Child Welfare
SectionConnection
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CHALLENGES IN MANDATED REPORTER TRAINING

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IN THIS ISSUE

Mandated reporting laws were developed to help identify abused and neglected children and to help protect them from current and future harm. However, state reporting laws are often vague and differ from state to state. Training for mandated reporters is needed to assure that reporters understand their role in child protection more clearly. Mandated reporter education and training aims to accomplish the following objectives:

- increase awareness of signs of child abuse and neglect (CAN) so that more children are identified and receive intervention services
- assist reporters in deciding if a situation is one that must be reported
- assist reporters in gathering the kinds of information necessary to initiate a formal assessment by Child Protective Services (CPS)

Given the diversity of the types of mandated reporters, determining the best format and content of training to assist them in making useful reports has been a conundrum since the initiation of statutory reporting laws.

States and other jurisdictions have historically struggled in deciding the depth, breadth, frequency, and format of effective training. This article summarizes the results of a sampling of the training resources available via the Internet Web sites of 18 government organizations, publishers, and other specialty mandated reporter training entities. It details content themes, suggests the unique challenges in meeting the variant training needs of the target audience, and raises questions for further consideration.

Reporting Laws

Since passage of the Federal Child Abuse Prevention and Treatment Act (CAPTA) in 1974, individual states and jurisdictions have continually added to the list of professionals who are required to report suspected CAN. While CAPTA amendments and reauthorizations regularly refine the definition of CAN, CAPTA currently identifies four categories of child maltreatment: physical abuse, sexual abuse, emotional abuse, and child neglect (Pass, 2007). The Keeping Children and Families Safe Act of 2003 (a reauthorization of CAPTA)

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CHILDREN'S RIGHTS, SOCIAL WORK VALUES, AND CORPORAL PUNISHMENT

David Cooperson, MSW, MA, LCSW

Social workers have a powerful values and ethics base, which undoubtedly calls for the opposition of corporal punishment. Corporal punishment, in most terms, is a scourge that presents serious injustice and danger for children. The practice of corporal punishment in schools has produced a litany of injuries and, ultimately, the humiliation of children. Defended by laws that often provide immunity from legal remedies, the use of corporal punishment on children in schools has a singular distinction–no other category of human beings in the U.S. is permitted to be physically beaten without legal protection, including prisoners on death row. So why then is it sanctioned for children?

What's Happening Around the Issue

In June 2009, a march opposing corporal punishment in schools occurred in Washington, D.C. While there are a few grassroots organizations utilizing the principles of advocacy to fight against the practice of corporal punishment in schools, the state of Indiana passed a law granting educators legal immunity in disciplining children, as recently as May 2009. In fact, today there are 20 states that legally permit the physical punishment of children with a wooden paddle, other implement, or by hand. Sadly, minority and disabled children are overrepresented amongst children paddled in schools.

Children from hundreds of member states of the United Nations are represented by the Children's Bill of Rights, originally drafted in 1996 by several hundred children from around the world and ratified by their own countries. Yet another international form of the Children's Bill of Rights—the Convention on the Rights of the Child, originally adopted by the United Nations in 1989—is not supported by the U.S. In fact, the U.S. and Somalia remain the only two nations who have not ratified the Convention on the Rights of the Child, which advocates that children should not be mistreated for any purpose, including being

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provides minimum standards for states to follow by providing a federal definition of child abuse and neglect. The federal definition of CAN includes:

- any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
- an act or failure to act, which presents an imminent risk of serious harm

  (United States Department of Health and Human Services (USDHHS), 2009, p. xi)

CAPTA also sets minimum standards for reporting and offers immunity from civil liability for mandated and voluntary reporters who file a report in good faith. It is usually considered a crime for mandated reporters to willfully refrain from filing a report when the circumstance warrants it. While CAPTA provides minimum standards, each state is responsible for:

- providing its own definition of child abuse and neglect
- describing the circumstances and conditions that obligate mandated reporters to report known or suspected child abuse
- providing broad definitions for courts about when to take jurisdiction and/or custody of the child
- specifying the forms of maltreatment that are criminally punishable

  (USDHHS, 2009)

In practice, this means that each state or jurisdiction must customize training for mandated reporters to fit within the context of their state's unique statutory definitions and jurisdiction.

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The Numbers

State-by-state variation in definitions and other statutory provisions results in estimated, aggregate statistical reporting of the four types of child maltreatment and other case data. According to the National Child Abuse and Neglect Data System (NCANDS), an estimated 3.2 million reports of alleged child maltreatment were made to CPS in 2007. Of those reports, more than one-half (57.7 percent) were made by individuals who had contact with the alleged victim as part of their jobs, professions, or volunteer positions. The largest reporting group was the education system (USDHHS, 2009).

All states, most U.S. territories, Puerto Rico, and the District of Columbia statutorily require certain professionals to report suspected child abuse and neglect. The bulk of mandated reporters fall into the broad category labeled as *professional*, though approximately 18 states and Puerto Rico require *any person* who suspects child abuse or neglect to report, regardless of profession (USDHHS, 2008).

One-third of all referrals in 2007 were screened out at intake (more than one million) and nearly three-fourths of those screened in were ruled unsubstantiated (approximately 1.5 million). Only 25 percent of screened-in reports were substantiated. While reports from professionals have a higher substantiation rate than those from nonprofessionals (two-thirds of substantiations),

the fact remains that less than one-third of screened-in reports from professionals were substantiated (USDHHS, 2009). Many reports that are screened out or unsubstantiated end up as re-referrals.

Because CPS screening and assessment protocols differ in every jurisdiction, determining best practices, in the course of screening referrals and assessments, is a critical and ongoing process. The quality of the information provided at the time of referral is a key element in determining whether or not a report is screened in and assessed. This makes training for mandated reporters a valuable tool in protecting children and building protective capacity in the abused children's families.

Chronic maltreatment and neglect lead to devastating outcomes for children, and there is some evidence that substantiation is positively associated with engaging families in services (USDHHS, 2003). Thus, it behooves the field of Child Welfare to enrich the reporting, screening, and assessment process to better identify children and families at risk.

Challenges in Reporting

Personal values, professional ethics, and legal requirements impact the perspective of the potential reporter, whether they are mandated or voluntary reporters. Common perspectives on reporting suspected CAN vary greatly, ranging from the position that one should *always* file a report and let the experts decide about further action to the position that one should *only* report if there is clear indication of potential or actual child maltreatment. Education plays a key role in the decision-making and reporting process.

Even with the large number of annual reports filed by mandated reporters, literature on the topic suggests that there is hesitance on the part of many to make such reports for a myriad number of reasons including the following:

- ethical concerns about client rights and confidentiality
- fear of discrimination in the reporting/assessment process
- trepidation in inquiring about specifics of the child's situation (disclosure process)
- fear of making the child's situation worse
- fear of being wrong, needlessly causing a strained relationship with the child or family
- concern for reporter's safety following a report
- concern about legal liability if a report is determined unsubstantiated
- perception that 'nothing happens anyway' once a report is filed
- not understanding the legal, logistical, or policy parameters of CPS in conducting assessments
- not knowing how to file a report or what information is needed
- not being sure if the situation is serious enough to report
- concern about having to testify in court (loss of work time; fear of the process)
- past reporting experience of being provided limited or no information from CPS about the outcome
- lack of support from employer in filing a report
- lack of understanding of the role of CPS, i.e., reporting a child for protective services when the need is for preventive services or for capacity building of the caregivers.

On the other hand, some professionals file reports even in cases of low evidence of maltreatment, just to make sure they haven't underestimated the seriousness of a child's situation or because they fear being held liable for failure to report a situation that later proved serious.

Training Material Details

Training curricula and other resources for mandated reporters, found through the sampling of Web sites, reveal that all of the above issues are addressed in the material on some Web sites. However, this is generally not the case for most Web sites. The emphasis on specific elements of the identification and reporting process also varies with each training source. Material offered by professional groups, such as nurses and teachers (who often are required by policy or statute to have training on reporting), tends to be presented from the perspective of that profession and, thus, may be more easily integrated into their reporting decisions. Material intended for *both* voluntary and mandated reporters tends to be more generic, resulting either in very detailed information intended to cover all the bases or in very basic information in an effort to avoid overwhelming or confusing training participants.

Comparing pre-test and post-test results of student knowledge, Kenny (2007) found that, through a brief, one hour, on-line tutorial on CAN identification and reporting, participants increased their knowledge of reporting procedures. She concludes that Web-based training is an effective and convenient method for learning about CAN.

The Web site training sampling also found that on-line training materials for reporting are available in several formats or combinations of formats. For instance, videos and PowerPoints are augmented with downloadable documents. Information is targeted to the unique reporting requirements for each state. Links to other Web sites, such as state statutes and the Child Welfare Information Gateway, are often imbedded in the training materials. Reporting and hotline numbers are provided. Frequently Asked Questions (FAQ) sheets are available, covering such topics as the procedure for reporting, what to expect when one reports, CAN statistics, and definitions of CAN. Guidelines such as how to handle disclosure by a child are also available.

Forms for filing reports, flow-charts of the steps in reporting and follow-up–including court processes and case management–as well as decision-trees used by CPS are often provided. Most sites provided pre- and post-tests as well as offered certificates of completion.

In most cases, the on-line training materials are available through state or county human service agencies at no cost. On-site, face-to-face training is often available, as is Web-hosted group participation. Training provided by particular professions is more likely to require a small fee. Curricula offered by education resource publishers tend to be more costly, though this resource also tends to be among the most comprehensive and interactive. Continuing education units (CEUs) are offered by professions and publishers.

Conclusion: Challenges in Providing Training

Since the 1974 enactment of CAPTA, significant progress has been made in educating the public about CAN and the obligation to report. Clearly, too much information can overwhelm a potential reporter, while too little will likely result in a need for more effort during CPS screening and an increased potential for missed opportunities for needed CAN intervention. The question of just how much information is essential to successfully inform and train CAN reporters still remains. The answer depends partly on the perspective of the entities accepting and assessing reports and partly on the needs of mandated reporters. Answers to the following questions can help clarify the issue:

- Do CPS agencies prefer the bulk of the screening be done at the time of intake or before the report is made?
- Does the reality of limited resources suggest that the emphasis needs to be on reducing inappropriate referrals, with fewer assessments and, thus, more intervention and capacity-building services available?

NASW offers free professional courses on the WebEd portal site. Child Welfare Section members may be interested in *Understanding Adolescent Health: The Social Worker's Role,* available at NASWWebed.org.

- Now that awareness of CAN is raised, would decision-trees help mandated reporters determine when a situation rises to the level that requires reporting vs. monitoring?
- Do we trust that mandated and voluntary reporters can appropriately pre-screen reports? Do we want them to do this? Do they do it anyway?

The training material sampled for this article suggests that a great duplication of effort (and cost) exists in searching for answers. Once these and related questions are answered, training for mandated reporters can be more strategically developed in terms of content, format, and delivery, and the goal of protecting children from potential and actual CAN will be further advanced.

Note: for purposes of this article, report and referral will be used interchangeably. Assessment will be used instead of investigation.

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Mandated Reporter On-Line Training Resources

Continuum Health Partners: Center for Continuing Education (NY)
Child Abuse Identification and Reporting
www.nurse-education.org/index.cfm/fuseaction/product.display/Product_ID/15/

Illinois Department of Children and Family Services
Recognizing and Reporting Child Abuse: Training for Mandated Reporters
www.nurse-education.org/index.cfm/fuseaction/product.display/Product_ID/15/

Wisconsin Child Welfare Training System
Mandated Reporter Training Materials
www.wcwts.wisc.edu/related-training/mandated-reporter

New York State Office for Children and Families
Mandated Reporter Resource Center
www.nysmandatedreporter.org/default2.html

Heartland Area Education Agency (IA)
Mandatory Reporter: Child and Dependent Adult Abuse Module
www.aea11.k12.ia.us:16080/prodev/mandatory/mand/

Child Welfare Information Gateway
Mandated Reporting
www.childwelfare.gov/responding/mandated.cfm

Virginia Department of Social Services
CPS Mandated Reporter Training
www.dss.virginia.gov/family/cps/mandated_reporters.cgi

Office of Children and Family Services (Maine)
Mandated Reporter Training for Suspected Child Abuse and Neglect
www.maine.gov/dhhs/ocfs/cps/

Child Abuse Prevention Services (Long Island, NY)
Mandated Reporter Training
www.capsli.org/ny.php

Humboldt State University (CA)
Child Abuse Mandated Reporter Training
www.humboldt.edu/~extended/special/mandated.html

District of Columbia Children and Family Services Agency
Keeping DC Children and Youth Safe:
Mandated Reporter Training
http://dc.mandatedreporter.org/

Children Protective Services Program (MI)
Mandated Reporter's Resource Guide
www.michigan.gov/documents/dhs/Pub-112_179456_7.pdf

Pennsylvania Support Alliance
Mandated Reporter Training
www.pa-fsa.org/mandated_reporters/mandated_reporter_training.aspx

State of Wyoming Department of Family Services
Child Abuse and Neglect Prevention and Reporting Kit
http://dfsweb.state.wy.us/ProtectiveSvc/programs/cps/ReportingKit.htm

Arkansas Administrative Office of the Courts
Reporting Child Abuse and Neglect in Arkansas
www.arkansas.gov/reportARchildabuse/index.html

Florida Department of Children and Families
Reporting Abuse of Children and Vulnerable Adults
www.dcf.state.fl.us/abuse/publications/mandatedreporters.pdf

Merit Systems, LLC
Recognizing and Reporting Child Abuse and Sexual Abuse (Pswd required)
www.meritsystemsllc.net/testing/abusevids.php

Intermedia
Reporting Child Abuse: A Personal Responsibility
www.intermedia-inc.com/title.asp?sku=RE04

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U. S. Department of Health and Human Services (USDHSS), Administration for Children & Families. (2009). *Child Maltreatment 2007*. Washington, D.C.: U.S. Government Printing Office.

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subject to corporal punishment in schools. At the end of November 2009, however, Somalia announced that it will join the child rights pact, leaving the U.S. as the last remaining hold-out. Additionally, the provision to stop corporal punishment in the home is also followed by almost every country in Europe. Experts in the fields of psychiatry, medicine, and social work continue to openly oppose all forms of corporal punishment in schools and in homes.

Of those who experience corporal punishment in the home, the youngest and smallest in stature are most often the victims. According to Sunderland (2008), research demonstrates that 75 percent of parents hit one-year olds, 91 percent of parents hit toddlers, and 10 percent of parents beat with implements. Confusing advice abounds by proponents of spanking. The American Academy of Pediatrics rejects spanking/corporal punishment of children for emotional and physical safety.

Proponents of spanking present confusing and often contradictory advice on whether a child should be hit with an implement or a hand or whether pain should be associated with spanking. They also disagree with one another on other points such as:

- the ages that a child should be spanked
- whether spanking should only be used as a last resort
- when it is not appropriate to beat a child according to a parent's and child's emotional state and environment

The Dangers of Corporal Punishment

Legal expert Barbara Bennett Woodhouse (2008) has worked hand-in-hand with social workers and medical professionals at the University of Pennsylvania's Field Center, expressing the social work ethical principles of dignity and equality for all children. In her written work, she powerfully argues that it is dangerous for children's rights to be denied.

Some of the dangers of corporal punishment are even demonstrated by proponents of corporal punishment. Such is the case with Matthew Israel, a Harvard-trained psychologist, who works with autistic children and young adults. While he approved the use of corporal punishment at the institution he runs, he had assistants follow rules and guidelines about how to spank. However, the children often moved while being spanked, which resulted in unintended injuries. Recognizing spanking as a possible danger and rather than abolishing corporal punishment all together, Israel changed the rules and guidelines to include electric shock as a form of acceptable punishment within the institution.

Hope for change does exist, as many professionals are changing their stance on corporal punishment. Russell Barkley, distinguished researcher on attention deficit hyperactivity disorder (ADHD) and aggression in children, changed his position from pro-spanking to anti-spanking, based on the overwhelming research linking corporal punishment with increased child aggression.

Unfortunately, many parents are unaware of the research and use pro-spanking, "expert" theories to justify corporal punishment. The same is true for some foster parents who fervently oppose state laws that prohibit hitting foster children and cite pro-spanking experts and their theories as a basis for their opposition. Of course, foster parents who do not reconsider their stance on corporal punishment are rejected for state licensure.

Injuries resulting from spanking can be hidden by parents who learn how to hit without leaving a bruise, wishing to avoid state child abuse laws. For example, I once worked with a handicapped child whose parent wrapped a towel around a

pipe when she beat him with it in order to avoid leaving bruises on his body. It was only after internal injuries occurred that the abuse was detected. In my 32 years as a social worker, supervisor, and administrator in child welfare, I encountered countless episodes of children *severely* hurt by parents who said they *merely* spanked their children and that spanking (in their minds) was not against the law.

With all of the current research on the subject, it is surprising that some still cling to the tenants of corporal punishment so strongly. One graduate student from a major school of social work, who attended a workshop I presented in 2008, reported that she was quite upset that the majority of students in her child development classes were in favor of corporal punishment in the home.

What Can Be Done?

One of the barriers to changing public and parental views regarding corporal punishment is that the public and many professionals are not up-to-date on the mountain of compelling research developed over the past 25 years concerning the effects of spanking. This enormous body of research supports the ratification of the United Nations' Convention on the Rights of the Child, which opposes *any* form of corporal punishment of children.

McCall and Groarck (2000, p. 197) highlighted the need for professionals to spread the message against corporal punishment. Academics were "urged to broaden their audience from a nearly exclusive focus on other academics to a focus on the three *p*s: practioners, policymakers, and the public. …it is suggested that applied child developmental research should…disseminate results more vigorously." Many researchers, in fact, connect corporal punishment and spanking with poor academic achievement, deficits in career development, and increased violence among children.

The social work profession must actively advocate against any corporal punishment of children. Adrienne Hauser, a social work professor at the University of Wisconsin led the National Association of Social Workers (NASW) in their official stance of opposition to corporal punishment over 20 ago–*before* a mountain of evidence regarding the effects of child maltreatment on the brain, and long-term health even existed. Twenty years ago, social workers were guided by their "code of ethics" to oppose corporal punishment in schools and in the home. Today, social workers must continue this legacy to adhere to the *Code* and advocate for the protection and safety of *all* children.

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Woodhouse, B. (2008). *Hidden in plain sight: The tragedy of children's rights from Ben Franklin to Lionel Tate.* United Kingdom: Princeton.

A CHILD'S GRIEF

Holly Arnold, ACSW, LCSW

It is evident that children experience the world differently than adults. Children pass through the same stages of grief as adults; however, they grieve and express their grief in much different ways. It is natural for children to be interested in death as a "normal part of cognitive, social and personality development" and it is important to understand that this development will occur whether "guided, distorted, or neglected by adults" (Kastenbaum, 2000, p. 10). It is equally important to recognize that children are still developing cognitively, and the *concept* of death can be a very difficult thing for children to grasp. Nonetheless, children tend to understand what death is and what their loss means to them, to some degree; but frequently, they cannot withstand the pain that accompanies their level of understanding (Ward-Wimmer & Napoli, 2000).

Unique Grief Issues for Children

It is vital to remember that a child's developmental age is more important than his or her chronological age (Fogarty, 2000). Children's grief expressions correspond to their developmental ages which influence their understanding of death. Children search for answers to make sense of their loss on their own terms. Consequently, they come up with their own ways of understanding death. However, they almost certainly will need assistance in developing their understanding more fully. A child's behavior is generally his or her language of grief (Ward-Wimmer & Napoli, 2000). Children act out their feelings through play and physical action or inaction as a way of dealing with fears and emotions that they are not yet able to express verbally. For this reason it is important for adults to be aware of changes in children's behavior and body language during the grieving process.

Ward-Wimmer and Napoli posit that "[u]nique to childhood loss is the very real possibility of the loss of one's right to be born into a safe world, a world that makes sense" (2000, p.115). Children look to adults for guidance to help them understand what their loss means to them. They often seek answers to five common questions to personalize their understating and help them complete the grieving process. Those questions are:

- What is death?
- Did I cause it?
- Who will take care of me?
- Am I going to die, too?
- Who am I now that I have lost this important person?

(Ward-Wimmer & Napoli, 2000)

Dr. James Fogarty, licensed clinical psychologist and certified school psychologist, explains in detail what he feels are "normal grief emotions" in children. Normal grief emotions serve to guide children through the progression of healthy mourning and provide children with messages and lessons to learn during the grieving process (2000, p.6). *Table 1* illustrates Dr. Fogarty's catalog of "normal grief emotions" in children and their behavioral implications.

Assisting Children in Their Grief

Children search for answers to make sense of their loss in their own terms. They look for "experts" in the area of grief (Fogarty, 2000). Children may ask adults about their own experiences with loss in order for them to feel secure about the adult's level of regard for grief. Adults supporting a grieving child may have difficulty in assisting them because of their own grief.

Each child's understanding, pain, and path to healing is unique, and a child's grief work is often intermittent. They tend to express their grief in brief episodes because they are unable to cope with the pain associated with grief. They

TABLE 1

Grief Emotions	Purposes
Numb and Stunned Reaction	• Inhibits being overwhelmed. • Signals unusual event has happened. • Braces children to prepare for trauma. • Allows objective information gathering. • Allows children to find safety before emoting.
Commotion	• Calls attention to a mourning child. • Offers a barometer of a need to express grief.
Attempts to Re-create and Balancing Denial	• Helps children realize the loved one is dead. • Helps children realize the significance and uniqueness of the dead person.
Anguish	• Teaches the full value of the dead loved one. • Teaches children how much they actually loved the dead person.
Anger	• Reminds children they do not like the adjustments associated with loss.
Passive-Aggressive Reactions (Functional and Dysfunctional)	• Demonstrates a dysfunctional mourning process; - Designed to attain revenge. + Tests adults for stability and safety.
Guilt	• Offers children internal direction to make amends. • Teaches children lessons in life usually in the form of, "I will never do that behavior again because it hurts people" (p.21-22).

may present grief-related behaviors for the first time months after the loss has occurred or immediately. One thing is clear, to understand a child's grief "you must be willing to walk into a free-fall" (Ward-Wimmer & Napoli, 2000, p.113). Social workers and caring adults can support children through their grief journey by:

- being available,
- observing and listening,
- asking questions,
- share your experiences with grief,
- educating the child and other adults about the grieving process for children,
- providing family resources,
- honoring the process of this often difficult but very human journey, and
- remembering that children need to be supported in being their own guide in their own grief journey.

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