes suggests that thresholds vary across individual psychologists. Therapists who have low thresholds may report due to enuresis. Those with high thresholds may not report until there is physical (i.e., bruises) or verbal (i.e., disclosure) evidence. Applying the threshold model to the proposed statutes, one could consider the cases that would fall between low and high thresholds as potentially eligible for inclusion

for delayed reporting by a Registered Reporter. This could allow for services to those who present with fewer symptoms of abuse.

Psychologists do not consistently abide by the current mandates. At the current time, arrangements are often made between mental health professionals and the specific Child Protection Agency to report "hypothetical" cases. At times, there are informal agreements between CPS and clinicians to use discretion in reporting while treatment is being sought. Cases that would likely qualify for the discretionary reporting under the proposed statutes are often dealt with by these informal agreements. In particular, mild to moderate abuse and neglect may be reported [illegible] despite mandates to report. It has been argued that the "unsanctioned, informal "contracts" (Crenshaw, et.al., 1994), do not adequately address the problems related to reporting. There are wide variations across practitioners and child protective service agencies. Formal statute changes would provide structure to the currently informal agreements.

Implications for Prevention and Treatment

Mental health professionals who qualify as Registered Reporters would be involved in assessing the abuse. The assessment and interventions would not necessarily include reporting to social services. However, more severe cases would still be reported and investigated by Child Protective Services. As the study by Dale and Fellows (1999) indicated, interventions are most successful when there is a partnership between the family and the professionals. If the mandates were structured to include a primary intervention through a qualified mental health professional, partnerships between the family and the professional would be established. In cases where the partnership was not

maintained, such as if a family discontinued treatment prior to successful resolution of the problem, a report would be required.

An argument against discretion in reporting has been that abiding by the statutes is beneficial to clients. Following the statutes communicates a respect of the law and concern for the family by the therapist. Furthermore, psychologists who do not abide by the law in cases may be hurting the public perceptions of the profession. Under the current statutes, using discretion in reporting is not legal. However, if the statutes provided for discretion, discretionary reporting would not communicate disregard for the law or lack of concern for the family. Indeed, if the mandates were changed to provide exemptions when being treated by a qualified psychologist, the public perception may actually improve not worsen with cases which are not reported. Those professionals who have proven through training, experience and education to be qualified as Registered Reporters, may be seen by potential clients and the public as capable of addressing the treatment of child abuse.

Purpose of the Present Study

The purpose of this study was to understand psychologists' attitudes, beliefs and behaviors regarding the current statutes and a proposed alternative. This study included exploratory questions as well as hypotheses.

Research Question One: Attitudes Toward Reporting Statutes

The first purpose was to explore psychologists' beliefs and attitudes regarding discretion in reporting child abuse. I explored participants' attitudes about the necessity of child abuse statutes and how many participants indicated they believed that psychologists should have more discretion in reporting decisions. In addition, support for

a specific statute allowing for discretion was assessed, as well as support for a more moderate statute change. Participants' perceptions of behavioral changes were assessed generally and across three levels of severity. Furthermore, psychologists' support for the proposed statutes based on their past reporting behaviors was explored as part of this research question. It was hypothesized that consistent reporters would be less likely to support the proposed statutes (which allows for greater discretion) than inconsistent reporters (Hypothesis 1).

Research Question Two: Perceived Effectiveness of Current and Proposed Statutes

The second purpose was to explore psychologists' perceptions of the effectiveness of statutes, both current and proposed, across severity of child abuse. Participants' perceptions of effectiveness at both identifying and protecting were assessed. Participant beliefs were assessed generally as well as across three levels of severity. Furthermore, it was hypothesized that psychologists' perceptions of the current statutes' effectiveness would be greater for more severe abuse, and psychologists' perceptions of the proposed statutes' effectiveness were hypothesized to be greater for milder abuse (Hypothesis 2).For the proposed statutes, the impact of severity and disclosure on participants' perceptions of effectiveness, for both identifying and protecting children, were assessed.

Research Question Three: Impact of Vignette Factors on Reporting Behavior

The third purpose of the study was to explore participants' beliefs regarding the vignettes depicting abuse. The effect of severity and disclosure on psychologists' decisions to report or not report was assessed. It was hypothesized that psychologists would be more likely to report as severity and disclosure increased (Hypothesis 3). Since confidence that abuse was occurring and belief that one is mandated to report could

impact reporting decisions, these factors are explored. The relationship between vignette variables (severity and disclosure) and confidence that abuse was occurring were explored.

Research Question Four: Influence of Available Services on Psychologists' Attitudes

The fourth purpose of the study was to explore psychologists' beliefs about the effectiveness of services. Specifically, participants' beliefs were assessed regarding likelihood of continued abuse if families were involved in abuse-focused therapy, Child Protective Services or neither. Furthermore, support for the proposed statutes, depending on perceptions of effectiveness of available services, were explored. Specifically two hypotheses were made regarding available services and support for the proposed statutes. It was hypothesized that as psychologists indicated they believed that families involved with services through CPS would be less abusive, they would be less likely to support the proposed statutes. Conversely, those who indicated a belief that involvement with therapy would lessen likelihood of abuse in the future would be more likely to support the proposed statutes

CHAPTER II

METHOD

Participants

Participants were practicing, doctoral-level licensed psychologists who were members of either Division 53 of the American Psychological Association, Clinical Child Psychologists, or Division 37, Child, Youth, and Family Services or both divisions. These divisions were selected due to the target population being doctoral-level clinicians who work with children. Furthermore, given the limitations of those who would qualify for "Registered Reporter" status under the proposed changes, this group of psychologists would be likely to qualify. In addition, this group would likely be interested in and their work influenced by reporting statutes and proposed changes to them.

A mailing list was obtained from the American Psychological Association Research Office. The mailing list consisted of 1000 psychologists randomly selected from the membership of Divisions 53, 37 and both. The mailing list consisted of members who fit the following criteria: had earned a doctorate, were licensed practitioners, had paid the special practice assessment and were U.S. residents. With these criteria, the Divisions had the following membership eligible for participation: 685 from Division 53, 495 from Division 37 and 181 from both. The sample of 1000 was randomly selected from the divisions proportional to their total membership. The resulting sample consisted of 497, 377 and 126 from Divisions 53, 37 and both

respectively. A random sample of 750 members was selected from the total 1000. The participants were randomly assigned to one of the six vignettes varying severity of abuse (3) and whether the abuse was disclosed or not (2). Participants were sent a reminder letter two weeks after receiving the questionnaire packet.

A response rate of 40% was obtained. Thirty-six percent of those who received packets completed sufficiently for inclusion. Four percent of those who received packets responded by mail or email to refuse participation typically due to limited time. Participants consisted of 126 members of Division 53 of the American Psychological Association Division of Clinical Child Psychologists (47% of respondents), 104 members of Division 37 of the American Psychological Association, Child, Youth, and Family Services (39%), and 36 dual-members (14%). Participants were equally male (49.2%) and female (50.8%). Degrees of participants were as follows; Eighty-eight percent were Ph.D.'s, 6.9% Psy.D's and 3.1% Ed.D's with 1.2% being other. Ethnicity of participants was as follows; Caucasian (92.7%), African American (0.8%), Latino/Hispanic (1.5%), Asian American (0.4%), bi or multi-racial (0.4%), and other (4.3%). No participants identified themselves as Native American on the demographic questionnaire. Participants ranged in age from 25 to 88 years of age. The mean, median and mode ages were all about 50 years of age. Number of years in practice ranged from 1 to 50. The mean, median and mode number of years in practice were about 19 years.

Specialized training was assessed. 75.6 percent of participants indicated they had had "specialized training in child abuse identification". 32.3 percent of participants indicated that they had had "training in graduate school in child abuse treatment". "Post-graduate specialized training in child abuse treatment" was reported by 71.2 percent of

participants. Most participants who indicated they had had training in identifying or treating child abuse, described the training as being conferences, workshops and continuing education courses.

Many psychologists, 93.2%, had reported in their clinical practices in the past. Of those who had reported, there was a large variation (0 to 10,000) in number of reports made. Ninety-nine percent of participants indicated they had reported 300 or fewer reports. Two participants reported extreme scores (1000 and 10000). Both participants indicated that they had included reports of their supervisees. The mean number of reports was 66. The mode number of reports was 20 and the median number of reports was 10. Participants reported the number of months since their last report to CPS. There was great variation ranging from 0 to 180. Many participants with more than six months since their most recent report noted that their current position was administrative or supervisory.

About 1/3, (34.5%), had not reported a case when they suspected abuse. This variable was used to classify participants as "Consistent Reporters" (those who had suspected but not reported in practice) and "Inconsistent Reporters" (those who had always reported when abuse was suspected.)

Survey Instruments

The Professional Background questionnaire included questions regarding demographics and professional experience. Participant demographics including level of age, gender, degree, ethnicity, number of years as Licensed Psychologist, specialized training in child abuse, and professional experience with child abuse were collected.

The Vignette Questionnaire included instructions, a "model statute", a vignette and questions. Participants were asked to use the "model statute" in their decision-

making regarding reporting. The "model statute" was used to control for state-to-state differences. It was similar to the existing statute in most states.

The Vignette Questionnaire included one of the six vignettes constructed to depict abuse across three levels of severity and two levels of disclosure. Vignettes were identical except for the manipulated variable. This is consistent with survey research (Alexander & Becker, 1978).

Four social workers from the Children and Family Service Training Center affiliated with the Department of Social Work at the University of North Dakota assessed the validity of the ratings of severity and disclosure. The Center is responsible for training professionals, particularly social workers, in identifying child abuse. The vignettes were ordered hierarchically by severity and categorized as "Disclosed" or "Not Disclosed". Furthermore, the wording and clinical integrity of the scenarios were assessed. All four indicated the same order and categorization across the six vignette types and indicated that all six vignettes were "reportable" incidents.

The vignettes are in Appendix Z. Please refer to them there. Each vignette describes a couple, James and Lisa and their 5 ½ year old son, Alex, who come to therapy. In each case, Alex is described as unmanageable with a particular incident in the past week when he threw a glass of milk. Lisa's response to this incident varies from spanking with an object (Mild) to hitting his arm (Moderate) to hitting his arm and slapping his face (Severe). In the suspected abuse versions, the child also presented symptoms during the session ranging from playing that a mother doll was spanking the child doll with an object to playing that the mother doll was hitting the child doll. Specifically, the child presented in the moderate and severe levels of suspected abuse had

physical evidence of abuse. The moderate case depicted a child with a bruise on the arm and the severe case depicted a child with bruises on his arm and by his eye. In the "Disclosed" versions (i.e., Disclosed Mild, Disclosed Moderate and Disclosed Severe) Lisa admits to her actions (i.e., spanking with an object, hitting his arm, hitting his arm and slapping his face).

Participants were asked to imagine working with the family in the vignette. The vignette was followed by questions regarding how the psychologist believes he/she would respond to the given case. Questions also addressed beliefs and attitudes about the case and the current statutes. Psychologists were asked to indicate on a four point Likert scale the level of abuse they believed was depicted in the vignette with the following question "What level of abuse do you believe is depicted in the vignette?" Four levels of abuse were included; No abuse, Mild, Moderate and Severe. Level of confidence that abuse was occurring was assessed with the following question "How confident are you that abuse is occurring?" A seven-point Likert scale, ranging from "Not confident" to "Very Confident" was utilized to assess confidence. The third question was intended to determine participants reporting behaviors in response to the given vignette. This was measured with four categories; Report-written and verbal, Report-verbal. Written only if instructed by Child Protective Services, Report-Verbal only and Not report. For some analyses the reporting behaviors were categorized as reporting and not reporting, with a new dichotomous variable being created differentiated those who did not report from those who reported at any level. A qualitative question, "What factors influenced your decision?" was intended to provide descriptions of factors influential in decision-making. The next question "In your experience, has Child Protective Services taken and/or

investigated reports similar to that described in the vignette?" was intended to assess psychologists' beliefs about whether cases would be accepted if reported.

Five questions assess the family's access to services and psychologists' beliefs about the likelihood of abuse continuing or escalating. Each is measured with a seven-point Likert scale from "Not at all likely" to "Very likely." Whether the family is likely to continue being abusive when involved in therapy or not involved in therapy was assessed with two questions. "If the family were involved in therapy focusing on parenting and abuse, how likely do you believe it is that the parent would continue being abusive?" and "If the family were not involved in therapy focusing on parenting and abuse, how likely do you believe it is that the parent would continue being abusive?" Whether participants believed abuse would continue or escalate when provided with services through Child Protective Services was assessed with three questions. "If this family were involved with Social Services Child Protective Services, how likely do you believe it would be that the parent would continue being abusive?", "If this family were not involved with Social Services Child Protective Services, how likely do you believe it would be that the parent would continue being abusive?" and "If this family were not provided with Social Services Child Protective Services, how likely do you believe it would be that the level of abuse would escalate?"

Four questions were intended to assess reporting behavior in clinical practice. The first and fourth were dichotomous (yes/no) responses and the second and third were open-ended questions. "In your clinical practice, have you ever reported a case of suspected child abuse?", "If yes, what is an estimate of the number of times you have reported?", "If yes, how long has it been since you last reported?" The final question was

intended to assess non-reporting. "In your clinical practice, have you ever suspected child abuse was occurring and decided not to report to Child Protective Services?"

The Current Statutes Questionnaire is structured to obtain beliefs and attitudes of participants about the current statutes. This questionnaire consisted of instructions and 7 questions. The first question was intended to assess participants' beliefs about the necessity of reporting laws. "How necessary do you believe child abuse reporting statutes are?" This was measured with a 7-point Likert scale ranging from "Not necessary" to "Very necessary". The second and fourth were intended to assess participants' attitudes about the effectiveness of the current statutes in identifying and protecting. Likert scales were used ranging from "Not effective" to "Very effective". "How effective do you believe that the current child abuse reporting statutes are in identifying children who are being abused or neglected?" and "How effective do you believe that the current child abuse reporting statutes are at protecting children who are being abused or neglected?" The third and fifth questions assessed psychologists' perceptions of the levels of severity at which the current statutes are effective at identifying and protecting. "For what severity of cases are the current statutes effective at identifying children who are being abused or neglected?" and "For what severity of cases are the current statutes effective at protecting children who are being abused or neglected?" For both of these questions participants were instructed that more than one level of severity could be marked. The responses were recorded as six dichotomous (effective/not effective) variables across three levels of severity and two levels of effectiveness (protecting and identifying).

Two questions were intended to assess psychologists' perceptions of effectiveness of the current statues at protecting and identifying abuse depicted in their given vignettes:

"Do you believe that the current mandates to report child abuse are effective of identifying children from the level of abuse depicted in this vignette?" and "Do you believe that the current mandates to report child abuse are effective of protecting children from the level of abuse depicted in this vignette?". Both questions were assessed as dichotomous variables (yes/no).

The proposed Mandates Questionnaire consisted of instructions, a "Description of a Proposed Statute" and questions. The model for the "Description of a Proposed Statute" was based on an integration of the model used the study of Child Protection Agency response to proposed revisions in the mandatory reporting laws (Crenshaw, Bartell, & Lichtenberg, 1994) and statute changes proposed by Finkelhor and Zellman (1991). Twelve questions assessed attitudes and beliefs about perceived effectiveness of the proposed statutes, support for greater discretion in reporting and the proposed statute.

The first question was intended to assess the impact of the proposed statute on the participants' reporting behavior in response to the vignette. This question was phrased "Would the alternative model change your reporting behavior for the vignette describing Alex and his parents?". This was measured with a dichotomous (yes/no) variable. The follow-up question was a qualitative question regarding the changes; "If yes, please briefly describe how." The second question was intended to assess whether the participant believed the vignette depicted abuse that would qualify for an exemption if following the proposed statute: "Do you believe that the case described in the vignette would qualify for an exemption from reporting under the proposed alternative model?"

The third question was intended to assess participants beliefs about whether their reporting behavior would change if the proposed statute were the existing statute. It was

phrased "Would the alternative model, if it were the existing legal statute, change your reporting behavior in your practice?" This was measured with a dichotomous variable (yes/no). A follow-up question was used to assess at what severity levels the participants behavior would change: "If yes, for which level of severity of abuse, would the proposed model change your reporting?" Three levels of severity, (i.e., mild, moderate, and severe) were listed and participants could indicate more than one level. This question was coded as three dichotomous variables (change behavior/not change behavior) across the levels of severity.

The next question was intended to assess psychologists' beliefs about whether psychologists should be allowed more discretion in reporting decisions. It was phrased "Do you believe that psychologists should have more discretion in reporting child physical abuse cases when abuse-focused treatment is being sought by the family?" This was assessed with a dichotomous variable (yes/no).

Two questions were intended to assess participants' beliefs about the effectiveness of the proposed statutes to identify and protect children from abuse: "How effective at identifying abused children do you believe this alternative child abuse reporting statute would be?" and "How effective at protecting abused children do you believe this alternative child abuse reporting statute would be?" Each was assessed with a 7-point Likert scale. Two questions were utilized with the intention of measuring participants' beliefs about the effectiveness at identifying and protecting across three levels of severity: "For what severity of cases would the proposed mandate be the most effective at identifying abused children?" and "For what severity of cases would the proposed mandate be the most effective at protecting abused children?" Each of these

questions had three levels of severity (mild, moderate and severe) of which participants could indicate more than one level as being effective at identifying and protecting. The variables were coded as dichotomous variables (effective/not effective).

Four questions were intended to assess participants' attitudes about the proposed statutes and less extreme changes to the current statutes. "To what degree would you support an exemption from the current mandate for "Registered Reporters" similar to the one described above?" This question was assessed with a 7-point Likert scale. The second question was a qualitative follow-up to the first: "Give a brief description of your reasons for supporting or opposing a change to the present statutes". The third was intended to assess participants' attitudes towards less extreme changes to the current statutes: "Would you support a less extreme change to the current statute?" This was measure with a dichotomous (yes/no) variable. The fourth was a qualitative question intended to assess specific changes that would be supported: "Give a brief description of the changes you would support."

Procedure

Participants received a cover letter, Vignette Questionnaire, Current Statutes Questionnaire, Proposed Alternative Statute Questionnaire, Demographic Survey and stamped addressed envelope. The cover letter explained the purpose of the study and invited the reader to participate. Risks and benefits were explained in the cover letter. In addition, the cover letter described consent for participation. Completion and return of the questionnaire was assumed to represent consent to participate. The participants were asked to respond to each questionnaire and the questions in order. Respondents returned the questionnaire packets in the business reply envelopes included.

CHAPTER III

RESULTS

Research Question One: Attitudes Toward Reporting Statutes

Participants' attitudes and beliefs regarding statutes mandating child abuse reporting were assessed. Almost all psychologists (92.8%) indicated that Child Abuse Reporting Statutes were "Very Necessary". A belief that psychologists should have more discretion in reporting cases of child abuse was held by 63.8% of participants, with 35.3% indicating that they did not believe psychologists should have more discretion in reporting. Furthermore, a specific statute allowing for increased discretion in reporting decisions among psychologists who were "Registered Reporters" was assessed. This support was distributed bi-modally suggesting either moderately strong support or no to little support of the exemptions. Participants' support for the proposed statutes can be seen in Figure 6. Forty percent of psychologists would support a less extreme change to the reporting mandates compared to the proposed statute; Sixty percent would not support a less extreme change. Two qualitative questions were inquired regarding beliefs about the proposed statutes. The responses are included in Appendix 1 and can be referred to, to inform future research and understanding.

Most participants believe that psychologists should have discretion in child abuse reporting decisions. There is a split in beliefs regarding the proposed statute with a slight majority supporting the statutes. Those who support the proposed statute were evenly

distributed across the higher levels of strong support. A slight minority did not support the proposed statutes. Opposition was less evenly distributed than those who show greater support the proposed statutes.[6]

Fifty-six percent of psychologists indicated that if the proposed statutes were the existing legal statute, their reporting behavior would change. The level of severity influenced whether that change was indicated. For mild, moderate and severe cases, 62.5%, 17% and 2.1% respectively, psychologists indicated that their reporting behavior would change in their clinical practice.

Psychologists who indicated that they had chosen to not report a case of suspected abuse in the past are considered "Inconsistent reporters." Those who indicate that they had not chosen to not report suspected abuse in the past were considered "Consistent reporters." Chi Square analysis was used to compare Consistent and Inconsistent reporters on their support for greater discretion in reporting. Consistent reporters were more likely to believe that psychologists should not have more discretion in reporting ($X^2 = 16.8$, df = 1, $p < .01$), supporting hypothesis 1. The distributions are reported in Table 4.

Past reporting behavior and support for statutes allowing for discretion in reporting were analyzed with a one-way analysis of variance. The dependent variable was support for the proposed statute with past reporting behavior (1 = not reported a case of suspected abuse in clinical practice, 2 = always reported suspected abuse in clinical practice) as the factor. Inconsistent reporters (those who had not reported at least one case

[6] Support for the proposed statutes allowing for greater discretion in reporting child abuse for those who qualify as "Registered Reporters".

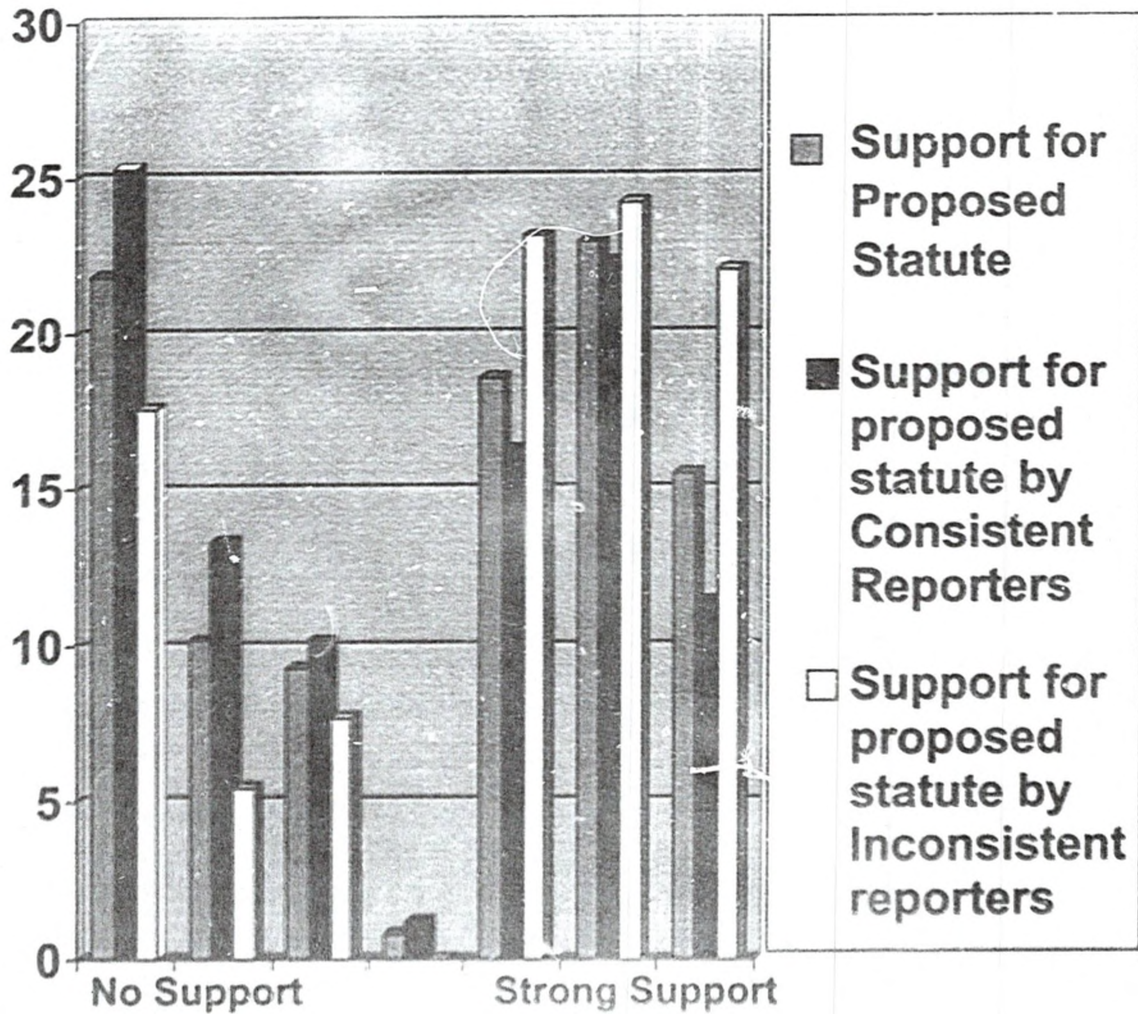


Figure 6. Support for the proposed statutes allowing for greater discretion in reporting child abuse for those who qualify as "Registered Reporters".

of suspected abuse in the past) were different from consistent reporters (those who had always reported cases of suspected abuse in clinical practice) in their support for the proposed statutes ($F = 43.3$, $p < .01$). However, although inconsistent reporters were significantly more likely to support the proposed statutes, both consistent and inconsistent reporters were quite varied in their support for the proposed statutes, as described in the frequency in Table 4.

Table 4

Analysis of Variance for Support for the Proposed Statute

Source	df	M	SD	F	p
Past Reporting	1			43.3	.00**
Inconsistent Reporters		4.6	2.1		
Consistent Reporters		2.6	1.9		
Support for Discretion	1			355.5	.00**
Support Discretion		5.4	1.5		
Oppose Discretion		1.8	1.3		

** p<.01
Note. Past Reporters: Determined by responses to whether or not they had not reported a case of suspected abuse in clinical practice.
Inconsistent reporters: Those who indicated that they had failed to report a case of suspected abuse.
Consistent reporters: Those who indicated that they had always reported suspected abuse.
Discretion: Support or opposition as determined by responses to whether they believed that psychologists should have greater discretion in reporting.

To understand whether support for greater discretion in reporting of child abuse by psychologists was related to support for the proposed statutes that allowed for

discretion a one-way analysis of variance was performed. Support for greater discretion (1 = yes, 2 = no) was related to support for the proposed statutes allowing for greater discretion ($F = 177.16$, $p < .01$).

Research Question Two: Perceived Effectiveness of Current and Proposed Statutes

Beliefs about the effectiveness of child abuse reporting statutes can be found in Figure 7 providing limited support for hypothesis 2.[7] Generally, participants indicated a belief that current statutes were moderately to very effective at identifying children who are being abused or neglected. The current statutes effectiveness at protecting children who are being abused or neglected is not believed to be as great as the ability to identify these children. Participants indicated that they believed the current statutes to be not effective to limited in effectiveness in protecting. Participants indicated a belief that proposed statutes were moderately effective at identifying child abuse. Respondents' beliefs regarding the perceived effectiveness of the proposed statutes at protecting children from abuse was varied.

The severity of the case influenced perceived effectiveness at identifying maltreated children. This can be viewed in Figure 8[8]. Very few psychologists believed that mild cases of abuse were effectively protected by current statutes. A slight minority of the participants believed that moderate levels of abuse were effectively protected by the current statutes. Most participants believed that cases of severe abuse were protected

[7] Participants' beliefs regarding the effectiveness of the current and proposed statutes at identifying and protecting children.

[8] Participants' beliefs regarding the effectiveness of the current and proposed statutes across three levels of severity.

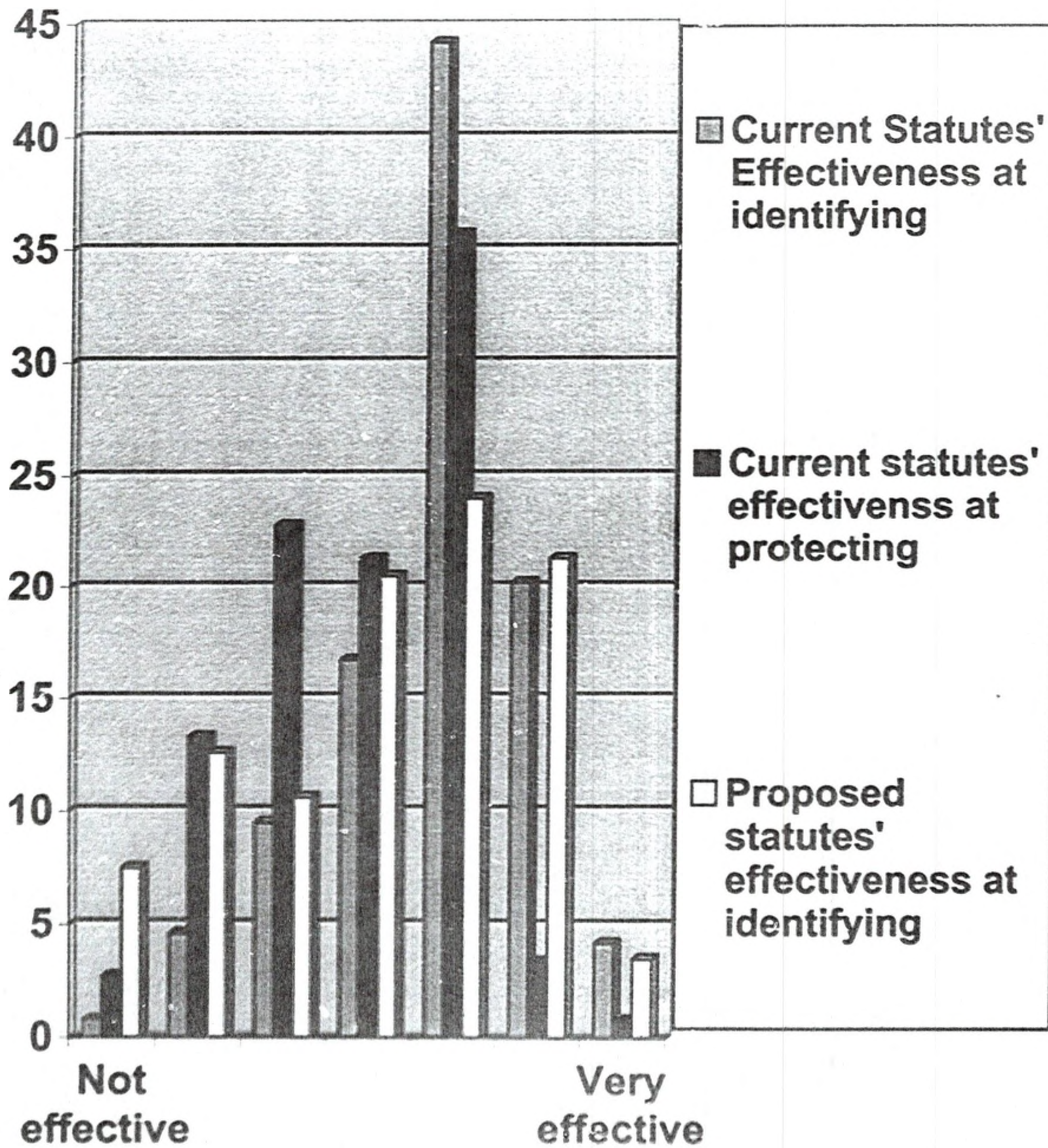


Figure 7. Participants' beliefs regarding the effectiveness of the current and proposed statutes at identifying and protecting children.

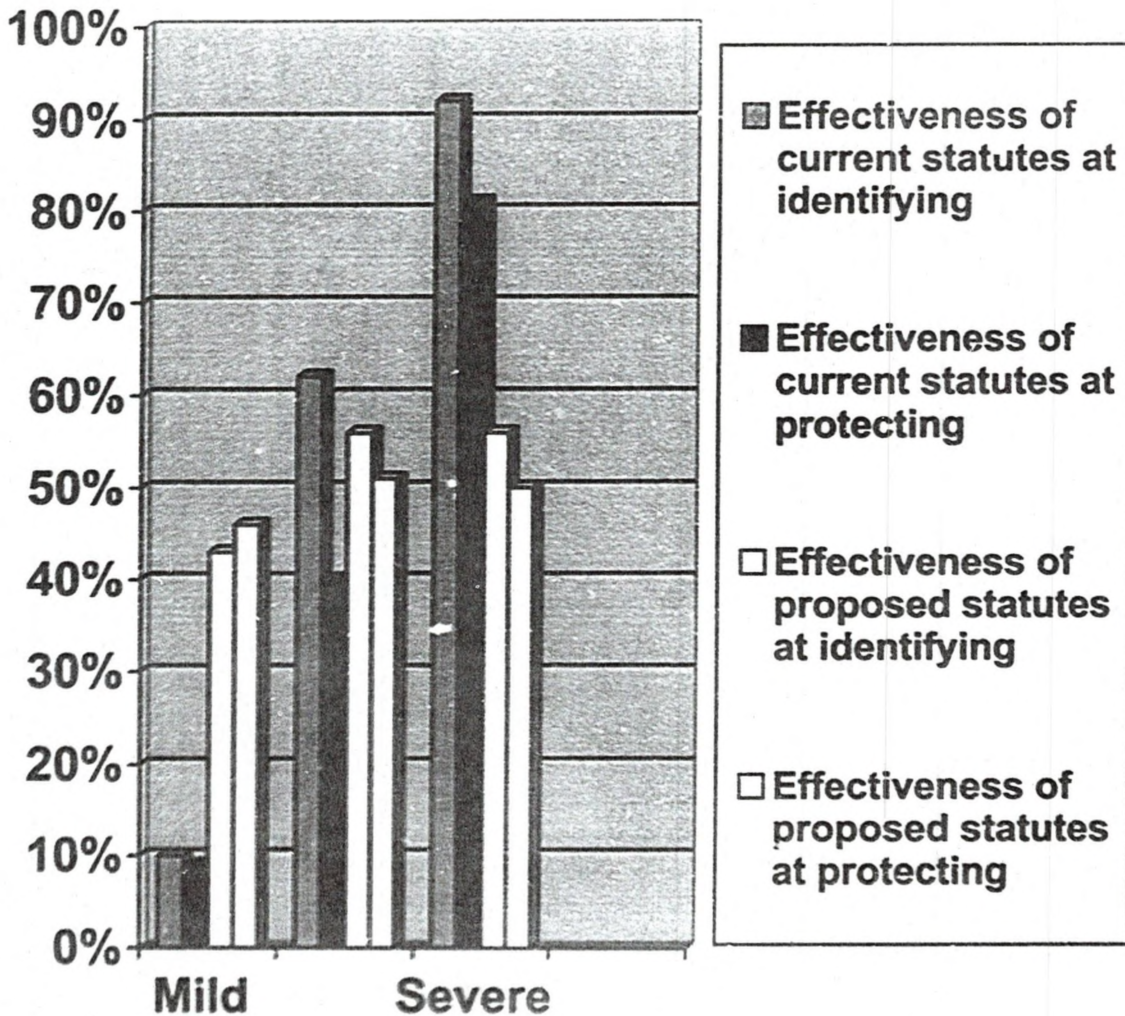


Figure 8. Participants' beliefs about the effectiveness of the current and proposed statutes across three levels of severity.

by the current statutes. The proposed statutes were thought to be more effective than the current statutes at both identifying and protecting children from mild abuse. At moderate levels of abuse, the proposed statutes were thought to be about as effective as the current statutes at identifying abuse and more effective at protecting children from abuse. For severe abuse, the proposed statutes were thought to be less effective at both identifying and protecting children from abuse.

A 3x2 analysis of variance was performed to assess differences across levels of severity and disclosure in respondents' perceptions of effectiveness of the proposed statutes at identifying abuse. The dependent variable was psychologists' belief that the proposed statute would be effective at identifying abuse (ranging from 1 = not effective to 7 = very effective) with two factors; severity (1 = mild, 2 = moderate, 3 = severe) and disclosure (1 = not disclosed, 2 = disclosed). Respondents indicated they believed the proposed statutes were more effective at identifying abuse as the level of severity increased ($F = 3.25, p = .04$). Disclosure did not impact respondents perceptions of the proposed statutes effectiveness at identifying ($F = .07, p = .78$). The interaction between severity and disclosure was not statistically significant ($F = .40, p = .66$). Please refer to Table 5.

A 3x2 analysis of variance was also utilized to compare respondents' perceptions of the effectiveness of proposed statutes in protecting children across levels of severity and disclosure. The dependent variable was psychologists' belief that the proposed statute would be effective at protecting from abuse (ranging from 1 = not effective to 7 = very effective) with two factors; severity (1 = mild, 2 = moderate, 3 = severe) and disclosure (1 = not disclosed, 2 = disclosed). Respondents were more likely to indicate a perception

Table 5

Analysis of Variance for Perceptions of Effectiveness of Proposed Statutes at Identifying and Protecting Children from Maltreatment

Source	df	M	SD	F	p
Identifying					
Disclosure	1			.072	.78
Disclosed		1.5	.50		
Not disclosed		1.6	.48		
Severity	2			3.257	.04*
Mild		1.7	.41		
Moderate		1.5	.49		
Severe		1.3	.48		
DxS	2			.405	.66
Protecting					
Disclosure	1			.013	.90
Disclosed		1.7	.42		
Not Disclosed		1.8	.38		
Severity	2			4.53	.01**
Mild		1.8	.36		
Moderate		1.8	.36		
Severe		1.6	.47		
DxS				21.39	.24

*p<.05, **p<.01

Note. Identifying: Participants' beliefs regarding the effectiveness of the proposed statutes at identifying children who are abused.

Protecting: Participants' beliefs regarding the effectiveness of the proposed statutes at protecting children who are abused.

Disclosed: vignettes that depict verbal disclosure of abuse by the parent.

Not disclosed: vignettes that do not depict verbal disclosure of abuse by the parent.

Severity: (Mild, Moderate, Severe): Vignettes depicted abuse across three levels of abuse.

DxS: Interaction between disclosure and severity depicted in the vignettes.

that the proposed statutes would be less effective at protecting children when the abuse depicted was severe compared to depictions of either mild or moderate severity ($F = 4.53$, $p = .01$). Respondents perceptions of effectiveness of the proposed statutes at protecting across levels of disclosure were not statistically significant ($F = .01$, $p = .90$). The interaction between severity and disclosure was also not statistically significant ($F = 2, 1.39$, $p = .24$). Please refer to Table 6.

Table 6

Logistic Regression Table for Reporting Behaviors in Response to the Vignettes

Step 1	B	SE B	*B*	*Wald*	*df*	*p*
Severity	-1.061	.192	.346	30.5	2	.00
Disclosure	-.725	.289	.484	6.2	1	.01
Past reporting behavior	-.585	.301	.557	3.7	1	.05

Note: Severity: Vignettes depicted abuse across three levels of severity. Severity level did impact reporting behavior in response to the vignettes.
Disclosure: Vignettes depicted two levels of disclosure (no disclosure and verbal disclosure of abuse by the parent). Disclosure did impact reporting behavior in response to the vignettes.
Past reporting behavior: Participants' responses regarding whether or not they had failed to report in clinical practice. Past reporting behavior did influence reporting behavior in response to the vignettes.

Research Question Three: Impact of Vignette Factors on Reporting Behavior

Participant responses to the vignettes indicated that almost all participants believed that the child was abused (88%). Participants varied in their perceptions of the severity of the abuse depicted and their reporting behaviors in response to the vignette. Most indicated that they believed the child abuse depicted was within the moderate range

(48%) or mild range (36%). Participants indicated that they were confident abuse was occurring across a range from not confident to very confident. Most were moderately confident that abuse was occurring. Sixty-five percent indicated that they would report the abuse. Of those indicating they would report, most indicated they would make a verbal report and follow-up with a written report if that was requested by CPS.

To understand whether respondents differed in their reporting behaviors (not report, verbal, verbal and written) depending on the severity and disclosure depicted in their vignette and past reporting behavior, a binary logistic regression was performed. The dependent variable was reporting behavior (1 = report, 2 = not report) with three factors; severity (1 = mild, 2 = moderate, 3 = severe), disclosure (1 = not disclosed, 2 = disclosed) and past failure to report (failure to report, did not fail to report). The Likelihood Ratio = 31.8 for the model. Each of these factors was predictive of reporting behavior in response to the vignette. Across three levels of abuse, participants who responded to more severe abuse were more likely to indicate greater reporting behaviors than those responding to less severe abuse ($B = -1.06$, $p < .01$). Furthermore, those who responded to vignettes that depicted disclosure of abuse were more likely to indicate increased reporting behaviors than those who responded to vignettes depicting non-disclosure ($B = -.72$, $p = .01$) supporting hypothesis 3. Those who indicated that they had suspected abuse in their clinical practice but did not report the case ("failure to report") were less likely to report than those who did not indicate failure to report in past clinical practice ($B = -.58$, $p = .05$). Please refer to Table 6.

To compare the differences in ratings of confidence that abuse was occurring between participants' responding to vignettes depicting abuse across severity and

disclosure, an analysis of variance was performed. The dependent variable was confidence that abuse was occurring (ranging from 7 = very confident abuse was occurring to 1 = not confident abuse was occurring) with two factors; severity (1 = mild, 2 = moderate, 3 = severe) and disclosure (1 = not disclosed, 2 = disclosed). Respondents indicated greater confidence that abuse was occurring as severity increased ($F = 34.42$, $p < .01$). Ratings of confidence that abuse was occurring were greater when there was disclosure ($F = 9.36$, $p < .01$). The interaction between severity level and disclosure level on the rating of confidence that abuse was occurring was not statistically significant ($F = 2.78$, $p = .06$). Please refer to Table 7.

A moderate correlation was found between confidence that abuse is occurring and reporting behavior ($r = .602$, $p < .01$). As confidence that abuse increased, reporting behavior increased.

Seventy-four percent of respondents indicated that they believed the abuse depicted in their vignette would qualify for an exemption if following the proposed statute. To compare the differences between levels of severity and disclosure on the belief that the case would qualify for an exemption if following the proposed statutes, Chi Square analysis was performed. The dependent variable was psychologists' beliefs that the case would qualify for an exemption (1 = yes, would qualify, 2 = would not qualify) with two factors; severity (1 = mild, 2 = moderate, 3 = severe) and disclosure (1 = not disclosed, 2 = disclosed). Respondents were more likely to indicate that the abuse depicted would qualify for an exemption under the proposed statutes at lower levels of severity ($X^2 = 29.4$, $df = 2$, $p < .01$). Beliefs regarding qualifying for the exemption were

not found between vignettes depicting disclosure and no disclosure ($X^2 = .55$, df = 1, p = .45).

Table 7

Analysis of Variance for Confidence that Abuse was Occurring

Sourced	f	M	SD	F	p
Disclosure	1			9.360	.00*
Disclosed		4.7	1.6		
Not disclosed		4.1	1.6		
Severity	2			34.42	.00*
Mild		3.4	1.5		
Moderate		4.7	1.5		
Severe		5.2	1.2		
DxS	2			2.788	.06

Note: Confidence that abuse was occurring: Participants' beliefs regarding their confidence that abuse was occurring in the vignette case.
Disclosed: vignettes that depict verbal disclosure of abuse by the parent.
Not disclosed: vignettes that do not depict verbal disclosure of abuse by the parent.
Severity: (Mild, Moderate, Severe): Vignettes depicted abuse across three levels of abuse.
DxS: Interaction between disclosure and severity depicted in the vignettes.

A large majority of psychologists, 77% percent, believed that using the "current statute", psychologists would currently be mandated to report abuse at the level depicted in the vignettes. To compare the differences in respondents' beliefs about whether they would be mandated to report a case across severity and disclosure Chi Square analysis was performed. The dependent variable was psychologists' beliefs regarding whether

they would be mandated to report (1 = yes mandated, 2 = not mandated) with two factors; severity (1 = mild, 2 = moderate, 3 = severe) and disclosure (1 = not disclosed, 2 = disclosed). Those who responded to vignettes depicting more severe abuse were more likely to indicate that they believed they would be mandated to report similar cases (X^2 = 69.4, df = 2, p < .01) as did those whose vignette depicted disclosure of abuse (X^2 = 5.4, df = 1, p = .02).

Research Question Four: Influence of Available Services on Psychologists' Attitudes

Sixty-nine percent of psychologists indicated a belief that Child Protective Services was likely to accept cases at the level depicted in the vignettes. To compare the differences in psychologists' beliefs that CPS would be likely to accept cases at the level depicted across severity and disclosure, Chi Square analysis was performed. The dependent variable was psychologists' belief that CPS would accept the case (1 = CPS would accept, 2 = CPS would not accept) with two factors; severity (1 = mild, 2 = moderate, 3 = severe) and disclosure (1 = not disclosed, 2 = disclosed). Respondents were more likely to indicate that they believed that CPS would accept a case similar to that depicted in the vignette when more severe abuse was depicted (X^2 = 32.1, df = 2, p < .01). Participants responding to vignettes depicting disclosure of abuse were more likely to indicate they believed that CPS would accept a case than when there was not disclosure (X^2 = 5.36, df = 1, p = .02).

Psychologists tended to believe that families involved in abuse-focused therapy would not continue being abusive as seen in Figure 9. Psychologists tended to believe that those that were not involved in therapy focusing on abuse would continue being abusive. Psychologists tended to believe that families were unlikely to continue being

abusive when CPS services were provided.[9] However, when CPS services were not provided, psychologists tended to believe that families were likely to very likely to continue being abusive. Indeed, many believed that the abuse would escalate in the family if CPS services were not provided for the family.

Psychologists were more likely to support the proposed statutes when they indicated involvement with abuse-focused therapy was related to a reduction in the likelihood of continued abuse (Pearson $r = -.30$, $p < .01$) supporting hypothesis 4. The Pearson Correlation was -.30, indicating that approximately 9% of the variance of support for the proposed statutes can be accounted for by the participants' beliefs regarding likelihood of continued abuse when abuse-related therapy is provided. Psychologists were also more likely to support the statutes when they indicated that not being involved with Child Protective Services was related to a reduction in the likelihood of continued abuse ($r = -.18$, $p < .01$) supporting hypothesis 4b. The Pearson Correlation was -.18, indicating that approximately 3% of the variance of support for the proposed statutes can be accounted for by the participants' beliefs regarding likelihood of continued abuse when no Child Protective Services were provided. Despite, the significance of both of these correlations, it must be noted that they are quite small. Furthermore, the large sample size may have accounted for the significance despite the weak relationship.

[9] Percentage of participants' indicating they believe the family is likely to continue being abusive across a 7-point likert scale from "Not at all likely" to "Very likely". Families are compared across four levels of available services: Receiving abus-focused therapy, not receiving abuse-focused therapy, services through Child Protective Services, and not receiving Child Protective Services.

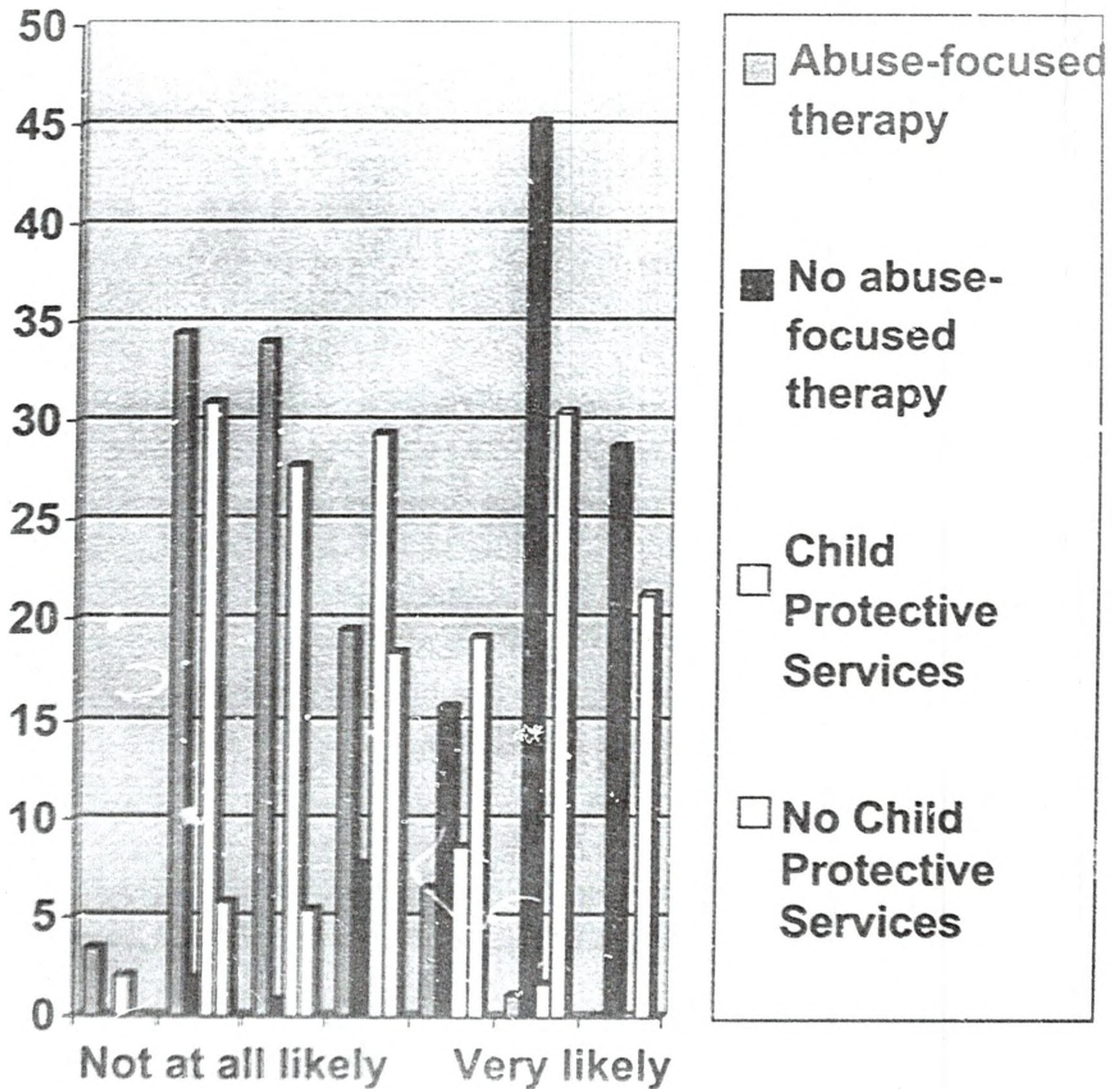


Figure 9. Percentage of participants' indicating they believe the family is likely to continue being abusive across a 7-point likert scale from "Not at all likely" to "Very likely". Families are compared across four levels of available services: Receiving abuse-focused therapy, not receiving abuse-focused therapy, services through Child Protective Services, and not receiving Child Protective Services.

Support for the proposed statutes was not related to psychologists' beliefs regarding likelihood of continued abuse and either lack of involvement in abuse-focused therapy (r =.-08, .16) or involvement in services through Child Protective Services (r = .01, p = .84). Furthermore, support for the proposed statutes was not related to beliefs about escalation of abuse (r = -.11, p = .06).

CHAPTER IV

DISCUSSION

The research literature regarding reporting behaviors is extensive. However, this is the first study to explore psychologists' beliefs and attitudes about alternatives to the present statutes. This study allows psychologists, social workers and policy makers to consider the beliefs and attitudes that direct clinicians' reporting behaviors, including the frequent failure to report despite mandates.

Decision-Making Models

The decision-making models discussed earlier, can be applied to the proposed statutes. Applying the Utility Model to the proposed statute would allow for a maximization of the benefits and minimization of the costs. Many of the factors identified as costs of reporting (breaking confidentiality) are minimized. The benefits (tracking families identified as mildly abusive) are maximized. From an Evidence-Based Model the issue of confidence that abuse is occurring is important. The severity of the cases considered in this study were within the narrow range of mild to moderate abuse that would cause the most variability in reporting decisions and be most likely to qualify under the proposed statute for "discretionary reporting." As the Threshold Model incorporates elements of the Utility and Evidence-based models, the application is similar. The "hits" and "misses" are altered. The proposed statute allows for greater numbers of cases to be addressed while not reducing the number of false positives or

false negatives. False negatives (abuse but not reported) are reduced as the case is not officially reported to Child Protective Services but is addressed in therapy as abuse and will be reported to Child Protective Services if the abuse is not resolved in the therapy. In addition, False positives (not abuse but is reported) are reduced as the cases are not reported to Child Protective Services with the associated costs of such as report.

Although there was evidence to suggest abuse, there were participants who indicated they did not believe the depicted child was being abused. This supports previous research suggesting that psychologists use different decision-making models when presented with child abuse. When a certain threshold is met, the psychologist believes abuse is or may be occurring. Furthermore, when a certain threshold is met the psychologist decides to report the abuse. Often the same threshold is not used for both suspecting abuse and reporting it. Thus, the twenty-three percent difference between those indicating they suspect abuse and those who would report it.

The responses to the qualitative question regarding reasons for their reporting decisions provide strong support for the decision-making models outlined in the literature review. Many indicate that they reported due to physical evidence. Those who didn't report despite bruising indicated that they were aware of the physical evidence. If applying the threshold model to their responses it could be that alone bruising wasn't sufficient to cross their threshold due to the possibility that it was not caused by abuse. Some even indicated that they did not report due to the abuse being "mild." Again this is usually not provided for in the statutes.

The utility model was frequently evidenced in the thinking of "nonreporters". Many indicated that the benefits of reporting didn't outweigh the possible harm. In

addition, many provided advantages of not reporting as support for not reporting. This was quite common among those who believed reporting was harmful to treatment.

Evidence of the utility model was also found in the reporters' statements regarding reasons for their decisions. Interestingly, the impact on treatment was stated as a reason for reporting as well as not reporting.

Research Question One: Attitudes Toward Reporting Statutes

Participants did believe that statutes mandating reporting were necessary. However, the participants varied in their responses concerning support for the proposed statutes allowing for greater discretion in reporting. This bi-modal distribution indicates that opinions are varied in the area of child abuse reporting. Consistent reporters as well as inconsistent reporters had bi-modal distributions for support for the proposed statute. This suggests that even those who currently do not follow the mandates, may not believe that discretion should be allowed.

The literature on child abuse reporting describes the choice to not report as "failure" to report. "Failure" may not be the best description. This failure may be based on evidence in the careers of individual psychologists that "to report" is the less preferable action. The qualitative responses provided many factors that influence reporting decisions. Making a reporting decision that is best for the child and family is important to clinicians. It was evident that psychologists in this study as in earlier studies believe that statutes mandating reporting of child abuse are necessary. However, this study provides evidence that the manner in which families will best be helped is debatable.

Respondents provided evidence that clinical behavior would change in response to the proposed statutes. Many indicated that they would be interested in being "Discretionary Reporters" and that they would change reporting behaviors appropriately. Some stated that they would change their behavior in a manner that went beyond that outlined by the proposed statute. For instance, 17% indicated that the proposed statute would change their reporting behavior when presented with moderate abuse. This is contrary to the proposed statute that specifies that discretion could be made when treating mild abuse, not moderate or severe.

This may support the fears of many in this study and previous research that anything other than a blanket mandate to report any case of suspected abuse would create a "slippery slope." When some case slide then more severe cases would also go unreported and, needless to say, this would be quite dangerous. However, it is apparent that a slippery slope already exists. Psychologists and others already use "discretion" in reporting or not reporting. A system such as that that would be developed in response to the proposed statute would allow for different levels of services depending on the intensity of the abuse.

Problems beyond the "slippery slope" may arise from a system developed from statutes similar to the proposed statute. For instance, the opportunity for discrimination in reporting based on non-abuse related factors may be greater. When asked what influenced their reporting decisions, few psychologists (one in this study) respond "the child was in a single parent family" or " the child was black." Yet, the research has shown that factors such as race and socioeconomic status and family constellation are related to reporting decisions. It could be argued that discretionary reporting would be

biased towards for instance, African American children or single parent families. Those who are not being reported, for instances children in intact families may not get the services they need. To allow for greater discretion may lead to even greater reporting discrepancies based on non-abuse related factors.

Research Question Two: Perceived Effectiveness of Current and Proposed Statutes

Current social policy is not adequately addressing the issue of child abuse. Participants' beliefs about the effectiveness of the current statutes are astounding. In this sample, only 10% believe that mildly abused children are identified effectively with the current statutes. Therefore, many children are not being identified and the children and families are not receiving necessary services. The results indicate that the current system is somewhat better at identifying than protecting children who are maltreated. Despite cases being identified, the current system does not provide protections that are adequate. Furthermore, parenting that is seen as mild to moderate in severity is not being identified or protected. There needs to be discussion around what solutions are possible to adequately address maltreatment across severity. Discretion in reporting is one proposal for addressing the issue. However the system needs improvements across several areas. Differences in beliefs about the effectiveness of both the current and proposed statutes could be considered in creating new policies.

Research Question Three: Impact of Vignette Factors on Reporting Behavior

In this study, almost all respondents indicated they believed that abuse depicted was mild to moderate in severity. This is not surprising given the extreme and atrocious abuse that children often endure. The levels of severity in this study are intended to differentiate increasingly severe abuse along a continuum. Due to the nature of this study,

the levels were created to represent the continuum of cases within the "gray area." The continuum includes those cases likely to be suspected by most but resulting in variance in reporting by psychologists.

Severity and disclosure were both related to several factors such as reporting behavior. However, the interaction between severity and disclosure was usually not significant. This is likely to be explainable by either a threshold or evidence-based model. Either model would suggest that disclosure itself provides more evidence for suspecting abuse and raises the suspicion "beyond the threshold". Therefore, although the actual abuse may be greater in a non-disclosed vignette (or a case in practice) when disclosure is added to the evidence of less severe abuse psychologists are more likely to suspect and to report the abuse. In other words, of the cases depicted in the vignettes in this study, mild abuse where the mother did disclose may be provide more evidence to "pass the threshold" than moderate abuse where the parent does not admit the abuse. This same phenomenon is likely to account for lack of statistical significance for the interaction between severity and disclosure on confidence that abuse was occurring.

The variables in the vignettes (severity and disclosure) were not the only factors that psychologists' acknowledged as being important in their decision-making. Those factors were recorded in the appendix and are similar to those in the research. It is interesting, however, that the variables that people are conscious of when making decisions about reporting are not necessarily the only or even the most important factors in their decisions. This study did not tap many variables. For instance, there were two respondents who indicated factors found in the vignette research to influence reporting decisions but rarely admitted to by psychologists attempting to describe the reasons for

their decision. One of those responses was by a person who reported and stated that "age of the child" was a factor in his/her decision. This is interesting since the statutes are not written to discriminate in reporting against younger or older children. The other respondent indicated that he/she did not report because the child had "two parents who were both committed to the treatment." Again this is bias, based this time on family constellation. The vignette research in the past has supported this tendency as existing. However, the statutes do not provide for discretion in decision-making based on whether the child has one or two parents involved.

Research Question Four: Influence of Available Services on Psychologists' Attitudes

Respondents indicated that they believe families were less likely to continue being abusive when involved in therapy than those who are not in therapy. They also indicated that they believed families were less likely to continue being abusive when involved in CPS. Responses reflect a belief that involvement in therapy is more likely to result in a reduction in continued abuse than involvement with CPS. This would suggest that therapy, not CPS may be the societal response that would be most effective. This is said with caution since CPS and therapy do not have to be mutually exclusive. In fact, it is arguably best when both CPS and therapist work together to help families meet their goals.

Implications for Prevention and Treatment

When child abuse is addressed early at the therapeutic level abuse is less likely to continue. The proposed statute would allow families and therapists to discuss abuse honestly and create solutions. Although this is possible under the current statutes, there is evidence to suggest that often families hide milder forms of abuse due to fear of being

reported to Child Protective Services. Under the proposed statutes, abuse may be addressed earlier and more collaboratively.

For those who become Registered Reporters, there will be requirements for training. Continuing education on child abuse identification and treatment models will be addressed prior to being eligible as a Registered Reporter. This demands a minimum level of expertise in the field of child abuse.

Training for all practitioners as well as those who train and supervise should include information on child abuse. This would include identification as well as treatment. An introduction to the decision-making models would be beneficial for all those who come in contact with children or adults who may be affected by child abuse. In addition, the ethical and legal obligations around child abuse reporting should be included in every graduate program for those who provide therapy and counseling.

Limitations of this Study

Some of the limitations of this study were related to measurement. Likert scales were labeled in terms of the end points. If the midpoints had been labeled, participants would have been more able to indicate what number represented their beliefs and attitudes. With more specific labels along the Likert, the results would be more ceratin. In addition, some of the questions would have given greater information if the end point labels allowed for greater variability. For instance, on the continuum of support for the proposed statutes, the ends may more accurately represent participants' beliefs if labeled "strong opposition" and "strong support" in lieu of "no support" and "strong support". The midpoint would be labeled "neutral."

On the question regarding support for the proposed statute, a typographical error was made, leaving the 4 out of the Likert Scale. This may have impacted the percentages of support at each level, especially at the center. Many participants added the 4 and some added it and marked the 4 as their response. However, most participants indicated extreme scores with few at 3 or 5. It is likely that more would have indicated 4 if it had been there but likely the bi-modal distribution would have been similar.

Furthermore, the study utilized vignettes to measure psychologists' behaviors. Vignette studies are commonly used in this area of research. However, the results must be interpreted considering the possible limitations of measuring participants' responses to hypothetical cases in lieu of actual cases in clinical practice.

Conclusions

Psychologists, including many participants in this study, have discussed the limitations of the current statutes and the resulting system our society has created to address child abuse. When considering new statutes there remains some hesitancy, even among those who do not believe that children are properly identified and protected, especially in mild cases. However to change the system is daunting. To quote Hamlet, many would "rather bear those ills we have than fly to others that we know not of." Although many admit that the current system is failing, the problem and solutions are viewed as taboo. This study was an initial analysis of behaviors, beliefs and attitudes. Hopefully in the future, discussions will occur in treatment team meetings, ethics classes and during peer supervision across the nation, about how we can provide the services that will best help families and children. Interdisciplinary groups including social workers,

psychologists as well as medical and educational professionals need to join together to talk about the problems and potential solutions.

APPENDICES

APPENDIX A

COVER LETTER AND CONSENT FORM

Angela M. Cavett
P.O. Box 8255 Montgomery Hall
University of North Dakota
Grand Forks, North Dakota 58202-8255

May 18, 2001

Dear Colleague,

I am Angela Cavett, doctoral candidate at the University of North Dakota. I am requesting your assistance in a research project that I believe will provide very important information about child abuse reporting and the statutes mandating reporting. I am contacting a select number of psychologists and requesting participation by completing the enclosed questionnaire in response to the clinical vignette provided. Participation in this study is voluntary and there is no penalty for refusal to participate.

The packet contains 4 questionnaires: the Vignette Questionnaire, the Current Statutes Questionnaire, the Proposed Alternative "Discretionary Reporter" Statute Questionnaire, and a Demographic Questionnaire. Completing the packet of questionnaires will take approximately 10-12 minutes of your time. When complete, place your questionnaire in the enclosed stamped and pre-addressed envelope.

Please do not put your name or any identifying information on the form. To further protect confidentiality, there are not codes or other identifying information on any of the questionnaire material. Also there is no consent form. Completion and return of the questionnaire is assumed to represent your consent to participate.

I sincerely hope that you will be able to participate in this study. I also hope that being involved in research in the area of child abuse reporting may be of use to you. The questions being asked are consistent with case staffing discussion, and might be of use in your work with clients/patients. There are two primary risks associated with this study. The first involves psychological discomfort and the second confidentiality. Psychological risks include embarrassment and/or guilt from failing to report a previous case of suspected abuse, in a similar situation. Confidentiality will be protected since the participants will be anonymous. A copy of the cover letter and the questionnaires will be kept in a secure file for at least three years and then will be destroyed. There are many benefits as a result of this study. The study's main direct benefit is initiating dialogue on current mandatory reporting statutes and proposed changes, in ways that might improve societal responses to child abuse. The investigator aims to provide better understanding of how psychologists feel about reporting and not reporting, as well as the

proposed changes to mandatory reporting statutes. Most importantly, for maltreated children, this study will provide a platform for discussion of how to better serve children and families.

Thank you very much for your participation in this study. I sincerely appreciate your time and participation. If I can provide you with any further information, or answer any questions, please contact me via phone or email as listed below. You may also contact my advisor and Department Chair, Dr. Cindy Juntunen as listed below.

Angela Cavett, M.A.
P.O. Box 8255 Montgomery Hall
University of North Dakota
Grand Forks, North Dakota 58202-8255

(701)775-8056

Cindy Juntunen, Ph.D., Associate Professor & Chair
P.O. Box 8255 Montgomery Hall
University of North Dakota
Grand Forks, North Dakota 58202-8255

(701) 777-3740

Sincerely,

Angela Cavett, M.A.

APPENDIX B

VIGNETTE QUESTIONNAIRES

Vignette Questionnaire

Instructions: The following is a Vignette Questionnaire consisting of instructions, a model statute, a clinical vignette and a demographic questionnaire. Please read and use this mandate in your decision-making process to avoid statute differences between states. Next, read the vignette depicting a family coming to you for therapy. Imagine yourself as the therapist in this case and respond to the questions by indicating one response per question, unless instructed otherwise. Please answer each question before proceeding to read the next question.

Model Statute: A report to Child Protective Services must be made within 24 hours when one in one's professional capacities, knows or has reason to believe that a child has been abused or neglected. Abuse is defined as situations when a child's physical or mental health or welfare is harmed or threatened with harm due to infliction upon the child of physical or mental injury, including excessive corporal punishment, or creates or allows to be created a substantial risk of physical or emotional injury to the child.

Clinical Vignette A:
James and Lisa and their 5 ½ year old son, Alex, came to you for therapy. James and Lisa complained of not being able to manage Alex. They reported not having a variety of discipline techniques. James and Lisa acknowledged that at 2 ½ they began spanking him occasionally. They reported that they had been spanking Alex several times a day. In the past week, when Alex threw a glass of milk, Lisa reports that she lightly slapped his hand. You notice that Alex has three bright purple linear bruises on his left arm between his wrist and elbow. The couple indicated that this incident prompted their initiating counseling in hopes that they would gain parenting skills. They seemed motivated to continue therapy and rescheduled for the next week.

Vignette Questionnaire

Instructions: The following is a Vignette Questionnaire consisting of instructions, a model statute, a clinical vignette and a demographic questionnaire. Please read and use this mandate in your decision-making process to avoid statute differences between states. Next, read the vignette depicting a family coming to you for therapy. Imagine yourself as the therapist in this case and respond to the questions by indicating one response per question, unless insructed otherwise. Please answer each question before proceeding to read the next question.

Model Statute: A report to Child Protective Services must be made within 24 hours when one in one's professional capacities, knows or has reason to believe that a child has been abused or neglected. Abuse is defined as situations when a child's physical or mental health or welfare is harmed or threatened with harm due to infliction upon the child of physical or mental injury, including excessive corporal punishment, or creates or allows to be created a substantial risk of physical or emotional injury to the child.

Clinical Vignette B:
James and Lisa and their 5 ½ year old son, Alex came to you for therapy. James and Lisa complained of not being able to manage Alex. They reported not having a variety of discipline techniques. James and Lisa that at 2 ½ they began spanking him occasionally. They reported that recently they had been spanking Alex several times a day. In the past week, when Alex threw a glass of milk, Lisa reports that she spanked him. You notice that Alex has three linear bright purple bruises between his wrist and elbow and a bruise above his right eye. He appears frightened by his mother. The couple indicated that this incident prompted their initiating counseling in hopes that they would gain parenting skills. They seemed motivated to continue therapy and rescheduled for the next week.

Vignette Questionnaire

Instructions: The following is a Vignette Questionnaire consisting of instructions, a model statute, a clinical vignette and a demographic questionnaire. Please read and use this mandate in your decision-making process to avoid statute differences between states. Next, read the vignette depicting a family coming to you for therapy. Imagine yourself as the therapist in this case and respond to the questions by indicating one response per question, unless instructed otherwise. Please answer each question before proceeding to read the next question.

Model Statute: A report to Child Protective Services must be made within 24 hours when one in one's professional capacities, knows or has reason to believe that a child has been abused or neglected. Abuse is defined as situations when a child's physical or mental health or welfare is harmed or threatened with harm due to infliction upon the child of physical or mental injury, including excessive corporal punishment, or creates or allows to be created a substantial risk of physical or emotional injury to the child.

Clinical Vignette C:
James and Lisa and their 5 ½ year old son, Alex, came to you for therapy. James and Lisa complained of not being able to manage Alex. They reported not having a variety of discipline techniques. James and Lisa acknowledged that at 2 ½ they began spanking him occasionally. They reported that recently they had been spanking Alex several times a day. In the past week, when Alex threw a glass of milk, Lisa reports that she spanked him. During the session, Alex repeatedly spanked a doll with a large spoon from your kitchen toys. The couple indicated that this incident prompted their initiating counseling in hopes that they would gain parenting skills. They seemed motivated to continue therapy and rescheduled for the next week.

Vignette Questionnaire

Instructions: The following is a Vignette Questionnaire consisting of instructions, a model statute, a clinical vignette and a demographic questionnaire. Please read and use this mandate in your decision-making process to avoid statute differences between states. Next, read the vignette depicting a family coming to you for therapy. Imagine yourself as the therapist in this case and respond to the questions by indicating one response per question, unless instructed otherwise. Please answer each question before proceeding to read the next question.

Model Statute: A report to Child Protective Services must be made within 24 hours when one in one's professional capacities, knows or has reason to believe that a child has been abused or neglected. Abuse is defined as situations when a child's physical or mental health or welfare is harmed or threatened with harm due to infliction upon the child of physical or mental injury, including excessive corporal punishment, or creates or allows to be created a substantial risk of physical or emotional injury to the child.

Clinical Vignette D:
James and Lisa and their 5 ½ year old son, Alex, came to you for therapy. James and Lisa complained of not being able to manage Alex. They reported not having a variety of discipline techniques. James and Lisa acknowledged that at 2 ½ they began spanking him occasionally. They reported that recently they had been spanking Alex several times a day. In the past week, when Alex threw a glass of milk, Lisa reports that she hit Alex on his left arm. You notice that Alex has three bright purple linear bruises on his left arm between his wrist and elbow. The couple indicated that this incident prompted their initiating counseling in hopes that they would gain parenting skills. They seemed motivated to continue therapy and rescheduled for the next week.

Vignette Questionnaire

Instructions: The following is a Vignette Questionnaire consisting of instructions, a model statute, a clinical vignette and a demographic questionnaire. Please read and use this mandate in your decision-making process to avoid statute differences between states. Next, read the vignette depicting a family coming to you for therapy. Imagine yourself as the therapist in this case and respond to the questions by indicating one response per question, unless instructed otherwise. Please answer each question before proceeding to read the next question.

Model Statute: A report to Child Protective Services must be made within 24 hours when one in one's professional capacities, knows or has reason to believe that a child has been abused or neglected. Abuse is defined as situations when a child's physical or mental health or welfare is harmed or threatened with harm due to infliction upon the child of physical or mental injury, including excessive corporal punishment, or creates or allows to be created a substantial risk of physical or emotional injury to the child.

Clinical Vignette E:
James and Lisa and their 5 ½ year old son, Alex, came to you for therapy. James and Lisa complained of not being able to manage Alex. They reported not having a variety of discipline techniques. James and Lisa acknowledged that at 2 ½ they began spanking him occasionally. They reported that recently they had been spanking Alex several times a day. In the past week, when Alex threw a glass of milk, Lisa reports that she hit him on the arm and slapped his face. You notice that Alex has three linear purple bruises between his wrist and elbow and a bruise above his right eye. He appears frightened by his mother. The couple indicated that this incident prompted their initiating counseling in hopes that they would gain parenting skills. They seem motivated to continue therapy and rescheduled for the next week.

Vignette Questionnaire

Instructions: The following is a Vignette Questionnaire consisting of instructions, a model statute, a clinical vignette and a demographic questionnaire. Please read and use this mandate in your decision-making process to avoid statute differences between states. Next, read the vignette depicting a family coming to you for therapy. Imagine yourself as the therapist in this case and respond to the questions by indicating one response per question, unless instructed otherwise. Please answer each question before proceeding to read the next question.

Model Statute: A report to Child Protective Services must be made within 24 hours when one in one's professional capacities, knows or has reason to believe that a child has been abused or neglected. Abuse is defined as situations when a child's physical or mental health or welfare is harmed or threatened with harm due to infliction upon the child of physical or mental injury, including excessive corporal punishment, or creates or allows to be created a substantial risk of physical or emotional injury to the child.

Clinical Vignette F:
James and Lisa and their 5 ½ year old son, Alex, came to you for therapy. James and Lisa complained of not being able to manage Alex. They reported not having a variety of discipline techniques. James and Lisa acknowledged that at 2 ½ they began spanking him occasionally. They reported that recently they had been spanking Alex several times a day. In the past week, when Alex threw a glass of milk, Lisa reports that she spanked him with a wooden spoon. The couple indicated that this incident prompted their initiating counseling in hopes that they would gain parenting skills. During the session, Alex repeatedly spanked a doll with a large spoon from your play therapy kitchen toys. They seemed motivated to continue therapy and rescheduled for the next week.

Vignette Questionnaire Continued

Vignette-related Queries

1a. How confident are you that abuse is occurring?

Not confident Very confident

1b. What level of abuse do you believe is depicted in the vignette?

No abuse Mild Moderate Severe

2. Indicate the level of reporting that you would chose for the case described in the vignette. (Please check one applicable response.).

__ Report-Written and verbal

__ Report-Verbal. Written only if instructed by Child Protective Services

__ Report-Verbal only.

__ Not report

3. What factors influenced your decision?

4. In your experience, has Child Protective Services taken and/or investigated reports similar to that described in the vignette?

Yes No

5. If the model statute were followed strictly, do you believe that the case depicts in the vignette would be a case that one would be mandated to report?

Yes No

6. If this family were involved in therapy focusing on parenting and abuse, how likely do you believe that the parent would continue being abusive?

Not at all likely Very likely

1 2 3 4 5 6 7

7. If this family were **not** involved in therapy focusing on parenting and abuse, how likely do you believe that the parent would continue being abusive?

Not at all likely Very likely
1 2 3 4 5 6 7

8. If this family were involved in Social Services Child Protective Services, how likely do you believe it is that the parent would continue being abusive?

Not at all likely Very likely
1 2 3 4 5 6 7

9. If this family were **not** involved in Social Services Child Protective Services, how likely do you believe it is that the parent would continue being abusive?

Not at all likely Very likely
1 2 3 4 5 6 7

10. If this family were **not** involved in Social Services Child Protective Services, how likely do you believe it is that the level of abuse would escalate?

Not at all likely Very likely
1 2 3 4 5 6 7

11a. In your clinical practice, have you ever reported a case of suspected child abuse?

Yes No

11b. If yes, what is an estimate of the number of times that you have reported?

11c. If yes, how long has it been since you last reported?

12. In your clinical practice, have you ever suspected child abuse was occurring and decided not to report to Child Protective Services?

Yes No

APPENDIX C

CURRENT STATUTES QUESTIONNAIRE

Instructions: The following is a Current Statutes Questionnaire. Please read each of the following questions. Then select the response from the 3 or 7 point Likert scales consistent with your personal beliefs about the current child abuse reporting statutes. Please choose only 1 response unless instructed that multiple responses can be indicated.

1. How necessary do you believe child abuse statutes are?

Not necessary					Very necessary	
1	2	3	4	5	6	7

2. How effective do you believe that the current child abuse reporting statutes are in identifying children who are being abused or neglected?

Not effective					Very effective	
1	2	3	4	5	6	7

3. For what severity of cases are the current mandates effective at identifying children who are being abused or neglected? (More than one level of severity can be circled.)

Mild	Moderate	Severe
1	2	3

4. How effective do you believe that the current child abuse reporting statutes are in protecting children who are being abused or neglected?

Not effective					Very effective	
1	2	3	4	5	6	7

5. For what severity of cases are the current mandates effective at protecting children who are being abused or neglected? (More than one level of severity can be circled.)

Mild	Moderate	Severe
1	2	3

6. Do you believe that the current mandates to report child abuse are effective at identifying children from the level of abused depicted in this vignette?

Yes   No

7. Do you believe that the current mandates to report child abuse are effective in protecting children from the level of abuse depicted in this vignette?

Yes   No

APPENDIX D

PROPOSED ALTERNATIVE STATUTE QUESTIONNAIRE

Instructions: The following is a Proposed Statutes Questionnaire consisting of a description of a proposed alternative statute and questions concerning your beliefs and attitudes towards the Proposed Alternative Statute. Please read the following and respond to the questions by marking one response.

Description of a Proposed Statute:
A limited exemption from the mandatory reporting statute would be provided to those who qualify for "Discretionary Reporter" status. The latitude in clinical decision-making would be greater in specific types of cases. Disclosures of mild forms of child abuse may be greater, allowing for earlier intervention. The statute would apply to mental health professionals who were registered as "Discretionary Reporters." Mental health professionals would be granted "Discretionary Reporter" status based on verification of training and experience with child abuse treatment. In addition, inclusion would be given to those with licenses by a state mental health licensing board. A Child Protective Services Social Worker would monitor the files (excluding identifying information) of "Discretionary Reporters" to ensure that cases were appropriate for the exemption from reporting. Mild cases of child abuse would qualify for exemption from reporting by a "Discretionary Reporter." Moderate and severe cases would require a report to Child Protective Services. All suspected sexual abuse cases would need to be reported. Exemptions from the current mandate to report would include clients who were actively receiving treatment for the abuser and the abused child(ren). Reporting would occur if the abuse continued or escalated.

1a. Would the alternative model change your reporting behavior for the vignette describing Alex and his parents?

Yes No

1b. If yes, please briefly describe how.

2. Do you believe that the case described in the vignette would qualify for an exemption from reporting under the proposed alternative model?

Yes No

3a. Would the alternative model, if it were the existing legal statute, change your reporting behavior in your practice?

Yes No

3b. If yes, for which level of abuse would the proposed model change your reporting?

4. Do you believe that psychologists should have more discretion in reporting child physical abuse cases when abuse-focused treatment is being sought by the family?

Yes No

5. How effective at identifying abused children do you believe this alternative child abuse reporting statute would be?

Not effective Very effective
1 2 3 4 5 6 7

6. For what severity of cases would the proposed mandate be the most effective at identifying abused children? (More than one level of severity can be circled.)

Mild Moderate Severe
1 2 3

7. How effective at protecting abused children do you believe this alternative child abuse reporting statute would be?

Not effective Very effective
1 2 3 4 5 6 7

8. For what severity of cases would the proposed mandate be the most effective at protecting abused children? (More than one level of severity can be circled.)

Mild Moderate Severe
1 2 3

9. To what degree would you support an exemption from the current mandate for "Registered Reporters" similar to the one described above?

No Support Strong Support
1 2 3 4 5 6 7

10. Give a brief description of your reasons for supporting or opposing a change to the present statutes.

11. Would you support a less extreme change to the current statutes?

Yes No

12. Give a brief description of the changes you would support.

APPENDIX E

DEMOGRAPHIC SURVEY

1. Age:

2. Gender: Male Female

3. Highest degree: Ph.D. Psy.D. Ed.D. M.A.

4. Ethnicity: (Please indicate the Ethnic Heritage(s) you self-identify with.)

African American	Native American	Caucasian	
Latino/Hispanic	Asian American	Bi/Multiracial	Other

5. How many years have you been in practice as a Licensed Psychologist?

6. Have you had any specialized training in child abuse identification?

7. If yes, please describe that training briefly.

8. Did you have any training in graduate school in child abuse treatment?

9. If yes, please describe that training briefly.

10. Have you had any specialized training after graduate school in child abuse treatment?

11. If yes, please describe that training briefly.

12. How many cases of child abuse have you worked with in the past month?

    Year?

    During your career?

APPENDIX F

QUALITATIVE RESPONSES

QUALITATIVE RESPONSES: Reasons for reporting or not reporting.

Those who did not report had many reasons for their behavior. Many who indicated that they would not report indicated that there were not sufficient symptoms or behaviors in the child or parents to require a report. For instance, parents and child not disclosing abuse or lack of proof that the child was injured were reasons indicated by some who did not report.

"she did not admit to abuse child did not say it happened and they're there for help. If Alex says something-I'd file a report"

"it is not clear any "harm" was inflicted on the child"

"at this point I don't have enough information"

"no clarification that marks on child were product of parent hit."

Many who did not report indicated that they believed reporting would be more harmful to treatment and the family than not reporting.

"rapport necessary for effective intervention"

Many who indicated they would not report the case, supported their not reporting by making a deal with the family that included reporting unless behavior changed. Included in this category are those who indicated that they would not report unless the abuse continued or the family dropped out of treatment.

"if family continued in treatment, and contracted to stop the spanking, no report would be made. If they dropped out of treatment, or continued to spank I would report"

"I would continue to work with the family, telling them at the initial session that no more hitting/abuse is to occur. If this continues and more bruises are evident or family didn't return to treatment I would report"

"the parents admitted being out of control and came asking for help. The therapist should tell the parents there can be no further physical punishment or he/she would have to report"

"if they did not return I would definitely call"

Others indicated that they would work collaboratively with Child Protective Services without reporting the case officially.

"I know personally the CPS workers and work with them with these cases. I would have Lisa make the call preferably in my office and I would talk with the worker myself"

"Have a good relationship with social services and we would work together, giving no name. Unless the parents didn't follow up then there would definitely be an official report"

Severity, frequency and chronicity of the abuse were indicated as reasons for not reporting. Included in this theme is the notion of the subjective quality of what constitutes discipline versus abuse.

"incident appeared to happen one time"

"mild abuse"

"spanking is not abuse"

"corporal punishment used to correct behavior only"

"whether it is reportable depends on who decides what excessive is."

"no injury to child"

Treatment seeking and the motivation and willingness to change were noted as reasons for not reporting. Seeking treatment despite the parents lack of parenting skills was cited as reason for not reporting.

"awareness parenting strategies are not effective desire to seek professional guidance"

"parents seeking counseling" *"parents are seeking help"*

"parents have initiated therapy, indicate intention to continue"

"family aware of problems motivated to learn better parenting"

"their initiation of treatment for parenting skills"

Many indicated that their perceptions of the limitations of the effectiveness of Child Protective Services as a reason for not reporting.

"inept Dept of Children's services, possible withdrawal from therapy"

"experience that CPS only refers such cases back to treatment"

" protective services usually don't intervene at all or do so inappropriately"

Many noted that the impact that reporting would have on the therapeutic process impacted their decision to not report.

"desire to maintain alliance"

"A report would endanger client, Therapist relationship and trust"

"it would make matters worse and decrease likelihood of treatment"

Those who reported indicated that the following reasons were influential in their decision to report.

The symptoms or evidence (verbal or physical) of abuse were frequently cited as reasons for reporting. The theme "symptoms and evidence" includes the severity and intensity of the abuse as evidenced by disclosure or physical evidence. Verbal reports by the parent or child are also included in this theme. Behaviors observed in session are also included in the "symptoms and evidence" theme.

"the purple bruises which I feel are indication of excessive "slap on the wrist".

"The report by Alex's mother appears correspond to the bruising sites."

"escalating pattern of corporal punishment, marks on child, child's fear of parent"

"I've published natural and clinical sample data on norms of parent self report of spanking at different ages. This rate is very high from a normative perspective"

"escalation of abuse"

"Length of time this has been occurring-several years"

"bruises, frequency of spanking.

"child's play"

"child hitting with a spoon may indicate that objects are used in home to spank thus potential of danger"

"apparent fear of mother"

Many indicated that the law mandates their reporting and they reported due to those statutes. Wording of the statutes that require only a suspicion to report were included in this theme.

"the law requires reporting"

"the law requires report of any suspected abuse"

"to suspect is reason to report"

"the law says "reason to believe"

The roles of the psychologist and the child protective worker were noted as reasons for reporting. This included the belief that psychologists' role does not include investigating abuse. A few indicated that they would report but would also investigate to a limited degree.

"there is a possibility of abuse but an investigator should make that assessment. I only report suspects-the investigator determines"

"not my role to decide if abuse is occurring-is the state agency's role"

"it is clear that abuse is occurring. The statute does not ask mandated reporters to use judgment about the prognosis"

"I would report and also request a release to speak with child's physician to clarify history of injuries"

Many indicated that they would report despite feeling that CPS is not adequate resource for abused children. Some believed that despite their reporting the case, CPS would not be able to provide services.

"this is difficult because to report a motivated, self-initiated client will be counterproductive. They will end up in counseling anyway and I have just breached their trust. But the law says I must report, so I do. Our overworked CPS program will handle it with great mediocrity and the family will never trust a

therapist again. On some occasions I have not reported and worked with the motivated family and things improved"

"I often call in situations where there is a gray area. In such a case, our protective services would be unlikely to accept a referral."

Three responses were indicated by few participants; protection of the professional, age of the child and concern for the child's welfare.

"should there be any ramifications of this situations I would want to protect myself by following the reporting requirements"

"age of child"

"concern for child's welfare"

QUALITATITVE RESPONSES: Psychologists' beliefs about the effectiveness the proposed statutes in identifying cases was assessed.

A qualitative question was utilized to assess the reasons for opposing and supporting the statutes. Support for the proposed statutes included five main themes: 1. Reporting is harmful/Discretion less harmful, 2. CPS limited, 3. Discretion is best for treatment, 4. Perception that experienced psychologists feel similar and 5. current behavior is similar to that allowed by the Proposed statutes.

Many psychologists who supported the proposed statutes indicated that reporting was harmful and that discretion minimized harm to the family.

"greater flexibility in reporting cases would avoid unnecessary upheaval in the family"

"Reporting sometimes causes more harm than benefit."

"absence of clinical discretion reduces the possibility and probability of successfully reducing abusive situations"

The limitations of CPS were commonly reported as reasons for supporting the Proposed Statutes. Limitations included being overwhelmed, inefficient, insensitive to families, not accepting mild cases and hurting families.

"often CPS does not accept cases"

" Especially for mild cases, protective services are inefficient and insensitive"

"CPS is overwhelmed by the current number of reports"

"interaction with child protection for mild cases causes more harm than good especially if motivated for treatment"

The implications on treatment were noted as reasons for supporting the Proposed Statutes. Discretion was seen as increasing honesty in the therapeutic relationship, promoting trust and promoting the therapeutic relationship. Conversely, reporting was seen as leading to premature termination on the part of patients/clients.

"reporting a family may interfere with a family's seeking treatment due to concerns that if they are honest they will be reported. Reporting can also hinder the development of a trusting therapeutic relationship."

"allows for increased opportunity to develop therapeutic alliance with the family"

"many mild cases, where parents are motivated for treatment, are ill-served by reporting them. Reporting can be anti-therapeutic impairing rapport and increasing drop-outs"

"Sometimes the act of reporting drives a family out of treatment and then the abuse does not stop"

"parents motivated to change. Seeking therapy for help. Don't want to penalize parents for seeking help"

Some psychologists indicated that they supported discretion because experienced psychologists have similar beliefs.

"most experienced practitioners, I suspect, report on the same limited basis I do"

Some psychologists indicated support for the Proposed Statutes due to their current behavior being similar to the discretionary model.

"I have always used discretion in reporting-it would be nice to have it be legal! In my experience, social services often exacerbate mild problems of abuse"

Opposition to the Proposed Statutes included Roles of CPS vs. Psychologists, Teamwork with CPS, investigation limitations, loss of objectivity, reporting perceived as best treatment option, perception that experienced psychologists feel similar, Allowing for discretion would lead to greater variability in reporting.

The role of the psychologist not including investigating was a common reason stated by those opposing the Proposed Statutes. Included in this theme are beliefs that psychologists are not trained to investigate, do not have the resources to investigate thoroughly enough and it is not part of their role.

"Mental health professionals typically do not have training or latitude to investigate the home, family members beyond those in treatment. We should work toward greater collaboration with CPS rather than taking more on ourselves"

"therapists typically see only the tip of the iceberg. We generally do not have collateral sources of information, ex. Arrest records, history of prior abuse allegations" *"inadequate training" "inconsistent training" "lack of experience"*

"Cases need to be documented across time"

"What I don't like about the statute is that I become the investigator, which would be very time consuming to me"

"this may serve to blur distinction between reporters of suspected abuse and investigating agencies"

"I wouldn't want to be in the position of determining severity or even deciding whether abuse actually occurred. I think that confuses the role of therapist and investigator"

"I don't want to be put in the role of the CPS worker"

A reason for opposing the Proposed Statutes was a belief that psychologists need to work as a team with CPS to best serve abusive families.

"Teamwork between the family, therapist and CPS are our best shot at helping the family."

"Child abuse reporting and child protection laws need to be strengthened, not weakened"

Loss of objectivity when in the therapeutic relationship was cited as a reason for opposing the Proposed Statutes.

"too many factors are at play in a therapeutic relationship between a psychologist and a family that may blur the professional's ability to see the whole picture clearly and expeditiously."

"My concern would be a therapist would fail to report based on a positive relationship with alleged perps-loss of objectivity"

A reason for opposition to the Proposed Statutes was the belief that reporting was the best option for treatment.

"reporting is the key to intervention"

"Not having discretion allow the therapist to go in with the family in their helplessness. "this is what I have to do but I will help you through it." If it is discretionary then it becomes the therapist against the family. "I have decided that you are too abusive" gives too much leeway for individual values to contaminate the process"

Interestingly, psychologists provided the belief that other experienced psychologists felt similar about reporting and discretion as themselves as a reason for their opposing the Proposed Statutes.

"to allow discretion is naïve and dangerous"

A reason for opposing the Proposed Statutes was fear that the statutes would result in even greater variability in reporting than that that would be allowed.

"do not support changes that require greater discretion/judgment (thus greater variability among reporters)"

"Clinicians are often hesitant to report when they should and this statute gives them an out."

"Too subjective-I believe that moderate abuse would be reported less and fewer victims would be identified and protected"

"we have problems getting ministers and therapists to report as is and don't need any more room than they already create for themselves"

Research question 38:

Responses reported by participants regarding what changes they would support ranged across the gamete. Many indicated they would not support any changes. Others indicated that the changes needed to be with the current CPS system not with the statutes. Some expressed a need for a similar procedure that would allow for discretion while protecting children from maltreatment. Many participants indicated that support for statute changes similar to the Proposed Statute in this study.

"along the lines proposed above"

"I would support the idea in principal but would prefer a centralized group to be called for determination of report necessity rather than create another beaurcratic layer"

"therapist completes with parent a one page "Concern Form." That therapist will forward to the child reporting agency at a specified time period (1 to 6 months) <u>if</u> therapist still has those concerns"

"while I feel some modification of the guidelines/laws would be beneficial, I would be quite cautious in creating a category of discretionary reporters unless there are very specific training opportunities, supportive liaisons with protective services, and careful guidelines for decision making. While the presence of CPS can be unsettling to a family, there are risks inherent in allowing practitioners to take the law into their hands, not the lease of which include harm to children and liability issues."

"I like the suggested change but would argue for clarity of definition as close to exact as possible to identify clearly the boundaries to discretionary judgment and liability"

QUALITATIVE RESPONSES: Reporting behavior changes if the proposed statute were followed.

Respondents indicated that their behavior in response to the abuse depicted in their vignette would either not change or they would use more discretion in reporting if following the proposed statute.

"I would be a "D.R." and/or exclude from reporting if they were in treatment"

"It would allow me to work with the family and hopefully prevent further abuse without the disruption of an investigation."

"I believe the abuse to moderate so it wouldn't change anything."

Would feel better about it not interfering with treatment"

APPENDIX G

FOLLOW-UP LETTER

Angela Cavett
PO Box 8255 Montgomery Hall
University of North Dakota
Grand Forks, ND 58202-8255
Angela_cavett@und.nodak.edu
(701)775-8056

June 15, 2001

Dear Colleague,

A few weeks ago you received a survey about child abuse reporting and statutes mandating reporting. If you have not completed the survey, please consider completing and returning it. If you have already completed and returned the survey, thank you for your participation. I sincerely appreciate the time and effort of participants who have completed the survey, as well as the suggestions that I have received.

I believe this study will provide important information about reporting behaviors and the beliefs and attitudes of psychologists regarding reporting of child abuse and statutes mandating reporting. If you are interested in the results, you may request them at the above address.

Thank you.

Sincerely,

Angela Cavett, M.A.

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