

BARRIERS TO MANDATORY REPORTING OF FAMILY VIOLENCE IN THE
UNITED STATES: A SYSTEMATIC REVIEW

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Abstract

The present systematic review aims to understand barriers that mandatory reporters face when they attempt to report suspected family violence (e.g., child abuse, intimate partner violence). Articles were identified from the databases: PsycInfo, Education Resource Information Center, and Family and Society Studies Worldwide via Alkek library's online database collection using a combination of preidentified terms. A total of 237 articles were identified, but after completing an abstract and full-text review, nine studies remained that meet the pre-determined criteria of being (a) published between 2011-2021, (b) having a US sample, (c) relating to family violence, (d) being an empirical article. The results indicated nine barriers that were present, including the need for more education/training, a lack of protocols and communication among agencies, a fear that reporting does more harm than good, not knowing the outcomes of past reported cases, time constraints, wanting to maintain relationships, and past negative experiences with reporting agencies. Needing more education and training was prevalent across all the articles. These results are in line with previous literature that suggests barriers are present for mandatory reporters and, as a result, some cases go unreported, allowing the victim to be further abused. These conclusions show that policy work is needed to ensure that Mandatory Reporting laws adapt to meet the needs of reporters. In addition, further research is needed in other areas such as teen dating violence and other means of abuse such as economic or cultural that are not as easily identifiable.

Barriers to Mandatory Reporting of Family Violence in the United States: A Systematic Review

Introduction

According to the Center for Disease Control (CDC), 10 million people will be affected by intimate partner violence (IPV), and over 3 million referrals are made to child protective authorities for suspicions of child abuse annually (CDC, 2021). Family violence incorporates all abuse that occurs within a family setting, including but not limited to child abuse, intimate partner violence, and domestic violence. Domestic violence, and its synonym intimate partner violence, is defined by law as violence perpetrated by a spouse or intimate partner, either former or current, who have custody over a child, or who currently or formerly resided together. (Department of Justice, 2019). This can include physical and sexual violence, stalking, and psychological aggression (CDC, 2021). Related to this is child abuse, the Federal Child Abuse Prevention and Treatment Act (CAPTA) identifies child abuse or neglect as any action or negligence on behalf of a parent or caregiver that occurs in death, serious physical or emotional harm, sexual abuse, or exploitation of a child (CAPTA, 2010).

Family violence has several negative implications for the victim and family. Most tragically perhaps are the adverse experiences that the estimated 15 million children that live in homes where family violence is present, such as having lifelong mental health issues, falling behind in school, developing a negative self-image, becoming isolated, experiencing physical injuries and having chronic health issues (Office on Women's Health, 2019). In addition, individuals who have experienced or witnessed family violence have a higher likelihood of abusing drugs and alcohol, having mental health

issues, and experiencing homelessness (Communities & Justice, 2019). Herzberger (1983) also found that having been abused leads to a 40% increase in the likelihood that one will become an abuser and that “violence within the family can lead to violence outside the family,” highlighting the importance of needing to stop violence early to prevent it from continuing or reoccurring later in life. However, family violence can have a much broader effect than just on the victim. According to data published by the CDC, family violence costs America roughly 5.8 billion annually in costs associated with imprisoning abusers, court costs, medical costs, and lost wages (CDC, 2003).

Mandatory reporters are someone who, in their professional capacity, is required by law to notify the protective services agency or law enforcement about maltreatment (Child Welfare Information Gateway, 2019). The federal legislation, The Child Abuse Prevention and Treatment Act, sets the minimum standards of child abuse or neglect, but definitions vary depending on the state (CAPTA, 2010). Although no federal legislation exists dictating the mandatory reporting of domestic violence, most states require health care professionals to notify law enforcement about suspected abuse (Futures without Violence, n.d.). Despite a lack of federally mandated reporting laws, there is federal legislation such as the Violence Against Women Act, initially passed in 1994 and recently reauthorized in 2022, which provides inexpensive and effective responses for domestic violence victims and survivors (National Network to End Domestic Violence, 2021; The White House, 2022). Forty-eight states specify and require, by law, professionals such as teachers, medical professionals, social workers, law enforcement, and others to report suspected evidence of a crime, abuse, or neglect (Child Welfare Information Gateway, 2016).

Nurses are typically the first people to interact with and identify victims of domestic violence, with over half of women seen in emergency rooms reporting a history of abuse, and nearly 40% of all victims killed by their abusers sought help at some point two years leading up to their death (Huecker et al., 2022). Like nurses, educators serve as the most frequent reporters of child abuse cases investigated by the child protective services (CPS), which average about three new million cases reported per year (Crossen-Tower, 2003; Huecker et al., 2022). CPS also reports that 41 to 43% of all investigated cases involve instances of domestic violence, highlighting the significant overlap between the two issues (Bragg, 2003). Although the exact number of cases is unknown, it is estimated that most cases of family violence go unreported (Garcia, 2004; Klaus & Rand, 1984; Henning & Feder, 2004). This leaves families vulnerable to ongoing abuse, potentially causing further injuries and possibly death (Sege et al., 2011). Victims of family violence might not report for various reasons, including fear, isolation, financial dependence or emotional attachment to the perpetrator, guilt/shame, or beliefs in the institution of marriage (Bragg, 2003). Domestic violence is also the leading cause of homelessness for women and children (Department of Justice, 2019). These individuals, living in a constant state of fear and anxiety, deserve to enjoy a life outside of the confines of abuse, and mandatory reporters often serve as the earliest form of detection, but many mandatory reporters face difficulties when reporting cases of suspected abuse (St. John, 2013).

Current Study

Seeing the negative consequences that family violence has across the lifespan and within society and the importance that reporting serves for identifying and preventing

family violence cases, it is imperative that we understand what barriers professionals face when having to report. Understanding barriers professionals face will help address policy, increase the likelihood cases get reported, and provide support for professionals. For this reason, my goal is to conduct a systematic review of what current research has shown to be the barriers to reporting in education and health settings.

Method

Using the recommended process from Doing a systematic review (Boland et al., 2017), I searched the following databases for published peer-reviewed English articles from 2011-to 2021 with a U.S.-based sample: PsychINFO, Education Resource Information Center (ERIC), and Family and Society Studies Worldwide. The following terms were used to search for the relevant articles: barriers to reporting (synonyms: limits to reporting, obstacles to reporting), family violence (synonyms: domestic violence, family abuse, child abuse, intimate partner violence), reporting actors (educators, teachers, professors, instructors, school staff, health professionals, health care providers, health care professionals, health personnel, nurses, and physicians). These terms were combined in a total of six ways to yield the following results 237 articles and 62 duplicates:

- 1) Limits to reporting, Family Violence, Education
- 2) Limits to reporting, Family Violence, Health
- 3) Obstacles to reporting, Family Violence, education
- 4) Obstacles to reporting, Family Violence, Health
- 5) Barriers to reporting, Family Violence, Education
- 6) Barriers to reporting, Family Violence, Health

Once duplicates were removed, I then conducted an abstract review to help remove additional, non-relevant sources. Documents were excluded for the following reasons: Intro to special editions, Erratum, Books, Theoretical Papers, Abstracts, Conference Proceedings, Meta-Analysis, and Systematic Reviews, not conducted using a US sample, and not published between 2011-2021. Once the abstract review was completed, 14 sources remained. During the full-text review, an additional six articles were removed. A total of 9 articles were included and analyzed (Figure 1).

A full-text article review was then performed to identify themes related to barriers to reporting family violence. Articles were coded using a pattern coding approach. This allowed relationships and patterns to be analyzed both within and across articles. During the coding process, the process of memoing was used to ensure standardized coding across all articles. Thoughts and emerging themes were recorded after reading each article.

Results

Nine themes were identified, and their frequency is shown in Table 1.

Training/Education

The most prevalent theme, which was identified in all of the articles, was the need for more education and training of mandatory reporters (Mandadi et al., 2021; Herendeen et al., 2014; Davidov et al., 2012; Bell & Singh, 2016; Cleek et al., 2019; Pietrantonio et al., 2013; Sekhar et al., 2018; Baker et al., 2021; Tiyyagura et al., 2019). Multiple articles found that knowledge surrounding child maltreatment reporting laws was low, sometimes including not knowing their status as mandatory reporters (Mandadi et al., 2021; Bell & Singh, 2016; Pietrantonio et al., 2013; Cleek et al., 2019; Herendeen et al., 2014). Two

articles specifically talked about when reporters were confident in their ability to make and file a report; it increased the likelihood that the suspension of abuse would be reported (Mandadi et al., 2021; Herendeen et al., 2014). Additionally, Pietrantonio et al. (2013) found that those who had received training on abuse were ten times more likely to report the abuse than those who had not. One example of reporters' lack of knowledge of laws is believing they need proof of the abuse to make a report when in reality, only a reasonable suspicion is required (Baker et al., 2021; Mandadi et al., 2021). Determining whether or not the abuse occurred is not the job of mandated reporters but instead of child protective services and court proceedings (Cleek et al., 2017). Differing ideas of "suspected abuse" also cause suspected abuse to go unreported (Bell & Singh, 2016; Pietrantonio et al., 2013; Davidov et al., 2012). Other times, when mandated reporters identified the abuse, they would pass it on to supervisors and think that their obligation to report was fulfilled, when in reality, they have the requirement to fill out the legal form their selves (Herendeen et al., 2014; Bell & Singh et al., 2016; Mandadi et al., 2021). Time limits also dictate how long mandatory reporters have to file a report after suspecting abuse, but mandated reporters were unaware of this restriction (Mandadi et al., 2021).

Reporters also need training and continuing education on identifying what is and isn't abuse (Sekhar et al., 2018; Mandadi et al., 2021; Herendeen et al., 2014; Baker et al., 2014; Tiyyagura et al., 2019; Davidov et al., 2012). One article found that about a quarter of mandatory reporters lacked the appropriate education needed to identify what is and isn't abuse (Herendeen et al., 2014), with an additional article finding that reporters are more confident in identifying abuse than neglect (Mandadi et al., 2021).

Another article found that the presence or absence of contact hours was positively correlated with their ability or inability to identify abuse (Herendeen et al., 2014). Not surprisingly, subtle cases are also harder to identify (Cleek et al., 2019; Baker et al., 2021). Related to this, reporters also have difficulty navigating what could be described as “bad parenting” and what is actually abuse (Baker et al., 2021). Increasing education on what abuse is also helps reporters to understand the implications that abuse has on individuals and families, which might help to increase the likelihood of reporting (Baker et al., 2021). Even when training is provided, reporters still do not report every instance of suspected abuse (Sekhar et al., 2018; Herendeen et al., 2014).

Fear of Doing More Harm than Good

Another common theme discussed in six out of the nine articles was that mandatory reporters feared reporting would do more harm than good for the victim (Pietrantonio et al., 2013; Herendeen et al., 202; Davidov et al., 2012; Cleek et al., 2019; Tiyyagura et al., 2019; Bell & Singh et al., 2016). One article found that 9% of reporters who had reported a case of suspected abuse only reported adverse outcomes for the family after the report was made (Herendeen et al., 2014). Two of the articles stated that reporters tried to handle the problems with the family on their own, believing that they were better equipped to help the family (Pietrantonio et al., 2013; Herendeen et al., 2014). Two articles specifically mentioned that reporters distrust and question the effectiveness of CPS in ensuring improved placement and outcomes for victims (Tiyyagura et al., 2019; Bell & Singh et al., 2016), especially when there was a lack of direct evidence of abuse (Tiyyagura et al., 2019). One article found that reporters thought reporting abuse would result in the immediate removal of children from the home, which isn't the case;

instead, CPS investigates and provides care for necessary care for children (Pietrantonio et al., 2013). Three other articles suggested that reporters didn't file the report out of concern that filing a report might result in worse outcomes for the family, although they desired for intervention (Davidov et al., 2012; Cleek et al., 2019; Tiyyagura et al., 2019). Some reporters thought that if they reported the abuse, even if it didn't ruin the relationship, it would severely threaten it (Davidov et al., 2012), and others feared that the unknown response of the reporting agency might be worse than the abuse itself (Cleek et al., 2019; Tiyyagura et al., 2019).

Lack of Protocols and Tools for Identifying abuse

There were mixed findings indicating the desire for protocols to be implemented in the mandatory process (Mandadi et al., 2021; Cleek et al., 2019; Tiyyagura et al., 2019; Pietrantonio et al., 2013; Sekhar et al., 2018). One article found mixed desires of health professionals in their study who desired standardized protocols and tools for identifying abuse, even though the Administration for Children's Services recommends the use of them (Mandadi et al., 2021). This mixed result for the desire for a screening tool was also shared among school staff when screening for abuse (Sekhar et al., 2018). School staff shared the concern that a screening tool would require approval from district directors and parents, more training for teachers, and multiple follow-ups for suspected cases of abuse (Sekhar et al., 2018). In one article, the desire for a protocol was strictly expressed to standardize the reporting process and make it more efficient, especially when multiple agencies are involved (Cleek et al., 2019). A protocol for communicating the intent to report to caregivers was also suggested (Pietrantonio et al., 2013). However, in some

instances, the need for education was curtailed by the implementation of screening instruments and other “educational interventions” (Tiyyagura et al., 2019).

Lack of Collaboration

Five articles discussed how collaboration among agencies either hindered or aided in the reporting process (Bell & Singh, 2016; Cleek et al., 2019; Tiyyagura et al., 2019; Pietrantonio et al., 2013). One article discussed how collaboration among doctors, social workers, and CPS aided in reporting (Tiyyagura et al., 2019), whereas four discussed how the collaboration hindered the reporting process (Bell & Singh, 2016; Cleek et al., 2019; Herendeen et al., 2014; Davidov et al., 2012). In one study, when physicians sought assistance in determining the etiology of an injury, there were occasions when either they disagreed with the assessment or agreed but urged them not to report (Herendeen et al., 2014). Additionally, just having some collaboration among reporting agencies and health care professionals can help ease the stress surrounding the reporting process and ensure reports are made accurately and timely (Pietrantonio et al., 2013; Davidov et al., 2012), and can even help make sure the outcome of the report results in a positive result for the family (Pietrantonio et al., 2013). For example, in a school setting, when teachers were faced with suspicions of abuse, they often lacked administrator support (Bell & Singh, 2016). Administrators would even sometimes attempt to restrict teachers' access to reporting the abuse to give off the illusion that such activities do not happen within a school or district (Bell & Singh, 2016). Collaboration is severely lacking and disparately needed where child abuse fields intersect in the health and legal fields (Cleek et al., 2019). Professionals in different fields rarely knew what each other needed from the next, adding an extra barrier to the reporting process (Cleek et al., 2019).

Wanting to Preserve Relationships

Four articles discussed how mandatory reporters do not report because they fear that doing so would jeopardize their relationship with the family (Herendeen et al., 2014; Bell & Singh, 2016; Pietrantonio et al., 2013; Davidov et al., 2012). Two studies found that the most common negative reported consequence of reporting family violence cases was the loss of the family as a client (Herendeen et al., 2014; Pietrantonio et al., 2013). In cases where the family relationship was lost, these families turned away from all continuing physician care. They turned instead only to emergency and urgent care facilities in an attempt to escape ongoing suspicions. In these instances, having a community coordinated electronic system implemented may be beneficial so collaborating care facilities can screen for continuing abuse (Herendeen et al., 2014). This fear was also exacerbated in cases where physicians were unsure of the etiology of the injuries, increasing the likelihood that the suspicions were unwarranted (Pietrantonio et al., 2013). This fear may be compounded by the family's lack of understanding that just because a report is filed doesn't mean that the relationship will end (Herendeen et al., 2014; Pietrantonio et al., 2013). In the school system, school personnel feared that reporting cases of suspected child abuse would result in a child being pulled from their classroom or that simply their previously collaborative relationship with the caregivers would be ruined (Bell & Singh, 2016). However, one study mentioned that although professionals feared relationship status in the short term, they believed that reporting abuse allows for better relationships in the long run (Davidov et al., 2012).

Not Learning the Outcomes of cases and overall uncertainty.

Three articles discussed that reporters are not allowed to learn the outcome of their reported cases (Mandadi et al., 2021; Herendeen et al., 2014; Cleek et al., 2019). This lack of transparency is due to CPS must work with a high degree of confidentiality, making them unlikely to share the status of the investigation with anyone, even medical staff and school personnel (Herendeen et al., 2014). One article stated that receiving feedback would help them learn from past experiences and increases confidence and satisfaction in reporting practices and maltreatment identification, all while protecting professionals from burnout (Mandadi et al., 2021). However, two articles found that a majority of professionals felt that after they reported their case, they did not receive adequate feedback on the status or outcome of the case (Herendeen et al., 2014; Cleek et al., 2019).

Time

Three articles discussed the time constraints and barriers that mandatory reporters face (Mandadi et al., 2021; Cleek et al., 2019; Tiyyagura et al., 2019). The most common problem mandatory reporters faced was the lack of time they had to file the report after suspecting the abuse (Mandadi et al., 2021) or that the reporting process was time-consuming (Cleek et al., 2019; Tiyyagura et al., 2019). Once again, this barrier was worsened by cases where the reporter's suspicion wasn't clear; if the report wasn't warranted, they took time out of their day, potentially not getting to see other patients, to file a report that could end up not amounting to anything (Cleek et al., 2019). Seeing that sometimes they were made to wait extended periods to file a report made them question whether they should keep reporting or wait for a more blatant case of abuse to appear or if they were even doing the right thing in the first place (Cleek et al., 2019). The

disruption of having to report is already frustrating to medical staff who already can have overbooked schedules; when you couple this with not knowing if reporting helps, it can impact the likelihood that they even report in the first place (Cleek et al., 2019).

Additionally, where child abuse cases progressed to trial, doctors were frustrated by the amount of time it took for them to prep for trial with the lawyers and ultimately testify on why they reported in the first place (Cleek et al., 2019).

Prior experiences with Reporting Agencies

Three articles discussed how prior experiences with reporting agencies impacted the likelihood of future decisions and reporting practices (Mandadi et al., 2021; Herendeen et al., 2014; Pietrantonio et al., 2014). Positive experiences were linked with better identification and increased confidence in identifying, reporting, and managing cases (Mandadi et al., 2021; Herendeen et al., 2014); however, reporters who had negative experiences with reporting agencies made them less likely to report when they encountered future suspected abuse (Pietrantonio et al., 2013). Where there were prior negative experiences with reporting agencies, professionals may feel reluctant to report again, especially if they never learned the outcome of the previous case(s) or felt that reporting had done more harm than good (Pietrantonio et al., 2013). Additionally, had the trial gone to court and the reporter been required to appear before the judge, a negative experience with the court system also impacts a reporter's likelihood of frequently reporting abuse (Pietrantonio et al., 2013).

Personal Ramifications/ Retaliation

Fear that reporting would lead to personal ramifications, such as being sued, threatened, blamed, or assaulted, was addressed in some of the articles but never fully

discussed (Mandadi et al., 2021; Herendeen et al., 2014; Bell & Singh, 2014; Pietrantonio et al., 2013; Davidov et al., 2012). Some articles specifically found that reporters do not cite this as a barrier to their reporting suspected abuse cases (Mandadi et al., 2021; Herendeen et al., 2014), but others do report this as a barrier (Bell & Singh et al., 2014; Pietrantonio et al., 2013). In addition, in some states where a report is made where it is not legally required, some health care professionals fear legal ramifications if their report doesn't amount to proof of abuse (Davidov et al., 2012). However, it is noted that although this fear is sometimes frequent among reporters, the realization of this fear is seldom the case (Pietrantonio et al., 2013).

Discussion

Family Violence is any violence that occurs within a family setting, including but not limited to child abuse and domestic violence (CAPTA, 2010; Department of Justice, 2019). It is a widespread issue that can affect every type of family regardless of socioeconomic class, racial background, or cultural heritage (Foshee et al., 2005). However, despite state laws stating that mandatory reporters must report cases of suspected violence, it is thought that most cases remain unreported (Garcia, 2004; Klaus & Rand, 1984; Menning & Feder, 2004). This has long-term effects on both the victims of the violence and society overall (Carrell & Hoekstra, 2012). This review found nine barriers that need to be addressed in policy reform but can be broken down into five key areas: Education in both identifying and reporting abuse, making the reporting process more efficient, allowing protocols where they might be beneficial, and increasing transparency and collaboration.

Increase in Education

Reporters with more training clearly do a better job of identifying and managing suspected family violence cases (Pietrantonio et al., 2013). However, mandatory reporters are expected to report abuse but often clearly lack the training in both identifying abuse and the knowledge of how to file a report (Mandadi et al., 2021; Herendeen et al., 2014; Davidov et al., 2012; Bell & Singh, 2016; Cleek et al., 2019; Pietrantonio et al., 2013; Sekhar et al., 2018; Baker et al., 2021; Tiyyagura et al., 2019). This results in misconceptions about the reporting process, such as fearing reporting does more harm than good. As highlighted in this review, increasing education and training would increase the probability of more cases being reported therefore allowing victims to get the help they need. Education should focus on what fulfills reporters' obligations to report, any time constraints that they might face, stressing only needing suspicion to report, and increasing general abuse/neglect identification. Policies should adapt to include both initial training for professionals entering the medical or educational fields and ongoing training as they continue throughout their careers.

Making reporting more efficient

As highlighted in the review, mandatory reporters are balancing already hectic days and schedules. To make a report requires them to carve out time of their already busy days, and it doesn't help that the process can be time-consuming as well (Cleek et al., 2019; Mandadi et al., 2021). In one instance, it was found that doctors have appointments scheduled in ten-minute increments all day but filling a report can take up to an hour. This presented a barrier to them frequently and efficiently reporting because having to report could result in them re-arranging their day or having to cancel other

appointments with patients (Cleek et al., 2019). By streamlining and making the process more efficient for reporters, it will remove an additional barrier and likely increase the frequency that reports are made. This will hopefully make reporters feel more valued and make reporting less daunting.

Protocols

Although my review of the literature found mixed results on the value of protocols in the mandatory reporting process, they may be beneficial in some circumstances. For example, in the school setting mentioned by Bell & Singh (2016) earlier, in instances where teachers fear that the administration may be more concerned with the school's image rather than the child's safety, a protocol that allows a teacher to bypass that administration entirely and go straight to a filing a report would allow that teacher to do what they feel is best for the child without being fearful of retaliation from the administration. However, even though, in a school setting, a protocol may be beneficial, it is essential to note that they may not be in every circumstance. For example, the literature suggested that those in health care settings feared that reporting might add too many steps and "check-boxes" that they would be required to fill out instead of focusing on what made them initially suspect the abuse (Cleek et al., 2019).

Increasing Transparency

Seeing that CPS and law enforcement must operate with a high degree of confidentiality, in many instances, reporters are not allowed to learn the outcomes of the cases they reported. However, allowing reporters to learn the result of their reported cases would likely increase the number of positive experiences reporters have with these agencies. This would, hopefully, help curtail some fears such as fearing doing more harm

than good, dispel myths of needing to be fearful of retaliation from abusers, and allow reporters to maintain their relationships with their clients or students. These two worries were consistent across the research highlighting significant barriers for reporters (Mandadi et al., 2021; Herendeen et al., 2014; Pietrantonio et al., 2013). By addressing this cloud of uncertainty, increasing transparency, and maintaining relationships in the reporting process, it will aid reporters in making reports timely reports.

The need for positive collaboration

Once again, the literature suggested mixed results on collaboration among employees and agencies; however, it is clear that positive collaboration increases accurate and prompt reporting. As noted in Cleek et al. (2017), increasing interagency collaboration aids professionals in different capacities in the reporting process. For example, when a doctor discusses the case with a social worker, the doctor knows what to look for and what information to gather from the victim or family. Rather than blindly guessing what information the two professionals need from one another, collaboration made their jobs easier and aided the reporting process. However, other times, such as highlighted in Bell & Singh (2016), collaboration among colleagues hindered reporting. When reporters reached out to others, it was clear they were reaching out because they suspected abuse and were looking for support and understanding from those they sought. Trainings should aim to ensure that colleagues understand that for one to determine the need to report is an emotional process that is accompanied by fears such as doing more harm than good or ending the relationship that they had developed with that family, student, or individual. We need to ensure that when someone reaches out to someone looking for help or support in reporting a case of suspected that they are supportive of

their decision and provide assistance wherever they feel they can. This will increase the likelihood that the reporting process is positive, increasing the chance that this reporter will report future suspected abuse accurately and frequently in the future.

Conclusion

Family Violence, which encompasses domestic violence and child abuse, affects millions of families and individuals annually, costing society billions of dollars (CDC, 2021). However, most of these cases of family violence go unreported. Mandatory reporters face barriers when they attempt to report suspected abuse. The current review aimed to understand these barriers and making policy suggestions to improve the likelihood that reports are filed accurately and frequently when they are warranted. The barriers that were identified that should be addressed by policies include needing more education, making reporting more efficient, establishing protocols where they may be beneficial, and increasing transparency and collaboration in the reporting process. With these recommendations in mind, we can lessen the financial burden on Americans, help end the cycle of abuse, and immediately improve the quality of life for victims.

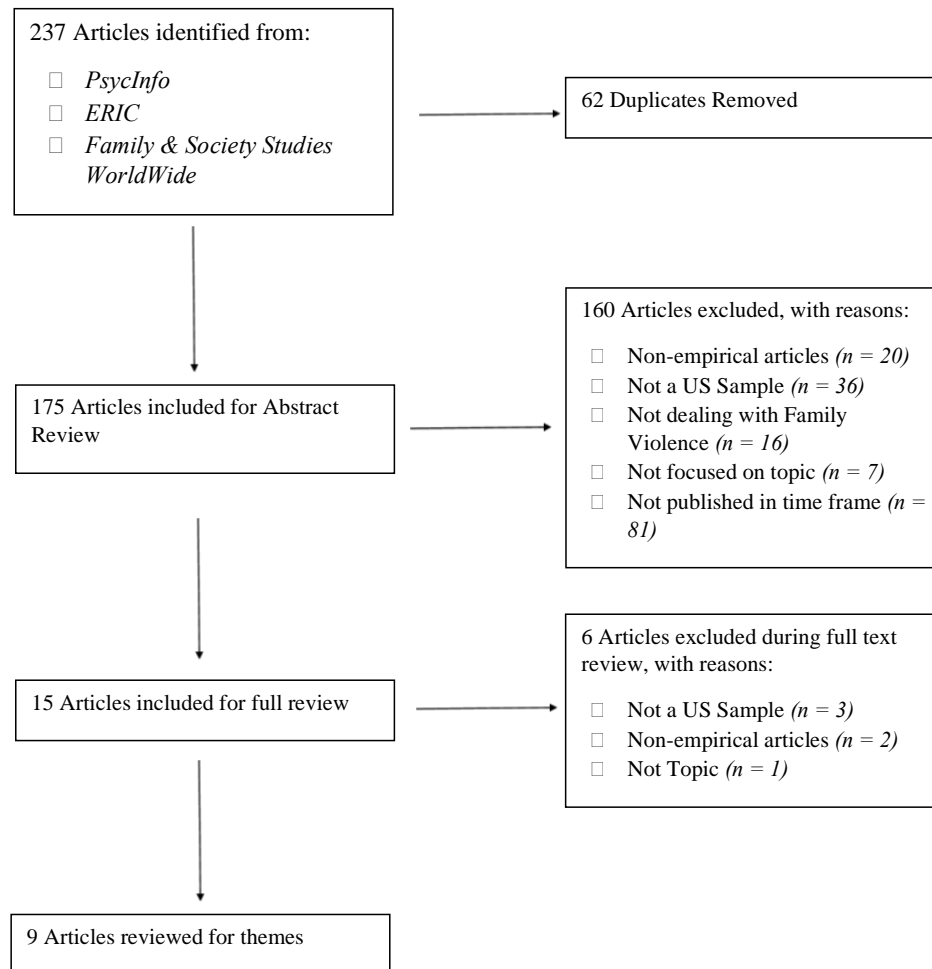


Figure 1. PRISMA diagram of procedures to identify articles for systematic review

Table 1.

Descriptive Statistics for Identification of Themes

	1	2	3	4	5	6	7	8	9
1. More Education/Training needed	X	X	X	X	X	X	X	X	X
2. Maintaining Relationships		X	X	X		X			
3. Fear of doing more harm than good		X	X	X	X	X			X
4. Not knowing outcome/ Uncertainty	X	X			X				
5. Time	X				X				X
6. Lack of collaboration			X	X	X	X			X
7. Lack of protocols	X				X				
8. Past experiences with reporting agencies	X	X			X	X	X		X
9. Personal Ramifications	X	X	X	X			X		

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