

CHILD ABUSE REPORTING IN BRITISH COLUMBIA:  
AN INVESTIGATION OF PSYCHOLOGISTS AND TEACHERS

by

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A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF  
MASTER OF ARTS  
in the Faculty  
of Education

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SIMON FRASER UNIVERSITY

July 1993

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**CHILD ABUSE REPORTING IN BRITISH COLUMBIA: AN  
INVESTIGATION OF PSYCHOLOGISTS AND TEACHERS**

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## **ABSTRACT**

Child abuse and neglect continue to be a serious social and public health problem. Despite professionals' legal mandate to report suspected child abuse, compliance with these laws is far from complete. To date, there have been no published studies of psychologists' and teachers' reporting practices in Canada. In an effort to better understand the factors influencing child abuse reporting, this study examined professionals' knowledge of, compliance with, and opinions of British Columbia's child abuse reporting law. In addition, participants responded to controlled vignettes that manipulated the type of child abuse (i.e., physical, emotional, and sexual abuse, and neglect). A total of 397 (52% response rate) registered psychologists and teachers completed and returned a survey addressing these issues. Results showed that psychologists have a higher level of knowledge of reporting laws than teachers do; however, level of knowledge of the law did not appear to influence reporting behavior. Intention to report differed as a function of type of abuse, with the sexual abuse vignette being most likely to be reported, and the emotional abuse vignette being least likely to be reported. Professionals who tended not to report past suspected abuse were less likely to report the vignettes of physical and emotional abuse than professionals who consistently reported these types of child maltreatment. Degree of certainty that abuse was occurring accounted for a substantial amount of the variance in reporting intention, whereas personal opinions about the reporting law and system made a modest contribution in predicting reporting behavior. The results are discussed in terms of the implicit policy issues that arose in the research.

## **ACKNOWLEDGEMENTS**

I would like to express my gratitude to several individuals without whose help this project could not have been conducted. To Michael Manley-Casimir, my senior supervisor, who recognized the importance of this subject matter and offered his wisdom and encouragement throughout. To Jim Ogloff who has been a constant source of support and direction. His high level of enthusiasm about research was warmly appreciated and is, in part, reflected in this final product. To Anne Corbishley who unfailingly shared her knowledge and scarce time. Her contribution to the project and my professional career has been delightfully educational and rewarding.

Special thanks are due to several people at British Columbia's Teachers Federation (BCTF). To Alex Boronowski who skillfully computed the random sample of teachers used for this research. To Ann Bloom and the Member Records Department for all their time and effort in labelling and distributing the surveys. Most notably, I would like to extend my warmest thanks to Nancy Hinds for all her support and organizational efforts.

I would like to also express my sincere appreciation to all the anonymous professionals for their contributions to this project. They took time out of their busy schedules to respond to this important issue.

Finally, I would like to extend my heartfelt appreciation to my family who have always provided support and encouragement throughout my educational and everyday experiences. Their strength and positive outlook has been a great source of inspiration in my life.

Thank you all.

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## **CHAPTER I**

### **Organization of the Thesis**

Chapter I begins with a brief introduction of the history of child abuse legislation and discusses the components of British Columbia's child abuse reporting law. A statement of the problem is then presented, key terms are defined, and assumptions are highlighted.

Chapter II reviews and critiques the literature pertaining to research on child abuse reporting. Specifically, professionals' knowledge of and compliance with laws requiring the reporting of child abuse is presented. Reasons for noncompliance are integrated into this review. Each section summarizes the important findings and conclusions are drawn. Chapter III presents the method and procedure for this study. Chapter IV contains the results of the statistical analysis. Chapter V presents the conclusions and summary points drawn from the study. The study concludes by offering recommendations in terms of education and training, research, and legislation and policy change.

### **Introduction**

Child abuse and neglect continue to be a serious social and public health problem. The initial and long-term effects of child maltreatment range from minor to prolific physical, psychological, and behavioral problems of victims (Browne & Finkelhor, 1986; Faller, 1981; Finkelhor, 1990; Powell, 1991). Tragically, in the most severe cases, child abuse and neglect result in the death of a child.

Over the past 30 years, much progress has been made in protecting children from maltreatment. This recent interest took hold after a group of American physicians published an article reporting the

results of a nation-wide study of child abuse cases (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). In their paper, Kempe and his colleagues coined the term "the battered-child syndrome" to describe a clinical condition in which a child exhibits evidence of possible trauma, neglect, or severe physical abuse, or where there is a marked discrepancy between clinical findings and historical data supplied by the parents. The publicity resulting from this article directed attention to the seriousness of child abuse. Legislators in both Canada and the United States responded to the wave of concern by enacting mandatory child abuse reporting laws. The primary function of these laws was to identify and protect children suffering from ongoing abuse.

### **Child Abuse Reporting Laws**

Although parents, guardians, and custodians have a natural right to the custody and control of their children, such rights are not absolute (Allen & Hollowell, 1990; Stadler, 1989). One need only to review the photographs and detailed accounts of child maltreatment in *The Battered-Child Syndrome* (Kempe et al., 1962) to understand the impetus behind mandatory reporting laws. These laws exist because "children depend on others for their safety and well being and have a right to be protected from abuse and neglect" (Ministry of Social Services and Housing, 1988, p.6). This section summarizes the essential features of the statutory provisions relating to child abuse reporting in British Columbia (B.C.): (1) definition of reportable conditions; (2) persons mandated to report; (3) degree of certainty required for a report; (4) sanctions imposed for failure to report; (5) immunity for good faith reporters; (6) abrogation of certain communication privileges; and (7)

reporting procedures. British Columbia's child protection law is reprinted in Appendix A.

### **Definition of Reportable Conditions**

Any phenomenon, to be studied, requires definition. To date, however, no uniform definition of child maltreatment is widely accepted in the literature or legislation. Although many definitions of "child abuse" exist, the meaning of this term varies from jurisdiction to jurisdiction, ranging in description of behaviors from broad to specific (Brosig & Kalichman, 1992a; Foster, 1991). In fact, many researchers and professionals have argued that the number of unstandardized definitions causes confusion and uncertainty among the very professionals who are expected to identify, treat, and prevent the problem (King, 1984; Meriwether, 1986; Misener, 1986; Nelson, Dainauski, & Kilmer, 1980; Watson & Levine, 1989; Weisberg & Wald, 1984). This confusion as to what is and is not child abuse leads to significant failure to report and the large number of unsubstantiated reported cases (Besharov, 1986; Eckenrode, Powers, Doris, Munsch, & Bolger, 1988; Smith & Meyer, 1984).

Despite the definitional ambiguity, child maltreatment is generally divided into four major categories:

**Physical Abuse:** means any physical force or action which results in or may potentially result in a non-accidental injury to a child and which exceeds that which could be considered reasonable discipline;

**Sexual Abuse:** means any sexual exploitation of a child whether consensual or not. It includes touching of a sexual nature and sexual intercourse, and may include any behavior of a sexual nature towards a child;

**Emotional Abuse:** means acts or omissions of those responsible for the care of a child which are likely to produce long term and serious emotional disorder;

**Neglect:** means the failure of those responsible for the care of the child to meet physical, emotional or medical needs of a child to an extent that the child's health, developmental or safety is endangered (Ministry of Social Services and Housing, 1988, pp.10-11).

### **Persons Mandated to Report**

Since the mid 1960's, the reporting laws have changed many times. One component repeatedly modified is the category of persons required to report. Originally, only physicians were required to report child maltreatment because they were considered the professionals most likely to see abused children, and they were presumed to be the most qualified to recognize a case of possible child abuse and neglect (Paulsen, 1966). Over the years, however, increased public and professional attention led to the laws being expanded to include many other professional groups in direct contact with children, including psychologists, social workers, teachers, and child care workers. The guiding assumption in broadening the classes of individuals who are required to report abuse was that increased reporting would result (Sawyer & Maney, 1981). In British Columbia, it is the legal responsibility of "a person" who has reasonable grounds to believe that a child is in need of protection to file a report (Family and Child Service Act of British Columbia, 1980). The term "a person" necessarily implies that all persons, irrespective of their classification, are required to report. It is significant to note that attorneys, other than prosecuting attorneys, are not included as mandated reporters (Agatstein, 1989).

## **Degree of Certainty Required for a Report**

The degree of certainty that a mandated reporter must have to make a report of suspected child maltreatment varies across provinces and states. In all jurisdictions, however, it is not the persons' responsibility to determine whether or not abuse did, in fact, occur. This determination is made by social services or child protection agencies. In British Columbia, it is the legal duty of a person who has "reasonable grounds to believe" that a child is in need of protection to immediately report the circumstances.

The statutory language used to define the degree of certainty has important legal implications in determining liability for failure to report. The use of the term "reasonable" denotes an objective standard (Foster, 1991; Reppucci & Aber, 1992). To be guilty of breaching this duty to report, it must be determined that a reasonable person in similar circumstances would have formed this belief.

## **Sanctions Imposed for Failure to Report**

Currently, across jurisdictions, the failure of a person to report suspected child maltreatment constitutes a statutory offense, punishable by a fine and/or jail sentence. In British Columbia, failure to report suspected child maltreatment is punishable by a \$1,000.00 fine and/or six months in prison (Turner & Uhlemann, 1991). A breach of this duty by a mandated reporter may also constitute a criminal offense and/or professional misconduct (Foster, 1991).

## **Immunity for Good Faith Reporters**

"Good faith is the honest belief that a child has been or is in danger of being abused" (Balasa, 1992, p.26). In British Columbia, a

person making a report in "good faith" is immune and protected from civil liability. The objective of this provision is to encourage reporting by removing the threat of legal action. For example, if a person makes a report of suspected child abuse that proves to be unfounded, the parents or legal guardians of the child could not sue the person for defamation of character. Only in cases in which it can be proven that a person made a false report, with malicious intent or without reasonable grounds, is that person liable for damages.

### **Abrogation of Certain Communication Privileges**

In British Columbia, the duty to report child abuse and neglect overrides a claim of confidentiality or privilege, except a claim between a lawyer and a client. All provinces in Canada preserve the lawyer-client privilege in order to secure a fair trial. For every other professional, however, the ethical principle of confidentiality does not apply in cases of suspected child maltreatment. That is, information obtained in the course of a relationship is not protected in judicial proceedings.

### **Reporting Procedures**

The majority of laws in Canada require that a child abuse report be made "forthwith" or "without delay." Delegating this responsibility to another person (e.g., a superior or a colleague) is in breach of the legislation. In British Columbia, reports are made to a social worker who is a delegate of the Superintendent of Family and Child Service. When it is determined that a child may be in need of protection, the social worker must immediately notify the police who are responsible for criminal investigations.

## **Statement of the Problem**

Despite the existence of mandatory reporting laws, current research suggests that professionals still commonly fail to report suspected child abuse (Besharov, 1991; Brosig & Kalichman, 1992b; Denton, 1987; Finkelhor & Zellman, 1991; Finlayson & Koocher, 1991). Explanations for such noncompliant behavior, however, remain unclear. Some professionals fail to report suspected abuse because they are unfamiliar with the reporting laws. Many professionals who demonstrate knowledge of the law, however, are also noncompliant. Of these professionals, the reasons identified as influencing their reporting behavior include legal factors (i.e., statutory wording and definitions); clinician variables (i.e., gender, age, professional training, attitudes and experiences); and situational factors (i.e., victim attributes, perpetrator attributes, type of abuse, severity of abuse) (Brosig & Kalichman, 1992a; Finlayson & Koocher, 1991).

Given that virtually all of the research in this field comes from the United States, it is timely to examine the effectiveness of the statutory obligations of Canadian professionals to report child abuse. Learning more about the factors associated with the reporting of child abuse will help determine what changes are needed in three important areas: (1) education and training; (2) research; and (3) legislation and policy change.

## **Definitions of Key Terms**

**Child**: in British Columbia a child is a person under 19 years old.

**Maltreatment**: includes both "abuse" and "neglect" and covers those acts or omission of acts endangering the child's safety or well being.

**Mandatory reporting:** refers to the legal obligation of a person to report child maltreatment.

### **Assumptions**

1. Participants answered honestly.
2. The candor and accuracy of responses are indicative of their actual behavior.
3. Respondents completed and returned only one survey.
4. The sample of professionals who returned their questionnaires is representative of the larger pool of surveyed professionals.



## **CHAPTER II**

### **Review and Critique of the Literature**

This literature review presents the history and current status of the reporting practices of mental and public health professionals, medical professionals, and school personnel. Specifically, the review highlights professionals' knowledge of and compliance with the child abuse reporting laws and addresses their reasons for not reporting child maltreatment.

#### **Mental and Public Health Professionals**

One of the first studies investigating mental health professionals' knowledge of and compliance with the child abuse reporting law was conducted by Swoboda, Elwork, Sales, and Levine (1978). Of a total of 236 subjects sampled from various professional listings and directories in eastern Nebraska, 98 questionnaires were completed and returned, representing a 37% response rate. Swoboda and his colleagues found that 32% of psychologists, 18% of psychiatrists, and 3% of social workers were unfamiliar with Nebraska's child abuse reporting law. When presented with a vignette describing a father's continued mental and physical abuse of his children, 66% of the respondents said that they would not have reported the child abuse, with psychologists being the least likely to report the abuse (87%). Overall, the authors found that 63% of the professionals surveyed were aware of the law but were reluctant to report. Swoboda and his colleagues concluded that a lack of familiarity with the law to report was probably not the most salient determinant in respondents' noncompliance because Nebraska's child abuse reporting law was presented in the first part of the questionnaire.

Instead, these authors suggest that mental health professionals' "negative attitude[s] toward the law appears to be an equal, if not a greater, problem than [their] ignorance of the law" (p.455).

There are several problems with this study which encumber the interpretation of these findings. As previously indicated, these authors failed to secure an adequate response rate. As a result of low returns (37%), valid generalizations cannot be made without information about the characteristics of the nonrespondents. Second, Swoboda and his colleagues neglected to collect demographic information beyond respondents' professional and educational status. The omission of additional demographic information (e.g., age, gender) limits the replicability of this study. Further, it remains unclear if these professionals actually worked directly with children or not. Third, this study suffers from possible flaws in procedural design. Specifically, participants were presented with the statute relating to their states' reporting requirement and were then asked to answer a question about their knowledge of its existence. Such a format undermines the validity of subjects' responses. A final limitation with this study is that respondents' were not asked to provide the reasoning behind their decisions to report or not to report the abuse, omitting potentially valuable information.

Research conducted by Muehleman and Kimmons (1981) examined the likelihood that psychologists would report an experimental vignette of child abuse and their reasoning in making this decision. The participants of this study were 39 in total; twenty-nine were psychologists attending the convention of the Tennessee and Kentucky Psychological Association (TPA/KPA) and 10 were practicing

psychologists in the western Kentucky area. Participants attending the convention were interviewed in person while the remaining 10 interviews were arranged by telephone and conducted at the professionals' office. Subjects were asked to read the Tennessee or Kentucky statutes dealing with privileged communications and then read and respond to the child abuse scenario used in the study by Swoboda et al. (1978). Two judges were asked to rate the response protocols to determine (1) whether the psychologist would report automatically; (2) the reasons given for the decision; and (3) the rank ordering of importance of the child's life, the law, and confidentiality for each psychologist. Results of this study found that only 46% of the psychologists would have reported the child abuse automatically, while 49% would have failed to report immediately (violating the law). Although all of the psychologists indicated that they would eventually report, some reported more quickly than others. When asked to justify their reasons for reporting, only five percent of the psychologists spontaneously indicated the child's life, the law, and confidentiality were central issues in their decisions. A rank ordering of the importance of these issues revealed that the majority of subjects considered the child's life (61%) the most important, confidentiality (51%) was ranked second, and compliance with the law (41%) was most often ranked as the least important determinant affecting their decision to report.

One strength of Muehleman' and Kimmons' study is that they attempted to elicit the reasons guiding psychologists' decisions to report or not report child abuse. A second strength is that these authors viewed child maltreatment as existing along a continuum, as opposed to a nominal scale suggested by Swoboda and his colleagues (1978).

Muehleman' and Kimmons' research suffers, however, from methodological flaws which ultimately limit the generalizability of their study. Given the small sample size, the authors cannot be confident that their sample represents the larger population of psychologists. Second, in using volunteers as the entire sample pool, it is difficult to determine how this group may differ from non-volunteers. The results of this study, therefore, may not be applied to larger population from which the volunteers were drawn. In addition, these authors failed to consider these potential differences in interpreting their findings. A final weakness of this study is that students and masters level practitioners were included under the studies definition of "psychologist." By erroneously treating all of these practitioners as a homogeneous group, the effects of differential educational level, training, and experience might have tainted the data.

Six years later, Williams, Osborne, and Rappaport (1987) surveyed a range of professionals to evaluate their knowledge and compliance with Louisiana's mandatory reporting requirement. A total of 60 psychologists, physicians, psychiatrists, teachers, ministers, and school nurses were randomly selected from professional listings for participation. Given a six-item true-false test on the reporting law, participants averaged 68.6% correct responses; ministers obtained the highest number of correct responses (75%), while psychologists and teachers received the second lowest number of correct responses (67%). When presented with four hypothetical cases of suspected child abuse, participants were more inclined to report than not to report (mean score of 2.95 on a four-point scale), with physical abuse being more likely to be reported than psychological abuse. Across vignettes, school nurses,

ministers, and teachers were most likely to report (mean scores of 3.35, 3.32, and 2.90, respectively), and psychologists were least inclined to report the child abuse cases (with a mean score of 2.42). It is important to note, however, that psychologists' low mean score is the result of a bimodal distribution of responses. That is, psychologists were least inclined to report the two psychological abuse scenarios (means of 1.50 and 1.90), but were most inclined to report the physical abuse scenarios (means of 2.60 and 3.70). Impediments to reporting noted by the authors include professional attitudes toward the law, decision rules about reporting, and actual past experiences with child abuse reporting.

One strength of this research is that it is the first to examine the possibility that professionals may treat different types of abuse in different ways. Second, this study measured respondents' specific knowledge of the elements of the law, instead of just their awareness of the legislation as cited in previous research (Swoboda et al., 1978; Muehleman and Kimmons 1981). Lastly, vignettes in this study were presented randomly, counterbalancing for any possible order effects.

On the other hand, a number of flaws limit the generalizability of this study. First, the small sample size of only 10 subjects per subgroup make it difficult to generalize these findings to the larger population of professionals from which they were drawn. Second, the authors present their sample as a heterogeneous group with respect to gender (i.e., 32 males and 28 females), however, each sub-group of professionals is homogeneous, except for psychologists. For example, all (n=10) of the school nurses and teachers are females. Similarly, all (n=10) of the ministers are males, nine of the psychiatrists are males, and eight of the physicians are males. It is conceivable, therefore, that

these findings reflect unexamined gender differences. Third, this study failed to control, systematically, for the content presented in each vignette. Given different contextual material, specific variables affecting reporting (e.g., type of abuse: physical and psychological) cannot be exclusively identified. Lastly, the reasoning behind professionals' decisions to report or not report were not elicited, and the data only allows for speculation.

Reisenauer (1987) investigated professionals' knowledge of, compliance with, and attitudes towards Washington's child abuse reporting legislation. Subjects for this study consisted of 289 psychologists, physicians, and masters level social workers randomly selected from their respective professional directories. Of the 289 questionnaires distributed, 205 (70%) were completed and returned by the specified deadline date. Reisenauer found that virtually all (98%) of the participants sampled indicated that they were aware of the law to report suspected child abuse prior to reading it as part of the survey. When asked about the specific components of the reporting law, psychologists and social workers seemed to have a firm grasp of the law's specific tenets (with mean scores of 6.15 and 6.11, respectively on a 7-point Likert scale), while physicians were significantly less aware (a mean score of 5.83). When asked about past reporting practices, psychologists failed to report 52%, social workers 37%, and physicians 23% of the child abuse cases they encountered that were reportable. Given a vignette constructed by Swoboda et al (1978), 85% of respondents were generally willing to comply and report the situation; psychologists were, however, the least willing to obey the law. To account for the discrepancy between professionals' knowledge of their legal mandate to

report suspected child abuse and their lack of compliance with this law, Reisenauer speculates "that the law is viewed by these practitioners as a punitive force which inhibits therapeutic progress" (p.111).

A number of strengths are apparent in Reisenauer's study that deserve recognition. First, this study employed several follow-up procedures to secure a respectable response rate of 70%. As a result of these high returns, valid generalizations can be made. Second, the author examined the relationship between past and present reporting behavior. To date, no other study has investigated the relationship between these two factors. Third, this study investigated the relationship between professionals' attitudes on their likelihood of reporting child abuse. Unfortunately, this study did not investigate why professionals tended to not report past child abuse. Such factors are essential in understanding more about reporting behavior.

One year later, Kalichman, Craig, and Follingstad (1988) surveyed 101 mental health professionals in Florida, examining their tendency to report child abuse. The various classes of professionals included bachelors level mental health technicians (n=39), masters level therapists (n=41), registered nurses (n=10), psychologists (n=7), and psychiatrists (n=3). When presented with a case of child abuse, 81% of the clinicians stated that they would report. Professionals with higher training and status were found more likely to report than professionals with lesser training and status. Victim age (5, 10, 15 years) and type of abuse (sexual and physical) did not significantly affect tendency to report. The condition where the child described her abuse was more likely to be reported, however, than where the child cried and refused to talk. Sixty-one percent of the subjects reporting the abuse indicated that the factor

most influential in their decision to report was their legal obligation to do so. In contrast, 89% of the subjects not reporting (n=18) indicated that they felt uncertain that abuse was occurring, fearing that they may err in reporting.

The interpretation of these results is problematic for several reasons. First, these authors failed to report their response rates. A representative sample is, of course, necessary before true interpretation of findings can be determined. Second, there are significant differences between the number of professionals represented in each group, making any comparisons between these groups suspect. Third, the authors did not clearly identify which professionals were deemed higher or lower status. Data analysis from this study is at the moment too incomplete and too limited to draw any solid conclusions.

Barksdale (1989) investigated the decision-making processes of psychotherapists who discovered child abuse in their clinical practice. Ten psychotherapists in the San Francisco Bay area volunteered to participate for the study. In an audiotaped interview, subjects were asked if they would report a vignette, what factors were important in making that decision, and what they thought the effect of the decision would be. Results of the qualitative analysis found that eight of the 10 subjects responded that they would report a mother who hit her two pre-school age children causing them to bruise. For most clinicians, concerns about the child's safety was more important than possible damage to the clinical relationship. Six psychotherapists raised the issue of mandated reporting, three of the reporters saw the children's ages and the physical evidence of abuse as important. Of the two nonreporters, "one subject said that she might make a report later, but



since the mother was already in treatment, a report would be more detrimental than helpful ... [and that] the possible negative effects of reporting outweighed the legal mandate" (p.173). The other nonreporter said that a report would not ameliorate the situation, however, he would strongly encourage the client to ask for help from Child Protective Services (CPS).

When subjects were asked if their decisions would vary if the mother denied having abused them, nine subjects stated that they would report. One of the original nonreporters said that she would report because the mother's denial would make the home more dangerous. None of the reporters said that they would change their decision if the abuser was the mother's husband or boyfriend. The fact that most subjects did not see a dilemma between maintaining confidentiality and protecting children is in contrast with previous research (Swoboda et al., 1978). Barksdale posits that subjects' advanced level of experience might have increased their confidence about reporting child abuse and diminished their perception of a reporting dilemma.

A couple of points make this a well designed study. First, Barksdale provided specific criteria for inclusion in the study. For example, participants had to have at least once considered reporting suspected abuse. Presumably, these clinicians would have had more of an appreciation of the complexities surrounding the issue of child maltreatment, and are in a position to contribute to current understanding. As a research technique, the interview serves as another advantage. The interview process permits the researcher(s) "to follow-up leads and thus obtain more data and greater clarity" (Borg & Gall, 1989, p.446) that previous surveys may have failed to collect.

Two limitations of Barksdale's study must be noted before further consideration is given to her findings. First, the sample was small and self selected, therefore the results cannot be generalized beyond this group. Second, inherent in the interview process, is the possible bias between the respondent and the interviewer. The lack of anonymity may have contributed to the higher compliance rates found, as a result of response effects.

Kalichman, Craig, and Follingstad (1989) surveyed licensed psychologists in South Carolina and Georgia to determine the factors influencing the reporting of father-child sexual abuse. Of a total of 467 psychologists sampled, 279 (60%) participated. Using clinical vignettes, the authors manipulated the child's gender (male or female), father's response (admitted or denied), and expectation of reporting (positive or negative) to determine psychologists likelihood of reporting. Results indicated no effect of the victim's gender on tendency to report. Clinicians were more likely to decide to report abuse, however, if the father in the vignette admitted rather than denied having abused his child and when the clinician expected a positive outcome in making a report. Confidence ratings were significantly related to likelihood of reporting. Although 62% of the psychologists indicated that they were aware of the mandatory child abuse reporting laws, relatively few indicated that they would definitely report their suspicions to the authorities. Similarly, when asked about past reporting behaviors, all of the psychologists surveyed stated that they had had clinical contact with at least one case of child abuse, yet only 63% had complied with the law to report. Responses also indicated that 85% of the psychologists believed that the reporting laws are necessary, but only 32% believed

that the laws are effective. Consistent with previous research (Muehleman & Kimmons, 1981; Reisenauer, 1987; Swoboda et al., 1978), Kalichman and her colleagues highlight the clinical dilemma between breaking the law (failing to report) and compromising confidentiality (which is perceived to disrupt therapy).

A unique procedure employed by these authors involved sampling psychologists from more than one state. Failure to find differences between states increases the generalizability of their results. Another advantage of their study is the use of multiple vignettes with experimentally controlled content. This procedure permits the researchers to identify particular circumstances affecting the reporting of abuse. A final strength with this study is that it evaluated the impact of clinicians' attitudes toward mandatory reporting on their decisions to report. Few researchers have systematically investigated this possible relationship.

One important limitation must be taken into consideration before interpreting the findings related to psychologists' past reporting behavior. Specifically, these authors erroneously assumed that 37% of psychologists failed to report past child abuse, and thus violated the law. Research conducted by Finkelhor and his associates (1984), however, offered at least two legitimate reasons for not reporting: (1) if someone else had already reported the case; and (2) if the victim was no longer a child. Future research needs to allow respondents to qualify their answers so that research findings can be presented with more precision.

In another study, Kalichman and Craig (1990) surveyed a small sample of mental health professionals' attitudes and tendency to report incestuous abuse. Subjects were 32 licensed psychologists, social

workers, psychiatrists, and nurses, and 39 non-licensed adult and adolescent counselors practicing in Florida. Results indicated that all of the licensed clinicians knew the reporting law and would report the hypothetical case of incest presented. In contrast, 40% of non-licensed clinicians indicated that they were unaware of the reporting law, and 25% responded that they would not report the presented vignette of incest. Kalichman and Craig asserted, however, that knowledge of the reporting law does not necessarily correspond with compliance. In fact, a number of the non-licensed clinicians who did not know the law stated that they would report, while others who did know the law would not. To account for this finding, the authors posited that non-licensed clinicians are misinformed over issues of confidentiality. Results of this study also found that male clinicians attributed a greater degree of responsibility to the mother and daughter in father-daughter incest families than female clinicians. Although Kalichman and Craig did not investigate further why these differences existed, they posited that males believe that mothers should be accountable for what happens within the family.

Unlike previous research, this study attempted to investigate professionals' attitudes towards incest from a theoretical position: attribution theory. As a result, this research allows for clear variable selection and interpretation of results. Three major limitations, however, should be considered in reviewing this study: (1) the method in which subjects were recruited are not specified; (2) the small sample size; (3) and the distribution of subjects within each professional category is limited and unclear. On the basis of these limitations, the generalizability and replicability of these findings should be interpreted with caution, and remain suspect.

On a larger scale, Zellman (1990a) collected data from a national survey to investigate the relationship between a series of judgments about the cases described in 12 core vignettes and reporting intentions. Almost 1,200 psychologists, social workers, family/general practitioners, pediatricians, school principals, and child care providers in 15 states responded to a mail survey, representing a 59% response rate. Each respondent received five vignettes (describing physical and sexual abuse, and neglect) and was asked to respond to six abuse-relevant judgments about (1) the seriousness of the incident; (2) whether the incident should be labeled "abuse" or "neglect;" (3) whether the law would require a report; (4) whether the child would benefit from a report; (5) whether the rest of the family would benefit from a report; and (6) their likelihood of reporting the incident. Overall, respondents were fairly willing (68 on a 100-point scale) to report child maltreatment and tended to be guided by their legal mandate to do so. Sexual abuse vignettes were rated the most serious and were more likely to be reported than either physical abuse and neglect. Overall, the five judgments accounted for 71% of the variance in likelihood of reporting. Reasons for not reporting the abuse included lack of sufficient evidence and concerns that a report would be more likely to harm than to help the child or family.

The strength of Zellman's study lies in the large sample size, and use of national samples. This procedure provides the greatest potential professional representation. Additionally, this study attempted to understand if professionals differed in their decision making by type of maltreatment. This is an important research question that few researchers have addressed (Williams et al., 1987). The limitation of this research is that confounding might have occurred when the severity of

abuse was simultaneously manipulated with different amounts of information available to make a reporting judgment (Brosig & Kalichman, 1992a). Thus, the results should be interpreted with caution, and highlight the need for controlled content in the presentation of vignettes.

Using the same national data pool, Zellman (1990b; Zellman & Antler, 1990) further investigated the problem of noncompliance by investigating professionals' lifetime reporting practices. Results of the survey data yielded four distinct groups of professionals. The first group were the consistent reporters who always reported suspected child abuse (44%). The second group were entitled the "discretionary reporters." One-third of the sample fell into this category, having indicated that they sometimes reported and sometimes had not reported. The third division were the uninvolved. Seventeen percent had never encountered suspected child maltreatment nor failed to report. Last, six percent of respondents never reported, but had suspected abuse at least once but chose not to report it. The three groups of mental health professionals (child psychiatrists, clinical psychologists, and social workers) tended to report the vignettes inconsistently (58.2%, 44.3%, and 51.3% respectively). A review of their current reporting practices (in the past year), however, indicated dramatic improvements in their tendencies to report child maltreatment (32%, 22.7%, and 27% respectively).

Interestingly, results of this analysis indicated that the discretionary reporters were just as knowledgeable about and were as well trained in child abuse issues as the consistent reporters. The key factor distinguishing the discretionary reporters from the other groups was their negative views of the capabilities of child protective services, and their beliefs that reporting might have negative consequences for the

child. Those who never reported tended to believe that reporting had negative personal consequences, such as lost time or income or the risk of a lawsuit. In general, lack of sufficient evidence, insufficient seriousness, and treatment-related concerns were commonly cited as reasons for failure to report.

Zellman's research contributes to understanding professionals' reporting practices by grouping mandated reporters into four distinct categories. Prior to this study, researchers categorized professionals as either reporters or nonreporters. Secondly, this study effectively elicited professionals' reasoning behind their reporting decisions. Understanding these factors have important implications for child protection.

In a recently completed survey, Kalichman and Craig (1991) examined psychologists' decisions to report suspected child abuse. Participants were 899 psychologists sampled from Minnesota and Oklahoma. A total of 328 (40%) clinicians completed and returned the surveys. Across all conditions (e.g., victim's age, gender, type of abuse) virtually all (97%) of the respondents indicated that they would tend to report the vignette of child abuse. Psychologists who had previously failed to report child abuse in their clinical practice were less likely to report the hypothetical case, whereas those who had not failed to report were more likely to report the hypothetical case. This result suggests that psychologists are consistent in their reporting behaviors, and may have biases toward or against reporting. Contrary to previous findings, the most influential factor in psychologists' reporting decisions was the level of evidence available to substantiate abuse (indicated by 39%). Concerns about disrupting therapy was indicated by only 22% of the

sample. Degree of confidence in the occurrence of abuse accounted for 18% of the variance in clinicians' decisions to report.

### **Summary**

Despite the limitations discussed, the present research suggests that, over the years, public and mental health professionals are gaining in their knowledge of mandatory reporting laws and they are more willing to report incidents of child abuse. These practitioners do not, however, always comply with the law that requires them to report immediately any suspicions of abuse. Concerns about confidentiality and possible harm to the therapeutic relationship seem to be the cornerstone of the problem for mental health professionals.

### **Medical Professionals**

Medical professionals play a crucial role in the diagnosis, reporting, and treatment of abused and neglected children. Yet, hospital practitioners have been criticized for not reporting suspected abuse. One of the first studies to investigate medical practitioners' knowledge of the battered child syndrome, awareness of community procedures available, and attitude toward reporting child abuse was conducted by Silver, Barton, and Dublin (1967). The subjects of this study consisted of 450 pediatricians, general practitioners, and hospital staff from the greater metropolitan Washington, D.C., area. Of the 450 questionnaires sent out, 200 (44%) were completed and returned. When physicians were asked specific questions about the identification and reporting of suspected child abuse, a high percentage of the physicians demonstrated a lack of awareness of the battered child syndrome or a lack of knowledge about community procedures. One in five respondents



indicated rarely or never considering child abuse when seeing an injured child. One in six medical professionals retrospectively reported the possibility that child abuse could have been considered but was not, and over 50% did not know the correct procedure to follow in making a report. Further, 20% of the physicians surveyed would not report child abuse even if they suspected it. Silver and his colleagues suggested that a lack of knowledge may not be the primary reason why physicians fail to report suspected child abuse. Insufficient diagnostic evidence, possible consequences to the family, and lost time were the three major reasons indicated by physicians for not reporting suspected abuse.

Anderson, Fraser, and Burns (1973) designed a questionnaire to investigate physicians' knowledge of child abuse issues in the province of Nova Scotia. In total 144 general practitioners, specialists, medical resident physicians, and doctors engaged in research participated in the study. Findings indicated that 47% were unaware of the specific law related to reporting child abuse and fewer than 50% of physicians did not recognize their legal obligation to report a child who is probably being abused. To account for these findings, the authors posit that mandatory reporting only came into existence in 1968 and "physicians cannot be expected to keep abreast of all changes in federal and provincial legislation" (p.188). Even if physicians were aware of their legal responsibilities, Anderson et al. stated that doctors would not comply because they are fearful of spending lengthy amounts of time in conferences and family court hearings. Additionally, physicians are concerned that reporting abuse might alienate them from their patients and perhaps the community.

This study contributed to the literature on child abuse reporting by investigating physicians' reporting of child abuse in Canada. To date, all of the research conducted in this field is derived from the United States. Given the various definitions and legislations on child abuse, further research with diverse populations is needed to investigate whether similar conditions exist in other geographic regions.

Several factors, however, make the interpretation of this study a complex and difficult task. First, the authors failed to report a response rate; therefore, it is difficult to generalize these findings beyond this sample without information about the nonrespondents. Second, medical resident physicians were included under the study's definition of "physician". Consistent with Muehleman' and Kimmons' (1981) work, potential confounding effects of differential training levels, exposure, and experience occur. Third, no effort was made to identify only those doctors who work with children. As a result, specific respondents (e.g., medical doctors engaged in research) may have contributed little to understanding the issues and complexities related to child abuse reporting.

One of the first comprehensive discussions of the reasons why physicians do not get involved in child abuse cases was presented by Helfer (1975). In his article, Helfer outlined eight reasons why physicians are reluctant to report: (1) they lack training in the areas relating to child abuse and neglect; (2) physicians have limited interpersonal skills which makes communication with parents and children difficult; (3) physicians have difficulty effectively working with multi-disciplinary teams (necessary for helping child abuse victims); (4) physicians claim that dealing with child abuse victims is emotionally and financially draining;

(5) physicians fear testifying in court; (6) physicians receive minimal personal rewards or minimal positive feedback; (7) they lack the support from community services; and (8) many physicians do not view themselves as agents for change, thus their role is not that of a reporter. Although Helfer fails to substantiate these claims, research by Sawyer and Manley (1981) reports that educational training programs designed to attend to some of these issues have fostered increased reporting practices by medical personnel. Two recent articles (Alexander, 1990; Hyden & Gallagher, 1992) provide an excellent resource for educating physicians in recognizing and managing child abuse cases.

A study by Chang, Oglesby, Wallace, Goldstein, and Hexter (1976) collected survey data on physicians' attitudes and experiences with child abuse and neglect cases. These authors distributed 2453 questionnaires to pediatricians, radiologists, and "other" physicians listed in the *Directory of Medical Specialists* and the *American Medical Directory*. In all, 1,367 questionnaires were returned representing a 56% response rate. Despite 91% of physicians indicating that their profession *should* report cases of child abuse, only 71% of the pediatricians, 58% of the radiologists, and 46% of the "other" physicians believed that these cases were *usually* reported. Further, many of these physicians were not aware of the proper procedure for reporting. Although 73% of physicians felt that there was an increasing trend in the awareness of child abuse, only 45% believed that existing services were adequate and 33% indicated that existing management programs were effective. The results of this research highlight the need for references and brochures describing the reporting requirements, systems for detecting and

reporting, and clarification of roles and responsibilities of community agencies in child abuse cases.

A strength in the design of this study is that the authors examined respondents' past reporting behavior as well as their current attitudes. To date, the research in this field has not investigated this potential relationship.

Two years later, James, Womack, and Stauss (1978) surveyed pediatricians and general physicians on their reporting of child sexual abuse. Of the 300 questionnaires distributed to physicians in the state of Washington, 96 (31%) were returned. Over 50% of the physicians indicated that they had seen at least one case of intrafamilial sexual abuse in the previous year and 93% of them felt that the victims had been seriously traumatized by the abuse. However, only 32% of the physicians had urged at least one person in the family to report the incident and only 42% stated that they, themselves, would report any child abuse case involving sexual activity. Two thirds of the physicians believed either that reporting would be harmful to the family or that the problem could be handled more easily privately. The other third indicated that they were dissatisfied with the handling of such cases by social services.

Given the low response rate (31%), these findings and interpretations should be considered tentative. Nevertheless, two aspects of the design of this research are highly valued. The first is that the sample for this study was random. Such a selection procedure reflects a diverse set of respondents and allows for generalization beyond the sample group. Second, these authors operationally defined sexual abuse as part of the questionnaire. Such a procedure helps alleviate any

confusion about a reportable case of maltreatment. It is conceivable that the lack of clarity about the definition of child maltreatment has given rise to differential reporting compliance in past research.

McPherson and Garcia (1983) reviewed the effects of patient social class and familiarity on pediatricians' likelihood to report child physical abuse. Using controlled vignettes, 160 pediatricians were surveyed from 37 states and the District of Columbia. Of the 160 subjects selected, 109 (70%) were completed and returned. The authors reported that class bias did not affect the likelihood of pediatricians reporting the physical abuse situation. Familiar (i.e., life-long) pediatricians were, however, less likely to report and more likely to diagnose the child as accident prone than the unfamiliar (i.e., first time emergency encounter) pediatricians. The findings from this study parallel the results obtained by James and coworkers (1978) in that physicians continue to underreport child abuse cases. The authors call for educational efforts in recognizing that the special nature of patient-physician relationships may result in an abused victim and his/her family not receiving necessary help.

One of the strengths of this study lies in the high return ratios obtained. To date, this is one of the highest percentage cited in the child abuse reporting literature. Also, this study may be used as a catalyst to raise physicians' awareness that child abuse is not an exclusively lower class phenomenon. Whether or not these findings can be directly generalized to other professionals (mental and public health workers and school personnel) remains unanswered.

Saulsbury and Campbell (1985) surveyed 511 physicians in Virginia to investigate how frequently child abuse is diagnosed and reported. Of the 511 pediatricians, family practitioners, and emergency

medical physicians randomly surveyed, 252 (49%) were analyzed. The results of this study found that 26% of physicians diagnosed no abused or neglected children in their practices in the last year. Most physicians indicated, however, that they were inclined to report all diagnosed cases of sexual abuse (92%) and physical abuse (91%), but fewer were likely to report all cases of physical neglect (58%), emotional abuse (45%), or medical neglect (43%). Thirty-eight percent of physicians justified nonreporting on the grounds that a report should not be filed until diagnosis was certain, and 30% failed to report on the basis that the physician can work with the family to solve the problem outside the legal system.

A strength of this study is that it attempted to investigate physicians' reporting of various categories of abuse (i.e., physical abuse, sexual abuse, physical neglect, emotional abuse, and medical neglect). Few researchers have examined the broad range of abuse and neglect categories. Unfortunately, no definitions or diagnostic criteria were provided; therefore, there is variation between physicians as to what constitutes child maltreatment. Another possible limitation is that physicians relied on memory alone in recalling past reported abuse. Hence, the degree for error is undeterminable. Lastly, because identical questionnaires were sent to those physicians who did not respond to the first mailing, respondents might have feared a loss of anonymity. Given this concern, subjects might have distorted their responses.

Attias and Goodwin (1985) surveyed various professionals in private practice, assessing their knowledge about incest and management strategies. Two hundred and fifty-five psychiatrists, pediatricians, psychologists, and family counsellors were selected from

the 1983 telephone directory of a large city in Southwest United States. A total of 108 (43%) questionnaires were completed and returned. It was found that 98% of the respondents surveyed were aware of their obligation to report suspected incest to the authorities. However, more than half of the psychiatrists and one third of the other clinicians indicated that they would not report a family to child protective services the case of an 11-year-old girl who had first disclosed, but then retracted, an incest allegation. While most pediatricians would recommend a physical examination of a child who had retracted, over 50% of other professionals studied would do so. The authors link this finding in part to widespread misunderstanding of the likelihood that such retractions are false. Almost all professionals (96%) responded affirmatively to the need for more information in this area, requesting training in treatment strategies, identification of behavioral sequelae, and development of diagnostic skills.

Similar to previous findings, Attias and Goodwin failed to secure a respectable response rate which limits the generalizability of their findings. Although costly and time consuming, follow-up calls or a second mailing might have been conducted to attain higher response ratios.

Using data from the National Study of the Incidence and Severity of Child Abuse and Neglect (NIS), Hampton and Newberger (1985) examined the effects of a range of case characteristics on the reporting behavior of hospital personnel. Data were collected from 26 counties in 10 states between May 3, 1979 and April 30, 1980. Results indicated that hospital personnel failed to report to child protective services (CPS) almost half of the cases that met the study's definition of child abuse.

Physical abuse cases were more likely to be reported, whereas emotional abuse tended to be underreported (75.6% and 36.1%, respectively).

Cases in which the child was white and came from more affluent families were less likely to be reported to CPS. In contrast to McPherson and Garcia (1983), these findings suggest that hospital professionals are biased by class and race in their reporting of child abuse. The authors call for a critical review of the system as well as the process of reporting to combat personal prejudices and judgments that may affect the typing of individuals.

A unique feature of this study is its presentation of real-life low rates of compliance with the law. Research to date has typically used vignette-type questionnaires to determine the rate of compliance with the reporting laws. Similar to Zellman (1990a), this study employed a large sample size of national data. This procedure provides the greatest potential professional representation. Further, Hampton and Newberger clearly defined the study definition of child maltreatment to increase reliability of assessment.

A report by Morris, Johnson, and Clasen (1985) investigated how physicians' attitudes toward parental physical discipline affected their reporting of child abuse. Subjects for the study were 60 pediatricians and 75 family physicians randomly selected from all licensed physicians practicing in Ohio. Of the 135 physicians sampled, 58 (43%) agreed to participate in a structured interview. Results of the study indicated that significant gaps exist between physicians' classification of "inappropriate" parental action and their likelihood to report. For example, while 98% identified "bruising with a belt" as inappropriate discipline, only 48% of the physicians said they would report it as abuse. In general, the higher



the physicians' tolerance for physical punishment, the less likely they were to report it as abuse. Finding an injury incompatible with the history given for it and personal experience with the family through previous visits were important factors in deciding whether to report abuse (85% and 57%, respectively). Only 5% of the physicians mentioned the law required them to report their suspicions as a factor in deciding whether to report the sample cases, and 25% of the family physicians said that they would not know whom to call to report or refer. Physicians' fear of losing patients, uncertainty of the diagnosis, and discomfort in confronting parents are pinnacle concerns that were impediments to reporting. The results of this study indicate that physicians need firmer definitions of what constitutes abuse.

A unique feature of this study is that case photographs of an injured child were used as the stimulus material, instead of case vignettes. Care must be taken, however, in deciding whether responses represent actual reporting behavior.

The limitations of this study result from two features of the design. Commonly noted, the response rate is moderate and the authors were unable to collect demographic information about the nonparticipants. Additionally, the reasons for nonparticipants' reluctance to participate were not obtained. Hence, these factors may have biased the results.

One year later, Kim (1986) surveyed pediatric physicians about their reporting behavior in the past six months. A total of 428 physicians were identified for the study, 225 from the mid-South, and 203 from the East Coast of the United States. One hundred and twenty physicians (28%) responded with completed questionnaires. Similar to Saulsbury and Campbell (1985), Kim found that physicians rarely

detected or reported child abuse in their practices. Out of a total of 194,293 contacts with pediatric cases, physicians reported only 229 cases (.12%) of suspected child abuse or neglect. Of those 229 suspected cases, 90 were reported to the proper authorities. In contrast to these modest reporting practices, 64% of the physicians stated that they would report suspected child abuse on the basis of "some indications," and almost 23% would do so if there was "any suspicion." More than half of the physicians felt that they had minimal or inadequate training for dealing with cases of child abuse. The primary reasons found in this study for physicians' failure to report child abuse was lack of knowledge about reporting laws and procedures, the belief that protective services are unable to help maltreated children, and the risk to doctors in terms of their time and prestige through possible court proceedings.

In terms of research methodology, there are two issues that must be considered when interpreting these findings. First, this study suffers from a low overall return rate (28%), and a possible response bias. Therefore, findings in this study may not generalize to the larger group of physicians in different geographical areas. Second, Kim reported unequal representation among the two groups (81 from the mid-South and 39 from the East Coast), however, she collapsed the two distinct groups into one. Although comparative analyses yielded little demographic differences, it is conceivable that the combined results of this study may not represent either groups' reporting practices.

In 1986, Sandberg, Petretic-Jackson, and Jackson (1986) surveyed physicians' knowledge of and compliance with the child abuse reporting law. Subjects were 35 physicians who were members of a county medical society in Iowa. When examining an injured child, 21% of the

physicians said they rarely, if ever, considered child abuse, and 24% percent of the participants reported having not considered child abuse as a cause of a child's injury, only later to believe that abuse might have occurred. When physicians were asked if they suspected child abuse in the past but did not report it, 9% indicated sometimes and 32% said rarely. Thirty-eight percent answered that absolute certainty was frequently-to-sometimes the criterion for reporting child physical abuse. Only 14% of physicians said that they had detailed procedural knowledge of how to report cases of child abuse and 9% of respondents indicated that they were completely unaware of the child abuse reporting law. In an effort to understand why suspected abuse is not reported, Sandberg and her colleagues asked physicians what concerns might prevent them from reporting their suspicions in a case of child abuse. While 71% said that they had no concerns, 14% felt that child abuse was not within their area of expertise, 9% said that the evidence would not stand up in court, and 6% cited demands on their time to go and prepare for court.

The design of this study is limited by two features: (1) the use of a small sample; and (2) failure to randomly select respondents. In summary, this sample does not reflect a diverse set of respondents, but rather it represents a biased homogeneous sample. In light of these limitations, the results of this study must be interpreted with caution.

## **Summary**

Within the methodological limitations outlined, the above research suggests that medical professionals consistently fail to report their suspicions of child abuse and neglect. Physicians most often identified ignorance of the law and reporting procedures as the main reason for

their failure to report suspected child abuse and neglect. Even when recognized, child abuse is not reported for reasons ranging from loss of rapport with families, the belief that the situation could be handled privately, reluctance to report unless sure of the diagnosis, and not wanting to become involved in court proceedings.

### **School Personnel**

School personnel are in a unique position to detect and report abuse because of their daily contact with young children in the educational setting. A study by the Carnegie Foundation (1988) estimates that 89% of teachers see abused and neglected children in their classrooms, yet less than 20% of suspected abuse cases referred for investigation come from school staff (Camblin and Prout, 1983; Zgliczynski & Rodolfa, 1980; Broadhurst 1978).

Bavolek (1983) conducted a survey to assess the degree to which school personnel in Wisconsin were aware of their legal responsibilities to report suspected child abuse and neglect. Of a stratified random sample of 150 schools, 112 schools participated in the study, representing 75% of the sample surveyed. School personnel completing the survey totaled 1,637. When participants were asked about their past reporting practices, it was found that only 31% of the suspected child abuse cases and 30% of the suspected child neglect cases were actually reported. Two major factors contributed to the lack of reporting among school personnel: personal biases (68%), and lack of knowledge of reporting laws (63%). The most common personal biases included a fear of getting involved and feeling that a report would not make a difference. Over 50% of the statements reflecting a lack of knowledge indicated the need for

concrete evidence or proof, rather than suspicion, before a report could be made. A total of 87% of school personnel indicated that they either had not received training or were not sure if inservice training had occurred in their school district during the past school year.

A study by Wilson, Thomas, and Schuette (1983) assessed the degree to which school counselors were aware of the problem of child abuse. Subjects for this study consisted of 349 counselors listed in the *Kentucky State Directory* (1980-1981) and who were working with children in kindergarten through grade eight. Of the 349 surveys distributed, 241 (69%) were completed and returned. A large proportion of school counselors reported that they felt confident in recognizing the symptoms of child abuse (77%), had counseling procedures to work with abused children (64%), and had administrative support in reporting suspected child abuse to an outside agency (92%). However, "counselors in this study reported encountering an unrealistically low number of cases of child abuse" (p.304). A counselor with an average of 11 years of experience had encountered an average of only 6 child abuse cases, yet the National Committee of Child Abuse and Neglect (NCAN) estimates that one million children per year are victims of child abuse. Unfortunately, the reasons for counselors underreporting were not investigated in this study.

In a unique study, Camblin and Prout (1983) reviewed the willingness of school personnel to report suspected child abuse. A questionnaire was mailed to the department responsible for the enforcement of child abuse reporting and prevention programs in each state and the District of Columbia. Respondents were asked to estimate the degree to which school personnel complied with the state's

mandatory child abuse reporting law by indicating that they report (a) most appropriate cases, (b) only very obvious cases, or (c) not report cases in almost all circumstances. Sixty-five percent (N=33) of the state officials indicated that school personnel tend to report only obvious cases of abuse, and one state indicated that school personnel were consistently unwilling to report cases of child abuse. Although these authors did not investigate the reasons for noncompliance, several factors are offered as to why school personnel do not report. These included (1) reluctance on the part of school personnel to get involved; (2) limited awareness of the reporting requirement; and (3) difficulty in identifying child abuse.

The design of this study is limited by requesting that state officials make estimates of counselors' compliance. It remains unknown whether these officials were qualified to make such judgments about counselors reporting practices. Additionally, the criteria for making these judgments were not presented, allowing for potential variation. Finally, although this study investigated past reporting behavior, it failed to contribute to understanding the factors associated with compliant and noncompliant behavior.

In 1983, Turbett and O'Toole conducted a study to investigate the relationship between the type of the child's injury, ethnic status of the parent, and socioeconomic status of the parent on teachers' recognition and reporting of child abuse. Their sample consisted of 91 teachers from one elementary and one junior high school. Using experimental vignettes, it was found that teachers were inclined to recognize and report child maltreatment when indicators were obvious (e.g., bruises and burns). When faced with more ambiguous circumstances (e.g., parental defensiveness), teachers were both less likely to report and more

likely to rely on stereotypes of abuse (e.g., that abuse is limited to the lower classes). Turbett and O'Toole suggest that a number of beliefs and fears may block or deter the teacher from reporting the less obvious signs of child abuse. These include: (1) viewing the injury as accidental; (2) fear of having to deal with hostile parents; (3) believing that the child's punishment is legitimate parental discipline; (4) anxiety about testifying in court; (5) feeling a lack of support from the school in making a report; and (6) a lack of training in child abuse detection.

There are two design limitations of this study. First, only two out of ten schools approached agreed to participate in this study. Therefore, the participating teachers cannot be assumed to be representative of teachers as a group, preventing generalization of the findings. Second, as a result of an artificial testing situation and the lack of anonymity, possible effects of demand characteristics may have altered subjects' responses.

A study conducted by Levin (1983) focused on teachers' attitudes, perceptions, and past reporting of child abuse and neglect. Levin's sample consisted of 209 elementary school teachers and 76 junior high school teachers in Iowa City. Although 96% of teachers felt personally and morally obligated to report child abuse, their reporting behavior was generally low when compared to incidence statistics. For example, only 34% had ever reported a case of physical abuse, and 8% had ever reported a case of emotional abuse and emotional neglect. Even fewer teachers (5%) had ever reported a case of sexual abuse. Similarly, teachers indicated that they were most aware of the indicators of physical abuse and least able to identify the signs of sexual abuse (2.5 and 4.2 respectively; where 1=very knowledgeable and 5=not

knowledgeable). When respondents were asked about their awareness of the state reporting law, 61% of teachers stated that they did not know the legal consequences they could face for failure to report suspected child abuse. A major impediment to reporting was that most teachers (80%) believe that it is the parents' right to discipline their children and they do not feel this represents child maltreatment.

A number of problems in this study can be identified which limit interpretation of these results. First, Levin did not provide a description of the questionnaire return ratio, bringing into question the representativeness and generalizability of her findings. Second, she failed to present a description of the design and methodological procedures. This seriously inhibits the likelihood that this study can be replicated, therefore the credibility of her data is suspect. Third, this study only examined the number of reported cases of child abuse and neglect, and did not elicit the number of cases that teachers suspected but did not report. Accurate statements about detection and reporting of child abuse must include statements about cases suspected but not reported. Finally, teachers were asked to rate their perception of their knowledge to detect symptoms of child maltreatment, but their actual knowledge was not examined. It is uncertain what the relationship is between these two distinct variables.

Finkelhor, Gomes-Schwartz, and Horowitz (1984) conducted a survey of professionals' attitudes and management of child sexual abuse cases. A total of 790 teachers, counsellors, psychologists, psychiatrists, social workers, nurses, police officers, and attorneys from the Boston Metropolitan area participated in the study. These professionals completed a questionnaire prior to a conference about child sexual



abuse. Of all the mandated reporters, school personnel were found to be one of the groups most likely to comply with the child abuse reporting law. When asked about past reporting practices, school professionals reported over 76% of the cases in which they suspected child abuse, whereas only 48% of mental health professionals complied and reported their suspicions. Given a vignette portraying child sexual abuse, 72% of the school personnel sampled tended to report the case to the Department of Social Services (DSS) but do little else (e.g., interview the child, interview the mother, interview the offender, etc.). To understand why school personnel recommended few interventions, these authors suggested that educators believe that "they have to maintain a good relationship with children's families ... [and they] would rather delegate interventions to other agencies that are better insulated from parental anger and criticism" (p.208).

Finkelhor's method for recruiting respondents has a number of drawbacks. Specifically, this procedure did not produce a sample that was systematically representative of professionals in the Boston area and, therefore, the findings cannot be generalized beyond this group. Further, this sample might represent those professionals who are especially sensitive to the issue of abuse. On the basis of these points, these results must be interpreted with caution.

In 1984, Hazzard evaluated a one-day workshop on teachers' knowledge of child abuse issues. Ninety-seven elementary and junior high teachers from two small cities in a county in the Metro-Atlantic region completed a questionnaire, and one week later attended a 6-hour workshop about child abuse. The final phase of the study asked teachers to complete a measure assessing abuse-related behaviors

during the last six month period. Prior to taking the workshop, 68% of teachers reported three or fewer hours of education about child abuse and 62% reported no prior professional experience with child abuse cases. Results of the teacher training workshop revealed a number of significant positive changes. When compared to a control group, the treatment teachers significantly increased their scores on the Knowledge Scale, which included items about definitions, effects, and reporting requirements of child abuse. Treatment teachers also reported being more observant of evidence of abuse and indicated being more likely to discuss child abuse issues with friends and colleagues. Similar findings were cited in another study evaluating a teacher's training workshop on child abuse prevention (Kleemeier, Webb, & Hazzard, 1988). When asked about obstacles to reporting suspected child abuse, the control and treatment teachers indicated: (1) a perceived need for more evidence before reporting; (2) a need to discuss the problem first with school officials before reporting; and (3) a perception that school officials do not take action when requested to do so.

In an effort to account for teachers' low reporting levels, McIntyre (1987) surveyed teachers' training about child abuse and neglect, awareness of abuse signs, knowledge of their legal responsibilities. Of the 600 surveys sent to teachers in Illinois, 440 were returned, resulting in a 73% response rate. Overall, 81% of teachers reported receiving no child abuse training during their college career, and 61% had not received information on child abuse or neglect during inservice training sessions. Teachers indicated that they were aware of the signs of physical abuse (85%), neglect (85%), and emotional abuse (71%). Seventy-six percent of teachers, however, indicated that they would not

be able to recognize the signs of sexual abuse. Although 94% of respondents stated that they were somewhat to very aware of their legal responsibilities, only 22% of teachers indicated that they would report suspected child abuse when the parents denied the abuse and their principal wished to avoid reporting. Only 33% of teachers reported knowing the existence of the Illinois State Law.

The present data support the findings from other works (Levin, 1983) that teachers are most aware of the signs of physical abuse and least aware of the indicators of sexual abuse. The results from this study, however, provide a better representation of reporting knowledge and behavior because random sampling procedures were employed and a high response rate (73%) was attained.

Baxter and Beer (1990) conducted a more recent study to identify the problems related to child abuse and neglect reporting by school personnel. Forty-nine questionnaires were given to administrators, teachers, and counsellors in a rural northcentral Kansas school district. Eighty-six percent (n=42) professionals completed and returned the questionnaire. The questionnaire was constructed to obtain information in several different areas: (1) child abuse laws; (2) reporting procedures; (3) school district policies; and (4) problems with reporting. Although 90% of the school personnel surveyed indicated that they were aware of the mandatory child abuse and neglect reporting law, less than one-fourth indicated having read the state law, and only 28% of respondents were aware that all school personnel were required to report suspected abuse. Of all the respondents, 81% were uncertain whether the school system had a policy on child abuse and neglect. Only 14% of respondents indicated having reported child abuse in the past, despite over 11 years

experience in the school system. Parental retaliation and fear of legal reprisal were indicated as reasons for not reporting suspected child abuse.

On a larger scale, the National Committee for Prevention of Child Abuse (NCPCA) conducted a nationwide survey of teachers' knowledge, attitudes, and beliefs about child abuse and its prevention (Abrahams, Casey, & Daro, 1992). The sample was composed of 568 teachers in 40 school districts across the country, representing a response rate of approximately 34%. The results of the National Teacher Survey (NTS) found that two thirds of teachers indicated that their schools are not sufficiently educating them on identifying, reporting, and preventing child abuse and neglect. Ninety percent of teachers who suspected child abuse reported the case, but only 23% reported directly to Child Protective Services (CPS). Responses indicated that teachers most commonly reported an abuse case to other school personnel such as the principal, social worker, or nurse. Almost two thirds of teachers felt that a significant obstacle to child abuse reporting was the lack of sufficient knowledge on how to detect and report cases of suspected child abuse. In addition, 63% of teachers cited fear of legal ramifications for false allegations as a potential barrier to reporting. Other barriers to reporting included concerns about the consequences of reporting (52%), parent denial or disapproval of reports (45%), respect for family privacy (35%), and lack of community or school support (24%).

Although this study surveyed a national sample, caution should be exercised in interpreting these data because the response rate was low (35%). A second limitation with this study was that the authors failed to investigate teachers' rationale behind their filing reports within the

school. Hence, it remains uncertain whether this procedure reflects actual school policy or common practice. In either case, however, such a procedure violates legal requirements.

### **Summary**

In contrast to medical professionals, school personnel tend to be more aware of the reporting law. Concerns about interfering in private family matters, parental retaliation, and administrative support were most indicated as influencing their decisions to report. Given these constraining factors, school personnel tend to 'make sure' that the evidence is sufficient before they feel confident in reporting.

### **Summary of the Methodological Limitations of Previous Research**

Before turning to a summary of the conclusions suggested by this literature review, it is necessary to note the common methodological problems inherent in much of this research. Future research that controls for these limitations will contribute measurably to this field.

One of the problems in the research presented is that several studies failed to employ random sampling techniques. As a result, it is difficult to determine whether the investigated sample is representative of the larger population from which it was drawn.

A second limitation in this research, and with survey research in general, is the low response rates. Many authors have reported low response rates (less than 40%) without providing information about the characteristics of the nonrespondents. Once again, without a representative sample, generalization of the findings is not possible.

A third weakness with previous research using clinical vignettes is that the variable(s) to be manipulated occur within uncontrolled

contents. Given different contextual material, specific variables affecting reporting cannot be exclusively identified, increasing the possibility of confounding the data. Another weakness with the vignette research is that no study has systematically investigated professionals' reporting of different types of child maltreatment, while controlling for severity of maltreatment. The identification of such a factor would be extremely useful in furthering understanding of reporting behavior.

Fourth, there are contradictory findings in the child abuse literature. For example, Swoboda and his colleagues (1978) indicated that many licensed psychologists tended not to report child abuse, while Barksdale (1989) found almost complete compliance. Further research in this area might help to understand if these differences reflect different methodologies employed or represent a gradual increase in compliance over time.

Fifth, virtually all of the research investigating professionals' compliance with the child abuse reporting law has been conducted in the United States. Research in Canada is desperately needed to understand if people in this geopolitical region share similar knowledge, practices, and attitudes about child abuse reporting. Additionally, as the definition and legislation of child maltreatment changes and develops, updated and current research on reporting practices is necessary.

A sixth shortcoming in the research presented is that few studies have systematically investigated professionals' opinions of the mandatory reporting laws and the impact that these opinions may have on decisions to report. Additionally, few studies have sufficiently explored the relationship between past and present reporting behavior. Consequently, there is a need to evaluate the impact of professionals' opinions towards

child protection laws, as well as the relationship between their past and present reporting behavior.

### **Research Conclusions**

With these methodological limitations in mind, this literature review suggests that public and mental health professionals appear to have a higher level of knowledge of mandatory reporting laws and a higher level of compliance with reporting laws than medical professionals and school personnel. Concern about the effect of mandatory reporting on the therapeutic relationship was indicated as the most influential factor for this professional group.

Research conducted with medical professionals has focused less on the frequency of reporting and more on the factors that influence reporting decisions. The few studies investigating physicians likelihood of reporting, however, suggest that they failed to report large numbers of the cases that should have been reported. Ignorance of the law and reporting procedures were most often stated as reasons for their noncompliance. Fears about demands on their time (e.g., court proceedings), case substantiation, and possible effects on their rapport with children and families are significant factors affecting physicians' reporting behavior.

The findings from studies investigating the reporting practices of school personnel suggest that they also tend to underreport cases of suspected child abuse. Although some of this behavior may be explained as a lack of training in the sensitive process of identifying and reporting abuse, it appears that external factors such as concerns about maintaining relationships with the family, and interfering with private

family matters and child rearing practices are central in their decision-making processes.

Moreover, this literature review indicates that professionals are generally aware of the legal mandate to report suspected child abuse, but fail to report all, and in some cases most, of the suspected child abuse with which they come in contact. The factors affecting reporting by specific professional groups are, however, unclear. Research to understand the factors affecting professionals' decision-making processes in child abuse cases would be valuable to increase the likelihood of children's safety and protection.

### **Purpose of This Thesis**

The purpose of this study is to examine professionals' compliance with mandatory reporting of child abuse. This study also attempts to identify the factors associated with nonreporting behavior. It is hoped that this study will update empirical research in this area, while avoiding the methodological limitations of previous work. In addition, it is significant to note that this is the first study of its kind in Canada.

The results of current empirical findings suggest a number of directions for this study. First, it is important to explore if differences in reporting practices continue to exist among professional classes. Identifying the obstacles that different professionals face could have important implications for future professional education and training. Second, research to determine professionals' level of knowledge of the reporting legislation is important in understanding if the legal requirement to report abuse is being disseminated to, and applied by, the people for whom it is intended. Third, an evaluation of professionals'



past and current reporting practices would be useful in predicting future reporting behavior, but more importantly it would help to understand the impediments to reporting. Fourth, past research has not adequately addressed the possibility that professionals may report one type of abuse more often than other types of abuse. Identification of such a factor would be extremely valuable to help ensure that all victims of abuse are identified and protected equally. Finally, few studies have investigated the relationship between professionals' personal opinions of the reporting laws and their likelihood of making a report. This is an important issue because professionals' attitudes regarding the legislation are likely to affect their approach to interventions.

### **Research-Based Questions and Hypotheses**

On the basis of the research presented, this study focused on investigating five central questions in an effort to better understand professionals' compliance with the child abuse reporting legislation. Drawing on the available research, five hypotheses were postulated. Each is based on an attempt to synthesize existing findings.

**Question 1.** Is there a difference in knowledge of the child abuse reporting law between psychologists and teachers?

**Hypothesis 1.** It was predicted that psychologists would be more knowledgeable about the law than teachers.

**Question 2.** Is there a difference in compliance with the child abuse reporting law between psychologists and teachers?

**Hypothesis 2.** It was predicted that psychologists would be more likely to (comply and) report suspected child abuse than teachers.

**Question 3.** Does the type of child abuse suspected affect professionals' likelihood of reporting?

**Hypothesis 3.** Emotional abuse would be the least likely to be reported because it is perceived as being less severe than other types of maltreatment. In comparison, sexual abuse would be more likely to be reported because it is perceived as being more severe than other forms of maltreatment.

**Question 4.** Is there a relationship between past compliance with reporting laws and present reporting decisions?

**Hypothesis 4.** It was hypothesized that professionals who have consistently reported past child maltreatment would be more likely to report current abuse. In contrast, those professionals who have failed to comply and report past abuse would be less likely to report present abuse.

**Question 5.** What is the relationship between personal attitudes about the law and degree of certainty that abuse is occurring on professionals' reporting intention?

**Hypothesis 5.** It was expected that greater agreement with reporting legislation and greater certainty ratings of abuse would predict respondents' tendency to report child abuse and neglect.

## **CHAPTER III**

### **Method**

#### **Subjects**

Prospective subjects for this study consisted of 400 registered psychologists and 400 registered teachers from the Lower Mainland of British Columbia. The scope of this study was limited to psychologists and teachers due to convenience, economical, and time management factors. The author acknowledges that physicians, social workers, day care providers, law enforcement personnel, and other groups also play an important role in child abuse prevention. Subsequent studies are needed to survey these other professionals. The specific municipalities which comprise the Lower Mainland that were included in the study were Aldergrove, Belcarra, Burnaby, Cloverdale, Coquitlam, Delta, Langley, Lions Bay, Maple Ridge, New Westminster, North Delta, North Vancouver, Pitt Meadows, Port Coquitlam, Richmond, Surrey, Vancouver, West Vancouver, and White Rock. The Lower Mainland region was selected because it represents a diverse range of types of communities (e.g., size, social service resources, relative centrality or isolation), while affording a large and convenient sample pool.

The psychologist sample was derived from the 1992 Directory of the College of Psychologists of British Columbia (CPBC). Since reporting child abuse was thought to be a salient issue for those psychologists involved in direct service for families and children, all members who had indicated in the directory that they specialized in clinical, counselling, and education/school psychology were selected for participation in this study. Members who had indicated that they were primarily engaged in academic/research and industrial/organization psychology were

excluded from the list of prospective participants. The sample size of 400 psychologists represented approximately 33% of the total CPBC membership.

The teacher sample was derived by randomly selecting teachers listed in the 1992 computer-base directory of British Columbia's Teachers Federation (BCTF). Teachers actively working full-time in Kindergarten through grade 12 were specifically included in the selection pool of potential respondents. The sample size of 400 teachers represented approximately 1% of the total BCTF membership for the Lower Mainland.

Of a total of 800 surveys mailed to psychologists and teachers in the Lower Mainland of British Columbia, 37 (20 psychologists; 17 teachers) were returned by the post office as undeliverable. Of the 763 individuals who received the survey, 417 were returned representing 55% of potential respondents. Fifteen respondents (12 psychologists; 3 teachers) returned their surveys with a note stating that they did not feel qualified to complete the survey. An additional three respondents (psychologists) were traveling abroad and were not available, and two other surveys were dropped from the data set because of missing data. Thus, a total of 397 (52%) surveys were included in the final sample.

The sample was composed of 181 (45.6%) psychologists and 216 (54.4%) teachers. The respondents included 160 (40.3%) males, 226 (56.9%) females, and 11 (2.8%) who did not indicate their gender. Of the 181 psychologists who responded to the survey, 80 (44%) were male, 97 (54%) were female, and 4 (2%) did not indicate their gender. Sixty-one percent of the psychologists had Doctoral degrees and 39% had Master's degrees. The psychologists ranged from 28 to 70 years old with a mean

age of 48 and a standard deviation of 7.6 years. Forty-two percent of this sample worked primarily in private practice, 18% worked in a public or mental health agency, 16% worked in schools, 13% worked in hospital settings, and the remaining 11% of the sample worked at either a College or University, correctional facility, or workers compensation board.

These psychologists averaged 17 years of professional experience with a standard deviation of 7.9. Sixty-five percent of the sample worked with children while thirty-five percent indicated that they did not. The majority of psychologists indicated that they had a moderate (45%) or substantial (42%) level of information about child abuse issues. The most frequent sources of information about child abuse issues were the literature (32%), discussion with colleagues (31%), and attending workshops and seminars (24%). Psychologists indicated that they had received little (6%) educational training at university about the definition, recognition, legal aspects, and procedures relating to child abuse.

A total of 216 teachers responded to the survey; 80 (37%) males, 129 (60%) females, and 7 (3%) did not indicate their gender. Of these subjects, 19% had a Master's degree, while the majority (81%) held a Bachelors degree. The teachers ranged in age from 24 to 74 years and had a mean age of 42 years and a standard deviation of 8.8. Mean length of professional experience for this group was 15 years with a standard deviation of 8.4. Of the 216 teachers in the sample, 38 (17.6%) taught at the primary level (Kindergarten to grade 3), 41 (19%) taught at the intermediate level (grades 4-7), 101 (46.8%) taught at the secondary level (grades 8-12), 24 (11.1%) taught Kindergarten to grade 7, 4 (1.8%) taught from kindergarten to grade 12. The remaining 8 (3.7%) respondents failed to specify the grade(s) they taught. All of the teachers

were employed by schools and worked directly with children. The majority of teachers indicated that they had a moderate (60%) level of information about child abuse issues. This sample of teachers were least likely to rate their level of information as either little (22%) or substantial (18%). Consistent with the sample of psychologists, the most frequent source of information for teachers about child abuse issues were the literature (30%), discussion with colleagues (30%), and seminars (25.5%). Similarly, University courses were infrequently cited (6%) as a source contributing to their knowledge about child abuse issues. The demographic and background characteristics of the final sample are summarized in Table 1.

As a final question in the collection of background information, respondents were asked if their place of work had a written policy regarding child abuse reporting. Results indicated that 57% ( $n=97$ ) of psychologists indicated that their place of work had a written policy for identifying and reporting child abuse cases. Of the 97 who had a policy, 80% ( $n=67$ ) of psychologists indicated that they would report directly to social services. On the other hand, while 70% ( $n=149$ ) of teachers said that they had a written policy at their school regarding child abuse, only 30% ( $n=42/140$ ) said that they would report directly to social services. Thirteen percent ( $n=18$ ) of teachers indicated that they would first report a case of abuse to their school principal, counsellor, or psychologists, and then to social services. This reporting practice directly violates the law.

Table 1

## Demographics and Background Characteristics of Respondents

Factor <sup>b</sup>	Respondents <sup>a</sup>			
	Psychologists ( <i>n</i> =181)		Teachers ( <i>n</i> =216)	
	<i>n</i>	%	<i>n</i>	%
Gender				
Male	80	45.2	80	38.3
Female	97	54.8	129	61.7
Highest degree attained				
Doctoral	111	61	0	0
Masters	70	39	40	19
Bachelors	0	0	173	81
Primary place of employment				
School/Board office	28	16	214	100
Public/Mental health	32	18	0	0
Private practice	74	42	0	0
Hospital	23	13	0	0
Other	20	11	0	0
Work with children				
Yes	116	65	214	100
No	62	35	0	0
Level of information				
Little	24	13	46	22
Moderate	80	45	127	60
Substantial	75	42	37	18
Source of information				
Seminars	124	24	131	25.5
Literature	163	32	157	30
Discussion with colleagues	155	31	156	30
University courses	31	6	33	6
Media	10	2	23	4.5
Professional experience	25	5	20	4
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age (years)	48	7.6	42	8.8
Years of experience	17	8	15	8

<sup>a</sup> The total number of respondents does not equal 397 for all variables because data were missing for some respondents.

<sup>b</sup> Percentages reflect the proportion of respondents within each professional group, not the proportion of the sample.

## **Instrumentation**

A survey (Appendix C) was developed to obtain information in five main areas: (1) respondents' demographic and background characteristics; (2) knowledge of B.C.'s child abuse reporting law; (3) past reporting experience; (4) likelihood to report controlled hypothetical incidents; and (5) personal opinions of the current child abuse reporting system and law. Because of the logical order of each section, conditions could not be counterbalanced to control for order effects. The instrument was checked by four committee members, however, to prevent any leading questions.

## **Demographic and Background Information**

The collection of respondent information related to child abuse reporting has not been extensively investigated. To date, previous empirical studies asked respondents mainly about their gender, age, professional status, educational background, and place of employment. This study, therefore, collected a broader range of demographic and background information thought to have relevance to child abuse reporting. These included the following: whether specialty of employment involves working with children; age or age range of the children; percentage of work involving direct contact with children; subjective level of information about child abuse issues; source(s) contributing to level of information about child abuse issues; and whether place of work has a written policy regarding child abuse reporting.



### **Knowledge of B.C.'s Child Abuse Reporting Law**

The first section of the survey consisted of nine multiple choice questions assessing respondents' knowledge of the child abuse reporting law. Each question was developed by the research committee, one of whom has a law degree, to reflect the essence of B.C.'s legislation. A pilot version of this scale was given to eight graduate students to check for clarity and to minimize ambiguity. The first question asked respondents about their awareness of the existence of the child abuse reporting law in British Columbia. The other eight questions were related to the seven primary elements of the reporting law: (1) definition of reportable conditions; (2) persons mandated to report; (3) degree of certainty required for a report; (4) sanctions imposed for failure to report; (5) immunity for good faith reporters; (6) abrogation of certain communication privileges; and (7) reporting procedures.

### **Past Reporting Experience**

Based on research by Zellman (1990a), section two asked respondents to indicate whether they had reported any child abuse cases in the last 12 months, the number of cases reported, the type(s) of abuse they reported, and the reasons why they had decided to report. Respondents were also asked whether they had ever suspected any child abuse cases in the last year, but decided not to report. The number of suspected child abuse cases not reported, the type(s) of abuse not reported, and the reasons for not reporting were also collected. The time frame of 12 months was thought to provide an opportunity to potentially experience a case of child maltreatment, while not presenting major concerns with reference to respondents' recall. This time frame also

reflects participants' *current* reporting practices. An investigation of professionals' historical (i.e., more than 12 months ago) reporting practices could possibly confound the data because the instances of reportable conditions have not remained constant, due to changes in the Family and Child Service Act over the last two decades.

### **Likelihood to Report Controlled Hypothetical Incidents**

The third section presented controlled vignettes of child abuse to systematically manipulate the category or type of abuse (i.e., physical, emotional, sexual, and neglect) (Alexander & Becker, 1978). To control for severity of abuse across vignettes, descriptive data were drawn from research conducted by Giovannoni and Becerra (1979).

These authors developed a pool of 78-pairs of vignettes to assess professionals' severity ratings of child maltreatment by a caretaker. A total of 313 respondents from Los Angeles County participated, including lawyers (n=71), social workers (n=113), police officers (n=50), and pediatricians (n=79). Vignettes were constructed using examples of negative child-rearing practices from actual clinical records, existing laws, and Giovannoni and Becerras' professional experiences. Of the 78-pairs of vignettes, half were developed with and without consequences. The term 'consequences' referred to a sentence of additional information about the incident. Respondents were then presented with a random sample of 60 vignettes, and were asked to rate each vignette using a 9-point Likert scale, with nine being the most serious. Vignettes were rated independently of one another and were presented randomly. The major categories of vignettes included drug and alcohol abuse, educational neglect, emotional abuse, failure to provide, fostering

delinquency, parental sexual mores, physical abuse, sexual abuse, and lack of supervision.

For the purpose of this study, four vignettes depicting physical abuse, emotional abuse, sexual abuse, and neglect were selected from the Giovannoni and Becerra pool. These discrete categories provide a broad range and represent the most common forms of child maltreatment. Overall severity ratings across respondents for these vignettes were 5.37 (physical abuse), 5.28 (emotional abuse), 5.50 (sexual abuse), and 5.75 (neglect). Mean scores within the range of five and six were selected because they were believed to represent the grayer reportable conditions of child maltreatment, whereas mean scores below or above this range were fairly obviously nonreportable or reportable conditions. It is important to note that there are differences in mean severity ratings for the four categories of abuse; however, these differences are very slight and could not be controlled. Acceptable reliability and validity data for this study are available and published elsewhere (Giovannoni & Becerra, 1979, pp. 77-156).

Using Giovannoni's and Becerra's data, the vignettes were developed to provide only a brief description of child maltreatment. To control for non-manipulated factors, vignette content was identical with the exception of the manipulated factor (i.e., type of abuse). No reference was made to the gender of the parents or child, their ethnicity, or socioeconomic status (SES). The age of the child in each vignette was seven years. This age is consistent with the vignettes used in the Giovannoni and Becerra study and it also reflects the average age of children reported as abused or neglected (Slavenas, 1988).

To validate that the four scenarios used in the survey were reportable conditions of child abuse, the research committee was consulted. The committee confirmed that all four vignettes depicted a legally reportable incident of child abuse or neglect.

Prior to the vignette presentations, no attempt was made to establish a definition of child maltreatment. The reason for this was that differences in ratings would reflect real differences between respondents' knowledge, professional and personal experience(s), and opinions of B.C.'s child abuse reporting law and system.

After reading each vignette, respondents were asked to respond to two questions assessing: (1) the certainty that abuse was occurring; and (2) the likelihood of making a child abuse report. Degree of certainty was selected as a variable for this study because previous research indicated this factor was a significant predictor of reporting. In fact, the clinicians' certainty of the occurrence of abuse accounted for 17% of the variance in psychologists' decisions to report (Kalichman et al., 1990). Responses for both of these questions were coded on a 7-point Likert scale format.

### **Personal Opinions of the Current Reporting System and Law**

In the fourth section of the survey, respondents were presented with five different statements about B.C.'s child abuse reporting law and system. All of the statements were designed to measure participants' opinions toward child abuse reporting (Reisenauer, 1987). Responses were coded on a 7-point Likert scale format, ranging from 1 (Definitely Disagree) to 4 (Not Sure) to 7 (Definitely Agree). Each question provided the opportunity for respondents to qualify their responses. A final

question asked respondents if they had any suggestions to improve the current child abuse reporting law or system in B.C.

### **Procedure**

Each psychologist and teacher in the sample was mailed a cover letter, a survey, and an addressed, postage-paid return envelope (Appendices B and C) in the first week of November 1992. The cover letter was printed on Simon Fraser University letterhead and identified the project as university sanctioned. In order to preserve respondent anonymity, no identifying records of participation were kept. Three weeks after this mailing, all potential respondents were sent a follow-up "thank you" and "reminder" post card (Appendix D). After the follow-up post card, all of the original sample were mailed another cover letter (Appendix E), survey, and postage paid return envelope in the first week of January 1993 to maximize response rates. After this mailing, no other effort was made to persuade sample members to complete the survey.

### **Data Analysis**

All of the survey items were coded and recorded on spreadsheets using the Lotus 1-2-3 program. The data were then transferred to a computer file for analysis using selected routines from the Statistical Package for the Social Sciences (SPSS), 10th edition.

Frequency counts were performed on all the survey variables ( $n=82$ ). Items were checked for out-of-range responses and accuracy of data entry. The research questions presented earlier suggest that descriptive measures, chi-square tests, t-tests, one-way analyses of variance (ANOVA's) for unequal numbers, Tukey's post hoc analyses for

multiple comparisons, and multiple regressions would be appropriate to report the findings. A .05 level of significance was used.

### **Dependent Variables**

For this study, the *knowledge* variable was examined in two ways. First, participants' general knowledge of the existence of the reporting law was ascertained by their response to the question, "Are you aware that a child abuse reporting law exists in British Columbia?" Participants were asked to respond "yes," "no," or "not sure." Second, participants' specific knowledge of the reporting law was measured by calculating their mean score on eight questions designed to represent the seven primary elements of B.C.'s reporting law. For each question, four response options were provided including the option "not sure."

The variable, *compliance*, was examined by investigating respondents' past and present reporting behavior. Past reporting behavior was measured by requesting information with respect to participants' reporting of child abuse during the last year. The specific compliance questions were "In the last 12 months, have you reported any child abuse cases?" and "In the last 12 months, have you suspected any child abuse cases but decided not to report?" Response options for these questions were dichotomous categories (yes or no). Second, present compliance was examined by asking participants to indicate their likelihood to report four hypothetical incidents depicting physical, emotional, and sexual abuse, and neglect. The specific question to measure present compliance was "How likely would you be to report this incident to the authorities?" Responses were coded on a 7-point Likert scale format, ranging from 1 (Definitely Would Not Report) to 4 (Not Sure)

to 7 (Definitely Would report). Additionally, the relationship between respondents' present tendency to report and their past reporting practices was investigated.

Lastly, the *opinion* variable was examined in terms of the degree to which respondents agreed or disagreed with the acceptability of a reporting law. This was measured by analyzing respondents' responses to the questions, "I believe that the child abuse reporting law in British Columbia is necessary; In my professional opinion, I can conceive of a case when I would not report suspected child abuse; To me it seems that the child abuse reporting law is insensitive to the possibility that reporting can cause more harm than good for the child; and People in my profession should not be required to report **all** cases of suspected child abuse; and I believe that the current reporting law/system in British Columbia is effective in addressing cases of child abuse."

### **Independent Variables**

In addition to the primary variables, a number of independent variables were measured. These variables included participants' occupation, total knowledge score, past reporting pattern, degree of certainty that abuse is occurring, and personal opinions.

## CHAPTER IV

### Results

The results are presented in four major sections. The first section reports participants' knowledge of B.C.'s reporting law. The second section describes psychologists' and teachers' past reporting experience. Section three presents the likelihood of reporting the hypothetical incidents of child maltreatment, while the last section reports the results of respondents' personal opinions of the child abuse reporting law and system.

#### **Knowledge of B.C.'s Child Abuse Reporting Law**

Ninety-seven percent of the participants indicated that they were aware that a child abuse reporting requirement exists in B.C. Only 1 of the 181 (.6%) responding psychologists was *not sure* that a reporting law exists in B.C., whereas 10 of the 215 (4.7%) teachers were *not sure*, and 2 (.9%) *did not know* about the reporting legislation. For the purpose of the analysis, respondents who answered that they were either *not sure* or *did not know* that a child abuse reporting law exists in B.C. were collapsed together into one group entitled *not aware*. In essence, these two independent options reflect the same response. Fisher's exact test (chi-square) was used to compare responses between professional groups in the analysis of a 2 (psychologists, teachers) X 2 (aware, unaware) table that had a cell with fewer than 5 cases. Results revealed that psychologists were significantly more aware of the existence of a reporting law than teachers,  $\chi^2(1)=7.83$ ,  $p<.005$ .

Overall, respondents were adequately knowledgeable about the components of B.C.'s child abuse legislation. Psychologists scored an



average of 75% (6/8;  $SD=1.42$ ) and teachers 60% (4.8/8;  $SD=1.77$ ) correct responses on the knowledge items. To compare total knowledge scores between these two professional groups, a nondirectional  $t$ -test was employed. Results indicated that the psychologists scored significantly higher than the teachers on their overall knowledge of B.C.'s reporting legislation,  $t(393)=7.54$ ,  $p<.0001$ .

The number and percentage of psychologists and teachers who answered correctly to the 8-items on the survey are summarized in Table 2. Generally, the majority (81.8%) of psychologists and teachers were aware that sexual, physical, and emotional abuse, and neglect are reportable conditions. Further, these professional groups were equally well informed that, in B.C., any person is a mandated reporter (84.3%). Chi-square analyses showed no significant differences between psychologists and teachers on these two knowledge items (i.e., reportable conditions and mandated reporters). Respondents were also knowledgeable that the degree of certainty to report need only be reasonable grounds (88.1%). Cross-tabulations with chi-square tests, however, revealed that psychologists were more likely than teachers to know that a person needs only reasonable grounds to report child abuse,  $\chi^2(1)=17.68$ ,  $p<.0001$ . Over 76% of respondents were unaware that, in B.C., failure to report suspected child abuse is a crime punishable by a \$1000.00 fine and/or sentence to six months in jail. Although 69% of psychologists did not know the penalty for failing to report suspected child abuse, chi-square analyses showed that psychologists were significantly more knowledgeable than teachers,  $\chi^2(1)=8.88$ ,  $p<.002$ . Seventy-four percent of psychologists and teachers combined were aware that there is immunity for "good faith" reporters. Again, chi-square

analyses showed that psychologists were more inclined to know that "good faith" reporters are protected from legal liability than were teachers,  $\chi^2(1)=13.67$ ,  $p<.0001$ . A significant percentage (77%) of teachers did not know that the ethical principle of confidentiality never applies in cases of suspected child abuse, whereas only 23% of psychologists were not aware of this provision. Not surprisingly, chi-square analyses revealed that psychologists were more knowledgeable about the limits of confidentiality in suspected child abuse cases,  $\chi^2(1)=114.07$ ,  $p<.0001$ . Although the combined responses indicated that professionals were aware that the reporting procedure is to contact social services (72.6%), a closer examination showed that psychologists were significantly more informed than teachers were about the proper reporting procedure,  $\chi^2(1)=35.00$ ,  $p<.0001$ . Finally, both psychologists and teachers were moderately aware that a report must be made immediately following the suspicion of abuse (62.5%), with no significant differences found between groups.

### **Past Reporting Experience**

In response to the question "In the last 12 months, have you reported any child abuse cases?" 20.8% ( $n=82$ ) of participants indicated that they had done so, with a mean number of 3.11 ( $SD=3.60$ ) reported cases each. Reporting rates in the last year by profession were significantly higher for psychologists (28%,  $n=50$ ) than for teachers (15%,  $n=32$ ),  $\chi^2(1)=9.90$ ,  $p<.001$ . Overall, sexual abuse and physical abuse were the most frequent types of child abuse reported by this sample. Of the 82 cases reported, 67% ( $n=55$ ) of reported cases were sexual abuse and 58.5% ( $n=48$ ) were physical abuse. Child neglect (33%,  $n=27$ ) and emotional abuse (28%,  $n=23$ ) were the least likely type of abuse to be

reported by this sample. It is important to note that respondents indicated reporting multiple types of child maltreatment for one reported case and, therefore, the percentages do not equal 100.

Ninety-one percent ( $n=75$ ) of respondents indicated that the most important factor guiding their decision to report was to protect the child. Legal obligation was indicated as the second most frequent reason to report child abuse as mentioned by 65% ( $n=53$ ) of these professionals. The least frequent reasons to make a report were the need to help treat the abuser (27%,  $n=22$ ) and the perceived benefit to the rest of the family (24%  $n=20$ ).

In response to the question "In the last 12 months, have you suspected child abuse but decided not to report?" 14% ( $n=55$ ) of the sample indicated not reporting suspected child abuse, with a mean number of 2.27 ( $SD=2.69$ ) unreported cases each. Chi-square analyses indicated that there were no significant differences across professional groups in failure to report suspected child abuse. Of the 55 unreported cases, emotional abuse was indicated as the most frequent type of abuse suspected, but least likely to be reported in 51% of cases ( $n=28$ ). Sexual abuse and child neglect were, similarly, suspected and not reported in 42% ( $n=23$ ) of cited incidents. Forty percent ( $n=22$ ) of suspected child abuse not reported involved physical abuse. Again, percentages do not equal 100 because respondents endorsed multiple categories of abuse.

The most frequently cited reason that guided professionals' decisions not to report suspected child abuse was not enough evidence. Eighty percent ( $n=44$ ) of respondents who failed to report their suspicions of child maltreatment believed that there was not enough evidence to file a report. Lack of confidence in child protective services

was the second most frequently endorsed item on the survey for not reporting suspected abuse (22%,  $n=12$ ). Other reasons that respondents indicated for not reporting included negative consequences for the child (18%,  $n=10$ ), negative consequences for the family (14.5%,  $n=8$ ), and uncertainty about the definitions of abuse (13%,  $n=7$ ). Possible harm to the professionals' relationship with the child and/or family (5.5%,  $n=3$ ), respect for parental rights (4%,  $n=2$ ), fear of breaching confidentiality (4%,  $n=2$ ), lack of awareness of the procedure to report (2%,  $n=1$ ), and uncertainty about the symptoms of abuse (2%,  $n=1$ ) were seldom indicated as reasons for not reporting child abuse. Eleven percent ( $n=6$ ) of respondents indicated legitimate reasons for failing to report child abuse. These included the fact that a report had already been made and that the perpetrator was deceased or his/her whereabouts were unknown.

### **Likelihood to Report Controlled Hypothetical Incidents**

Overall, the sexual abuse vignette was rated the most likely to be reported ( $M=6.37$ ,  $SD=1.08$ ), while the emotional abuse vignette was the least likely to be reported ( $M=5.04$ ,  $SD=1.69$ ). The physical abuse vignette received a mean rating of 5.49 ( $SD=1.64$ ), and the neglect vignette averaged 6.36 ( $SD=1.09$ ).

Comparison between the two professional groups using a one-way ANOVA showed that teachers were more inclined to report the emotional abuse vignette than psychologists,  $F(1,389)=4.98$ ,  $p<.05$ . Subsequent one-way ANOVA's revealed no significant differences between these two groups in their tendency to report physical and sexual abuse, and neglect.

To investigate the relationship between ratings of certainty of abuse and tendency to report the vignettes, Pearson correlations were calculated. Certainty ratings were positively correlated with tendency to report for physical abuse ( $r(389)=.77, p<.001$ ), emotional abuse ( $r(389)=.68, p<.001$ ), sexual abuse ( $r(389)=.76, p<.001$ ), and neglect ( $r(389)=.83, p<.001$ ).

In order to obtain a better understanding of the reporting patterns of the professionals in the sample, a single variable was created from the two variables that measured reporting behavior in the last 12 months. Specifically, the variable measuring *actual reported cases* was combined with the *suspected and not reported* variable to create a single variable (PATTERNS) with four categories: (1) reported and failed to report suspected abuse; (2) reported and not suspected; (3) not reported and failed to report suspected abuse; and (4) not reported and not suspected. These four categories were renamed: (1) discretionary reporters; (2) consistent reporters; (3) nonreporters; and (4) no involvement (Zellman, 1990b).

By using the patterns variable as the independent measure and the mean scores on the vignettes as the dependent variable, the relationship between past compliance and present reporting decisions was investigated using a series of one-way ANOVAs. Results revealed significant differences between patterns of reporting and tendency to report physical abuse,  $F(3, 385)=3.75, p<.01$ . Post hoc analyses using Tukey's test found that the consistent reporters were significantly more likely to report the physical abuse vignette than the nonreporters,  $p<.05$ .

Similarly, there was a significant difference between patterns of reporting and tendency to report emotional abuse,  $F(3, 384)=2.77, p<.05$ .

Post hoc analyses using Tukey's test, however, found that no two reporting groups were significantly different in their tendency to report emotional abuse. Examination of the means, however, revealed that consistent reporters tended to report emotional abuse more than the nonreporters ( $M=5.63$ ,  $SD=1.76$  and  $M=4.73$ ,  $SD=1.84$ , respectively). There were no significant differences between patterns of reporting and tendency to report the sexual abuse and neglect vignettes.

### **Personal Opinions of the Child Abuse Reporting System and Law**

An assessment of participants' attitudes about the reporting law indicated that they definitely agreed that the reporting legislation is necessary ( $M=6.72$ ,  $SD=.87$ ). To examine differences between occupations, a one-way ANOVA was used. No significant differences were found between groups on the need for a reporting law.

Participants were also asked if they could conceive of a case when they would not report suspected child abuse. Although both groups tended to answer that they were 'not sure' if a case existed when they would fail to report, teachers were slightly more inclined than psychologists to believe that every case of abuse must be reported ( $M=3.31$ ,  $SD=2.12$ ,  $M=4$ ,  $SD=2.24$ , respectively). Using a one-way ANOVA, significant differences were found between groups,  $F(1, 373)=9.15$ ,  $p<.005$ , with teachers being more inclined than psychologists to believe that all suspected child abuse should be reported.

Overall, participants tended to disagree with the statement that the reporting law is insensitive to the possibility that reporting can cause more harm than good for the child ( $X=3.21$ ,  $SD=2.00$ ). No significant differences were found between groups using a one-way ANOVA.

Although all respondents tended to moderately disagree with the statement, "People in my profession should not be required to report all cases of suspected child abuse," there was a significant difference between groups,  $F(1, 382)=4.98, p<.02$ . That is, teachers were more inclined than psychologists to believe that they should be required to report all cases of suspected child abuse.

Psychologists and teachers tended to be uncertain about the effectiveness of the current reporting law/system in addressing cases of child abuse ( $M=4.07, SD=1.66$ ;  $M=4.21, SD=1.33$ , respectively). A one-way ANOVA indicated that there were no significant differences between groups in their responses about the effectiveness of B.C.'s reporting law.

To investigate the relationship between attitudes about the law and certainty ratings on likelihood of reporting the vignettes, four multiple regression analyses were performed with reporting entered as the dependent variable, and attitudes and certainty ratings entered as predictors. For the physical abuse vignette, personal opinions about the law and certainty ratings were significant predictors of reporting tendency,  $R^2=.61, F(6, 347) = 91.98, p<.0001$ . Among the six variables, however, certainty ratings were found to be the greatest predictor of reporting tendency (see Table 3). Professionals' view that they can not conceive of a case when they would not report suspected child abuse and the perceived effectiveness of the law modestly contributed to the model in predicting reporting tendency.

Personal opinions about the law and certainty ratings were also found to significantly forecast reporting the emotional abuse vignette,  $R^2=.52, F(6, 347) = 63.00, p<.0001$ . Again, certainty ratings accounted for virtually all of the explained variance in tendency to report emotional

abuse. Professionals' belief that they can not conceive of a case when they would not report suspected child abuse and that they should be required to report all cases of child abuse only marginally contributed to predicting reporting intention for emotional abuse. Table 4 shows the individual contributions of the six variables in predicting reporting tendency.

For the sexual abuse vignette, personal attitudes and certainty ratings significantly predicted reporting intention,  $R^2=.63$ ,  $F(6, 346) = 97.75$ ,  $p<.0001$ . Upon closer examination, certainty ratings accounted for virtually all of the variance in the regression equation; professionals' view that they can not conceive of a case when they would not report suspected child abuse significantly contributed to the model in predicting reporting tendency (see Table 5).

Personal opinions about the law and certainty ratings strongly predicted tendency to report the neglect vignette,  $R^2=.74$ ,  $F(6, 346) = 161.94$ ,  $p<.0001$ . A review of the data, however, revealed that certainty ratings accounted for the entire variance accounted for, while personal attitudes about the law did not significantly predict likelihood of reporting (see Table 6).



Table 2

Number and Percentage Responding Correctly (RC) to the 8-Knowledge Items

Item	Respondents						
	Psychologists			Teachers			$\chi^2$
	RC	n	% <sup>a</sup>	RC	n	% <sup>a</sup>	
What types of child abuse are supposed to be reported?	144	181	80	180	215	84	1.14
Who is supposed to report child abuse?	150	181	83	184	215	86	.55
In order to make a report of child abuse, how certain should the reporter be?	173	181	96	176	215	82	17.68**
Failure to report suspected child abuse is:	55	180	31	38	214	18	8.88*
If a person makes a report of suspected child abuse in "good faith," and if the case does <u>not</u> hold up in court, the person reporting:	150	180	83	143	215	67	13.67**
Except for lawyers, the ethical principle of confidentiality _____ in cases of suspected child abuse.	138	180	77	49	215	23	114.07**
Under the statute, if a person suspects child abuse, what is the procedure for reporting?	156	179	87	128	212	60	35.00**
A report of child abuse is supposed to be made _____ following the suspicion of abuse.	117	179	65	128	213	60	1.87

<sup>a</sup> Percentages reflect the proportion of respondents within each professional group, and have been rounded off to the nearest whole number.

\*Significant at  $p < .002$ . \*\*Significant at  $p < .0001$ .

Table 3

## Multiple Regression Results Predicting Reporting: Physical Abuse Vignette

	$R^2$	$\Delta R^2$	$\Delta \text{Sig } F$
Based on this information, how certain are you that child abuse is occurring?	.594	-	.0001
I believe that the child abuse law in British Columbia is necessary.	.597	.003	ns
In my professional opinion, I can conceive of a case when I would not report suspected child abuse.	.603	.006	.05
To me it seems that the child abuse reporting law is insensitive to the possibility that reporting can cause more harm than good for the child.	.603	-	ns
People in my profession should not be required to report all cases of suspected child abuse.	.607	.004	ns
I believe that the current reporting law/system in British Columbia is effective in addressing cases of child abuse.	.613	.006	.05

Note: The final  $R^2$  (.613) based on six predictor variables is statistically significant,  $F(6, 347) = 91.98, p < .0001$ .

Table 4

## Multiple Regression Results Predicting Reporting: Emotional Abuse Vignette

	$R^2$	$\Delta R^2$	$\Delta \text{Sig } F$
Based on this information, how certain are you that child abuse is occurring?	.494	-	.0001
I believe that the child abuse law in British Columbia is necessary.	.496	.002	ns
In my professional opinion, I can conceive of a case when I would not report suspected child abuse.	.511	.015	.001
To me it seems that the child abuse reporting law is insensitive to the possibility that reporting can cause more harm than good for the child.	.512	.001	ns
People in my profession should not be required to report all cases of suspected child abuse.	.517	.005	.05
I believe that the current reporting law/system in British Columbia is effective in addressing cases of child abuse.	.520	.003	ns

*Note:* The final  $R^2$  (.520) based on six predictor variables is statistically significant,  $F(6, 347) = 63.00$ ,  $p < .0001$ .

Table 5

## Multiple Regression Results Predicting Reporting: Sexual Abuse Vignette

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	$R^2$	$\Delta R^2$	$\Delta \text{Sig } F$
Based on this information, how certain are you that child abuse is occurring?	.618	-	.0001
I believe that the child abuse law in British Columbia is necessary.	.621	.003	ns
In my professional opinion, I can conceive of a case when I would not report suspected child abuse.	.627	.006	.05
To me it seems that the child abuse reporting law is insensitive to the possibility that reporting can cause more harm than good for the child.	.627	-	ns
People in my profession should not be required to report all cases of suspected child abuse.	.628	.001	ns
I believe that the current reporting law/system in British Columbia is effective in addressing cases of child abuse.	.629	.001	ns

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Note: The final  $R^2$  (.629) based on six predictor variables is statistically significant,  $F(6, 346) = 97.75, p < .0001$ .

Table 6

## Multiple Regression Results Predicting Reporting: Neglect Vignette

	$R^2$	$\Delta R^2$	$\Delta \text{Sig } F$
Based on this information, how certain are you that child abuse is occurring?	.733	-	.0001
I believe that the child abuse law in British Columbia is necessary.	.733	-	ns
In my professional opinion, I can conceive of a case when I would not report suspected child abuse.	.736	.003	ns
To me it seems that the child abuse reporting law is insensitive to the possibility that reporting can cause more harm than good for the child.	.736	-	ns
People in my profession should not be required to report all cases of suspected child abuse.	.736	-	ns
I believe that the current reporting law/system in British Columbia is effective in addressing cases of child abuse.	.737	.001	ns

Note: The final  $R^2$  (.737) based on six predictor variables is statistically significant,  $F(6, 346) = 161.94, p < .0001$ .

## CHAPTER V

### Discussion

#### Knowledge of B.C.'s Child Abuse Reporting Law

Results of this study indicate that virtually all respondents were aware of the existence of B.C.'s child abuse reporting law, with only three percent of professionals indicating that they were not informed of the reporting legislation. This finding is contrary to past research that found that many professionals were not aware of the existence of the reporting law (Bavolek, 1983; Swoboda et al., 1978). This discrepancy suggests that, over the years, professionals are becoming more informed about their legal and professional duties and responsibilities.

As predicted (Hypothesis 1), psychologists were more aware of the existence of B.C.'s child abuse reporting law than teachers. This finding may be attributable to many factors including respondents' truthfulness in answering this question, educational status, professional experience, or nature of their work. Importantly, however, it appears that professional training does not explain this finding because psychologists and teachers were comparable in the number and type of training they received in child abuse issues.

The majority ( $M=81.8\%$ ) of psychologists and teachers surveyed knew that all types of child maltreatment (i.e., sexual, physical, and emotional abuse, and neglect) were reportable conditions. These respondents were also well informed ( $M=84.3\%$ ) that any person is required by law to report suspected child abuse. Although teachers knew that they need only reasonable grounds to report suspected child abuse, they were significantly less sure about the degree of certainty than psychologists. For example, compared with psychologists, teachers

were more inclined to believe that it was their responsibility to have proof or evidence of abuse before reporting. This finding mirrors current research that teachers do not report simply on the basis of their suspicions of abuse (Abrahams, Casey, Daro, 1992; Bavolek, 1983; Hazzard, 1984; Wurtele & Schmitt, 1992). Although this study did not investigate the reasons why teachers believed they require proof or evidence before reporting, several explanations seem plausible. First, teachers may simply be unaware of the (legal) reportable conditions of abuse (Camblin & Prout, 1983). By extension of not knowing the standard for reporting, teachers may be afraid of making an unfounded report, potentially causing harm to the child, the family, and the teacher-family rapport (Finkelhor et al., 1984). A final barrier to reporting may be the teachers' fear of legal ramifications for making false allegations of abuse (Abrahams, Casey, Daro, 1992). The last explanation is supported by this study in light of the fact that one-third of teachers (and 17% of psychologists) were not aware of the immunity provision in cases of suspected child abuse.

In B.C., failure to report suspected child abuse can result in a penalty of \$1000.00 and/or six months in jail. Interestingly, neither group was aware of the possible personal legal consequences for failure to report. This finding replicates the results obtained by Wurtele & Schmitt (1992) in their investigation of child care workers and child sexual abuse experts. These results highlight the need for professionals to become aware of their legal responsibilities and their liabilities for noncompliant behavior.

Psychologists were significantly more likely than teachers to believe correctly that the ethical principle of confidentiality never applies in

cases of suspected child abuse. Surprisingly, only 23% of teachers were aware of this condition, whereas 77% of psychologists understood the limits of confidentiality. It seems reasonable to posit that this difference can be explained by the fact that the ethical principle of confidentiality is more germane to the professional practice of psychologists than teachers. The fact that 23% of psychologists were not aware of the limits of confidentiality, however, may account for why some psychologists continue to have difficulty in deciding whether to report suspected child abuse (Bersoff, 1975; Butz, 1985; Fader, 1987).

Although this sample of professionals knew that they were mandated reporters and they knew the reportable conditions of child abuse, they were insufficiently informed about the reporting procedures under the law. Thirteen percent of psychologists and 40% of teachers indicated that they did not know that the reporting procedure is to contact social services. An investigation of teachers' responses suggests that they were more likely to consult with other school personnel before making a report. It is not known, however, whether this practice of consultation is a reflection of school policy, or whether it reflects a lack of knowledge of the required reporting procedure. If such action is rooted in school policy, serious questions remain as to how these procedures are aligned with the law, and also how many of these cases of suspected child abuse eventually get reported to social services. Alternatively, if such action is rooted in a lack of procedural knowledge, teachers need to be educated about the reporting requirement.

Given that a significant proportion of professionals tended to 'consult with others' before reporting suspected abuse, it was not surprising to find that psychologists and teachers were moderately aware



that a report should be made 'immediately' following the suspicion of abuse. Again, these findings suggest the need for professionals to become aware of the reporting procedures, and that it is the responsibility of social services or law enforcement authorities to investigate the allegation.

Overall, professionals were moderately knowledgeable about the components of B.C.'s child abuse legislation. As expected (Hypothesis 1), psychologists were more knowledgeable about the components of B.C.'s child abuse legislation than teachers. It is important to note, however, that the difference of 15% between professional groups (teachers=60% and psychologists=75% correct responses) reflects slightly over one correct response on eight knowledge items. Caution should be used, therefore, when interpreting this finding. In fact, the observed difference between psychologists and teachers on the knowledge items holds little practical significance, although this finding is statistically significant. Nonetheless, it seems reasonable to propose that the disparity in knowledge scores between the two groups reflect their different roles, status, and frames of reference in the child abuse reporting process. For example, teachers play a key role in detecting the signs of abuse because of their daily contact with large numbers of children. Thus, it is not surprising that, in this study, teachers were well aware of the degree of certainty required to report, types of abuse that are reportable, and the persons responsible for reporting. From this point on, however, teachers play a less active role in the process, yielding to social services, the police, physicians, and possibly the courts. On the other hand, psychologists may be more aware of the law as a result of their diverse roles in the process of reporting, including identifying the abuse,

reporting the abuse, testifying in court, and providing appropriate therapy. Furthermore, psychologists may have learned about the requirements for reporting child abuse from their respective code of ethics, as well as regulations, rules, and provincial licensing procedures relevant to their profession. Finally, psychologists' higher knowledge scores may reflect their advanced training relevant to child abuse issues.

### **Past Reporting Experience**

Survey results indicated that one-fifth of all respondents had made a report of child abuse in the last year. Reporting rates by profession were significantly higher for psychologists (28%) than for teachers (15%). Of the cases reported, respondents reported sexual and physical abuse more frequently than they reported child neglect and emotional abuse. While inequitable, this finding is consistent with other reports (Zellman, 1990a).

In an assessment of the factors guiding decisions to report, respondents most frequently indicated protecting the child as the most important factor. This response was endorsed by 91% of respondents, which echoes previous research (Barksdale, 1989; Kalichman & Craig, 1991). The second most frequently cited reason to report child abuse was the legal obligation to do so. Sixty-five percent of respondents indicated that their decision to report was guided by the legal mandate. The belief that a report would help to treat the abuser was indicated by 27% of respondents for reporting child abuse. The perceived benefit to the rest of the family was cited by 24% of respondents as a reason for making a report. Taken together, these findings suggest that the safety

and protection of the child is paramount in professionals' decisions to report abuse.

Failure to report suspected child abuse was indicated by 14% of the sample as a whole. There were no significant differences across professional groups in failure to report suspected child abuse. Over one-half of abuse suspected but not reported involved emotional abuse. Sexual abuse and neglect were not reported in 42% of the cases, and physical abuse was indicated as not being reported in 40% of cases. Those respondents who had failed to report suspected abuse were asked to indicate their reasons for doing so. Lack of sufficient evidence was the most frequently endorsed reason for not reporting suspected abuse, with teachers being more inclined than psychologists to indicate that they lacked evidence. The frequency (80%,  $n=44$ ) of this reason implies that suspicion of child abuse does not seem to be enough to initiate a report to the authorities, and that professionals apply some judgment in reporting decisions. Previous research offers some support for this explanation (Hazzard, 1984; Kalichman, Craig, Follingstad, 1988; Zellman, 1990a). The second most frequently endorsed reason for not reporting was lack of confidence in child protective services. One possible explanation for not informing CPS of suspected child abuse is that respondents believed that 'nothing would have been done anyway.' According to Zellman and Antler (1990), many professionals raise their thresholds for reporting abuse because they believe that their reports will not be accepted by CPS workers. Another possibility is that some professionals believe they can adequately protect or monitor the child without outside intervention. Other respondents who had failed to report indicated that reporting would have negative consequences for the child.

be negative for the family, and that they were uncertain about the definitions of abuse.

Importantly, 11% ( $n=6$ ) of respondents indicated valid reasons for not reporting suspected child abuse. These included knowledge that a report was already filed with social services and that the perpetrator is not accessible (e.g., deceased or whereabouts unknown). To date, research has not included this important category, which questions the validity of past research investigating the reasons for not reporting.

It is worthwhile to note those reasons that were not particularly important in the decision not to report child maltreatment. For instance, responses confirmed that failure to report did not result from possible harm to the professionals' relationship with the child and/or family, respect for parental rights, fear of breaching confidentiality, lack of awareness of the procedure to report, and uncertainty about the symptoms of abuse. Several reasons were not considered as important factors in the decision not to report. These included a lack of knowledge of the law, fear of negative consequences to the reporter, or not wanting to get involved.

### **Likelihood to Report Controlled Hypothetical Incidents**

Overall, the results of the vignette ratings indicated that the type of abuse was found to significantly influence reporting. As predicted (Hypothesis 3), the sexual abuse vignette was rated the most likely to be reported, while the emotional abuse vignette was rated the least likely to be reported. To account for this difference, it seems reasonable to suggest that professionals perceive different types of abuse as more or less serious than other types of abuse because of the impact on the

welfare of the child. This explanation seems plausible given that the content of abuse was controlled for across each category of abuse. It is also possible that sexual abuse is reported more frequently because it provokes a strong emotional response by participants and is known to have long-term effects on the child, whereas emotional abuse is reported less often because it is difficult to define and that there is an absence of psycholegal standards for evaluating childrearing practices (Williams et al., 1987).

Although there were no significant differences between groups in their tendency to report physical and sexual abuse, and neglect, teachers were more inclined to indicate that they would report the emotional abuse vignette than were psychologists. This finding fails to support Hypothesis 2 that psychologists would be more likely to comply and report child abuse than teachers. The greater willingness of teachers to report the emotional abuse vignette may reflect the fact that they are in a better position to observe, and they are more sensitive to, the indicators of such abuse as a result of their day to day contact with children.

The degree of certainty that abuse is occurring was highly correlated with tendency to report. It appears that certainty is a strong predictor of reporting tendency as demonstrated by the high correlations between these two variables. This finding replicates previous research by Kalichman, Craig, and Follingstad (1989).

On the basis of their past reporting behavior, respondents were divided into four groups (i.e., discretionary reporters, consistent reporters, nonreporters, and no involvement) to investigate the relationship between previous reporting and tendency to report the vignettes. As expected (Hypothesis 4), professionals with a reporting

pattern of failing to report (nonreporters) were significantly less likely to report physical abuse than were the consistent reporters. A similar, but nonsignificant, pattern is indicated between these two groups in their tendency to report emotional abuse, with the consistent reporters being more likely to report. Taken together, it appears that psychologists and teachers may have a personal bias toward reporting or not reporting physical and emotional abuse. Support for this finding comes from a recent study investigating the reporting practices of psychologists (Kalichman & Craig, 1991). It is also possible that nonreporting is, in part, motivated by uncertainty about the boundaries between parental discipline and abusive behavior.

### **Personal Opinions of the Child Abuse Reporting System and Law**

Although respondents indicated that they believed that the child abuse reporting law was necessary and that it is sensitive to children's needs, many respondents were uncertain about the effectiveness of the law. From these data, it is difficult to determine if responses were grounded in a lack of exposure to child abuse cases or whether they reflect ambivalence about how reports are received by CPS.

Interestingly, respondents indicated that conditions do exist when suspected child abuse should not be reported and that professionals should not be required to report all cases of suspected abuse. Of the two groups, psychologists were more inclined to support these statements than teachers. It seems reasonable to suggest that psychologists, in part, view reporting suspected or known abuse as interfering with therapeutic progress, and that they are serving their clients best interests by continuing treatment without reporting.

As expected (Hypothesis 5), respondents' personal attitudes toward the reporting law and their certainty ratings predicted their reporting intention. Although certainty ratings dominated decisions to report child maltreatment, professionals were slightly influenced by their personal attitudes about the child abuse reporting law and system. Personal attitudes had a differential effect on likelihood of reporting the vignettes. For the physical abuse scenario, professionals' decisions to report were influenced by their belief that they can not conceive of a case when they would not report suspected child abuse and their belief in the effectiveness of the law. Although significant, these statements had a minimal effect on reporting, contributing 1.2% to the overall variance.

For the emotional abuse vignette, personal opinions accounted for approximately the same amount of variance (2%) in tendency to report as the physical abuse vignette, but a slightly different combination of attitudes emerged as important. Although the belief that, as professionals, they can not conceive of a case when they would not report suspected child abuse remained a significant predictor for reporting, the view that all cases of suspected child abuse should be reported also contributed to the overall explained variance. Similarly, for the sexual abuse vignette, professionals' belief that they can not conceive of a case when they would not report suspected child abuse significantly predicted their reporting tendency. Personal attitudes did not contribute to the variance explained for the neglect vignette.

Overall, the greatest predictor of reporting tendency was participants' certainty that abuse was occurring. Subjects with higher levels of certainty were more likely to report the vignettes. This finding is consistent with previous research (Kalichman & Craig, 1990) indicating

that severity ratings accounted for a significant proportion of the variance.

The relative contribution of the degree of certainty ratings varied by type of abuse. For instance, degree of certainty accounted for more of the variance in explaining likelihood of reporting the neglect vignette ( $R^2=74$ ) than the emotional abuse vignette ( $R^2=52$ ). Certainty that abuse was occurring was found to be a relatively strong predictor for reporting both physical ( $R^2=61$ ) and sexual ( $R^2=63$ ) abuse. Given these findings, it appears that certainty of abuse is a key variable in deciding whether or not to report child maltreatment. On the other hand, the fact that 26% to 48% of the variance is not accounted for suggests that other factors must be influencing decisions to report. Factors such as the law would require a report, whether this incident should be labelled "abuse" or "neglect," whether the child and/or family would benefit from a report have all been identified as influencing reporting decisions (Zellman, 1990a).

### **Summary**

Before addressing the limitations and recommendations of the present study, it may be helpful to summarize the results. As predicted, psychologists were more aware of B.C.'s child abuse reporting law than teachers. Although psychologists were more informed about the reporting requirement, teachers were significantly more willing to report the emotional abuse vignette. This finding is in contrast with the original hypothesis that psychologists would be more likely to report all abuse. Both groups tended to report the physical and sexual abuse, and the neglect vignette, with no significant differences found between groups.



As hypothesized, sexual abuse was the type of abuse most likely to be reported, whereas emotional abuse was the form of abuse least likely to be reported. These data are validated by both the vignette findings as well as respondents' past reporting experience. The primary reasons for noncompliance were 'not enough evidence' and 'lack of confidence in child protective services.'

Partial support was found for the hypothesis that consistent reporters would be more likely to report abuse than nonreporters. This pattern of reporting was significant for the physical abuse vignette, and was suggested with the emotional abuse vignette. This finding suggests that psychologists and teachers may have a personal bias toward reporting or nonreporting certain types of child maltreatment.

Participants' personal attitudes toward the reporting law and their certainty that abuse was occurring strongly predicted their tendency to report. The relative contribution of personal attitudes and degree of certainty varied by type of abuse. For example, attitudes and certainty ratings strongly predicted tendency to report neglect, whereas attitudes and certainty ratings were weaker predictors in tendency to report emotional abuse. Overall, degree of certainty accounted for a substantial amount of the explained variance. Given this finding, it appears that certainty that abuse is occurring is a key variable in deciding whether or not to report child maltreatment.

### **Limitations of this Thesis**

An evaluation of this study must consider several limitations. First, the results of this study are limited by sampling problems common

to survey research, including the response rate. According to Kerlinger (1973), the response rate for this study was moderate (52%) thereby making it difficult to determine potential differences between respondents and nonrespondents. Although this sample of psychologists and teachers is representative of the profile of subjects generated for the study, it is possible that respondents were more sensitive or more committed to child abuse prevention and reporting than nonrespondents, thus biasing the results.

Given that statutory wording of reporting varies across Canada and the United States, the specific conclusions of this study may only be attributable to the effects of B.C.'s reporting law on professionals' reporting behavior. Generalization of these findings is, therefore, restricted to those jurisdictions that compare in legislative wording and sample characteristics.

A final limitation with this research involves three aspects of the vignette design. First, the assumption that the behavior of respondents in their professions matches their responses to the vignettes is questionable. It is possible that respondents answered in a biased fashion (i.e., social desirability). Second, the information provided in the vignettes was rather lifeless. In a sense, the participants were somewhat removed from the emotionality of a face to face incident of child abuse. Thus, the complexities and difficulties facing respondents "in real life" might have been absent in the vignettes. Third, the hypothetical situations were quite limited in the information they provided, and respondents were not afforded the opportunity to obtain additional information before making their decision. In actual practice,

psychologists and teachers would have had more information available to them.

### **Recommendations**

Given the findings discussed previously, a number of recommendations can be offered to improve the current child abuse reporting system in B.C. These recommendations can be categorized in terms of education and training, research, and legislative and policy changes.

The present results underscore the need for education about reporting responsibilities. Schools, public and mental health agencies, hospitals, and other related work settings should not only make available a copy of B.C.'s reporting legislation, but inform their staff about the standard for identifying and reporting suspected cases of child abuse (i.e., reasonable grounds to believe that a child is in need of protection). To delay reporting until the adult is "sure" places the child at further risk. Additionally, psychologists and teachers should undergo awareness training in child abuse issues and they should be briefed in reporting procedures. Such training should be provided on an annual basis in order to reflect current thinking and understanding of child abuse issues and procedures.

These data further accentuate the need for continued research. It is suggested that future researchers investigate the reporting practices of a variety of professionals. Such efforts may provide insight into factors that influence reporting. In addition, there is a need to investigate the reporting practices of the lay public. Friends, relatives, and neighbors

are also significant contributors in filing child maltreatment reports, yet little research has investigated this important group.

To date, no research has examined what services are available once a report is made. For instance, are there enough resources allocated to handle reports of abuse? Although more cases are being reported, the number of trained professionals to investigate these reports may not have been proportionally increased. Consequently, there is a need to empirically evaluate whether the resources available are meeting the demands of increased reporting.


Over and above these efforts to increase reporting compliance, this study strongly supports the need for initiating and redrafting operational definitions in child abuse statutes. Given the present findings, there is a particular need to define what constitutes 'reasonable grounds' to warrant a report. Addressing the ambiguities encountered in the reporting laws is likely to enhance compliance with legal requirements (Brosig & Kalichman, 1992). Given these changes, child protective services would be in a better position to develop criteria in making decisions in the child protective process.

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## **APPENDICES**

**APPENDIX A**  
**Family and Child Service Act**  
**of British Columbia**  
**Chapter 11**

**Duty to report**

7. (1) A person who has reasonable grounds to believe that a child is in need of protection shall forthwith report the circumstances to the superintendent or a person designated by the superintendent to receive such reports.

(2) The duty under subsection (1) overrides a claim of confidentiality or privilege by a person following any occupation or profession, except a claim founded on a solicitor and client relationship.

(3) No action lies against a person making a report under this section unless he makes it maliciously or without reasonable grounds for his belief.

(4) A person who contravenes subsection (1) commits an offence.  
1980-11-7.

**APPENDIX B**

November 1992

Dear Psychologist:

The attached survey is being conducted in partial fulfillment of a Master of Arts degree in Education (Counselling Psychology program) at Simon Fraser University. The questions in the survey are concerned specifically with the status of child abuse reporting in British Columbia. The results of this study will help to provide an understanding of the challenges related to reporting child abuse in this province. We are particularly interested in obtaining your responses because your experience will contribute significantly toward solving the problems we face in this area of reporting.

Your name was selected from the registered members of the College of Psychologists of British Columbia (C.P.B.C.) working in the Lower Mainland who specialize in Clinical, Counselling, and Education/School Psychology. You will notice that your name is not required, all information is completely anonymous and will be treated in a confidential manner.

We would appreciate your cooperation in completing the survey within one week, if possible, and returning it in the enclosed postage-paid return envelope. The results of this research will be made available through C.P.B.C. as soon as the research is completed.

If you have any questions or comments about this study, please feel free to contact Dr. Michael Manley-Casimir at 291-4787.

In closing, we would like to encourage your participation. We anticipate that the survey will take about fifteen minutes of your time to complete. Thank you, in advance, for your thoughtful responses.

Yours sincerely,

M. Manley-Casimir  
Ph.D.

James R.P. Ogloff  
J.D. Ph.D.

Anne Corbishley  
Ph.D.

Kirk Beck  
M.A. Candidate

**APPENDIX C****Demographic Information**

Gender:     a) Male                             b) Female

Age: \_\_\_\_\_ (in years)

Highest degree attained:

- a) Doctoral
- b) Masters
- c) Bachelors
- d) Other (describe) \_\_\_\_\_

Occupation: \_\_\_\_\_

If you are a teacher, what grade(s) do you mostly teach? \_\_\_\_\_

Approximate number of years in this field: \_\_\_\_\_

Place of employment:

- a) School
- b) Mental Health Agency
- c) Private Practice
- d) Other (describe) \_\_\_\_\_

Do you work with children (i.e., under 19 years old)?

- a) Yes (specify age or age range) \_\_\_\_\_
- b) No

What percentage of your work involves direct contact with children?

\_\_\_\_\_ %

Overall, how would you rate your level of information about child abuse issues (e.g., definition, recognition, legal aspects, procedures)?

- a) Little
- b) Moderate
- c) Substantial

What source(s), if any, contributed to your level of information about child abuse issues? You may circle more than one source.

- a) Workshops or seminars (approx. how many) \_\_\_\_\_
- b) Books, journal articles, newsletters (approx. how many) \_\_\_\_\_
- c) Discussion with colleagues (approx. how many) \_\_\_\_\_
- d) University courses (approx. how many) \_\_\_\_\_
- e) Other (describe/indicate approx. how many) \_\_\_\_\_

Does your place of work have a written policy regarding child abuse reporting?

- a) Yes (specify to whom you report) \_\_\_\_\_
- b) No
- c) Not sure

**CHILD ABUSE REPORTING SURVEY**  
**Section I**

**Please indicate your response by circling the appropriate letter.**

1. Are you aware that a child abuse reporting law exists in British Columbia?
  - a) yes
  - b) no
  - c) not sure
2. What types of child abuse are supposed to be reported?
  - a) sexual and physical abuse
  - b) sexual, physical, and emotional abuse
  - c) sexual, physical, and emotional abuse, and neglect
  - d) not sure
3. Who is supposed to report child abuse?
  - a) any person
  - b) medical professionals, and mental and public health workers
  - c) medical professionals, mental and public health workers, law officials, school personnel, clergy, and child care workers
  - d) not sure
4. In order to make a report of child abuse, how certain should the reporter be?
  - a) concrete proof
  - b) reasonable grounds
  - c) some physical or visible evidence
  - d) not sure
5. Failure to report suspected child abuse is:
  - a) not a crime
  - b) an offense punishable by a \$500.00 fine
  - c) a crime punishable by \$1,000.00 and/or sentence to 6 months in jail
  - d) not sure
6. If a person makes a report of suspected child abuse in "good faith," and if the case does not hold up in court, the person reporting:
  - a) can be sued
  - b) is immune/protected
  - c) is guilty of a misdemeanor
  - d) not sure
7. Except for lawyers, the ethical principle of confidentiality \_\_\_\_\_ in cases of suspected child abuse.
  - a) always applies
  - b) never applies
  - c) supersedes a duty to report
  - d) not sure

**Section I-continued on reverse side**

**Section I-continued**

8. Under the statute, if a person suspects child abuse, what is the procedure for reporting?
- a) notify the police
  - b) call social services
  - c) consult with others (e.g., colleague, employer, school principal)
  - d) not sure
9. A report of child abuse is supposed to be made \_\_\_\_\_ following the suspicion of abuse.
- a) immediately
  - b) within 24 hours
  - c) within one week
  - d) not sure

**End of Section I**



**CHILD ABUSE REPORTING SURVEY**  
**Section II**

**Please indicate your response by circling the appropriate letter.**

1. In the last 12 months, have you reported any child abuse cases?

- a) yes (specify to whom you reported) \_\_\_\_\_
- b) no

**Note:** if you answered "**yes**" please continue with question 2. If you answered "**no**" please continue with question 5.

2. How many separate cases of child abuse have you reported?

\_\_\_\_\_

3. What type(s) of child abuse did you report? You may circle more than one type.

- a) physical abuse
- b) sexual abuse
- c) emotional abuse
- d) neglect
- e) other (describe) \_\_\_\_\_

4. What reason(s) guided your decision to report child abuse? You may circle more than one reason.

- a) protect the child
- b) benefit the rest of the family
- c) legal obligation
- d) help treat the abuser
- e) other (describe) \_\_\_\_\_

5. In the last 12 months, have you suspected any child abuse cases but decided not to report?

- a) yes
- b) no

**Note:** if you answered "**yes**" please continue with question 6. If you answered "**no**" please continue with **Section III**

6. How many separate cases of child abuse have you suspected but decided not to report?

\_\_\_\_\_

**Section II-continued on reverse side**

**Section II-continued**

7. What type(s) of child abuse did you suspect but decided not to report? You may circle more than one type.

- a) physical abuse
- b) sexual abuse
- c) emotional abuse
- d) neglect
- e) other (describe)\_\_\_\_\_

8. What reason(s) guided your decision not to report the suspected abuse? You may circle more than one reason.

- a) negative consequences for the child
  - b) not wanting to get involved
  - c) uncertainty about the definitions of abuse
  - d) respect for parental rights
  - e) fear of negative consequences to the reporter
  - f) negative consequences for the family
  - g) not enough evidence
  - h) possible harm to your relationship with the child and/or family
  - i) not aware of the law to report
  - j) unaware of the symptoms of abuse
  - k) not wanting to appear in court
  - l) lack of confidence in child protective services
  - m) fear of breaching confidentiality
  - n) not aware of the procedure to report
  - o) other (describe)\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**End of Section II**

## CHILD ABUSE REPORTING SURVEY

### Section III

In this section we are interested in your reactions to the four hypothetical incidents below. The level of information provided is obviously limited, and in real life you would no doubt attempt to collect additional information before making a reporting decision. We would, however, appreciate your honest responses based on the information provided. Use your professional experience and judgment as a basis for your responses.

**Please indicate your response by circling the appropriate number.**

#### Incident #1

*The custodial parents of a seven-year-old child tell you that their child is not sleeping well at night. During your conversation with the family, the information emerges that the parents usually punish their child by spanking him/her with a leather strap leaving red marks on the child's skin.*

1. Based on this information, how certain are you that child abuse is occurring in this incident (#1)?

1	2	3	4	5	6	7
Definitely Not Certain			Not Sure			Definitely Certain

2. How likely would you be to report this incident (#1) to the authorities?

1	2	3	4	5	6	7
Definitely Would Not Report			Not Sure			Definitely Would Report

#### Incident #2

*The custodial parents of a seven-year-old child tell you that their child is not sleeping well at night. During your conversation with the family, the information emerges that the parents are constantly screaming at their child, calling him/her foul names, and the child does not play with other children.*

3. Based on this information, how certain are you that child abuse is occurring in this incident (#2)?

1	2	3	4	5	6	7
Definitely Not Certain			Not Sure			Definitely Certain

4. How likely would you be to report this incident (#2) to the authorities?

1	2	3	4	5	6	7
Definitely Would Not Report			Not Sure			Definitely Would Report

**Section III-continued on reverse side**

### Section III-continued

#### Incident #3

*The custodial parents of a seven-year-old child tell you that their child is not sleeping well at night. During your conversation with the family, the information emerges that the parents repeatedly show the child pornographic pictures.*

5. Based on this information, how certain are you that child abuse is occurring in this incident (#3)?

1	2	3	4	5	6	7
Definitely Not Certain			Not Sure			Definitely Certain

6. How likely would you be to report this incident (#3) to the authorities?

1	2	3	4	5	6	7
Definitely Would Not Report			Not Sure			Definitely Would Report

#### Incident #4

*The custodial parents of a seven-year-old child tell you that their child is not sleeping well at night. During your conversation with the family, the information emerges that the parents regularly leave the child alone inside the house after dark. Often they do not return until midnight.*

7. Based on this information, how certain are you that child abuse is occurring in this incident (#4)?

1	2	3	4	5	6	7
Definitely Not Certain			Not Sure			Definitely Certain

8. How likely would you be to report this incident (#4) to the authorities?

1	2	3	4	5	6	7
Definitely Would Not Report			Not Sure			Definitely Would Report

**End of Section III**

**CHILD ABUSE REPORTING SURVEY**  
**Section IV**

**Please circle the appropriate number representing your opinion.**

1. I believe that the child abuse reporting law in British Columbia is necessary.

1	2	3	4	5	6	7
Definitely Disagree			Not Sure			Definitely Agree

**Please explain your answer:** \_\_\_\_\_

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2. In my professional opinion, I can conceive of a case when I would not report suspected child abuse.

1	2	3	4	5	6	7
Definitely Disagree			Not Sure			Definitely Agree

**Please explain your answer:** \_\_\_\_\_

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3. To me it seems that the child abuse reporting law is insensitive to the possibility that reporting can cause more harm than good for the child.

1	2	3	4	5	6	7
Definitely Disagree			Not Sure			Definitely Agree

**Please explain your answer:** \_\_\_\_\_

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**Section IV-continued on reverse side**

**Section IV-continued**

4. People in my profession should not be required to report **all** cases of suspected child abuse.

1	2	3	4	5	6	7
Definitely Disagree			Not Sure			Definitely Agree

**Please explain your answer:** \_\_\_\_\_

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5. I believe that the current reporting law/system in British Columbia is effective in addressing cases of child abuse.

1	2	3	4	5	6	7
Definitely Disagree			Not Sure			Definitely Agree

**Please explain your answer:** \_\_\_\_\_

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6. Do you have any suggestions to improve the current child abuse reporting law/system in British Columbia?

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**End of Section IV**

**THANK YOU FOR YOUR PARTICIPATION**

**APPENDIX D**

Dear Psychologist/Teacher:

We recently sent you a survey regarding Child Abuse Reporting. If you have already returned the survey, thank you for your participation. If you have not yet completed the survey, we encourage you to do so as soon as possible. Your help is greatly appreciated. If you require another survey, please call Michael Manley-Casimir at 291-4787.

Sincerely,

M. Manley-Casimir, Ph.D.    Kirk A. Beck, M.A. Candidate

**APPENDIX E**

January 1993

Dear Psychologist:

In early November we mailed a survey to you regarding child abuse reporting in British Columbia. We also mailed a follow-up "thank you" and "reminder" post card. If you completed the survey and returned it to us, we would like to thank you again. Because we have not received all of the surveys back yet, and we want to be sure to have responses from as many psychologists as possible, we have sent another copy of the survey to ALL of the original sample. If you did not complete and return the original survey, please take a few minutes to do so now. It is very important that we receive your survey even if you do not work with children or you feel that your responses would not be useful.

We are very enthusiastic about the responses we have received so far, but we are anxious to include your responses. This is the first study of its kind in Canada and we want to be sure that our response rate is good. One of the reasons we are so passionate about this subject matter is that the information we obtain has the potential to positively effect the lives of children in this province.

Thank you again for your patience and help -- your contribution will add measurably to current information on child abuse reporting in our province.

Yours sincerely,

M. Manley-Casimir  
Ph.D.

James R.P. Ogloff  
J.D. Ph.D.

Anne Corbishley  
Ph.D.

Kirk Beck  
M.A. Candidate