



Universal reporting laws and child maltreatment report rates in large U.S. counties



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ABSTRACT

The effects of universal mandated reporting laws on child maltreatment reporting rates have not been systematically evaluated. To better understand the effects of universal reporting, the objectives of the present study are: (1) to evaluate the relationship of total and confirmed child maltreatment report rates with state universal reporting laws; (2) to determine whether demographic characteristics modify these effects; and (3) to assess whether these relationships, if any, hold with confirmed reports of specific child maltreatment types. We used county-level data from the U.S. National Child Abuse and Neglect Data System for the year 2000 in linear regression models to evaluate reporting rates for total reports, confirmed reports, and confirmed maltreatment types in a cross-sectional, ecological analysis. We compared these rates while controlling for child and community demographic variables such as child population size, gender, race, ethnicity, school attendance, disability, poverty, housing, high school graduation, parental marriage, religiosity, unemployment and crime. We found that counties in states with laws mandating that all adults must report suspected child maltreatment have significantly higher rates of total and confirmed reports even after controlling for several demographic characteristics previously associated with CM in the literature. However, among CM types, universal reporting was associated only with higher rates of confirmed neglect. Since it is unclear whether changing state law or policy will enhance case identification in states that do not currently require universal reporting, policymakers should consider whether universal reporting will meaningfully improve CM identification as they consider changes to state statutes.

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1. Introduction

Child maltreatment (CM) reporting laws and policies have an important role in the identification of CM both in the U.S. and across the world (Gilbert et al., 2012). Recent controversies have resulted in the consideration of changes in mandated reporting laws in the U.S. that include extending requirements to additional types of professionals or extension to all adults, also known as ‘universal’ reporting (Freeh, Sporkin, & Sullivan, 2012; Loviglio, 2012). There has been a presumption that these changes will result in better identification and response to CM, but the effects of these changes on CM reporting rates have not been systematically evaluated. When the categories of professionals required to report suspected child sexual assault in New South Wales, Australia, for example, were extended to include teachers and other school professionals, there was a significant increase in the number of reports received from teachers but no change in the quality of their reports as measured by the percentage of reports which were verified

(Lamond, 1989). It is important to take current specific laws and child and community factors into account if the full effects of their implementation on the accurate reporting and identification of CM are to be understood.

1.1. History of reporting laws

Any understanding of state mandated reporting laws in the U.S. begins with an understanding of the history of their development (Vandervort, 2012). In the early 1960s, with the support and encouragement of the federal government, U.S. states began enacting laws mandating the reporting of child abuse to government authorities. These statutes had their origin in the pioneering medical research of Drs. John Caffey and C. Henry Kempe, who identified numerous cases of children who suffered injuries inflicted at the hands of their parents (Caffey, 1946). In response, the Children’s Bureau of the U.S. Department of Health and Human Services convened a meeting of the leading policy makers and researchers where Dr. Kempe first presented the findings that would later that year be published as “The Battered-Child Syndrome” (Kempe, Sliverman, Steele, Droegemueller, & Silver, 1962). From that meeting emerged a set of guidelines that served as the model for states to enact mandated reporting laws. Idaho and California were the first to act in March and May of 1963, respectively, and other

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states quickly followed. By 1967, every state except Hawaii had adopted a law mandating the reporting of suspected cases of child abuse.

Statutes requiring the reporting of suspected cases of child abuse were modeled on earlier laws that required medical professionals to report violence, particularly gunshot wounds. Some states mandated all adults to report ('universal reporting') while others targeted certain professionals ('non-universal reporting'). Early reporting laws contained three limitations (Vandervort, 2012). First, they required the reporting of only serious injuries and did not mandate that less severe injuries be reported. Second, only physical abuse was to be reported, although three states had reporting requirements for neglect. The third limitation was that they were typically aimed at only medical providers, particularly physicians. In 1974, in order to assist states in funding their child protection systems and to bring more uniformity to the nation's mandated reporting laws, the Congress enacted the *Child Abuse Prevention and Treatment Act (1974)* which made receipt of federal funding by state child welfare systems contingent on a state's reporting statute containing certain federally preferred elements such as professions required to report.

The types of maltreatment that must be reported have since expanded to encompass a range of harms or potential harms (Mathews & Kenny, 2008). Contemporary child protection laws require the reporting of cases of physical abuse, sexual abuse, and neglect of varying types—physical, medical, and psychological. Similarly, there has been an expansion of the professions that must report concerns that a child has been abused or neglected with some states' mandated reporting statutes containing a laundry list of professionals who must report suspected cases of maltreatment to child protection agencies. Eighteen states and Puerto Rico have opted for universal reporting, subject to only a few, specifically described limitations which usually include attorneys (Persky, 2012). While there are presumed benefits with universal reporting in that more cases may be identified by authorities, there is also potential harm by their overwhelming the child welfare system with unsubstantiated reports from non-professionals who are presumably less well-equipped to evaluate CM risk (Mathews & Bross, 2008; Melton, 2005).

1.2. Recent events regarding potential changes to state laws

Recent high profile cases of child sexual abuse have once again put child maltreatment on the front pages of U.S. newspapers (Loviglio, 2012). Although there have been long-standing debates about the efficacy of mandated reporting laws, at least 14 states have amended their statutes since the scandal involving Jerry Sandusky at Penn State University was exposed in November 2011. Some have expanded reporting duties to coaches (high school, university, and volunteers), to additional professionals or paraprofessionals, to university instructors and staff members of institutions of higher education. Additionally, state legislatures have required expanded education and training for mandated reporters, increased penalties for failure to report, prohibited employers from retaliating against employees who report suspected abuse, and increased coordination of investigations for cases of suspected child maltreatment (Vandervort, 2012). A recent analysis comparing rates of total and substantiated reports in the U.S. using child maltreatment 2010 report data found that reporting rates were not higher in states with universal reporting, although other factors such as specific-state definitions and population characteristics such as poverty were not taken into account (McElroy, 2012). State administrators in states with universal reporting believed it is a good policy, giving family members support from the law in making reports, adding more information and context for cases already reported, and identifying more cases that would otherwise go unreported. They also noted potential unintended consequences, including professionals assuming family members will make reports and lack of knowledge by the general public about CM and reporting (McElroy, 2012).

1.3. Child and family characteristics and CM reports

Several child and family characteristics have been linked to CM reporting, substantiation, and CM type. In addition to demographics, many of these are measures of social capital such as religiosity, family social support, and support within the neighborhood (Runyan et al., 1998), and these should be taken into consideration when assessing the effects of mandated reporting laws. In one population, physical disability did not increase the risk for any type of victimization once confounding factors and co-occurring disabilities were controlled (Turner, Vanderminde, Finkelhor, Hamby, & Shattuck, 2011). In another study, White race, inadequate housing and receiving public assistance were associated with significantly increased risk of CM reporting and recurrence among young children (Palusci, 2011). Girls were sexually abused more often than were boys, and this gender difference in sexual abuse leads to higher rates of total abuse among girls (US DHHS, 2012). Pervasive race differences in the incidence of maltreatment have been found, with the rates of maltreatment reporting for Black children significantly higher than those for White and Hispanic children (Flaherty et al., 2008). Latino, Asian/Pacific Islander, and multiracial children have also been found to have greater risk for being reported, and Native Americans had lower risk for physical abuse (Dakil, Cox, Lin, & Flores, 2011). Racial differences in victimization data from the official child welfare system are consistent with known differences for other child outcomes, with evidence supporting the presence of cultural protective factors such as the "Hispanic paradox" (Drake et al., 2011).

Some of the potential factors associated with CM reports are difficult to measure quantitatively. As a measure of social support, family structure has been evaluated in the LONGSCAN studies of high risk samples where the mothers of biracial children were poorer, had more alcohol use, and decreased social support. They also experienced more intimate partner violence and lower neighborhood satisfaction, also risk factors for increased CM (Fusco & Rautkis, 2012). Children living with their married biological parents had the lowest report rates in LONGSCAN, whereas those living with a single parent who had a cohabiting partner in the household had the highest rate in all maltreatment categories. Language and culture can be associated with increased or decreased risk, but isolation, either by culture or by language, is associated with increased CM reports. It is difficult to separate the effects of individual-level variables from community-level effects beyond demographic characteristics given the interactions between them. For example, while educational attainment can be measured at the level of the individual as in whether they graduate high school, their educational level is strongly tied to the community's resources and educational opportunities (Zolotor & Runyan, 2006).

1.4. Factors at the community level linked with CM reports

Population size, housing, unemployment, education levels, crime, and religiosity at the community level have also been linked with CM reports. An association between neglect in early childhood and subsequent externalizing behavior (which leads to more reporting) has been found which may be related in part to families' residence in dangerous neighborhoods (Yonas et al., 2010). In addition to crime, a number of socio-economic characteristics of neighborhoods have been shown to correlate with child maltreatment rates as measured by official reports to child protective service agencies (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007). Higher rates of poverty and higher density of alcohol outlets in urban areas have also been associated with higher rates of CM reports in certain communities (Fresithler, Bruce, & Needell, 2007).

While there are individual measures of religiosity, the number of congregations and their members has been used as a measure of community religious involvement (Association of Religion Data Archives, 2002). In one study of religion and social capital, increasing social capital decreased the odds of neglectful parenting, psychologically harsh

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