



www.protectpachildren.org

Awareness is needed about who must report child abuse

Since 1975, Pennsylvania law has mandated that persons who, in the course of their professional work, come into contact with children are obligated to report suspected child abuse to ChildLine – the state’s child abuse hotline.

Mandated Reporters (MRs) of suspected child abuse (e.g., teachers, doctors, police officers, child care providers, dentists, clergy, etc) are an essential component of how Pennsylvania prevents, investigates and treats child abuse. In 2009, MRs in Pennsylvania reported over 18,000 cases of suspected child abuse – approximately 75 percent of all reports made.

Recently more than 1,400 persons responded to a statewide survey about the reporting of suspected child abuse in Pennsylvania.¹ The survey gathered direct insight from MRs about the degree to which they had been trained and by whom. MRs and employers of MRs were also invited to address questions and concerns about their MR role and responsibilities.

The survey revealed a troubling lack of understanding about who is legally obligated to report suspected child abuse. **Many professionals, including social workers, police officers, child care providers, physicians and teachers responded that either they were not a MR or they were uncertain about their status and obligations.**

“In my experience, law enforcement investigates these abuse cases but I have never been advised or explained to that we are mandated reporters. It is assumed that all cops know it. Officially I have never been so trained.” – Police Chief

“What I have read is that only MSW degreed social workers are required to be mandated reporters.” –Social Work Instructor

“I think all school staff should be trained as mandated reporters. Many teachers feel as though they are not mandated reporter. Are they?” – School employee

Many MRs have not been trained or received training prior to Act 179 of 2006

14 percent responded that they had never been trained including:

- Police Officers
- Attending Neonatologist
- School Nurses
- Clergy
- Private School Principals
- Public School Teachers
- Pediatricians
- Hospital-based Nurses and Physicians
- Child Care Providers

24 percent of respondents were trained more than five years ago, which means they were trained before the enactment of Act 179 of 2006, which made significant changes in the mandatory reporting provisions of the Child Protective Services Law (CPSL).

“We have identified questions, during our updates to materials related to changes in the mandated reporting laws, but have not yet received the state guidelines that would answer these questions.” – Executive Director, Domestic Violence Program

“I would like to be certain nothing has changed in the past 11 years.” - Physician

“How do we best assist teens with victimization when they don't want to disclose since due to the 2007 law changes, it is now required to be reported?” – Director of Education and Training, Domestic and Sexual Violence Program

Approximately 20 percent of persons or agencies who indicated they provide direct training to MRs said they had not updated training curriculum or were uncertain as to whether the training they offer was updated since 2006.

Prior to Act 179, the reporting of suspected child abuse was required only in cases involving certain persons who fit the definition of a “perpetrator” of child abuse under the CPSL specifically parents, paramours of a parent, relative living with the child, or a person responsible for the direct welfare of a child. Suspected child abuse committed by someone outside the definition (e.g., a little league coach, clergy, or mentor) did not require reporting before 2006. Act 179 stipulated that a MR must make the call to ChildLine to report suspected child abuse regardless of the relationship between the child and the person suspected of abuse.

Also prior to Act 179, a report was triggered only if the child directly came before the MR in their official capacity. Now the law requires that MRs make a report when a child is “under the care, supervision, guidance or training of the agency, institution, organization or other entity with which that person is affiliated.” Finally, Act 179 increased the criminal penalties when a mandated reporter fails to report suspected child abuse.

Over the last few years there have been suggestions that the 2006 changes related to reporting regardless of the perpetrator may have produced an “unintended consequence.” Victim services advocates and medical professionals have expressed concerns about making a report to ChildLine when the alleged victim and perpetrator are both juveniles. These concerns appear to rise from the desire to appropriately balance the needs and rights of the alleged victim with the fact that the alleged juvenile offender may be reacting to his or her own abuse and may also be in need of services.

Mandated Reporters require effective training

There is no training requirement for MRs in Pennsylvania and many MRs are never trained in their duties and responsibilities under the law. When training occurs there is great variation in the content of the training. There remains no requirement that MR training contain state-approved content to ensure consistency about the law’s requirements and the role of the MR.

“I had training for sexual misconduct by clergy, but no state mandated reporter training was included.” -Private School Principal

“I would like a better understanding of what happens when reports are made” – Victim Advocate

“How do we improve communication with CYS? What is their philosophy? Caseload? Etc.” - Public School Employee

More than 30 percent of respondents received training via internal staff at their agency or school, 24 percent through a county children and youth agency, and 15 percent through Pennsylvania Family Support Alliance or the American Academy of Pediatrics. Other agencies utilized for MR training included Children’s Advocacy Centers, Domestic or Sexual Violence programs, Juvenile Law Center and the Network of Victim Assistance.

52.2 percent of training that MRs participated in occurred face-to-face but without pre- and post-training testing to determine whether the training had been effective.

Approximately 80 percent of respondents indicated that the training was not approved for continuing education units (CEUs) or they were uncertain whether it was connected to CEUs.

“What do we do when Child Line is unresponsive?” – Counselor

“What is the most current law regarding ‘reason to suspect’?” – Private Child Welfare Worker

“Do the mandated reporter laws cover reports of suspected abuse of someone who is not a client such as a sibling, child, cousin, etc. of a client?” – Behavioral Health Clinician

“If there are 10 mandated reporters who are aware of the problem, why are we all required to report?” – Physician

“Are you required to call Childline and/or your local children and youth agency?” – Director of Counseling Services

80 individuals or organizations completed the survey indicating they are direct providers of MR training – the vast majority having provided training to fewer than 250 persons. 40 percent indicated they consulted a children and youth agency in developing their training materials. 31 percent sought guidance from or participated in a train-the-trainer program offered by Pennsylvania Family Support Alliance and 13 percent worked with the American Academy of Pediatrics – PA Chapter.

240 employers of MRs also responded to the survey. 86 percent of the responding employers offer at least minimum training to their MR employees. Approximately 65 percent offered it upon hire and then with updates occurring either annually or as changes in the law occur. The majority of employers utilize internal staff to train their employees or engage the local county children and youth agency.

16 percent of employers indicated they did not know who offers training. Nearly 40 percent indicated that cost was a factor in providing MR training to their employees.

Pennsylvania law requires that “The department and each county agency shall conduct an ongoing training and education program for local staff, persons required to make reports and other appropriate persons in order to familiarize those persons with the reporting and investigative procedures for cases of suspected child abuse and the rehabilitative services that are available to children and families.”

Since the 1990s, Pennsylvania’s Department of Public Welfare (DPW) has partnered with the American Academy of Pediatrics-PA Chapter and Pennsylvania Family Support Alliance to connect MRs to DPW approved training. These two agencies combined have brought DPW approved training to more than 35,000 MRs including school nurses, teachers, pediatricians, clergy, law enforcement and child care workers. Still there are far more MRs in need of training than have or could be expected to be reached through these current DPW initiatives. For example DPW previously projected that legislation requiring MR training for school personnel would impact approximately 250,000 persons. There are approximately 40,000 social workers in Pennsylvania.

Response to reports influences MRs

Pennsylvania’s child welfare system is complex, multi-layered and required to operate within the statutory confines of the state’s Child Protective Services Law (CPSL), including the definition of child abuse.

Pennsylvania’s definition of child abuse impacts not just the end result of whether a report is substantiated, but also the immediate response and investigative track undertaken when a report of suspected child abuse is made.

In 2009, 25,342 reports of suspected abuse were registered at ChildLine and after investigation 3,943 reports (less than 16 percent) were substantiated as abuse. That translated into a substantiation rate of 1.4 per 1,000 children, while the national rate was 9.3 per 1,000 children.

Policy makers, MRs and the public have, at times, interpreted the state’s low substantiation rate as indicative that unfounded reporters were equivalent to false or frivolous reports.

However, even when abuse is not substantiated, thousands of at-risk Pennsylvania children do receive child welfare services. Through the state’s dual approach, a child/family can be accepted for services under General Protective Services (GPS) in instances that do not meet the state’s definition of child abuse but concerns for child safety exist and in-home services are deemed necessary.

“It does not help when the case worker tells the perpetrator that we made the call.” – Public School Employee

“Often we feel that the agency sides with the perpetrator and does not take our calls seriously.” – School Nurse

“We reported a suspected case. The family immediately came after us. The charges were determined to be unfounded.” – Director of an Early Childhood Education Program

MRs strive to fulfill their duty to report suspected child abuse, even as they raise concerns about what happens once they do make the report. Their concerns include, for example:

- When a report is unfounded due to the statutory definition of child abuse;
- Appearances that the child was left in an unsafe environment even after the MR made the call;
- Revelations about the MR’s identity to the alleged perpetrator;
- The quality or absence of communication/feedback provided from child welfare officials.

Retaliation against MRs undermines Pennsylvania’s child protection efforts and is an area that warrants attention and evaluation to be certain that the fullest protections are in place when an MR fulfills the obligation required of them by law.

“I am also concerned that people have difficulty getting through to ChildLine and sometimes the ChildLine staff doesn’t seem to know what they are talking about.” - Clinical Director, Domestic Violence Program

“I wonder (as does my guidance counselor) why our concerns that are reported to CYS are not considered important to them.” – Public School Employee

“Standards of accepting cases for evaluation vary from county to county.” - NICU Maternity Social Worker

“I wonder why our concerns reported to CYS are not considered important to them. Most DHS investigators explain to me that there isn’t anything that they can really do. That there is a safety net only for those kids only in severe danger.” – School Nurse

“We continuously have questions regarding follow up by OCY, as we feel that it is minimal at best and we don’t take making a report lightly.” – Behavioral Health Case Manager

Recommendations

1. The General Assembly and Administration should ensure every MR in the Commonwealth is trained about his/her duties and responsibilities under the CPSL.
2. The Administration led by the Department of Public Welfare (DPW) should quickly identify a strategic public education and communication plan to raise awareness about who is legally required to report suspected child abuse in Pennsylvania. Included within this strategy should be:
 - Timely e-communications utilizing existing state list serves or other electronic communications across all cabinet-level departments.
 - Partnerships with lawmakers, the media, and external organizations and trade associations that directly interact with, employ or represent MRs to reaffirm the legal role of the MR and opportunities for critical training.
3. Pennsylvania should maintain (directly or via a contract) an easily recognized website such as www.pamandatedreporters.org to serve as a clearinghouse about MR requirements, training opportunities and timely responses to questions (e.g., an updated user-friendly Frequently Asked Question document).
4. The Administration led by DPW with input and assistance, at a minimum, from the Departments of Education, Health and State as well as counties and other external stakeholders should be convened to:
 - Identify the Commonwealth's strategies to connect all MRs with necessary and effective training with an emphasis on connecting such training to continuing education and/or licensing requirements for professionals and entities licensed by the Commonwealth;
 - Develop a statewide standardized curriculum, which includes a pre- and post- test component, to bring uniformity to Pennsylvania's training of MRs across all professional disciplines. This standardized training can be enhanced or further refined based on the audience, but the fundamentals about defining, reporting and investigating suspected abuse, as well as the pre- and post- test requirement, must be maintained;
 - Ensure that MRs have the opportunity to complete on-line self-directed training, including a pre- and post-test, at minimum or no cost to the MR;
 - Explore public and private opportunities to incentivize training (e.g., a health care practitioner who completes the state-approved training might be entitled to a small percentage decrease in their malpractice insurance).
5. The Administration should immediately ensure effective operations at ChildLine making certain that:
 - When an MR calls to report suspected child abuse, the caller is not placed on hold for an extended period of time or disconnected;
 - The abandoned/dropped call rate, which exceeded 10 percent in the final months of 2010, has decreased as well as the rate of staff vacancies and utilized overtime;
 - DPW regularly release public reports about the total number and disposition of calls, the rate of abandoned/dropped calls, rate of vacancies and turnover, utilization of mandatory overtime, and other relevant data.
6. DPW should bring together a variety of stakeholders - inclusive of victim services, medical and behavioral health professionals, and law enforcement – to engage in a dialogue about the 2006 law changes and whether it is impacting service delivery to children and youth. Included in this discussion should be an analysis of the data/trends related to cases characterized as law enforcement only since 2006.
7. Examination should be undertaken by the Administration to ensure that there are sufficient protections in place to guard against retaliatory actions against an MR, including retaliatory personnel action against an employee who fulfilled his or her MR duties.

Snapshot of Responding MRs

BEHAVIORAL HEALTH

16 percent of the MRs responding identified themselves as working in the behavioral health field, 82.5 percent said they were trained. 27 percent were trained more than 5 years ago. 43 percent were trained by internal agency staff, 26 percent by a county children and youth agency, and 12 percent marked “other” as the training resource (e.g., American Psychological Association Training, National Association of Social Workers, Network of Victim Assistance, and trained within college curriculum). 50 percent received face-to-face training without any pre- or post-test. 55 percent said that the training was not eligible for CEUs and another 30 percent were not certain if CEUs were available.

DOMESTIC and SEXUAL VIOLENCE

12 percent of the MRs responding identified themselves as working in the domestic or sexual violence field. 95 percent indicated they had received MR training. 11 percent indicated the training occurred more than 5 years ago. 73 percent were trained by internal agency staff or another domestic/sexual violence program. 65 percent of the training occurred face-to-face without any pre- or post- test. 89 percent indicated that the training did not qualify or they were uncertain whether it qualified for CEUs.

EARLY CHILDHOOD EDUCATION, FAMILY SUPPORT

14 percent of the MRs responding indicated they are employed within the early childhood education or family support sector. 95 percent indicated they have been trained. 11 percent were trained more than 5 years ago. 25 percent were trained by Pennsylvania Family Support Alliance, 23 percent by internal agency staff, 21 percent through a county children and youth agency, and another 10 percent as part of the Pennsylvania Quality Assurance System (PQAS). 42 percent were trained face-to-face with no pre- or post-test. 23 percent said the training did not qualify for CEUs and another 52 percent were not certain if the training qualified for CEUs.

LAW ENFORCEMENT

8 percent of the MRs responding identified themselves as a member of the law enforcement community. 76 percent indicated they have been trained. 42 percent were trained more than 5 years ago. 35 percent were trained by a county children and youth agency, 20 percent by internal agency staff, 20 percent didn’t know who did the training and another 20 percent indicated “other” as the training source (e.g., Municipal Police Officers Education and Training, district attorney, children’s advocacy center, etc). 50 percent were trained face-to-face without any pre- or post-test. 43 percent indicated that the training did not qualify for CEUs and another 50 percent were uncertain whether it qualified for CEUs.

PHYSICIANS and HOSPITAL STAFF

16 percent of the MRs responding identified that they were trained as a physician or working as a professional in a hospital setting, 81 percent said that they were trained. 33 percent were trained more than 5 years ago. Nearly 38 percent received training through a hospital program. Another 24 percent were trained by internal agency staff and 14 percent by the American Academy of Pediatrics – PA Chapter, 13 percent didn’t know who provided the training and another 11 percent answered “other” for training (e.g., residency training, medical journals, PA Medical Society, etc). 57 percent received face-to-face training without any pre- or post-test. 40 percent said that the MR training was not eligible for CEUs and another 37 percent were “uncertain” whether the training qualified for CEUs.

PUBLIC and PRIVATE SCHOOL

9 percent of the MRs responding identified that they work in a public or private school setting. School nurses were addressed separately. 84 percent indicated that had received MR training. 23 percent had been trained more than five years ago. 40 percent were trained by a county children and youth agency, 36 percent by internal school agency staff, nearly 9 percent by Pennsylvania Family Support Alliance. 56 percent received face-to-face training with no pre- or post-test. 70 percent indicated that the training did not qualify or they were uncertain whether it qualified for CEUs.

SCHOOL NURSES

10 percent of the MRs responding identified that they are a school nurse. 93 percent indicated they had been trained in their MR duties. 26 percent said their training was more than 5 years ago. 32 percent indicated they were trained by a county children and youth agency, 20 percent by internal agency staff, 20 percent via the Pennsylvania Family Support Alliance, and 7 percent by the American Academy of Pediatrics – PA Chapter. 55 were trained face-to-face without any pre- or post- test. 62 percent said the training was eligible for CEUs.

Training Resources

- **American Academy of Pediatrics (AAP) – PA Chapter**

Through the Department of Public Welfare, the PA Chapter of the American Academy of Pediatrics (AAP) is able to offer MR training to health care professionals. AAP's [Suspected Child Abuse and Neglect \(SCAN\) Program](#) provides continuing medical education to medical providers who are MRs. The SCAN educational programs are targeted toward primary care providers and their entire office staff, school nurses, emergency medical service professionals and hospital staff. With over 200 expert trainers throughout the state, the presentation teams include local pediatricians, family practitioners, county children and youth workers, emergency department nurses and certified EMT instructors. Training is provided on-site and free of charge, including training materials. For more information or to schedule a SCAN presentation, visit www.pascan.org or call (866) 823-7226 (toll free in PA only) or 484-446-3007.

- **County Children and Youth Agencies**

Pennsylvania's Child Protective Services Law (CPSL) requires that "The department and each county agency shall conduct an ongoing training and education program for local staff, persons required to make reports and other appropriate persons in order to familiarize those persons with the reporting and investigative procedures for cases of suspected child abuse and the rehabilitative services that are available to children and families." You can find contact information for the county children and youth agencies on the [website of the PA Children and Youth Administrators](#).

- **Network of Victim Assistance**

[The Network of Victim Assistance](#) (NOVA) has developed Mandated Reporting: Knowing Your Role in the Protection of Our Children through funding from [Vision of Hope](#) - a project of The Pennsylvania Coalition Against Rape (PCAR). This training identifies the role and responsibility of Mandated Reporters and is available in a one-hour or three-hour format. This independently evaluated training is available to all professionals and adult bystanders who interact with children, such as teachers, counselors, child care workers, Boy and Girl Scout troop leaders, coaches and medical professionals, on the topic of child abuse and mandated reporting. This training is approved by the Pennsylvania Quality Assurance System (PQAS) for training hours. NOVA is not an Act 48 provider, but the training goals meet the PA Department of Education standards. Also, the training can be submitted for approval through the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors for credit hours. NOVA can be reached at 215-343-6543.

- **Pennsylvania Family Support Alliance**

Through the Department of Public Welfare, [Pennsylvania Family Support Alliance](#) (PFSA) is able to offer training to non-medical MRs. PFSA's training program is offered both as a three-hour overview and as a six-hour comprehensive presentation. The program reviews the elements of child abuse, including the legal definitions of a child, perpetrator, and categories and indicators of abuse. The training provides an overview of mandated reporting obligations, including how to make a report, protections for those who report, and the liability for failing to report. PFSA offers training for school personnel, child care staff, law enforcement agencies, community service providers, social workers, and other individuals. Free training is available to organizations approved by the Department of Public welfare. To arrange for training, please call PFSA at 800-448-4906.

- **The Department of Public Welfare** also is available to respond to training requests or a need for clarification about the CPSL. Training requests or clarifications about the CPSL and related policies can be directed to DPW at 717.705.2912 or by submitting an electronic communication at

<http://www.dpw.state.pa.us/Feedback/index.htm?Subject=Child+Abuse&ContactCode=CONTENTWEB>

ⁱ MRs in 54 counties responded to the survey.