

Briefing Note – Fall 2016
Mandatory Reporting of Child Maltreatment

What We Know

- Mandatory reporting of child maltreatment is “a specific kind of legislative enactment, which imposes a duty on a specified group or groups of persons outside the family to report suspected cases of designated types of child maltreatment to child welfare agencies” (Mathews, 2016).
- A recent survey by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN), indicates that 73.7% of responding low and middle income countries (LMICs) and 62.8% of high-income countries (HICs) have national mandatory reporting laws for child maltreatment (Dubowitz, 2014). In 59.1% of the HICs and 32.1% of the LMICs, these laws cover physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to intimate partner violence (IPV).
- In Canada, all provinces and territories have mandatory reporting laws, although the type of abuse and severity of abuse that are deemed reportable differs by province and territory. Information sheets about reporting legislation are available here: <http://cwrp.ca/infosheets> (click on "legislation" as a keyword and the appropriate province/territory).
- There is no prospective research evaluating the effectiveness of mandatory reporting on child outcomes (World Health Organization & ISPCAN, 2006).

Mandated Reporters’ (MRs) Experiences with Reporting

- A recent meta-synthesis of qualitative research about mandatory reporting (McTavish et al., under review) suggests that there are many challenges associated with mandatory reporting, but also strategies for mitigating negative experiences.

Challenges associated with mandatory reporting:

- MRs are less comfortable identifying and responding to less overt forms of child maltreatment (e.g., children’s exposure to IPV, “mild” physical abuse, neglect, emotional abuse, etc.).
- MRs describe many negative experiences with reporting, with fewer positive experiences.
- Negative experiences spanned the reporting process, and included descriptions of negative outcomes for the reporter (e.g., little to no institutional support), caregivers (e.g., humiliation), and child (e.g., intensification of abuse after a report).
- MRs indicate a desire for more knowledge about child maltreatment and their reporting duties.
- Many MRs are unclear about their (versus their supervisors’) responsibility to report.

Mitigating negative experiences with mandatory reporting: Strategies for MRs

1. Before identification or disclosure of child maltreatment

- Be aware of jurisdiction-specific mandatory reporting legislation; most child protection agencies (CPAs) mandate a report based only on “suspicion” of child maltreatment. Any MR who suspects child maltreatment must file the report.
- Participate in training related to how to identify child maltreatment, especially less overt forms; how to best respond to children exposed to maltreatment; and best practices for filing a report.

- Be aware of the limitations of your decision-making about child maltreatment; this can relate to conflicting values about parental rights, family preservation, and other cultural factors. The child's rights and well-being should always be prioritized.

2. At the beginning of a relationship with a child or family

- Disclose your reporting duties and the limits of your confidentiality to whomever is in your care.

3. Immediate response to disclosure

- Respond to maltreatment disclosures with care and compassion; affirm the child's experiences.
- If unsure whether the case is reportable, consult with colleagues/CPA first (taking care to maintain the confidentiality of the child/family).
- Remind the child/family of your role as a reporter. Discuss how you will file a report and potential child welfare agency responses.
- Ensure that the child and, in the case of IPV exposure, the non-offending caregiver, are safe during the reporting process.

4. Debriefing after a report

- If needed, take time to confidentially debrief about the reported case with a trusted colleague.

Practice & Policy Implications of Current Best Evidence

- Based on currently available evidence, health care providers should:
 - be aware of local mandatory reporting legislation and how it is applied in their jurisdiction and
 - take steps to involve the child/family in the reporting process, when it is safe to do so. For example, unless there is concern that a caregiver might flee with the child, the caregiver should be informed that a report to the CPA is being made.
- Provider education is urgently required in key health and social service university and college-level programs, and in continuing professional education.

What We Don't Know – Research Gaps

- Research on the effectiveness of mandatory reporting on child outcomes and maltreatment recurrence is unavailable.
- Research about mandatory reporting should be sensitive to different types of abuse and should examine whether mandatory reporting does more good than harm for children.

References

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