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# MENTAL HEALTH PROFESSIONALS' EXPERIENCES REPORTING SUSPECTED CHILD ABUSE AND MALTREATMENT

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## ABSTRACT

**Objective:** The purpose of this study was to provide systematic data on the experiences of mental health professionals (e.g., psychiatrists, psychologists, and social workers) who reported cases of suspected child abuse and maltreatment concerning their clients.

**Method:** Mail surveys were completed by 258 mental health professionals known to have reported a case of suspected child abuse and maltreatment to the New York State Central Register (NYSCR) in 1993. Subjects were asked to complete a survey describing their experience with making reports, referring to a specific case they reported.

**Results:** About 40% did not inform the client about the limits of confidentiality until reportable material came up. Most clinicians reported that informing clients about the limits of confidentiality did not deter them from entering treatment. Many clinicians learned about abuse/maltreatment after approximately 3 months into therapy. Even very experienced clinicians usually consulted with others before making the report. Clinicians most typically informed the client about the report directly and before it was made, but did not call the NYSCR in the presence of the client. Following the report, most

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clinicians performed additional activities such as calling clients and scheduling additional sessions. When clients evidenced resistance to continuing therapy, it usually dissipated after a brief period of time. In over 72% of the cases, making the report did not disrupt the relationship and in many instances it was helpful in the therapeutic process; about 27% were continuously resistant or terminated therapy shortly after the report was made.

**Conclusions:** Implications for practice, training, program development, and research are discussed. © 2000 Elsevier Science Ltd.

*Key Words*—Clinician reporting experiences, Psychotherapist maltreatment reports, Therapist abuse reports.

## INTRODUCTION

GIVEN THE HIGH rate of child abuse and maltreatment, mental health professionals (e.g., psychologists, psychiatrists, and social workers) have become increasingly involved with the legal requirements of reporting suspected cases. A large majority have made at least one report (Zellman, 1990). Added impetus to report also comes from educational initiatives and from legislation, which except for a few states, now provides for reporting even when a child was not seen first hand (Kalichman, 1993). Thus, clinicians became mandated to report instances of adult patients who reveal information that supports a “reasonable suspicion” that either they or others in the household are harming a child. While mental health professionals encounter child abuse and maltreatment in their practices, they are concerned that reporting will disrupt the psychotherapy relationship because confidentiality is breached (Agatstim, 1989; Berlin, Malin, & Dean 1991; Levine et al., 1991; Uchill, 1978; Zellman, 1990). These concerns find expression in reluctant and inconsistent reporting. Zellman (1990) found that 58% of the psychiatrists, 51% of the social workers and 44% of the psychologists had failed to report at least one time in their careers; Kalichman and Craig (1991) demonstrated similar results for 37% of the psychologists in their study. Further, it was noted that failure to report did not appear to be due to lack of knowledge about the requirement, but rather to concerns about the impact of reporting on treatment or on the client (Zellman, 1990).

Clinician reluctance to report poses potential harm for the unreported child as well as for the clinician who is civilly and criminally liable for failure to report. To effectively address reporting concerns, the mental health community should have knowledge of the actual effects of making a report on the psychotherapy relationship, as well as information about the practice and experience of clinician reporters. Studies in these areas are few in number. Ground-breaking research on the effects of making a report was undertaken by Watson and Levine (1989) who conducted a chart review in an out-patient child guidance clinic ( $N = 65$ ), building upon Harper and Irvin (1985) who conducted a chart review in a medical setting ( $N = 107$ ). These studies found that in most cases making a report does not damage the relationship. In about 75% of the cases which were reported, there was either no change or improvement in the relationship, while in about 25%, there were negative effects (i.e., dropping out of treatment). In a later study, Steinberg, Levine, and Doueck (1997) reported similar findings in a mail survey of psychologists ( $N = 598$ ). There is less research on clinician experiences with making reports (Levine, Doueck, & Associates, 1995; Steinberg, 1994). None of the studies involved documented reporters of suspected child abuse and maltreatment.

The current study was undertaken to extend knowledge in the field by (1) using documented reporters; (2) surveying a large sample drawn from a broad range of mental health disciplines (e.g., psychiatrists, psychologists and social workers); and (3) conducting a systematic exploration of clinician experience. We present our findings regarding the experience of actual clinician reporters. Identifying common practice could impact on education and training by establishing a more systematic knowledge base on the handling of reports by clinicians and providing a framework for ongoing assessment of professional interventions. Further, more complete reporting of cases may be facilitated as clinicians have increased information available to them.

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