Child Abuse: US Mandatory Reporting Impacts:

Annotated Bibliography
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Anderson, E.M., & Levine, M. (1999). Concerns about allegations of child sexual abuse against teachers and the teaching environment. *Child Abuse & Neglect, 23*(8), 833-843.

The major objective was to determine teachers' awareness of the potential for child abuse allegations against themselves and the effects on the teaching environment. Of 3,000 questionnaires sent out to a random sample of New York state teachers, 515 were returned. The responding teachers were similar to New York state teachers in terms of gender, age, and racial/ethnic distribution. A large percent of the respondents (56%) were aware of false allegations made against a teacher in their school district. About a third (36.5%) expressed concern that a child abuse allegation could be made against them. In response to a vignette, forty-two (42%) advised a new teacher against being alone in a room with a student; 62% advised against casual touching; 70% advised against hugging or putting an arm around a student. Males' more than female teachers, especially those teaching upper grades, advised against such contact. The more teachers expressed concern about abuse allegations against themselves, the more teachers advised against contact. Fear of abuse allegations is salient for teachers. Fears may cause teachers to limit contact with students with potentially adverse consequences for students and the teaching environment.

Banaschak, S., & Brinkmann, B. (1999). The role of clinical forensic medicine in cases of sexual child abuse. *Forensic Science International*, *99*(2), 85-91.

The work of specialists in forensic medicine in those cases of child abuse that result in the killing of a child is defined and well known. It is less well defined in cases of (suspected) sexual abuse. The cases presented show the difficulties that arise if medical doctors and prosecutors are uncertain about the procedures that have to be followed or do not appreciate the value of objective findings. It is concluded that knowledge about necessary examinations by physicians, police officers and prosecutors has to be promoted in order to improve handling and (legal) outcome of these cases.

Berlin, F.S., Malin, H.M., & Dean, S. (1991). Effects of statutes requiring psychiatrists to report suspected sexual abuse of children. *The American Journal of Psychiatry, 148* (41), 449-453.

Reporting of child sexual abuse is mandatory in all 50 states. Conceptual distinctions between privileged communications and mandatory reporting are reviewed, and the impact of recent changes in Maryland's reporting laws is examined. Beginning in 1964 Maryland law required reporting if abuse was suspected when a physician examined a child. In 1988 reporting of disclosures by adult patients about child sexual abuse that occurred while they were in treatment

was mandated. In 1989 all patient disclosures, even about such abuse that occurred before treatment, became reportable. During the period of statutory changes, the Johns Hopkins Sexual Disorders Clinic had kept track of adult patients who referred themselves for treatment and adult patients' disclosures of child sexual abuse. This allowed analysis of the impact produced by changes in the reporting requirements. Mandatory reporting of disclosures about prior child sexual abuse deterred undetected adult abusers from entering treatment. The rate of self-referrals when such reporting became mandatory in 1989 dropped from approximately seven per year (73 over a 10-year period) to zero. This may have caused some unidentified children to remain at risk. 2) Mandatory reporting deterred patients' disclosures about child sexual abuse that occurred during treatment. In 1988 the disclosure rate during treatment dropped from approximately 21 per year to zero. This deprived clinicians of information important for early intervention. 3) Mandatory reporting failed to increase the number of abused children identified. The number identified secondary to such disclosures was zero. Optimal protection of children, as well as treatment for adult patients, may be better accomplished by legislation that supports options other than reporting.

Berlin, F.S, Marlin, J.H., Deans, S. Kalichman, S.C., Craig, M.E, Follingstand, D.R., Racusin, R., & Felsman, J.K. (1993). Reporting child abuse. *Issues of Clinical Psychiatry*, 130-152.

Effects of statutes requiring psychiatrists to report suspected sexual *a*buse of children and issues of confidentiality and privileged communications are reviewed. Reporting cases of child abuse and whether mandatory reporting of suspected child sexual abuse serves its intended purpose of protecting children is reviewed. Factors influencing the reporting of Father-Child Sexual Abuse are also examined. The authors and licensed practicing psychologists surveyed 279 practicing psychologists about their decisions to report a case of suspected child sexual abuse. The ethical obligation to inform parents of suspected child abuse is discussed.

Bourne, R., Newberger, H., & Whites, C. S, (1991). Case vignette, mandated child abuse reporting. *Ethics & Behavior, 1*(2), 145-153.

Case Vignette: Martha Harris has been a licensed mental health professional for nearly a decade. As she arrived at her office early this morning, the phone was ringing. Speaking in a tremulous voice, the caller stated, "I was given your name by my internist, Dr. Williams. I think my husband may be abusing our 5-year-old sexually. Can you help?" After a few minutes of conversation, Martha offers to schedule a prompt appointment. The caller interrupts and asks, "You won't have to report this will you?" As a mandated reporter under the state's child protection statute, Martha has no choice but to inform the authorities; she tells the caller, who immediately hangs up. Suddenly, Martha realizes that she does not have the name or any other identifying information about the caller. A call to Dr. Williams results in a response that the internist does not want to "get involved." Commentators on this case are Richard Bourne, JD, PhD, one of whose special

areas of expertise is child protection and related professional obligations; Eli H. Newberger, MD, a pediatrician with a special interest in child maltreatment; and C. Sue White, PhD, one of whose primary interests is how clinicians may inappropriately use techniques to interview children suspected of child sexual abuse, causing contaminating influences to interfere with children's memories for their own experiences.

Bulkley, J. (1988). Legal proceedings, reforms, and emerging issues in child sexual abuse cases. *Behavioral Sciences & the Law, 6*(2), 153-180.

Discusses the problems and benefits of criminal prosecution, reporting laws, and child protection proceedings in cases of intra-familial child abuse. Criminal and civil proceedings for cases of child abuse are outlined, and statutory reforms and court decisions in the area of sex abuse are reviewed. These reforms grew out of the difficulty in prosecuting sexual abuse cases and the trauma experienced by child abuse victims in court. The roles of children and mental health experts in court proceedings are discussed. It is argued that greater caution should be used when admitting psychological expert testimony, since theories of human behavior, unlike medical findings, are not based on empirically verified foundations.

Butz, R.A. (1985). Reporting child abuse and confidentiality in counseling. *Social Casework, 66*(2), 83-90.

Contends that when suspected or known incidents of child abuse or neglect are revealed during counseling, mandatory reporting laws in all 50 states impose a legal duty on the clinical practitioner to inform the appropriate governmental authorities. The result of such a report constitutes an invasion of the confidential aspect of the counseling relationship. There are 3 commonly recognized adverse effects of breach of confidentiality during treatment: deterrence from seeking counseling, lack of full disclosure during counseling, and the destruction of the trust relationship. The confidentiality issue and 3rd-party disclosures may be discussed with the client prior to the onset of counseling in the context of the health care insurance carrier, but the client may also want to know what other kinds of information might be disclosed and to whom. It is suggested that when child abuse must be reported, a cooperative and concerted effort between clinical social workers and local child protection caseworkers will reduce the trauma of an official investigation while also protecting the welfare of the endangered child. The goal is to preserve the helping relationship while the private clinician and agency caseworker unite to conduct the formal investigation and develop an appropriate and comprehensive treatment program.

Finkelhor, D., Wolak, J., & Berliner, L. (2001). Police reporting and professional help seeking for child crime victims: A review. *Child Maltreatment, 6*(1), 17-30.

Most crimes with child victims are not reported to police, nor do child victims access other professional victim services, despite evidence that these yield positive outcomes. This article develops a conceptual framework about the barriers to such access: (a) the reluctance to define the crime episodes or their

consequences as serious, criminal, harmful, or warranting intervention; (b) the extra authorities, including parents and schools, who mediate between victims and police or services; (c) developmental issues, such as concerns about autonomy; (d) attitudinal and emotional obstacles; and (e) time and expense factors. This article suggests the need for initiatives to stimulate reporting and help seeking, such as more publicity about the seriousness of juvenile victimization, more justice-system involvement with schools, more child and family friendly police services, and an emphasis on attractive outcomes such as justice and empowerment.

Finlayson, L. M., & Koocher, G. P. (1991). Professional judgment and child abuse reporting in sexual abuse cases. *Professional Psychology: Research and Practice*, *22*(6), 464-472.

Finkelhor (1987) estimated that 123,000 cases of sexual abuse were report in the United States during 1985, compared with 7,559 cases in 1976. Despite this dramatic increase in reporting of sexual abuse, it is still believed that a substantial number of cases remain unreported. Child abuse reporting laws are based on two important concepts: (a) Prents' interests and rights are not always congruent with those of their children; and (b) the state has a compelling interest in protecting vulnerable children. Denton (1987) suggested that mental health professionals commonly fail to report suspected child abuse. Anecdotal and survey evidence exist to support these claims, but there is little hard data on professional compliance with mandated reporting laws. Sexual abuse, which is a particularly difficult form of child abuse to identify, is frequently overlooked in medical settings because of a lack of knowledge regarding clinical presentation and misinterpretation of symptoms by physicians. To encourage compliance with mandated reporting laws, all states provide mandated reporters with immunity from liability for reports made in good faith. Even so, knowledge of child abuse reporting laws also does not necessarily lead to increased reporting.
Result: There are certain principles that clinicians can use in making decisions about reporting suspected child abuse. There are also some constructive steps that practitioners can take to increase the likelihood of a beneficial outcome for the abused child. First, it is encouraged to organize political action by professional groups to improve the quality of child protection services. Second, practitioners can help to compensate for the inadequacies of the child protective system by gathering and organizing the most complete documentation possible before reporting the case to authorities. Finally, clinicians working with children and families should continually upgrade their skills and sensitivity with respect to the detection of such abuse and must accept responsibility to act decisively when they encounter it.

Goodman, G.S., Jones, D. England P., Port, L.K, Rudy L., & Prado L. (1992). Testifying in criminal court: Emotional effects on child sexual assault victims. *Society for Research in Child Development, 57*(5), 1-142.

Child victims must cope not only with the emotional consequences of criminal acts but also with the potentially traumatizing effects of legal involvements. Dramatic increases in the reporting of child sexual abuse are bringing greater numbers of children into contact with the criminal justice system, raising fears that child victims of sex crimes will be further harmed by the courts. In the present study, the effects of criminal court testimony on child sexual assault victims were examined in a sample of 218 children. From this sample, the behavioral disturbance of a group of "testifiers" was compared to that of a matched control group of "non testifiers" at three points following testimony: 3 months, 7 months, and after prosecution ended. At 7 months, testifiers evinced greater behavioral disturbance than non testifiers, especially if the testifiers took the stand multiple times were deprived of maternal support, and lacked corroboration of their claims. Once prosecution ended, adverse effects of testifying diminished. in court-house interviews before and after testifying, the main fear expressed by children concerned having to face the defendant. Children who appeared more frightened of the defendant while testifying were less able to answer the prosecutor's questions; and later, after the cases were closed, they were more likely to say that testifying had affected them adversely. The two most pervasive predictors of children's experiences in the courtroom, however, were age and severity of abuse. Despite relevant laws, few innovative techniques were used to help the children testify. The results are discussed in relation to children's ability to cope with stressful situations, the interaction of the legal system with the child/family system, and debates about the need to protect child victims who testify in criminal court.

Flaherty, E.G., & Sege, R. (2005). Barriers to physician identification and reporting of child abuse. *Pediatric Annals, 34*(5), 349-356.

Physicians systematically under identify and underreport cases of child abuse. These medical errors may result in continued abuse, leading to potentially severe consequences. We have reviewed a number of studies that attempt to explain the reasons for these errors. The findings of these various studies suggest several priorities for improving the identification and reporting of child maltreatment: Improve continuing education about child maltreatment. Continuing education should focus not only on the identification of maltreatment but also on management and outcomes. This education should include an explanation of the role of CPS investigator and the physician's role in an investigation. The education should provide physicians with a better understanding of the overall outcome for children reported to CPS to help physicians gain perspective on the small number of maltreated children they may care for in their practice. This education should emphasize that the majority of maltreated children will benefit from CPS involvement. New York is the only state that mandates all physicians, as well as certain other professionals; take a 2-hour course called Identification and Reporting of Child Abuse and Maltreatment prior to licensing. Cited studies

in this article suggest that such a mandate might be expected to improve identification and reporting, thereby encouraging other states to adopt similar regulations. Give physicians the opportunity to debrief with a trained professional after detecting and reporting child abuse. The concept of child abuse and the gravity of the decision to report can be troubling to the reporter. The debriefing could include discussions of uncomfortable feelings physicians may experience related to their own counter transference reactions. Provide resources to assist physicians in making the difficult determination of suspected maltreatment. The role of accessible telephone consultation should be evaluated, along with formalized collaborations with local Emergency Departments with pediatric expertise. Improve the relationship between CPS and medical providers. For example, CPS workers should systematically inform the reporting physician about the progress of their investigation and the outcome for the child and family. Several past reports have made specific suggestions to improve the working relationship. Warner and Hanson recommended that positive outcomes be programmed into the reporting process. They suggested that CPS have special phone lines staffed by well-trained employees for mandated reporters to call. Finkelhor and Zellman proposed a more radical change to improve the working relationship between CPS and mandated reporters. They suggested that certain professionals, with demonstrated expertise in the recognition and treatment of child abuse and registered as such, should have "flexible reporting options." Options include the ability to defer reporting, if there are no immediate threats to a child, or to make a report in confidence and defer the investigation until necessary. Finkelhor and Zellman emphasized that this model would improve physician-reporting compliance and enhance the role of CPS while reducing the work burden for CPS. Improve interaction with the legal system. Child abuse pediatric experts who have courtroom experience could provide education and support to physicians who have little preexisting experience with the legal system. Reimbursement for time spent supporting legal proceedings should be equitable and may reduce physician concerns about lost patient revenue. Retrospective studies and vignette analyses provide much information about some of the barriers to child maltreatment reporting and describe many of the reasons why physicians do not identify and report all child maltreatment. Future prospective examinations of physician decision-making may further explain the physician's decision-making process and the barriers he or she faces when identifying and reporting child abuse.

Kalichman, S.C., Craig, M.E., & Follingstal, D.R (1989). Factors influencing the reporting of father-child sexual abuse: Study of licensed practicing psychologists. *Professional Psychology: Research and Practice, 20*(2), 84-89.

Several studies have indicated that high proportions of practicing psychologists fail to report case's of suspected child sexual abuse despite their knowledge of mandatory reporting laws. We surveyed 279 practicing psychologists from two states, using a set of controlled vignettes. Results indicate that clinicians' decisions to report suspected sexual child abuse are affected by the accused father's admission or denial of abuse and by the clinician's expectation of what

effect reporting would have on continued therapy. Results are discussed in the context of previous research and state mandatory reporting laws.

Kennel, R, G. (1997, June). Factors influencing psychologists' reporting of child sexual abuse: Gender, age, and theoretical orientation. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *57*(12-b).

This study examines the influence of various factors on psychologists' views *of* sexual abuse and compliance with mandatory reporting laws. Questionnaires were sent to 1200 psychologists; 347 completed surveys were returned, giving a return rate of 29 percent. Participants responded to a hypothetical vignette of a child's account of a sexual encounter with an unrelated adult. Independent variables were victim gender, victim age, perpetrator gender, and participant gender. Participants responded to questions about the seriousness of the incident, effect on the child, and likelihood of reporting the case. Participants were asked if they had ever failed to report an incident of child sexual abuse and if so, their reasons for not reporting. Participants also completed the Bem Sex-Role Inventory. A principal components analysis of the BSRI revealed three underlying factors: Interpersonal Assertiveness, Interpersonal Sensitivity, and Autonomy. Various factorial analyses of variance and logistic regression analyses were used to examine the data. Victim age was significant in that cases involving younger children were judged as being more serious, having a greater effect on the child, and more likely to be reported. Victim gender accounted for no significant differences. Females rated the clinical vignette as more serious, as having a greater effect on the child, and as more likely to be reported than did males. Also, females rated a case with a female perpetrator as the most serious case, whereas males rated a case with a male perpetrator as most serious. Psychologists espousing a psychodynamic orientation rated the vignettes less serious than psychologists of other theoretical orientations. Thirty-one percent of the respondents had failed to report a past incident of child sexual abuse that legally should have been reported. High scorers on the Interpersonal Assertiveness factor of the BSRI were more likely to have failed to report in the past. Neither respondent gender nor theoretical orientation correlated with failure to report. Recommendations are made for examining existing mandated reporting laws, and for greater emphasis on self-awareness in psychology training programs.

Levine, M., & Battistoni, L. (1991). The corroboration requirement in child sex abuse cases. *Behavioral Sciences & the Law*, *9*(1), 3-20.

The sharp rise in reports of child abuse has led to efforts to protect children in family courts in child protective proceedings. Hearsay evidence of a child's prior statements may be admitted in child protective proceedings, but such evidence is legally insufficient to support an adjudication of abuse without corroborative evidence. Courts have admitted expert psychological, psychiatric or social work testimony about the child sex abuse syndrome as sufficient corroborative evidence. The testimony is called "validation" testimony. The scientific basis for such validation testimony in the absence of a disclosure by the child is very weak. Courts have also tended to accept the most minimal evidence as corroboration of

the child's out-of-court statements, including other hearsay evidence. The socially valuable policy of protecting children by admitting weak evidence, such as validation testimony, or other hearsay, should be reviewed to ensure the evidence meets criteria of reliability in order to minimize erroneous determinations.

Maloff, E. (1996). Have patience: Your patients may have more privacy rights than you. *TCA Journal, 24*(1), 25-35.

Describes the details of 3 lawsuits which illustrate how legal issues can impact mental health professionals. The cases show that (1) a mental health professional's own personal mental health records can be subpoenaed in a case in which the professional has rendered recommendations to a trial court as to how to award custody of minor children; (2) an allegedly negligent diagnosis of child sexual abuse by a parent could subject the mental health professional who rendered the diagnosis to a suit for damages incurred in the resulting litigation in which the abuse allegation was found unsubstantiated; (3) a diagnosis based on illegally obtained information, such as tape recordings without consent, are excluded by the trial court; (4) and recent revisions to the Texas Family Code make it incumbent upon mental health care providers and others working with children to report child abuse or neglect.

Moore, D. K. (1998). Prosecuting child sexual abuse in rural Kentucky: Factors influencing case acceptance by prosecuting attorneys. *American Journal of Criminal Justice, 22*(2), 207-234.

Examined the relationship between felony prosecutors' discretion and the legal and social factors present in cases of child sexual abuse. 20 prosecuting attorneys (aged 28-61 yrs) from 20 rural circuits in Kentucky completed interviews regarding those characteristics influencing their decisions to accept cases for prosecution. Interviews were analyzed for patterns of reporting victim, perpetrator, and case characteristics. Results show that physical evidence, victims' age and competence, potential trauma inflicted upon the victim, and the situation in which the allegation of sexual abuse originated all influenced Ss' decision to accept a case. Child sexual abuse reports occurring out of divorce or custody proceedings also influenced Ss' decisions to prosecute. Relationships between victims and perpetrators, severity of abuse, and lack of maternal support did not influence Ss' decisions to prosecute.

Nathanson, R., & Saywitz, K. (April, 1996). Contextual Influences on Children's Testimony. Unpublished paper presented at the Annual conference of the American Educational Research Association, New York, NY.

With mandatory reporting of child abuse, children are becoming involved more frequently in the judicial system, a system that is often unresponsive to the needs and limitations of young children. This investigation explored the effect of courtroom environment on the quality of evidence children offer and the level of system-induced stress that they experience. Eighty-one 8- to-10-year-olds

participated in a classroom activity and 2 weeks later were questioned regarding their memory for the activity. The children (44 males, 37 females) were recruited from public elementary schools in a middle to upper middle class suburban area in Southern California. Half were questioned in a courtroom and half were questioned in a small, private room. Memory performance, state anxiety, perceptions of court-related stress, and heart rate patterns were compared across interview conditions. Data suggest that a child's ability to provide complete, accurate testimony may be affected by the psychological and physical setting in which the evidence is elicited. Impaired free recall and more reactive heart rate patterns, indicative of a stress response, were associated in the courtroom setting in comparison to a small private room. It is suggested that innovative methods for preparing child witnesses and for modifying standard courtroom procedures to provide an opportunity for children to testify to the best of their ability.

Pence, D., & Wilson, C. (1994). Reporting and investigating child sexual abuse. *The Future of Children, 4*(2), 70-83.

All but four states (Maryland, Mississippi, North Carolina, and Wyoming) have a specific criminal penalty, usually a misdemeanor, for failure by mandated reports to report suspicions of maltreatment. In the years immediately following the passage of these mandatory reporting laws, the number of child abuse reports increased dramatically. On the surface this dramatic increase could be attributed solely to the enactment of these bills. However, media attention and the resulting public understanding of the problem must also claim responsibility for the growth in referrals. Experts disagree as to whether child abuse is being over-reported, with too many unfounded suspicions, or underreported, with too many cases missed.

Reid, K. S. (2004). Court takes broad view of Ohio abuse statute. *Education Week, 23*(39), 24.

School boards in Ohio can be held liable when they fail to report alleged sexual abuse of a student by a teacher and the educator later abuses another student, the state Supreme Court ruled last week. In the 5-2 ruling, Justice Alice Robie Resnick rejected the argument that the state's mandatory reporting law, which requires certain professionals, including teachers, to report suspected abuse of children, was intended to protect only a student in a particular incident of abuse, not to prevent potential future abuse.

Smith, H. F., & Freeman, M. (2005). The mandatory reporting of torture by detention center officials: An original proposal. *The Human Right Quarterly*, *27*(1), 327-349.

The purpose of this article is to propose an original mechanism to encourage officials in detention centers to report torture. Although public officials in many countries are already required or expected to report acts of torture that they observe or have reason to suspect, formal procedures to facilitate the making of reports, and to ensure the confidentiality and legal protection of reporters, are generally not in place. This article outlines model provisions for a reporting law that would introduce such procedures, drawing on the experience of the United

States and other countries with mandatory reporting laws in respect of child abuse.

Steinberg, K.L., & Levine, M.D. (1997). Effects of legally mandated child-abuse reports on the therapeutic relationship: A survey of psychotherapists. *The American Journal of Orthopsychiatry*, *67*(1), 112-122.

In a national survey of 907 licensed psychologists regarding mandated reporting of child maltreatment, predictors of outcome included: therapeutic alliance; role strain; therapist explicitness; family vs. individual treatment; and whether or not the client was the perpetrator. Therapists were asked to describe a case involving reporting, its impact on treatment, informed consent procedures, as well as their own attitudes and beliefs. Implications for research are discussed, and recommendations for clinical training and practice are offered.

Steinberg, A.M., Pynoos., R.S., Goenjian, A.K., Sossanabadi, H.,& Sherr., L (1999). Are researchers bound by child abuse reporting laws?. *Child Abuse & Neglect*, *23*(8), 771-777.

It discusses issues concerning mandatory reporting of child abuse in research settings. An overview of existing Federal and State statutes regarding mandatory reporting of child abuse is presented. A critical review of the literature addresses the following issues: (1) whether researchers have a moral duty to place the health and safety of children above concerns about confidentiality and the benefits of obtaining new knowledge; (2) whether the Certificate of Confidentiality preempts reporting requirements; (3) whether researchers who are not health professionals (such as child develop-mentalists, psycho-biologists, neuroscientists) should be required to report; and (4) whether researchers should be required to expand their protocols to include more in-depth investigation of potential abuse. Results: Existing child abuse reporting laws do not specifically designate researchers as among the category of individuals mandated to report suspected child abuse. Currently, Human Subject Protection Committees and Federal funding agencies are tending to interpret reporting laws as applying to researchers, including requiring that research subjects are informed of this responsibility in consenting procedures. It is unclear whether the Certificate of Confidentiality preempts child abuse reporting laws. Conclusion: The authors recommend that legislatures specifically designate researchers as mandated reporters to ensure more uniform reporting practices in research settings. For both investigators and Human Subject Protection Committees, inclusion of researchers among the categories of those mandated to report would also help address issues of immunity from civil and criminal liability for "good faith" reports that turn out to be false and injurious

Strozier, M., Brown, R., Fennell, M., & Hardee, J. (2005). Experiences of mandated reporting among family therapists. *Contemporary Family Therapy: An International Journal*, *27*(2), 177-191.

Mandated reporting of child abuse has rarely been examined in terms of its impact on Family Therapy systemic processes. This study is designed to assess negative experiences family therapies have with mandated reporting. A survey instrument was devised to assess negative experiences of family therapy with mandated reporting. The instrument was administered to 101 family therapists. The results indicate four statistically significant findings regarding frequent negative experiences, largely related to the under funding and understaffed nature of Child Protective Services (CPS). The results also indicated that negative experiences with CPS begin in the early stages of family therapists' careers

Sullivan, C.M., & Hagen, L. A. (2005). Survivors' opinions about mandatory reporting of domestic violence and sexual assault by medical professionals. *Affilia, 20*(3), 346-361.

Sixty-one survivors of domestic or sexual abuse participated in focus groups to discuss their perceptions of mandatory reporting by health care professionals. Only one participant believed that medical providers should notify the police when a woman seeks treatment. This survivor's experience was different from that of most of the other participants in that she was raped by a stranger. The remaining participants were unanimous in their belief that medical reporting should not be mandatory until a number of changes are made in the system to promote victims' safety. The survivors shared numerous examples of having been re-victimized by the child protection system, health care system, mass media, and especially the criminal legal system. Practice, policy, and research implications are discussed.

Palmer, L., & Lee., S. (1998). Mandatory reporting of child sexual abuse and the responsibility to serve the best interest of the client: An ethical dilemma? *Mandatory Reporting of Abuse*, RIEJUN (1998).

Most professional psychologists who practice with children will face the ethical dilemma of child abuse reporting at some point in their careers. This paper explores the ethical dilemma inherent between ethics that charge psychologists to always choose a course of action best serving the client and mandatory child abuse reporting laws. Some of the current definitions of the laws and of ethical principles are reviewed, along with relevant statistics and research. The current practices in child welfare and law enforcement, which the professional psychologist should be aware of when faced with making a report of suspected child abuse, are also detailed. The paper is organized around questions which encourage the reader to assess his or her position on this issue and it offers several short- and long-term interventions for the problem of child abuse. It concludes that the available evidence suggests it is in the best interest of all children to report perpetrators of child abuse when legally mandated, but, with awareness of the therapeutic and ***legal*** consequences.

Schmitt, A., & Wurtele, S. (1992). Child care workers' knowledge about reporting suspected child sexual abuse. *Child Abuse & Neglect, 16(3), 385-390.*

Research has shown that teachers are relatively uninformed about their responsibilities in reporting suspected cases of child sexual abuse. Allsopp and Prosen (1988) found that elementary school teachers were lacking information about sexual abuse in general, but particularly about state laws and reporting procedures. Teachers' lack of knowledge regarding reporting responsibilities and their protection under the law may also be reflected in their infrequent reports of suspected abuse to the authorities. Results of this study suggest that even though the majority of child care workers surveyed reported receiving some training in child sexual abuse, they were deficient in their knowledge regarding reporting procedures and their protection under the law. This could have serious consequences for abused children. A child who discloses sexual abuse to a resource person who does not report the abuse is at risk for continued abuse.

The Confessional Seal under Attack in Several States (2003). *America, 188*(10), 4.

The crisis in the Catholic Church in the United States caused by the scandal of sexual abuse by clergy has sparked a variety of state legislative initiatives to strengthen child abuse laws, including efforts in five states to force a priest to violate the seal of confession if he learns about abuse of a child during a sacramental confession. Legislatures in Maryland and Kentucky have rebuffed those attempts, but in early March, 2003 new bills were introduced in Nevada and Florida. A New Hampshire bill introduced in January was due to be reported out of committee in late March. Church law says if a priest directly violates the seal of confession-revealing something said in confession in such a way that the penitent is or can be identified-he is automatically excommunicated. In Maryland, Cardinal William F. Keeler of Baltimore and Cardinal Theodore E. McCarrick of Washington, whose archdiocese includes five Maryland counties, promised to go to jail rather than obey a law requiring them to break the seal of the sacrament. The bill introduced in the Florida House of Representatives on March 4, H1321, would add clergy and ministers of religion to the list of mandated reporters of child abuse, abandonment and neglect. According to the National Clearinghouse on Child Abuse and Neglect Information, the laws of North Carolina, Rhode Island and West Virginia as well as New Hampshire include clergy among mandated reporters of child abuse and allow the attorney-client privilege as the only exception to mandatory reporting requirements.

Trossman, S. (2005). Mandatory reporting law gone awry. *American Journal of Nursing, 105*(6), 73-77.

The article informs that the American Nurses Association (ANA) and Kansas State Nurses Association (KSNA) fight to protect adolescents' access to confidential care. In June 2003 a Kansas attorney general issued a controversial opinion that could have a wide-ranging impact on sexually active adolescents and the nurses and other professionals, who provide care to them. And ever since that opinion was made public, nurses' organizations, and other advocates have been working hard to protect adolescents' access to health care and patient

confidentiality. Most recently, the ANA and the KSNA signed on to an amicus or "friend of the court" brief submitted to the federal 10th Circuit Court of Appeals, objecting to Kansas attorney general Phill Kline's new interpretation of the state's mandatory reporting law regarding suspected child abuse.

Trudell, B., & Whatley, M.H. (1988). School sexual abuse prevention: Unintended consequences and dilemmas. *Child Abuse*, *12*(1), 103-113.

In view of the recent proliferation of school sexual abuse prevention programs and materials, this article critically examines current assumptions about the role of elementary school personnel in prevention and possible unintended consequences of such assumptions. These unintended consequences include emphasizing a simple solution to a complex social problem and contributing to victim blaming. Some dilemmas that arise for classroom teachers around pre-developed curricular materials and mandatory reporting are also explored. Teacher use of pre-developed materials may mean a diminishing of wider teaching skills and reduction of complex concepts to brief, non controversial interventions that may serve to mystify sexuality and unduly frighten students. Mandatory reporting, as it is frequently presented to teachers, can create further dilemmas by obscuring the ethical decisions inherent in the process, assuming consistently positive outcomes after reporting, and neglecting the context in which teachers work. The authors suggest that educators should be aware of these possible unintended consequences and dilemmas in order to maintain a broad perspective on child sexual abuse and to focus their efforts more effectively within a larger network addressing the problem.

Zambelli, G.C., & Lee, S. S. (1985). *Counseling & student Services*, 140.

All states have laws mandating that certain individuals report suspected occurrences of child abuse. Mandatory reporting statutes, their administration, and their judicial interpretation have created many ethical, legal, and clinical dilemmas. The abrogation of the confidentiality in the therapeutic relationship is probably the foremost ethical dilemma created by the mandated reporting statutes. There may be specific problems involved when reporting instances of sexual molestation. Reports of physical or sexual abuse which lead to judicial proceedings are less frequent today than in the past, but the potential social injury to the family is still enormous. Few studies have compared the number of reports made with the number of cases of actual physical or sexual abuse in a given jurisdiction. There is no documented causal connection between mandatory reporting and a decrease in the amount of child abuse itself. In spite of the resulting ethical and clinical problems, mandatory reporting laws are valuable. What may be needed are revisions in the laws, a better and more uniform definition of what is reportable as suspected sexual abuse, uniform criteria to guide human services professionals in dealing with parents, and the establishment of minimal child welfare standards and decision-making guidelines. (A five-page bibliography is included. Tables list 20 reasons why human services professionals may avoid reporting sexual abuse and provide some guidelines for decision-making when reporting child sexual abuse.