Child Abuse: Reporting (United States)

What is Involved in Reporting Child Abuse in the United States?

› Reporting child abuse involves notifying child protective services (CPS) agencies and/or law enforcement officials of suspected or known abuse of a child
  • What: Most states in the United States recognize four forms of child abuse: physical abuse, sexual abuse, psychological/emotional abuse, and neglect. An abused child may be subjected to one or more of these forms of maltreatment. (For more information on child abuse, see the series of Quick Lessons and Evidence-Based Care Sheets on child abuse)
  • How: Referrals of suspected or known cases of child abuse to CPS agencies are made by calling the agency and faxing or mailing a copy of the written report
  • Where: Victims of child abuse may be seen in a variety of settings, including emergency departments, pediatrician’s offices, daycare centers, and schools
  • Who: Signs of abuse may be detected by parents, teachers, childcare providers, healthcare workers, or other individuals who have contact with children. In the U.S. and some other countries, healthcare professionals who work with pediatric patients are mandated reporters of child abuse. Anonymity of the reporter is typically protected by applicable laws

What is the Desired Outcome of Reporting Child Abuse in the United States?

› Prompt reporting of child abuse according to state, local, and facility regulations/protocols aims to promote the immediate safety of the child and prevent recurrent abuse
› Reporting child abuse also provides an opportunity for rehabilitation of the abuser

Why is Reporting Child Abuse in the United States Important?

› Failure to report cases of suspected or known child abuse places the child at risk for continued abuse, with potentially serious physical and psychological consequences. Abused children are at increased risk for depression, anxiety disorders, substance abuse, eating disorders, cognitive disorders, criminal behavior, engaging in unsafe sex, poor impulse control, and suicide

Facts and Figures

› In 2012, ~ 3.4 million reports of child abuse involving ~ 6.3 million children were received by CPS agencies in the U.S. (U.S. Department of Health and Human Services, 2013)
  • 49% of cases involved boys and 51% involved girls
  • Most cases of child abuse were reported by law enforcement and legal personnel (17%), teachers (17%), and social services staff (11%)
  • Of the cases of child abuse substantiated by CPS agencies, 78% involved neglect, 18% involved physical abuse, and 9% involved sexual abuse
  • More than 80% of victims were abused by one or both parents
  • An estimated 1,640 children died from abuse and neglect

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Although “reasonable suspicion” is usually the threshold for reporting of child abuse, investigators who conducted a survey of 81 clinical and research experts on child abuse found no consensus on how these experts interpret the meaning of “reasonable suspicion” (Levi et al., 2011).

Some states in the U.S. have enacted universal mandated reporting laws, which require that all adults report cases of suspected child abuse; researchers who analyzed county-level data determined that counties in states with universal reporting laws have higher total and confirmed reports of child abuse (Palusci et al., 2014).

Race plays a part in child abuse reporting. Researchers have found that African Americans have a higher likelihood of being reported for child abuse than individuals of any other race (Krause et al., 2015).

What You Need to Know Before Reporting Child Abuse in the United States

The U.S. Child Abuse Prevention and Treatment Act defines abuse as “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.” (U.S. Department of Health and Human Services, 2003)

Every state in the U.S. has enacted mandatory reporting laws that require healthcare professionals to report suspected or known child abuse. Individuals considered mandated reporters include (Kruse et al., 2015):

- Clinicians, including nurses and physicians
- Medical examiners
- Coroners
- Mental health professionals
- Dentists and dental hygienists
- Social workers
- Teachers
- Child care providers
- Law enforcement officers

Failure to report child abuse can also lead to legal action, including limitation on or removal of professional licenses.

- One possible reason for reluctance on the part of healthcare professionals to report child abuse is lack of training and knowledge about their legal obligations and the procedures for reporting.

Beliefs that affect a professionals’ probability of reporting child abuse include:
  - inability to distinguish discipline from abuse
  - being unaware of the signs and symptoms of abuse
  - thinking someone else will report the abuse
  - fearing legal consequences
  - fearing loss of relationship with the family
  - believing CPS will not be able to help the child and the family

In most states, CPS has the primary responsibility for receiving reports and investigating cases that meet agency criteria. Other states require reports to be made to either CPS or law enforcement. Some laws require that severe types of maltreatment (e.g., sexual abuse or severe physical abuse) be reported to law enforcement in addition to CPS.

- Reports of suspected abuse are required by law in most states to be made immediately after the abuse has become known to protect children from potentially serious consequences caused by a delay in reporting.

- Most states allow anonymous reporting, but it is preferred that reporters provide their name and contact information in case additional information is needed.

- State laws protecting the legal confidentiality of attorney-client, clinician-patient, and husband-wife communications are usually voided in instances of child maltreatment. Laws provide legal protection of professionals who report child maltreatment.

Preliminary steps that should be performed before reporting child abuse include the following:

- Review the facility/unit protocol for reporting child abuse, if one is available
- Review the patient’s medical history/medical record for any previous injuries consistent with child abuse

How to Report Child Abuse in the United States

Immediately notify the supervising nurse clinician and/or facility administrator of the need to report a child abuse case. (For information about assessing for signs of child abuse, see Nursing Practice & Skill … Child Abuse: Identifying Suggestive Signs and Symptoms)

- Other expert facility resources that can be contacted include representatives from the risk management/legal department.
Do not let any parent/caretaker suspected of abuse leave with the child; continue with the current patient care activity while waiting for facility security, the facility administrator, or a CPS worker to arrive, as appropriate. Collaborate with a social worker, the risk/legal department, and/or the facility administrator to gather necessary information and complete a report. Reports typically contain the following information:

- The name, age, gender, race, social security number, and home address of the child
- The name, home address, race, and social security number of the parent or other person(s) responsible for the child's care
- The child's whereabouts
- The parents and their whereabouts
- The person alleged to have caused the child's condition, and his/her whereabouts
- Description of the family, including the presence of other children in the home
- Language spoken by the child and the child’s caretaker
- The type and nature of the abuse, such as the length of time it has been occurring, whether the maltreatment has increased in severity or frequency, and whether objects or weapons were used
- Your name, address, phone number, profession, and relationship to the child

Notify a CPS agency within 24 hours by calling the local child abuse hotline and faxing/mailing a copy of the report. Update the patient’s plan of care, if appropriate, and document reported child abuse in the patient’s medical record, including the following information:

- Date and time the report was made
- Recipient of the report
- Signs and symptoms suggestive of child abuse
- Patient/family member education, including topics presented, response to education provided/discussed, plan for follow-up education, and details regarding any barriers to communication and/or techniques that promoted successful communication.

Other Tests, Treatments, or Procedures That May be Necessary Before or After Reporting Child Abuse in the United States

After reporting child abuse, request continued facility security presence, as needed, and collaborate with the police if the child requires continued protection during the inpatient stay. Provide reassurance of safety to the child, and ensure continuity of care by repeated assignment of nurse clinicians.

What to Expect After Reporting Child Abuse in the United States

The child and/or family will be referred to social services, psychiatric care, and/or other family and social support services, as appropriate. The child may be removed from the home by social services if abuse is confirmed and thought to be perpetrated by a member of the child’s household. Other family members (e.g., siblings) may be evaluated for signs of abuse.

Red Flags

Prompt reporting is necessary when child abuse is known or suspected because early recognition and appropriate intervention can save a child from potentially devastating physical and psychological injury.

What Do I Need to Tell the Patient/Patient’s Family?

Explain the child abuse reporting process and what to expect after the process is begun; provide emotional support and additional information, as appropriate. Educate the family about social services and professionals available within their community to help and support families when abuse has occurred. Explain the importance of keeping follow-up medical and social service appointments to allow ongoing support of the family and to monitor the child’s physical and psychological healing processes.

References


