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Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: A seven year time trend analysis

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ABSTRACT

Child sexual abuse is widespread and difficult to detect. To enhance case identification, many societies have enacted mandatory reporting laws requiring designated professionals, most often police, teachers, doctors and nurses, to report suspected cases to government child welfare agencies. Little research has explored the effects of introducing a reporting law on the number of reports made, and the outcomes of those reports. This study explored the impact of a new legislative mandatory reporting duty for child sexual abuse in the State of Western Australia over seven years. We analyzed data about numbers and outcomes of reports by mandated reporters, for periods before the law (2006–2008) and after the law (2009–2012). Results indicate that the number of reports by mandated reporters of suspected child sexual abuse increased by a factor of 3.7, from an annual mean of 662 in the three year pre-law period to 2448 in the four year post-law period. The increase in the first two post-law years was contextually and statistically significant. Report numbers stabilized in 2010–2012, at one report per 210 children. The number of investigated reports increased threefold, from an annual mean of 451 in the pre-law period to 1363 in the post-law period. Significant decline in the proportion of mandated reports that were investigated in the first two post-law years suggested the new level of reporting and investigative need exceeded what was anticipated. However, a subsequent significant increase restored the pre-law proportion, suggesting systemic adaptive capacity. The number of substantiated investigations doubled, from an annual mean of 160 in the pre-law period to 327 in the post-law period, indicating twice as many sexually abused children were being identified.

1. Introduction

Child sexual abuse (CSA) is a widespread criminal phenomenon causing profound personal injury extending through the lifespan, and enduring damage to the social fabric. Most cases are not disclosed due to multiple factors related to the nature of the acts, the child's vulnerability, the perpetrator's influence and abuse of power, and the social atmosphere. This hidden nature of CSA means that the child and other children are vulnerable to further abuse and harm. Because of the likelihood of nondisclosure by perpetrator and child, societies face a fundamental challenge in how to identify cases at an early stage, stop

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the abuse from continuing, enable rehabilitation for the child and support for the child's family, and assist in detection of the offender. Mandatory reporting laws are a method adopted by many societies to increase case identification by professionals who may encounter children in their work and suspect a child in their care has been abused. Yet, few studies have explored the impact of introducing a new reporting law for CSA on trends over time in reporting and case identification, by mandated reporters as a whole, and by discrete reporter groups. To develop the evidence base, this article presents the results of a study in an Australian State which introduced a legislative reporting duty on 1 January 2009. While the new law was not simply a single variable added to a pure experiment, this legal development nevertheless offered a rare opportunity to explore trends in numbers and outcomes of reports by different reporter groups for substantial periods of time before and after its introduction.

2. Background

Child sexual abuse includes a range of acts covering penetrative abuse, masturbation, oral sex, fondling, voyeurism, exposure to pornography, involvement in pornography, and other acts to sexually gratify the abuser. The World Health Organization (1999, 2006) states CSA occurs when the child is involved "in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society". Acts of CSA are criminal offences worldwide (World Health Organization, 2014).

Most CSA commences when the child is aged under 13. Finkelhor, Hotaling, Lewis, and Smith (1990) found that 78% of women and 69% of men were aged 12 years or under at onset of abuse, and the median age of onset was 9.6 and 9.9 years respectively. Australian studies have found mean ages at first episode of 10.0 (Fleming, 1997) and 10.8 (Dinwiddie et al., 2000). Usually, the perpetrator is an adult or family member known to the child, but other known children also frequently offend (Smallbone & Wortley, 2001). Often, children are abused multiple times over a substantial period of time, even when the perpetrator is a parent or caregiver (Hussey, Chang, & Kotch, 2006). A significant proportion of perpetrators victimize multiple children (Smallbone & Wortley, 2001). As shown in countries including Australia, the USA, Ireland and Germany, many individuals and groups of offenders inflict CSA in religious, school or other institutional settings (Australian Government Royal Commission into Institutional Responses to Child Sexual Abuse, 2015; Boston Report, 2003; Commission to Inquire into Child Abuse, 2009; Rassenhofer, Zimmer, Sprober, & Fegert, 2015). Organized criminal groups of serious offenders also exist, such as those identified in multiple sites in the United Kingdom. In Rotherham, Yorkshire, a town with a population of a quarter of a million, an independent inquiry found a criminal gang operated with impunity in abusing at least 1400 children from 1997 to 2013 (Jay, 2014).

A vast body of research has demonstrated the substantial psychological, behavioural and physical harms in victims of CSA (Chen et al., 2010; Gilbert et al., 2009; Putnam, 2003; Trickett, Noll, & Putnam, 2011). These vary for each individual, and CSA of longer duration and severity, and abuse by a family member or similarly trusted authority figure is more likely to have significant consequences (Chen et al., 2010; Trickett et al., 2011). However, typical sequelae include post-traumatic stress disorder (Trickett et al., 2011), depression and low self-esteem (Spataro, Mullen, Burgess, Wells, & Moss, 2004), often continuing through adulthood (Chen et al., 2010; Cutajar et al., 2010a; Spataro et al., 2004), compromising intellectual, academic and personal achievement (Daignaut & Hebert, 2009), and adult economic wellbeing (Currie & Widom, 2010), and can have intergenerational effects (Trickett et al., 2011). Adolescents are susceptible to suicidal ideation and behaviour (Cutajar et al., 2010b), alcohol abuse, substance abuse and running away from home (Dube et al., 2006; Simpson & Miller, 2002). The economic cost to individuals and societies is immense (Fang, Brown, Florence, & Mercy, 2012; Fang et al., 2015).

Child sexual abuse is widespread in all societies, although some report higher incidence than others (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Finkelhor, Ji, Mikton, & Dunne, 2013; Pereda, Guilera, Forns, & Gomez-Benito, 2009; Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). In a global meta-analysis, Stoltenborgh et al. (2011) found that one in eight children (12.7%) had suffered CSA, comprising 18.0% of girls and 7.6% of boys. In general, girls are more frequently victimized, but clerical abuse may more frequently involve boys (John Jay College of Criminal Justice, 2004). CSA may be more likely at particular ages in some cultures (Fry, 2011; Haj-Yahia, 2001).

2.1. The gap between real CSA incidence and cases officially identified by governments

The real incidence of CSA far exceeds the incidence identified and recorded by government agencies (Fallon et al., 2011; Finkelhor, Turner, Ormrod, & Hamby, 2010; Kohl, Jonson-Reid, & Drake, 2009; Stoltenborgh et al., 2011). In Australia, from 2004/2005 to 2012/2013 the annual incidence of children in substantiated CSA cases recorded by government agencies has ranged from 3500 to 5500 (Australian Institute of Health & Welfare, 2015). For the most recent year in which data is available, 5581 children were in substantiated cases (Australian Institute of Health & Welfare, 2013). This equates to 111.62/100,000 children, or 0.1%, using Australia's child population data (Australian Bureau of Statistics, 2014). Population studies of CSA prevalence indicate much higher annual rates. An Australian meta-analysis found prevalence in children aged under 16 of 14.1% (6.0–24.7%) for females and 5.5% (2.1–10.2%) for males (Moore et al., 2015). Dunne, Purdie, Cook, Boyle, and Najman (2003) found that before age 16, 33.6% of women and 15.9% of men experienced non-penetrative CSA, and 12.2% of women and 4.1% of men experienced penetrative CSA. Rosenman and Rodgers (2004) found 1.1% of people reported CSA by a parent. These outcomes are similar to those in the USA, where the child population of 74,181,467 (U.S. Census Bureau, 2011)