



Does changing mandated reporting laws improve child maltreatment reporting in large U.S. counties?



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ABSTRACT

The effects of changes in mandated child maltreatment reporting laws have not been systematically evaluated. To better understand the effects of these changes, the objectives of the present study are: (1) to assess the relationships between report rates and state universal and clergy reporting laws in 2010; (2) to compare the changes in total, confirmed, and maltreatment type report rates and with changes in reporting laws from 2000 to 2010, and (3) to examine whether there is any relationship with report rates and the nature of the mandated reporting law change. We used county-level data from the U.S. National Child Abuse and Neglect Data System for the years 2000 and 2010 to evaluate changes in reporting rates for total reports, confirmed reports, and confirmed maltreatment types while controlling for concurrent changes in child and community variables. We found that trends in 2010 for increased total and confirmed reports were similar to 2000 for counties with universal and/or clergy reporting requirements, which significantly contributed to report rates even after controlling for child and community factors. Universal reporting was associated with higher report rates for physical and sexual abuse, and clergy reporting requirements were associated with more sexual abuse, medical neglect and psychological maltreatment confirmed reports. However, while counties in states that changed their clergy reporting laws had higher increases in total reports, they had fewer confirmed physical and sexual abuse, neglect, and psychological maltreatment reports. More pronounced changes were noted in a state that made more pronounced changes in its clergy reporting laws. Policymakers should consider whether changing requirements for mandated reporting meaningfully improves child maltreatment identification.

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1. Introduction

Child maltreatment (CM) reporting laws and policies play an important role in the identification of CM. Controversies have resulted in the consideration of changes in mandated reporting laws in the U.S. that include extending requirements to all adults, known as ‘universal’ reporting (Eldred & Gifford, 2016; Mathews & Bross, 2008; Melton, 2005; Steen & Duran, 2014). In addition, because of highly publicized reports of adults in positions of authority sexually exploiting youth under their care, there have been calls for mandated reporting by additional categories of professionals such as the clergy or athletic coaches (John Jay College Research Team, 2011; Giardino, Sacks, & Terry, 2012; Wurtele, 2012). This has spurred governmental authorities to implement changes in mandated reporting laws in the United States with a goal of better identifying additional cases of serious physical and sexual abuse (Freeh, Sporkin, & Sullivan, LLP, 2012).

There has been a presumption that such changes in reporting policies or statutes will result in better identification and response to CM,

such as for child sexual abuse by clergy, but the effects of these changes have not been systematically evaluated (Eldred & Gifford, 2016). When the association of universal reporting laws with total and confirmed CM reports was evaluated in a study using data from the year 2000, there were higher report rates in large counties with universal reporting, but most of the additional confirmed reports were for neglect and not for confirmed physical or sexual abuse (Palusci & Vandervort, 2014). In an additional study evaluating the effects of laws requiring clergy to report, counties with clergy reporting laws actually had significantly decreased confirmed physical abuse report rates, and none of the other CM rates were significantly affected (Vandervort & Palusci, 2014). Between 2000 and 2010, some states have changed their reporting laws, and it is unclear whether the nature or timing of those changes affected their CM report rates (Child Welfare Information Gateway, 2010).

With this in mind, it is unclear whether changing state mandated reporter laws will result in more total reports, more confirmed reports, or more reports of specific types of CM when differences in child, family and other community factors are taken into account. To better understand these relationships, it is important that research address the relationships between report rates and universal and clergy reporting laws to examine whether there is any relationship with CM reports and mandated reporting law changes.

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1.1. Mandated reporting

U.S. child protection laws require the reporting of physical, sexual, and psychological abuse as well as physical, medical, and psychological neglect (*Child Abuse Prevention and Treatment Act, 1974*). There has been an expansion of the professions that must report concerns that a child has been abused or neglected, with some states' reporting statutes now containing a long list of professionals who must report suspected cases of maltreatment to child protection agencies. For example, some states now include those who work in youth-serving organizations, such as coaches, as mandated reporters. Other states require all adults to report suspected child maltreatment ("universal reporting"). Still others may exempt certain professionals such as attorneys and the clergy from all reporting or provide exemptions for certain circumstances such as attorney–client or clergy–penitent privilege (*National Center for Prosecution of Child Abuse, 2012*).

1.2. Mandating clergy to report

Despite the fact that clergy and other child-helping professionals all have an ethical duty to protect the safety and well-being of children, many state child maltreatment reporting laws address the responsibility of members of the clergy separately from other groups of professionals. Although doctors, social workers, and teachers are typically subject to blanket mandates, clergymen are usually covered by more nuanced legal requirements. First, in states with universal mandatory reporting, if members of the clergy are not explicitly exempted, they are presumably required to report in the same way that all other adult persons in the state are mandated to report. Second, a number of states seem to require clergymen to report suspicions of child maltreatment, but they also circumscribe that requirement, sometimes to the extent that the duty to report is, as a practical matter, eliminated. Maine law, for instance, requires that members of the clergy report suspected child abuse or neglect "except for information received during confidential communications" (*Maine Revised Statutes, 2012*). Similarly, Michigan's statute mandates that a member of the clergy must report suspected child maltreatment (*Michigan Compiled Laws Annotated, 2013a*), but a separate provision of the state's child protection law provides that legal privileges of communication between a member of the clergy and a parishioner are eliminated except for those communications "made to a member of the clergy in his or her professional character in a confession or similarly confidential communication" (*Michigan Compiled Laws Annotated, 2013b*). Applying these statutes, the Michigan Court of Appeals has ruled that a minister had no duty to report when a member of the church came to him to seek advice after she had discovered that her husband was sexually abusing their daughter because the woman who approached the clergyman thought the communication was confidential (*People v. Prominski, 2013*). Thus, if mandated at all, clergymen may be 'always' mandated to report suspected CM, or they may be 'sometimes' mandated to report with a duty which is much narrower in scope than that imposed on other professional groups (*Vandervort, 2012*).

1.3. Child and family characteristics and CM reports

An analysis of CM reports noted report rates in 2010 were not higher in states with universal reporting (*McElroy, 2012*), but this analysis did not take child and community factors into account. Child gender, race, ethnicity, middle school attendance, poverty, and community crime rate have been found to modify these associations, sometimes with greater effect than reporting requirements (*Palusci & Vandervort, 2014*). Thus, it is important to take these into account in any analysis of the effects of changes in state laws if the full effects of their implementation on the reporting and identification of CM are to be understood. Several child and family characteristics have been linked to CM reporting, confirmation, and CM type in other studies. For example,

the rate of sexual abuse was much higher among girls than boys in the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4), and this gender difference accounted for higher rates of total abuse among girls (*Sedlak et al., 2010*). NIS-4 also found strong and pervasive race differences in the incidence of maltreatment, with the rates of maltreatment for black children significantly higher than those for white and Hispanic children. Latino, Asian/Pacific Islander, and multiracial children were found to have greater risk for being reported, and Native Americans had lower risk for physical abuse reports (*Dakil, Cox, Lin, & Flores, 2011*).

Other factors can also significantly modify the effects of reporting laws. Children in low socioeconomic-status households had significantly higher rates of maltreatment in all categories and across both definitional standards in NIS-4. They experienced some type of maltreatment at more than 5 times the rate of other children, were more than 3 times as likely to be abused, and were 7 times as likely to be neglected (*Sedlak et al., 2010*). Children with confirmed disabilities had significantly lower rates of physical abuse and moderate harm from maltreatment, but they had significantly higher rates of emotional neglect and serious injury under the NIS Harm Standard. In another study, white race, inadequate housing, and receiving public assistance were associated with significantly increased risk of CM recurrence among young children (*Palusci, 2011*), and increased reporting has also been linked with poor school attendance, substance abuse, and family structure. In addition, many measures of social capital such as religiosity, family social support, and support within the neighborhood have been found to be associated with CM reporting (*Runyan et al., 1998*). Degree of religious involvement, for example, has been associated with increased physical abuse potential (and possibly reports), but Mahoney, Pargament, Tarakeshwar, and Swank found that, while certain religious practices were associated with higher rates of corporal punishment, greater parental religiosity was related to more positive parenting and better child adjustment (*Mahoney, Pargament, Tarakeshwar, & Swank, 2001; Rodriguez & Henderson, 2010*).

1.4. Factors at the community level linked with CM reports

Factors at the community level such as population size, housing availability, unemployment, education, crime, and religiosity have been linked with CM reports to varying degrees. An association between neglect in early childhood and subsequent externalizing behavior 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*). *Freisthler, Merritt, and LaScala (2006)* have noted that neighborhood impoverishment, housing stress/vacant housing, unemployment, child care burden, and alcohol availability may contribute to child abuse and neglect, supporting the necessity of developing a more thorough understanding of how neighborhood characteristics exert their influence on varying types of child maltreatment. Higher rates of poverty and higher density of alcohol outlets in urban areas have also been associated with higher rates of CM reports (*Freisthler, Bruce, & Needell, 2007*). Increasing social capital through programs such as Early Head Start and other preschool activities in the community has been found to decrease CM reports (*Green et al., 2014; Klein, 2011; Zolotor & Runyan, 2006*), and an analysis exploring the effects of state policies found that those that resulted in continuity of child health care and a lack of waitlists for subsidized child care were correlated with decreased CM rates (*Klevens, Barnett, Florence, & Moore, 2015*).

With this in mind, it is unclear whether changing state mandated reporter laws will result in more total reports, more confirmed reports, or more reports of specific types of CM when differences in child, family and other community factors are taken into account over time. To better

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