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RELUCTANT TO REPORT: THE MANDATED REPORTING PRACTICES
OF CHILD CARE PROVIDERS

by

Aileen McKenna

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Philosophy
Interdisciplinary Health Sciences
Advisor: Kieran Fogarty, Ph.D.

Western Michigan University
Kalamazoo, Michigan
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RELUCTANT TO REPORT: THE MANDATED REPORTING PRACTICES OF CHILD CARE PROVIDERS

Aileen McKenna, Ph.D.

Western Michigan University, 2010

Child care providers spend far more time with children under age 3, the most likely to suffer severe and fatal abuse and neglect, than any other mandated reporter. Their close relationship with both the child and the family places them in a unique position to observe signs and suspicions of abuse or neglect and to make timely reports to Child Protective Services (CPS). Yet despite this, child care providers rank last among mandated reporters in both reporting suspicions of abuse and neglect and in actual substantiated reports. Only a handful of studies have looked specifically at the decision-making practices of child care providers in reporting suspected abuse and neglect. This study is the first to investigate a national sample of child care providers. This is also the first study to specifically focus on the mandating reporting practices of child care providers working in licensed child care homes. Results of an anonymous online survey indicated child care providers working in a child care center were far more likely to report abuse and neglect than child care providers working in child care homes. In addition, providers were confused about their legal responsibilities, felt non-academic training on abuse and neglect was more beneficial than training received in an academic setting, and families and providers alike had mostly positive experiences with CPS.

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My grandmother, Ethel McDermott, born in 1895, never had the opportunity to fulfill her dream of going to college. Throughout her long life she held education in highest regard, encouraging her children and grandchildren to pursue the dream that eluded her. My grandmother’s stories, humor, and steadfast determination have guided me throughout my life, but particularly through my doctoral years. My father, William McKenna, died before his six children were adults, yet his influence on each of us has been profound. His legacy to his children includes a love of literature and writing, intellectual curiosity and the ability to spend hours in a bookstore lost in reading. I dedicate this work to the memory of them both.

Aileen McKenna

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CHAPTER I

INTRODUCTION

In 2006, there were an estimated 3.3 million allegations of child abuse and neglect including approximately 6.0 million children made to Child Protective Service (CPS) agencies in the United States (U.S. Department of Health and Human Services, Administration for Children and Families, 2010). Very young children (under age 3) are the most vulnerable to abuse and neglect and the most frequent victims of child fatalities. Children in this age group accounted for 81% of fatalities by abuse or neglect. Children under the age of 1 represented 45% of the 81% number (U.S. Department of Health and Human Services, 2008). According to research, these statistics do not accurately reflect the actual scope of the problem. Community-based incidence studies estimated that reported child abuse only reflects about 40% of all cases (Kalichman, 1999; U.S. Department of Health and Human Services, 2010).

The failure to report abuse and neglect can have fatal consequences (Besharov, 1990). Studies in Texas, Colorado, and North Carolina revealed that over 40% of child fatalities attributed specifically to child maltreatment had not been reported prior to their death. This was despite the fact that these children had been seen by a public or private agency around the time of their death. Tragically, several of the child fatalities represented the second or third child in a family to die (Besharov, 1990; Crume, DiGuseppi, Byers, Sirotnak, & Garrett, 2002; U.S. Department of Health and Human

Services, 2010). Studies conducted in North Carolina and Colorado also estimated that as many as 50 to 60% of child deaths resulting from abuse or neglect are not recorded as such (Crume et al., 2002).

In order to protect children from this lack of reporting, every state has identified professionals who are considered to be in a position to recognize potential child maltreatment. These professionals are called mandated reporters and are required by law to report their suspicions to the proper authorities. Though the identity of mandated reporters varies slightly from state to state, this research project will use the National Child Abuse and Neglect Data System (NCANDS) identified mandated reporters. NCANDS mandated reporters include educators, legal and law enforcement personnel, social services personnel, medical personnel, mental health personnel, and child care providers (U.S. Department of Health and Human Services, 2010).

In 2006, mandated reporters submitted more than 56% of all reports of suspected child maltreatment to Child Protective Service (CPS) agencies. The remaining 45% of reports came from family members, neighbors, and other community members not required by law to report. The sources of mandated reports in 2006 were from educational personnel (17%), legal or law enforcement (16%), social services personnel (10%), medical personnel (8%), mental health personnel (4%), and child care providers (less than 1%) (U.S. Department of Health and Human Services, 2010).

In 26% of suspected child maltreatment reports made to CPS, at least one child was found to be a victim of maltreatment (U.S. Department of Health and Human Services, 2010). The maltreatment or abuse is defined as physical, emotional, or sexual abuse of children, usually by parents, relatives or caregivers (U.S. Department of Health

and Human Services, 2010). When a case becomes “substantiated,” the children in question fall under the jurisdiction case of Child Protective Services (CPS). Mandated reporters account for two thirds of all substantiated reports. The sources of substantiated reports were from legal staff and police officers (27%), educational personnel (13%), social services personnel (13%), medical personnel (11%), mental health personnel (4%), and child care providers (less than 1%) (U.S. Department of Health and Human Services, 2010).

These statistics indicate a clear problem in the mandated reporting system, which is child care providers are more likely to spend substantial amounts of time each week with children under the age of 3 than any other mandated reporter. According to Action for Healthy Kids (2004), 82% of children under 3 spend some time in child care each week. Of that number, 73% are being cared for on a regular basis by someone other than their parents while they are employed (Ehrle, Adams, & Tout, 2001). The very nature of caring for young children places child care providers in a unique position to notice physical and emotional changes in children that may indicate reasons to suspect child maltreatment (Sundell, 1997). Yet, despite their proximity and care giving relationship to this most vulnerable population, child care providers rank last among mandated reporters both in making reports and in substantiated reports (U.S. Department of Health and Human Services, 2010).

Research Questions

Primary Hypothesis:

Ho1: The amount of training on what constitutes abuse will have no association with rates of mandated reporting by child care providers.

Ha1: The amount of training on what constitutes abuse will have an association with rates of mandated reporting by child care providers.

Secondary Hypothesis:

Ho2: The amount of education will have no association with rates of mandated reporting by child care providers.

Ha2: The amount of education will have an association with rates of mandated reporting by child care providers.

Tertiary Hypothesis:

Ho3: Having a professional relationships with families will not have an association with rates of mandated reporting by child care providers.

Ha3: Having a professional relationship with families will have an association with rates of mandated reporting by child care providers.

Definition of Terms

For the purpose of this study the following definition of terms will be used.

Child abuse: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse, or exploitation

(The Federal Child Abuse Prevention and Treatment Act (CAPTA), Child Welfare Information Gateway, 2003).

Child neglect: An act or failure to act which presents an imminent risk of serious harm (The Federal Child Abuse Prevention and Treatment Act (CAPTA), Child Welfare Information Gateway, 2003).

Child care providers: Those individuals who provide child care services. This study will focus on child care providers who are paid non-relatives in a licensed setting. (National Association of Child Care Resources and Referral Agencies, 2009).

Child Protective Services (CPS): State or county program responsible for responding to allegations of child abuse and neglect and for enforcing state and county child protection laws and statutes. Programs vary by location but many offer prevention and family intervention programs (U.S. Department of Health and Human Services, 2010).

Education: The act or process of acquiring knowledge systematically, especially at a school, college, or university (*Collins English Dictionary*, 2010).

Licensed child care center: A facility that provides regularly scheduled care for a group of children 1 month of age through 12 years of age for periods of less than 24 hours (National Association of Child Care Resources and Referral Agencies, 2009).

Licensed child care home: A child care service offered in the provider's home. Although regulations differ, most states require that child care providers be regulated if they care for more than four children (National Association of Child Care Resources and Referral Agencies, 2009).

Maltreatment: An act or failure to act by a parent, caretaker, or other person as defined under state law which results in physical abuse, neglect, medical neglect, sexual abuse, emotional abuse, or an act or failure to act which presents an imminent risk of serious harm to a child (U.S. Department of Health and Human Services, 2010).

Mandated reporting: Approximately 48 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands designate professions whose members are mandated by law to report child maltreatment. Individuals designated as mandatory reporters typically have frequent contact with children. Such individuals may include social workers, teachers and other school personnel, physicians and other health-care workers, mental health professionals, child care providers, medical examiners or coroners, and law enforcement officers (U.S. Department of Health and Human Services, 2010).

Non-academic training: Training received in a non-academic setting, i.e., professional conferences, workshops, in-service trainings, or brown bag lunches.

Professional relationship: A bond of trust established between a professional and family. The professional trusts the family to disclose all the information that may be relevant to his or her child's condition/situation and be truthful while disclosing it. In return the family trusts the professional to establish and maintain positive relationships with families, maintain high standards of competence, protect the confidentiality of private information and carry out his or her work in the best interests of the family (Davidson, 2005; National Association for the Education of Young Children [NAEYC], 1993).

Substantiated abuse: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by state law or state policy. This is the highest level of finding by a state agency (U.S. Department of Health and Human Services, 2010).

Training: To teach (a person or animal) a particular skill or type of behavior through regular practice and instruction (*Oxford English Dictionary*, 2010).

Unsubstantiated abuse: Investigation disposition that determines that there is not sufficient evidence under state law or policy to conclude that the child has been maltreated or is at risk of being maltreated (U.S. Department of Health and Human Services, 2010).

Background of Problem

The charitable said, "It is dangerous to interfere between parent and child. Better let it alone" and the judges said it was even so.

(Riis, 1892, cited in Shelman & Lazoritz, 2005)

In 1874 a badly battered and abused little girl named Mary Ellen Wilson brought the plight of the physically abused child to the American public. This highly publicized case triggered a previously unprecedented awareness of child abuse. Ironically, the organization that came to her rescue was the American Society for the Prevention of Cruelty to Animals (Shelman & Lazoritz, 2005). At the time, no agency existed that protected children.

Mary Ellen Wilson brought public attention to child abuse and with that the establishment of the first agency designed specifically to protect children, the Society to

Prevent Cruelty to Children. In the next 30 years, 161 similar societies were established (McDevitt, 1996). But public interest in the issue would wax and wane over the next 60 years primarily due to both clinical doubts and interagency conflicts (McDevitt, 1996).

While there have been many efforts to bring maltreated children to the forefront, it would take an article by medical doctor C. Henry Kempe on a syndrome he named “the battered child syndrome” to once again focus the public’s attention on the plight of the maltreated child (Kempe, Silverman, Steele, Droemueller, & Silver, 1962). Kempe’s codification of the physical manifestation of the battered child syndrome led to legislation in many states on mandatory reporting. One hundred years after Mary Ellen Wilson’s abuse electrified the public, a federal law was finally enacted. In 1974 Congress passed the Child Abuse Prevention and Treatment Act that stated:

An Act to require the reporting of child abuse and neglect by certain persons; to permit the reporting of child abuse and neglect by all persons; to provide for the protection of children who are abused or neglected; to authorize limited detainment in protective custody; to authorize medical examinations; to prescribe the powers and duties of the state department of social services to prevent child abuse and neglect; to prescribe certain powers and duties of local law enforcement agencies; to safeguard and enhance the welfare of children and preserve family life; to provide for the appointment of legal counsel; to provide for the abrogation of privileged communications; to provide civil and criminal immunity for certain persons; to provide rules of evidence in certain cases; to provide for confidentiality of records; to provide for the expungement of certain records; to prescribe penalties; and to repeal certain acts and parts of acts. (Child Protection Law, Act 238, 1975)

Since the passage of this act, every state in the union has passed mandatory reporting laws identifying various professionals who must respond and alert a variety of protective institutions to minimize harm and protect the victim. The various professionals are identified as a physician, dentist, physician’s assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist,

psychologist, marriage and family therapist, licensed professional counselor, certified social worker, social worker, social work technician, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or regulated child care providers. Failure to report can result in the loss of a mandated reporter's license and/ or possible criminal charges (Child Protection Law, Act 238, 1975).

Significance of the Research

Research indicates that child care providers, caring for the youngest, most vulnerable children, are statistically the least likely to report abuse (U.S. Department of Health and Human Services, 2010). Besharov's (1990) research led him to conclude it is likely a mandated reporter is simply unaware of the danger a child is in or does not know what to do to protect the child. Yet statistics also indicate that certain mandated reporters are effective in identifying children living in abusive homes (U.S. Department of Health and Human Services, 2010). Much of the research conducted on mandated reporting has focused on psychologists, health care personnel, and teachers. The results of this research have identified factors given by mandated reporters for not reporting. These factors include uncertainty about what constitutes abuse, misgivings about the child protective system, lack of training, limited educational background on issues of abuse, neglect and mandated reporting, limited professional experience and gender (Alvarez, Kenny, Donohue, & Carpin, 2004; Besharov, 1990; Faller, 1985; Finlayson & Koocher, 1991; Hutchison, 1993; Kalichman, 1999).

Only a handful of studies have looked at child care providers as mandated reporters (Hagen, 2000; Nightingale & Walker, 1986; Sundell, 1997; Zellman, 1990).

Sundell's (1997) research was conducted on child care providers working in Swedish nursery schools. Nightingale and Walker (1986) surveyed Head Start personnel who work with children age 3 and older. Hagen's (2000) research was limited to child care centers in one county in Texas. Zellman (1990) included child care providers in a study that focused on all mandated reporters. To date, there has been no research on licensed child care homes and mandated reporting. There also has not been a study that focused on child care providers of children under the age of 3. Yet this age group is statistically the most likely to be victims of abuse (U.S. Department of Health and Human Services, 2010). With so few studies focused on child care providers as mandated reporters it is impossible to determine if their reluctance to report can be attributed to the same factors that influence the mandated reporting practices of psychologists, pediatricians, and teachers. A summary of the findings of these studies will be reviewed in Chapter II.

Statement of the Problem

This research project will explore the decision making practices of child care providers to gain understanding on why, despite their close proximity and caring relationships with children under age 3, child care providers appear reluctant to report suspected abuse or neglect.

Chapter Summary

This research project will examine the mandated reporting practices of child care providers to determine if their low rates of reporting are associated with the same factors that influence psychologists, health care personnel, and teachers. It will also investigate if

there are other factors unique to child care providers that might explain why their rates of reporting suspicions of child maltreatment are the lowest of all mandated reporters. The unique relationship child care providers have with the youngest, most vulnerable population places them in a vital position. A timely report of a suspicion of abuse can protect a child from danger. Understanding why child care providers are the least likely to report maltreatment is critical to the protection of the youngest and most vulnerable victims of abuse and neglect.

CHAPTER II

LITERATURE REVIEW

This study began with an examination of the statistics on mandatory reporting of abuse and neglect. Through this examination, child care providers were identified as being statistically most unlikely to report abuse or neglect (U.S. Department of Health and Human Services, 2010). A literature review to find common phrases on the subject of mandated reporting and child care providers followed. Based on 20 years of clinical expertise in the field of child abuse and neglect, the researcher selected the following key terms: *mandated reporting*, *Web-based surveys*, *child care providers and mandated reporting*, *child protection and mandated reporting*, *child care historical perspective*, and *history of child abuse and neglect*. The following databases were searched using these keywords: ProQuest, Medline, PsyINFO, LexisNexis, PubMed, Social Work Abstracts, and Google. This search resulted in the following number of hits: mandated reporting—380,000; Web-based surveys—296,000; child care providers and mandated reporting—385,000; child protection and mandated reporting—279,000; child care historical perspective—315,000; and history of child abuse and neglect—402,000. Selection of literature that was filtered and then reviewed based on the following criteria: most recent, most frequently cited, and most relevant to the subject. During a search of the databases, literature was selected based on the most frequently cited authors in peer-reviewed journals.

Most research on mandated reporting has been conducted on medical professionals, psychologists, or teachers. Child care providers are rarely mentioned in the research. Kalichman (1999) stated, “Mental health professionals, teachers, school counselors, nurses, and pediatricians stand on the front line in the war against child abuse.” The omission of child care providers in Kalichman’s sweeping statement is one glaring example of researchers’ failure to notice child care providers’ pivotal position the “war against child abuse.”

As previously stated, only a handful of studies have specifically focused on child care providers (Hagen, 2000; Nightingale & Walker, 1986; Sundell, 1997; Zellman, 1990). There was also very little research focused on children under the age of 3, despite the fact this is the most at risk population and statistically most at risk for severe or fatal abuse. The results of the child care providers’ research while small in number appear to closely mirror other mandated reporting research.

In order to compensate for the lack of research on the mandated reporting practices of child care providers, this study will review the literature in the following ways:

- Examine the historical background of both mandated reporting and child care for societal antecedents that might contribute to child care providers low reporting rates.
- Research the public perception of what constitutes abuse and neglect.
- Explore parental risk factors and parental perception of what constitutes abuse and neglect.

- Evaluate the media impact on mandated reporting and its influence on mandated reporting.
- Review the literature on factors that influence the mandated reporting practices of professionals working with children.
- Explore the literature for solutions, interventions, and strategies to improve mandated reporting.

The Historical Background of Mandated Reporting and Child Care

Child care providers are in a pivotal spot to provide a critical early warning of suspected abuse or neglect (Hagen, 2000). They are the people most likely to form a relationship with a child outside the nuclear family (Hagen, 2000). Yet, of all the mandated reporters identified by NCANDS, child care providers rank last among mandated reporters both in making reports and in substantiated reports (U.S. Department of Health and Human Services, 2010). It is difficult to believe that those trusted to care for our most vulnerable population are indifferent or uncaring about the safety of young children (Besharov, 1990). Research on mandated reporting has centered primarily on medical, mental health, and education professionals. Understanding the underpinnings of the reluctance to report on behalf of child care providers is the subject of this study.

The history of mandated reporting and child care are both couched in a society hesitant to recognize that children are not always protected or cared for by their parents (Koocher & Keith-Spiegel, 1990; Shelman & Lazoritz, 2005). Mandated reporting was born out of the recognition that parents or foster parents were often the ones responsible for the “unrecognized trauma” to their children (Kempe et al., 1962). Child care grew out

of a welfare movement to care for the children of impoverished mothers forced to work for the survival of their families (Scarr & Weinberg, 1986). Both mandated reporting and child care represented a social taboo in a world where family and parents were sacrosanct. American society's ambivalence in recognizing the existence of both the possibility that parents might harm their children or be unable to care for them without outside assistance lies at the heart of the "cloak of silence" surrounding the unthinkable: abuse and neglect of our youngest, most vulnerable population, children under age 3 (Shelman & Lazoritz, 2005).

Historical Background of Mandated Reporting

Children have historically been considered by both society and the legal system as the property of their parents (Koocher & Keith-Spiegel, 1990). Throughout American history, children were often viewed as means to establish a labor force for the family or to provide parental support during old age. Both society and the courts were hesitant to interfere between parent and child (Shelman & Lazoritz, 2005). In the 1870s, this view was changed by a sensational case brought to the public view through the newspaper accounts of a little girl named Mary Ellen Wilson.

Jacob Riis, a New York City newspaper reporter and social reformer, was present in the Supreme Court chamber of Judge Laurence when a child was carried in wrapped in blankets by the director of Society to Prevent Cruelty to Animals (SPCA). The director had been alerted to the plight of this child by a social worker who had been visiting an elderly woman who lived in the next flat. The elderly woman asked the social worker if there was anything anyone could do to help the child who was being "beaten and tortured

in the next flat” by the couple caring for her (McDevitt, 1996). With no legal authority and no child welfare society in existence, the social worker turned to the SPCA for help.

As Riis wrote:

The child is an animal. If there is no justice for it as a human being, it shall at least have the rights of the cur in the street. It shall not be abused. And as I looked, I knew I was where the first chapter of children’s rights was being written under warrant of that made for the dog. (Shelman & Lazoritz, 2005)

With the intense media coverage of the New York City press, the caretaker of Mary Ellen Wilson was sent to jail, and the Society for the Prevention of Cruelty to Children (SPCC) was formed. A flurry of similar cases came to the attention to the SPCC, and by 1890, they had received 138,891 cases, removed 25,000 children from the care of their parents or guardians, and prosecuted 16,000 parents or guardians (McDevitt, 1996). By the early 1900s, there were over 161 child welfare societies established to protect children. But as the media attention faded and the true cost of protecting children from abusive parents became known, the interest of law and policymakers faded (McDevitt, 1996). The private child welfare societies struggled with funding issues, clinical doubts about interference in private family matters, and interagency conflicts (Costin, 1992).

The Social Security Act of 1935 was the first federal funding for child protection activities in rural counties (Besharov, 1990). Despite this, interest in child protection languished for the next few decades. Child abuse and child neglect remained largely hidden behind the closed doors of family life. Reporting was haphazard and often even the murder of children was not reported as abuse (Besharov, 1990). A “cloak of silence” surrounded the abuse of children. Reasons for this seeming indifference were attributed to

people not wanting to get involved into private family matters, being frightened of retaliation from angry parents the complaints were against, fear of long protracted court proceedings, and turning in people they had close relationships with (Besharov, 1990).

It was not until C. Henry Kempe, a pediatrician who coined the term *battered child syndrome*, that public attention returned to the issue of abuse of children. In the early 1960s, a small group of physicians led by Kempe attempted to break the powerful silence surrounding the abuse of children. Kempe codified the concept of the battered child by characterizing serious physical abuse as a clinical condition known as the battered child syndrome. The syndrome was identified when there was

evidence of fracture of any bone, subdural hematoma, failure to thrive, soft tissue swellings or skin bruising, in any child who dies suddenly, or where the degree and type of injury is at variance with the history given regarding the occurrence of the trauma. (Kempe et al., 1962)

Kempe and his group went a step further. They stated “physicians had a duty and responsibility to the child to require a full evaluation of the problem and to guarantee that no expected repetition of trauma will be permitted to occur” (Kempe et al., 1962). In 1963, Kempe and his colleagues persuaded the U.S. Children’s Bureau to publish a model law that required physicians to report children with serious or suspicious physical injuries (Besharov, 1990). Within 4 years, all 50 states enacted reporting laws that applied only to physicians. These laws became the foundation of what a decade later led to national legislation, The Child Abuse and Prevention and Treatment Act, PL93-247 (CAPTA). CAPTA provided federal funds for child abuse prevention and identified mandatory reporters as professionals who worked with children. Since the passage of CAPTA in 1974, the number of reported cases of abuse and neglect rose dramatically.

Besharov (1990) states, “Reporting begins the process of protection.” Since children are often too young or too frightened to speak for themselves, CAPTA sought to identify individuals who were in a position to recognize the danger a child was in and to report it to the proper authorities. But since this law was enacted, child protective agencies have been simultaneously plagued by two problems—under and over reporting of abuse and neglect (Besharov, 1990). Thus, the complex issues at the heart of mandatory reporting places the child protective system in a paradoxical position. Many mandated reporters are clearly confused at what their role is both ethically and legally (Besharov, 1990; Kalichman, 1999). But most damaging of all is the laws enacted to protect children continue to fail them. One hundred and thirty-two years after Mary Ellen Wilson’s story of brutal abuse appeared in the press, children continue to suffer maltreatment at the hands of their parents or guardians.

Historical Background of Child Care

This next section will examine the historical background of child care to examine its influence on the mandated reporting practices of today’s child care providers.

In 1793, a group of female Quaker philanthropists in Philadelphia decided to do something for the young widows of a yellow fever epidemic in order to prevent the break-up of their families. Prior to 1793, when a woman was suddenly widowed without a family or inheritance to support her and her children, the options were brutal. The children could be sent to an orphanage and the mothers end up in a workhouse. The House of Industry was set up by the Female Society of the Relief and Employment of the Poor. This allowed women to work at spinning and weaving while their children were

supervised in a separate nursery by some of the older widows. Women were given a small income and their children were kept safe and off the streets. Over the years, these day nurseries grew. Children were fed, clothed, and kept safe while their mothers worked, but they were not educated (Greenman & Fuqua, 1984).

By the 1870s, the widows of the Civil War and a poor economy forced thousands of women into the workplace. The day nurseries that grew to respond to this ever-growing need were based on the premise that work by mothers was only temporary. But employment was common among the mothers of the lower classes. If day nurseries were not available, older children were kept out of school to care for the younger children (Greenman & Fuqua, 1984).

After the Civil War, many former slaves worked outside the home as maids or caretakers of white children. The National Association of Colored Women (NACW) responded to this trend by establishing day nurseries for black children. The NACW viewed maternal employment as normal and long-term, not short-term or crisis-oriented as it was viewed for white mothers. For many others, the options were stark. During this time, infants and very young children were sometimes placed in hospitals while their mothers worked. Known as foundling homes, these hospitals became hotbeds of infection and disease. Many babies died of failure to thrive and hospitalism, a pediatric diagnosis used to describe infants who wasted away in the hospital without the nurturing that was essential for their survival (Scarr & Weinberg, 1986).

Informal care of children was also provided in a series of “baby farms,” the precursors to our licensed child care homes of today. Considered by the middle class press as “shady and deplorable,” most licensed child care homes were actually fairly

decent, allowing mothers to leave their children in the neighborhood setting, often with people of their own ethnic background instead of the sterile nurseries of the charity day care or the foundling homes (Scarr & Weinberg, 1986).

By the turn of the 20th century, social reformers Jane Adams of Hull House and Julia Lathrop of the Progressive Movement lobbied for mothers' or widows' pensions. These paid poor mothers to stay home with their children rather than to take factory jobs. Again, this perpetuated the belief that if mothers worked it was only out of dire emergency and distress. Pensions enforced the idea of "mother care" and traditional gender roles (Scarr & Weinberg, 1986).

By the 1930s, nearly every state had some form of widows' pensions or a policy of choice for addressing the needs of low income mothers (Thompson, 1992). But pensions did nothing to improve child care. Funding for these pensions was inadequate. Poor women still had to work because in order to qualify for widows' pensions there were highly restrictive criteria (Thompson, 1992). African-American women were frequently denied benefits because they were deemed "accustomed" to work. The need for child care continued to grow because of the sporadic and racially discriminative practice of allocating widows' pensions (Thompson, 1992).

During the Great Depression of the 1930s, the Works Progress Administration (WPA) established Emergency Nursery Schools (ENS) as an employment opportunity for unemployed teachers (Scarr & Weinberg, 1986). Designed as schools, not child care, ENS was plagued by high staff turnover and inadequate facilities and was only open for a portion of the day. It was also open only to the children of the unemployed. Working

parents, including the staff of ENS, had to look elsewhere for child care (Thompson, 1992).

The passage of the Lantham Act of 1941 was the first time the United States government provided funding to meet child care expenditures (Scarr & Weinberg, 1986). While the act stated the education and care of young children was a public responsibility (Sroufe, 1980), it was initially another attempt by the government to provide job opportunities for teachers and social workers left unemployed by the Great Depression (Thompson, 1992).

World War II brought a swift end to the Depression but also caused a child care crisis for mothers seeking employment in war related industries. Despite a huge labor shortage and a critical need for workers in the defense industry, women were encouraged to stay home and care for their children. Social workers supported this notion, claiming it was detrimental for children to be in child care. By 1943, the Lantham Act began to respond to the dire need for facilities to care for the nearly 2 million children who were in need of child care while their mothers worked (Thompson, 1992). Congress allotted \$6 million to turn the ENS's of the Depression into child care centers. The child care centers that were developed as a result of this funding had slots for only 130,000 children, far short of what was actually needed. As a result of this child care shortage, desperate working mothers left young children alone or sleeping in cars in factory parking lots (Millichamp, 1974).

One bright spot during this time was the child service centers set up by the Kaiser Company at its Portland, Oregon, shipyards. Open 24 hours a day, these centers were staffed by a highly trained workforce in state-of-the-art facilities. They even provided hot

meals for the mothers to pick up at the end of their shift. After the war ended, most of these centers were closed, as women were replaced in the workplace by returning veterans (Scarr & Weinberg, 1986).

During the 1950s and 1960s, it was assumed that full-time maternal homecare was far superior to any type of child care outside the home or by another caregiver (Belsky, 1984). Research at the time found few consistent differences between children who had spent time outside of the home in child care and children who were cared exclusively by family at home (Belsky, 1984). Despite this, the attitude that full-time maternal homecare was superior prevailed. By the mid 1960s, Project Head Start began as a way to prepare children living in economically disadvantaged homes for school (Sroufe, 1980). While research over the years has proven inconsistent as to the success of Head Start, only a small percentage of children are eligible (Sroufe, 1980).

In the last 50 years, the American family has undergone a striking transformation. Today, 73% of children under age 3 have mothers who work (Larner, Behrman, Young, & Reich, 2001). Yet, despite this, the American public continues to believe that parents should be the primary influences on their children and mothers of the very young should stay at home to care for them (Sylvester, 2001).

Of the estimated 9.9 million low- and moderate-income children eligible for funding to help cover child care costs, only 1.5 million received any assistance from the Child Care and Development Fund (CCDF) (Larner et al., 2001).

In addition, child care centers are plagued with high staff turnover due in part to low pay and poor benefits. Only 1 in 7 child care centers and 1 in 10 licensed child care homes are considered to be high enough in quality to enhance children's development

(Children's Defense Fund, 1996). The United States ranks far behind other industrialized countries that offer families free or subsidized child care and paid maternal and paternal leave.

A careful examination of the literature on the history of child care indicates, since its beginning, child care has been viewed as a temporary situation for most children, a last resort in a crisis situation. Only in the African-American culture was child care viewed as normal and long-term (Thompson, 1992). American society clearly believes the care and protection of our youngest children remains the responsibility of their parents (Sylvester, 2001). The history of mandated reporting and child care reflects a societal ambivalence towards any kind of interference with this sacred notion of family.

Public Perception of Abuse and Neglect

Since the earliest public forays into the abuse of children began, the public has been unclear as to where to draw the line between what is an acceptable form of physical punishment and what is not. Clearly, the 1873 sensational case of Mary Ellen Wilson drew a sharp line. Badly beaten and abused, wrapped in a soiled blanket, she was carried into court. The caretakers who should have been her protectors had turned into her abusers. However, national incidence studies consistently rank child neglect, not physical abuse, as the most common form of abuse to children (Whipple & Richey, 1997). Child neglect is a more subtle and nuanced form of abuse and is harder for the public to distinguish. The risk is not death or physical injury, but rather parental neglect that leads to the deep "emotional scarring" of children (Whipple & Richey, 1997). This distinction

leaves both the public and professionals unsure about what exactly constitutes abuse and when, if ever, should someone from outside the family step in to protect the child.

Most professionals and the public would agree—stepping in to protect a child should occur when parental behaviors are outside of “society’s standards of acceptable behavior” (Christopherson, 1983). The problem faced by both is who decides what is “acceptable behavior”? This question lies at the heart of any discussion of abuse. Henry Kempe’s classic definition, “child abuse is what the judge says it is,” does little to clarify to lay person or professional lingering questions. When is a child old enough to be left alone? Is it more serious for a parent to lose his or her temper and strike a child in a pique or the ritual infliction of physical punishment? Is a foul, profanity-laced tirade directed at a 2-year-old abuse? What about an alcoholic parent, unable to provide even the most basic sustenance for a child?

Research indicates that certain parental characteristics are enough for those outside the family to identify abuse (Christopherson, 1983). These characteristics are: aggression, mental illness, and alcohol or drug abuse, past history of abuse as a child, or difficulties in social situations such as isolation or unemployment (Christopherson, 1983). Characteristics of the child such as prematurity, excessive crying, or physical handicap can also be a factor as to whether someone outside the family will intervene. The more deviant or different the family and child are from society’s norm, the more likely the family is viewed as abusive (Christopherson, 1983).

A clear definition of child abuse is needed for both professionals and the public alike. But arriving at a mutually agreed upon definition has been elusive. One reason for this has been attributed to the significant difference in definitions across disciplines

(Dubowitz, Klockner, Star, & Black, 1998). Pediatricians may become alarmed when parents do not follow through with medical treatment for their child. However, Child Protective Services may be concerned only when significant harm or threat of harm occurs, such as when children left alone start a house fire (Dubowitz et al., 1998). Some have advocated defining neglect through the perspective of the child. According to this view, neglect occurs when a basic need of the child is not met (Dubowitz et al., 1998). However, with this definition, the heterogeneity of abuse by severity, chronicity, and contributory factors once again obfuscates the definition.

Finally, a third definition of neglect is “an omission of care by parents and caregivers that deviates substantially from community standards” (Dubowitz et al., 1998). This definition relies on community standards that often reflect a middle-class value system. These values may stand in stark contrast to racial, ethnic, religious, or other cultural beliefs outside of “community standards” (Dubowitz et al., 1998).

Whipple and Richey (1997) define abuse as “cruelty to children” that often involves parental behaviors that employ “very serious violence.” This violence may include biting, hitting, beating, burning or scalding, or threatening to or actually using a knife or gun. These most serious and potentially harmful forms of abuse were found most often among Hispanic families and those with children under the age of 1 (Whipple & Richey, 1997).

Daro and Gelles’ (1992) study on public perception of abuse found the violence between husband and wife and poverty were the factors that were thought to contribute most to child abuse. Other factors were television violence, movie violence, and racism.

Other factors viewed as less important but contributory were heavy metal rock music, corporal punishment in school, sexism, war toys and guns, and contact sports.

Overall, research indicated that there are variations on degrees of severity when defining abuse and neglect. However, the more aberrant the family appeared, the more likely community members were to view behaviors as abusive. Research also found that it was community members rather than professionals that were more likely to become alarmed when confronted with parental behaviors that were deviant or different from the norm (Dubowitz et al., 1998; Giovnnoni & Becerra, 1979).

Parental Risk Factors and Perception of Abuse and Neglect

For most parents, disciplining their children in the privacy of their own home is a personal family matter. The way parents view discipline as well as their use of physical punishment of children (PPC), however, raises serious questions about child welfare (Gough & Reavey, 1996). Seventy-three percent of infant and toddlers of employed mothers are cared for by someone other than their parents (Ehrle et al., 2001). Child care providers are often the only non-family member available in a young child's world to observe signs of physical abuse and neglect. Understanding parental risk factors and parental perception of abuse and neglect can play a key role in whether child care providers are able to identify children who may be vulnerable to abuse.

Research has shown there are certain parental risk factors for child maltreatment. A personal history of abuse may increase the likelihood that a parent may abuse his or her own child (Jackson et al., 1999). It is important to note that this only increases the propensity towards abuse. Jackson et al.'s research found the majority of parents who

were themselves abused do not abuse their own children. Other aspects of personal history may have an impact on parental perception of abuse. Adults who have a history of viewing partner violence may have an increased likelihood of abusing their children (Wolak & Finkelhor, 1998). Partner violence often normalizes abuse in a family, making it a familiar way of resolving disagreements (Milner & Chilamkurti, 1991). Teenage mothers with a history of sexual abuse may also be at great risk of abuse or neglect (Boyer & Fine, 1992).

Adults who have difficulty controlling their temper and managing their anger are also prone to child maltreatment (Jackson et al., 1999). This hostility may be reflected in frequent episodes of punishment, particularly in children under 3. For these children, how they respond when punished for something they have little control over or understanding of; for example, potty training accidents may escalate into severe struggles with their parents (Jackson et al., 1999).

Multiple social and psychological stressors in the family may also increase a parent's proneness towards child maltreatment. One of the most prevalent social risk factors is social isolation (Thompson, 1992). Single parents are more prone to abuse, especially if there are several young children under the age of 5 living in poverty. The lack of a partner to share financial and parental responsibilities can be a key trigger for abuse (Daro, 1988).

The parents' gender can also be a predictor of abuse. While mothers typically are the abuser of their children in part due to the amount of time they spend with them, males tend to be harsher disciplinarians and more likely to sexually abuse a child under 3 (Finkelhor, 1987; Wolfe, 1987).

Demographic variables associated with child abuse and neglect include low parent education, religious beliefs that condone corporal punishment of children, as well as low socioeconomic status. These are considered fairly reliable predictors of abuse (Jackson et al., 1999).

Finally, a child's age and gender may also be associated with child abuse. The younger a child, the more vulnerable they are to abuse. This is often the result of inappropriate developmental expectations on the part of the parent. A 2-year-old accidentally soiling himself in a toilet training accident may trigger abuse when this action is interpreted by a parent as "willful defiance." While boys and girls are both equally likely to be maltreated, boys are more often physically punished (Belsky & Vondra, 1989).

For many parents, harsh physical punishment of their children reflects their own upbringing and is often seen by them as being "a sign of caring and committed parenthood" (Gough & Reavey, 1996). For other parents, severe punishment is rationalized as being a duty, integral to their role of parent and a parental right (Newell, 1989). This may be backed by family members, neighbors, and friends, as well as their church. Not disciplining a child when he or she is naughty is seen as a transgression on the part of the parent (Gough & Reavey, 1996). Parents also may view physical punishment as a way to control their child as well as relieve stress and frustration (Leach, 1994), although it is important to note that most parents feel guilty about physically punishing their child, even when they felt it was the right thing to do (Gough & Reavey, 1996).

Finally, parents who use harsh physical punishment often recall their own parents physically abusing them as children. While their own parents are admired for their authoritative parenting style, there is often regret expressed that they personally experienced such harsh discipline at a young age. This contradictory view of punishment reflects the rationale that parents use to legitimize their use of physical punishment of young children (Greven, 1991).

Both parental risk factors and parental perception of what constitutes abuse is an important construct in examining child care providers' decision to report abuse.

Media Impact on Mandated Reporting

The case of Mary Ellen Wilson represented one of the first times the media used the power of the press to fuel public outrage over abuse of children. Typically, the more horrific and torturous the abuse, the more likely the press is to report it. The focus is almost always on the criminal aspects of individual cases. The smattering of sensational cases in the news media over the years brings public awareness that child abuse exists but does little to help the public recognize both the complexity of the problem and what they can do to prevent it (Krugman, 1996).

Downs (1972) called this periodic media attention to social problems, the issue attention cycle. In this typology, an issue becomes prominent through media attention, the attention causes public outrage, and policy makers become involved, but as the true cost of solving the problem becomes known, the interest of the policymakers fades (McDevitt, 1996). However, as the Mary Ellen Wilson case proved, the media attention can bring about interventions that would not have occurred prior to the publicity. The founding of

the Societies for the Prevention of Cruelty to Children across the country after the Mary Ellen Wilson case produced a much greater public awareness around the issue of child abuse (McDevitt, 1996).

Historically, the media has been reluctant to cover family matters that they considered too common and scurrilous to interest journalists of all but the most lurid tabloids. Among the topics typically considered off-limits were domestic violence, incest, sexual abuse, child neglect, and physical abuse (Downs, 1972).

McDevitt (1996) examined the coverage by the media of child abuse and neglect from 1963-1989. According to McDevitt in a review of the popular literature from 1950-1980, there were only 124 articles on child abuse in periodicals. She found a dramatic overall increase in newspaper coverage after 1975, but at the same time found certain newspapers like the *New York Times* to continue to be measured in their coverage of abuse.

The results of McDevitt's (1996) study indicated that the media clearly had an impact on arousing public opinion on issues of abuse but was much less clear as to whether this coverage caused the public to report and what, if any, changes occurred as a result of the media coverage.

Very few researchers have looked directly at how the media could be used to directly intervene in changing the public perception of abuse. Krugman (1996) called upon the media to use its power to educate the public on issues of abuse. He listed five strategies that could effect change:

1. Editors should assign a single reporter to a “Child Abuse Beat” in order to cover not just the sensational cases but to address child protection efforts, prevention, and treatment programs in the community.
2. Reporters should be invited to local child protection and child fatality review teams.
3. The media should ask specific questions such as, “What do you think we should do about the problem of child abuse and neglect?” to those campaigning for public office. This would force political candidates to develop a policy on the subject.
4. The media should help the public recognize abuse, help them to respond to neighbors who are in need of help before they abuse, and help them understand the steps they need to take if they suspect abuse is happening.
5. Representatives of the media should be invited to participate in community child abuse prevention councils as well as serve on the boards of organizations with child abuse and neglect programs.

Boehm and Itzhaky (2004) applied a social marketing approach to educate and motivate a community to report abuse of children and seek treatment for both the victims and the perpetrators. Their study used a variety of marketing tools including promotion to effectively deliver a message to a community that remaining silent about abuse and stigmatizing victims would lead to a chain reaction that would increase victimization.

Boehm and Itzhaky used three means of promotion to increase awareness of abuse and neglect: direct communication, public relations, advertising. For direct communication, they enlisted the religious leaders both in the community and in

neighboring communities to bring the message to the public. Public relations and advertising targeted newspaper and the local media. All three means reinforced the following social ideas:

- Acknowledgment that sexual abuse exists is necessary in order to prevent it.
- Recognizing that those who are sexually assaulted are victims and not guilty.
- Acknowledgment that sexual abuse is not a disgrace and will not stigmatize a victim for life.
- Professional therapy does not contradict Jewish religious values.
- Reporting abuse is fulfilling a religious duty.
- Victims, families, and perpetrators will all benefit from professional therapy.
- Promoting professional help for all involved will enhance and improve a community's image.

At the end of the intervention, the researchers reported the following results:

1. Workers in the local welfare department indicated a reduction in the fear of reporting and exposure among victims and other residents. They also noted an increase in the number of reports.
2. The rabbi, who initially was reluctant to both acknowledge abuse in the community and participate in the study, joined the team and contributed to its activity.
3. The community resolved their marked difference regarding whether or not to report. After the intervention, 90% of the community was in favor of reporting abuse.
4. The victims and their families began therapy.

5. Discussion began regarding the question of what the community needed to do regarding the assailants (Boehm & Itzhaky, 2004).

Research indicates sensationalized media coverage of abuse provides a short-term response from the public (Downs, 1972; Krugman, 1996; McDevitt, 1996). As publicity fades, so does public outrage, often without any policy change. Research by Boehm and Itzhaky (2004) and Krugman (1996) found that, in order for the media to have a long-term impact on mandated reporting, issue attention cycles must be replaced with a combination of education and social marketing on issues of abuse.

Factors That Influence Mandated Reporting

Most research on mandated reporting typically focused on medical professionals and psychologists (Alvarez et al., 2004; Besharov, 1990; Faller, 1985; Finlayson & Koocher, 1991; Hutchison, 1993; Kalichman, 1999). However, the scant research found that was focused on child care providers closely mirrored that of medical professional and psychologists (Hagen, 2000; Sundell, 1997; Nightingale & Walker, 1986; Zellman, 1990). Non-compliance with mandated reporting laws was attributed to the following factors:

1. Lack of training on mandated reporting and identification of abuse and neglect.
2. Lack of legal knowledge and uncertainty about what is reportable and how much evidence is required to report.
3. Lack of confidence in child protective services response.

4. Harm to the professional relationship with the family followed by negative consequences for the child and family.

Lack of Training

A review of training requirements for licensed child care providers in all 50 states and the District of Columbia revealed all but one state required ongoing mandatory training. The state of California required pre-service training but not ongoing training. The amount of training required ranged from 2 hours annually to 20 hours. Eleven states—Alaska, Colorado, Illinois, Georgia, Iowa, Virginia, Minnesota, Mississippi, Rhode Island, and South Dakota—included a mention of reporting child abuse and neglect as a “suggested topic” for training. Thirty-two states mentioned training topics that did not include training on abuse or neglect. These topics ranged from hand-washing and sanitation to positive communication and interaction with parents. Only eight states, including Florida, New York, Ohio, Indiana, Wyoming, Nevada, New Jersey, and the District of Columbia, required mandatory training on abuse and neglect.

This lack of required training by child care providers is echoed in Sundell’s (1997) research in Swedish child cares. He found that 37% of child care providers did not report abuse because they were uncertain whether the child had actually been abused.

Nightingale and Walker (1986) found that, among Head Start personnel, training in child maltreatment appeared to have an impact on the reporting practice of more highly educated staff. Staff with less education and without any training in identifying abuse or neglect were not likely to report abuse or neglect.

McCallum and Johnson (2002) found training issues to be a key reason teachers did not report suspicions of abuse or neglect. Training on abuse and neglect was considered to be “hopelessly inadequate.” When teachers were asked about incidents of suspected abuse they did not report, one commented “it was the lack of training. I didn’t have enough to create a suspicion.”

In a study on non-reporting teachers, results indicated that lack of knowledge was to blame for their inability to detect symptoms of child abuse and neglect (Besharov, 1991). As Besharov (1991) states, “The best way to encourage more complete and more appropriate reporting is through increased public and professional understanding.”

Warner and Hansen (1994) examined factors that influenced the identification and reporting of abuse by physicians. They found formal training in identification of abusive injuries to be limited to 8 training hours in their first and third year of medical school and 7 hours in their second year. Almost half of the training consisted of treating an abused child under the supervision of a faculty member. There was no training related to child development that might help a physician distinguish between accidents that occurred within normal child developmental capabilities and those that were most likely the result of abuse.

Warner-Rogers, Hansen, and Spieth (1996) surveyed medical students’ response to hypothetical cases of abuse. They found the more severe the abuse, the more likely they were to report it. This study found a need for training in the less readily observable case variables. The study also found a need for the medical students to become more familiar with epidemiological data about childhood injuries. This would put them in a better

position to evaluate the information they receive on an injury, particularly regarding whether the explanation given by the parent or guardian is plausible.

In an attempt to educate psychologists on the complex issues surrounding child abuse, the Committee on Professional Practice and Standards of the American Psychological Association published 24 questions and answers regarding professional practice in the area of child abuse (American Psychological Association, 1995). The questions reflected the most basic issues in reporting abuse and neglect. For example, “What constitutes child abuse and neglect?” “If I report, am I breaking confidentiality?” “Will I get in trouble if I do not report child abuse as required under the laws of my state?” “Do I have to report every instance of child abuse?” The surprisingly fundamental nature of the questions belied the stature of the journal, *Professional Psychology: Research and Practice, the Journal of the American Psychological Association*.

One can only surmise that the very basic questions and simple, straightforward responses are geared to an audience that is confused and untrained on issues of child abuse. However, establishing key questions to help frame the issues that are most confusing to psychologists can form the structure of a training curriculum (Kalichman, 1999).

Kalichman and Brosig (1993) found that most training for mandated reporters occurred after schooling was complete through continuing education workshops. Psychologists viewed the graduate work training in child abuse as poor and their internship experience only “slightly better” (Kalichman, 1999). New graduates, therefore, had little training and experience in child abuse and now would need to rely on continuing education workshops for instruction.

Counseling graduate programs fared little better. Kalichman (1999) reports that a survey of clinical and school counseling graduate programs found that only 11% offered courses in child abuse. Counseling graduates, like psychologists, would have to receive their training in child abuse through post-degree continuing education workshops.

Handelsman's (1989) survey of mental health centers providing ethical training on issues that included mandated reporting found that mental health centers spent an average of 1.27 hours on training per year. This small amount allocated for ethics training does little to assuage concern over the equally limited amount of training mental health professionals are receiving in school. If mental health professionals are expected to make reporting decisions throughout their career, and post-degree training is limited as well, then this does little to remediate the paradoxical problem of under and over reporting of child abuse (Besharov, 1991).

The literature indicates very little professional training is spent on issues of abuse and neglect of children. Professionals working with children recognize this lack of training as "hopelessly inadequate." Without training, research indicates the professionals themselves recognize they are unable to detect symptoms of abuse and neglect and thus unable to protect the children they work with.

Lack of Legal Knowledge and Uncertainty About What Is Reportable

Mandated reporting laws vary from state to state, but all share several core components. All reporting laws:

- Define abusive situations.

- Describe reportable circumstance as well as the degree of certainty that reporters must have, the age of the child, and the details of who must report.
- Detail the sanctions of failing to reporting.
- Provide immunity from both civil and criminal liability for a report file in “good faith” (Kalichman, 1999).

However, Kalichman (1999) notes there are three elements of mandated reporting that universally cause confusion and misunderstanding throughout the country. These three elements are perhaps the most fundamental questions regarding mandated reporting.

They are:

- Who should report?
- What should be reported?
- When is reporting required? (Kalichman, 1999).

The legal misunderstanding regarding mandated reporting began at its very inception. In 1969, prior to the federal passage of the Child Protection Act, a case was winding through the California Supreme Court that highlights the confusion and inconsistency that remains to this day around the issues of duty to warn and mandated reporting.

In October of 1969, a young college student attending the University of California stabbed to death a coed acquaintance who had spurned his affections. Prior to the murder, the college student was referred to a psychologist for psychotherapy. During this time, the psychologist deemed the student dangerous and consulted first with his colleagues then notified the campus police of his concerns both orally and in writing (Stone, 1976). After a lengthy interview with police, the student was released. The police concluded he was

both rational and not dangerous. Soon after this, the student stabbed and murdered the young coed. The young woman's parents sued the university, the psychologists, and the police. The California Supreme Court's decision found that only when a therapist found a patient "certainly dangerous" and noted this in the client's record and failed to act would the therapist be held liable. While this case involved a duty to warn in an adult, not child-related situation, it is still considered a landmark in the literature of duty to warn, the precursor to mandated reporting (Stone, 1976). *Tarasoff v. Regents of the University of California* set a standard for ambiguity and confusion that continues today (Stone, 1976).

In 1989, in the case *DeShaney v. Winnebago County*, the Supreme Court ruled the government is not obligated to protect its citizens against harm committed by private individuals (Shelman & Lazoritz, 2005). In this case, a mother sued county social services because they failed to intervene when her estranged husband was brutally abusing their son. This abuse ultimately left their son in a permanent vegetative state. Chief Justice Rehnquist wrote, "Intervening officials are often charged with improperly intruding into the parent-child relationship" (Shelman & Lazoritz, 2005).

The rulings of both *Tarasoff* and *DeShaney* highlight the confusion and contradictions in the law. While the *Tarasoff* case dealt with the duty to warn and involved an adult, the precedent it set directly impacted the Child Protection law (Shelman & Lazoritz, 2005; Stone, 1976). The court ruled in the *Tarasoff* case that only when a competent therapist clinically documented suspected abuse and failed to act would they be held liable. The implication was that an incompetent therapist who overlooked abuse would not be held liable. The *DeShaney* ruling harkened back 100 years with its reluctance to allow state interference into a private parent-child relationship. In

this case, the private parent-child relationship ended with a parent beating his child into a permanent vegetative state.

Swoboda, Elwork, Sales, and Levine (1978) surveyed 236 mental health professionals and found a significant proportion of psychologists, psychiatrists, and social workers were unaware of two of the most basic laws of their profession, privileged communications and mandated reporting. This study found that, among the professionals who were aware of the requirements of mandated reporting, a majority still refused to comply with it in a hypothetical case. According to Swoboda et al., “a significant proportion of mental health professionals are either ignorant of or ignore their legal obligations.”

Finlayson and Koocher (1991) surveyed 269 psychologists and found that they were more likely to report sexual abuse if the symptoms were obvious and unambiguous. Despite a clear legal mandate, a clinical suspicion of child abuse did not prompt clinicians into making a report. Finlayson and Koocher also found that some psychologists believed that a clinical suspicion of sexual abuse and a reporting of sexual abuse are not equivalent. They believed no law was violated if they did not report their clinical suspicions. It was their assumption that they needed a higher burden of proof (Finlayson & Koocher, 1991).

Sonkin and Liebert (1999) found that common legal factors affecting child abuse reporting decisions included clinicians' knowledge of the law, the clarity and wording of the state statute, and the legal requirements of the law. Laws that fail to adequately define child abuse or are unclear about the actual reporting procedure may also impact the therapists' tendency to report or not to report. Finally, states that had more narrowly

defined statutes resulted in under reporting, while states with broader definitions increased the probability of reporting (Sonkin & Liebert, 1999).

Research indicates, ambiguous and contradictory court findings, confusing and poorly worded state laws, and laws that vary from state to state all contribute to the continual misunderstanding of mandated reporting by those required to report (Finlayson & Koocher, 1991; Shelman & Lazowitz, 2005; Sonkin & Liebert, 1999; Swoboda et al., 1978).

Harm to the Relationship With the Family Followed by Negative Consequences for the Child and Family

The relationship child care providers have with the families in their care is different than the relationships other mandated reporters have. Child care, particularly in a licensed child care home, is characterized by a close relationship between parent and provider (U.S. Department of Health and Human Services, 2010). In a study of parents and providers, over half of the respondents in both groups reported that they were friends and saw each other socially, though more parents (83% vs. 55%) described the relationship as a friendship. This study also indicated that few disagreements were noted by either group. Parents reported finding the providers critical of them as parents or as a person 11% of the time. Providers reported disagreements with families 14% of the time and criticism of them as providers by a parent 7% of the time (U.S. Department of Health and Human Services, 2010). While no research was found on whether child care providers were reluctant to make reports because of their close relationship with the family, it is an area for future research to explore.

A major concern of therapists is the impact mandated reporting will have on the therapeutic process (Levine & Doueck, 1995). All therapists function under two professional obligations: the duty to protect and the duty to warn (Kalichman, 1999). Mandated reporting occurs within the professional obligation of the duty to warn. Mandated reporters who are physicians, social workers, psychologists, counselors, and marriage and family therapists all function under a professional code of ethics that emphasizes the importance of maintaining the privacy of both current and former clients and maintaining the confidentiality of the material that has been transmitted to them.

Confidentiality is the bedrock of the therapeutic process. Without the assurance of complete confidentiality, it is difficult, if not impossible, to develop and maintain a therapeutic relationship. Reporting suspected child abuse involves breaking confidentiality. Thus, an ethical dilemma occurs.

Faller (1985) reports one of the main reasons professionals do not report suspected abuse is their concern that a report will negatively impact the relationship they have established with their client. The reporting professional may be the family's only lifeline and a report could sever this lifeline. Another impact issue Faller discusses is what happens to the family once the abuse has been reported. Contact with a child protective service worker can be devastating for a family. With under half of all abuse cases substantiated, many innocent families are subjected to painful accusations, self-doubt, and fear of losing their children. The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) (Sedlak et al., 2010) again verified that CPS investigated the maltreatment of only 32% of children who were reported to CPS for suspected child

maltreatment and only 43% of those whose maltreatment fit the Endangerment Standard (more severe abuse) (Sedlak et al., 2010).

For those families whose abuse has been substantiated, little is offered to them by the child protective system in terms of help to improve their abilities (Faller, 1985). After the investigation has been concluded, many families are left without any services and feel the trust they once had with their therapist has been shattered.

Pope and Bajt (1988) used an anonymous survey to explore how a psychologist could publicly refuse to make a mandated report regarding child abuse without betraying confidentiality. They found that 77% of the respondents believed that psychologists should sometimes violate formal legal and ethical standards and that a majority have actually done so. The most common response to the question “What law have you broken intentionally in light of a client’s welfare?” involved refusing to report child abuse. They respondents further stated they would do so again on the basis of “client welfare or other deeper values” (Pope & Bajt, 1988).

Ansell and Ross (1990) discussed how mandated reporting laws had redefined the professional responsibilities of psychologists. They stressed the importance of choosing their client’s welfare over “mindless obedience to the law.” They cautioned psychologists to consider a range of options before “rushing to report.” They did not, however, list any of these options.

Brown and Strozier (2004) stated reporting has a negative impact on the therapeutic process. Their research found that approximately 25% of the patients in their study take the obligation of confidentiality so seriously that their treatment is negatively affected after a report is made. Many leave treatment altogether, and while the reasons for

this have not been empirically explored, Brown and Strozier believed it was because “their confidentiality has been violated and that boundaries of their treatment have been breached.”

Berlin, Malin and Dean (1991) conducted a study at the Johns Hopkins Sexual Disorders Clinic in the treatment program for paraphilic disorders. About 55% of their patients had diagnoses of pedophilia. They began a formal tracking of patients who made disclosures about child abuse beginning in 1984. During the time between January 1, 1984 and July 1, 1988, the state of Maryland’s law stated patients’ disclosures during treatment did not need to be reported. During this time period, the tracking revealed about two patients a month disclosed abuse (Berlin et al., 1991). The clinical actions that were put into place after a disclosure included immediate hospitalization, voluntary removal from the home when indicated, or voluntary initiation of pharmacotherapy to suppress sexual appetite. When the law changed in July of 1988 that now required disclosures to be reported, there were no disclosures of child abuse. Berlin et al. (1991) contend that the mandate to report put children at greater risk because without patients’ disclosure, they no longer could identify children at risk and could therefore not protect them from their abuser. They believed that it was better for children to be treated within a mental health framework rather than a criminal justice framework. The criminal justice system silenced disclosures due to the adult’s fear of being reported. They concluded that when mandatory reporting supersedes privilege and confidentiality, it significantly alters the therapeutic relationship (Berlin et al., 1991). With mandatory reporting “Psychiatrists become informants for the state when patients incriminate themselves” (Berlin et al., 1991).

Taylor and Adelman (1989) believed responsible professionals should avoid both surrendering the confidentiality surrounding counseling relationships and overreacting to unnecessary limitations on confidences. It was Taylor and Adelman's contention that, through proper therapeutic intervention, children would be enabled by the counselor to independently pursue their own best interests. They believed this would increase their sense of competence, personal control, and interpersonal relatedness, as well as their motivation and ability to solve problems.

Schultz (1990) gave a number of ethical reasons therapists fail to report child abuse. These include:

- The therapist believes reporting would not be in the child's best interest and the child's life is a higher consideration than obeying the reporting law.
- The therapist does not want to divulge sensitive information that was given to the therapist with the assumption it would be held in confidence by the therapist.
- The therapist is concerned about the possible disruption to therapy that may be caused by reporting.
- The therapist believes reporting represents "an unnecessary intrusion on the professional's autonomy, and an indictment of competence."
- The therapist believes reporting will harm the family.
- The therapist believes the treatment of sex offenders will be hindered if the client believes that what he says in therapy may be reported.

Child care providers have a relationship with a family that stands in marked contrast to other professionals working with children (U.S. Department of Health and

Human Services, 2010). This is attributed to the frequency of contact with both parent and child, and the level of intimacy that develops in their relationship with families (U.S. Department of Health and Human Services, 2010). Yet research focusing on psychologists and therapists reveal one of the main reasons these professionals do not report suspicions of abuse is the impact it will have on their relationship with their client. The concern for child care providers and therapists alike may be, if they report suspicions of abuse, no matter what the outcome of their report is, their relationship with the child and family is forever altered.

Lack of Confidence in the Child Protective System

Child protective services are driven and overwhelmed by investigation of child abuse reports (Besharov, 1991). A huge number of these reports are unfounded (Sedlak et al., 2010). This leaves a child welfare system swamped with workers spending vast amounts of time and resources on cases that ultimately are not substantiated as abuse. Equally disturbing is the fact that this impedes on the caseworkers' ability to investigate cases where a child may be in serious danger (Besharov, 1991). Mental health professionals commonly report being frustrated and having little faith in the system (Emery & Laumann-Billings, 1998).

A study by Zellman (1990) found that mandated reporters weighed the potential efficacy of the response by child welfare workers prior to making a report. If they believed that a report would ultimately be unfounded, they would decide against making the report. It was their belief that a report would more likely do harm to the family. Or as

Zellman states, a report would be “No benefit to child or family at some considerable cost to both.”

Strozier, Brown, Fennell, Hardee, and Vogel (2005) surveyed family therapists to assess negative experiences they had with mandated reporting. The results found therapists reported significant problems with mandated reporting in terms of distrust, disappointment, and frustrations with child protective agencies. The perception was caseworkers did not do their job well and often left families in disarray. Negative experiences with child protective services were evident in therapists, from novices to those with many years of experience. The most common feeling among therapists was child protective agencies were underfunded, understaffed, and inadequately trained (Strozier et al., 2005).

Watson and Levine (1989) found that many mandated reporters expressed concern that a report could lead to a child being removed from their home. This could leave the child in a “double victim” role of having been abused by a parent as well as being separated from their parent. Regardless of the abuse, many children view separation from their parent as rejection (Watson & Levine, 1989). Professionals in this study also expressed a lack of confidence in a system that they felt had not responded to the “epidemic of reporting” with an appropriate match of services to help families (Watson & Levine, 1989). The NIS-4 report (Sedlak et al., 2010) indicated that only 32% of the children who were reported to CPS in the last 10 years had their report substantiated. This leaves over 65% of children without CPS involvement.

Research indicates that an overburdened and inconsistent response from child protective services leave professionals in a quandary over what is best to do for children.

Most appear to agree with Zellman (1990) that reporting is “No benefit to child or family at some considerable cost to both.”

Solutions, Interventions and Strategies

According to Kalichman (1999), proposals to change mandated reporting policies have typically reflected three approaches. The first approach recommends that existing system be supported and that reporting laws be enforced. The second approach acknowledges the problems mandated reporting has presented to professionals and advocates for clarification, particularly in defining abuse and setting a consistent set of standards for reporting. Finally, the third approach calls for reforming the entire reporting system.

Strozier et al. (2005) looked at a policy change currently being implemented in a child protective service agency in Georgia. In an effort to provide better services to children, the agency had instituted a new “triage” system. Serious reports of child abuse received prompt and intensive investigation. Less serious reports were given less critical attention. This change addresses the concern many mandated reporters have regarding a child protective system overburdened with too many unfounded reports (Besharov, 1990).

Zellman (1990) concurred with this model and believed that a more rigorous screening process, implementation of risk assessment models, and clear definitions of what kinds of incidents constitutes abuse would lead to more “screen outs” of calls, particularly in the areas of mild neglect.

Besharov (1991) believed that the huge numbers of unfounded reports can be reduced if the child protective agencies establish clear and firm intake policy. Mandated

reporters should continue to err on the side of caution in making reports that are “reasonable cause to suspect.” Besharov (1991) found that those agencies that use careful screening processes have lower rates of unsubstantiated reports and spend fewer resources investigating inappropriate responses.

Emery and Laumann-Billings (1998) believed exempting mental health professionals from reporting less serious cases of abuse when a family is actively involved in service would reduce investigations that would most likely be unfounded and allow child protective workers to focus on more serious cases. Emery and Laumann-Billings (1998) noted that, because there is no current definition of a less serious case, clear definitions of abuse would be the first step towards refocusing the child protection system.

Finkelhor and Zellman (1991) suggested a plan of flexible reporting options be implemented for certain groups of well-trained professionals under certain conditions. This plan would have state child protective agencies establish a policy to grant registered reporter status to qualified professionals and would be open only to those professionals who had both documented formal training on child abuse as well as significant experience in the field. Registration would be available only to professionals who could establish that they had made reports in the past. For this group of registered reporters, child protective agencies would establish new formal options for reporting that might include deferring a report until a later time or making a report but deferring the investigation until later. The guidelines would also specifically describe circumstances under which deferred or confidential reporting was not permitted (Finkelhor & Zellman, 1991).

Steinberg, Levine, and Doueck (1997) suggested training programs and seminars must go beyond merely informing students and professionals of the legal requirements of mandated reporting. Training should also focus on ways the therapist can preserve trust and minimizes feelings of betrayal and anger the client may have. Finally, training should include ways of dealing with clients effectively after the mandated report has been made.

Koocher and Keith-Spiegel (1990) presented six guidelines to assure a basic level of competence among mandated reporters:

1. Mandated reporters would complete formal coursework in developmental psychology and human development to increase their competence in identifying what constitutes normal and abnormal behavior among children.
2. Mandated reporters would have supervised practica or internships in agency or educational settings that include practice in all the skills and techniques used in working with families.
3. Mandated reporters should make themselves aware of the statutes and regulations in their state and within their agency that specifically apply to child abuse.
4. Mandated reporters should strive to maintain awareness and sensitivity to the impact their own background and emotional stability has with respect to their child clients.
5. Mandated reporters should avoid as much as it is possible all dual-role relationships that develop within the therapeutic process.

6. If a child behaves in a manner that suggests abuse may have occurred while in the care of a professional relationship, the therapist should respond with a serious exploration (Koocher & Keith-Spiegel, 1990).

Sink (1988) presented three recommendations for more accurately evaluating sexual abuse of children. The first recommendation is to use a hierarchical model to assess the certainty of sexual abuse. This model would look at psychological data that would focus on clinical issues rather than just the strict legal standards typically used. Second, therapist would be trained in interviewing styles and techniques that are helpful to the legal system but also would be amenable to situations that did not fit well with direct questioning. Finally, therapists should consider the importance of timing in the evaluation of sexual abuse. Often disclosures are not immediately forthcoming. Play therapy, indirect communication, and patience should all be used before many children can be interviewed directly about the abuse.

Faller (1985) presented three strategies to address problems in the mandated reporting process. She believed mandated reporters should be trained on how to identify specific types of abuse. She also stated that the training should include how to use referral sources that would assist the family in crisis. The second strategy she addressed is using systemic research to determine why mandated reporters do not report, the effect mandated reporting has on the therapeutic process, and the impact on the family the investigative process has. Finally, Faller stated that careful documentation on the types of interventions that are successful with abusive and neglectful families would also identify families who do not respond and are chronically troubled.

Child care providers are in a unique position to play a pivotal role in recognizing signs of child abuse. Yet, historically they have been relegated to a position in society that reflects both an ambivalence regarding whether or not mothers of young children should work and an unwillingness to believe that parents could harm their children. A review of the literature as well as a careful examination of the reporting practices of mandated reporters indicates child care providers rank last in making mandated reports. It is also evident from reviewing the licensing requirements of every state that only a handful requires any training on mandated reporting. Research as well indicates most mandated reporters do not make a report because they simply do not understand what constitutes abuse (Besharov, 1990).

Chapter Summary

Because of the paucity of research conducted on child care providers, this literature review focused on the following:

- Examination of the historical background of both mandated reporting and child care for societal antecedents that might have contributed to child care providers low reporting rates.
- Research on the public perception of what constitutes abuse and neglect.
- Exploration of parental risk factors and parental perception of what constitutes abuse and neglect.
- Evaluation of the media impact on mandated reporting and its influence on mandated reporting.

- Review of the literature on factors that influence the mandated reporting practices of professionals working with children.
- Exploration of the literature for solutions, interventions, and strategies to improve mandated reporting.

Based on this literature review, the solutions that appear to best protect children are the following:

- Expand required training for all mandatory reporters on what constitutes abuse.
- Clarify state laws on mandated reporting and simplify reporting requirements.
- Establish a clear and firm intake policy at child protective agencies with a triage system using a careful screening process.
- Place the most senior and experienced child protective staff at intake to make decisions based on their clinical expertise as well as the expertise of the professionals calling in with their concerns.

CHAPTER III

METHODS

This study is designed to investigate the decision-making practices of a national sample of licensed child care providers in both center- and home-based child care facilities caring for children under age 3. This study used a survey developed from previous research on the decision-making practices of mandated reporters that have included primarily medical personnel and educators. The survey looked at training, demographics, child care experience, education, professional relationship with the family, and previous experience with Child Protective Services (CPS) to determine if any of these factors impact and influence the recognition and reporting of suspected child abuse and neglect in children under 3.

Research Questions

1. Did amount of training on what constitutes abuse have an association with the rate of mandated reporting by child care providers?
2. Did amount of education have an association with mandated reporting by child care providers?
3. Did having a professional relationship with families have an association with mandated reporting by child care providers?

Study Design and Sample

This study was designed to sample a national target population of licensed child care providers working in both home- and center-based child care facilities caring for children under 3. In order to reach this national sample, the study employed a Web-based survey tool, Survey Monkey. This online survey tool allowed all answers to be sent directly to Survey Monkey through a link. All answers were kept strictly confidential and no IP addresses were collected, again, ensuring complete confidentiality. Human Subjects Institutional Review Board (HSIRB) approval was received on April 27, 2009, and again on September 3, 2009.

Rationale for Using a Web-Based Survey

According to Best, Krueger, Hubbard and Smith (2001), there are several advantages in using the Internet to distribute surveys. It provides access to millions of potential research participants, including populations with special characteristics. It permits transmission of audio and video components that could facilitate live interaction between participants and researcher. It also can be employed quickly, conveniently, and inexpensively by eliminating the need for synchronous interactions. However, Best et al. contend the Internet suffers one glaring flaw: there is not universal access to the medium. As of December 2008, 75% of the United States population had access to the Internet (Nielson//Netratings, 2008). While this represents an exponential growth since 1995 when statistics on usage was first collected, it is not universal coverage. According to

Best et al., lack of universal coverage raises serious questions about our ability to infer characteristics of the general population from analyses of Internet samples.

Couper (2000) found a key advantage of using Web-based surveys is it allows researchers to access huge numbers of potential participants at dramatically lower costs than traditional methods. This low cost of conducting Web surveys swept the ability to conduct surveys from academia, government, and large corporations into the hands of any person with access to the Internet.

Couper (2000) cautioned that the very democratization of Web surveys also places a potential risk with their use. With the huge proliferation of Web surveys, it will be increasingly difficult for participants to distinguish between good and bad surveys. He contends that the whole endeavor of Web surveys may be brought down by its own weight if people get to a point where they are so overwhelmed by the sheer number of surveys that they either tune out completely or base their participation on the content, topic, entertainment value, or other features of the survey. He contends a well-designed, high quality survey may be lost in the mass of other data-gathering activities on the Web.

Gosling, Vazire, Srivastava, and John (2004) found editors and reviewers of research in peer-reviewed journals held six preconceptions about Internet data:

1. Internet samples are not diverse.
2. The Internet is a haven for the socially maladjusted with no other outlet for social contact.
3. The data obtained from Web sites are affected by the presentation of the format and do not generalize across presentation format.

4. Web-questionnaire findings are adversely affected by nonserious responses by participants who are not sufficiently motivated to take the study seriously.
5. The findings are adversely affected by the anonymity afforded by Web questionnaires. This could lead to repeat responders.
6. Web questionnaire findings are inconsistent with findings from traditional methods.

Gosling et al. (2004) conducted an empirical analysis of questionnaire data gathered in self-selected Internet samples to examine these preconceptions. The results of their empirical analysis was:

1. Internet samples are more diverse than traditional samples in many domains, though they are not completely representative of the population.
2. Internet users do not differ from nonusers on maladjustments and lack of social contact.
3. Internet findings replicated across two presentation formats.
4. Internet methods provide means for motivating participants by appealing to people's desire for self-insight by providing immediate feedback.
5. Web-based questionnaires are limited by their difficulty in identifying repeat responders, but Internet researchers can take steps to eliminate this.
6. Evidence from Gosling et al. (2004) analyses suggest that Internet-based findings are consistent with findings based on traditional methods but more data are needed.

Dillman, Tortora, Conradt, and Bowker (1998) conducted research on Web survey design and the impact design had on response rates for Web surveys. The result of their

research suggests that using a plain questionnaire without color, tables, and other advanced techniques provides better results than a fancy version of the same questionnaire. The plain questionnaire has a higher response rate and is more likely to be fully completed. Their research did not conclude exactly why these differences occurred, but possible hypotheses were respondent frustration from browser problems in fancy questionnaires as well as the greater length of time required to receive the questionnaire.

The research on Web-based surveys indicates that it offers researchers a vast pool of possible participants easily accessible at little cost in both time and money. It does not provide universal coverage, as 25% of the population does not have Internet access. Web-surveys are also vulnerable to repeat respondents due to the anonymity of the survey. Finally, research indicates that a plain survey is more apt to be completed than a fancy survey with colors, graphics, and other special techniques. For these reasons, a simple Web-based survey design was employed.

Sample

An initial letter of request to participate was mailed to the National Association for Family Day Care and the National Child Care Association (see Appendix A). These two sites were chosen to represent mandated reporters working at either a licensed child care center or a licensed child care home throughout the United States. A description of the study, a copy of the survey, and a copy of the Human Subjects Institutional Review Board (HSIRB) approval was also included (see Appendices B, C, and D). An email was sent to both associations that included the attachments of a description of the study, a copy of the survey, and a copy of the HSIRB approval (see Appendix E). Both letter and

email specified a follow-up phone call would occur to discuss the intent of both the study and the survey, to discuss any questions or concerns the associations may have regarding the study, and to seek permission to post the survey on their Web sites. Numerous phone attempts were made to seek this permission as well as numerous follow-up emails and letters. After 3 months without a definitive response from either organization, a decision was made to contact each state's regional office and have the survey emailed directly to association members.

HSIRB approved the change to the research project (see Appendix F). Emails were sent out to 396 regional offices of the National Association for Family Day Care Providers and the National Child Care Association (see Appendix G). The regional offices forwarded the email to association members.

Potential participants included any association member who agreed to participate in the study by filling out a survey. Potential participants included any employee of a child care center by any position (director, assistant director, teacher, direct child care staff, substitute teachers and staff, licensed child care home owner, or licensed child care staff) who has direct contact with children under the age of 3.

Each participant received a description of the project. Their consent to participate was given by submitting their survey. All subjects were assured of complete confidentiality of their answers with all completed surveys.

Survey Instrument

Very few studies have focused exclusively on child care providers' decision-making practices on whether to report suspicions of abuse. Only one survey has been

found in the literature that was specifically designed to examine child care providers' mandated reporting practices. This survey was developed to examine child care providers working in licensed child care centers in North Texas (Hagan, 2000). Other surveys have focused primarily on medical professionals, educators, and psychologists.

For the purpose of this research project, a survey was developed modeled after *The Child Abuse and Neglect Child Care Survey* designed for use with child care providers working in child care centers (Hagan, 2000). This survey was based on the work of Jacobson, Glass, Ruggiere, Sunil, Walker and Kronvall (1998) at the University of North Texas Center for Parent Education and the Survey Research Center. This instrument was designed to focus on beliefs about personal ability related to the recognition and reporting of suspected child abuse. This tool was later adapted by Hagan (2000) again, working with the same sample of child care providers but with an additional focus on their training. Hagen's survey also allowed the participants to give details about training received, to express opinions and beliefs about mandated reporting, and to share personal experiences.

The 25-item survey developed for this research project closely resembles the work of Jacobson et al. (1998) and Hagan (2000). This survey, however, was distributed through a link to the online survey site of Survey Monkey via email sent to both licensed home child care providers and licensed child care center providers. In addition, instead of a sample that focused on 25 child care centers in North Texas, this survey was distributed nationally through a Web-based survey targeting the 2,054 members of the National Association for Family Day Care and the over 6,000 members of the National Child Care Association.

Items were specifically targeted to determine if child care providers' rates of mandated reporting (the dependent variable) were associated with training specific to abuse, amount of education, and having a professional relationship with families (the independent variables). The operational definition of these variables are as follows:

Dependent Variable:

Child care providers' rates of mandated reporting: Individuals working in either a licensed child care center or licensed child care homes reports of suspected abuse or neglect to CPS of children in their care.

Independent Variables:

Training: The amount of training related specifically to mandated reporting and abuse and neglect in a non-academic setting (conferences, workshops, in-service trainings, brown bag lunches) child care providers had and its impact on rates of mandated reporting.

Education: The highest amount of education child care providers had achieved—high school, community college, college graduate, or graduate degree—and its impact on rates of mandated reporting.

Professional Relationship: The amount of contact a child care provider had with families and children in their care. This amount included daily contact or less than daily contact and its impact on rates of mandated reporting.

Licensed Child Care Center (also referred to in tables as "center"): A facility that provides regularly scheduled care for a group of children 1 month of age through 12 years of age for periods of less than 24 hours. Employment at this type of facility will be examined to determine its impact on rates of mandated reporting.

Licensed Child Care Homes (also referred to in tables as “family homes”): A child care service offered in the provider’s home. Although regulations differ, most states require that child care providers be regulated if they care for more than four children. Employment at this type of facility will be examined to determine its impact on rates of mandated reporting.

The adapted survey was piloted on a group of child care providers who worked in southwest Michigan in both licensed child care centers and licensed child care homes.

Method of Analyses

Univariate statistical analyses using Statistical Package for the Social Sciences (SPSS) Version 17.0 were used for data analysis. Descriptive analyses were used to provide demographic descriptions and frequencies of the key variables. Numbers and percentages were calculated for each question.

For the research question “What factors (i.e., uncertainty about what constitutes abuse, gender, training, education, professional experience, relationship with the family, and misgivings about the child protective system or other undetermined reason) are associated with mandated reporting by child care providers?” the dependent variable is the mandated reporting practices of child care providers. The independent variables are:

- Training
- Education
- Professional relationship with the family

Logistic regression was used to test the association between the independent variables and the mandated reporting practices of the child care providers. Logistic

regression is a model often used for predicting the probability of occurrence of a binary event. It makes use of multiple predictor variables that may be either numerical or categorical. Logistic regression is a useful way of describing the relationship between multiple variables and an outcome. It is used extensively in the medical and social sciences. This study looks at the probability that a child care provider will report their suspicion of child abuse based on their gender, training, education, professional experience, relationship with the family, or misgivings about the child protective system or other undetermined reason.

Analysis using Pearson's chi squares was also used to examine the association between categorical variables to help with logistic regression model building.

Chapter Summary

This chapter identified three associative research questions relating to the mandated reporting practices of child care providers. These questions pertained to the association between training, education, and professional relationship, and whether child care providers reported abuse.

This research used a survey instrument adapted from the work of Jacobson et al. (1998) and Hagan (2000). The survey was designed to look at training, demographics, child care experience, education, professional relationship with the family, and previous experience with CPS to determine if any of these factors impact and influence the recognition and reporting of suspected child abuse and neglect in children under 3.

In order to reach a national sample of licensed child care providers working in both family- and center-based child care facilities, a Web-based survey tool, Survey Monkey, was used. A rationale for using a Web-based survey tool was given.

Descriptive analyses were completed as well as multivariate binary logistic regression to examine factors hypothesized to be associated with the mandated reporting practices of child care providers. A Pearson chi-squared analysis was used to examine the association between categorical variables and the dependent variable.

The next chapter provides the results of the data analyses.

CHAPTER IV

RESULTS

Child care providers spend far more time with children under the age of 3 than any other mandated reporter (U.S. Department of Health and Human Services, 2010). Yet despite their close proximity to and relationship with both child and family and their unique position to observe signs and suspicions of abuse and neglect, they remain the least likely of all mandated reporters to report (U.S. Department of Health and Human Services, 2010). This study was designed to look at a national sample of both family day care providers and center-based providers and to answer the following questions:

1. Does amount of training on what constitutes abuse have an association with the rate of mandated reporting by child care providers?
2. Does amount of education have an association with rates of mandated reporting practices of child care providers?
3. Does having a professional relationship with families have an association with rates of mandated reporting by child care providers?

A survey was designed to answer these questions based on research conducted in North Texas (Hagan, 2000; Jacobson et al., 1998). The survey was then piloted on a group of child care providers in southwest Michigan and further refined. The survey was then sent out to 396 regional offices of the National Association for Family Day Care

Providers and the National Child Care Association with a request to forward the email on to association members. Of that national sample, 163 participants filled out surveys.

Demographic Characteristics of the Population

Using SPSS, Version 17.0, frequency distributions were conducted for the subjects who participated in the survey. Place of employment, age, sex, and educational background were included.

Of the respondents 38% were employed at a child care center and 35% were employed at a licensed child care home. The remaining respondents provided child care at educational/preschool settings, 15%; social services facilities, 8%; medical facilities, 1%; and mental health facilities, 1% (see Figure 1).

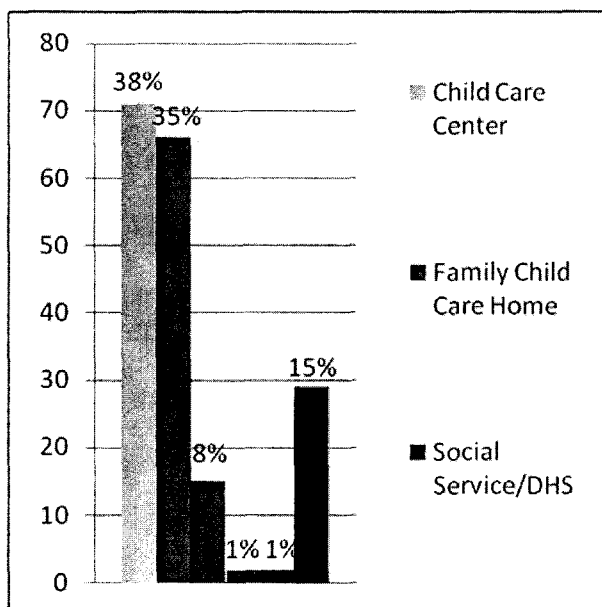


Figure 1. Workplace Setting

Ninety-six percent of the respondents were female, 34.4% of respondents were between the ages of 31–44, 31% of respondents were between the ages of 45–54, 23.3% of respondents were between the ages of 55–64, 8% were between 18–30 years old, and 3% were 65 or older (see Figure 2).

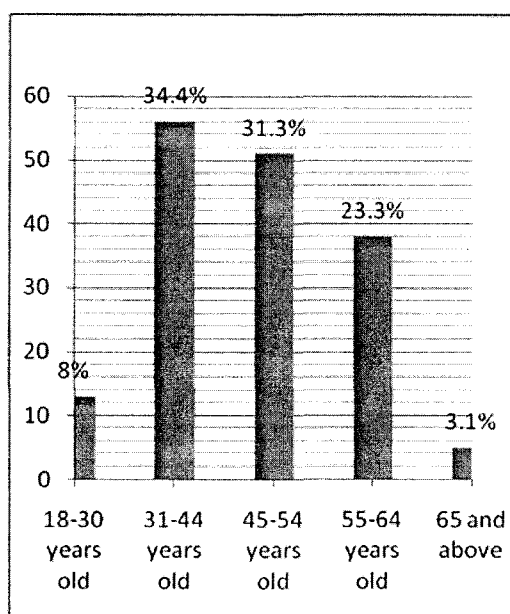


Figure 2. Age Range

Thirty-eight percent of the respondents were graduates of 4-year colleges, 23% of respondents were high school graduates, 22.7% were community college graduates, and 16% reported a graduate degree (see Figure 3).

Sixty-three percent of respondents reported they last attended classes in an academic setting 0–5 years ago, 15.3 % of respondents reported they last attended classes in an academic setting 10–20 years ago, 8.6% last attended classes 5–10 years ago, 5.5%

attended classed more than 30 years ago, and 4.3% attended 20–30 years ago (see Figure 4).

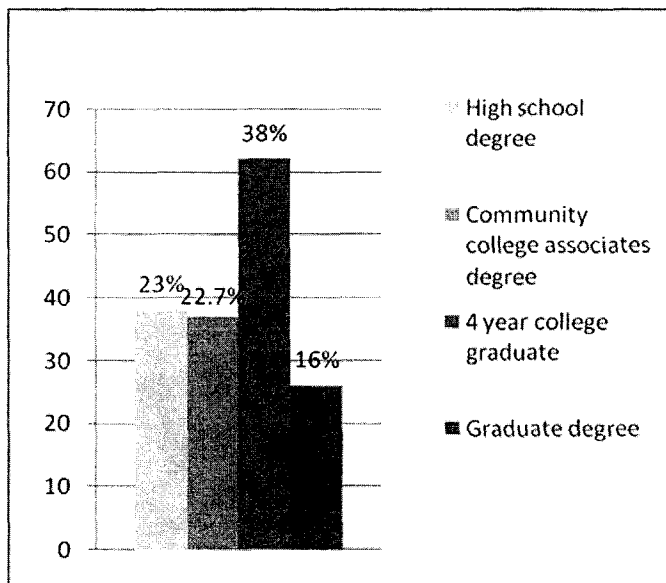


Figure 3. Education Level

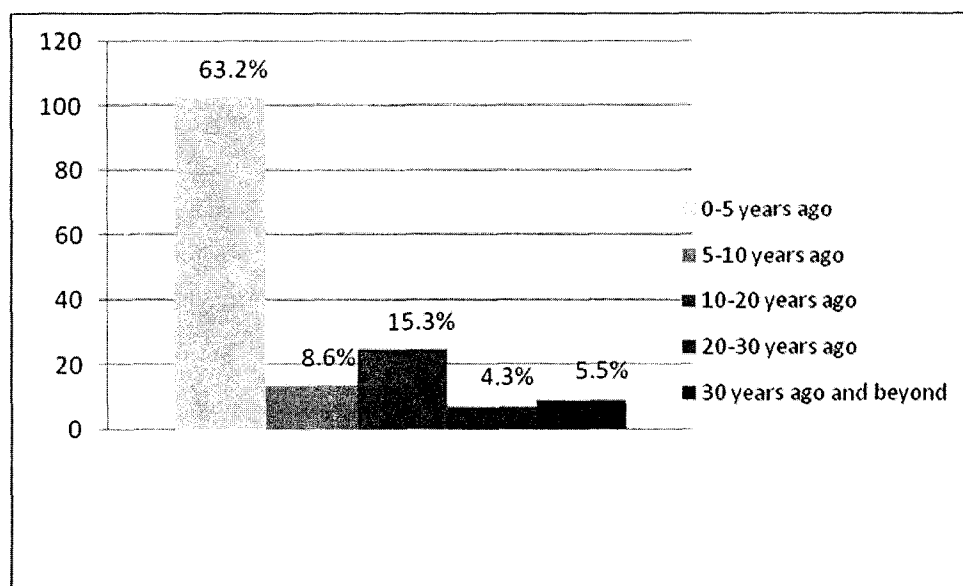


Figure 4. Last Academic Class

Training

The following charts represent the amount of training; the last attended training; and value of training on abuse, neglect, and mandated reporting in non-academic settings (e.g. conference, workshop, in-service trainings) and in academic settings.

Ninety-two percent last attended training in a non-academic setting between 0–5 years ago, 2% stated it was between 5–10 years ago that they last received training, and 1% stated it was between 20–30 years ago. Six percent did not answer the question (see Figure 5).

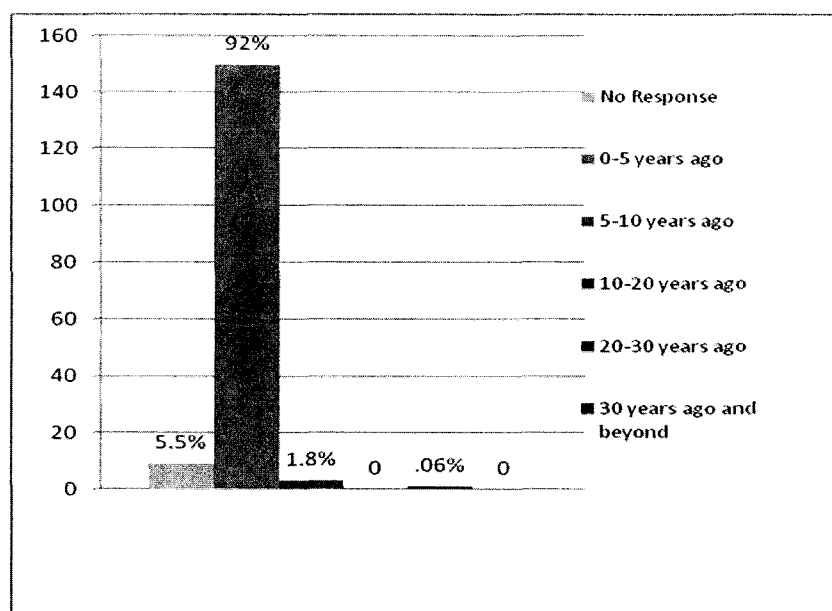


Figure 5. Non-Academic Training

Thirty-seven percent of respondents reported received less than 3 hours of educational content in an academic setting about child abuse and neglect and mandated reporting. Twenty-four percent of respondents received between 4 to 10 hours of

educational content on abuse and neglect, 18% received no educational content, and 18% received more than 10 hours. Four percent did not answer the question (see Figure 6).

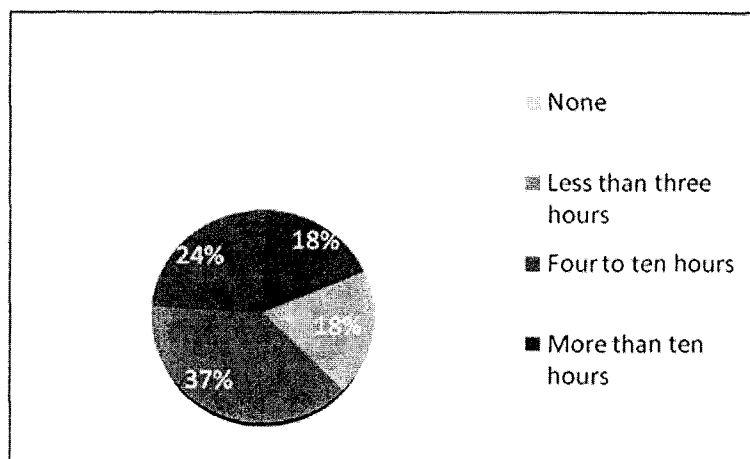


Figure 6. Academic Classes on Abuse

As a result of this academic training, 26% reported it was mostly true they had been adequately trained in mandated reporting, 26% stated it was not true at all, 24% stated it was somewhat true, and 17.8% said it was completely true. Seven percent did not answer the question (see Figure 7).

Forty-four percent said that the non-academic training received in conferences, workshops, in-services involved less 3 hours of training specific to abuse and neglect and mandated reporting; 25% said that received between 4 to 10 hours of non-academic training specific to abuse and neglect and mandated reporting; 17.9% received more than 10 hours of training; and 10.4% received no training at all on abuse, neglect, and mandated reporting (see Figure 8).

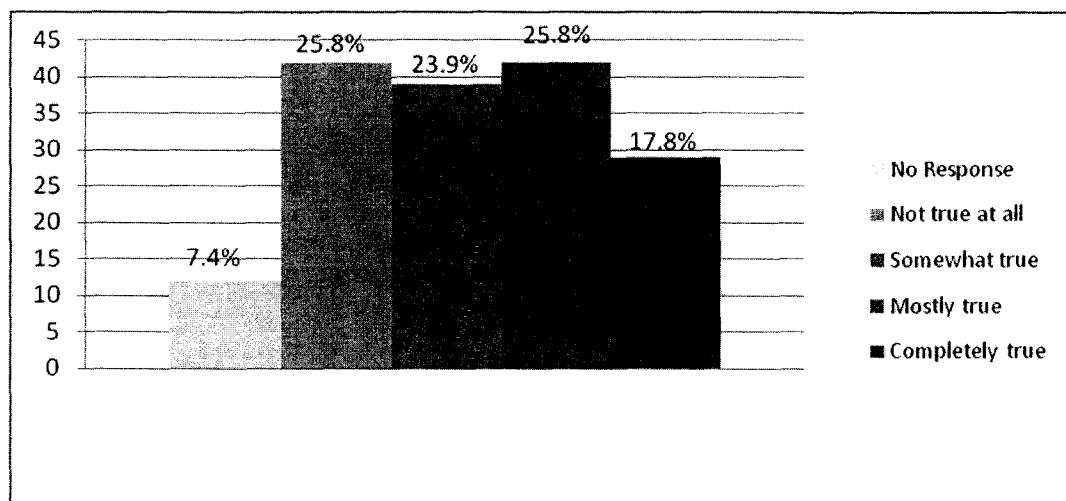


Figure 7. Adequacy of Academic Training on Abuse

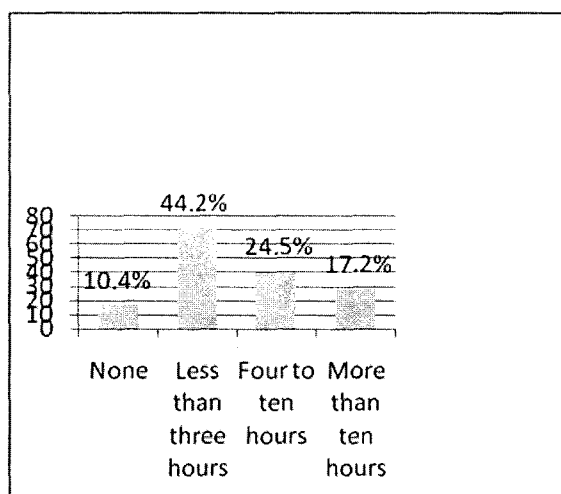


Figure 8. Amount of Non-Academic Training on Abuse

As a result of this non-academic training, 28% felt it was mostly true that they were adequately trained on this topic, 27% felt it was somewhat true, 23% felt that it was completely true, 15% felt it was not true at all, and 7% did not answer the question (see Figure 9).

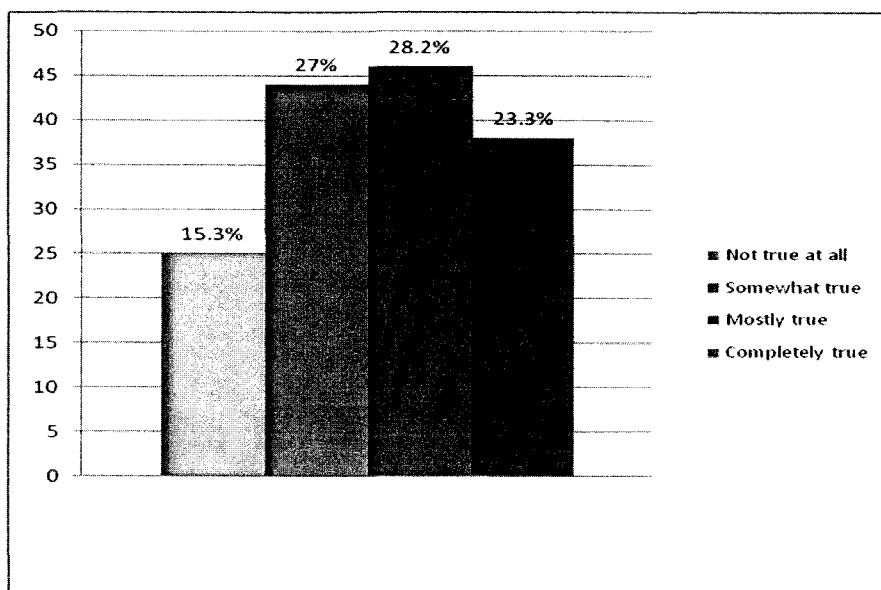


Figure 9. Adequacy of Non-Academic Training on Abuse

Current Understanding of Role as a Mandated Reporter

Sixty-four percent of survey respondents felt they were fully aware of their responsibilities for mandated reporting, 23% felt they had some idea of what they were required to report but did not fully understand it, 3.7% reported they had no idea what they were supposed to report, and 9.8% did not answer the question (see Figure 10).

Sixty-eight percent of survey respondent reported they understood their legal responsibilities in reporting suspicions of abuse or neglect and correctly answered the survey question that they, *not* their supervisor, must report. Twenty-six percent incorrectly identified their supervisor or another professional was responsible for filing a report with CPS, 1.2% believed that based on the severity of the abuse they could make the determination of whether or not they needed to file a report, and 9.8% did not answer the question (see Figure 11).

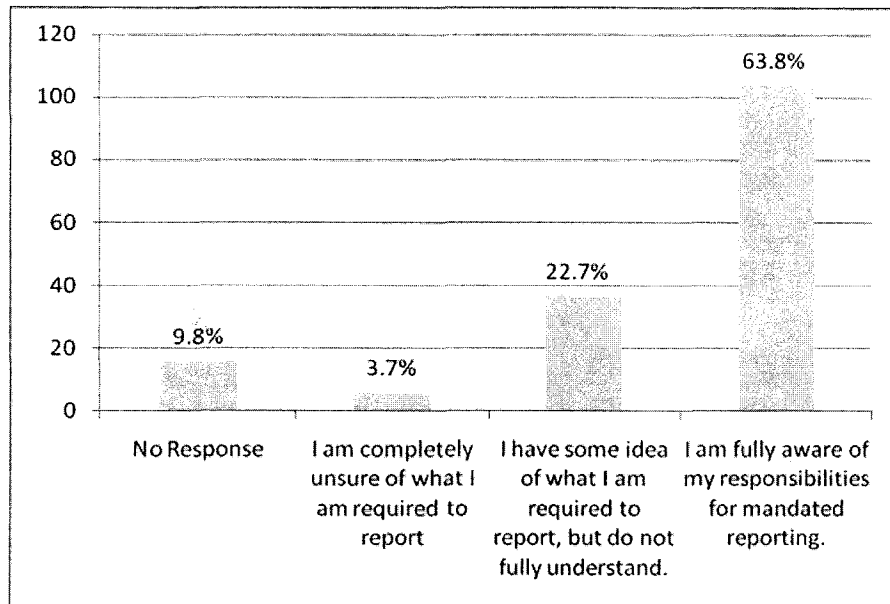


Figure 10. Current Understanding of Reporting

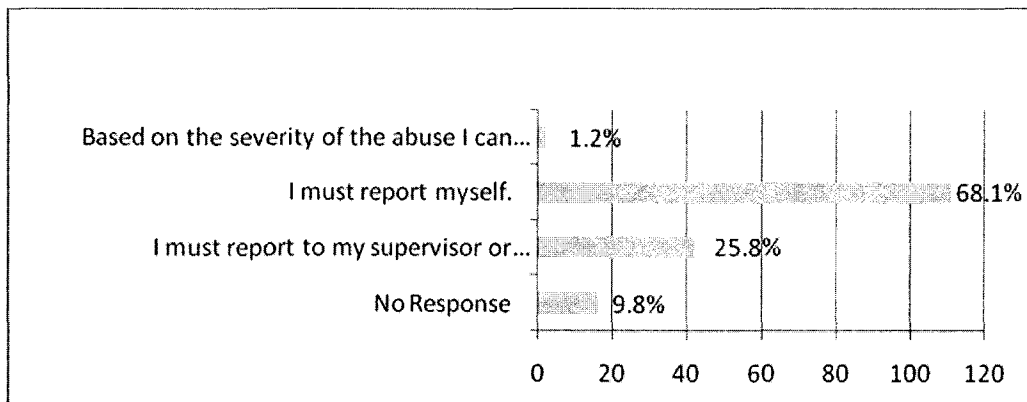


Figure 11. Understanding of Role of Mandated Reporter

Mandated Reporting Experience and Intervention

Seventy-seven percent of respondents reported they observed 0–5 suspected cases of abuse and neglect, 8% reported they observed 5–10 suspected cases of abuse and neglect, 3% reported they observed 10–20 suspected cases of abuse and neglect, 2%

reported they observed more than 20 suspected cases of abuse or neglect, and 10% did not answer the question (see Figure 12).

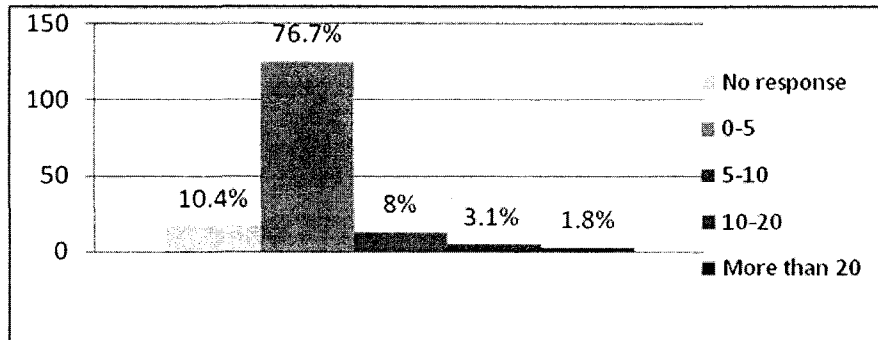


Figure 12. Observed Suspected Cases of Abuse or Neglect

Seventy-five percent of respondents reported they made between 0–5 actual reports of child abuse or neglect, 8% reported they made between 5–10 actual reports of child abuse or neglect, 4.9% reported they made between 10–20 actual reports of child abuse or neglect, 1.2% made more than 20 reports, and 10.4% did not answer the question (see Figure 13).

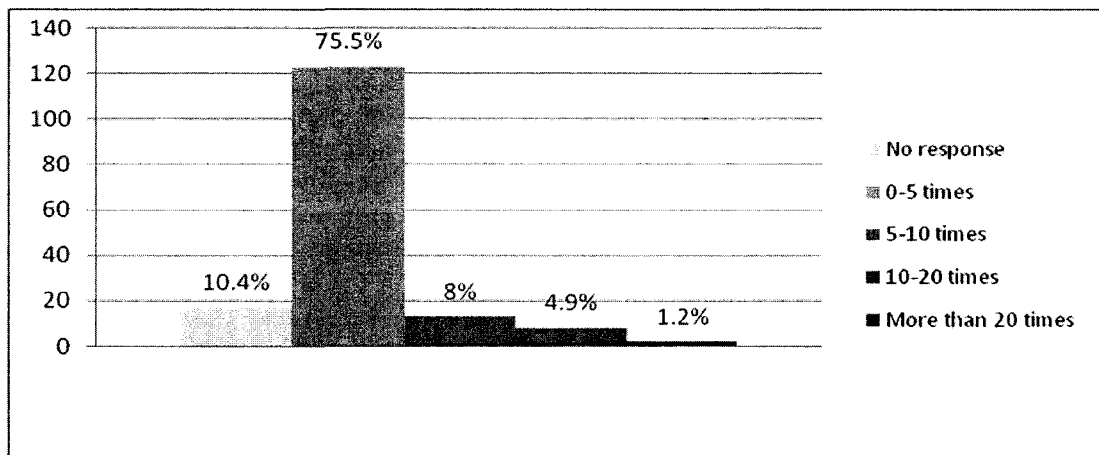


Figure 13. Reports of Abuse or Neglect

Seventy-four percent of respondents stated they would always report any suspicion of abuse or neglect, 8% stated they may not report because they were not sure what they needed to do, 7% did not report because of fear of retaliation from parents, 6% reported they would not report because they did not feel CPS would do anything and the family would be put through an extremely negative experience without any help, and 1.4% of respondents would not report because they felt they could do a better job of protecting the child than CPS or they did not want to get involved because of the time-consuming nature of any court proceeding. Finally, 11% did not answer the question (see Figure 14).

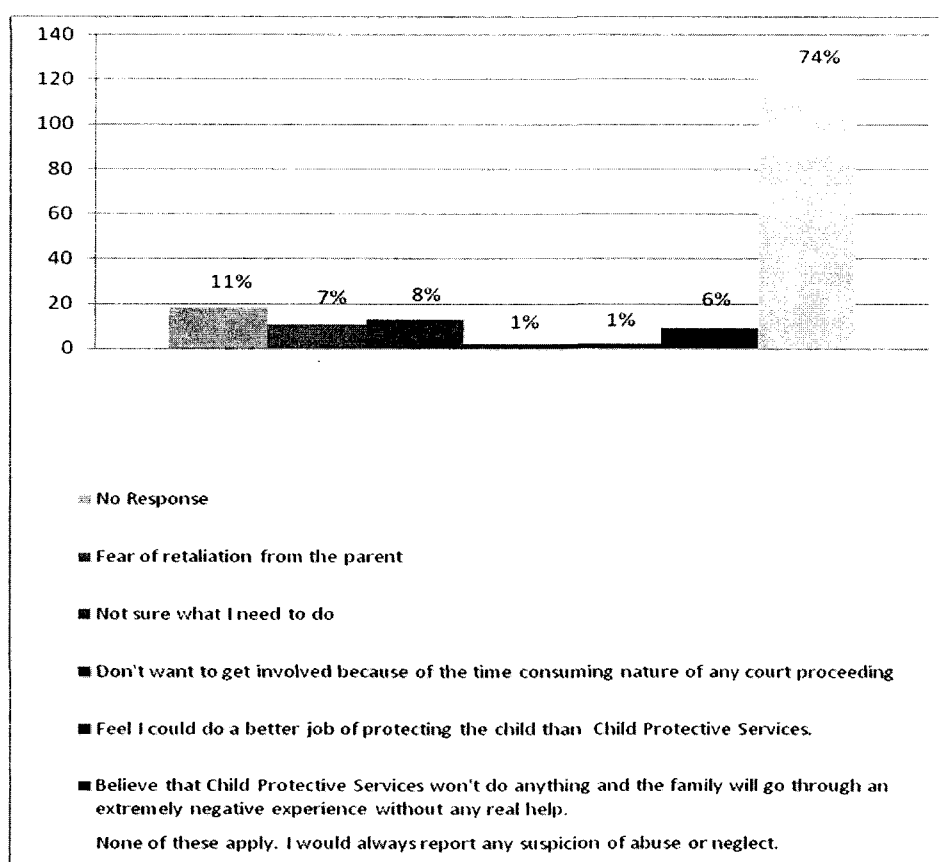


Figure 14. Reasons Not to Report

Figure 15 indicates the typical response or intervention when respondents suspected abuse and the number of participants who chose that response.

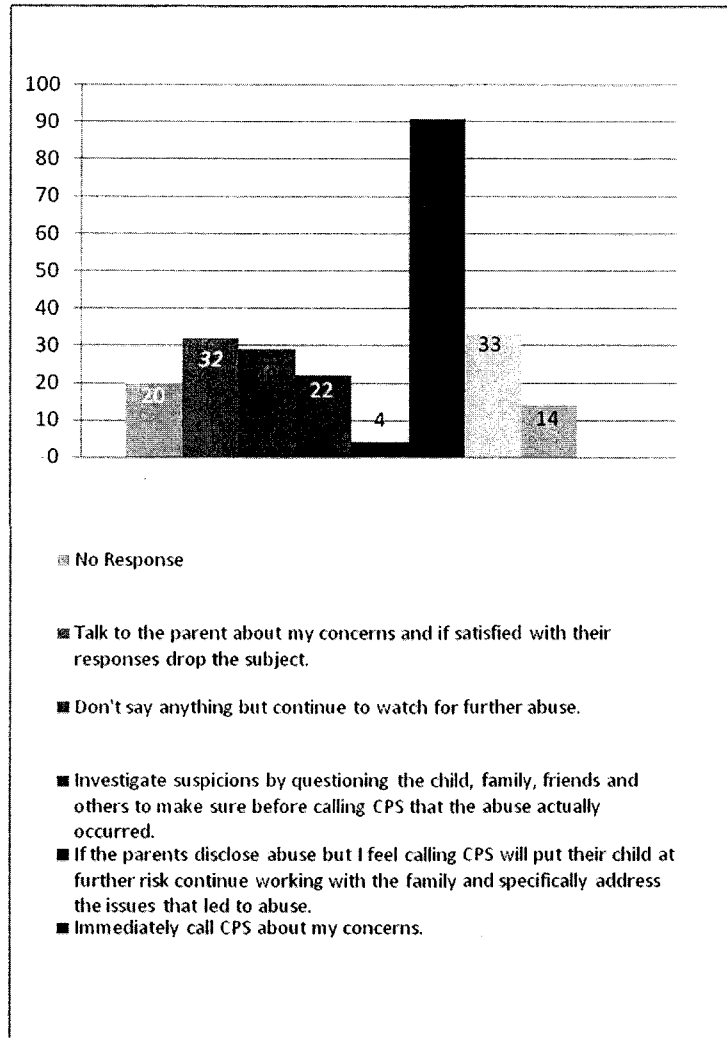


Figure 15. Typical Intervention

Professional Relationship With Families

The following section will discuss the reported relationship respondents had with the families of children in their care.

Sixty-seven percent of respondents described their relationship with families as professional that involves almost daily contact with at least one family member and child, 8.6% of respondents described their relationship as professional that involves periodic contact with both parent and child, 7.4% of respondents described their relationship as professional that involves daily contact with the child and periodic contact with the parent, 3.7% would not categorize their involvement with families and children as a professional relationship. Finally, 14.7% did not respond to the question (see Figure 16).

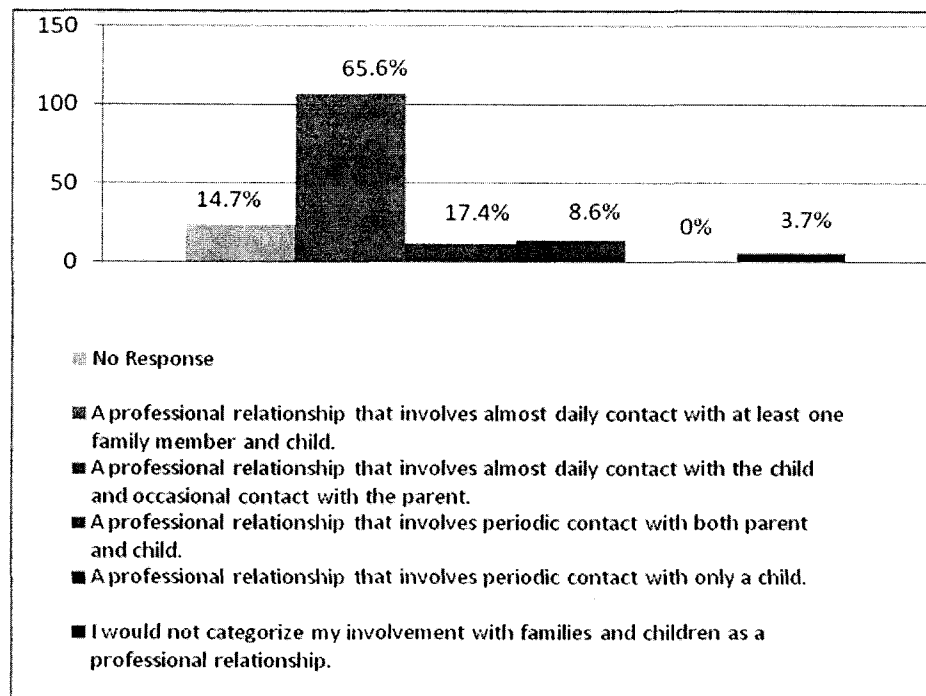


Figure 16. Professional Relationship

In response to the statement “I am concerned my professional relationship with families and children may be compromised in the following way if I make a mandated report,” 55 participants stated they were afraid the child may be in even more jeopardy if the parents removed the child from their care, 47 participants stated families may claim

the child was abused while in their care, 41 participants were concerned they might be sued if their suspicions were wrong, 34 participants were afraid families may want to retaliate against them physically or verbally if they made a report, 29 participants felt a report would violate the trust families have place in them, and 28 participants were concerned they may lose their business if families decided not to keep their child in their care. Ten participants did not categorize their involvement with children and their families as a professional relationship. Finally, 61 participants or 37% of total participants chose to not answer this question (see Figure 17).

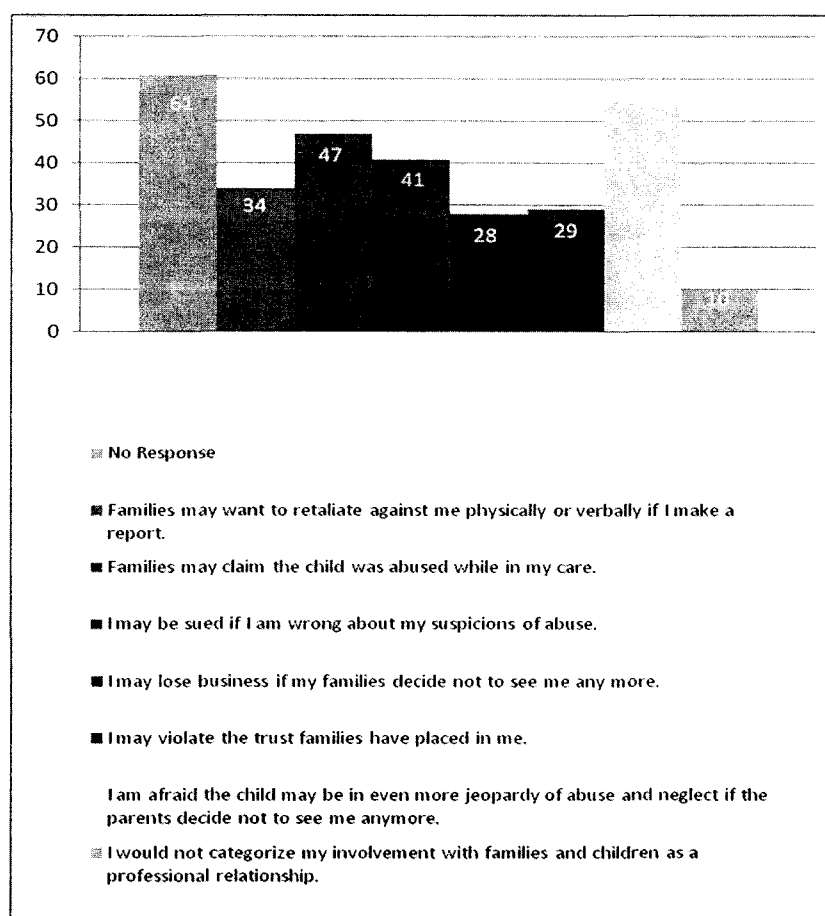


Figure 17. Professional Relationship After a Mandated Report

Experience With Child Protective Services

The following section will address the experience the respondents had with CPS.

Twenty-nine percent or 47 respondents stated they had never had any contact with CPS, 17.8% stated they had a mostly positive experience, 16% stated they had an adequate experience with CPS, 10% stated they had a mostly negative experience, 9.8% stated they had a completely positive experience, and 2.5% had a completely negative experience. Finally, 15.3% of respondents chose not to answer the question (see Figure 18).

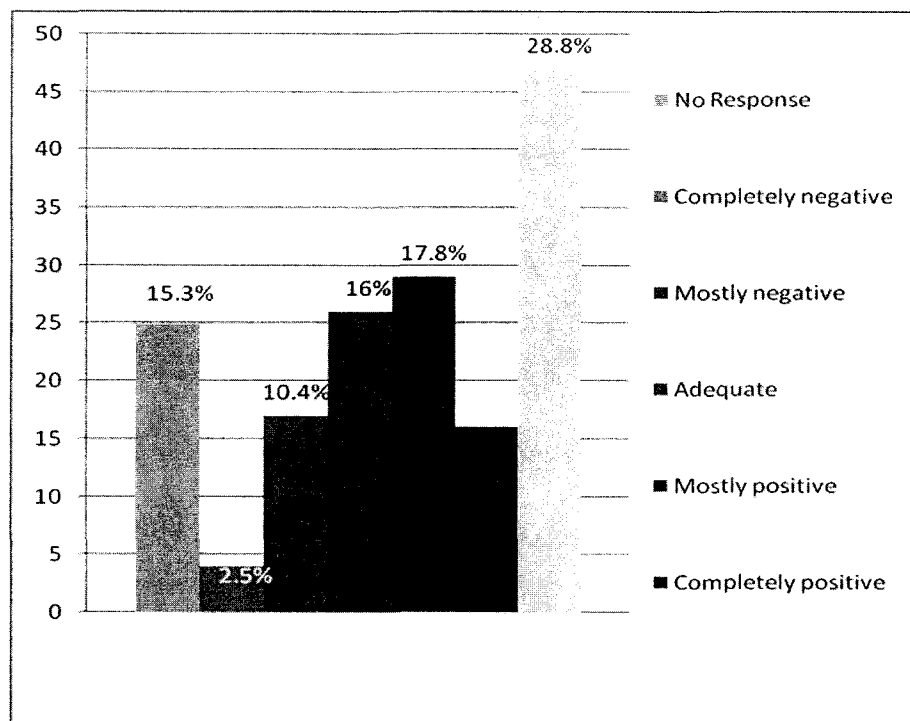


Figure 18. CPS Experience

Please note that the following six charts have been adjusted to reflect that 28.8% or 47 participants stated they have never had *any* experience with CPS and therefore did not respond to questions specific to their experience with CPS.

Of the respondents that did have contact with CPS, 27% stated their initial conversation with CPS was adequate, 16.3% stated it was mostly positive, 14.6% stated it was completely positive, 6% stated it was mostly negative, and 5% stated it was completely negative. Finally, 29% did not answer the question (see Figure 19).

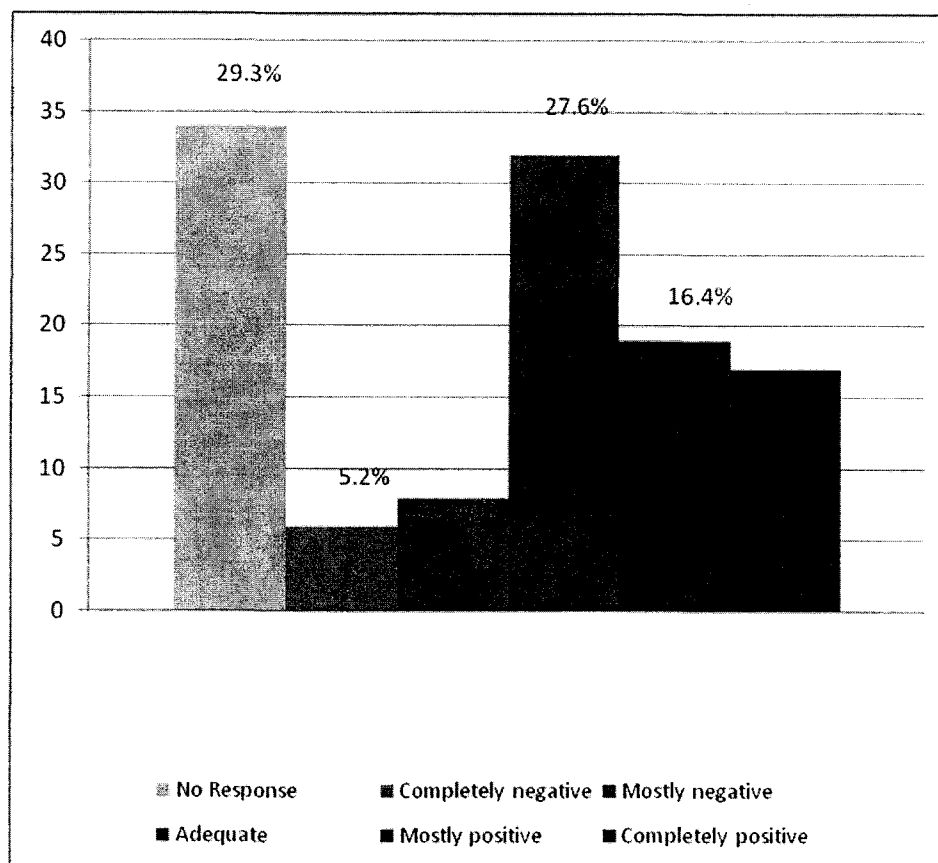


Figure 19. Initial Conversation with CPS

In answer to the question “Based on your experience with Child Protective Services are you likely to contact them again?” 70.7% stated they would, 6% stated they were not sure, and .8% stated they would not. Finally, 22.4% did not respond to the question (see Figure 20).

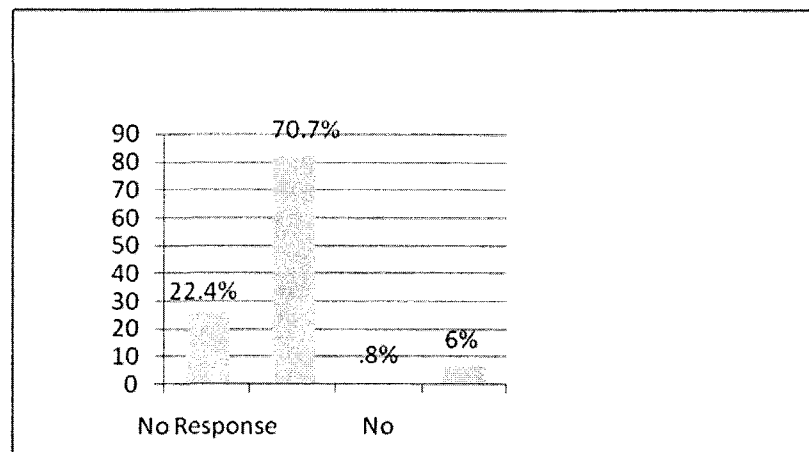


Figure 20. Contact CPS Again

Relationship With Family After Contact With Child Protective Services

The following section describes the relationship respondents had with CPS after a report was found not to be substantiated (no evidence of abuse) or substantiated (evidence of abuse).

Twenty-eight of respondents stated the relationship the family had with CPS after a report was found not substantiated (no evidence of abuse) was adequate, 27.5% stated all reported cases were substantiated and therefore could not answer the question, 6.8% of respondents stated the reported family had mostly negative experience with CPS, 5% stated they had a completely positive experience, 5% stated the family had a mostly

positive experience, and 3.4% reported the family had a completely negative experience. Finally, 24% did not respond to the question (see Figure 21).

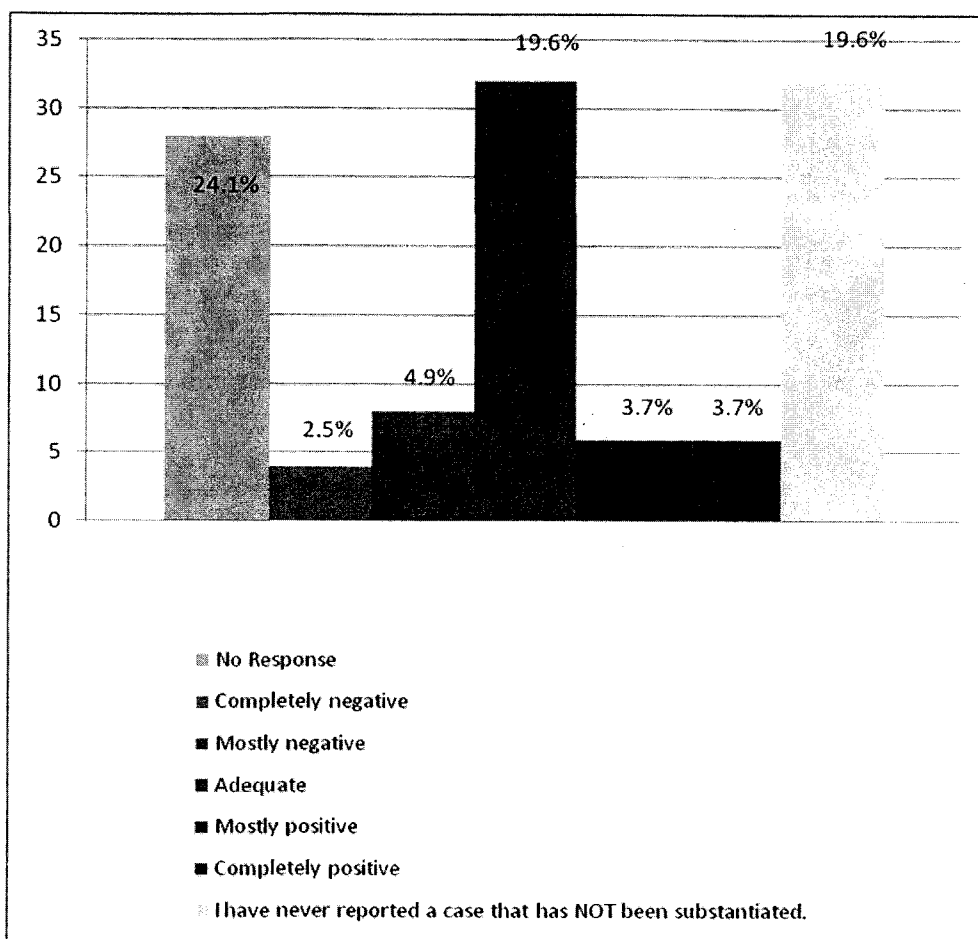


Figure 21. Relationship of CPS With Family After Unsubstantiated CPS Contact

Nineteen percent of respondents stated their relationship with families after a report was found unsubstantiated was adequate, 12.9% stated their relationship with families was mostly positive, 7.7% stated it was mostly negative, 6% stated it was completely positive, 2.5% stated it was completely negative, and 25% had never reported a case that had not been substantiated. Finally, 25% did not respond (see Figure 22).

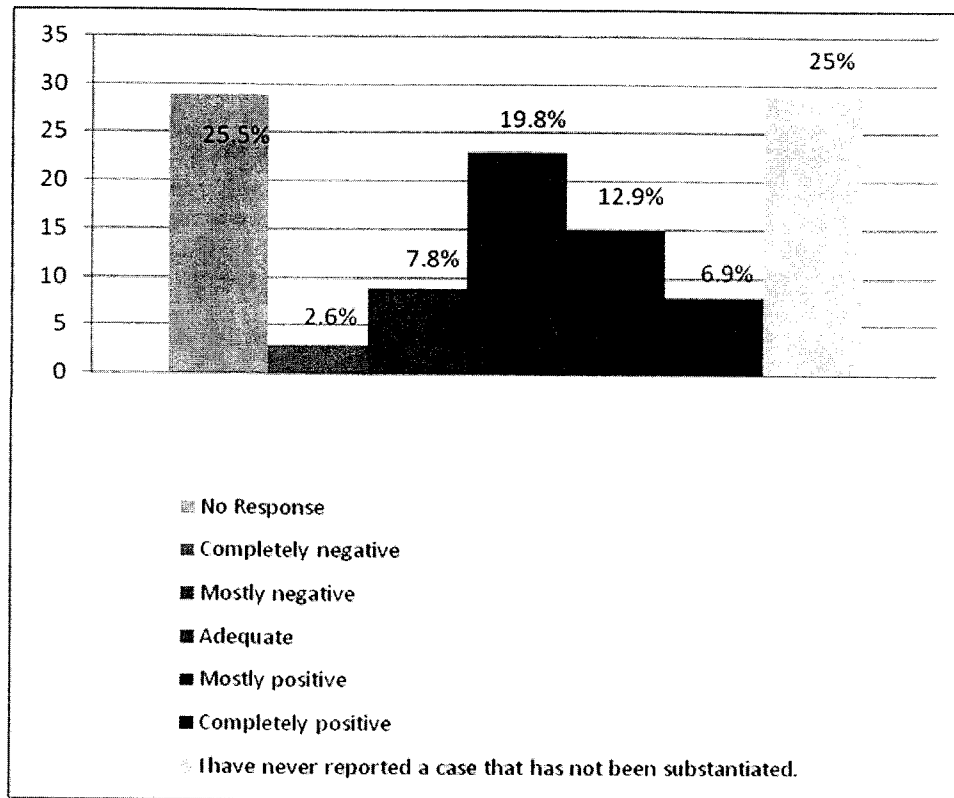


Figure 22. Provider Relationship With Family After Unsubstantiated Report

Of those whose reports were substantiated (there was evidence of abuse), 29.3% stated the relationship the family had with CPS was adequate, 6% stated it was mostly positive, 5.1% stated it was mostly negative, 3.4% stated it was completely positive, and 2.5% stated it was completely negative. Finally, 30.1% did not respond (see Figure 23).

Finally, of those respondents who had made substantiated reports, 24.1% stated their relationship with the family was adequate, 10.3% stated it was mostly positive, 5.1% stated it was completely positive, 4.3% stated it was completely negative, and 4.3% stated it was mostly negative. Finally, 51.7% did not respond to this question (see Figure 24).

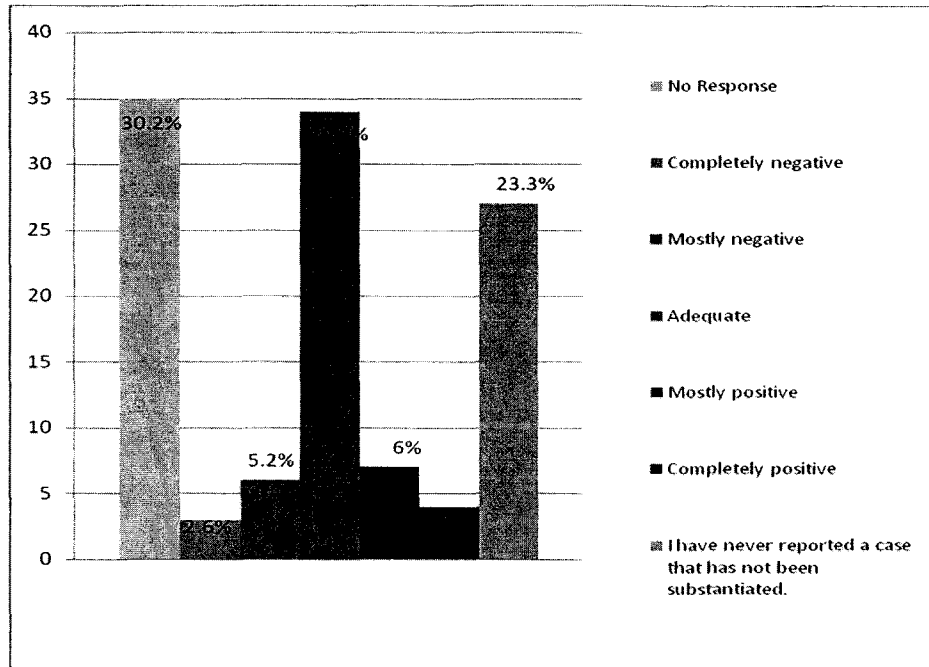


Figure 23. Relationship of CPS With Family After Substantiated CPS Contact

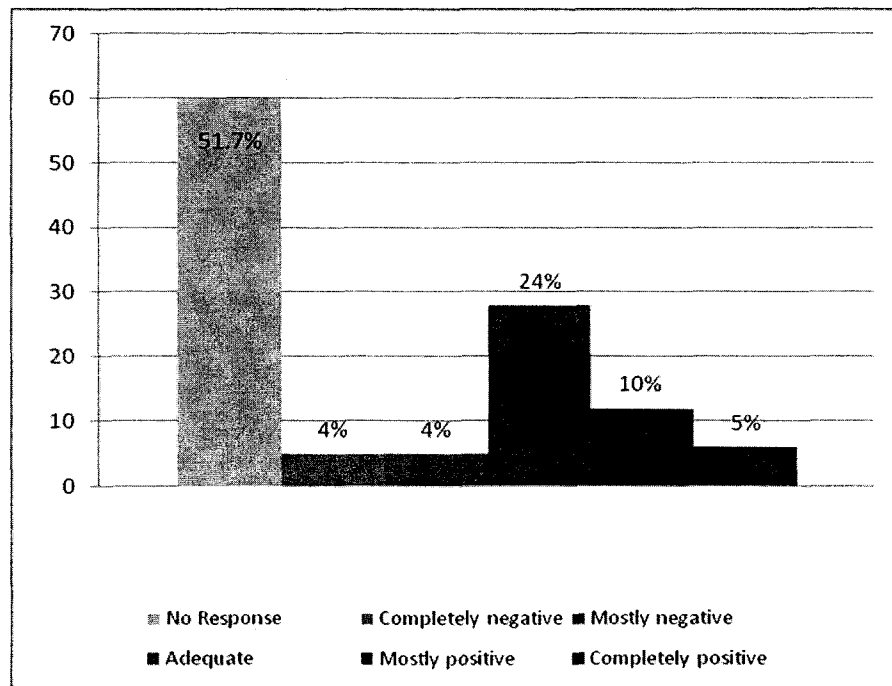


Figure 24. Provider Relationship With Family After Substantiated Contact With CPS

Research Questions

Data collected in this study was analyzed using the dependent variable of mandated reporting by child care providers to answer the three research questions:

1. Does amount of training on what constitutes abuse have an association with the rate of mandated reporting by child care providers?
2. Does amount of education have an association with the rate of mandated reporting practices of child care providers?
3. Does having a professional relationship with families have an association with rates of mandated reporting by child care providers?

Pearson's chi square was used to examine the association between training in a non-academic setting and child care providers' rate of mandated reports.

There was no association between amount of training and where a child care provider worked, $p = .263$ (see Table 1).

Table 1

Worksite by Non-Academic Training on Abuse

	Center		Family	
	<i>n</i>	(%)	<i>n</i>	(%)
Training >3 hours	39	(55.7)	31	(44.3)
Training 4–10 hours	28	(70.7)	12	(30)
More than 10 hours	19	(67.9)	9	(32.1)

Note. 15.3% missing: chi square p -value = .263.

Participants with 4–10 hours of training had the greatest percent that had ever reported to CPS (75%), compared to 51% for those with less than 4 hours of training and 64.3% for those with more than 10 hours of training, $p = .045$ (see Table 2).

Table 2

Ever Reported Abuse by Non-Academic Training

	Never Reported		Reported	
	<i>n</i>	(%)	<i>n</i>	(%)
Training >3 hours	35	(48.6)	37	(51.4)
Training 4–10 hours	10	(25)	30	(75)
More than 10 hours	10	(35.7)	18	(64.3)

Note. 14.1% missing: chi square p -value $\leq .045$.

There was no association between non-academic training on abuse and child care providers' highest education, $p = .258$ (see Table 3).

Table 3

Non-Academic Training on Abuse by Highest Education

	Training >3 hours		Training 4–10		More than 10	
	<i>n</i>	(%)	<i>n</i>	(%)	<i>n</i>	(%)
High School	12	(41.4)	9	(31)	8	(27.6)
Community College	21	(70)	7	(23.3)	2	(6.7)
College	28	(47.5)	19	(32.2)	12	(20.3)
Graduate School	11	(50)	5	(22.7)	6	(27.3)

Note. 14.1% missing: chi square p -value = .258.

As the hours of training increased from less than 4 hours to 4–10 hours to greater than 10 hours, the percent of participants that had daily contact with family members decreased from 87.5% at <4 hours to 60.0% at more than 10 hours ($p = .025$) (see Table 4).

Table 4

Professional Relationship With Family by Non-Academic Training on Abuse

	Less than Daily Contact		Daily Contact	
	<i>n</i>	(%)	<i>n</i>	(%)
Training >3 hours	8	(12.5)	56	(87.5)
Training 4–10 hours	8	(22.2)	28	(77.8)
More than 10 hours	8	(40.8)	12	(60)

Note. 26.4% are missing: chi square p -value, $\leq .025$.

Pearson's chi square was then used to test if amount of education of child care providers had an association with mandated reporting rates by child care providers.

A greater percentage of child care providers who have a 4-year college (80.3%) or graduate (76%) degree worked in a child care center rather than in a licensed child care home, while those with a high school or community college degree were more likely to work in a licensed child care home (63.2% and 62.9%, respectively). The result was statistically significant, $p = \leq 0.0005$ (see Table 5).

A greater percentage of child care providers with college (66.1%) or graduate degrees (69.2%) stated that they had ever reported abuse to CPS compared to those with

high school (36.8%) or community college (51.4%). The result was statistically significant, $p = .015$ (see Table 6).

Table 5

Worksite by Highest Education

	Center		Family	
	<i>n</i>	(%)	<i>n</i>	(%)
High School	14	(36.8)	24	(63.2)
Community College	13	(37.1)	22	(62.9)
College Graduate	49	(80.3)	12	(19.7)
Graduate School	19	(76)	6	(24)

Note. 2.5% missing: chi square p -value, ≤ 0.0005 .

Table 6

Ever Reported Abuse by Highest Education

	Never Reported		Reported	
	<i>n</i>	(%)	<i>n</i>	(%)
High School	24	(63.2)	14	(36.8)
Community College	17	(48.6)	18	(51.4)
College Graduate	21	(33.9)	41	(66.1)
Graduate School	8	(30.8)	18	(69.2)

Note. 1.2% missing: chi square p -value, .015.

As shown in Tables 6 and 7, education was associated with both amount of contact with families and reporting of abuse to CPS. Specifically, a greater percentage of child care providers with 4-year college or graduate degrees (30.8% and 27.3%, respectively) had less than daily contact with families compared to child care providers that had high school (7.1%) or community college degrees (6.5%). The result was statistically significant, $p = .011$ (see Table 7).

Table 7

Professional Relationship With Family by Highest Education

	Less than Daily		Daily	
	<i>n</i>	(%)	<i>n</i>	(%)
High School	2	(7.1)	26	(92.9)
Community College	2	(6.5)	29	(93.5)
College Graduate	16	(30.8)	36	(69.2)
Graduate School	6	(27.3)	16	(72.7)

Note. 18.4% missing: chi square p -value, $\leq .011$.

Pearson's chi square was used to test whether the amount of professional contact child care providers has with families and children had any association with mandated reporting.

As shown in Table 8, a greater percentage of child care providers who had less than daily contact reported abuse (84.6%) compared to those with daily contact (57.9%), $p = .011$.

Table 8

Ever Reported Abuse by Professional Relationship

	Never Reported		Reported	
	<i>n</i>	(%)	<i>n</i>	(%)
Less than Daily Contact	4	(15.4)	22	(84.6)
Daily Contact	45	(42.1)	62	(57.9)

Note. 18.4% missing: chi square p -value $\leq .011$.

A greater percentage of child care providers who worked in a licensed child care home (96.5%) had daily contact with the family compared to child care providers who worked in a center (68%). The result was statistically significant, $p = 0.0005$ (see Table 9).

Table 9

Worksite by Professional Relationship With Family (Amount of Contact With Family)

	Never Reported		Reported	
	<i>n</i>	(%)	<i>n</i>	(%)
Less than Daily Contact	24	(32)	2	(3.5)
Daily Contact	51	(68)	55	(96.5)

Note. 19% missing: chi square p -value, ≤ 0.0005 .

Finally, Pearson's chi square was used to test if the worksite of child care providers had an association with mandated reporting.

As shown in Table 10, a greater percentage of child care providers who worked in a center (69.8%) had ever reported abuse to CPS compared to child care providers who worked in a licensed child care home (35.9%). The result was statistically significant, $p = \leq 0.0005$.

Table 10

Worksite by Ever Reported Abuse

	Center		Family	
	<i>n</i>	(%)	<i>n</i>	(%)
Never Reported	29	(30.2)	41	(64.1)
Reported	67	(69.8)	23	(35.9)

Note. 1.8% missing: chi square p -value, ≤ 0.0005 .

These results indicated that a child care provider with college or graduate level degrees were more likely to work in a child care center, have less than daily contact with children and their families, and were most likely to report abuse. No association was found with amount of training and education, but as training hours increased, daily contacts with families decreased.

Finally, a regression model was used to determine if the independent variables in the research question—training, education, and having a professional relationship with families—could predict whether child care providers would make a mandated report. In addition, worksite setting was added to the model based on the results from Pearson's chi

square. All of the predictor variables were entered at the same time and tested against the dependent variable. The following results were obtained (Table 11).

Table 11

*Association of Worksite, Abuse Training, Education, Professional Relationship, and Mandated Reporting of at Least Five Cases of Abuse:
Binary Logistic Regression Model*

	Odds Ratio	95% CI	p-value
Worksite			
Licensed child care home	Referent		
Center	4.71	1.74–12.80	.002
Training			
< 3 hours	Referent		
4–10 hours	2.7	.963–7.939	.059
> 10 hours	2.8	.729–10.875	.133
Highest Education Attained			
High school	Referent		
Community college	1.79	.515–6.218	.359
Bachelor degree	2.43	.670–8.881	.176
Graduate degree	1.69	.370–7.712	.498
Professional Relationship			
Less than daily contact	Referent		
Daily contact/family child	.686	.164–2.875	.606

The results of the regression model indicate that where a child care provider worked had the only association with mandated reporting. Based on the regression model, we can accept the null hypotheses of this study.

Primary Hypothesis:

Ho1: The amount of training on what constitutes abuse will have no association with rates of mandated reporting by child care providers.

Secondary Hypothesis:

Ho2: Amount of education will have no association with rates of mandated reporting by child care providers.

Tertiary Hypothesis:

Ho3: Having a professional relationship with families will not have an association with rates of mandated reporting by child care providers.

CHAPTER V

DISCUSSION

According to the U. S. Department of Health and Human Services (2010), child care providers are ranked last of all mandated reporters in making mandated reports of suspicion of child abuse or neglect. Yet, child care providers spend far more time in close proximity caring for young children than any other mandated reporter. They also have frequent contact with their parents. This appearance of a reluctance to report abuse seems to be in sharp contrast with the care giving role that a child care provider plays in the life of our youngest children. This research sought to investigate this paradox by examining the findings from a survey regarding mandated reporting and answering the following three questions:

1. Does amount of training on what constitutes abuse have an association with the rate of mandated reporting by child care providers?
2. Does amount of education have an association with rates of mandated reporting by child care providers?
3. Does having a professional relationship with families have an association with rated of mandated reporting by child care providers?

Much of the research on mandated reporting centered on the professions of medicine, counseling, and education. This research looked exclusively at child care providers. This chapter summarizes the results of a survey distributed to a national

sample of child care providers working in either a child care center or a child care home. The results are then compared to the results of similar research conducted on other mandated reporters. Strengths and limitations of the study are identified as well as the significance of the results. Finally, policy implications and recommendations for future research are discussed.

Summary of Research Findings

One hundred sixty-three child care providers participated in this survey. Because the researcher does not know how many child care providers received the survey, an exact overall response rate or sampling frame could not be determined.

Demographics

Over 90% of respondents were female, which reflects the preponderance of women in the child care field. The demographics indicate the respondents were a mature, educated population that had recently attended classes in both an academic and non-academic setting. This sample does not appear representative of the child care workforce, of which, according to the Center for the Child Care Workforce Report (2002), only 55% of licensed child care home providers and 57% of child care center assistants have some college education. This may indicate that the respondents were teachers or administrators in child care centers, a population of which 80% had some college education (Center for the Child Care Workforce, 2002).

Education Specific to Abuse, Neglect and Mandated Reporting

Training specific to abuse and neglect in both an academic and non-academic settings was very similar. Over half of respondents (55%) reported receiving less than 3 hours of educational content on abuse, neglect, or mandated reporting in an academic setting; 54% reported receiving less than 3 hours of educational content on abuse, neglect, or mandated reporting in a non-academic setting. However, respondents' perceptions of the academic and non-academic training differed. Over a quarter of respondents (26%) who received training in an academic setting stated it was not adequate. However, 79% of respondents who received training in a non-academic setting stated that, as a result of this training, they felt they had been adequately training in mandated reporting. These results indicate that, while respondents received roughly the same amount of training on abuse, neglect, and mandated reporting in academic and non-academic settings, it was the non-academic training that elicited a more positive response.

Current Understanding of Role as a Mandated Reporter

While 64% of survey respondents indicated they were fully aware of their responsibilities as a mandated reporter and 68% indicated they understood their legal responsibilities, over one quarter of respondents (27%) incorrectly answered a survey question on legal responsibilities of mandated reporters. This incorrect response identified a supervisor or other professional, not the mandated reporter who observed the abuse, as being the person ultimately responsible for making a report. A tiny percentage (1.2%) stated they would make the determination of whether to report based on the

severity of the abuse. These results indicate an apparent disconnect from what child care providers believe they know, and what their actual legal responsibilities are. This may be the result of lack of knowledge on the law or may be reflective of their child care's agency policy on mandated reporting. Failure to report could actually be a licensed child care center's policy that staff are to report to supervisors. Future research is needed to explore this issue.

Mandated Reporting Experience and Intervention

Over three quarters (77%) of survey respondents indicated they observed between 0–5 suspected cases of abuse and neglect. Seventy-five percent reported they made between 0–5 actual reports of abuse or neglect. While 74% of respondents stated that they would always report any suspicion of abuse or neglect, 22.4% reported they would not report their suspicions. The reasons they gave for this were that they were not sure what they needed to do (8%), they feared retaliation from the parents (7%), they did not feel CPS would do anything and the family would be put through an extremely negative experience (6%) and, finally, they could do a better job of protecting the child than CPS (1.4%).

Professional Relationship With Families

While 66% of respondents described their relationship with families as a professional relationship with almost daily contact with at least one family member and child, 14% did not answer the question. In response to the statement “I am concerned my professional relationship with families and children may be compromised in the

following way if I make a mandated report,” over one third of respondents (37%) did not answer the question, an indication that it was a subject they wanted to avoid. It was the second most not answered question in the survey, next to provider relationship with family after a substantiated contact with CPS. Future studies are needed to explore this.

Experience With Child Protective Service

For those respondents that did have experience with CPS, the majority reported an adequate to mostly positive experience. A much smaller percentage reported a mostly or completely negative experience. Initial conversations with CPS again were reported to be adequate to completely positive by the majority of respondents. Approximately 10% of respondents indicated a mostly or completely negative experience. Almost three quarters of respondents stated they would contact CPS again based on their previous experience. Less than 10% were not sure if they would, and a very small percentage stated they would not contact them again.

Approximately 40% of the respondents reported that families had an adequate to completely positive relationship with CPS after an unsubstantiated (no evidence of abuse) report. Around 10% had a mostly or completely negative experience with CPS after an unsubstantiated report. After a report was substantiated (there was evidence of abuse), respondents reported less than 10% of families had a mostly to completely negative relationship with CPS, and nearly 40% had an adequate to completely positive relationship.

The above numbers reflect surprisingly low percentages for negative experiences and relatively high percentages of positive experiences between both families and CPS

and respondents and families after a report of abuse or neglect is made. Research indicates a report to CPS, either substantiated or unsubstantiated, is considered by families and mandated reporters alike to be an extremely unpleasant and stressful experience (Berlin et al., 1991; Faller, 1985; Schultz, 1990; Strozier et al., 2005; Watson & Levine, 1989; Zellman, 1990). The sample population in this study is different, however. Little research on mandated reporting has focused on child care providers. Future research is needed to explore the marked difference in this study specific to child care providers' experience with CPS compared to previous studies. It is also important to note the very high percentages of non-responses to any questions that specifically addressed respondents' relationships with either the family or CPS after mandated reports were made.

Research Questions

Data collected in this study were used to answer three research questions. Logistic regression was used to determine if there was an association between the independent variables of training, education, and professional relationship and the dependent variable of mandated reporting.

Research Question 1: Does amount of training on what constitutes abuse have an association with the rate of mandated reporting by child care providers?

A Pearson chi-square analysis found child care providers with 4–10 hours of training were the most likely to report abuse compared to child care providers with less than 3 hours of training and more than 10 hours of training. The chi-square analysis also indicated that the more training one had, the less likely he or she was to have daily

contact with families and children. However, the results of the regression model indicated that when training was entered into the model with the other independent variables, there was no association between training and mandated reporting.

These results indicate that while some amount of training (4–10 hours) has an association with increased rates of reporting, more training is also associated with less daily contact with children and family. This may indicate that those child care providers with more training were not working in a licensed child care home where over 90% of providers reported daily contact.

In survey question number 14, providers are asked why they would not make a report. The reason most commonly given was “fear of retaliation by parent.” It can be speculated that a child care provider working in a licensed child care home has more reasons to be concerned about parent retaliation. First, the parents know where the provider lives, making the threat of retaliation more ominous than for providers in a center. Second, licensed child care homes are limited to the number of children in their care. An angry parent could threaten their livelihood by influencing other parents to leave their care in retaliation of a report. Previous research that focused on teachers, medical professionals, and counselors represented professions that did not have families and children coming to their home as licensed child care home providers do. This places them in a unique position. Future study is needed to determine if fear of retaliation is a reason that providers working in a licensed child care home, even with training on abuse, are less likely to make a report than providers working in a center.

The survey also looked at when providers received training on abuse and neglect issues. Results indicate that over 90% of participants received training 0–5 years ago.

This more recent training may have an impact on child providers feeling adequately prepared to respond to abuse and neglect issues. Future research is needed to explore these findings.

Research Question 2: Does amount of education have an association with rates of mandated reporting by child care providers?

Pearson's chi-square analysis indicated that education and worksite were very closely associated. Over three quarters of child care providers with college or graduate degrees worked in a child care center. In addition, the more education a child care provider had, the more likely he or she was to report abuse. Pearson's chi-square also indicated that the more education a provider had, the less daily contact he or she had with families and children. It is possible to surmise from these factors, that this sample of highly educated respondents who were working in a center, with less than daily contact with families, may in fact be administrators. Future research is needed to determine if child care administrators are more likely to report abuse because of rules and policies at their center that place the responsibility of reporting on administrators, rather than direct care providers, who may in fact be the ones who actually observe or suspect abuse.

Results of a regression model with education entered at the same time as the other variables, training and professional relationships, showed no association between education and rates of mandated reporting.

Over three quarters of participants in this study were either college graduates (38%), community college graduates (22.7%), or held a graduate degree (16%). This is a higher percentage of college educated providers than national statistics indicate. According to the Work Force Estimate Report (2002), only 55% of licensed child care

home providers and 57% of center assistants have at least some college education. Center teachers fare slightly better, with 80% having some college education; however, center-based staff account for only 24% of all child care providers.

One of the limitations of this survey is it did not ask what jobs respondents had at their child care work place. Again, it is possible that the participants who responded from child care centers were teachers or administrators. This would make them more statistically likely to have some college education. It is also possible to assume that the college educated staff who responded were in a position to train staff on abuse and neglect or were responsible for making the decision as to whether to report abuse or neglect. This would appear to make them more likely to report. Future research is needed to examine the responsibilities college graduates have at child care centers specifically related to reporting abuse and neglect.

The respondents from licensed child care homes were also more highly educated than national statistics indicate. Since all surveys were distributed through national organizations of professional child care providers, it is possible to infer that both family and child care centers respondents were active members of these associations. Further research is needed to determine if the higher educational levels of respondents is indicative of their membership in professional child care organizations.

Research Question 3: Does having a professional relationship with families have an association with rated of mandated reporting by child care providers?

It was clear from Pearson's chi-square analysis that the less contact a child care provider had with families, the more likely he or she was to make a report. Over 80% of providers with less than daily contact, compared to around 50% with daily contact, made

mandated reports. The Pearson's chi-square analysis finds there is an association between having a professional relationship with families and rates of mandated reporting. The results of the regression model, however, indicate that a professional relationship with daily contact with both child and family does not have association with mandated reporting.

What is perhaps most noteworthy about participants' response to questions about their professional relationship with the families with children in their care, is how clearly avoidant respondents were in answering questions specific to either their relationship with families or their experiences with CPS. Any questions that specifically addressed the relationship the respondents had with families during and after a report was made and what impact it might have on the relationship or their experience with CPS were overwhelmingly the questions respondents did not answer. The following questions elicited the most non-responses:

- My relationship with the family after a substantiated report has been: (51.7% did not respond).
- I am concerned my professional relationship with families and children may be compromised in the following ways if I make a mandated report (37% did not respond).
- The relationship of CPS to the family has after a substantiated report has been: (30.2% did not respond)
- The last time I contacted CPS regarding abuse, my initial conversation with them was: (29.3% did not respond).

- My relationship with the family after an unsubstantiated report (25.5% did not respond).
- The relationship of CPS to the family after an unsubstantiated report has been: (24.1% did not respond).
- Based on your experience with CPS, are you likely to contact them again? (22.4% did not respond).

The survey item that overwhelmingly was the most avoided by respondents was the statement, “My relationship with the family after a substantiated report has been:” Over half of the respondents did not answer this question, even after the number was adjusted to reflect the 28.8% who stated they had never had contact with CPS.

The second question with the most non-responses dealt specifically with the relationship providers had with families after a mandated report; 37% chose not to answer the question: “I am concerned my professional relationship with families and children may be compromised in the following way if I make a mandate report.” Over one third of the respondents did not answer this question. These curious omissions deserve closer scrutiny. This may reflect a reluctance on the part of respondents to discuss what might happen if they do make a mandated report. Further research is needed to explore the issue of professional relationships between child care providers and the families of children in their care, particularly as it applies to their relationship after a child care provider suspects abuse or neglect may be present.

Licensed Child Care Center Results Compared to Licensed Child Care Homes

Data analysis conducted to answer the three research question found a very strong association between where a child care provider worked and rates of mandated reporting.

Pearson's chi-square found a greater percentage of child care providers who had a college degree (80.3%) or graduate degree (76%) worked in a child care center, $p = \leq 0.005$. Pearson's chi-square also found a greater percentage of child care providers with college (66.1%) and graduate (69%) reported abuse compared to child care providers with high school or community college degrees, $p = \leq 0.015$.

Pearson's chi-square found the child care providers with less than daily contact with families and children (84.6%) compared to those with daily contact were more likely to report abuse, $p = \leq 0.011$. Pearson's chi-square also found the less education a child care provider had, the more likely they were to have daily contact, $p = \leq 0.011$.

Finally, Pearson's chi-square found a greater percentage of child care providers who worked in a center (69.8%) had ever reported abuse to CPS compared to child care providers who worked in a licensed child care home (35.9%). The result was statistically significant, $p = \leq 0.0005$.

These results indicated that a child care provider with college or graduate level degrees were more likely to work in a child care center, have less than daily contact with children and their families, and were most likely to report abuse.

After these findings were discovered, worksite setting was added to the regression model. Working in a child care center was strongly associated with rates of mandated reporting, $p = \leq 0.002$. This was the only association found in the model.

It is possible that child care providers working in a center might have made more reports because they were in a professional setting versus a home setting. We know from the survey that fear of retaliation was a strong reason that child care providers would not make a report. A center offers a higher degree of protection from adverse reactions from parents than a licensed child care home does.

It is also possible that those making the reports at the child care centers were in administrative positions and, as part of the center policy, made the mandated reports based on direct child care staff's report to them. Future research is needed to explore this very strong association between where a child care provider works and rates of mandated reporting.

Results Compared to Similar Studies

This study contributed to the body of literature on mandated reporting by focusing on an often overlooked mandated reporter: the child care provider.

The participants in this research project were an educated, mature sample, almost equally split in working in either a licensed child care center or licensed child care home. The amount of education the participants in this study have is higher than the estimate of child care providers' education in previous research (Children's Defense Fund, 1996; Larner et al., 2001). Despite the higher education of these participants, the amount of education specific to abuse, neglect, and mandated reporting was similar to past research. Almost all of the research indicated that confusion on what constitutes abuse was a key factor in whether a report was made. This confusion was attributed to the lack of basic

education on abuse, neglect, or mandated reporting in either an academic or non-academic setting.

The participants in this research study indicated that the training they received in a non-academic setting was superior to the training received in an educational setting. Previous research agreed with this finding. Research indicated mandated reporters were more likely to receive training on this topic in non-academic setting and found this training to be “slightly better” than the training, if any, they received in an educational setting (Kalichman, 1999; Kalichman & Brosig, 1993).

The majority of participants in this study indicated they were aware of their responsibilities as mandated reporters. Yet, in responding specifically to a question regarding what those responsibilities were, the answer indicated confusion. Those studies focused specifically on child care providers reported similar, though slightly higher numbers of child care providers being uncertain about what they needed to report (Hagen, 2000; Nightingale & Walker, 1986; Sundell, 1997). The difference between past research and the current study is participants in past research admitted they were uncertain about what their responsibilities were.

Previous research indicated that professionals were willing to intentionally break the law, by not reporting suspicions of abuse to protect their clients (Berlin et al., 1991; Pope & Bajt, 1988). Nearly one quarter of the participants of this research also indicated they would not report their suspicions of abuse.

Prior research indicated a key reason professionals did not want to make a mandated report was a very negative perception of CPS. They viewed the child protective system as plagued with significant problems. These problems included a belief that CPS

was underfunded, understaffed, and inadequately trained (Strozier et al., 2005). Also, there was the concern families were most likely to have a negative experience with CPS. This experience would cause families more harm than good (Zellman, 1990).

These findings are in stark contrast to the extremely high ratings the participants in this research project gave to their experience with CPS. Only 8% of the respondents indicated they had a negative experience with CPS. Even more startling was their perception of the relationship the families had with CPS after a substantiated report. According to participants, only 6% of families had a mostly or completely negative experience.

Past research on mandated reporters has focused on medical professionals, psychologists, and educators. These mandated reporters felt the relationship they had with families would be damaged if they made a report (Brown & Strozier, 2004; Levine & Doueck, 1995; Faller, 1985; Pope & Bajt, 1988; Taylor & Adelman, 1989). Many of them were willing to ignore mandated reporting law in order to protect their relationship with the family and children they were working with.

The participants in this study refused to answer question about professional relationship with families. Questions regarding their relationship with families had the highest non-response rate of any question in the survey. More research is needed to explore this topic.

Strengths and Limitations

Strengths

Very few studies on mandated reporting have looked specifically at child care providers. Their close proximity to our youngest, most vulnerable children places them at the very forefront of identification of abuse and neglect. Yet, they have the lowest reporting rates of any mandated reporter. This study sought to investigate the mandated reporting practices of a national sample of child care providers working in licensed child care centers and licensed child care homes. This is the first study to specifically focus on the mandating reporting practices of child care providers working in licensed child care homes. This is also the first study to look at a national sample of child care providers.

Historically, child care providers have been relegated to a lowly status by a society that believes the care and protection of children is the responsibility of the parent (Children's Defense Fund, 1996; Lerner et al., 2001; Sylvester, 2001). The obvious omission by other researchers on mandated reporting appears to perpetuate this historical ambivalence. This online survey was designed to be completely anonymous and simple to fill out. It was hoped the easy access to and anonymous nature of the survey would circumvent any hesitancy and encourage participation on the part of child care providers.

Limitations

There were several limitations in this study. The survey question asking respondents how frequently they made a report gave them four options: 0–5 times, 5–10

times, 10–20 times, and more than 20. Having no option that included 0 times makes it impossible to know if those that answered 0–5 times actually ever made a report.

There was no indication on the survey of what role staff had in either a center or licensed child care home. It would be interesting to see if the center responses were from direct care staff or administrators. It would also be interesting to see if child care homes employed direct care staff or were run by the owner.

Survey respondents were not identified by state, making it impossible to know if state training requirements had an impact on whether a child care provider would make a mandated report. This lack of knowledge on geographic location of participants also made it impossible to know if the survey was truly a national sample.

The response rate of the survey was low. Due to the anonymous nature of the survey, it was impossible to determine how many regional offices actually forwarded the survey on to association members.

The online nature of the survey, designed to create an anonymous atmosphere for child care providers, lacked any personal connection to the researcher. Several child care center directors who contacted the researcher with questions regarding the survey mentioned that many child care providers are very suspicious of CPS. They speculated that a low response rate may be indicative of their suspicion that the survey may somehow be connected to CPS and the responses could be attributed to them.

The low response rate could also be attributed to the public's oversaturation of unsolicited emails. Any email address that is not known to the receiver could be regarded as spam mail, or potentially harbor a computer virus.

Finally, several participants asked if the survey was available in Spanish. It was not.

Significance of Results

This is the first known research to examine a national sample of child care providers working in licensed child care centers or licensed child care homes and their decision-making practices on mandated reporting.

The results of this study indicate that where a child care provider worked had a strong association with rates of mandated reporting. Regression and chi-square analysis indicated a difference between how providers responded to survey question based on whether they worked in a licensed child care center or licensed child care home. Respondents from child care centers had higher rates of mandated reports than respondents from licensed child care homes with similar training.

A greater number of participants indicated the training they received in a non-academic setting was more beneficial to them than education on abuse or neglect received in an academic setting. Previous research conducted on mandated reporters that did not include child care providers reported similar findings (Kalichman, 1999; Kalichman & Brosig, 1993). It is possible that learning about abuse, neglect, and mandated reporting prior to working in the field is not as meaningful as training received in a non-academic setting, presumably while working with children.

Participants of this study reported that, despite a lack of training in mandated reporting, they felt they understood their legal responsibilities. However, they subsequently failed to respond correctly to a question specifically asking them about their

legal responsibilities. This appears to either indicate a hesitancy to admit they do not understand their legal responsibilities or reflect the policy of where they worked. This policy may have instructed them that, despite what the law stated, agency policy was that administrators made the actual reports.

Over three quarters of participants in this study indicated they would always report any suspected abuse or neglect. The reasons for not reporting were: they were not sure what they needed to do; they feared retaliation from the parents; they did not feel CPS would do anything and the family would be put through an extremely negative experience; and, finally, they could do a better job of protecting the child. The reasons for not reporting are similar to studies of other mandated reporters except for one. No other study placed fear of retaliation as the second most common reason for not reporting. Child care providers in this study do. This may indicate their close proximity to families and frequent face-to-face contact with the family. These factors are characteristic of their profession, but it also appears to make them feel vulnerable to retaliation.

One of the most interesting results of the study was the very high positive rating participants gave to questions regarding relationships with CPS. What was most surprising was participants reported only 6% of families had a mostly or completely negative relationship with CPS. This is completely contrary to previous research that in fact found professionals hesitant to report because their experience with CPS was so horrific.

Finally, statistical analysis indicated that college graduates employed at centers were the most likely to report abuse or neglect.

Policy Implications

Most of the prior research on mandated reporting focused on professionals other than child care providers. This study is one of the few focused specifically on the mandated reporting practices of child care providers. It is also the only known study that surveyed a national sample of child care providers and surveyed providers working in licensed child care homes. Because of the small response rate to this national survey, there is still much research to be done on this topic. Still, there is much to be gleaned from the results of this study. Based on the results of this research, the following recommendations are offered:

1. There needs to be uniform licensing requirements for training of child care providers throughout the United States. Training requirements vary greatly from state to state and at most require only a minimum of training hours per year.
2. More training on abuse and neglect should be specifically targeted to providers working in licensed child care homes.
3. Training should be offered to child care providers at times convenient to them. Because child care providers are caring for other people's children while they work, providing trainings during evening hours and on weekends would be most effective.
4. National child care associations should continue to focus on raising awareness of the professionalism of child care providers. A media campaign extolling the importance of child care providers could serve to both recruit new providers to

the field as well as educate the public on the very important role child care providers play in the lives of children.

5. Cultural differences of providers and families as well as language barriers should be considered in any future research studies on mandated reporting.
6. Academic institutions should establish child care professional degree or certificate programs. This would both increase the level of professionalism of child care providers as well as offer more educational opportunities on abuse, neglect, and mandated reporting.
7. Close coordination and training between CPS and child care providers regarding both of their roles and responsibilities should begin in every community.
8. Laws regarding mandated reporting should be more uniform from state to state. These differences between states continue to add to the confusion about what a mandated reporter's responsibilities are.

Future Research

A low response rate from the online survey coupled with the suggestion from several regional child care directors indicated the possibility that child care providers are concerned participation might somehow be connected to CPS and might impact them negatively if they answered honestly. The possibility that the online nature of the survey could somehow be traced back to their home computer may also have played a part in this low response rate. A future survey of this population conducted at a national conference that consists of filling out a survey by hand and dropping it into a collection box, while

considerably more time-consuming for the researcher, may result in a larger number of participants.

Child care provider responses in this survey regarding the relationship they have with CPS as well as the relationship families have with CPS are markedly different from any previous research. More research is needed on this topic to investigate if indeed families and providers alike have mostly positive experiences with CPS. If this is the case, much can be learned from what CPS is doing to foster such positive relationships with families and providers during an extremely stressful and frightening time.

Finally, and perhaps most importantly, further research is needed to understand why child care providers were clearly avoidant in answering questions about their professional relationship with families and CPS after a mandated report was made. Despite an anonymous, online survey, child care providers appear to remain reluctant to even discuss their feelings about mandated reporting.

REFERENCES

- Action for Healthy Kids. (2004). *Children in childcare*. Retrieved May, 22, 2008, from <http://www.actionforhealthykids.org/>
- Alvarez, K. M., Kenny, M. C., Donohue, B., & Carpin, K. M. (2004). Why are professionals failing to initiate mandated reports of child maltreatment, and are there any empirically based training programs to assist professionals in the reporting process? *Aggression and Violent Behavior, 9*, 563-578.
- American Psychological Association. (1995). Twenty-four questions (and answers) about professional practice in the area of child abuse. *Professional Psychology: Research and Practice, 26*(4), 377-385.
- Ansell, C., & Ross, H. L. (1990). Reply to Pope and Bajt. *American Psychologist, 45*(33), 399.
- Belsky, J. (1984). The determinants of parenting: A process model. *Child Development, 55*, 83-96.
- Belsky, J., & Vondra, J. (1989). Lessons from child abuse: The determinants of parenting. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 153-202). New York: Cambridge University Press.
- Berlin, F. S., Malin, H. M., & Dean, S. (1991). Effects of statutes requiring psychiatrists to report suspected sexual abuse of children. *American Journal of Psychiatry, 148*(4), 449-453.
- Besharov, D. J. (1990, Spring). Gaining control over child abuse reports. *Public Welfare*, pp. 34-40.
- Besharov, D. J. (1991). Reducing unfounded reports. *Journal of Interpersonal Violence, 6*, 112-115.
- Best, S. J., Krueger, B., Hubbard, C., & Smith, A. (2001). An assessment of the generalizability of internet surveys. *Social Science Computer Review, 19*, 131-145.
- Boehm, A., & Itzhaky, H. (2004). The social marketing approach: A way to increase reporting and treatment of sexual assault. *Child Abuse and Neglect, 28*, 253-265.

- Boyer, D., & Fine, D. (1992). Sexual abuse as a factor in adolescent pregnancy and child maltreatment. *Family Planning Perspectives, 24*, 4-11.
- Brown, R., & Strozier, M. (2004). Resisting abuse at what cost? The impact of mandated reporting laws on the process and content of therapy. *Contemporary Family Therapy, 26*(1), 45-60.
- Center for the Child Care Workforce. (2002). *Estimating the size and components of the U.S. child care workforce and caregiving population*. Retrieved February 21, 2009, from <http://www.ccw.org/pubs/workforceestimatereport.pdf>
- Child Protection Laws, Act 238, 1975
- Child Welfare Information Gateway. (2003). *Definitions in federal law. The Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. §5106g), as amended by the Keeping Children and Families Safe Act of 2003*. Retrieved October 28, 2007, from <http://www.childwelfare.gov/can/definining/federal.cfm>
- Children's Defense Fund. (1996). *The state of America's children yearbook, 1996*. Washington, DC: Author.
- Christopherson, R. J. (1983). Public perception of child abuse and the need for intervention: Are professionals seen as abusers? *Child Abuse and Neglect, 7*, 435-442.
- Collins English Dictionary*. (2010). Education. Retrieved March 20, 2010, from <http://www.thefreedictionary.com>
- Costin, L. B. (1992). Cruelty to children: A dormant issue and its rediscovery, 1920-1960. *Social Service Review, 66*, 177-180.
- Couper, M. P. (2000). Web surveys: A review of issues and approaches. *Public Opinion Quarterly, 64*, 464-494.
- Crume, T. L, DiGuseppi, C., Byers, T., Sirotnak, A. P., & Garrett, C. J. (2002). Under ascertainment of child maltreatment fatalities by death certificates, 1990-1998. *Pediatrics, 110*(2 Pt. 1), e18.
- Daro, D. (1988). *Confronting child abuse*. New York: The Free Press.
- Daro, D., & Gelles, R. J. (1992). Public attitudes and behaviors with respect to child abuse prevention. *Journal of Interpersonal Violence, 7*(4), 517-531.
- Davidson, J. C. (2005). Professional relationship boundaries: A social work teaching module. *Social Work Education, 24*(5), 511-533.

- Dillman, D. A., Tortora, R. D., Conradt, J., & Bowker, D. (1998). Influence of plain vs. fancy design on response rates for web surveys. In *Proceedings of the Joint Statistical Meetings, Survey Methods Section*. Alexandria, VA: American Statistical Association.
- Downs, A. (1972). Up and down with ecology: The issue-attention cycle. *The Public Interest*, 28, 38-50.
- Dubowitz, H., Klockner, A., Star, R. H., & Black, M. M. (1998). Community and professional definitions of child neglect. *Child Maltreatment*, 3, 235-243.
- Ehrle, J., Adams, G., & Tout, K. (2001). *Who's caring for our youngest children? Child care patterns of infants and toddlers*. Washington, DC: The Urban Institute. (ERIC Document Reproduction Service No. ED 448 908)
- Emery, R. E., & Laumann-Billings, L. (1998). An overview of the nature, causes and consequences of abusive family relationships: Towards differentiating maltreatment and violence. *American Psychologist*, 53, 121-135.
- Faller, K. C. (1985). Unanticipated problems in the United States child protection system. *Child Abuse and Neglect*, 9, 63-69.
- Finkelhor, D. (1987). The trauma of child sexual abuse: Two models. *Journal of Interpersonal Violence*, 2, 348-366.
- Finkelhor, D., & Zellman, G. L. (1991). Flexible reporting options for skilled child abuse professionals. *Child Abuse and Neglect*, 15, 335-341.
- Finlayson, L. M., & Koocher, G. P. (1991). Professional judgment and child abuse reporting in sex abuse cases. *Professional Psychology: Research and Practice*, 22(6), 464-472.
- Giovannoni, J., & Becerra, R. (1979). *Defining child abuse*. New York: Free Press
- Gosling, S. D., Vazire, S., Srivastava, S., & John, O. P. (2004). Should we trust web-based studies? *American Psychologist*, 59(2), 93-104.
- Gough, B., & Reavey, P. (1996). Parental accounts regarding the physical punishment of children: Discourses of dis/empowerment. *Child Abuse and Neglect*, 21(5), 417-430.
- Greenman, J. T., & Fuqua, R. W. (Eds.). (1984). *Making day care better: Training, evaluation and the process of change*. New York: Teachers College Press.
- Greven, P. (1991). *Spare the rod: The religious roots of punishment and the psychological impact of physical abuse*. New York: A. A. Knopf.

- Hagen, C. K. (2000). Decision making factors in child caregiver reporting of child abuse and neglect. *Dissertation Abstracts International*, AAT 3064395.
- Handelsman, M. M. (1989). Ethics training at mental health centers. *Community Mental Health Journal*, 25(1), 42-50.
- Hutchison, E. D. (1993). Mandatory reporting laws: Child protective case finding gone awry? *Social Work*, 38(1), 56-63.
- Jackson, S., Thompson, R. A., Christiansen, E. H., Colman, R. A., Wyatt, J., Buckendahl, C. W., Wilcox, B. L., & Peterson, R. (1999). Predicting abuse-prone parental attitude and discipline practices in a national representative sample. *Child Abuse & Neglect*, 23, 15-29.
- Jacobson, A., Glass, J., Ruggiere, P., Sunil, T. S., Walker, S., & Kronvall, V. (1998). *Child abuse and neglect training in Texas 1998: Report of a statewide survey*. Cedar Creek, TX: Children's Trust Fund of Texas Council.
- Kalichman, S. (1999). *Mandated reporting of suspected child abuse: Ethics, law and policy*. Washington, DC: American Psychological Association.
- Kalichman, S. C., & Brosig, C. L. (1993). Practicing psychologists interpretations of and compliance with child abuse report laws. *Law and Human Behavior*, 17(1), 83-86.
- Kempe, C. H., Silverman, F. N., Steele, B. F., Droemueller, W., & Silver, H. K. (1962). The battered child syndrome. *Journal of the American Medical Association*, 181, 17-24.
- Koocher, G. P., & Keith-Spiegel, P. C. (1990). *Children, ethics and the law: Professional issues and cases*. Lincoln: University of Nebraska Press.
- Krugman, R. D. (1996). The media and public awareness of child abuse and neglect: It's time for a change. *Child Abuse and Neglect*, 20(4), 261-274.
- Larner, M. B., Behrman, R. E., Young, M., & Reich, K. (2001). Caring for infants and toddlers: Analysis and recommendations. *The Future of Children*, 11(1), 7-19.
- Leach, P. (1994). *Children first*. London: Penguin Books.
- Levine, M., & Doueck, H. J. (1995). *The impact of mandated reporting on the therapeutic process: Picking up the pieces*. Thousand Oaks, CA: Sage.
- McCallum, F., & Johnson, B. (2002) Decision-making processes used by teachers in cases of suspected child abuse and neglect. *APSAC*, 14(1), 5-13.

- McDevitt, S. (1996). The impact of news media on child abuse reporting. *Child Abuse and Neglect*, 20(4), 261-274.
- Millichamp, D. A. (1974). Preschool teaching: An historical perspective. In M. I. Fletcher (Ed.), *The adult and the nursery school child* (pp. 7-19). Toronto, ON: University of Toronto Press.
- Milner, J. S., & Chilamkurti, C. (1991). Physical child abuse perpetrator characteristics: A review of the literature. *Journal of Interpersonal Violence*, 6, 345-366.
- National Association for the Education of Young Children [NAEYC]. (1993, November). *A conceptual framework for early childhood professional development* (pp. 1-12). Retrieved October 9, 2007, from <http://www.naeyc.org/files/naeyc/filepositions/PSCONF98.PDF>
- National Association of Child Care Resources and Referral Agencies. (2009). *Parents and the high price of child care: 2009 update*. Retrieved January 14, 2010, from http://naccrra.org/publications/naccrra-publications/publications/665-0410_PriceReport_FINAL_051419.kv.pdf
- Newell, P. (1989). *Children are people too: The case against physical punishment*. London: Bedford Square Press.
- Nielson/NetRatings. (2008). *TV, internet and mobile usage in U.S. keeps increasing, says Nielsen*. Retrieved March 15, 2009 from http://enus.nielsen.com/main/news/news_releases/2009/February/tv_internet_and_mobile
- Nightingale, N. N., & Walker, E. F. (1986). Identification and reporting of child maltreatment by Head Start personnel: Attitudes and experiences. *Child Abuse and Neglect*, 10(2), 191-199.
- Oxford English Dictionary*. (2010). Training. Retrieved March 20, 2010, from <http://www.askoxford.com>
- Pope, K. S., & Bajt, T. R. (1988). When laws and values conflict: A dilemma for psychologist. *American Psychologist*, 43(10), 828-829.
- Scarr, M. A., & Weinberg, J. P. (1986). The early childhood enterprise: Care and education of the young. *American Psychologist*, 41, 1140-1141.
- Schultz, L. G. (1990). Confidentiality, privilege, and child abuse reporting. *IPT Journal*, 2, 760-798.
- Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4)*:

- Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
- Shelman, E. A., & Lazoritz, S. (2005). *The Mary Ellen Wilson child abuse case and the beginning of children's rights in 19th century America*. Jefferson, NC: McFarland.
- Sink, F. (1988). A hierarchical model for evaluation of child sexual abuse. *American Journal of Orthopsychiatry*, 58(1), 129-135.
- Sonkin, D. J., & Liebert, D. S. (1999). Legal and ethical issues in the treatment of multiple victimization child maltreatment. In R. Rossman & M. Rosenberg (Eds.), *Multiple victimization child maltreatment: Clinical and research perspectives* (pp. 210-219). New York: Hayworth Press.
- Sroufe, G. E. (1980). Policy issues related to day care in the United States. In Rubin (Ed.), *Critical issues in educational policy: An administrative overview* (pp. 191-209). Boston: Allyn and Bacon.
- Steinberg, K. L., Levine, M., & Doueck, H. J. (1997). Effects of legally mandated child abuse reports on the therapeutic relationship: A survey of psychotherapists. *American Journal of Orthopsychiatry*, 67(1), 112-122.
- Stone, A. A. (1976). The Tarasoff decisions: Suing psychotherapists to safeguard society. *Harvard Law Review*, 90(358), 358-378.
- Strozier, M., Brown, R., Fennell, M., Hardee, J., & Vogel, R. (2005). Experiences of mandated reporting among family therapists. *Contemporary Family Therapy*, 27(2), 177-196.
- Sundell, K. (1997). Child care personnel's failure to report child maltreatment: Some Swedish evidence. *Child Abuse and Neglect*, 21(1), 93-105.
- Swoboda, J. S., Elwork, A., Sales, B. D., & Levine, D. (1978). Knowledge of and compliance with privileged communication and child abuse reporting laws. *Professional Psychology*, 9(3), 448-457.
- Sylvester, K. (2001). Caring for our youngest: Public attitudes in the United States. *The Future of Children*, 11(1), 53-61.
- Taylor, L., & Adelman, H. S. (1989). Reframing the confidentiality dilemma to work in children's best interests. *Professional psychology: Research and Practice*, 20(2), 79-83.
- Thompson, D. S. (1992). *A historical perspective of the training and education of early childhood education teachers*. (ERIC Document Reproduction Service No. ED 366 416)

- U.S. Department of Health and Human Services (DHHS) Administration for Children and Families, Youth and Families, Children's Bureau. (2010). *Child maltreatment 2008*. Retrieved January 14, 2010 from http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can
- Walters, D. (1995). Mandatory reporting of child abuse: Legal ethical and clinical implications within a Canadian context. *Canadian Psychology, 36*(3), 163-182.
- Warner, J. E., & Hansen, D. J. (1994). The identification and reporting of physical abuse by physicians: A review and implications for research. *Child Abuse and Neglect, 18*(1), 11-25.
- Warner-Rogers, J. E., Hansen, D. J., & Spieth, L. E. (1996). The influence of case and professional variables on identification and reporting of physical abuse: A study with medical students. *Child Abuse and Neglect, 20*(9), 851-866.
- Watson, H., & Levine, M. (1989). Psychotherapy and mandated reporting of child abuse. *American Journal of Orthopsychiatry, 59*(2), 246-256.
- Whipple, E. E., & Richey, C. A. (1997). Crossing the line from physical discipline to child abuse: How much is too much? *Child Abuse and Neglect, 21*(5), 431-444.
- Wolak, J., & Finkelhor, D. (1998). Effects of partner violence on children. In J. L. Jasinski & L. M. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research*. Thousand Oaks: Sage.
- Wolfe, D. A. (1987). *Child abuse: Implications for child development and psychopathology*. Newbury Park, CA: Sage.
- Zellman, G. L. (1990). Child abuse reporting and failure to report among mandated reporters: Prevalence, incidence, and reasons. *Journal of Interpersonal Violence, 5*(1), 3-22.

Appendix A

Initial Letter of Request to National Associations

WESTERN MICHIGAN UNIVERSITY



Ph.D Program in Interdisciplinary Health Sciences
College of Health and Human Services

920 Quinnipiac Ave #5
New Haven CT 06513
August 1, 2009

Marie Darstein
Executive Director
National Child Care Association
1325 G Street NW Suite 500
Washington, DC 20005

Dear Ms. Darstein:

My name is Aileen McKenna. As a part of my doctoral studies I will be collecting information from child care providers about their experiences with reporting abuse and neglect in children under the age of three. I would like permission to use your web site to post a link to my survey. I am also wondering about the possibility of having the attached letter forwarded directly to your members who will then be able to click on a link and go directly to the survey tool, Survey Monkey. The information I will be collecting will focus on child care providers' experiences with reporting possible child abuse and neglect. It will be used to help improve the planning and future training opportunities in this important topic for those who work with young children.

As you may know, children under the age of three are most vulnerable to abuse and neglect and are the most frequent victims of both severe and fatal abuse. Child care providers spend far more time with children under three than any other mandated reporter of abuse or neglect. Their close relationship with both the child and the family places them in a unique position to observe signs and suspicions of abuse or neglect and make timely reports to Child Protective Services (CPS). That is why their input is so important in research on abuse or neglect.

The survey, which I have also included, consists of 25 multiple choice questions and should take approximately 10 to 15 minutes to complete. Because the survey is online the participants will be able to take it at a time which is convenient to them. Although some participants may feel discomfort while talking about child abuse and neglect, the knowledge of the benefits of the study on possible training provided in the future should compensate for this. Participants may withdraw at anytime without penalty, prejudice or loss of benefits. All participants will be eligible for a random drawing of two \$100 Visa gift cards.

My project has been reviewed and approved by the Western Michigan University Human Subject Internal Review Board (HSIRB). I am also happy to comply with any research approval protocol at your association as well. All information on the survey will remain confidential and will be coded by number only. At the end of the research project all survey results and codes will be destroyed.

If you have any questions and would like to contact me at any time, I can be reached at 203-645-5730 (my cell) or 860-418-6136 (work). Feel free to also contact my committee chair at Western Michigan, Dr. Kieran Fogarty. His number is 269-873-1471. Thank you for reading this letter. I will also be sending you a hard copy by mail. I look forward to hearing from you.

Sincerely yours,

Aileen McKenna M.A., Doctoral Candidate
Western Michigan University Doctoral Candidate

1903 W. Michigan Avenue, Kalamazoo, MI 49008-5379
PHONE: (269) 387-3800 FAX: (269) 387-8912
WEBSITE: www.wmich.edu/hhs/IHS/index.htm

Appendix B
Study Description

WESTERN MICHIGAN UNIVERSITY



Ph.D Program in Interdisciplinary Health Sciences
College of Health and Human Services

July, 2009

Hello,

My name is Aileen McKenna and I am a doctoral candidate at Western Michigan University. I would like to invite you to participate in my doctoral research project on reporting abuse and neglect in children under the age of three. Your participation will involve filling out a 25 question survey that will take approximately ten minutes of your time.

My twenty plus years of working with young children and their families has convinced me how essential the input of child care providers is in any research on abuse and neglect. The very nature of caring for young children places you in a unique position to notice physical and emotional changes in children that may indicate reasons to suspect child maltreatment. Children under the age of three are the most vulnerable to abuse and neglect, and it is often the child care provider who is the only person outside their family who has regular contact with them.

If you are interested in participating please click on the link at the bottom of this page. You will be redirected to Survey Monkey, an anonymous online survey tool. There you will find the survey that will ask you a series of questions about your training and experience. All of your answers will be kept strictly confidential. After completing the survey and clicking the submit button, you will automatically be eligible for a drawing for a \$100 Visa gift card.

You may never have suspected abuse or neglect but your input is still important! Your participation will help in the development of future training opportunities on this most important topic, for all of us who work with young children.

If you have any questions I can be reached by email at amck57@msn.com or by phone at 203-645-5730.

Thank you so much for your time.

A handwritten signature in black ink, appearing to read "Aileen McKenna".

Aileen McKenna M.A.
Doctoral Candidate
Western Michigan University
Interdisciplinary Health Sciences
Kalamazoo, MI 49007

1903 W. Michigan Avenue, Kalamazoo, MI 49008-5379
PHONE: (269) 387-3800 FAX: (269) 387-8912
WEBSITE: www.wmich.edu/hhs/IHS/index.htm

Appendix C
Mandated Reporter Survey

1. Mandated Reporter Survey

Please take a moment to fill out this survey regarding mandated reporting for a doctoral dissertation research project. Your participation in this survey will provide information to help determine possible solutions to confusion over mandated reporting. Your answers will help us clarify the process of mandated reporting. Research shows accurate mandated reporting protects children from abuse and neglect. Thank you for your participation.

NOTE: Child Protective Services or CPS will be used in this survey to refer to the state agency that you are mandated to report to. Your state may call the agency by a different name.

Please check the answers that best describes your situation.

1. Please check all that apply: I work in a

- Child Care Center
- Family Child Care Home
- Social Service/DHS
- Medical facility
- Mental Health facility/counselors/social workers/psychologist
- Educational setting (pre-school)

2. I am

- Male
- Female

3. I am

- 18-30 years old
- 31-44 years old
- 45-54 years old
- 55-64 years old
- 65 and above

4. Highest education attained

- High school degree
- Community college associates degree
- 4 year college graduate
- Graduate degree

2.

The next six questions are about academic and non academic training (i.e. conferences, workshops, in-service trainings, brown bag lunches).

1. Last attended classes in an academic setting:

- 0-5 years ago
- 5-10 years ago
- 10-20 years ago
- 20-30 years ago
- 30 years ago and beyond

2. Amount of educational content you received in an academic setting about child abuse and neglect and mandated reporting:

- None
- Less than three hours
- Four to ten hours
- More than ten hours

3. As a result of my academic training I feel I have been adequately trained in mandated reporting.

- Not true at all
- Somewhat true
- Mostly true
- Completely true

4. Last attended training in a non -academic setting (i.e. conferences, workshops, in-service trainings, brown bag lunches).

- 0-5 years ago
- 5-10 years ago
- 10-20 years ago
- 20-30 years ago
- 30 years ago and beyond

5. Amount of training you received in a non-academic setting on child abuse and neglect and mandated reporting:

- None
- Less than three hours
- Four to ten hours
- More than ten hours

6. As a result of my non-academic training I feel I have been adequately trained in mandated reporting.

- Not true at all
- Somewhat true
- Mostly true
- Completely true

3.

The next 6 questions ask about mandated reporting.

1. My current understanding of my role as a mandated reporter:

- I am completely unsure of what I am required to report
- I have some idea of what I am required to report, but do not fully understand.
- I am fully aware of my responsibilities for mandated reporting.

2. If I suspect a child in my care has been abused or neglected according to my state law:

- I must report to my supervisor or another professional who will be responsible to file a report with Child Protective Services (CPS) or the agency in my state that I am mandated to report to.
- I must report myself.
- Based on the severity of the abuse I can make the determination of whether to report.

3. The estimated number of suspected cases of abuse or neglect I have ever OBSERVED.

- 0-5
- 5-10
- 10-20
- More than 20

4. The estimated number of suspected cases of abuse or neglect I have ever REPORTED.

- 0-5 times
- 5-10 times
- 10-20 times
- More than 20 times

5. My typical response or intervention when abuse is suspected (please check all that apply):

- Talk to the parent about my concerns and if satisfied with their responses drop the subject.
- Don't say anything but continue to watch for further abuse.
- Investigate suspicions by questioning the child, family, friends and others to make sure before calling CPS that the abuse actually occurred.
- If the parents disclose abuse but I feel calling CPS will put their child at further risk continue working with the family and specifically address the issues that led to abuse.
- Immediately call CPS about my concerns.
- Tell my supervisor or other professional working with the family about my concerns and let them make the decision on whether to report or not.
- Other (please add intervention in the space provided below).

6. Please add intervention in the space below.

7. The following are reasons I would consider NOT making a mandated report (check all that apply):

- Fear of retaliation from the parent
- Not sure what I need to do
- Don't want to get involved because of the time consuming nature of any court proceeding
- Feel I could do a better job of protecting the child than Child Protective Services.
- Believe that Child Protective Services won't do anything and the family will go through an extremely negative experience without any real help.
- None of these apply. I would always report any suspicion of abuse or neglect.

4.

The next two questions ask about your professional relationship with families of children in your care.

1. I would describe my relationship with families and children as:

- A professional relationship that involves almost daily contact with at least one family member and child.
- A professional relationship that involves almost daily contact with the child and occasional contact with the parent.
- A professional relationship that involves periodic contact with both parent and child.
- A professional relationship that involves periodic contact with only a child.
- I would not categorize my involvement with families and children as a professional relationship.

2. I am concerned my professional relationship with families and children may be compromised in the following ways if I make a mandated report (check all that apply).

- Families may want to retaliate against me physically or verbally if I make a report.
- Families may claim the child was abused while in my care.
- I may be sued if I am wrong about my suspicions of abuse.
- I may lose business if my families decide not to see me any more.
- I may violate the trust families have placed in me.
- I am afraid the child may be in even more jeopardy of abuse and neglect if the parents decide not to see me anymore.
- I would not categorize my involvement with families and children as a professional relationship.

The next three questions ask about your experience with Child Protective Services (CPS) or the agency in your state that you are mandated to report abuse to:

3. My experience (if any) with Child Protective Services has been:

- Completely negative
- Mostly negative
- Adequate
- Mostly positive
- Completely positive
- I have never had any contact with Child Protective Services.

NOTE: If you have never had any contact with CPS please skip the next questions. Go to the end of the survey and click the done button to send your survey to Survey Monkey.

4. The last time I contacted Child Protective Services regarding abuse, my initial conversation with them was:

- Completely negative
- Mostly negative
- Adequate
- Mostly positive
- Completely positive

5. Based on your experience with Child Protective Services are you likely to contact them again?

- Yes
- No
- Not sure

5.

The next two questions ask about your experience following a report of abuse to Child Protective Services that was NOT substantiated (CPS found NO evidence of abuse).

1. The relationship of CPS to the family has been:

- Completely negative
- Mostly negative
- Adequate
- Mostly positive
- Completely positive
- I have never reported a case that has NOT been substantiated.

2. My relationship with the family has been:

- Completely negative
- Mostly negative
- Adequate
- Mostly positive
- Completely positive
- I have never reported a case that has not been substantiated.

The next two questions ask about your experience following a report of abuse to Child Protective Services that WAS substantiated (there WAS evidence of abuse or neglect).

3. The relationship of Child Protective Services to the family has been:

- Completely negative
- Mostly negative
- Adequate
- Mostly positive
- Completely positive
- I have never reported a case that has not been substantiated.

4. My relationship with the family has been:

- Completely negative
- Mostly negative
- Adequate
- Mostly positive
- Completely positive
- I have never reported a case that has not been substantiated.

Thank you for taking the time to complete this survey.

Appendix D

Human Subjects Institutional Review Board
Initial Approval


WESTERN MICHIGAN UNIVERSITY

Human Subjects Institutional Review Board



Date: April 27, 2009

To: Kieran Fogarty, Principal Investigator
Aileen McKenna, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair 

Re: HSIRB Project Number: 09-04-17

This letter will serve as confirmation that your research project titled "Reluctant to Report: The Mandated Reporting Practices of Child Care Providers" has been **approved** under the **exempt** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: April 27, 2010

Walwood Hall, Kalamazoo, MI 49008-5456
PHONE: (269) 387-8293 FAX: (269) 387-8276

Appendix E

Email to Child Care Associations

mandated reporting research project

From: **Aileen McKenna** (amck57@msn.com)
Sent: Tue 8/04/09 11:40 AM
To: lgeigle@nafcc-mail.org
2 attachments | Download all attachments (72.0 KB)
Letter to...docx (11.5 KB), March 20 ...doc (60.5 KB)

920 Quinnipiac Ave #5

New Haven CT 06513

August 1, 2009

Linda Geigle

Executive Director

National Association for Family Child Care

1743 W. Alexander Street

Salt Lake City, Utah 84119

Dear Ms. Geigle:

My name is Aileen McKenna. As a part of my doctoral studies I will be collecting information from child care providers about their experiences with reporting abuse and neglect in children under the age of three. I would like permission to use your web site to post a link to my survey. I am also wondering about the possibility of having the attached letter forwarded directly to your members who will then be able to click on a link and go directly to the survey tool, Survey Monkey. The information I will be collecting will focus on child care providers' experiences with reporting possible child abuse and neglect. It will be used to help improve the planning and future training opportunities in this important topic for those who work with young children.

As you may know, children under the age of three are most vulnerable to abuse and neglect and are the most frequent victims of both severe and fatal abuse. Child care providers spend far more time with children under three than any other mandated reporter of abuse or neglect. Their close relationship with both the child and the family places them in a unique position to observe signs and suspicions of abuse or neglect and make timely reports to Child Protective Services (CPS). That is why their input is so important in research on abuse or neglect.

The survey, which I have also included, consists of 25 multiple choice questions and should take approximately 10 to 15 minutes to complete. Because the survey is online the participants will be able to take it at a time which is convenient to them. Although some participants may feel discomfort while talking about child abuse and neglect, the knowledge of the benefits of the study on possible training provided in the future should compensate for this. Participants may withdraw at anytime without penalty, prejudice or loss of benefits. All participants will be eligible for a random drawing of two \$100 Visa gift cards.

My project has been reviewed and approved by the Western Michigan University Human Subject Internal Review Board (HSIRB). I am also happy to comply with any research approval protocol at your association as well. All information on the survey will remain confidential and will be coded by number only. At the end of the research project all survey results and codes will be destroyed.

If you have any questions and would like to contact me at any time, I can be reached at 203-645-5730 (my cell) or 860-418-6136 (work). Feel free to also contact my committee chair at Western Michigan, Dr. Kieran Fogarty. His number is 269-873-1471. Thank you for reading this letter. I will also send a hard copy through the mail. I look forward to hearing from you.

Sincerely yours,

Aileen McKenna

Appendix F

Human Subjects Institutional Review Board
Approval of Study Change

WESTERN MICHIGAN UNIVERSITY



Human Subjects Institutional Review Board

Date: September 3, 2009

To: Kieran Fogarty, Principal Investigator
Aileen McKenna, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair *Amy Naugle*

Re: HSIRB Project Number: 09-04-17

This letter will serve as confirmation that the change to your research project titled "Reluctant to Report: The Mandated Reporting Practices of Child Care Providers" requested in your memo dated 9/3/2009 (expand recruitment population) has been approved by the Human Subjects Institutional Review Board.

The conditions and the duration of this approval are specified in the Policies of Western Michigan University.

Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: April 27, 2010

Walwood Hall, Kalamazoo, MI 49008-5456
PHONE: (269) 387-8293 FAX: (269) 387-8276

Appendix G

Letter to Regional Office of Child Care Associations

From: amck57@msn.com
To: gupton@oklahomachildcare.org
Subject: child care provider mandated reporter survey
Date: Sat, 31 Oct 2009 14:52:47 -0400

Hello,

My name is Aileen McKenna and I am a doctoral candidate at Western Michigan University. I would like to invite you and all the child care providers of the Oklahoma Child Care Resource and Referral Association, Inc. to participate in a doctoral research project on reporting abuse and neglect in children under the age of three. Participation will involve filling out a survey that will take approximately ten minutes to complete.

For those interested in participating in this survey, please click on the link at the bottom of this page. You will be redirected to Survey Monkey, an anonymous online survey tool. There you will find the survey that will ask you a series of questions about your training and experience. All of the answers will be kept strictly confidential and will be tabulated by Survey Monkey. No computer IP addresses will be collected.

Participants may never have suspected abuse or neglect, but their input is still important! Participation will help in the development of future training opportunities on this most important topic, for all of us who work with young children.

Forwarding this email on to members of your association would be appreciated. The additional survey results will enhance the findings of this research.

If you have any questions I can be reached by email at amck57@msn.com or by phone at 203-645-5730. Thank you so much for your time.

http://www.surveymonkey.com/s.aspx?sm=2mniT9nNuVZd89aopnQCEA_3d_3d

Aileen McKenna M.A.
Doctoral Candidate
Western Michigan University
Interdisciplinary Health Sciences
Kalamazoo, MI 49007