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**Briefing Note – Summer 2019**  
**Mandatory Reporting of Child Maltreatment**

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### What We Know

- Mandatory reporting of child maltreatment is “a specific kind of legislative enactment, which imposes a duty on a specified group or groups of persons outside the family to report suspected cases of designated types of child maltreatment to child welfare agencies” (Mathews, 2016).
- A survey by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN), indicates that 73.7% of responding low- and middle-income countries (LMICs) and 62.8% of high- income countries (HICs) have national mandatory reporting laws for child maltreatment (Dubowitz, 2014). In 59.1% of the HICs and 32.1% of the LMICs, these laws cover physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to intimate partner violence (IPV).
- In Canada, all provinces and territories have mandatory reporting laws, although the type of abuse and severity of abuse that are deemed reportable differs by province and territory. Common questions and answers about mandatory reporting legislation have been summarized in a recent Public Health Agency of Canada (2018) report. Addition information, including links to reporting legislation, can be found on the Canadian Child Welfare Research Portal: <http://cwrp.ca/infosheets> (click on “legislation” as a keyword and the appropriate province/territory).

### Mandated Reporters’ (MRs) Experiences with Reporting

- Mandatory reporting of child maltreatment is “a specific kind of legislative enactment, which imposes a duty on a specified group or groups of persons outside the family to report suspected cases of designated types of child maltreatment to child welfare agencies” (Mathews, 2016).

#### ***Challenges associated with mandatory reporting:***

- MRs are less comfortable identifying and responding to less overt forms of child maltreatment (e.g., children’s exposure to IPV, “mild” physical abuse, neglect, emotional abuse).
- MRs describe many negative experiences with reporting and fewer positive experiences.



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- Negative experiences spanned the reporting process and included descriptions of negative outcomes for the reporter (e.g., little to no institutional support), caregivers (e.g., humiliation) and child (e.g., intensification of abuse after a report).
- MRs indicate a desire for more knowledge about child maltreatment and their reporting duties.
- Many MRs are unclear about their (versus their supervisors') responsibility to report.

### ***Mitigating negative experiences with mandatory reporting: Strategies for MRs***

#### **1. Before identification or disclosure of child maltreatment**

- Be aware of jurisdiction-specific mandatory reporting legislation. Most child protection service (CPS) agencies mandate a report based only on “suspicion” of child maltreatment. Any MR who suspects child maltreatment must file the report.
- Participate in training related to how to identify child maltreatment, especially less overt forms; how to respond safely to children exposed to maltreatment; and best practices for filing a report.
- Be aware of the limitations of your decision-making about child maltreatment; this can relate to conflicting values about parental rights, family preservation and other cultural factors. The child’s rights and well-being should always be prioritized given their inherent vulnerability.

#### **2. At the beginning of a relationship with a child or family**

- Disclose your reporting duties and the limits of your confidentiality to whomever is in your care.

#### **3. Immediate response to disclosure**

- Provide safe and supportive responses to any disclosures of maltreatment.
- Consult with colleagues/CPS first if you are unsure if the case is reportable (taking care to maintain the confidentiality of the child/family).
- Remind the child/family of your role as a reporter. If you need to report, tell the family that you need to do so and if possible, tell them how CPS indicated they would follow up with the family.



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- Take steps to increase the child's and, in the case of IPV exposure, the non-offending caregiver's, safety during the reporting process.
- Be aware of the limitations of your decision-making about child maltreatment; this can relate to conflicting values about parental rights, family preservation and other cultural factors. The child's rights and well-being should always be prioritized given their inherent vulnerability.

### 4. Debriefing after a report

- Disclose your reporting duties and the limits of your confidentiality to whomever is in your care.

### Practice & Policy Implications of Current Best Evidence

- Based on currently available evidence, healthcare care providers should:
  - be aware of local mandatory reporting legislation and how it is applied in their jurisdiction and
  - take steps to involve the child/family in the reporting process, when it is safe to do so. For example, unless there is concern that a caregiver might flee with the child, the caregiver should be informed that a report to CPS is being made.
- Healthcare and social service providers urgently require education about child maltreatment in university and college-level programs and in continuing professional education.

### What We Don't Know – Research Gaps

- Research on the effectiveness of mandatory reporting on child outcomes and maltreatment recurrence is unavailable.
- Research about mandatory reporting should be sensitive to different types of abuse and should examine whether mandatory reporting does more good than harm for children.



## Guidance for Recognizing and Responding Safely to Child Maltreatment (CM)

### References

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