Descriptive Statistics

Literature Review

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**Literature Review**

**Introduction**

The long-term consequences of child abuse have been well-documented. According to the Center for Disease Control and Prevention (2016), “childhood experiences, both positive and negative, have a tremendous impact on future violence, victimization, and perpetration.” Child abuse not only affects the survivor, but the family as well. For this reason, it is imperative that counselors are aware of the prevalence of child abuse, as well as, the law regarding mandated reporting.

The National Child Abuse and Neglect Data System (NCANDS) is an annual report where national and state statistics about child maltreatment are compiled. The report is created by the Children’s Bureau (Administration on Children, Youth and Families, Administration for Children and Families) of the U.S. Department of Health and Human Services (USDHHS). According to the NCANDS, in federal fiscal year (FFY) 2016, Child Protective Services (CPS) received an around 4.1 million referrals of child abuse affecting roughly 7.4 million children (USDHHS, 2016). Nationally, there was approximately 676,000 victims of child abuse and neglect (USDHHS, 2016). Across the United States (U.S.) there were 1,750 child fatalities (USDHHS, 2016, p.12).

**Legal and Ethical Obligations**

On January 31, 1974, federal legislation known as the Child Abuse Prevention and Treatment Act (CAPTA) was passed in P.L. 93-247 (“About CAPTA,” 2017). CAPTA defines the federal definitions of child abuse and neglect (“About CAPTA,” 2017). CAPTA states that, at a minimum, child maltreatment is “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” (“About CAPTA,” 2017; USDHHS, 2015). Each state bases their statutes off this definition.

Furthermore, counselors also have an obligation to uphold their professional ethical standards. The American Counseling Association (ACA) *Code of Ethics* (2014) states that counselors should strive to protect client confidentiality and only disclose confidential information with appropriate consent or with “sound legal or ethical judgement” (Section B.1.c). The ACA *Code of Ethics* (2014) also states that “the general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified other from serious and foreseeable harm…” (ACA, 2014, Section B.2.a).

**Barriers to Reporting**

The definitions surrounding mandatory reporting are not necessarily clear, there is research that shows that counselors do still report suspected maltreatment. Brown & Strozier (2004) conducted a study with fifty-two marriage and family therapists in Georgia. The results of their study showed that when counselors are given the choice to report they do. According to a study done by Lusk, Zibulsky & Viezel (2015), school psychologist’s general knowledge of the mandatory reporting law was moderately associated with the ability of the psychologist to accurately identify case scenarios with reportable maltreatment. Furthermore, a counselor might be hesitant to report abuse because they are worried about the negative consequences a report will have on client (Alvarez, Kenny, Donohue & Carpin, 2004). It is also possible that the counselor could have a negative view of CPS that results in a barrier to reporting (Alvarez et al., 2004) Lastly, counselors may hesitate to report because they are worried about negative repercussions (Alvarez et al., 2004).

**Mediating Factors**

While these barriers are understandable there is research that supports positive outcomes of reporting suspected child abuse. A study by Watson and Levine (1989) found that the therapeutic relationship can survive the reporting process and occasionally the relationship can even improve. Research by Steinberg, Levine, & Doueck (1997) showed that there are things that counselors can do from the beginning of counseling to safeguard the therapeutic relationship should the counselor have to make a report of maltreatment.

According to Steinberg et al. (1997), strong therapeutic alliances that have been established before a report is made seems to be predictive of more positive outcomes after a report. A study done by Weinstein, Levine, Kogan, Harkavy-Friedman, & Miller (2001) was done to further explore counseling outcomes after a report was made. Unlike the Steinberg et al. (1997) study, Weinstein et al. (2001) found that “positive or no-change outcomes are likely regardless of whether the perpetrator is a client or nonclient”. However, similarly to Steinberg et al. (1997), Weinstein et al. (2001) stated that the best predicting factor of a positive outcome post reporting is the quality of the therapeutic relationship. Another predictive factor of a positive outcome was the length of time that the client spent in therapy before the report was made (Weinstein et al., 2001). The longer the client was in therapy prior to the report, the more positive the outcome post report (Weinstein et al., 2001). While there are many potential mediating factors to reporting, it is crucial that community counselors are regularly trained how to recognize and report allegations of child abuse and neglect.

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