

Child Abuse And Neglect: A Socio-legal Study of Mandatory Reporting in Australia

Report for South Australia Department for
Education and Child Development



Associate Professor Ben Mathews

Australian Centre for Health Law Research (Co-Director, Children's Health Program)
Faculty of Law, Queensland University of Technology

Associate Professor Leah Bromfield

Deputy Director, Australian Centre for Child Protection
Hawke Research Institute, University of South Australia

Associate Professor Kerryann Walsh

Children and Youth Research Centre (Co-Director, Children's Rights and Wellbeing Program)
Faculty of Education, Queensland University of Technology

Professor Graham Vimpani

School of Medicine and Public Health
University of Newcastle

APRIL 2015



Australian Centre for
Health Law Research



University of
South Australia

Australian Centre for
Child Protection



Children and Youth
Research Centre



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

School of Medicine
and Public Health

Acknowledgments

The authors express their sincere appreciation to the Commonwealth Department of Social Services for sponsoring this national research project, and to the Victorian Department of Human Services which had administrative carriage of the project. In particular, we thank Beth Allen (Assistant Director, Child Protection, Statutory and Forensic Services), and Graham Brewster (Statutory and Forensic Services - Child Protection), both from the Victorian Department of Human Services. Their ongoing project monitoring for quality assurance through correspondence, teleconferences and in personal meetings has been invaluable.

The authors also express deep gratitude to child welfare agency staff from every State and Territory for extracting and providing the data used in Stage 2 of this project. The authors also thank agency staff from State and Territory child welfare departments for their time and expertise in providing feedback in a three stage process on drafts of sections of this report. Without this support and helpful commentary from government agency partners nationwide, this research project would not have been possible.

The authors thank support staff for their administrative assistance on this research project. In particular, we express our gratitude to Dr Sandra Coe (Senior Research Assistant) for extensive assistance. We also thank Stephanie Jowett, Anne Overell and Ivan Ingram for their assistance in the closing stages of the project. The authors thank their University research centres for intellectual and administrative support, and two international expert academic reviewers for their technical evaluation of the project methodology.

Disclaimer

The views and findings expressed in this report are those of the authors and do not necessarily reflect those of the Commonwealth Government or of State and Territory child welfare departments.

The law as stated is current to 31 December 2012.

Important note: In 2014, the *Child Protection Reform Amendment Act 2014* (Qld) was passed, which will make substantial changes to Queensland's mandatory reporting legislation. These changes will shift Queensland's position towards the current position in Victoria. The changes will broaden some mandatory reporting duties, but will narrow others. The changes also will introduce a more formal statutory footing for differential response pathways. These pending changes in Queensland are the most significant legislative amendments made in any jurisdiction to mandatory reporting legislation in the period after the 2003-12 time period which defined the scope of this research project.

Suggested citation: Mathews, B., Bromfield, L., Walsh, K., & Vimpani, G. (2015). *Child Abuse and Neglect: A Socio-legal Study of Mandatory Reporting in Australia - Report for the South Australian Government*. Brisbane: Queensland University of Technology.

Copyright © State of Victoria, Australia, 2015. Reproduced with permission of the Secretary to the Department of Human Services. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.

ISBN 978-0-9941872-4-6

TABLE OF CONTENTS

EXECUTIVE SUMMARY	4
STAGE 1: LEGAL ANALYSIS	9
1.1. Introduction	9
1.1.1. General nature and effect of mandatory reporting laws.....	9
1.2. Major legislative differences and common approaches across Australia.....	10
1.2.1. Different reporter groups	10
1.2.2. Different types of abuse and neglect must be reported	10
1.2.3. Different extent of harm activates the reporting duty	11
1.2.4. Different states of mind activate the reporting duty.....	11
1.2.5. Different temporal/situational scope of the reporting duty	11
1.2.6. Different definition of ‘child’ to whom the reporting duty is owed	11
1.2.7. Different penalties	12
1.2.8. Common approaches	12
1.3. Mandatory reporting legislation as one element of a systematic approach to child protection and welfare: A note on differential response	12
1.3.1. Mandatory reporting laws’ focus on serious cases more likely to require child protection and services	12
1.3.2. Differential response systems’ focus on less serious cases requiring services and assistance	12
1.4. Comparative tables	14
1.5. Legislative developments for each State and Territory over time: 2003-2012	26
1.5.1. Australian Capital Territory.....	27
1.5.2. New South Wales	31
1.5.3. Northern Territory	36
1.5.4. Queensland	40
1.5.5. South Australia	46
1.5.6. Tasmania	49
1.5.7. Victoria	55
1.5.8. Western Australia	65
STAGE 2: DATA AND ANALYSES SOUTH AUSTRALIA.....	71
Introduction, definitions, and notes.....	71
Key legislative changes of note in South Australia, 2003-2012.....	71
Definitions and notes: South Australia.....	72
Key data findings and interpretations: South Australia	74
Stage 2 guide to tables: South Australia.....	83

PART 1: TEN YEAR ANALYSES	88
Part 1A: Ten year analyses of numbers and outcome of reports.....	88
Part 1B: Reporting of individual abuse types over decade	108
Part 1C: Reporting by different reporter groups over decade	121
PART 2: DETAILED YEARLY ANALYSES	140
Part 2: Detailed yearly analyses	141
PART 3: REPORTS OF DISTINCT CHILDREN	174
Part 3: Reports of distinct children.....	175
APPENDIX A:	184
STAGE 3: TWO LITERATURE REVIEWS	186
3.1 Literature review 1: Factors influencing mandatory reporting of child abuse and neglect	187
3.2 Literature review 2: Theoretical critiques of mandatory reporting laws.....	202
APPENDIX 1: RESEARCH APPROACH	217
Stage 1: Legal doctrinal and historical analysis of legislative mandatory reporting duties in each Australian State and Territory	217
Stage 2: Numbers and outcomes of notifications of each type of child abuse and neglect: Descriptive analysis and data mining	218
Stage 3: Literature reviews.....	222
References	222
Appendix 1 Table 1 and Figure 1	223

Executive Summary

EXECUTIVE SUMMARY – SOUTH AUSTRALIA

1. Introduction

This **Executive Summary** presents key findings from this research project entitled *Child Abuse and Neglect: A Socio-legal Study of Mandatory Reporting in Australia*. A comprehensive treatment of our analysis is presented in the full Report.

A key component of this research project was to access official government data to analyse the reporting of different types of child abuse and neglect, by different reporter groups (both mandated reporters such as police, and non-mandated reporters), over the decade 2003-12 in South Australia.

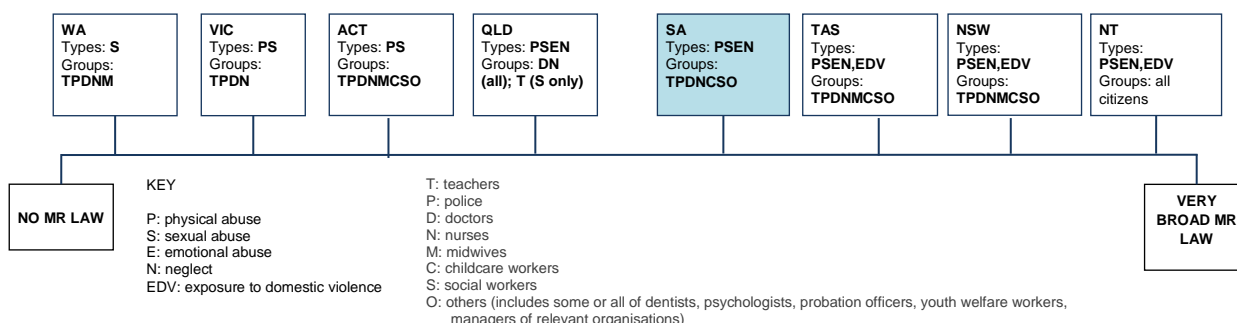
This summary captures some of the most important trends identified by our analysis, which can inform future advances to policy and practice.

2. South Australia's mandatory reporting law

South Australia has a relatively broad mandatory reporting law, compared with other States and Territories (**Fig 1**).

A wide range of occupational groups are designated as 'mandated reporters', including teachers, police, doctors and nurses. Reports (notifications) must be made of a number of situations, most relevantly where a reporter reasonably suspects a child has been or is being abused or neglected (to the extent of suffering or being likely to suffer harm detrimental to wellbeing).

Fig 1: Mandatory reporting law spectrum*



* Reflects general position at 31 December 2012: full reports provide complete details. Victoria limits the reporting duty to situations where the child's parents have not protected the child from harm. Queensland has uncommenced amendments which will place it close to Victoria's position. Emotional abuse is sometimes named psychological abuse. NSW, Tas also require reports of prenatal risk of harm in some circumstances. In NT, EDV refers to exposure to physical violence, and is more limited than in NSW, Tas.

3. Major findings from analysis of data on notifications and outcomes 2003-12

Some major trends emerge from our analysis of the data on notifications of child abuse and neglect in South Australia.

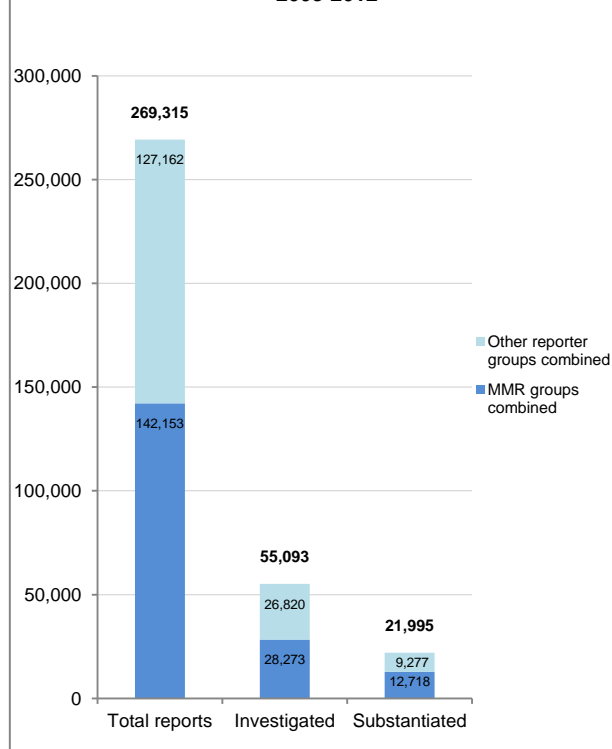
1. Non-mandated reporters make almost half of all notifications. There were 269,315 notifications of suspected child abuse and neglect made by all persons over the decade (**Fig 2**). Non-mandated reporters made 127,162 notifications (47% of the total). This suggests the practices of non-mandated reporters merits attention to enhance reporting.

2. Mandated reporters make approximately half of all notifications. Mandated reporter groups made 142,153 notifications (53% of the total) (**Fig 2**). Due to the breadth of South Australia's reporting law, these notifications were all mandated by law; that is, notifications by mandated reporter groups, of abuse and neglect required to be reported.

3. A substantial proportion of all notifications are not investigated. For various reasons, many notifications are not investigated. In South Australia, 55,093 notifications (20%) were investigated (**Fig 2**).

4. Mandated reporters' notifications identify a large majority of substantiated cases. There were 21,995 substantiated notifications out of 55,093 investigations (40%: **Fig 2**). Of all substantiated cases, 58% result from notifications by mandated reporters (12,718).

Fig 2: Number of notifications by all mandated reporter groups combined, compared with other reporter groups combined, by outcome, 2003-2012



5. The number and proportion of notifications differs by type of child abuse/neglect, and by reporter group. Notifications of emotional abuse increased markedly from 2003-09, before a similarly marked decline from 2009-12.

Overall, notifications of emotional abuse have surged, and then declined, in a distinct pattern (Fig 3).

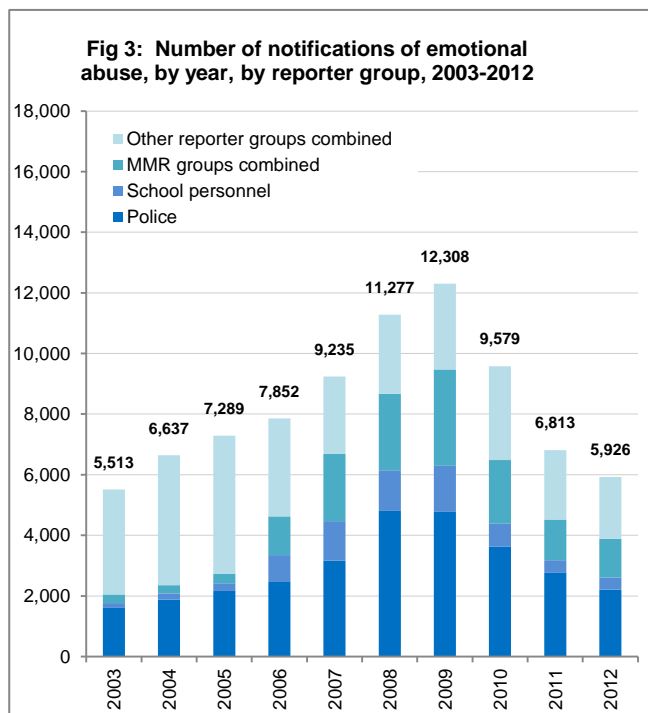
From 2003-09, notifications of emotional abuse more than doubled (5513 to 12,308). This trend differs between non-mandated and mandated reporters.

Notifications of emotional abuse by non-mandated reporters in this period 2003-09 increased through 2005, but declined overall (3469 to 2839). This trend indicates that notifications of emotional abuse by non-mandated reporters were being made less frequently by 2009. Further declines occurred in 2011-12.

In contrast, notifications of emotional abuse by mandated reporters surged in this period 2003-09, increasing by over 4 times (2044 to 9469). Notifications by police, social workers and teachers were largely responsible for this increase.

It is possible that the increase in notifications is partly attributable to reporters making notifications of situations of children being exposed to domestic violence. Since the legislation was largely unchanged for these reporter groups at this time, it is difficult to identify legal factors as an influence on this change. However, the penalty for failing to report was increased on 31 December 2006 from \$2500 to \$10,000, which was possibly a contributing factor. Factors explaining both the increase and decline may also be related to agency practice in intake and coding of notifications. The reasons for both the increase and decline merit further exploration.

What is clear is that notifications of emotional abuse both surged, and then declined, in a similar pattern. Levels of notifications in 2012 approximate those in 2003, although respective contributions by different reporter groups differ.



6. Notifications of neglect also increased markedly from 2003-09, before a similarly marked decline from 2009-12.

Overall, notifications of neglect show a similar pattern to those for emotional abuse (Fig 4).

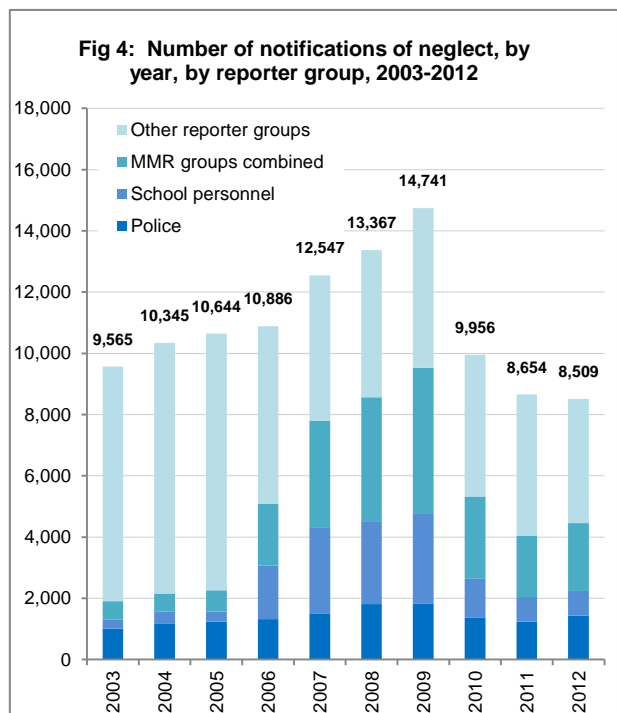
From 2003-09, notifications of neglect increased, although not to the same extent as for emotional abuse (9565 to 14,741). This trend differs between non-mandated and mandated reporters.

Notifications of neglect by non-mandated reporters in this period 2003-09 were stable through 2005 (7658 to 8383), but declined markedly from 2005-07 and then remained at this lower level. This trend indicates that notifications of neglect by non-mandated reporters were consistently being made less frequently from 2007 onwards.

In contrast, notifications of neglect by mandated reporters surged in this period 2003-09, increasing by five times (1907 to 9530). Notifications by social workers and teachers were largely responsible for this increase. Notifications of neglect by mandated reporters then declined rapidly in 2010 and continued to decline through 2012.

As with the trends for emotional abuse, the legislation was largely unchanged for these reporter groups at this time, it is difficult to identify legal factors as an influence on this change. However, the increase in the penalty for failing to report on 31 December 2006 was possibly a contributing factor. Factors explaining both the increase and decline may also be related to agency practice in intake and coding of notifications. The reasons for both the increase and decline merit further exploration.

What remains evident is that notifications of neglect both surged, and then declined, in a similar pattern. Levels of notifications in 2012 are lower those in 2003, although respective contributions by different reporter groups differ.



7. Other clear trends, by type of abuse and neglect

Several other trends emerge from the data on notifications by mandated reporters over time, by type of abuse and neglect, and by outcome (Fig 5).

Neglect and emotional abuse

Figure 5 demonstrates both the large contribution of notifications of neglect and emotional abuse by major mandated reporter groups to notifications as a whole, and the distinct pattern of increasing notifications of these maltreatment types at specific stages in the decade.

Notifications of neglect by major mandated reporter groups in this period are the largest single contributor to the increase in notifications, with a surge in 2006-09 before a rapid decline in 2010-12.

Substantiations of neglect increase markedly in 2007-09, before declining. Investigations increased markedly in the 2006-10 period before declining.

Notifications of emotional abuse by major mandated reporter groups also surge in 2006-09 before a rapid decline in 2010-12.

Substantiations of emotional abuse increase markedly in 2007-09, before declining. Investigations increased markedly in the 2006-10 period before declining.

Physical abuse

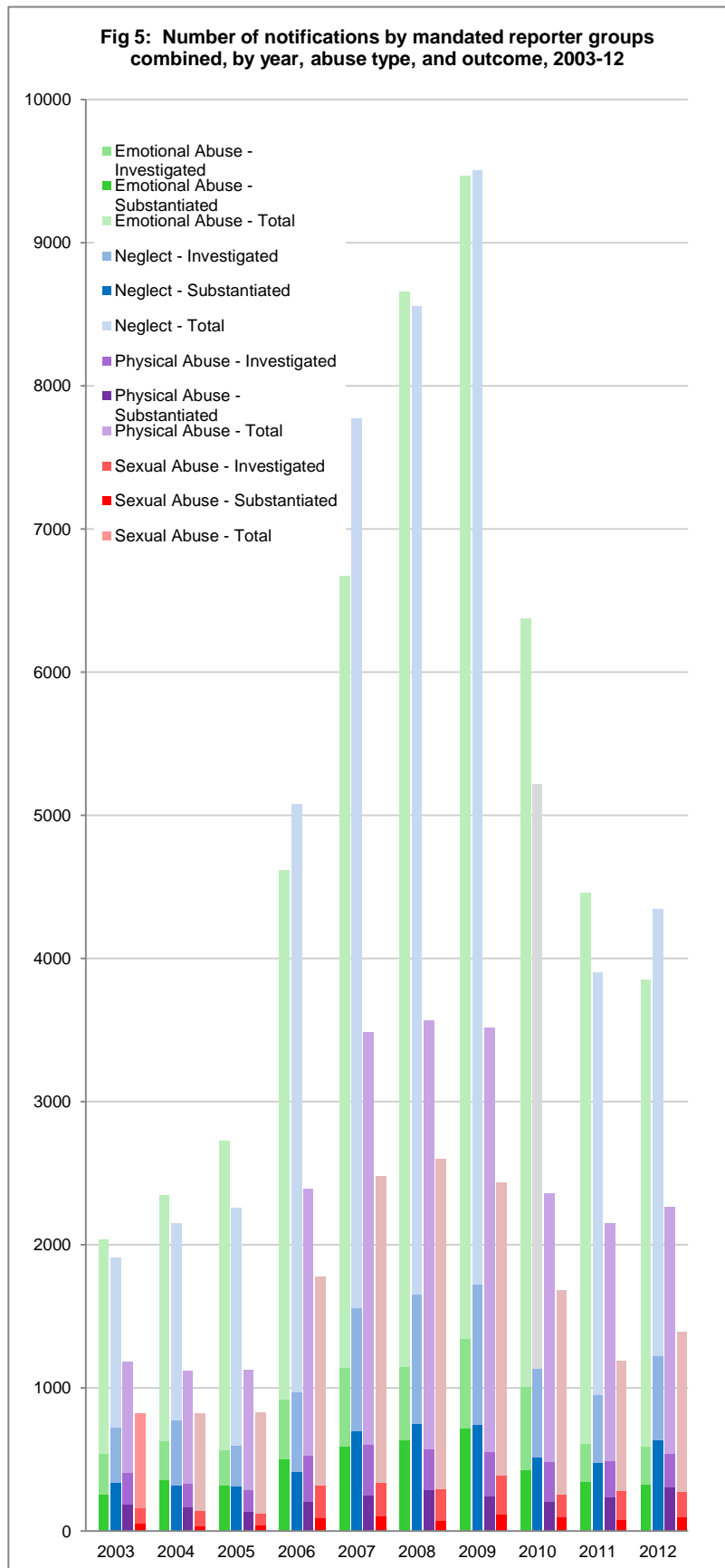
Notifications of physical abuse by major mandated reporter groups increase in a two year period from 2006-07, although are numerically far lower than emotional abuse and neglect. Notifications decline markedly from 2010-12.

Substantiations of physical abuse increase from 2003-05 levels but do not increase at the same rate. As with neglect and emotional abuse notifications, a high proportion of notifications of physical abuse are not investigated.

Sexual abuse

Notifications of sexual abuse by the major mandated reporter groups also increase in the period from 2006-09, before declining rapidly in 2010-12.

Substantiations of sexual abuse increase from 2003-05 levels but vary by year. Large numbers of notifications of sexual abuse by major mandated reporter groups are not investigated.



8. Analysis of notifications by police reveals a number of key findings.

Police make the most notifications of any reporter group. Analysis of their reporting yields key findings (Fig 6).

Notifications by police were stable in 2003-06, although there was a steady increase in notifications of neglect and emotional abuse. Key changes then occurred.

Neglect and emotional abuse. Notifications of neglect and emotional abuse by police surged in 2007-08 before rapidly declining in 2010-12.

Investigations of notifications of neglect increased in 2007-08. This pattern aligns with the trend of substantiations increasing to a similar extent in this period. Investigations and substantiations also increased markedly in 2012 despite notifications remaining relatively stable.

Notifications of emotional abuse by police also surged in 2007-08 before rapidly declining in 2010-12. Investigations increased markedly in the 2006-10 period before declining. Substantiations follow the same trends.

Physical abuse. In a different trend, physical abuse notifications were stable from 2003-07. Surges occurred in 2008, 2011 and 2012. Investigations only increased in 2010-12. Substantiations remained stable, but increased in 2012. A high proportion of notifications were not investigated.

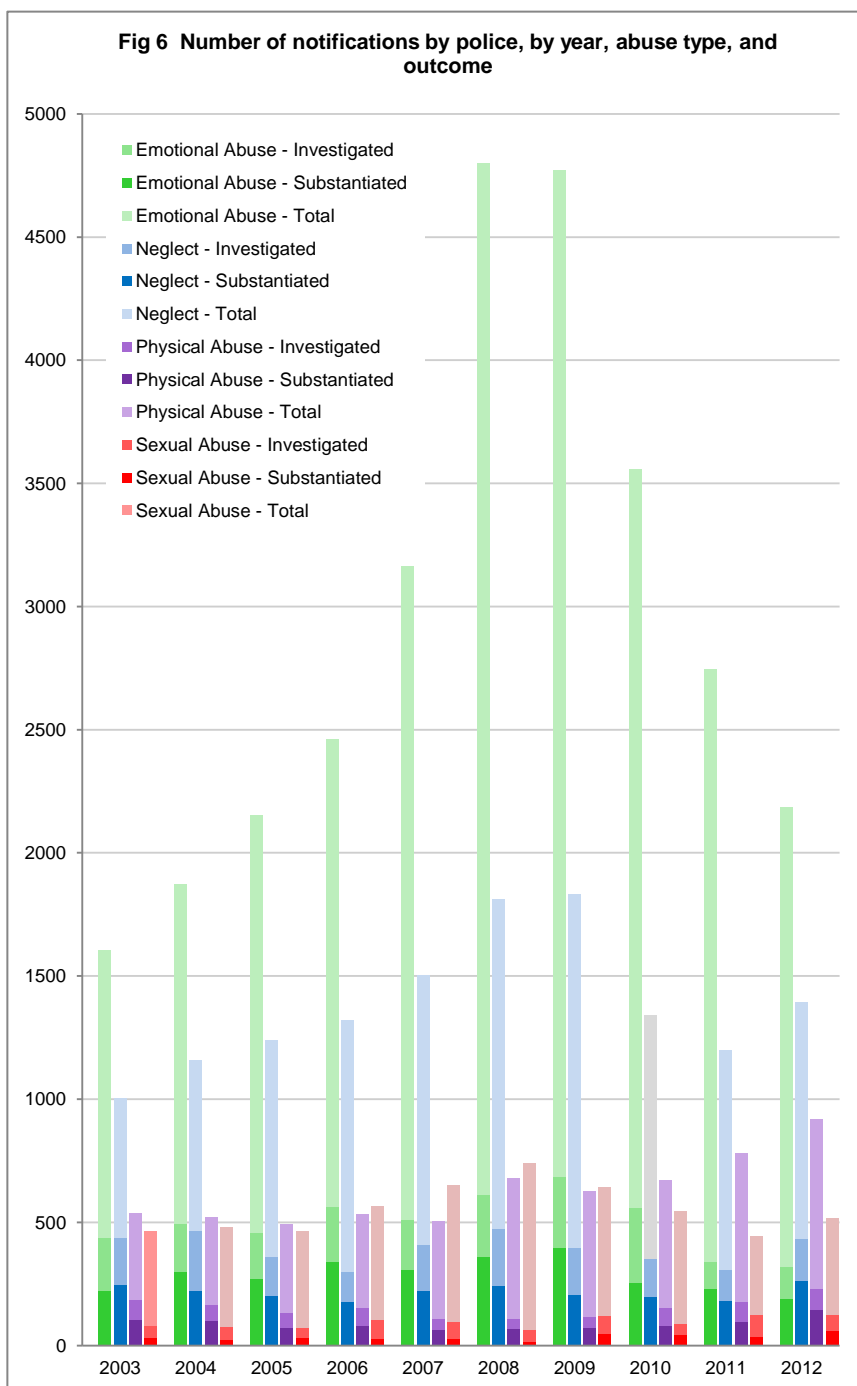
Sexual abuse. Notifications of sexual abuse by police follow a different trend. Stable numbers in 2003-05 are followed by sudden increases in 2006-08, a decline from 2009-11, and another increase in 2012. Substantiations of sexual abuse are generally very low. Large numbers of notifications were not investigated.

9. Conclusion

This Executive Summary has identified some key findings from the more detailed analyses conducted in this research study. These findings can assist government agencies and reporter groups in identifying areas where reporting practice for different types of child abuse and neglect may be enhanced.

One finding is that non-mandated reporters made 47% of all notifications. This indicates that while mandated reporting merits attention to enhance practice and outcomes, attention may also be productively directed towards reporting by non-mandated reporters.

Several trends suggest positive outcomes in relation to notifications by mandated reporters.



In particular, substantiated notifications by mandated reporters more than doubled in the period 2005-09, influenced by a higher level of investigations at this time. Substantiations have remained close to this level in 2010-12 for physical and sexual abuse even as notifications have declined.

Other trends indicate challenges for reporters and the child protection system. In 2006-09, likely influenced by inquiries at the time and other contextual factors, mandated notifications surged for all maltreatment types, with the highest numbers for emotional abuse and neglect, while notifications by non-mandated reporters declined.

Large numbers of notifications were not investigated in and after this period. This may suggest an element of unintended reporting, but it may also indicate genuine social need and reflect additional needs for resourcing at agency levels. Further exploration of these phenomena would be beneficial.

Identification of these and other trends may indicate dimensions of reporting practice and systemic functioning which are most in need of attention, the level of resourcing needed by the child protection system, and the level of societal need for assistance.

Stage 1

Legal Analysis

STAGE 1: LEGAL ANALYSIS

1.1. Introduction

As part of the effort to protect children from significant abuse and neglect, each State and Territory in Australia has enacted legislation commonly known as ‘mandatory reporting laws’. The laws differ in scope and have changed over time. Accordingly, the main aim of this Stage 1 Report is to review and explain the legislative principles across Australia and to chart changes in the decade from 1 January 2003 – 31 December 2012. In doing so, the Report will identify differences between State and Territory law over this time period.

1.1.1. General nature and effect of mandatory reporting laws

Mandatory reporting laws are laws passed by Parliament requiring designated persons to report certain kinds of child abuse and neglect¹ to government authorities. The core principle motivating these laws is that many cases of severe child abuse and neglect occur in private, cause substantial harm to extremely vulnerable children, and are unlikely to be brought to the attention of helping agencies. Governments have chosen, as a social policy and public health measure, to enact these laws to draw on the capacity of professionals who typically deal with children in the course of their work (such as teachers, police, doctors and nurses), and who encounter cases of serious child abuse and neglect, to report these situations to helping agencies. Generally, the primary aim is to protect the child from significant harm. The secondary aim is to assist the child’s parents or caregivers to decrease the likelihood of recurrence.²

Consequently, there are differences across Australian jurisdictions concerning who has to report, and what types of maltreatment must be reported. Before pointing out these differences in the legislative duties, a common approach to the legislative scheme can be identified. The laws will:

- define which persons must make reports;
- identify what state of mind a reporter must have before the reporting duty is activated;
- define the types of abuse and neglect that must be reported;
- define the extent of abuse or neglect which requires a report;
- state whether the duty applies only to past or present abuse, or also to future abuse which has not occurred yet but which is thought likely to occur;
- state penalties for failure to report (to encourage reporting rather than police it);
- provide a reporter with confidentiality regarding their identity;
- provide a reporter with immunity from liability arising from a report made in good faith;
- state when the report must be made;
- state to whom the report must be made;
- state what details a report should contain;

¹ Or the harm caused by them: see further Part 2.1.2 and Table 1.7.

² In Stage 3 of this study, we will explore normative arguments about these laws, which either in whole or in part have been both criticized (see for example, Ainsworth, 2002; Ainsworth & Hansen 2005; Melton 2005), and defended (Besharov 2005; Drake & Jonson-Reid, 2007; Finkelhor, 1990, 2005; Mathews & Bross, 2008). Recent Australian State government child protection inquiries in New South Wales and Victoria have concluded that mandatory reporting laws are a necessary component of child protection systems (Wood 2008; Cummins, Scott, & Scales 2012). In 2013, the Carmody Inquiry in Queensland also made recommendations to harmonise and refine reporting laws and to improve reporter education, and to increase a differential response approach, but did not recommend abolishing them (Carmody 2013).

- enable any other person to make a report in good faith, even if not required to do so, and grant confidentiality and legal immunity to these persons.³

1.2. Major legislative differences and common approaches across Australia

This section provides a brief summary of major legislative differences and common approaches in Australian State and Territory laws.

1.2.1. Different reporter groups

To begin with, there are differences in who is required to report. Normally, the reporting duty is applied to a minimum of four occupations who regularly work with children: police, teachers, doctors and nurses. However, even this general approach is not present in every Australian State and Territory. There are numerous different approaches. At one end of the spectrum, the Northern Territory makes all citizens mandated reporters. Close to this end of the spectrum is New South Wales, South Australia and Tasmania, which mandate a large range of occupations. Closer to the other end of the spectrum is Queensland, which mandates only two professions completely.⁴ A summary is set out in **Table 1.1**.

1.2.2. Different types of abuse and neglect must be reported

Another major difference is in which types of abuse and neglect (or the harm caused by them: see **Table 1.7**)⁵ must be reported. For example, most but not all States and Territories clearly require reports of significant neglect. In contrast, Western Australia and the ACT clearly do not require reports of even life-threatening neglect, and it is arguable that Victoria also does not require reports of these situations.⁶ Some jurisdictions, such as New South Wales and Tasmania, have relatively recently imposed a requirement to report exposure of a child to domestic violence. This might be expected to produce a high number of additional reports which would not otherwise be made. A summary is set out in **Table 1.2**.

³ Legislation in all jurisdictions enables non-mandated reporters to make reports, and confers these protections on such reporters. In several jurisdictions, including Victoria, legislative provisions for voluntary reporting pre-date mandatory reporting schemes (see eg *Children and Young Persons Act 1989* s 64, and provisions prior to this). Stage 3 will further discuss the context for some jurisdictions' movement from an approach based only on voluntary reporting to one having a form of mandatory reporting; one impetus was the perceived lack of reports from a purely voluntary system compared with one having mandatory reporting: see Hansard, Victoria, Queensland, and the studies cited in Victoria.

⁴ In this regard, it can be noted that the federal *Family Law Act 1975* (Cth) also imposes a reporting duty on members of Court personnel.

⁵ As Table 1.7 illustrates, the primary subject matter of the reporting provisions is 'abuse' either explicitly, or as a natural and co-existing consequence of being the cause of the significant or serious 'injury' or 'harm' specified. The two are inextricably linked, and the co-existing causal relationship and link is often acknowledged directly in the provisions by the use of the term 'caused by' (see the underlined words in Table 1.7). There are some instances where a type of abuse must be reported without any mention of harm – most often, for sexual abuse (eg ACT, NT, SA, Tas, WA), and for physical injury by abuse (ACT). In five statutes the first concept used is 'abuse', with preceding words or provisions relating to the abuse causing harm, and the extent of this harm required to activate the reporting duty (ACT, Qld, SA, Tas, WA). In four statutes the first concept used is 'harm', with preceding words or provisions identifying or recognising that this 'harm' is caused by various kinds of abuse and neglect (NSW, NT, Qld, Vic).

⁶ For further discussion of neglect and the complex issue of the scope of Victoria's reporting provisions, see Part 1.5.7.4.

1.2.3. Different extent of harm activates the reporting duty

There are differences in the extent of suspected harm which activates the reporting duty. Especially for physical abuse, psychological abuse, and neglect, the laws are generally not intended to require reports of any and all behaviour perceived to be abusive or neglectful. Accidental injuries and trivial incidents of less than ideal parenting practice are not the intended object of the laws. Rather, the laws are concerned with acts and omissions that are significantly harmful to the child's health, safety, wellbeing or development. The legislation differs in how these concepts are expressed, but generally uses indeterminate concepts such as 'significant harm' or 'detriment' which beg the question of what constitutes these injuries. Except for cases that are clearly very serious, this ambiguity may cause confusion and uncertainty for reporters. For psychological abuse and neglect, especially, this indeterminacy may be particularly problematic. These different concepts and standards are set out in **Table 1.3**.

1.2.4. Different states of mind activate the reporting duty

There are also differences in the state of mind that a reporter must have before the duty is activated. Duties are never so strictly limited that it only applies to cases where the person is certain that the child is being abused or neglected; but nor are they so wide as to apply to cases where a person may have the merest inkling that abuse or neglect may have occurred. While this is a reasonable approach, there are differences between the jurisdictions in how this state of mind is expressed, which may cause confusion for reporters. The legislation variously uses the concept of 'belief on reasonable grounds' (four jurisdictions), and 'suspects on reasonable grounds' (four jurisdictions). Technically, belief requires a higher level of certainty than suspicion. These differences in reporters' states of mind are set out in **Table 1.3**.

While discussed in more detail later in this Report, it can also be noted here that Victoria is the only jurisdiction which has as part of its mandatory reporting provision a clause which further limits the duty to cases in which the reporter not only has a reasonable belief about the child's harm/abuse, but that the reporter must also have a reasonable belief that the child's parent has not protected the child from the abuse (or in the case of a report of a child who is likely to suffer significant harm, the child does not have a parent who is likely to protect the child from that harm).

1.2.5. Different temporal/situational scope of the reporting duty

As well, there are differences in whether the reporting duty is applied to past or currently occurring abuse only, or also to perceived risk of future abuse to a child who is not suspected to have been abused yet. In all jurisdictions, the reporting duty applies to cases of suspected past abuse and of suspected abuse that is currently occurring. However, four jurisdictions (New South Wales, Queensland, Victoria and the Northern Territory) extend the duty to cases where the reporter has a reasonable suspicion that a child is at risk of being abused in future, no matter who the suspected future perpetrator may be. South Australia and Tasmania require reports of suspicions that a child is likely to be abused in future, but only if the suspected future perpetrator is a person who lives with the child. In contrast, the Australian Capital Territory and Western Australia limit the duty to cases of past or current abuse. Australian jurisdictions generally have a strong approach to preventing future abuse, as well as responding to abuse thought to have already occurred. These different approaches are set out in **Table 1.4**.

1.2.6. Different definition of 'child' to whom the reporting duty is owed

The general approach across States and Territories is to apply the reporting duty to suspected abuse and neglect of children under 18, which is the age of majority for most legal purposes. However, there are three differences which should be noted. Most significantly, New South Wales restricts the duty to abuse and neglect of children aged under 16 years, and Victoria restricts the duty to abuse of children under 17. This makes these two States the only jurisdictions in Australia to exclude children aged 16 and 17 (in NSW) and

children aged 17 (in Victoria) from the benefit of the reporting provisions. Of less significance, but still of interest, is that Queensland's prior duty under the health legislation (applying the duty to doctors) restricted the duty to children under 17; this was amended in 2005 to include 17 year olds under the reporting framework. These different provisions, and their changes over the decade, are set out in **Table 1.5**.

1.2.7. Different penalties

Penalties for noncompliance are present in seven of the eight jurisdictions. New South Wales originally provided a penalty, but this was omitted after the Wood Inquiry recommendations and legislation in 2009. It is significant that the penalties across jurisdictions differ substantially. These differences may be important as without effective reporter training, severe penalties might influence hypersensitive or 'defensive' reporting of minor incidents not intended to be covered by the law. This is despite the fact that it is generally perceived that the penalties are meant to encourage reporting rather than to police it. These different penalties are set out in **Table 1.6**.

1.2.8. Common approaches

Other dimensions of the reporting duty are more consistent. Across jurisdictions, the duty is obligatory, rather than discretionary (words such as 'must', are used rather than 'may'). It must be complied with immediately. The report destination is usually the jurisdiction's department of child protection. Confidentiality and immunity are universal features, both for mandated reporters (those required by the law to report), and for non-mandated reporters (those not required to report, but enabled to do so, such as neighbours, family, and friends).

1.3. Mandatory reporting legislation as one element of a systematic approach to child protection and welfare: A note on differential response

1.3.1. Mandatory reporting laws' focus on serious cases more likely to require child protection and services

Mandatory reporting laws are part of a system of responses to child protection and family welfare concerns. The different components of this system are necessary owing to the differences between types of maltreatment recognising that within the spectrum of circumstances, different responses are appropriate. A case of severe battering of a six month old infant, or of sexual abuse of a three year old, requires different responses than a case of mild neglect of a 14 year old arising only from conditions of poverty in an otherwise healthy and well-functioning family. Different responses cater to the needs of children, families, communities, and child protection systems. There is nothing to be gained from the inappropriate use of mandatory reporting laws for cases which are not their primary object; an analogy might be the inappropriate use of an ambulance to deal with a minor health complaint. It is important to avoid overburdening child protection systems wherever possible.

1.3.2. Differential response systems' focus on less serious cases requiring services and assistance

Some jurisdictions have formalised these different responses – commonly called 'differential response' – to a greater extent than others. As previously noted, the aim is not to apply mandatory reporting laws to any and all cases of 'abuse' and 'neglect', but to limit those laws to severe cases, and to enable referral to and

deployment of supportive community agencies to situations of less severe problems. This applies especially in situations of neglect and domestic violence. Distinguishing between more serious cases of abuse and neglect, and less serious ones can be difficult, but this is what differential response aims to achieve. At one end of the differential response continuum, in cases of serious abuse and neglect statutory responses such as child protection orders can be made. At the other end of the continuum, ideally, are supports such as assistance with housing, finance, employment, substance abuse, alcohol dependency, mental health conditions, domestic violence respite care, and parenting skills. Cases of serious abuse and neglect may require a blend of both statutory intervention and support to the family.

Examples include Victoria's Child and Family Information, Referral and Support Teams (ChildFIRST) system, which enables individuals who have a significant concern about a child's wellbeing to refer their concern to ChildFIRST for help, rather than reporting to the department responsible for child protection.⁷ This provision complements the mandatory reporting provisions, where reports of specified cases of a child being 'in need of protection' must be made to the Secretary of the Department.⁸ Children and families who are referred to ChildFIRST are assessed and may be offered home-based family support or referred to other health and welfare services.⁹ ChildFIRST must forward reports to child protection services if the community-based child and family service considers that the situation may involve more significant harm or risk of harm; that is, that the child may be 'in need of protection' (Government of Victoria, 2006).¹⁰ Equally, reports made to child protective services may be redirected to ChildFIRST if deemed not to require a child protection response (Government of Victoria, 2006).¹¹

The ChildFIRST model was adopted in Tasmania under the name 'Gateways'. Tasmania also amended its mandatory reporting laws to facilitate a preventative approach. Mandatory reporters could report their concerns about the care of a child to a 'Community-Based Intake Service', and this would fulfil their reporting duty (Children, Young Persons and Their Families Act 1997 Part 5B). In New South Wales, to renew an emphasis on limiting mandatory reporting to cases of significant harm, the Keep Them Safe: Annual Report 2010-11 set out the new system requiring mandated reporters to report to the department only cases of suspected significant harm. Section 27A of the Children and Young Persons (Care and Protection) Act 1998 (NSW) then enabled mandated reporters to make reports to 'Child Wellbeing Units' which were established in the four major State government departmental groups (health, education, police, and family and community services). These units provide support and advice to mandated reporters on whether a situation warrants a mandated report and on local services which might be of assistance (NSW Department of Premier and Cabinet, 2011). The units' focus is on ascertaining what the family needs to minimise or overcome their present situation and on facilitating the most appropriate assistance.

These developments will be tracked in the historical research below and effects anticipated on mandated reports.

⁷ The *Children, Youth and Families Act 2005* (Vic) s 31 states that 'A person who has a significant concern for the wellbeing of a child may refer the matter to a community-based child and family service'.

⁸ See Part 3.7. The *Children, Youth and Families Act 2005* (Vic) s 184 states that a mandatory reporter who forms the belief on reasonable grounds that a child is in need of protection on a ground referred to in s 162(1)(c) or (d) 'must report to the Secretary'.

⁹ *Children, Youth and Families Act 2005* (Vic) s 33.

¹⁰ *Children, Youth and Families Act 2005* (Vic) s 33(2).

¹¹ *Children, Youth and Families Act 2005* (Vic) ss 187, 30.

1.4. Comparative tables

This section displays seven comparative tables relevant to State and Territory reporting provisions detailed in the previous sections (section 1.1 to section 1.3). The tables are:

- Table 1.1 Reporter groups
- Table 1.2 Types of abuse and neglect that must be reported
- Table 1.3 Key features of legislative reporting duties
- Table 1.4 Legislation containing reporting duties and key provisions
- Table 1.5 Legislative definition of 'child' for the purpose of reporting duties
- Table 1.6 Maximum penalties, and penalty units
- Table 1.7 What must be reported – types of abuse and neglect, abuse vs harm, and the extent of harm

Important note

These comparative tables show the law at 31 December 2012. The treatment in Stage 1 of developments in each State and Territory charts the changes to each jurisdiction's laws over the period 2003-12.

In 2014, the *Child Protection Reform Amendment Act 2014* (Qld) was passed, which will make substantial changes to Queensland's mandatory reporting legislation. These changes will shift Queensland's position towards the current position in Victoria. The changes will broaden some mandatory reporting duties, but will narrow others. The changes also will introduce a more formal statutory footing for differential response pathways.

These pending changes in Queensland are the most significant legislative amendments made in any jurisdiction to mandatory reporting legislation in the period after the 2003-12 time period which defined the scope of this research project.

Table 1.1: Reporter groups: Australian States and Territories

Jurisdiction	Teachers	Police	Nurses	Doctors	Others
ACT	Yes	Yes	Yes	Yes	Dentists, midwives, home education inspectors, school counsellors, childcare centre carers, home-based care officers, public servants working in services related to families and children, the public advocate, the official visitor, paid teacher's assistants/aides, paid childcare assistants/aides
NSW	Yes	Yes	Yes	Yes	A person who, in the course of his or her professional work or other paid employment delivers health care, welfare, education, children's services, residential services, or law enforcement, wholly or partly, to children (and managers in organisations providing such services)
NT	Yes	Yes	Yes	Yes	All persons
QLD	Yes	No	Yes	Yes	Nil
SA	Yes	Yes	Yes	Yes	Pharmacists, dentists, psychologists, community corrections officers, social workers, religious ministers, employees and volunteers in religious organisations, teachers in educational institutions; family day care providers; employees and volunteers in organisations providing health, education, welfare, sporting or recreational services to children; managers in relevant organisations
TAS	Yes	Yes	Yes	Yes	Midwives, dentists, psychologists, probation officers, principals and teachers in any educational institution, child care providers, employees and volunteers in government funded agencies providing health, welfare or education services to children
VIC	Yes	Yes	Yes	Yes	Midwives, school principals
WA	Yes	Yes	Yes	Yes	Midwives
Cth	No	No	No	No	Registrar or a Deputy Registrar of a Registry of the Family Court of Australia, or of the Family Court of Western Australia; a Registrar of the Federal Magistrates Court; or family consultants; family counsellors; family dispute resolution practitioners; arbitrators; lawyers independently representing a child's interests

Table 1.2: Types of abuse and neglect that must be reported: Australian States and Territories

Jurisdiction	Physical abuse	Sexual abuse	Psychological / emotional abuse	Neglect	Exposure to domestic violence
ACT	Yes	Yes	No	No	No
NSW	Yes	Yes	Yes	Yes	Yes
NT	Yes	Yes	Yes	Yes	Yes
QLD	Yes	Yes	Yes	Yes	No
SA	Yes	Yes	Yes	Yes	No
TAS	Yes	Yes	Yes	Yes	Yes
VIC	Yes	Yes	No	No	No
WA	No	Yes	No	No	No
Cth	Yes	Yes	Yes	Yes	Yes

Table 1.3: Key features of legislative reporting duties: Australian States and Territories

Jurisdiction	State of mind	Extent of harm	Past and present only / both past and present, and future
ACT	Belief on reasonable grounds	Not specified: 'sexual abuse...or non-accidental physical injury'	Past and present only
NSW	Suspects on reasonable grounds that a child is at risk of significant harm	A child or young person 'is at risk of significant harm if current concerns exist for the safety, welfare or well-being of the child or young person because of the presence, to a significant extent, of... basic physical or psychological needs are not being met...physical or sexual abuse or ill-treatment... serious psychological harm'	Both
NT	Belief on reasonable grounds	Any significant detrimental effect caused by any act, omission or circumstance on the physical, psychological or emotional wellbeing or development of the child	Both
QLD	Becomes aware, or reasonably suspects	Significant detrimental effect on the child's physical, psychological or emotional wellbeing	Both
SA	Suspects on reasonable grounds	Any sexual abuse; physical or psychological abuse or neglect to extent that to the extent that the child 'has suffered, or is likely to suffer, physical or psychological injury detrimental to the child's wellbeing; or the child's physical or psychological development is in jeopardy'	Past and present only ¹²
TAS	Believes, or suspects, on reasonable grounds, or knows	Any sexual abuse; physical or emotional injury or other abuse, or neglect, to extent that the child has suffered, or is likely to suffer, physical or psychological harm detrimental to the child's wellbeing; or the child's physical or psychological development is in jeopardy	Past and present only ¹³
VIC	Belief on reasonable grounds (both regarding the child's injury or abuse, <i>and</i> the presence of a protective parent)	Child has suffered, or is likely to suffer, significant harm as a result of physical injury or sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type	Both
WA	Belief on reasonable grounds	Not specified: any sexual abuse	Past and present only
Cth	Suspects on reasonable grounds	Not specified: any assault or sexual assault; serious psychological harm; serious neglect	Both

¹² Also if 'a person with whom the child resides (whether a guardian of the child or not)—

(i) has threatened to kill or injure the child and there is a reasonable likelihood of the threat being carried out; or

(ii) has killed, abused or neglected some other child or children and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person'

¹³ Also if there is 'a reasonable likelihood of a child being killed or abused or neglected by a person with whom the child resides'.

Table 1.4: Legislation containing reporting duties and key provisions: Australian States and Territories*

Jurisdiction	Legislation
ACT	Children and Young People Act 2008 (ACT) s 356
NSW	Children and Young Persons (Care and Protection) Act 1998 (NSW) ss 23, 27
NT	Care and Protection of Children Act (NT) ss 15, 16, 26
QLD	Public Health Act 2005 (Qld) ss 158, 191; Education (General Provisions) Act 2006 (Qld) ss 364-366A; Child Protection Act 1999 (Qld) ss 22, 186
SA	Children's Protection Act 1993 (SA) ss 6, 10, 11
TAS	Children, Young Persons and Their Families Act 1997 (Tas) ss 3, 4, 14
VIC	Children, Youth and Families Act 2005 (Vic) ss 162, 182, 184
WA	Children and Community Services Act 2004 (WA) ss 124A-H
Commonwealth	Family Law Act 1975 (Cth) ss 4, 67ZA

* Note: many jurisdictions also impose other obligations to make notifications of harm occurring to children while in their care, or in departmental care. Examples are obligations on licensees (and other responsible officers) of departmental and licensed care services (see for example *Child Protection Act 1999* (Qld) s 148), and licensees of child care services (see for example *Child Care Services (Child Care) Regulations 2006* (WA) r 20). Because these obligations are somewhat different in provenance, purpose and operation to the mandatory reporting duties enacted in legislation, we have not treated these obligations as a 'true' mandatory reporting duty for the purpose of this research project.

Table 1.5: Legislative definition of ‘child’ for the purpose of the reporting duties: Australian States and Territories

Jurisdiction	Current Legislation	Former provisions	Children to whom the provisions apply
ACT	Children and Young People Act 2008 (ACT) s 11: a ‘child’ is a person under 12 years old; s 12: a ‘young person’ is a person of 12 years or older, but not yet an adult.	Both CYPA 1999 at 1 January 2003; and CYPA immediately before CYPA 2008 as made, defined ‘child’ in s 7 and ‘young person’ in s 8 in the same way as the 2008 legislation.	Children under age 18
NSW	Children and Young Persons (Care and Protection) Act 1998 (NSW) s 3: ‘child’ is a person who is under the age of 16 years; ‘young person’ is a person who is aged 16 or above but who is under the age of 18 years; but the duty to report in s 27 applies only where a person ‘has reasonable grounds to suspect that a <i>child</i> is at risk of harm’ (our emphasis)	Children and Young Persons (Care and Protection) Act 1998 (NSW) s 3: ‘child’ is a person who is under the age of 16 years; ‘young person’ is a person who is aged 16 or above but who is under the age of 18 years	Children under age 16
NT	Care and Protection of Children Act (NT) s 13: ‘child’ is a person who is under the age of 18 years	Community Welfare Act s 4: ‘child’ is a person who has not attained the age of 18 years	Children under age 18
QLD	Public Health Act 2005 (Qld) Sch 2: ‘child’ means an individual under 18 years; Education (General Provisions) Act 2006 (Qld) ss 364-366A apply to students under 18; Child Protection Act 1999 (Qld) s 8: a child is an individual under 18 years.	Health Act 1937 s 76M at 1 January 2003 defined ‘child’ as a person under the age of 17 years; this was changed so the duty applied to children under 18 years via s 76K, comm 31 August 2005; Education (General Provisions) Act 1989 (Qld) ss 146A-B apply to students under 18 Child Protection Act 1999 (Qld) s 8: a child is an individual under 18 years.	Children under age 18
SA	Children’s Protection Act 1993 (SA) s 6(1): a ‘child’ is a person under 18 years of age	Children’s Protection Act 1993 (SA) s 6(1) at 1 January 2003: a ‘child’ is a person under 18 years of age	Children under age 18
TAS	Children, Young Persons and Their Families Act 1997 (Tas) s 3(1): a ‘child’ is a person under 18 years of age	Children, Young Persons and Their Families Act 1997 (Tas) s 3(1): a ‘child’ is a person under 18 years of age	Children under age 18
VIC	Children, Youth and Families Act 2005 (Vic) s 3(1): ‘child’ means a person who is under the age of 17 years	Children and Young Persons Act 1989 (Vic) s 3(1): ‘child’ means a person who is under the age of 17 years	Children under age 17
WA	Children and Community Services Act 2004 (WA) s 3: a ‘child’ is a person under 18 years of age	Children and Community Services Act 2004 (WA) s 3: a ‘child’ is a person under 18 years of age	Children under age 18

Table 1.6: Maximum penalties, and penalty units: Australian States and Territories

Jurisdiction	Child protection legislation at 1/1/2003	Penalty unit at 1/1/2003	Changes over time
ACT	<i>Children and Young People Act 1999</i> (ACT) s 159(2) (maximum penalty of 50 penalty units (\$5000), 6 months' imprisonment, or both).	\$100 (see note in CYP Act)	Legislation Act s 133: \$110 (am by Legislation (Penalty Units) Amendment Act 2009 No 35) comm 21 Oct 2009) so from 21 Oct 2009 to 31 Dec 2012 penalty was 50 penalty units (\$5500), 6 months' imprisonment, or both. (Note: penalty unit now \$140 since 23 August 2013, am by Legislation (Penalty Units) Amendment Act 2013)
NSW	<i>Children and Young Persons (Care and Protection) Act 1998</i> s 27(2) (maximum penalty of 200 penalty units, hence \$22,000)	A penalty unit was \$110: <i>Crimes (Sentencing Procedure) Act 1999</i> s 17	NSW penalty unit remains \$110 but now no penalty as the penalty was removed from s 27 by the Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009 No 13, Schedule 1.1 [7], comm 24 January 2010
NT	<i>Community Welfare Act 1983</i> (NT) s 14(1) (maximum penalty of 200 penalty units, hence \$22,000)	A penalty unit was \$110: <i>Penalty Units Act</i> (NT) s 3(1)	The maximum penalty remains 200 penalty units. The <i>Penalty Units Act</i> s 3 sets the value of a penalty unit as \$130, so the maximum penalty is \$26,000. (Note: <i>Community Welfare Amendment Act 2002</i> (Act No. 61; comm 9 December 2002) s 10 increased the maximum penalty from \$500 to 200 penalty units.
QLD	<i>Health Act 1937</i> (Qld) s 76KE (maximum penalty of 50 penalty units, hence \$3750)	A penalty unit was \$75: <i>Penalties and Sentences Act 1992</i> (Qld) s 5(1)(b))	The penalty unit value has changed from 2003-2012 as follows: from 27 Nov 2000: s 5(1)(b): \$75 (1999 No 70 s 166 sch 1); from 1 January 2009: s 5(1)(c): \$100 (2008 No 66 s 3(2)); renumb as s 5(1)(d) by 2011 No 18 s 403; from 21 August 2012: s 5(1)(d): \$110 (2012 No 17 s 34). PHA: 50 penalty units (\$5500); EGPA: 20 pen. units (\$2200)
SA	<i>Children's Protection Act 1993</i> (SA) s 11(1) (maximum penalty of \$2500)	na	Increased to \$10,000 by the <i>Children's Protection (Miscellaneous) Amendment Act 2005</i> (SA) (No 76) s 10(1) (comm 31/12/2006).
TAS	<i>Children, Young Persons and Their Families Act 1997</i> (Tas) s 14(2)(b) (maximum penalty of 20 penalty units, hence \$2000)	A penalty unit was \$100: <i>Penalty Units and Other Penalties Act 1987</i> (Tas) s 4)	Increased to \$2400 as penalty unit increased to \$120 (comm 24 October 2007 – am by Act 37 of 2007)
VIC	<i>Children and Young Persons Act 1989</i> (Vic) s 64(1A) (maximum penalty of 10 penalty units, hence \$1000)	A penalty unit was \$100: <i>Sentencing Act 1991</i> (Vic) s 110;	<i>Children, Youth and Families Act 2005</i> (Vic), s 184(1) maximum penalty is 10 penalty units. Through <i>Sentencing Act 1991</i> (Vic), s 110 and <i>Monetary Units Act 2004</i> (No 10 of 2004), the value of a penalty provision can be indexed and amended. Under the MUA 2004 s 11(1)(b) a penalty unit for the 2012/13 financial year was \$140.84. So, the maximum penalty since 1 July 2012 has been \$1408.
WA	None	Not applicable	From 1 January 2009: \$6000.

Table 1.7: What must be reported – types of abuse and neglect, abuse vs harm, and the extent of harm: Australian States and Territories

	Legislative reporting provisions - what must be reported - types of abuse and neglect – extent of harm	Abuse / harm; significant harm
ACT	<p><i>Children and Young People Act 2008 (ACT)</i> Section 356(1)(c) If the mandated reporter 'believes on reasonable grounds that a child or young person has experienced, or is experiencing -</p> <ul style="list-style-type: none"> i. sexual abuse; or ii. non-accidental physical injury; and <p>the person's reasons for the belief arise from information obtained by the person during the course of, or because of, the person's work</p>	<p><i>Focus is 'abuse' explicitly for sexual abuse, and 'injury' as a consequence of abuse <u>causing</u> physical injury</i></p> <p>Sexual abuse (any) Non-accidental physical injury (any; no mention of significance)</p>
NSW	<p><i>Children and Young Persons (Care and Protection) Act 1998 (NSW)</i> Section 27: If the mandated reporter 'has reasonable grounds to suspect that a child is at risk of significant harm; and those grounds arise during the course of or from the person's work' Section 23(1): A child 'is at risk of significant harm if <u>current concerns exist for the safety, welfare or well-being of the child because of the presence, to a significant extent, of any one or more of the following circumstances</u>:</p> <ul style="list-style-type: none"> (a) the child's or young person's basic physical or psychological needs are not being met or are at risk of not being met, (b) the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive necessary medical care, (b1) in the case of a child or young person who is required to attend school in accordance with the Education Act 1990—the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive an education in accordance with that Act, (c) the child or young person has been, or is at risk of being, physically or sexually abused or ill-treated, (d) the child or young person is living in a household where there have been incidents of domestic violence and, <u>as a consequence</u>, the child or young person is at risk of serious physical or psychological harm, (e) a parent or other caregiver has behaved in such a way towards the child or young person that the child or young person <u>has suffered</u> or is at risk of suffering serious psychological harm, (f) the child was the subject of a pre-natal report under section 25 and the birth mother of the child did not engage successfully with support services to eliminate, or minimise to the lowest level reasonably practical, the risk factors that gave rise to the report.' 	<p><i>Focus is 'risk of significant harm' with subsequent provisions focusing on the abuse <u>causing</u> the 'harm' specified</i></p> <p>Neglect (a), (b), (b1) Physical abuse (c) Sexual abuse (c) Exposure to domestic violence + risk of serious physical or psychological harm (d) Psychological/other abuse + serious psychological harm (e)</p> <p>Focus on 'significant harm' (but complex, convoluted drafting)</p>

	Legislative reporting provisions - what must be reported - types of abuse and neglect – extent of harm	Abuse / harm; significant harm
NT	<p><i>Care and Protection of Children Act 2007 (NT)</i></p> <p>Section 26(1): A person is guilty of an offence if the person (a) ‘believes, on reasonable grounds, any of the following:</p> <ul style="list-style-type: none"> i. a child has suffered or is likely to suffer harm or exploitation; ii. a child aged less than 14 years has been or is likely to be a victim of a sexual offence; iii. a child has been or is likely to be a victim of an offence against section 128 of the Criminal Code’ and does not report it. <p>Section 26(2): A person is guilty of an offence if the person (a) is a health practitioner or someone prescribed by regulation; and (b) ‘believes, on reasonable grounds,</p> <ul style="list-style-type: none"> i. that a child aged at least 14 years (but less than 16 years) has been or is likely to be a victim of a sexual offence; and ii. that the difference in age between the child and alleged sexual offender is more than 2 years; <p>and does not report it.</p> <p>Section 15(1): Harm to a child is any significant detrimental effect caused by any act, omission or circumstance on:</p> <ul style="list-style-type: none"> (a) the physical, psychological or emotional wellbeing of the child; or (b) the physical, psychological or emotional development of the child. <p>Section 15(2): Without limiting subsection (1), harm can be <u>caused by</u> the following:</p> <ul style="list-style-type: none"> (a) physical, psychological or emotional abuse or neglect of the child; (b) sexual abuse or other exploitation of the child; (c) exposure of the child to physical violence. <p><i>Example: A child witnessing violence between the child's parents at home</i></p> <p>Section 16(1): Exploitation of a child includes sexual and any other forms of exploitation of the child. Section 16(2): Without limiting subsection (1), sexual exploitation of a child includes: (a) sexual abuse of the child; and (b) involving the child as a participant or spectator in any of the following: (i) an act of a sexual nature; (ii) prostitution; (iii) a pornographic performance.</p>	<p><i>Focus is on the child suffering ‘harm’ as a consequence of abuse <u>causing</u> the ‘harm’ specified</i></p> <p><i>For sexual abuse, the focus is also explicitly on the child being a victim of ‘exploitation’, which is akin to ‘abuse’</i></p> <p>Physical abuse Sexual abuse Emotional abuse Neglect</p> <p>Exposure to physical violence (e.g., a child witnessing violence between parents at home)</p> <p>Focus on significant harm via ‘significant detrimental effect’ concept</p>

	Legislative reporting provisions - what must be reported - types of abuse and neglect – extent of harm	Abuse / harm; significant harm
QLD	<p><i>Public Health Act 2005</i> (Qld) Section 191: A mandated reporter must report ‘the harm or likely harm’ if they ‘become aware, or reasonably suspect, during the practice of his or her profession, that a child has been, is being, or is likely to be, harmed’</p> <p>Section 158: Harm means ‘any detrimental effect on the child’s physical, psychological or emotional wellbeing— (a) that is of a significant nature; and (b) that has been <u>caused by</u>— (i) physical, psychological or emotional abuse or neglect; or (ii) sexual abuse or exploitation.’</p>	<p><i>Focus is on the child suffering ‘harm’ as a consequence of abuse causing the ‘harm’ specified</i></p> <p>Physical abuse Psychological abuse Emotional abuse Neglect Sexual abuse or exploitation</p> <p>Focus on significant harm via ‘significant detrimental effect’</p>
	<p><i>Education (General Provisions) Act 2006</i> (Qld) Section 364 defines ‘sexual abuse’. Sections 365, 366 (State and non-State schools respectively): ‘if a staff member becomes aware, or reasonably suspects, in the course of the staff member’s employment at the school, that a child attending the school has been sexually abused’ Sections 365A, 366A (State and non-State schools respectively): ‘if a staff member becomes aware, or reasonably suspects, in the course of the staff member’s employment at the school, that a child attending the school is likely to be sexually abused’</p>	<p><i>Focus is ‘abuse’ explicitly</i></p> <p>Sexual abuse only (school staff)</p>
SA	<p><i>Children’s Protection Act 1993</i> (SA) Section 6(1): ‘abuse or neglect, in relation to a child, means— (a) sexual abuse of the child; or (b) physical or emotional abuse of the child, or neglect of the child, <u>to the extent that</u>— (i) the child has suffered, or is likely to suffer, physical or psychological injury detrimental to the child’s wellbeing; or (ii) the child’s physical or psychological development is in jeopardy Section 10: ‘abuse or neglect’, in relation to a child, has the same meaning as in section 6(1), but includes a reasonable likelihood, in terms of section 6(2)(b), of the child being killed, injured, abused or neglected by a person with whom the child resides. Section 11(1) ‘If (a) a person to whom this section applies suspects on reasonable grounds that a child has been or is being abused or neglected; and (b) the suspicion is formed in the course of the person’s work (whether paid or voluntary) or of carrying out official duties’, the person must report it.</p>	<p><i>Focus is ‘abuse’ explicitly, and as a consequence of being the <u>cause</u> of the ‘injury’ specified</i></p> <p>Sexual abuse Physical abuse Emotional abuse Neglect</p> <p>Less strong focus on significant harm via ‘detriment to wellbeing’ concept</p>

	Legislative reporting provisions - what must be reported - types of abuse and neglect – extent of harm	Abuse / harm; significant harm
TAS	<p><i>Children, Young Persons and Their Families Act 1997</i> (Tas)</p> <p>Section 3(1): ‘abuse or neglect’, means</p> <p>(a) sexual abuse; or</p> <p>(b) physical or emotional injury or other abuse, or neglect, <u>to the extent that</u>—</p> <p>(i) the injured, abused, or neglected person has suffered, or is likely to suffer, physical or psychological harm detrimental to the person’s wellbeing; or</p> <p>(ii) the injured, abused, or neglected person’s physical or psychological development is in jeopardy</p> <p>Section 14(2) ‘If a prescribed person, in carrying out official duties or in the course of his or her work (whether paid or voluntary), believes, or suspects, on reasonable grounds, or knows –</p> <p>(a) that a child has been or is being abused or neglected or is an affected child within the meaning of the Family Violence Act 2004; or</p> <p>(b) that there is a reasonable likelihood of a child being killed or injured or abused or neglected by a person with whom the child resides; or</p> <p>(c) while a woman is pregnant that there is a reasonable likelihood that after the birth of the child –</p> <p>(i) the child will suffer abuse or neglect, or may be killed by a person with whom the child is likely to reside; or</p> <p>(ii) the child will require medical treatment or other intervention as a result of the behaviour of the woman, or another person with whom the woman resides or is likely to reside, before the birth of the child’ the person must report it.</p>	<p><i>Focus is ‘abuse’ explicitly, and as a consequence of being the <u>cause</u> of the ‘injury’ specified</i></p> <p>Sexual abuse Physical injury or abuse Emotional injury or abuse Neglect Exposure to family violence</p> <p>Less strong focus on significant harm via ‘detriment to wellbeing’ concept</p>
VIC	<p><i>Children, Youth and Families Act 2005</i> (Vic)</p> <p>Section 184(1): ‘A mandatory reporter who, in the course of practising his or her profession or carrying out the duties of his or her office, position or employment as set out in section 182, forms the belief on reasonable grounds that a child is in need of protection on a ground referred to in section 162(1)(c) or 162(1)(d)’ must report it.</p> <p>Section 162(1) ‘For the purposes of this Act a child is in need of protection if any of the following grounds exist -</p> <p>(c) the child has suffered, or is likely to suffer, significant harm as a result of physical injury and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;</p> <p>(d) the child has suffered, or is likely to suffer, significant harm as a result of sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;’</p>	<p><i>Focus is the child being ‘in need of protection’ due to ‘harm’ as a consequence of injury or abuse being the <u>cause</u> of the ‘harm’, plus the absence of a protective parent</i></p> <p>Physical injury Sexual abuse</p> <p>Clear focus on ‘significant harm’</p>

	Legislative reporting provisions - what must be reported - types of abuse and neglect – extent of harm	Abuse / harm; significant harm
WA	<p><i>Children and Community Services Act 2004</i></p> <p>Section 124A defines ‘sexual abuse’. Section 124B(1) requires a mandated reporter who in the course of their work ‘believes on reasonable grounds that a child (i) has been the subject of sexual abuse that occurred on or after commencement day; or (ii) is the subject of ongoing sexual abuse’ to report it.</p>	<p><i>Focus is ‘abuse’ explicitly</i></p> <p>Sexual abuse</p>

1.5. Legislative developments for each State and Territory over time: 2003-2012

In Australia, reporting laws have developed since the 1970s. Each State and Territory has constitutional power to pass legislation about child protection. In the absence of a coordinated national approach, and with States and Territories having different priorities and preferences about child protection and family welfare, each jurisdiction has enacted its own mandatory reporting legislation at different times, in different ways, and with occasional amendments which usually broaden but sometimes narrow the scope of the duty (Mathews & Kenny, 2008).¹⁴

Below, we provide a 10 year historical review and analysis of the development of the mandatory reporting laws in each State and Territory. For each jurisdiction, we describe:

- the original legislative position at 1 January 2003;
- key legislative changes between 1 January 2003 and 31 December 2012, noting the effects these changes may have on reporting practice;
- a summary of the position at 31 December 2012; and
- a summary timeline depicting key changes.

The findings from this Stage 1 Report will then inform our analysis in Stage 2 of this study. In Stage 2, we will collate and analyse government data about reports and outcomes of reports for each type of child abuse and neglect, by each reporter group, from each State and Territory for the 2003-2012 period. This will indicate within each jurisdiction the influence of different legislative provisions on reporting practice and outcomes. It will also inform an analysis across jurisdictions of the influence of different legislative frameworks on reporting practice and outcomes.

The following sections detail legislative developments for each State and Territory over the period 2003-2012:

- 1.5.1 Australian Capital Territory
- 1.5.2 New South Wales
- 1.5.3 Northern Territory
- 1.5.4 Queensland
- 1.5.5 South Australia
- 1.5.6 Tasmania
- 1.5.7 Victoria
- 1.5.8 Western Australia

¹⁴ Note that the State and Territory laws synthesized and traced below do not contain references to the Commonwealth provisions under the Family Law Act, which apply nationally.

1.5.1. Australian Capital Territory

1.5.1.1. Original position at 1 January 2003: Australian Capital Territory

Children and Young People Act 1999

In the Australian Capital Territory, the Children and Young People Act 1999 (ACT) s 159(2) imposed a fairly narrow mandatory reporting duty. Section 159(2) imposed a duty to report reasonable suspicions of past or presently-occurring sexual abuse or non-accidental physical injury to a child or young person, on selected persons who form that suspicion in the course of their work or voluntary duties. Hence, the duty did not apply to neglect, or emotional abuse. As well, the duty did not apply to risk of future abuse.

The duty was imposed by s 159(1) on a broad range of professionals as follows:

- (a) doctors
- (b) dentists
- (c) enrolled or registered nurses
- (d) school teachers
- (e) police officers
- (f) school counsellors
- (g) persons caring for children at child care centres
- (h) persons coordinating or monitoring the provision of home-based care on behalf of a family day-care scheme licensee
- (i) public servants who provide services related to the health and welfare of children, young people or families
- (j) the community advocate
- (k) the official visitor.

As in other jurisdictions, voluntary reports could be made of situations outside the mandatory reporting duty (s 158). For mandated reports, immunity was conferred by s 163(1)(a) and (b). Confidentiality was conferred by ss 404 and 405. An unusual provision provided a penalty for making a report other than in good faith (s 160). Uniquely in Australia, the Australian Capital Territory penalty provision included the possibility of imprisonment: s 159(2) set a maximum penalty of 50 penalty units (at the time, a penalty unit was \$100, hence \$5000), 6 months' imprisonment, or both.

1.5.1.2. Key changes, 2003-12: Australian Capital Territory

The *Children and Young Persons Act 2008* replaced the *Children and Young Persons Act 1999*, commencing 27 October 2008. Between 2003 and this date, the only substantive change was to add midwives as a reporter group in 159(1)(e). However, several other changes occurred which should be noted.

Midwives added as a reporter group (commencing 18 November 2006)

This occurred when the *Health Legislation Amendment Act 2006 (No 2)* Sch 2 Pt 2.2 commenced on 18 November 2006, which renumbered subsections in s 159(1) and added midwives as a reporter group:

- (c) a nurse; or
- (ca) an enrolled nurse; or
- (cb) a midwife

This may be expected to have produced an increase in reports by this group, but probably only very moderate due to the restricted scope of the reporting duty.

New exception in 159(3) (commencing 1 August 2006)

Section 159(3) provided an exception for not reporting and was inserted by ***Children and Young People Amendment Act 2006 (Act 6)*** s 16, which commenced on 1 August 2006. The exception applied if a reporter had a reasonable belief that someone else has made a report about the same child or young person in relation to the same abuse or neglect¹⁵ and the other person reported the same reasons for their belief as the person has for their belief.

If anything, this may be expected to have produced a slight decline in the number of multiple reports about the same child.

Children and Young Persons Act 2008 (commencing 27 October 2008)

The Children and Young Persons Act 2008, which commenced on 27 October 2008, made the following changes:

- some provisions were renumbered (the key mandated reporting provision, formerly s 159, was renumbered s 356, without changing the scope; the offence provision for a false or misleading mandatory report is in s 358; immunity was provided, in s 874; confidentiality was provided, in s 857; the exception in the former s 159(3) was renumbered s 357(1) ie where a reporter has a reasonable belief that someone else has made a report about the same child or young person in relation to the same abuse, and the other person reported the same reasons for their belief as the person has for their belief;
- there was a clarification of the scope of some mandated reporter groups (s 356) by stating that:
 - ‘teacher’ at a school includes a teacher’s assistant or aide if the person is in paid employment at the school;
 - person caring for a child at a childcare centre includes a childcare assistant or aide caring for a child at the childcare centre if they are in paid employment there (but not volunteers caring for a child).
- a new exception was added by s 357(2) for not reporting in situations where a reporter had a reasonable belief that physical injury was caused to a child by another child or young person, and a person with parental responsibility for the child is willing and able to protect the child from further injury
 - if this kind of situation was previously being reported (erroneously) then this may be expected to produce a small decline in reports of physical injury.

Change in penalty (commencing 21 October 2009)

The penalty was unchanged in its form but in substance it is higher, due to changes in the definition of a ‘penalty unit’. A penalty unit was redefined as \$110 in the Legislation Act s 133, by the Legislation (Penalty Units) Amendment Act 2009 (No 35), so from 21 October 2009 to 31 December 2012 the penalty was 50 penalty units (\$5500), 6 months’ imprisonment, or both.

New reporter group: home education inspectors (commencing 20 September 2010)

An addition was made to the list of mandated reporters in s 356(2)(g) of ‘persons authorized to inspect education programs, materials or other records used for home education of a child or young person’ as a

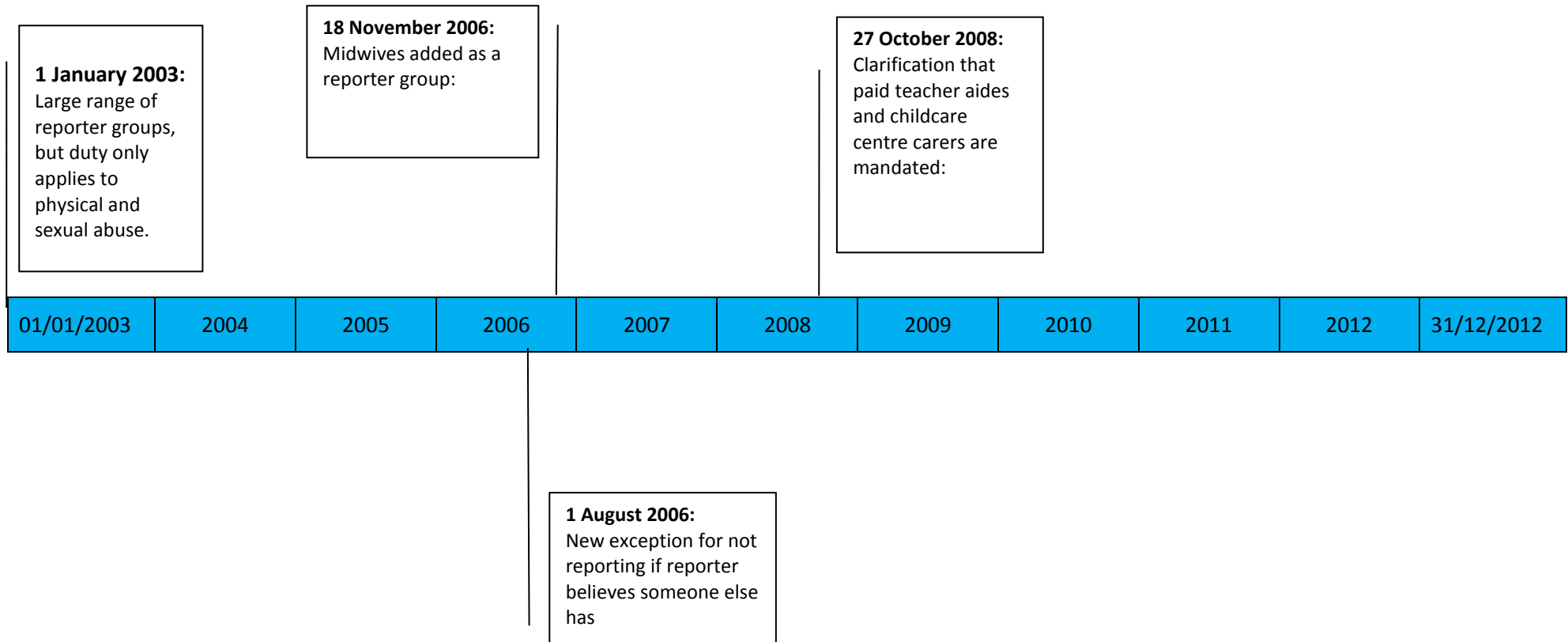
¹⁵ This wording appears to imply that the reporting duty can apply to neglect. However, the reporting duty is clearly expressed as being limited to sexual abuse and intentional physical injury. Neglect can certainly cause physical injury, but any physical injury caused by neglect is arguably usually caused without intention, at least in contrast to the kind of physical injury caused intentionally by physical abuse. At most, this inclusion arguably should be limited to situations of physical injury caused intentionally by neglect. Alternatively, this is a drafting error and should be amended. Based on the clear definitions of ‘abuse’ and ‘neglect’ in ss 342 and 343, in my view it is a drafting error.

mandated reporter group (inserted by Children and Young People Amendment Act 2010 (No 2)). Due to the small population of this group of mandated reporters, and the narrow scope of the reporting duty, this change may not be expected to cause much difference in reporting practice.

1.5.1.3. Current position: Australian Capital Territory

The duty is limited to intentional physical injury and sexual abuse, but is applied to a wide range of professionals. A very substantial penalty is provided, and uniquely in Australia includes the possibility of imprisonment. Provisions indicate situations in which a report is not required. A suspected drafting error in these provisions may confuse reporters about whether or not neglect and emotional abuse must be reported.

Figure 1.1: Timeline showing key developments, Australian Capital Territory, 2003-2012



1.5.2. New South Wales

1.5.2.1. Original position at 1 January 2003: New South Wales

Children and Young Persons (Care and Protection) Act 1998

At 1 January 2003, in New South Wales the *Children and Young Persons (Care and Protection) Act 1998* (NSW) imposed a broad range of mandatory reporting obligations. Under s 23, the duty applied to a broad range of types of child abuse and neglect. This range of reportable types included exposure to domestic violence, and NSW at the time was the only State to include such a duty. The state of mind activating the duty was 'reasonable grounds to suspect a child is at risk of harm'. The duty applied to both suspected past/present harm, and to risk of suspected future harm. Under s 27, the duty was extended to a broad range of professionals in professions including education, health, welfare and law enforcement who delivered services to children, and to those in management positions in these organisations. The penalty was 200 penalty units, which equated to \$22,000. A limiting feature in this legislation compared to most other jurisdictions was that a 'child' was defined as a person under 16; hence the reporting duty only applied to those aged 15 or under (s 3). Immunity from proceedings was provided by s 29(1)(a)-(e). Confidentiality was conferred by s 29(1)(f).

An unusually broad range and definition of 'risk of harm'

For the purpose of the mandatory reporting duty, a child was defined as being 'at risk of harm' by s 23 'if current concerns existed for the safety, welfare or well-being of the child' because of any of the following circumstances:

- (a) the child's or young person's basic physical or psychological needs are not being met or are at risk of not being met,
- (b) the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive necessary medical care,
- (c) the child or young person has been, or is at risk of being, physically or sexually abused or ill-treated,
- (d) the child or young person is living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm,
- (e) a parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm.

The definition in s 23 was broad in three ways:

- 1) By predicating the duty with the opening clause 'if current concerns exist for the safety, welfare or well-being of the child', the provision was premised on broader and more slippery concepts than other jurisdictions' legislation which imposed clearer limits on reportable cases of, for example, significant physical abuse and neglect;
- 2) By not clearly limiting the reporting duty in all cases to situations of significant harm; for example, with physical abuse, the legislation was drafted as applying where the child 'has been, or is at risk of being, physically abused or mistreated';
- 3) By including exposure to domestic violence, albeit technically limiting reportable situations to those situations where the child was at risk of serious physical or psychological harm. It can be noted that this provision may have influenced a likelihood among reporters, especially police officers, to be

unable or unwilling to discriminate amongst different domestic violence cases and hence to 'overreport').

Therefore, key features of the New South Wales definition provision which worked with the reporting duty provision may be expected to have influenced a much higher tendency towards reporting, including the reporting of cases which were of minimal gravity (overreporting).

The definition combined with the reporting provision in s 27 as follows:

27 Mandatory reporting

(1) This section applies to:

(a) a person who, in the course of his or her professional work or other paid employment delivers health care, welfare, education, children's services, residential services, or law enforcement, wholly or partly, to children, and

(b) a person who holds a management position in an organisation the duties of which include direct responsibility for, or direct supervision of, the provision of health care, welfare, education, children's services, residential services, or law enforcement, wholly or partly, to children.

(2) If:

(a) a person to whom this section applies has reasonable grounds to suspect that a child is at risk of harm, and

(b) those grounds arise during the course of or from the person's work,

the person must, as soon as practicable, report to the Director-General the name, or a description, of the child and the grounds for suspecting that the child is at risk of harm.

The penalty in s 27 of \$22,000 was also unusually high and should also be noted as a factor possibly influencing reporting practice.

1.5.2.2. Key changes, 2003-12: New South Wales

A new category of mandated report (commencing 30 March 2007)

The *Children and Young Persons (Care and Protection) Miscellaneous Amendments Act 2006 No 95* (Sch 1 [1], commencing 30 March 2007), amended s 23 by adding a new category of mandated report, in s 23(f). Reports were required of situations where a child was the subject of a pre-natal report and 'the birth mother of the child did not engage successfully with support services to eliminate, or minimize to the lowest level reasonably practical, the risk factors that gave rise to the report'. This is also a broader reporting duty generally not replicated elsewhere.¹⁶

¹⁶ A note to s 25 was added by this Act Sch 1 [2], stating that the intention of s 25 reports were (a) to allow assistance and support to be provided to the expectant mother to reduce the likelihood that her child, when born, will need to be placed in out-of-home care, and (b) to provide early information that a child who is not yet born may be at risk of harm subsequent to his or her birth, and (c) in conjunction with section 23 (f) and section 27, to provide for mandatory reporting if there are reasonable grounds to believe that the child is at risk of harm subsequent to his or her birth.

Major changes: the Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009 No 13, Schedule 1.1 (commencing 24 January 2010)

After the Wood Inquiry into child protection in New South Wales, four substantial amendments were introduced which affected the concept of harm, a new category of reportable harm, the penalty provision, and reporting mechanisms.

(i) Change to concept of harm – ‘significant’ harm (commencing 24 January 2010)

The *Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009 No 13* (hereafter referred to as the Wood legislation) added a qualification of ‘significant harm’ to the reporting duty in s 23 definition of ‘risk of harm’ (Sch 1.1). This limited the class of reportable cases in a clearer manner than had previously existed (Sch 1.1[1] and [2]). This was achieved by:

- changing the heading (so it reads ‘Section 23 Child or young person at risk of significant harm’);
- adding the word ‘significant’ to s 23(1) (so the sentence reads: ‘a child or young person is at risk of significant harm’ rather than the previous ‘at risk of harm’)
- adding the words ‘to a significant extent’ so the sentence reads as follows:

23 Child or young person at risk of significant harm

For the purposes of this Part and Part 3, a child or young person is at risk of significant harm if current concerns exist for the safety, welfare or well-being of the child or young person because of the presence, to a significant extent, of any one or more of the following circumstances.

If the previous unqualified concept of harm did in fact influence hypersensitive reporting (overreporting, or the making of clearly unnecessary reports) before this change, then if this change has been conveyed to reporters, it may be expected that there has been a reduction in such practice – ie fewer ‘clearly unnecessary’ reports – especially for exposure to domestic violence and neglect.

(ii) New category of reportable harm: school attendance (commencing 24 January 2010)

The Wood legislation added a new s 23(b1) which required reports where parents or caregivers have not arranged and are unable or unwilling to arrange for the child to receive an education where they are required to attend school in accordance with the Education Act 1990.

This may be expected to have resulted in an increase in reports under this category (or as a type of neglect).

(iii) Major change by removing the penalty from s 27(2) (commencing 24 January 2010)

At 1 January 2003, the penalty for failure to report was maximum of 200 penalty units. This equated to \$22 000 (see Table 6). In a major change, the Wood legislation removed the penalty from s 27 (Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009 No 13, Schedule 1.1 [7]).¹⁷

If the penalty previously had any influence on hypersensitive reporting (overreporting, or the making of clearly unnecessary reports), then if this change has been conveyed to reporters one may expect a reduction in such practice ie fewer ‘clearly unnecessary’ reports.

(iv) Alternative reporting via s 27A (commencing 24 January 2010)

¹⁷ Amendments to the NSW CYP (CP) Act made by the Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009 related to the Wood Inquiry recommendations 6.2 and 10.1.

To enable the new focus on differential response which was promoted by the Wood legislation, the amendments also added a new s 27A (Sch 1.1 [8]). This enabled mandated reporters to make a report to the assessment officer of designated agencies who had created such arrangements (Child Well Being Units: eg in health, education, police and juvenile justice) (s 27A(2)), and this report would meet the mandated reporter's duty under s 27 (S 27A(6)).

After receiving the report, the assessment officer is to assess whether the matter should be reported to the Director-General under s 27 (s 27A(3)).

- **If so**, then the assessment officer or the reporter must report the matter to the Director-General (s 27A(4)).
- **If not**, the assessor or the staff member may, if either have concerns for the wellbeing for the child, make such referral or take such action as considered necessary or appropriate (or as is reasonably available) to safeguard or promote the safety, welfare and well-being of the child (s 27A(5)).
- Under these arrangements, the normal protections to reporters are provided (s 29(1)(a)-(c) provides immunity; s 29(1)(f) confers confidentiality).

This new scheme may be expected to also reduce the number of reports of more minor concerns to the Director-General.

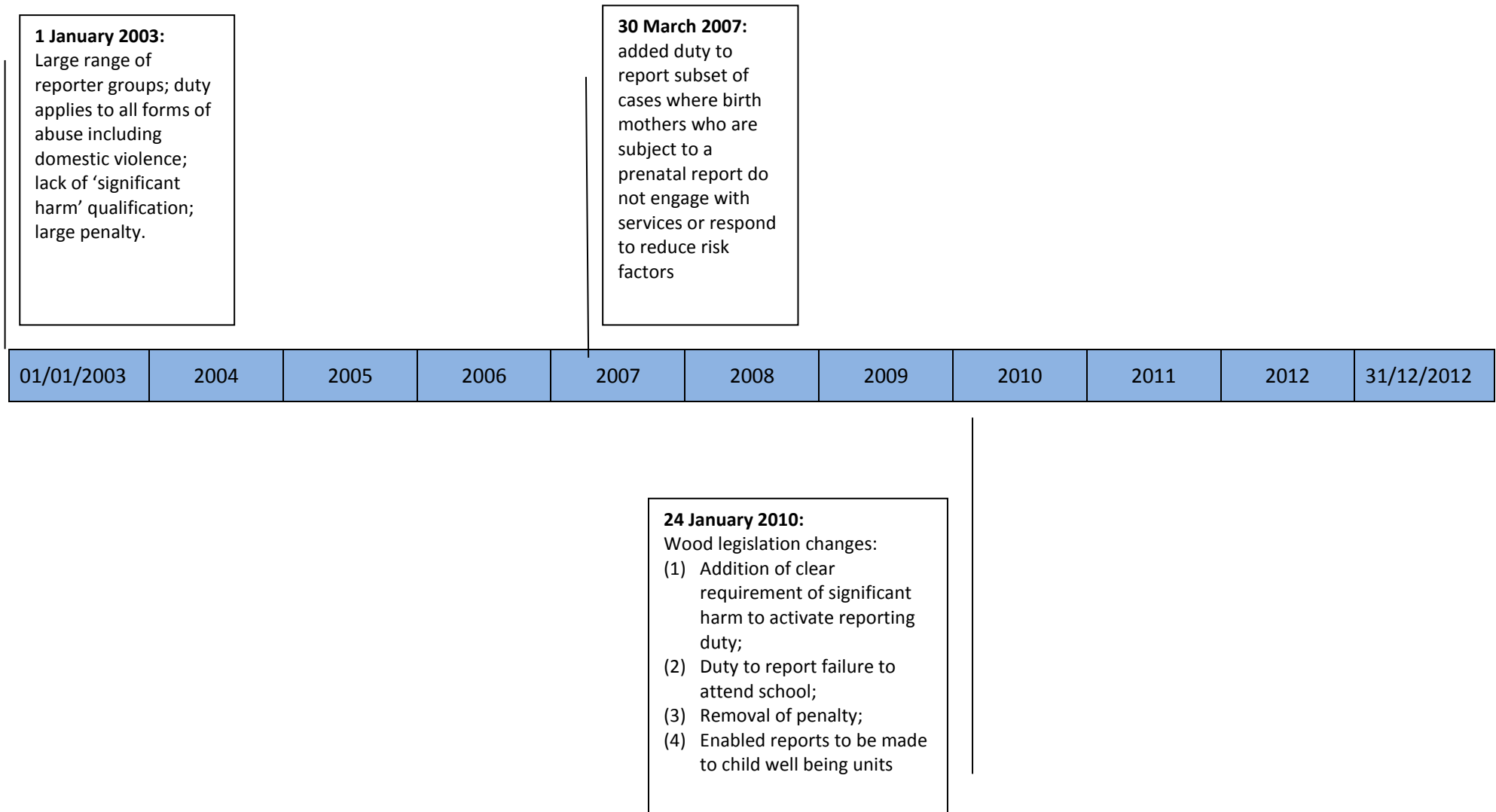
1.5.2.3. Current position: New South Wales

There have been no further changes after the Wood legislation. Therefore, the current situation, existing since 24 January 2010, is that members of a broad range of professions are required to report current concerns for the safety, welfare or well-being of a child because of the presence, to a significant extent, of (s 23)(1):

- (a) the child's basic physical or psychological needs are not being met or are at risk of not being met;
- (b) lack of necessary medical care and the parents' caregivers are unable or unwilling to arrange it;
- (b1) lack of education in accordance with the Education Act;
- (c) the child has been or is at risk of being physically or sexually abused or ill-treated;
- (d) the child is living in a household where there have been incidents of domestic violence and as a consequence the child is at risk of serious physical or psychological harm
- (e) a parent/caregiver has behaved in such a way towards the child that the child has suffered or is at risk of suffering serious psychological harm;
- (f) the child was subject of a prenatal report and the birth mother and the mother did not engage successfully with support services to eliminate, or minimize to the lowest level reasonably practical, the risk factors that gave rise to the report'.

No penalty exists for noncompliance.

Figure 1.2: Timeline showing key developments, New South Wales, 2003-2012



1.5.3. Northern Territory

1.5.3.1. Original position at 1 January 2003: Northern Territory

Community Welfare Act 1983

At 1 January 2003, the *Community Welfare Act 1983* (No 76)¹⁸ contained wide mandatory reporting provisions which, uniquely for Australian jurisdictions, applied to all persons (s 14); a separate provision specifically applied to police officers (s 13).¹⁹ Section 14 required a person ‘who believes, on reasonable grounds, that a child has suffered or is suffering maltreatment’ to report it. The state of mind activating the duty was belief on reasonable grounds. Section 4(3) defined ‘maltreatment’ to include physical, emotional, psychological and sexual abuse, with a threshold of significance indicated by the concepts of ‘seriousness’, ‘severity’ and other stipulated qualifications regarding the injury caused or likely to be caused; it extended to risk of abuse and neglect to this degree (see below). It also contained a specific reference to female genital mutilation (s 4(3)(e)). Because of the definition of ‘maltreatment’ in s 4(3), the duty applied to abuse and neglect thought to have already occurred or to be presently occurring, and to situations where there was believed to be a substantial risk of such abuse and neglect. The maximum penalty was 200 penalty units.²⁰ Immunity from liability for making a report was provided by s 14(2). Confidentiality was indirectly protected by s 97, although this was not as clear a protection as existed elsewhere.

Under the definition in s 4(3) operating from 2003, a child was deemed ‘to have suffered maltreatment where –

(a) he or she has suffered a physical injury causing temporary or permanent disfigurement or serious pain or has suffered impairment of a bodily function or the normal reserve or flexibility of a bodily function, inflicted or allowed to be inflicted by a parent, guardian or person having the custody of him or her or where there is substantial risk of his suffering such an injury or impairment;

(b) he or she has suffered serious emotional or intellectual impairment evidenced by severe psychological or social malfunctioning measured by the commonly accepted standards of the community to which he or she belongs, because of his or her physical surroundings, nutritional or other deprivation, or the emotional or social environment in which he or she is living or where there is a substantial risk that such surroundings, deprivation or environment will cause such emotional or intellectual impairment;

¹⁸ This Act and its original mandatory reporting provisions commenced on 20 April 1984. Note the addition at some point of the FGM subsection, and of the ‘or she’ after the original provisions’ use of only the male pronoun.

¹⁹ **13. Investigation of maltreatment** - (1) Where a member of the Police Force believes on reasonable grounds that a child has suffered or is suffering maltreatment, he or she – (a) shall, as soon as practicable, notify the Minister of the circumstances and the knowledge that constitutes the reasonable grounds for his or her so believing; and (b) may investigate the circumstances to ascertain if the child has suffered or is suffering maltreatment. (2) Where a member of the Police Force carries out an investigation under subsection (1)(b), he or she shall, within 24 hours after completing the investigation, furnish to the Minister a report on his or her investigations and, if he or she is satisfied on reasonable grounds that the child has suffered maltreatment, all material facts on which the knowledge that constitutes the reasonable grounds for his or her belief is based.

²⁰ **14. Maltreatment to be reported** - (1) A person, not being a member of the Police Force, who believes, on reasonable grounds, that a child has suffered or is suffering maltreatment shall, as soon as practicable after obtaining the knowledge that constitutes the reasonable grounds for his or her so believing, report the fact, and all material facts on which that knowledge is based, to the Minister or a member of the Police Force. Penalty: 200 penalty units.

(c) he or she has suffered serious physical impairment evidenced by severe bodily malfunctioning, because of his or her physical surroundings, nutritional or other deprivation, or the emotional or social environment in which he or she is living or where there is substantial risk that such surroundings, deprivation or environment will cause such impairment;

(d) he or she has been sexually abused or exploited, or where there is substantial risk of such abuse or exploitation occurring, and his or her parents, guardians or persons having the custody of him or her are unable or unwilling to protect him or her from such abuse or exploitation; or

(e) being a female, she – (i) has been subjected, or there is substantial risk that she will be subjected, to female genital mutilation, as defined in section 186A of the Criminal Code; or (ii) has been taken, or there is a substantial risk that she will be taken, from the Territory with the intention of having female genital mutilation performed on her.’

1.5.3.2. Key changes, 2003-12: Northern Territory

The *Community Welfare Act 1983* was amended by several Acts until 2007, but not substantially.²¹

Major change from ‘maltreatment’ to ‘harm’ and inclusion of exposure to physical violence (commencing 8 December 2008)

The *Care and Protection of Children Act 2007 (Act 37)* received assent on 12 December 2007, and Chapter 2 Part 2.1 (the new mandatory reporting provisions) commenced on 8 December 2008.²² Until then, the MR provisions in the CWA effectively continued. From 8 December 2008, the key provisions in the *Care and Protection of Children Act 2007* applied, replacing the former *Community Welfare Act 1983*.

These new provisions in the *Care and Protection of Children Act 2007* had the following effects:

- The **key change** was replacing the concept of maltreatment with the concept of **‘harm’**, which was defined very broadly in s 15 (including exposure of a child to domestic violence, provided the harm threshold was reached). ‘Harm’ was defined as:
 - (1) **any significant detrimental effect** caused by any act, omission or circumstance on:
 - (a) the physical, psychological or emotional **wellbeing** of the child; or
 - (b) the physical, psychological or emotional **development** of the child.
 - (2) Without limiting subsection (1), harm can be caused by the following:
 - (a) physical, psychological or emotional abuse or neglect of the child;
 - (b) sexual abuse or other exploitation of the child;
 - (c) **exposure of the child to physical violence**.
- Defining **‘exploitation’** (s 16) to include sexual and other forms of exploitation of the child. Section 16(2) non-exhaustively defined sexual exploitation as including (a) sexual abuse; and (b) involving the child as a participant or spectator in (i) An act of a sexual nature; (ii) Prostitution; or (iii) A pornographic performance.
- Placing the reporting duty in s 26 in the following terms:
 - (1) A person is guilty of an offence if the person:
 - (a) believes, on reasonable grounds, that a child:
 - (i) has been or is likely to be a victim of a sexual offence; or

²¹ Earlier, a significant amendment had occurred in 2002 when ss 12-14 were amended by the *Community Welfare Amendment Act 2002* (Act No. 61, 2002; commenced 9 December 2002) s 10, which increased the maximum penalty from \$500 to 200 penalty units.

²² Chapter 1 (definitions) commenced on 7 May 2008 and other provisions.

(ii) otherwise has suffered or is likely to suffer harm or exploitation; and

(b) does not, as soon as possible after forming that belief, report (orally or in writing) to the CEO or a police officer.

- Immunity from proceedings was provided by s 27. Confidentiality was indirectly protected by s 97, although this was not as clear a protection as existed elsewhere. The maximum penalty was 200 penalty units.

The new concepts and definitions of harm are arguably broader than the previous concept of maltreatment and the definitions of it. This may be expected to have produced an increase in reports in most categories, and especially for the new category of exposure to physical violence.

Further significant change regarding sexual abuse reporting (commencing 1 September 2009)

The *Care and Protection of Children Amendment Act 2009 (Act 23)* repealed and substituted s 26. This had the effect of:²³

- Simplifying but not substantially altering the primary existing reporting duty
- Adding duties regarding selected sexual abuse scenarios as follows:
 - Adding a secondary reporting duty regarding a belief on reasonable grounds that a child aged **less than 14** has been or is likely to be a victim of a sexual offence,²⁴ or an offence against s 128 of the Criminal Code (a child 16-17 years old and under the offender's special care eg teacher or step-parent)
 - Adding a reporting duty for health practitioners, and others performing work of a kind prescribed by regulation, who believe on reasonable grounds that a child **aged 14 but less than 16** has been or is likely to be a victim of a sexual offence and the difference in age between the child and alleged offender is more than 2 years.

This, together with the context accompanying the legislative change, may be expected to have produced a significant increase in reports of sexual abuse from September 2009.

²³ Influenced by the federal government intervention? The provision read as follows: Section 26 - repeal, substitute:

26 Reporting obligations

(1) **A person** is guilty of an offence if the person:

(a) believes, on reasonable grounds, any of the following:

(i) a child has suffered or is likely to suffer **harm** or **exploitation**;

(ii) a child aged less than 14 years **has been or is likely to be a victim of a sexual offence**;

(iii) a child has been or is likely to be a victim of an **offence against section 128** of the Criminal Code; and

(b) does not, as soon as possible after forming that belief, report (orally or in writing) to the CEO or a police officer:

(i) that belief; and (ii) any knowledge of the person forming the grounds for that belief; and

(iii) any factual circumstances on which that knowledge is based.

Maximum penalty: 200 penalty units.

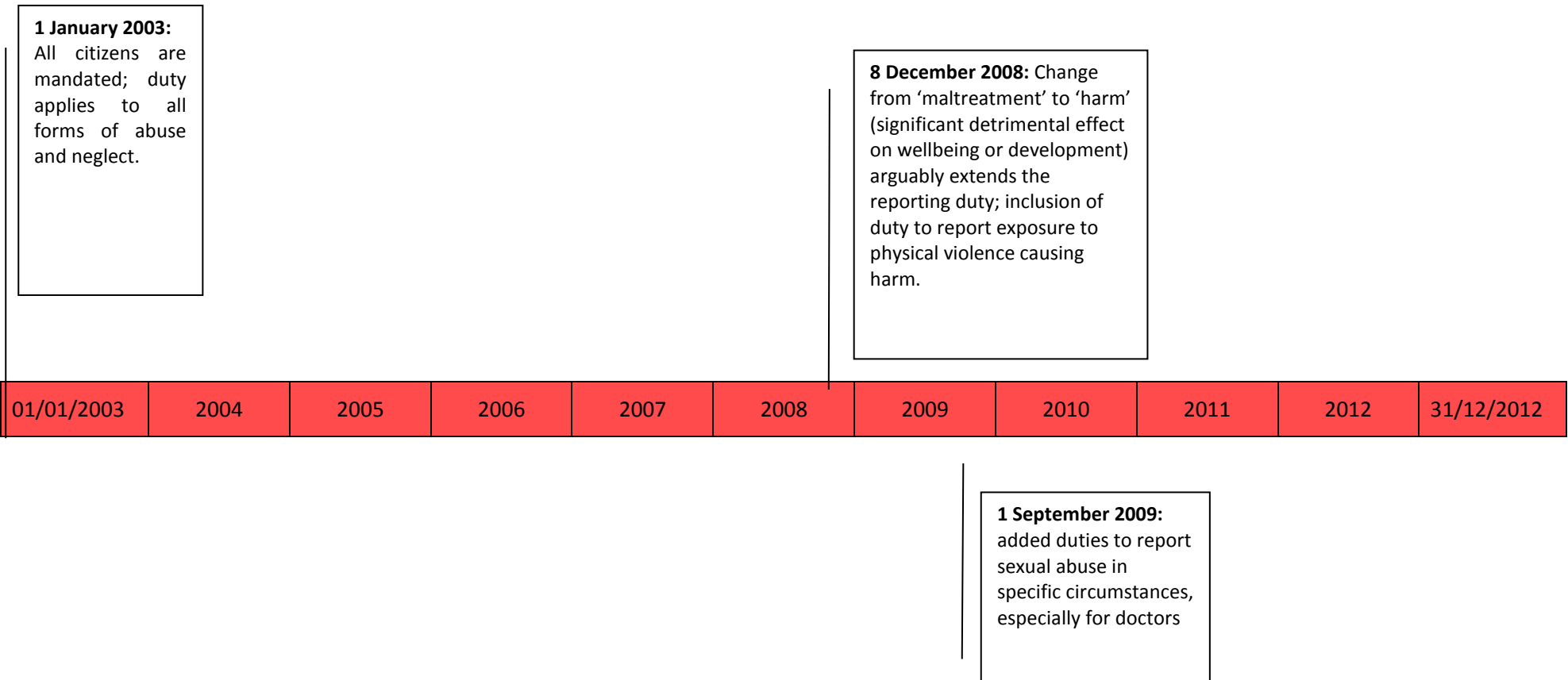
(2) A person is guilty of an offence if the person:

(a) is a **health practitioner** or someone who performs work of a kind that is prescribed by regulation; and

(b) believes, on reasonable grounds: (i) that a child aged at least 14 years (but less than 16 years) **has been or is likely to be a victim of a sexual offence**; and (ii) that the **difference in age between the child and alleged sexual offender is more than 2 years**; and (c) does not, as soon as possible after forming that belief, report (orally or in writing) to the CEO or a police officer: (i) that belief; and (ii) any knowledge of the person forming the grounds for that belief; and (iii) any factual circumstances on which that knowledge is based. Maximum penalty: 200 penalty units.

²⁴ For the definition of 'sexual offence', see the Sexual Offences (Evidence and Procedure) Act s 3.

Figure 1.3: Timeline showing key developments, Northern Territory, 2003-2012



1.5.4. Queensland

1.5.4.1. Original position at 1 January 2003: Queensland

Health Act 1937 (Qld): Original legislation for doctors

At 1 January 2003, doctors were the only profession in Queensland who had any form of mandatory reporting duty. The duty was in the *Health Act 1937* (Qld) s76K(1). The provision was unlike any other in Australia. The provision required a ‘medical practitioner’ who suspects on reasonable grounds the ‘maltreatment or neglect of a child in such a manner as to subject or be likely to subject the child to unnecessary injury, suffering or danger’ to report within 24 hours to a person authorised under a regulation to be notified.²⁵ Apart from the stated concepts of ‘unnecessary injury, suffering or danger’, the terms ‘maltreatment’ and ‘neglect’ were not defined. The terms ‘unnecessary injury, suffering or danger’ were not otherwise defined. ‘Child’ was defined as a person under the age of 17 (s 76M). Immunity from proceedings was conferred by ss 76K(6) and (7). Also unusually, there was no penalty for failure to comply.

Due to the broad concepts in this reporting duty, it may be expected that doctors would be reporting substantial numbers of cases. However, the lack of a penalty may also have influenced a failure to report.

No legislation for nurses, teachers, police and other professionals

At 1 January 2003, doctors were the only profession in Queensland under any form of mandatory reporting duty.

1.5.4.2. Key changes, 2013-12: Queensland

The legislation has changed significantly in the period 2003-2012, especially for nurses and teachers. Queensland has now introduced new mandatory reporting legislation for doctors and nurses, for all four forms of child abuse and neglect. There is also mandatory reporting provisions for school staff, although this duty is very limited (applying to sexual abuse only). However, the reporting duties in Queensland are still narrower than most other jurisdictions.

Major legislative change for doctors, and applying to nurses – broader duties (commencing 31 August 2005)

The *Child Safety Legislation Amendment Act (No. 2) 2004* (No. 36)²⁶ amended the *Health Act 1937* to extend doctors’ reporting duties and made the provisions much more specific and detailed.²⁷ In a major development, these provisions were also extended to nurses. These provisions imposed a wide reporting duty for all four classical forms of child abuse and neglect, provided the suspected harm reached the necessary threshold of ‘significance’. The duty applied to an awareness or reasonable suspicion that abuse/neglect that had already occurred, and to suspected risk of harm.

²⁵ This provision was inserted in 1978 by Act No 65 s 9 but was never proclaimed into force. It was omitted in 1980 by Act No 26 s 3. It was then inserted in 1980 by the *Health Act Amendment Act (No 26)* s 4 (commenced 14 June 1980); and was (not substantially) amended in 1995 by Act No 57 s 4 sch 1; and by Act No 58 s 4 sch 2; and in 1998 by Act No 41 s 14(1) sch 1.

²⁶ This Act commenced on 31 August 2005 (2005 SL No. 62).

²⁷ Context of the change: The Child Safety Legislation Amendment Bill 2004 (Qld) (No 2) pursuant to recommendation 6.13 of the Crime and Misconduct Commission 2004 report into sexual abuse of children in Queensland foster care, sought to amend the Health Act by extending the obligation imposed on medical practitioners to nurses.

The provisions had the following effects:

- Added a new s 76K containing new definitions of ‘child’ (an individual under 18), ‘harm’, ‘professional’ (a doctor or registered nurse) and ‘registered nurse’ (a person registered under the *Nursing Act 1992* as a registered nurse)
- ‘Harm’ to a child was defined in s 76K as meaning:
 - ‘any detrimental effect on the child’s physical, psychological or emotional wellbeing (a) that is of a significant nature; and
 - (b) that has been caused by
 - (i) physical, psychological or emotional abuse or neglect; or
 - (ii) sexual abuse or exploitation’
- Section 76KC imposed the reporting duty in the following terms:
 - This section applies if—
 - a professional becomes aware, or reasonably suspects, during the practice of his or her profession, that a child **has been, is being, or is likely to be, harmed**; and
 - as far as the professional is aware, no other professional has notified the chief executive (child safety) under this section about the harm or likely harm.
 - ‘(2) The professional must immediately give notice of the harm or likely harm to the chief executive (child safety)— orally; or by facsimile, email or similar communication.
 - (4) To remove any doubt, it is declared that a professional may need to seek further information about harm or likely harm to a child before forming a reasonable suspicion about the matter.
- Under s 76KD if the notification was given other than in writing, then it had to be provided in writing within 7 days.
- Under s 76KE if the notification required under 76KC or 76KD was not given, a maximum penalty was provided of 50 penalty units (\$3750).
- Immunity from liability for giving information **to a professional** was provided by s 76KG.
- The *Child Protection Act 1999* ss 22 and 186 were expressly provided to be relevant to a professional giving a notice or other information under these provisions, by s 76KB(1). Confidentiality was also provided to notifiers by s 76KH.

Public Health Act 2005

The relevant provisions in the *Health Act 1937* were then placed into the *Public Health Act 2005 (No 48)* (Qld), which commenced 1 December 2005.²⁸ The PHA 2005 (No 48) Sch 1 amended the *Health Act 1937* and omitted Part 3, which contained the reporting provisions. Accordingly, since 1 December 2005 the relevant provisions for doctors and nurses have been in the *Public Health Act 2005*. The key provisions are in Chapter 5 Part 3. The provisions are unaltered from the original *Public Health Act 2005*, but are renumbered.

Section 158 defines relevant terms. Section 191 sets out the duty. The state of mind which activates the duty to report is ‘aware, or reasonably suspects’. The duty applies to awareness or reasonable suspicion of past/presently occurring abuse/neglect meeting the definition of significant harm, and extends to suspected likely future abuse/risk of significant harm. The term ‘harm’ is defined in s 158 as ‘any detrimental effect on the child’s physical, psychological or emotional wellbeing (a) that is of a significant nature; and (b) that has been caused by (i) physical, psychological or emotional abuse or neglect;

²⁸ The *Health Act 1937* (Qld) was amended by the *Child Safety Legislation Amendment Act (No 2) 2004* (Qld), with the relevant amending provisions in Pt 8 of that statute commencing on 31 August 2005 (SL 2005 No 62). The provisions in the *Health Act 1937* were later omitted and inserted into the *Public Health Act 2005* (Qld), operational on 1 March 2006.

or (ii) sexual abuse or exploitation'.²⁹ Section 195 provides protection for giving information to professionals. Section 196 confers confidentiality on notifiers. The *Child Protection Act 1999* ss 22 and 186 are expressly provided to be relevant to a professional giving a notice or other information under these provisions, by the *Public Health Act* s 186(2). Section 193 is the offence provision (maximum 50 penalty units; which now equates to \$5500).

New duty for teachers to report sexual abuse by school staff (commencing 19 April 2004)

From 19 April 2004, teachers were required to report reasonable suspicions of specific circumstances of suspected sexual abuse only. The provisions were introduced into the *Education (General Provisions) Act 1989* (Qld) ss 146A-146B (applying to State and non-State schools respectively) by the *Education and Other Legislation (Student Protection) Amendment Act 2003* (Qld) (No 88 of 2003).³⁰

However, even this restricted duty was limited, as the legislation restricted the duty to cases of suspected sexual abuse **perpetrated by a school staff member**.³¹ The duty was also limited to suspected **past and presently** occurring abuse; it did not apply to suspected future cases. The provisions imposed an obligation on a staff member of a school who 'becomes aware, or reasonably suspects, that a student under 18 years of age attending the school has been sexually abused by someone else who is an employee of the school' to immediately give a written report about the abuse or suspected abuse to the school's principal or the principal's supervisor. It was made an offence not to give such a report (s 146A(2); s 146B(2): maximum penalty of 20 penalty units (\$1500)). Reporters were granted immunity from civil and criminal liability connected with making the report (s 146A(6) and (7); s 146B(5) and (6)). Confidentiality was not expressly conferred, and was arguably not conferred by the *Child Protection Act 1999* (Qld) s 186 (see Part 1.5.4.3).

Despite the unique limitations of the duty, it is likely that this development would result in a significant increase in reports by teachers of sexual abuse from April 2004. Technically, reports under EGPA were meant to be made to police rather than the Department. However, it is possible that some of these reports were made to both police and the Department. In addition, it is unlikely that teachers would restrict their reports of sexual abuse to those cases where the suspected perpetrator was a school staff member.³² It seems reasonable to hypothesise that the new duty, albeit limited, would have produced an increase in reports by teachers to the Department about other cases of suspected sexual abuse; that is, suspected cases beyond those specified in EGPA.

²⁹ There is no clear legislative obligation to report suspected abuse or likely abuse/neglect or harm to an unborn child. The CPA s 21A and s 22 enables such reports and s 22 provides protections to those who make such reports.

³⁰ This Act was passed on 18 November 2003, but the provisions relevant here (in Part 4 of the amending Act) commenced on 19 April 2004. Under ss 365 and 366 (after amt from 146A and 146B, the teacher made the report to the principal; the principal was then required to report to the CE's nominee; the nominee was then required to report to the police: overall, a series of four steps in the reporting chain (s 146A). For non-State schools, there were only three steps (teacher – principal or director of school's governing body – police): s 146B.

³¹ The new 2004 obligation was motivated by the findings of the 2003 Report Of The Board Of Inquiry Into Past Handling Of Complaints Of Sexual Abuse In The Anglican Church Diocese Of Brisbane (O'Callaghan and Briggs, 2003), and in substance was primarily directed at managing educational authorities' legal liability in cases of sexual abuse of students by school staff, rather than being concerned with a broader child protection agenda. The explanatory notes to the Education and Other Legislation (Student Protection) Amendment Bill 2003 state that the object of these provisions is to ensure there is an appropriate response to complaints of sexual abuse of school children by school-based employees. The Bill was motivated by the report of a Ministerial Taskforce which was formed to act on the recommendations of the Anglican Church Report (ACR). The explanatory notes observe that the ACR 'highlighted the issue of sexual abuse in schools and weaknesses in existing systems for checking and monitoring the suitability of teaching and non-teaching staff to work with children and for responding to complaints of sexual abuse perpetrated in school settings.'

³² Research has shown that teachers almost unanimously believed they were required by legislation to report all cases of child sexual abuse: Mathews, Walsh, Butler and Farrell 2009.

Minor change to name of legislation (commencing 11 August 2006)

There was no change to this situation until 2006, when the title of legislation changed to the *Education (General Provisions) Act 2006* (No. 39) commencing 11 August 2006. The key provisions were renumbered ss 364-366, with no change to their content.

Minor change to clarify children who were the object of the legislation's concern

Sections 365 and 366 were amended by the *Education and Training Legislation Amendment Act 2009* (No 40) to clarify that the duty applied to 'any of the following' who the staff member was aware or reasonably suspected had been sexually abused by another person who is an employee of the school –

- A student under 18 years attending the school;
- A pre-preparatory age child registered in a pre-preparatory learning program at the school;
- A person with a disability who is being provided with special education at the school.

Major amendment to require reports of all cases of sexual abuse, and likely future sexual abuse (commencing 9 July 2012)

Substantial change occurred in 2012. The uniquely restricted position for teachers' reporting of child sexual abuse was amended in 2012 by the *Education and Training Legislation Amendment Act 2011* (Qld) (No 39), which commenced on 9 July 2012. The key changes, in Part 3 of the amending Act, were:

1. To define (non-exhaustively) the concept of 'sexual abuse';
2. To extend the reporting duty to all suspected cases of sexual abuse, without limiting the class of reportable cases by perpetrator;
3. To extend the reporting duty to suspected 'likely sexual abuse' (new ss 365A and 366A);
4. To create in State schools a more direct chain of reporting (teacher to principal to police officer (3 steps); previously teacher to principal to CE's nominee to police (4 steps))
5. To enable delegation of the reporting function by a non-State school's governing body director, both where the governing body has only one director (new s 366B(1) and (2)), and where there are more than one director (new s 366B(3) and (4)).

It can be expected that these changes influenced an increase in reports by teachers of child sexual abuse.

1.5.4.3. Current position: Queensland

Current position for doctors and nurses under the Public Health Act 2005

There have been no further changes since 2005, apart from the value of the penalty due to change in the definition of 'penalty unit' (see Table 6).

In sum, the changes to the *Public Health Act* can be expected to have had a major impact on reporting of all forms of abuse and neglect by doctors and nurses since 31 August 2005.

Current position for teachers

Under the current law, the key provisions are in Chapter 12 Part 10 (ss 364-366B). Section 364 defines relevant terms, including 'employee' and 'sexual abuse'. Unlike the other Queensland legislation (PHA), and in contrast to all other Australian jurisdictions except WA, 'sexual abuse' is defined in s 364 in extensive conceptual terms which do not include plain explanations of the kinds of acts included – namely:

'sexual abuse' includes sexual behaviour involving the relevant person and another person in the following circumstances—

- (a) the other person bribes, coerces, exploits, threatens or is violent toward the relevant person;
- (b) the relevant person has less power than the other person;
- (c) there is a significant disparity between the relevant person and the other person in intellectual capacity or maturity.

Sections 365 and 366 set out the duty to report sexual abuse for staff members of State and non-State schools respectively. This duty applies to suspected cases of sexual abuse that have already occurred, or which are occurring. Sections 365A and 366A set out the duty for staff members of State and non-State schools respectively to report suspected *likely* sexual abuse. This duty applies to suspected cases of sexual abuse that have not yet occurred, but which are thought likely to occur (an example is where the suspicion arises by observing the child being groomed for abuse).

In the case of ss 365 and 366, the state of mind which activates the duty to report exists when the staff member 'becomes aware, or reasonably suspects, in the course of the staff member's employment at the school'. In the case of ss 365A and 366A, the state of mind which activates the duty to report exists when the staff member 'reasonably suspects, in the course of the staff member's employment at the school'. The report must be written, and provided immediately (365(2); 365A(2); 366(2); 366A(2)). For suspected cases of past and present abuse, a penalty for noncompliance exists of 20 penalty units (\$2200).³³ However, no penalty is attached to the obligation to report suspected likely abuse.³⁴

Immunity from civil, criminal and administrative proceedings in relation to a report made in good faith is conferred (ss 365(6) and (7), 365A(8) and (9), 366(5) and (6), and 366A(7) and (8)). Confidentiality of the reporter's identity is not expressly conferred by EGPA; arguably, it also is not conferred by the *Child Protection Act 1999* (Qld) s 186, which applies to those who make reports directly to police, the CEO of the Department administering the CPA, or an authorized officer.³⁵

Important note

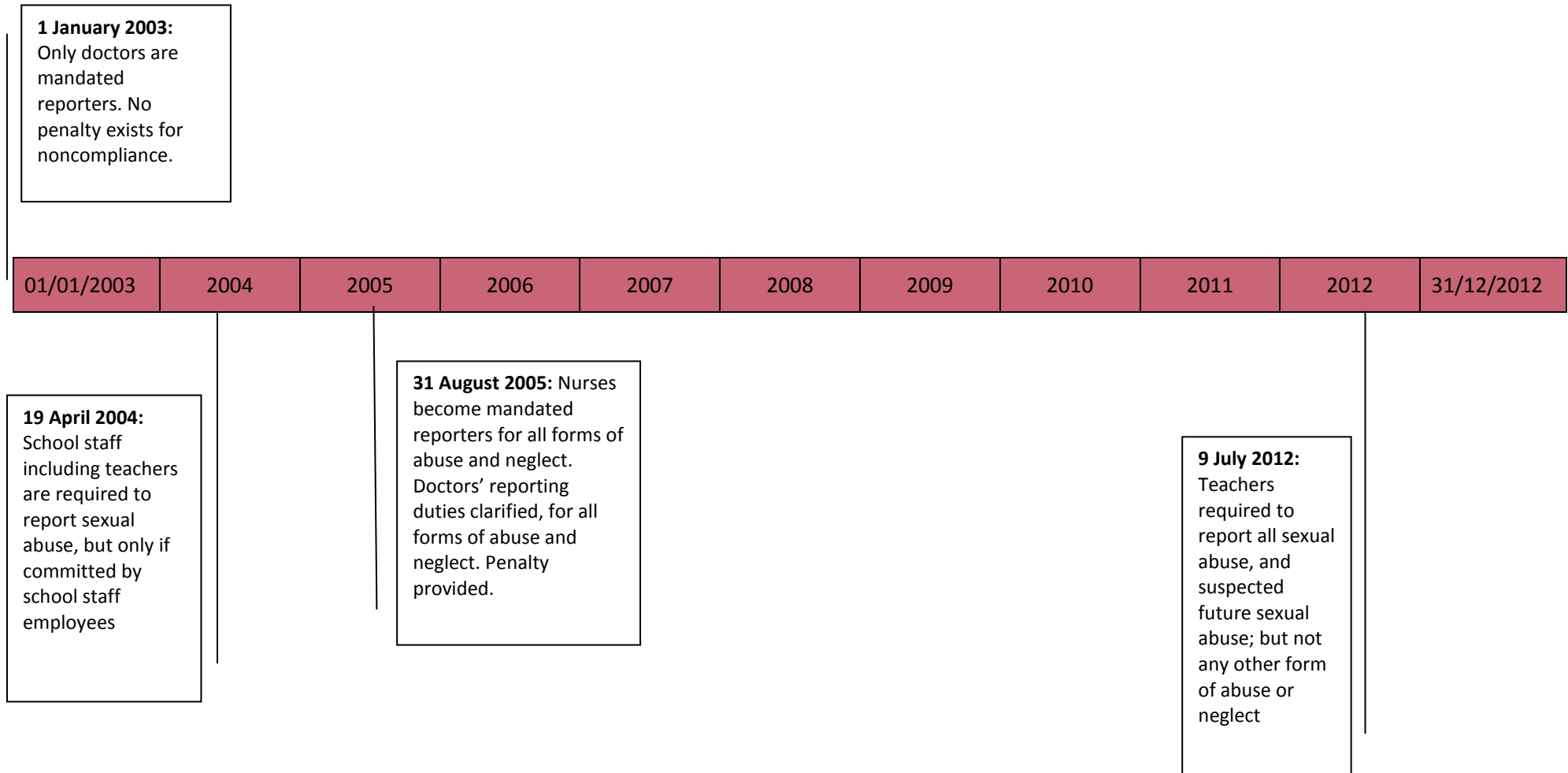
In 2014, the *Child Protection Reform Amendment Act 2014* (Qld) was passed, which will make substantial changes to Queensland's mandatory reporting legislation. These changes will shift Queensland's position towards the current position in Victoria. The changes will broaden some mandatory reporting duties, but will narrow others. The changes also will introduce a more formal statutory footing for differential response pathways.

³³ Under the Penalties and Sentences Act 1992 (Qld), a penalty unit is \$110: s 5(1)(d).

³⁴ **Reporting procedures.** Reports must contain certain details as set out in the *Education (General Provisions) Regulations 2006* (Qld) (r 68 for past/present; r 68A for suspected likely abuse). In **State schools**, for past/present and suspected likely abuse respectively, reports must be made to the principal or the principal's supervisor (365(2); 365A(2)); this person must then give a copy of that report to a police officer (365(4); 365A(5)). If the person suspecting abuse is the principal, the principal must give a written report to a police officer (365(2A); 365A(3)). If the report is about suspected abuse by a State school employee, a report must also be given to a person nominated by the chief executive (365(4A) and (5); 365A(6) and (7)). In **non-State schools**, for past/present and suspected likely abuse respectively, reports must be made to the principal or a director of the school's governing body (366(2); 366A(2)); this person must then give a copy of that report to a police officer (366(4); 366A(6)). If the person suspecting abuse is the principal, the principal must give a written report to a police officer (366(2A); 366A(3)) and to a director of the school's governing body (366(2B); 366A(4)).

³⁵ Technically, there may therefore be a gap in the EGPA provisions in the lack of an express provision of confidentiality. The CPA s 186 arguably does not confer confidentiality on a report made under EGPA to a school principal because under Schedule 3 of the CPA, an 'authorised officer' is defined as 'a person holding office as an authorised officer under an appointment *under this Act*' (authors' emphasis). A school principal does not hold office under the CPA and so a teacher making a report to the principal may not be satisfactorily protected.

Figure 1.4: Timeline showing key developments, Queensland, 2003-2012



1.5.5. South Australia

1.5.5.1. Original position at 1 January 2003: South Australia

Children's Protection Act 1993

In South Australia at 1 January 2003, the *Children's Protection Act 1993* (SA) s 11(1) imposed a broad range of mandatory reporting duties for all four classical forms of abuse and neglect. 'Abuse or neglect' was defined in s 6(1) to include:

- (a) sexual abuse; or
- (b) physical or emotional abuse, or neglect, to the extent that:
 - (i) the child has suffered, or is likely to suffer, physical or psychological injury detrimental to the child's wellbeing; or
 - (ii) the child's physical or psychological development is in jeopardy

Therefore, there was a significance threshold for all types of abuse/neglect other than sexual abuse. Section 11(1)(a) imposed the reporting duty on a designated person who 'suspects on reasonable grounds that a child has been or is being abused or neglected'. In addition, s 10 included within the concept of 'abuse or neglect' 'a reasonable likelihood, in terms of s 6(2)(b), of the child being killed, injured, abused or neglected by a person with whom the child resides'.³⁶ Therefore, there was also a qualified duty to report suspected risk of future abuse/neglect.

Section 11(1) imposed the duty when the suspicion was formed in the course of the person's work (whether paid or voluntary) or of carrying out official duties. Immunity was conferred by s 12. Confidentiality was conferred by s 13. The penalty for noncompliance was \$2500.

Section 11(2) imposed the duty on a broad range of professionals:

- (a) medical practitioners
- (ab) pharmacists
- (b) registered or enrolled nurses
- (c) dentists
- (d) psychologists
- (e) police
- (f) community corrections officers
- (g) social workers
- (h) teachers in any educational institution including a kindergarten
- (i) approved family day care providers
- (j) employees and volunteers in government departments or local government or non-government agencies providing health, welfare, education, child care or residential services wholly or partly for children, whether being a person who (i) is engaged in actual delivery of those services; or (ii) holds a management position.

³⁶ Section 6(2)(b) provided that 'a child is at risk if a person with whom the child resides (whether a guardian of the child or not) (i) has threatened to kill or injure the child and there is a reasonable likelihood of the threat being carried out; **or** (ii) has killed, abused or neglected some other child or children and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person'.

1.5.5.2. Key changes, 2013-12: South Australia

There have been no substantial, significant changes to the legislation from 2003 to 2012.³⁷ However, some changes have occurred which may influence reporting practice, especially the addition of new mandated reporter groups.

Increased penalty, and new mandated reporters from religious organisations, and sporting or recreational organisations (commencing 31/12/2006)

The *Children's Protection (Miscellaneous) Amendment Act 2005* (SA) (No 76) s 10(1) increased the penalty to \$10,000. It may be expected that this may produce more defensive reporting from 2007 onwards, but data analysis will indicate whether or not this appears to have occurred.

The *Children's Protection (Miscellaneous) Amendment Act 2005* s 10(2) also added new categories of mandated reporters as follows:

- (ga) a minister of religion;
- (gb) a person who is an employee of, or volunteer in, an organization formed for religious or spiritual purposes;

However, a limit was placed on clergy's mandated reporting duty by the 2005 Act s 10(5) inserting a new s 11(4) as follows:

- (4) This section **does not** require a priest or other minister of religion to divulge information communicated in the course of a confession made in accordance with the rules and usages of the relevant religion.

In addition, s 10(4) added to s 11(2)(j) '**sporting or recreational**' organisations to the list of services included in the mandatory reporting organisations.

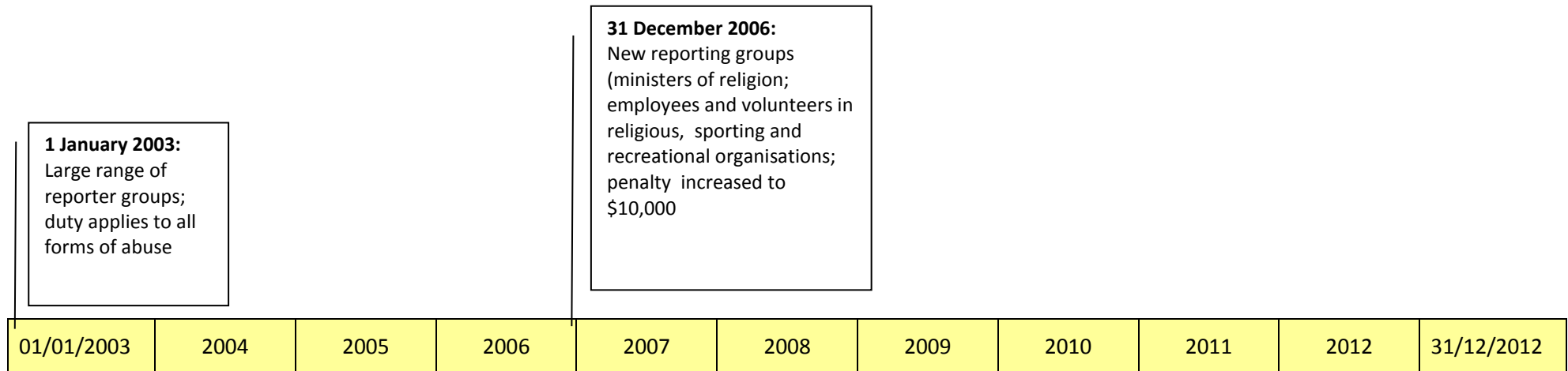
These changes may be expected to produce an increase in reports from these groups of professionals.

1.5.5.3. Current position: South Australia

The duty applies to report reasonable suspicions of all forms of abuse and neglect (but not exposure to domestic violence) with a significance threshold applied to all forms except sexual abuse, requiring the child to have suffered, or to be likely to suffer, physical or psychological injury detrimental to the child's wellbeing; or to the extent that the child's physical or psychological development is in jeopardy. The duty is applied to a very broad range of persons. There is a somewhat limited duty to report suspected risk of future abuse and neglect. Immunity is conferred by s 12. Confidentiality is conferred by s 13. The penalty is \$10,000.

³⁷ Although it is interesting to note that the *Children's Protection (Implementation of Report Recommendations) Amendment Act 2009* (No 65) (commenced 31 December 2009), which made insubstantial amendments to the wording of s 11(2)(j), also inserted a new s 11(6), which makes it an offence to threaten or intimidate, or cause damage, loss or disadvantage to a mandated reporter because the person has made or proposes to make a report (maximum penalty \$10,000).

Figure 1.5: Timeline showing key developments, South Australia, 2003-2012



1.5.6. Tasmania

1.5.6.1. Original position at 1 January 2003: Tasmania

At 1 January 2003, the *Children, Young Persons and Their Families Act 1997* (Tas) s 14(2) imposed a broad range of mandatory reporting duties for all four classical forms of child abuse and neglect.³⁸

Section 3(1) defined ‘abuse or neglect’ as meaning:

- (a) sexual abuse; or
- (b) physical or emotional injury or other abuse, or neglect, to the extent that:
 - (i) the injured, abused or neglected person has suffered, or is likely to suffer, physical or psychological harm detrimental to the person’s wellbeing; or
 - (ii) the injured, abused or neglected person’s physical or psychological development is in jeopardy.

Therefore, there was a significance threshold for all types of abuse and neglect other than sexual abuse. This was conceptualised in the same way as the South Australian provision.

Section 14(1) imposed the duty on a very broad range of professionals whether paid or voluntary (see below). Section 14(2) imposed the reporting duty on any of these designated persons who ‘believes, or suspects, on reasonable grounds, or knows, (a) that a child has been or is being abused or neglected; or (b) that there is a reasonable likelihood of a child being killed or abused or neglected by a person with whom the child resides’. Section 14(2) imposed the duty when the suspicion was formed in the course of the person’s work (whether paid or voluntary) or of carrying out official duties. Immunity was conferred by s 15.³⁹ Confidentiality was conferred by 16. The penalty for noncompliance was 20 penalty units which at the time equated to \$2000 as a penalty unit was \$100 (see Appendix; this was increased in 2007 to \$120; hence \$2400).

14. Informing of concern about abuse or neglect

- (1) In this section, ‘prescribed person’ means –
 - (a) a registered medical practitioner; and
 - (b) a nurse, within the meaning of the Nursing Act 1995; and
 - (c) a person who is registered as a dentist, dental therapist or dental hygienist under the Dental Practitioners Registration Act 2001; and
 - (d) a registered psychologist, within the meaning of the Psychologists Registration Act 1976; and
 - (e) a police officer; and

³⁸ ‘Child’ was defined as meaning a person under 18 years of age.

³⁹ Section 15 was later repealed 28 June 2011; amended by Children, Young Persons and Their Families Amendment Act 2011 (No 15) comm 28 June 2011; and was replaced by the Children, Young Persons and Their Families Amendment Act 2011 (No 15) inserting s 101A, comm 28 June 2011).

- (f) a departmental employee, within the meaning of the Police Regulation Act 1898; and
- (g) a probation officer appointed under section 4 of the Probation of Offenders Act 1973; and
- (h) a principal and a teacher in any educational institution (including a kindergarten); and
- (i) a person who provides child care, or a child care service, for fee or reward; and
- (j) a person concerned in the management of a child care service licensed under Part 6 of the Child Welfare Act 1960; and
- (k) any other person who is employed or engaged as an employee for, of or in, or who is a volunteer in – (i) a Government Agency that provides health, welfare, education, child care or residential services wholly or partly for children; and (ii) an organisation that receives any funding from the Crown for the provision of such services; and
- (l) any other person of a class determined by the Minister by notice in the Gazette to be prescribed persons.

(2) If a prescribed person, in carrying out official duties or in the course of his or her work (whether paid or voluntary), believes, or suspects, on reasonable grounds, or knows –

(a) that a child has been or is being abused or neglected; or

(b) that there is a reasonable likelihood of a child being killed or abused or neglected by a person with whom the child resides –

the prescribed person must inform the Secretary of that belief, suspicion or knowledge as soon as practicable after he or she forms the belief or suspicion or gains the knowledge.

1.5.6.2. Key changes, 2003-12: Tasmania

Minor changes

Some features of the Tasmanian context have not changed in this period, such as the definitions in s 3. Other relatively minor changes have occurred. The penalty changed slightly in 2007 from a maximum of \$2000 to \$2400 (see Table 6).

Substantial changes

However, there have been some more substantial changes. These include the addition of two new types of abuse and neglect which must be reported (new duties to report exposure to domestic violence, and a duty to report prenatally that a child born is reasonably likely to suffer abuse/neglect or to require medical treatment; new reporter groups; and new report destinations.

New duty to report exposure to family violence (commencing 30 March 2005)

Schedule 2 of the *Family Violence Act 2004 (No 67)* inserted the new duty to report a belief or suspicion on reasonable grounds, or knowledge, that a child 'is an affected child within the meaning of the FVA. This duty was added to s 14(2)(a). The FVA s 4 defined an 'affected child' **very broadly** to mean:

'a child whose safety, psychological wellbeing or interests are affected or likely to be affected by family violence'.

The term 'family violence' was then also defined **very broadly** in the FVA s 7 as –

(a) any of the following types of conduct committed by a person, directly or indirectly, against that person's spouse or partner:

(i) assault, including sexual assault;

(ii) threats, coercion, intimidation or verbal abuse;

(iii) abduction;

(iv) stalking within the meaning of section 192 of the Criminal Code;

(v) attempting or threatening to commit conduct referred to in subparagraph (i), (ii), (iii) or (iv); or

(b) any of the following:

(i) economic abuse;

(ii) emotional abuse or intimidation;

(iii) contravening an external family violence order, an interim FVO, an FVO or a PFVO.

This new duty, and the very wide definitions of 'affected child' and 'family violence' may reasonably be expected to have caused a substantial increase in reports in this category from 2005 onwards.

New duty to report prenatally (commencing 1 August 2009)

This amendment created another new class of abuse or neglect required to be reported. The *Children, Young Persons and Their Families Amendment Act 2009 (No. 22 of 2009)* s 6 inserted a new s 14(2)(c) requiring reports by prescribed persons who believe, or suspect, on reasonable grounds, or know -

(c) while a woman is pregnant, that there is a reasonable likelihood that after the birth of the child—

(i) the child will suffer abuse or neglect, or may be killed by a person with whom the child is likely to reside; or

(ii) the child will require medical treatment or other intervention as a result of the behaviour of the woman, or another person with whom the woman resides or is likely to reside, **before** the birth of the child.

The first part of the duty aims to protect children from a reasonable likelihood of abuse or neglect or death after birth. The second part of the duty aims to be able to provide medical treatment or other interventions due to prenatal maternal behaviour such as substance abuse, or other prenatal behaviour by the woman or a person with whom the woman lives.

This may reasonably be expected to have caused a substantial increase in reports in this category.

Reporting to a Community-Based Intake Service (commencing 1 August 2009)

The *Children, Young Persons and Their Families Amendment Act 2009 (No. 22 of 2009)* s 6 made amendments to s 14(2) concerning the person or agency to whom the report must be made. According to these new provisions, reports could be made either to the Secretary, or to a Community-Based Intake Service. This change was made to facilitate the new emphasis on differential response.

This may reasonably be expected to have caused a substantial decrease in reports to the Secretary, especially for less serious cases, and especially for neglect, emotional abuse, and exposure to family violence.

Addition of midwives as a reporter group (commencing 1 July 2010)

Midwives were added as a new reporter group in 2010, when the *Health Practitioner Regulation National Law (Tasmania) (Consequential Amendments) Act 2010* added a new s 14(1)(ba).

This may be expected to have had a slight influence on reporting by this group.

1.5.6.3. Current position: Tasmania

Section 14. Informing of concern about abuse or neglect

(1) In this section, 'prescribed person' means –

(a) a medical practitioner; and

(b) a registered nurse or enrolled nurse;

(ba) a person registered under the Health Practitioners Regulation National Law (Tasmania) in the midwifery profession;

(c) a person registered under the Health Practitioners Regulation National Law (Tasmania) in the dental profession as a dentist, dental therapist or dental hygienist; and

(d) a person registered under the Health Practitioners Regulation National Law (Tasmania) in the psychology profession; and

(e) a police officer; and

(g) a probation officer appointed under section 5 of the Corrections Act 1997; and

(h) a principal and a teacher in any educational institution (including a kindergarten); and

(i) a person who provides child care, or a child care service, for fee or reward; and

(j) a person concerned in the management of an approved education and care service, within the meaning of the Education and Care Services National Law (Tasmania), or a child care service licensed under the Child Care Act 2001); and

(k) any other person who is employed or engaged as an employee for, of or in, or who is a volunteer in –

(i) a Government Agency that provides health, welfare, education, child care or residential services wholly or partly for children; and

(ii) an organisation that receives any funding from the Crown for the provision of such services; and

(l) any other person of a class determined by the Minister by notice in the Gazette to be prescribed persons.

Section 14(2) If a prescribed person, in carrying out official duties or in the course of his or her work (whether paid or voluntary), believes, or suspects, on reasonable grounds, or knows –

(a) that a child has been or is being abused or neglected or is an affected child within the meaning of the Family Violence Act 2004; or

(b) that there is a reasonable likelihood of a child being killed or abused or neglected by a person with whom the child resides; or

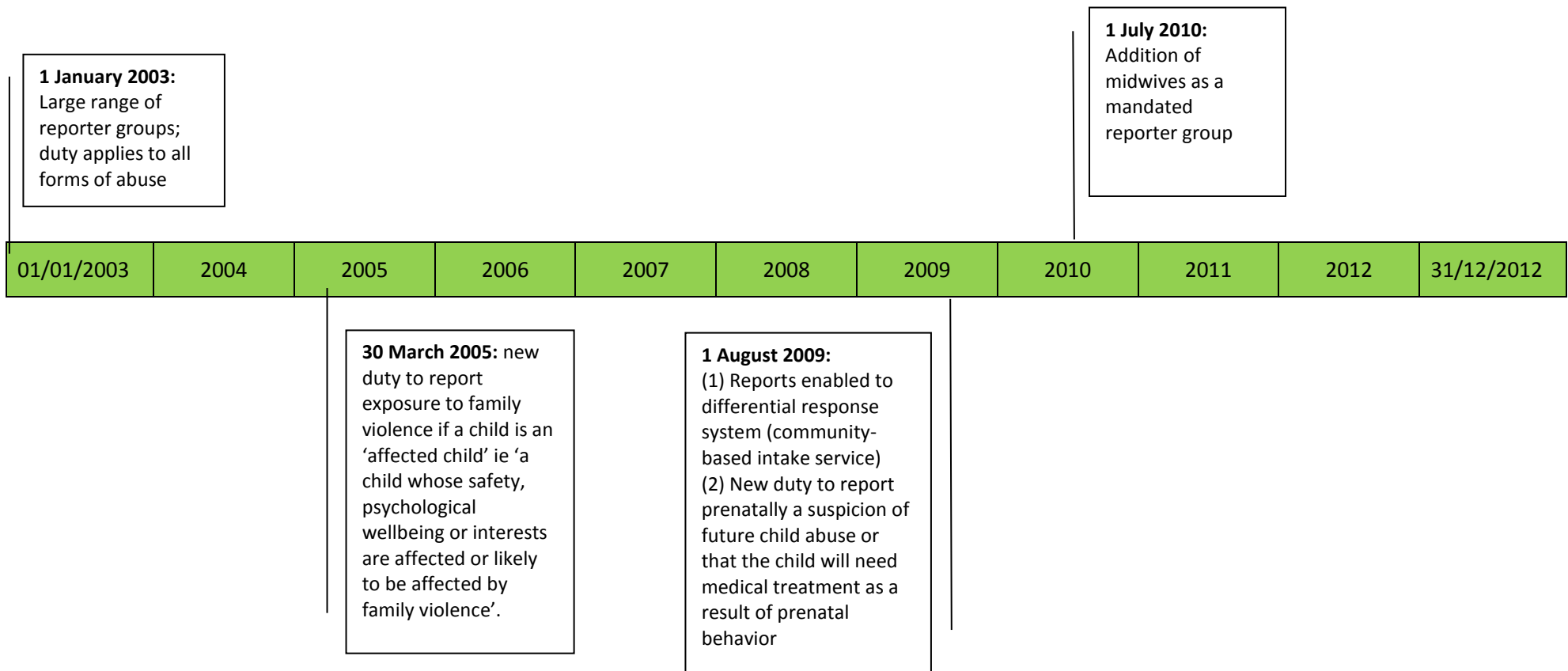
(c) while a woman is pregnant, that there is a reasonable likelihood that after the birth of the child—

(i) the child will suffer abuse or neglect, or may be killed by a person with whom the child is likely to reside; or

(ii) the child will require medical treatment or other intervention as a result of the behaviour of the woman, or another person with whom the woman resides or is likely to reside, before the birth of the child,

the prescribed person must inform the Secretary or a Community-Based Intake Service of that belief, suspicion or knowledge as soon as practicable after he or she forms the belief or suspicion or gains the knowledge.

Figure 1.6: Timeline showing key developments, Tasmania, 2003-2012



1.5.7. Victoria

1.5.7.1. Original position at 1 January 2003: Victoria

Children and Young Persons Act 1989

At 1 January 2003, the *Children and Young Persons Act 1989* (Vic) s 64(1A) imposed an obligation to report a 'belief on reasonable grounds that a child is in need of care and protection on a ground referred to in paragraph (c) or (d) of section 63' as soon as practicable after forming the belief, *and* after each occasion on which he or she becomes aware of any further reasonable grounds for the belief. The penalty was 10 penalty units.

Section 63 set out grounds on which a child would be defined as being 'in need of protection'. Section 63(c) and (d) stated (our emphasis):

(c) the child has suffered, or is likely to suffer, significant harm as a result of **physical injury**

and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;

(d) the child has suffered, or is likely to suffer, significant harm as a result of **sexual abuse and** the child's parents have not protected, or are unlikely to protect, the child from harm of that type;

Therefore, the duty was limited to two categories of abuse: physical 'injury' and sexual abuse. This made Victoria's reporting duty much narrower than existed in most other jurisdictions. This could be expected to produce a much lower number of reports.⁴⁰

In addition, the duty imposed a threshold of significance of harm, which, uniquely, even applied to sexual abuse. In practice, this would not be expected to reduce reports of sexual abuse, but would have the reasonable intention to limit reports of physical abuse to sufficiently serious cases.

Victoria's parental protection clause: unique Australian provision

Further, Victoria is the only jurisdiction which has as part of its mandatory reporting provision a clause further limiting the duty to cases in which not only is the harm/abuse condition met, but the reporter must believe 'the child's parents have not protected, or are unlikely to protect, the child from harm of that type'. This clause, in the mandatory reporting context, seems redundant as if the harm or abuse has already happened, then clearly the child's parents did not protect the child from that harm or abuse. Arguably, this element of Victoria's provision is unsatisfactory. The different conceptual nature of Victoria's provisions seems to stem from these provision being grounded in situations where a child can be defined as being 'in need of protection' – and hence being able to be subject to formal court orders relating to child protection - rather than a true mandatory reporting provision, which is aimed merely at a preliminary identification by designated professionals of cases of abuse/harm, for the related subsequent purpose of government agencies assessing the child's situation and what, if anything, needs to be done to help the child, and the family, including but not limited to the making of child protection orders. The two types of provisions are therefore conceptually different: the mandatory reporting provision focuses on the identification of the child who has suffered abuse or harm. It differs from the 'in need of protection' provision which focuses on the condition required to warrant government agency intervention and hence the justifiable scope of State

⁴⁰ The effect on the number of reports is not affected by the discussion on the scope of subsection (c) in Appendix 1 below, as even if the broader view is correct, there would be relatively few cases of neglect causing such a degree of physical injury.

intervention. The ‘able parent’ assessment for mandated reporters is arguably not appropriate in a mandatory reporting provision. Not only does it possess a different conceptual nature; it is asking more of a mandatory reporter than is reasonably possible (at least in many cases), and is beyond their reasonable capacity, skill and appropriate professional role. In no other jurisdiction is the mandated reporter expected to undertake such an assessment.

It is unlikely that in practice, reporters would be making such assessments at all, or even if they were, to conclude that a seriously physically or sexually abused child had in fact been protected by their parents from harm or would be in future.⁴¹ Accordingly, it is not likely that this qualification would reduce the number of reports. Nevertheless, data analysis may indicate whether this unique qualification appears to affect reporting practice.

Confidentiality was conferred by s 64(4). Immunity was conferred by s 64(3)(a) (professional ethics) and (b) (other liability).

The obligation was imposed on a **wide range of professionals, as follows:** (note that seven of the 14 subsections were operational at 1 January 2003; three had commenced on 4 November 1993; four commenced on 18 July 1994; seven **others had not commenced at 1 January 2003**).⁴²

Section 64(1C): Sub-section (1A) [the duty to report] applies to a person referred to in any of the following paragraphs on and from the relevant date—

- (a) a registered medical practitioner within the meaning of the Medical Practice Act 1994;
- (b) a registered psychologist within the meaning of the Psychologists Registration Act 2000;
- (c) a person registered under the Nurses Act 1993;
- (d) a person registered as a teacher under Part III of the Education Act 1958 or permitted to teach under that Part (including by virtue of section 44(4) and (5) of that Act);

⁴¹ There may be some cases where the child may have been harmed by a third party (that is, not one of the child’s parents) and the child’s parents are able to protect the child from future harm; but even in these cases, the reporter would need to also have knowledge of these circumstances to prevent the duty being activated. Moreover, the types of case in which these circumstances can be readily conceived are not the types of case of child physical abuse which were the target of mandatory reporting laws. An example might be a situation where a child has been physically injured by a school peer, and the child’s parent knows of this, the child’s parent has taken action to prevent further harm to the child, and the reporter knows all these facts. Yet, the type of case of physical injury to a child which was the target of mandatory reporting laws involves a situation of severe harm to a highly vulnerable child in which the parent is the perpetrator, and the reporter may or may not know this, and may have had no or little prior interaction with the child’s parent. To impose a general limit on the activation of a mandatory reporting duty by requiring the reporter to calculate the parent’s previous or future protective capacity relating to the child would defeat the purposes of a mandatory reporting provision. These are: to enable identification of severe abuse cases by professionals outside the child’s family; to enable expert assessment of the child’s (and the family’s) situation; to determine what support the child (and family) needs; to facilitate that support; and to take any further action if necessary against the perpetrator of the serious physical or sexual abuse. It is beyond the power and capacity of mandated reporters to engage in such investigative tasks in most cases of serious physical harm, and it is also beyond parental power to undertake some of these tasks. This applies even more clearly to cases of sexual abuse. See further Table 1.7.

⁴² Section 64(1C)(a), (c) and (i): Government Gazette 28 October 1993, page 2932: The Governor in Council ordered that 4 November 1993 be the date fixed for the purposes of paragraphs (a), (c) and (i) of section 64(1C) of the Act (ie applying mandatory reporting duty to medical practitioners, nurses, and police officers). Section 64(1C)(d), (da), (db) and (e): Government Gazette 14 July 1994, page 1977: The Governor in Council ordered that 18 July 1994 be the date fixed for the purposes of paragraphs (d)(da)(db) and (e) (ie applying mandatory reporting duty to teachers and school principals).

- (da) a person appointed to an office in the teaching service under the Teaching Service Act 1981 or employed under Division 4 of Part II of that Act;
- (db) a person employed under section 15B(1)(a)(i) of the Education Act 1958;
- (e) the head teacher or principal of a State school within the meaning of the Education Act 1958 or of a school registered under Part III of that Act;
- (f) the proprietor of, or a person with a postsecondary qualification in the care, education or minding of children who is employed by, a children's service to which the Children's Services Act 1996 applies or a person nominated under section 16(2)(b)(iii) of that Act;
- (g) a person with a post-secondary qualification in youth, social or welfare work who works in the health, education or community or welfare services field and who is not referred to in paragraph (h);
- (h) a person employed under Part 3 of the Public Sector Management and Employment Act 1998 to perform the duties of a youth and child welfare worker;
- (i) a member of the police force;
- (j) a probation officer;
- (k) a youth parole officer;
- (l) a member of a prescribed class of persons.

Some of these categories had been proclaimed, and so the following groups (essentially, doctors, nurses, police, teachers and principals) were mandated reporters at 1 January 2003:

These groups had been proclaimed effective 4 November 1993:

- (a) a registered medical practitioner within the meaning of the Medical Practice Act 1994;
- (c) a person registered under the Nurses Act 1993;
- (i) a member of the police force;

These groups had been proclaimed effective 18 July 1994:

- (d) a person registered as a teacher under Part III of the Education Act 1958 or permitted to teach under that Part (including by virtue of section 44(4) and (5) of that Act);
- (da) a person appointed to an office in the teaching service under the Teaching Service Act 1981 or employed under Division 4 of Part II of that Act;⁴³
- (db) a person employed under section 15B(1)(a)(i) of the Education Act 1958;⁴⁴

⁴³ In essence, those appointed to offices in the teaching service, and temporary employees.

⁴⁴ Under the Education Act 1958 s 5, 'non-teaching staff' are defined as teacher aides to assist teachers, teacher assistants to assist teachers in special developmental schools, and rural school aides to assist teachers in rural

(e) the head teacher or principal of a State school within the meaning of the Education Act 1958 or of a school registered under Part III of that Act;

However, several of these categories had not been proclaimed and so the following groups were **not** mandated reporters at 1 January 2003:

(b) a registered psychologist within the meaning of the Psychologists Registration Act 2000;

(j) a probation officer;

(f) the proprietor of, or a person with a postsecondary qualification in the care, education or minding of children who is employed by, a children's service to which the Children's Services Act 1996 applies or a person nominated under section 16(2)(b)(iii) of that Act;

(g) a person with a post-secondary qualification in youth, social or welfare work who works in the health, education or community or welfare services field and who is not referred to in paragraph (h);

(h) a person employed under Part 3 of the Public Sector Management and Employment Act 1998 to perform the duties of a youth and child welfare worker;

(k) a youth parole officer.

1.5.7.2. Key changes, 2013-12: Victoria

Children, Youth and Families Act 2005 (relevant provisions commenced 23 April 2007)

The *Children and Young Persons Act 1989* (No. 56 of 1989) was repealed on 23 April 2007 by s 601 of the *Children, Youth and Families Act 2005*, No. 96/2005. The CYFA 2005 incorporated the mandatory reporting provisions in Chapter 4 (Children in need of protection) and Part 4.4 (Reporting) (s 162, 182 ff).

The new legislation made no substantive changes to mandatory reporting provisions.⁴⁵ There was no change to the types of abuse that must be reported (provisions renumbered – now s 162(1)(c) and (d) for physical injury and sexual abuse respectively) or the nature of the reporting duty, for example, the state of mind required to activate the reporting duty.⁴⁶ The definition of 'child' as a person under 17 was not

primary schools. Section 15B(1)(a)(i) states that a council may employ any 'teaching staff' on a part-time or sessional basis. Read together, the provisions and their operation with subsection (db) of the reporting legislation **would** include as mandated reporters part-time or sessional teachers including assistant teachers, teachers on a special staff, and students in training, but **would not** include teacher aides or teacher assistants.

⁴⁵ However, note that the new s 184(4) specified that 'For the purposes of this section, a belief is a belief on reasonable grounds if a reasonable person practising the profession or carrying out the duties of the office, position or employment, as the case requires, would have formed the belief on those grounds'.

⁴⁶ The state of mind activating the reporting duty in s 184(1) was not altered by the new CYFA 2005. The provision still read: 'A mandatory reporter who, in the course of practicing his or her profession...forms the belief on reasonable grounds...must report'. Note that a new s 184(4) was inserted, stating that 'a belief is a belief on reasonable grounds if a reasonable person practising the profession...would have formed the belief on those grounds'. The explanatory memorandum to the bill states that Clause 184(4) 'clarifies the meaning of a belief on reasonable grounds in relation to mandatory reporters' (Children, Youth and Families Bill, Explanatory Memorandum, p 40). On one view (personal communication, Graham Brewster, 25 November 2013), s 184(4) introduces an objective 'reasonable person' test *to require of a reasonable practitioner that they actually form the belief in the relevant circumstances* to circumvent the problem of a reporter claiming they did not have a

amended (s 3). However, it is significant that s 31 enabled significant concerns regarding a child's wellbeing to be referred to a community-based child and family service. This was an aspect of the differential response mechanism built into the legislation at this time.⁴⁷

There were no changes to mandated reporter groups as when enacted, no further groups were gazetted as mandated reporters. The provisions were renumbered as follows in s 182(1)(a)-(l):⁴⁸

- (a) a registered medical practitioner;
- (b) a person registered under the Nurses Act 1993;
- (c) a person who is registered as a teacher under the Victorian Institute of Teaching Act 2001 or has been granted permission to teach under that Act;
- (d) the head teacher or principal of a State school within the meaning of the Education Act 1958 or of a school registered under Part III of that Act;
- (e) a member of the police force;
- (f) on and from the relevant date, the proprietor of, or a person with a post-secondary qualification in the care, education or minding of children who is employed by, a children's service to which the Children's Services Act 1996 applies or a person nominated under section 16(2)(b)(iii) of that Act;
- (g) on and from the relevant date, a person with a post-secondary qualification in youth, social or welfare work who works in the health, education or community or welfare services field and who is not referred to in paragraph (h);
- (h) on and from the relevant date, a person employed under Part 3 of the Public Administration Act 2004 to perform the duties of a youth and child welfare worker;
- (i) on and from the relevant date, a registered psychologist;
- (j) on and from the relevant date, a youth justice officer;
- (k) on and from the relevant date, a youth parole officer;

reasonable belief as an excuse for not reporting. But, the provision does not state this, and arguably only articulates the circumstances under which a reasonable belief that is *already formed* by a reporter will be deemed to be a reasonable belief, as opposed to one that is unreasonable. Hence, it does not appear to introduce a new, higher, requirement on the reporter to form a belief that a reasonable practitioner would, in any given circumstances.

⁴⁷ The Child and Family Information, Referral and Support Teams (ChildFIRST) system enabled individuals who have a significant concern about a child's wellbeing to refer their concern to ChildFIRST for help, rather than reporting to the department responsible for child protection (*Children, Youth and Families Act 2005* (Vic) s 31). This provision complements the mandatory reporting provisions, where reports of a child being 'in need of protection' must be made to the Secretary of the Department (s 184). Children and families who are referred to ChildFIRST are assessed and may be offered home-based family support or referred to other health and welfare services (s 33). ChildFIRST must forward reports to child protection services if the community-based child and family service considers that the situation may involve more significant harm or risk of harm; that is, that the child may be 'in need of protection' (s 33(2)). Similarly, reports made to child protective services may be redirected to ChildFIRST if deemed not to require a child protection response (ss 30, 187).

⁴⁸ Section 182(2) was the provision regarding the 'relevant date' and gazetting: (2) In paragraph (f), (g), (h), (i), (j), (k) or (l) of subsection (1) "the relevant date", in relation to a person or class of persons referred to in that paragraph, means the date fixed for the purposes of that paragraph by an Order made by the Governor in Council and published in the Government Gazette.

(l) on and from the relevant date, a member of a prescribed class of persons.

Therefore no change in reporting practice can be expected from this new legislative regime.

How harm may be constituted (commenced 23 April 2007)

A new s 162(2) was inserted by Children, Youth and Families (Consequential and Other Amendments) Act 2006 (No. 48/2006) to clarify that:

‘For the purposes of subsections (1)(c) to (1)(f), the harm may be constituted by a single act, omission or circumstance or accumulate through a series of acts, omissions or circumstances.’

It may be expected that this provision clarified the circumstances in which harm can be caused, while not having a direct influence on the number of reports.

Addition of midwives as a new mandated reporter group (commencing 1 July 2010)

Several statutes have made insubstantial amendments to incorporate changes to professional regulatory mechanisms and definitions.⁴⁹ However, the *Statute Law Amendment (National Health Practitioner Regulation) Act 2010 (No. 13 of 2010)*, in amending the definition of ‘nurse’ to add midwives, clearly adds midwives to the list of mandated reporter groups. This Act made several insubstantial amendments to definitions.⁵⁰ The more significant amendment was in Schedule item 12, which inserted a definition of ‘midwife’⁵¹ and added midwives to s 182 as a mandated reporter group as a subset of nurses.

12.4 For section 182(1)(b) substitute—

"(b) a nurse;

(ba) a midwife;"

⁴⁹ The Justice Legislation Amendment Act 2010 (No 30) made consequential amendments (comm 26 June 2010) as follows:

44 Statute law revision - (1) In section 184(1) of the **Children, Youth and Families Act 2005**, for "162(c) or 162(d)" substitute "162(1)(c) or 162(1)(d)".

The **Children's Services Amendment Act 2011** (No 80) s 79 (Sch. Item 2) commencing 1 January 2012) inserted a new s 182(fa) as follows:

2.3 In section 182(1), after paragraph (f) insert—

"(fa) on and from the relevant date, the approved provider or nominated supervisor of, or a person with a post-secondary qualification in the care, education or minding of children who is employed or engaged by an education and care service within the meaning of the Education and Care Services National Law (Victoria)".

Similar insubstantial amendments to s 182 were made by the Health Professions Registration Act 2005, No. 97/2005, and the Education and Training Reform Act 2006, No. 24/2006.

⁵⁰ For example, item 12.2 stated that In section 3(1)— (a) for the definition of registered medical practitioner substitute—"registered medical practitioner means a person registered under the Health Practitioner Regulation National Law to practise in the medical profession (other than as a student)"; (b) for the definition of registered psychologist substitute—"registered psychologist means a person registered under the Health Practitioner Regulation National Law to practise in the psychology profession (other than as a student)".

⁵¹ **12.3** In section 3(1), insert the following definitions—"midwife means a person registered under the Health Practitioner Regulation National Law—to practise in the nursing and midwifery profession as a midwife (other than as a student); and (b) in the register of midwives kept for that profession; "nurse" means a person registered under the Health Practitioner Regulation National Law to practise in the nursing and midwifery profession as a nurse (other than as a midwife or as a student)".

This may be expected to produce a small increase in reports by this group of professionals, perhaps especially about risk of physical injury.

Small change to penalty (commencing 1 July 2012)

In addition (see Table 6), since 1 July 2012, the penalty has been moderately raised through the combined operation of the *Sentencing Act 1991* (Vic), s 110 and the *Monetary Units Act 2004* s 11(1)(b). The value of a penalty unit for the 2012/13 financial year was \$140.84. So, the maximum penalty since 1 July 2012 has been \$1408. However, it is doubtful whether this increase (if reporters are even aware of it) has influenced reporting behaviour.

1.5.7.3. Current position: Victoria

There has been no substantial change to reporter groups apart from adding midwives to the existing doctors, nurses, police, teachers and principals, or expansion of the types of abuse and neglect which must be reported (still limited to physical injury and sexual abuse).

1.5.7.4. A note on the scope of s 162(1)(c) in Victoria

An issue arises as to whether the mandatory reporting duty in subsection (c) applies only to physical injury caused by *physical abuse*, or also to physical 'injury' caused by *neglect*.

This is a complex question to which there may not be a clear and indisputable answer. The provisions are somewhat ambiguous, and key terms (including, most critically, 'physical injury', but also 'physical development', 'health' and 'basic care') are not defined by the Act or by case law. Some contrasting insights are indicated here. It is ultimately a question of statutory interpretation whether the 'physical injury' reporting requirement in (c) applies to any cases of child neglect, and if so, to which cases.

To contextualise the discussion, the subsections regarding physical injury and neglectful circumstances respectively read as follows (in the original 1989 Act s 63(c) and (f), which are unchanged in the 2005 Act s 162(1)(c) and (f)):

'A child is in need of protection if any of the following grounds exist - ...

(c) the child has suffered, or is likely to suffer, significant harm as a result of *physical injury* and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;

(f) the child's *physical development or health* has been, or is likely to be, significantly harmed and the child's parents have not provided, arranged or allowed the provision of, or are unlikely to provide, arrange or allow the provision of, *basic care or effective medical, surgical or other remedial care.*'

(author's emphasis).

'Physical injury' is not confined to injury caused by physical abuse – it may include some situations of neglect, so that some instances of neglect fall within the mandatory reporting provisions

While it would be unusual to do so, and would arguably be poor drafting which needs to be remedied, it is arguable that some instances of 'physical injury' caused by neglect could also be embraced by subsection (c) which deals generally with physical injury. This argument is supported by the fact that subsection (c) uses the term 'physical injury' rather than 'physical abuse', and by a claim that this term seems logically capable of applying to cases of 'physical injury' caused by neglect where the child is suffering, or is likely to suffer, significant harm as a result of that 'physical injury'. This argument would conclude, for example, that a child suffering 'physical injury' from life-threatening malnutrition, or from failure to receive necessary medical care, would activate the reporting duty in (c).

However, as well as requiring a multiple characterisation of the consequence of the neglect as ‘physical injury’ under (c) in addition to the harm to ‘physical development or health’ as specified in subsection (f), this claim is not as strong as the alternative view.

Physical injury is confined to injury caused by physical abuse

On the alternative view, the term ‘physical injury’ is properly confined to physical abuse, meaning that neglect is never required to be reported under the mandatory reporting provisions, no matter what resulting physical harm may be caused to the child. This conclusion is arguably warranted due to several factors.

First, it is consistent with the legislative scheme normally adopted in child protection statutes, which is to specify which of the four classical forms of abuse and neglect (and any other categories of harm selected as objects of concern by Parliament) must be reported, and under what conditions (usually stating what extent of harm must be present). On this schematic basis, ‘physical injury’ equates with physical abuse and is dealt with in (c); sexual abuse is clearly designated in the next subsection (d); emotional or psychological harm is then dealt with in (e); and neglectful circumstances are addressed in (f). Since it is clearly stated that only grounds (c) and (d) are the subject of mandatory reporting, neglect would seem to be never mandated, regardless of the extent of harm, and nor would emotional abuse.

Second, this conclusion is indicated by approaches to statutory interpretation and common law rules about the construction of statutes. The starting point in statutory interpretation is to determine and give effect to the intention of Parliament as indicated by the language in the statute, and to use accepted rules of statutory interpretation, both legislative and common law, to do so (*Project Blue Sky Inc v Australian Broadcasting Authority* (1998) 194 CLR 355). Applying rules of construction involves identifying the statutory purpose, which can appear from express statements in the statute, by inference from its terms, and by reference to extrinsic materials (*Lacey v Attorney-General (Qld)* (2011) 242 CLR 573). Interpretation Acts in every State require an interpretation giving effect to the statute’s purpose (see eg *Interpretation of Legislation Act 1984* (Vic) s 35(a); *Mills v Meeking* (1990) 169 CLR 214). Other general common law rules include that the Act must be read as a whole (that is, the words of a statute must be read in their context and not in isolation: *K & S Lake City Freighters Pty Ltd v Gordon and Gotch Ltd* (1985) 60 ALR 509; with ‘context’ including the mischief the statute was intended to remedy: *CIC Insurance Ltd v Bankstown Football Club Ltd* (1997) 141 ALR 618 – this embodies the syntactical presumption of *noscitur a sociis* (the meaning of a word or phrase is to be derived from its context). In this situation, reading the section as a whole and in combination with the duty to notify in s 64 and 184 respectively, it appears that within the scheme of six different kinds of maltreatment or exigency, physical *injury* in (c) is clearly distinguishable from harm caused by neglect in (f), even if the neglect-related harm is to the child’s physical *development or health*.

Third, this conclusion is supported by the extrinsic materials including Parliamentary proceedings (which may be consulted to resolve ambiguity: *Interpretation of Legislation Act 1984* (Vic) s 35(b)(ii)). The second reading speech (Mr John, Minister for Community Services, Legislative Assembly, 21 April 1993, p 1005 ff) explains the purpose of the provisions as being to require reports of sexual abuse and severe physical abuse, and makes no mention of emotional abuse or neglect. For example, the Minister states that (author’s emphasis):

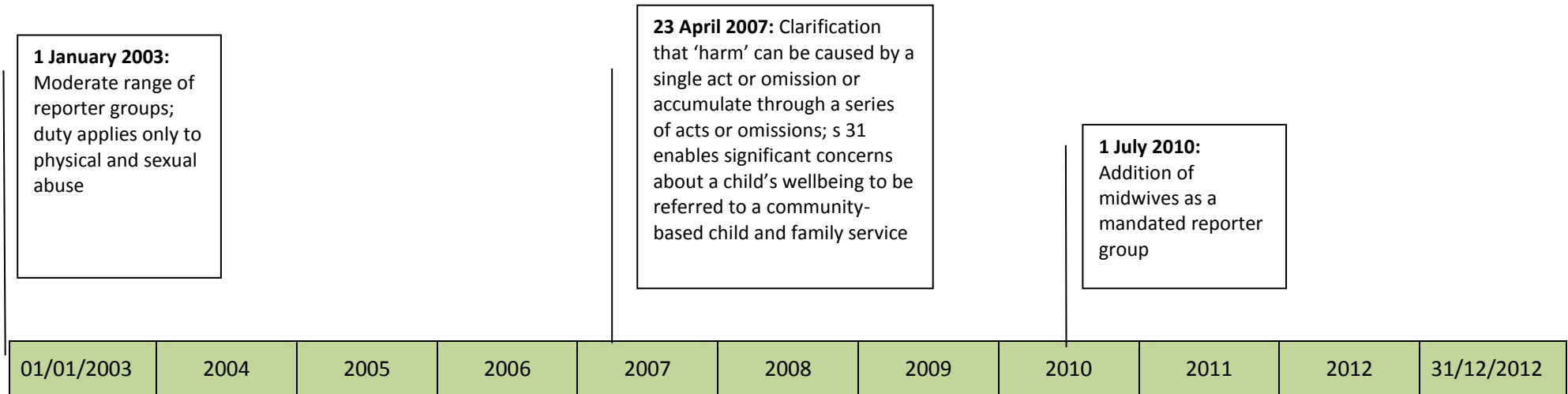
‘the provisions are ‘considered necessary in view of the extremely low reporting rates of child *sexual abuse* and to a lesser extent child *physical abuse* in this State in comparison with other States which have mandatory reporting. ... Although in recent years Victoria has coped well with overall increases in child abuse reporting rates comparable to the situations in other States, these reports have largely centred on *emotional abuse and neglect* concerns. By contrast, *sexual abuse* reports, and to a lesser extent *physical abuse* reports, have not increased under the present voluntary reporting system at the same rate as they have in other States that have mandatory reporting. As sexual abuse is a hidden problem and is therefore hard to detect, a legal requirement

to report such abuse is essential. Indeed the purpose of the proposed amendment is to uncover hidden but serious abuse and to underline *the criminal nature of sexual abuse and severe physical abuse.*'

Other statements in Parliament repeatedly refer to 'physical abuse' and 'physical abuse and sexual abuse' when referring to the new provisions, their impetus, and their purpose: see for example Mrs Garbutt, Legislative Assembly, 29 April 1993, p 1384.

Fourth, this conclusion is suggested by the nature of neglect, as distinct from abuse. As indicated by the terminology in (f), neglect occurs when 'basic care' or effective medical care' is not provided, and if it reaches a sufficient extent, such neglect may harm the child's 'physical development or health'. This conception of neglect by omission is consistent with that adopted in the general body of literature on child maltreatment. 'Neglect' is usually taken to mean a failure to provide the basic necessities of life, or to provide adequate care to meet a child's basic needs such as nutrition, clothing, shelter, supervision, medical care, education and emotional nourishment (Dubowitz, Back, Starr, & Zuravin, 1993). On this view, the harms caused by neglect – even including cases such as the life-threatening malnutrition situation, and the lack of medical treatment example - are not properly termed 'physical injuries' such as those caused by acts of abuse. Rather, the harms caused by neglect are occasioned through the absence of sufficient conditions for health and development. To the extent that they produce consequences to physical health and wellbeing, they are not so much *injuries* as physical *conditions* which affect the child's physical development or health (such as malnutrition, and the lack of receipt of required medical attention). That is, the neglect has not caused an *injury*, in the same way that physical abuse causes a fracture. It is doubtful whether malnutrition, or failure to receive medical care, are properly called 'physical injuries'; a malnourished child would not normally be described as 'injured' but as suffering from a condition of malnourishment caused by neglect which either has harmed or is likely to harm development or health; similarly, a child who requires medical treatment for a severe infection and who has not received it would not be described as having been physically injured by such neglect, but as having been neglected with a consequent impact on their physical development or health. If this interpretation is correct, these situations would fall within subsection (f) and they would not need to be reported under subsection (c).

Figure 1.7: Timeline showing key developments, Victoria, 2003-2012



1.5.8. Western Australia

1.5.8.1. Original position at 1 January 2003: Western Australia

Western Australia did not have any form of mandatory reporting legislation until 1 January 2009, when the duties described below were introduced.

1.5.8.2. Key changes, 2003-12: Western Australia

New mandatory reporting legislation for child sexual abuse only: Children and Community Services Amendment (Reporting Sexual Abuse of Children) Act 2008 (commencing 1 January 2009)

Western Australia introduced mandatory reporting legislation for child sexual abuse only, with the *Children and Community Services Amendment (Reporting Sexual Abuse of Children) Act 2008* (WA) (No 26 of 2008) commencing on 1 January 2009, inserting provisions into the *Children and Community Services Act 2004* (WA). Hence, from 2003-1 January 2009, there was no mandatory reporting legislation in WA. From 1 January 2009, there has been mandatory reporting, but of very limited scope.

The legislation only applies to child sexual abuse. The key provisions are in Division 9A (ss 124A-124H). Section 124A defines relevant terms. Section 124B(1) sets out the duty. The key reporter groups were doctors, nurses, midwives, police officers, and teachers (which included members of the teaching staff of a community kindergarten). The state of mind which activates the duty to report is 'belief on reasonable grounds'. The duty applies to a reasonable belief of past/presently occurring sexual abuse (not extending to suspected future abuse). In addition, unlike other jurisdictions except Queensland, the term 'child sexual abuse' is defined, albeit non-exhaustively.⁵² The penalty for failure to report is \$6000.

The report may be written or oral but if oral the reporter must make a written report as soon as practicable (s 124C) with a penalty of \$3000. Reports must be made to the CEO, a person approved by the CEO, or a member of a class of persons approved by the CEO (s 124B(2)). Reports must contain certain details (s 124C). The CEO must give copies of reports to the police (124D). Confidentiality of the reporter's identity is conferred by s 124F, with a penalty of \$24,000 and imprisonment for 2 years; there are specified exemptions. Immunity from civil, criminal and administrative proceedings in relation to a report made in good faith is conferred (s 129).

The legislation has been amended since commencement, but generally only incidentally to specify the provision of further information in reports made, and to harmonise the provisions with new legislation concerning professional registration.⁵³

⁵² As (s 5): 'sexual behaviour in circumstances where – (a) the child is the subject of bribery, coercion, a threat, exploitation or violence; or (b) the child has less power than another person involved in the behaviour; or (c) there is a significant disparity in the developmental function or maturity of the child and another person involved in the behaviour'.

⁵³ For example, The *Children and Community Services Amendment Act 2010* (No 49 of 2010) s 72 amended s 124C(3)(c) to delete the words "if known" and insert "if, or to the extent, known", and added the new subsection (ea) as described above, concerning the information to be provided in the report. Section 85 amended the penalty provisions in 124C(1), (2) and (4) to add the words "a fine of". The *Health Practitioner Regulation National Law (WA) Act 2010* (No 35 of 2010) s 39 amends the definitions of "doctor", "nurse" and "midwife" to align those occupational definitions with the new regulatory framework of professional registration. The *Teacher Registration Act 2012* (No 16 of 2012) s 163 amends the definition of "teacher" to align its occupational definition with the new regulatory framework of professional registration.

A note on the definition of ‘teacher’: the original 2008 definition

In the *Children and Community Services Amendment (Reporting Sexual Abuse of Children) Act 2008*, doctors, nurses, police, midwives and teachers were designated as mandated reporters. The legislation defined ‘teacher’ as (s 5):

- (a) a person who, under the *Western Australian College of Teaching Act 2004*, is **registered**, provisionally registered or has a limited authority to teach; or
- (b) a person who is appointed under the *School Education Act 1999* s 236(2) as a member of the teaching staff of a **community kindergarten**; or
- (c) a person who provides instruction in a course that is —
 - (i) mentioned in the *School Education Act 1999* s 11B(1)(a), (b) or (e); and
 - (ii) prescribed for the purposes of this definition;⁵⁴ or
- (d) a person who instructs or supervises a student who is participating in an activity that is—
 - (i) part of an educational programme of a school under an arrangement mentioned in the *School Education Act 1999* s 24(1); and
 - (ii) prescribed for the purposes of this definition;⁵⁵ or
- (e) a person employed by the chief executive officer as defined in the *Young Offenders Act 1994* s 3 to teach detainees at a detention centre.

Therefore, mandated reporters among the teaching profession included registered teachers, those appointed as teaching staff at community kindergartens, instructors in vocational education programs and home schooling programmes, and those who teach in youth detention centres. However, under the original legislation, employees of child care services who do not teach at that centre were not (and still are not) mandated reporters.⁵⁶

Arguably, the original definition would have included as mandated reporters those who were registered teachers working in child care centres. However, at the time, the Act did not expressly include childcare teachers as mandated reporters, and ambiguity arose because the WACTA regulates teaching in schools, rather than child care centres. Amendment in 2012 removed any doubt: **those who teach in child care services are now clearly included as mandated reporters**. Since 2012, there is no doubt that all those who teach in an ‘educational venue’ must be registered and so fall within the CCSA definition of ‘teacher’; since child care centres are now defined as educational venues (see below), and are mandated reporters in that capacity. However, in the child care context, those who simply **provide care** to children are not ‘teachers’ and so are not mandated reporters.

⁵⁴ Essentially, options other than school in the last two years of compulsory education, like vocational education.

⁵⁵ Essentially, home schooling.

⁵⁶ The *Child Care Services Act 2007* at the time also did not mandated childcare staff. It regulated the provision of child care (rather than education); see also s 4. The *Western Australian College of Teaching Act 2004*, which regulated teaching in schools, did not include childcare staff as ‘teachers’ and so did not require childcare staff to be registered. See the explanatory memorandum which appears to limit the definition and scope of ‘teacher’: [http://www.parliament.wa.gov.au/Parliament/bills.nsf/6C1C35600F6FA450C82573A20001DFD7/\\$File/EM%2B-%2BBill%2B257-1.pdf](http://www.parliament.wa.gov.au/Parliament/bills.nsf/6C1C35600F6FA450C82573A20001DFD7/$File/EM%2B-%2BBill%2B257-1.pdf)

Change in the definition of 'teacher' (commencing 7 December 2012)

Provisions were enacted in the CCSA by the *Teacher Registration Act 2012* that clarify which persons registered as teachers are mandated reporters. The *Teacher Registration Act 2012* (No 16 of 2012) amended the definition of 'teacher' to **remove** the original ss (b) which included "a person who is appointed under the School Education Act 1999 s 236(2) as a member of the teaching staff of a community kindergarten". However, the relevant provisions in the *Teacher Registration Act* (see ss 4, 6, 7 discussed below) clearly still include **kindergarten teachers (and child care teachers)**, all of whom must be registered to teach in educational venues. Hence, these classes of teachers are still mandated reporters.

2012 amendment of 'teacher'

In 2012 the *Teacher Registration Act 2012* amended the CCSA 2004 s 124A definition of 'teacher' by deleting paragraphs (a) and (b), which stated:

'teacher' means -

(a) a person who, under the *Western Australian College of Teaching Act 2004*, is **registered**, provisionally registered or has a limited authority to **teach**; or

(b) a person who is appointed under the *School Education Act 1999* s 236(2) as a member of the teaching staff of a **community kindergarten**;

and inserting a new paragraph (a) so that a 'teacher' is defined as:

a person who is registered under the *Teacher Registration Act 2012*.

This had the effect that any person who **'teaches'** at a school, kindergarten, child care centre, detention centre or any place prescribed as an **educational venue**, is a mandated reporter.⁵⁷

This is because under the TRA 2012 s 6, it is an offence to **'teach in an educational venue** unless the person is a registered teacher'.⁵⁸ Those who had to be 'registered teachers' **include** those who **'teach'** at child care centres (but does not include those who simply **provide care** at a child care centre). This is because of the definitions of 'teach', 'educational venue' and 'educational programme'.⁵⁹

⁵⁷ Note that under the *Education and Care Services National Law (WA) Act 2012*, 'education and care service' is defined as 'any service providing or intended to provide education and care on a regular basis to children under 13 years of age other than —

(a) a school providing an educational program to school children in accordance with the School Education Act 1999; or

(b) a community kindergarten providing an educational program to children in accordance with the School Education Act 1999; or

(c) a personal arrangement; or

(d) a service principally conducted to provide instruction in a particular activity; or

Example: Instruction in sport, dance, music, culture or language or religious instruction.

(e) a service providing education and care to patients in a hospital or patients of a medical or therapeutic care service; or

(f) care provided under a child protection law of a participating jurisdiction; or

(g) a prescribed class of disability service; or

(h) a service of a prescribed class;

Example: Education and care services to which this Law applies include long day care services, family day care services and outside school hours services, unless expressly excluded.

⁵⁸ Under s 7 it is an offence to employ an unregistered person to teach in an educational venue.

⁵⁹ 'Teach' is defined in s 4 as: 'to undertake duties in an educational venue that include —

In sum, this means that among the teaching profession, mandated reporters in Western Australia are those who are registered under the *Teacher Registration Act 2012* and whose duties include delivery of an educational programme in an educational venue. Those who provide care at child care centres but who do not teach at that centre will not be mandated; nor will teacher's aides, teacher's assistants, and student teachers.

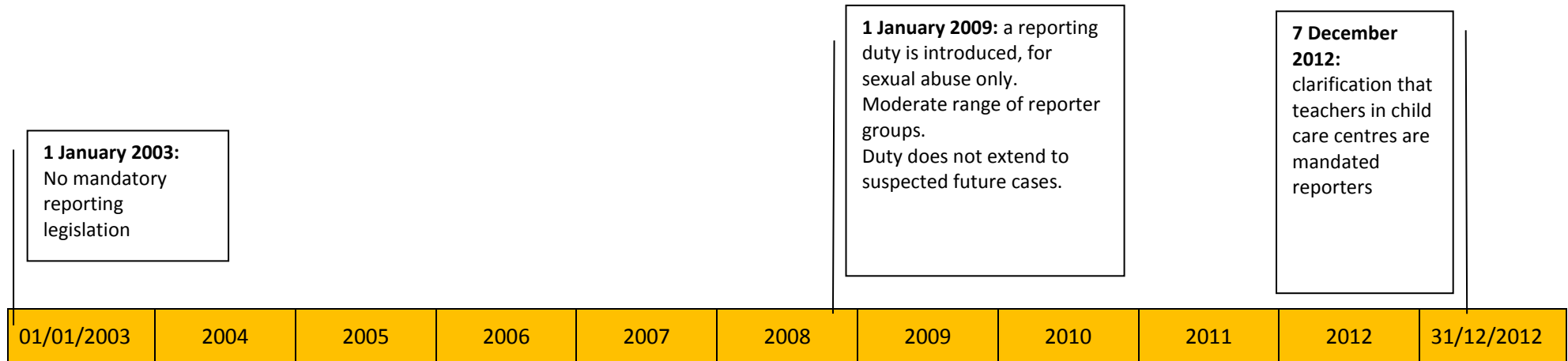
1.5.8.3. Current position: Western Australia

The duty is limited to sexual abuse, and is applied to a relatively small range of professionals. The duty is also limited by its temporal scope; it applies only to situations of past or currently-occurring sexual abuse, and does not include a requirement to report situations in which a child is believed to be likely to suffer sexual abuse.

-
- (a) the **delivery of an educational programme designed to implement a prescribed curriculum** and the assessment of student participation in such an educational programme; or
 - (b) the administration of any such educational programme,
- but does not include duties of the kind undertaken —**
- (c) by a teacher's aide or a teacher's assistant, or by a student teacher on practicum placement; or
 - (d) by a person employed or engaged to **provide care** at a child care centre but who is **not** employed or engaged to **teach** at that centre; or
 - (e) by an unpaid volunteer, unless the volunteer is undertaking duties of a kind, or to an extent, prescribed for the purposes of this paragraph; or
 - (f) by such persons, or in such circumstances, if any, as are prescribed.'

'**Educational venue**' is defined in s 4 as 'any of the following — (a) a school as defined in the *School Education Act 1999* s 4; (b) a kindergarten registered under the *School Education Act 1999* Part 5; (c) a **child care centre**; (d) a detention centre; (e) any other place prescribed as an educational venue'. '**Educational programme**' is defined in s 4 as 'an organised set of learning activities designed to enable a student to develop knowledge, understanding, skills and attitudes relevant to the student's individual needs'.

Figure 1.8: Timeline showing key developments, Western Australia, 2003-2012



Stage 2

Data & Analysis

STAGE 2: DATA AND ANALYSES - SOUTH AUSTRALIA

Introduction, definitions, and notes

In Stage 2, we present data and analysis regarding the reporting over time, and each year, of different types of child abuse and neglect, by each major reporter group. We also conduct some analyses by combining the reporting practice of mandated reporter groups (both before and after commencement of the reporting laws).

The South Australia Department for Education and Child Development provided summary aggregate data rather than unit record data. This enabled analysis of most but not all of the research questions involved in this study.

Extensive analyses were conducted, generating a broad range of tabular presentations of various aspects of reporting and report outcomes (see *Stage 2 guide to tables*, p 83). The table on p 74 entitled *Key data findings and interpretations* presents a condensed summary of key overall trends and our interpretations of these trends. The *Executive Summary* provides a further refined summary of key trends.

As explained in the description of the research project and its approach (**Appendix 1**), these data relate only to **reports by mandated and non-mandated reporters of suspected child abuse and neglect**. Accordingly, the data do **not** relate to reports of general child welfare (child concern reports), although mandated reporters do make such reports. In addition, the data on reports relate to the primary form of abuse or neglect that is the subject of the report; in any given case, a substantiated report may relate to a different type of abuse or neglect than the primary form of maltreatment reported.

A further note on nomenclature: State and Territory legislation about mandatory reporting normally use the terms ‘reporting’ and ‘report’ to denote key concepts and actions in this domain. Government data systems often use the term ‘notification’ to characterize a report of child abuse or neglect, to distinguish such a report from one that is simply a general contact to the agency about a child’s general welfare unrelated to maltreatment. This research project is about reporting of child abuse and neglect. For simplicity, and because this project is driven by an exploration of legislative mandatory reporting duties regarding child abuse and neglect in practice, our analyses use the term ‘report’ to describe a report made to the Department about suspected child abuse or neglect which is classed by the government agency as a ‘notification’. See further **Appendix 1**, including Table 1.

Key legislative changes of note in South Australia, 2003-2012

1 January 2003: Large range of reporter groups; duty applies to all sexual abuse, and physical abuse, emotional abuse, and neglect where sufficient detriment to wellbeing has been caused or is likely to be caused.

31 December 2006: Penalty increased from \$2500 to \$10,000.

Hypothesis: Potential increase in ‘defensive’ reporting.

31 December 2006: New reporter groups added: ministers of religion; employees and volunteers in organisations formed for religious or spiritual purposes, or sporting or recreational organisations.

Hypothesis: Increase in reports by employees and volunteers in sporting and recreational organisations, especially for neglect, emotional abuse.

Definitions and notes: South Australia

The data has been analysed using the following data categories and or definitions as used or provided by the Department:

Medical practitioners: No definition provided. Coding categories used: CPS med. practitioner or paediatrician; medical practitioner; and paediatrician.

Nurses: The coding category of 'nurses' was used as the data source for this group of reporters.

Police: The coding categories of 'other police personnel'; 'police officer'; and 'police personnel' were used as the data source for this group of reporters.

School personnel: The coding categories of 'early childhood teacher'; 'principal'; 'teacher'; and 'other school personnel' were used as the data source for this group of reporters.

Child care workers: The coding categories of 'child care personnel'; 'child care worker'; 'family day care worker'; 'family day caregiver'; and 'other child care worker' were used as the data source for this group of reporters.

Social workers: The coding categories of 'CPS social worker'; 'DFC social worker'; 'other social welfare professional'; 'social worker'; 'social work'; 'social welfare'; and 'other social welfare professional' were used as the data source for this group of reporters.

Other health professionals: The coding categories of 'community health worker'; 'CPS psychologist'; 'DFC psychologist'; 'dentist'; 'mental health worker'; 'DFC allied health'; 'midwives'; 'psychiatrist'; 'psychologist'; 'other health professional'; and 'pharmacist' were used as the data source for this group of reporters.

Major mandated reporter groups combined: For the purpose of this research study, and to provide meaningful findings about the proportional contribution to reporting made collectively by the major occupational reporter groups for the South Australian government, we conducted some analyses by combining the reporting practice of the major mandated reporter groups. In doing this, we adopted a similar approach to that used for other jurisdictions (see Appendix 1 Research Approach). Accordingly, for South Australia, the groups outlined above - medical practitioners, nurses and other health professionals, police, school personnel, child care workers, and social workers - were combined for some analyses to represent the category of 'major mandated reporter groups combined'. Reports by four main groups – police, doctors, nurses and teachers – constitute the majority of reports made by these groups (74%).

Other reporter groups combined: This category comprises all reports made by other reporting groups not identified above.

Not investigated: Due to the limits of the data provided, there were no coded categories identifying the numbers of notifications not investigated. We conducted calculations to generate this data by subtracting the number of reports investigated from the total number of notifications received.

Investigated: Notifications identified in aggregate data as 'investigated'.

Substantiated: Notifications identified in aggregate data as 'investigated - substantiated'.

Not substantiated: Notifications identified in aggregate data as 'not substantiated' and 'investigation closed – no outcome possible'. A small number of notifications identified as 'n/a' and 'investigation in progress' were removed from analyses.

Investigation in progress: The South Australian data contains this additional report outcome and it represents investigations that were in progress at the time the data was collated. The number of these reports have been included in the investigation rates and omitted from investigation outcome numbers.

Emotional abuse: No specific definition provided. Normally refers to acts by caregivers causing the child to suffer significant emotional deprivation or trauma (see eg the definitions in the Australian Institute of Health and Welfare's *Child protection Australia* annual report). Includes exposure to domestic violence.

Neglect: No specific definition provided. Normally refers to caregivers failing to provide minimum conditions necessary for the child's health and physical and emotional development, involving the necessary level of harm.

Physical abuse: No specific definition provided. Normally refers to caregivers inflicting intentional physical harm on the child involving the necessary level of harm, beyond lawful corporal punishment.

Sexual abuse: No specific definition provided. Normally refers to the involvement of a child who cannot give true consent in sexual activity with an adult or a more powerful person, for the other person's sexual gratification or gain.

Key data findings and interpretations: South Australia

<p>Key legislative changes and hypotheses</p>	<p>At 1 January 2003: Large range of reporter groups; duty applies to all sexual abuse, and physical abuse, emotional abuse, and neglect where sufficient detriment to wellbeing has been caused or is likely to be caused</p> <p>31 December 2006: Penalty increased from \$2500 to \$10,000 – HYPOTHESISE Potential increase in ‘defensive’ reporting</p> <p>31 December 2006: New reporter groups added: ministers of religion; employees and volunteers in organisations formed for religious or spiritual purposes, or sporting or recreational organisations – HYPOTHESISE Increase in reports by employees and volunteers in sporting and recreational organisations, esp neglect, emotional abuse</p> <p>NB Layton Review 2003 (rec’d expansion of MR groups to include volunteers etc; which occurred 31/12/2006); Police standard operating procedure to report DV; 2004 Mullighan Children in State Care Inquiry established; Mullighan Children on APY Lands Inquiry established 2007; 2008 Mullighan Children in State Care Inquiry Report published; Mullighan 2008 APY Report published</p>		
GLOBAL TRENDS 2003-2012			
Table	Subject	Key findings	Interpretation
1.2	Number of reports by year, by abuse type, with percentage change (all reporter groups combined)	<p>Overall, increase from 2003 to 2009 (22,577 to 35,344) followed by steep decline through 2012 (21,854).</p> <ul style="list-style-type: none"> • Report numbers increase steadily for EA 2003-2006 (5513 to 7852), then markedly 2006-2009 (7852 to 12,308), before halving from 2009-2012 (12,308 to 5926). • Stable N reports 2003 to 2006 (9565 to 10,886), then rise from 2007 to 2009 (10,886 to 14,741), before almost halving from 2009-2012 (14,741 to 8509). • Stable PA reports over decade (4707 to 4074) and decline from 2009 (4813 to 4074). • Stable SA reports over decade (2792 to 3345). 	<p>Steady increase 2003-2006 possibly influenced by Layton Review, general heightened awareness</p> <p>Marked increase in 2007 through 2009 for EA and N likely influenced by new penalty and new reporter groups</p> <p>Substantial decline after 2009 for EA, N, PA possibly related to ongoing professional training, or other agency factors</p>
1.3	Number of reports by abuse type, and outcome of reports (all reporter groups combined)	<p>Over the decade, N is most often reported (109,214) followed by EA (82,429), PA (45,518) and SA (32,154).</p> <p>One in five reports was investigated (55,093/269,315).</p> <p>SR of all investigated reports was 40% (21,995/55,093).</p> <p>EA reports were the least likely to be investigated.</p>	<p>N and EA constitute the majority of reports (71%). Slightly different trend to other jurisdictions with N reports outnumbering EA.</p> <p>SR of investigated reports quite strong.</p> <p>Investigation patterns consistent with other jurisdictions although SA investigations possibly low at 23%.</p>
1.5	Number of reports by abuse type, as a percentage of all reports, by year (all reporter groups combined)	EA: substantial increase over time in number of reports, then a decline; same pattern as a proportion of all reports.	Marked increase in 2007 through 2009 for EA and N likely influenced by new penalty and new reporter

		<p>N: increase, then decline over time. Stable as proportion of all reports. Currently by far the most frequently reported type (39%), followed by EA (27%).</p> <p>PA: stable reports over time and as proportion of all reports.</p> <p>SA: stable reports over time and as proportion of all reports.</p>	groups
1.8	Number of reports by all major reporter groups combined, compared with other reporter groups combined, with percentage change	<p>Reports by major reporter groups have increased overall by 103%. Most of this increase occurred 2006-2009, with reports then halving from 2009 to 2012.</p> <p>Reports by other reporter groups have declined by 41%, especially after 2005.</p> <p>Numerically, reports by major reporter groups were less than half those made by other reporter groups. This proportion changed suddenly in 2006 (equalising the two groups), continued through 2009 so that mandated reporters' reports more than doubled those by others), and then dissipated through 2012.</p>	Marked change in mandated reports from 2005 to 2009, likely influenced by awareness of pending changes, heightened awareness, and then implementation of changes from 31/12/2006.
1.10	Number of reports by all major reporter groups combined, compared with other reporter groups combined, by outcome of reports, as a percentage of all reports	Over the decade, 12,718 substantiated reports by major reporter groups; 9277 by other reporter groups.	Trend reflects pattern in other jurisdictions
1.12	Number of reports by reporter group, and outcome of reports, as a percentage of all reports (all reports over 10 year period combined, all abuse types combined)	<p>Police made by far the most reports, accounting for one in every five reports. 70% were not investigated. Teachers are the second highest reporting group, followed by social workers. Mandated reporters make half of all reports. One in four of their reports are investigated.</p> <p>Reports by police accounted for 6266 substantiated reports (the highest proportion of any group), followed by social workers (2286) and school personnel (1655).</p>	Trends generally follow those in other jurisdictions.
1.16	Number of reports by year, by reporter group, by abuse type, with percentage change	<p>Substantial increase in reports of EA 2003-2009 (with marked shift in 2006), especially by police (1609 to 4773), teachers (157 to 1526) and social workers (72 to 1847). Steep decline after 2009 through 2012 for all these groups, and generally (12,308 to 5926).</p> <p>Mandated reporters report EA twice as much as nonmandated reporters.</p>	<p>EA increase may be due to heightened awareness of DV, new increased penalty. Decline may be due to local factors at agency level.</p> <p>N increase may be due to</p>

		<p>Increase in reports of N 2003-2009 (with marked shift in 2006), especially by police (1005 to 1834), teachers (291 to 2950) and social workers (118 to 2500). Steep decline after 2009 through 2012 for all these groups, and generally (14,741 to 8509).</p> <p>Decline overall since 2003 in reports of PA; stable from 2003-2009, followed by decline after 2009 through 2012 (4813 to 4074).</p> <p>However, increase over decade in reports by police (540 to 932), teachers (295 to 475), social workers (39 to 347).</p> <p>In contrast, reports by other reporters halved over the decade (3519 to 1767).</p> <p>Slight increase overall since 2003 in reports of SA; stable generally with upsurge in 2007 followed by stabilisation.</p> <p>Stable reports by police. Very large increase by social workers 2003-2008 (15 to 628) and teachers (158 to 800) followed by sustained decline after 2009.</p>	<p>heightened awareness, new increased penalty. Decline may be due to local factors at agency level.</p> <p>PA decline by other reporter groups a notable trend.</p> <p>Increase in social workers' reports is notable, although proceeds from a very low base; not immediately explicable but perhaps attributable to Layton Review.</p> <p>SA increase in social workers' reports is notable, although proceeds from a very low base. Coincides with establishment of Mullighan in 2004. Decline after 2009 may be attributable to local contextual factors and dissipation of effect of legislative penalty change.</p>
--	--	--	--

REPORTS BY TYPE OF ABUSE/NEGLECT 2003-2012

Table	Subject	Key findings	Interpretation
1.18	Number of reports of emotional abuse by year, by reporter group, with percentage change	<p>Overall, steady rise from 2003-2009 (5513 to 12,308) with distinct rise in 2006 and 2007, followed by steep decline from 2009 to 2012 (12,308 to 5926).</p> <p>Reports by separate groups follow this pattern:</p> <p>Police: rise from 1609 to 4773, then decline to 2204;</p> <p>Teachers: rise from 157 to 1526, then decline to 404;</p> <p>Social workers: rise from 72 to 1847, then decline to 611.</p>	<p>Marked rise in EA reports 2003-2009 and especially in 2006 and 2007 possibly related to new penalty, LR, but the extent of the increase is concerning.</p> <p>Reason for decline after 2009 difficult to isolate; possibly due to agency-related factors.</p> <p>Decline in reports by other reporters.</p>
1.19	Number of reports of neglect by year, by reporter group, with percentage change	<p>Overall, steady rise from 2003-2009 (9565 to 14,741) followed by steep decline from 2009 to 2012 (14,741 to 8509).</p> <p>Reports by separate groups follow pattern of distinct rise in 2006 and 2007, followed by steep decline from 2009 to 2012:</p> <p>Teachers: rise from 332 in 2005 to 1746 in 2006 and 2788 in 2007, then</p>	<p>Marked rise in N reports 2003-2009 and especially in 2006 and 2007 possibly related to new penalty, LR, but the extent of the increase is concerning.</p> <p>Reason for decline after 2009 difficult to isolate; possibly due to agency-related factors.</p>

		<p>decline after 2009 (2950) through 2012 (807);</p> <p>Social workers: rise from 202 in 2005 to 1013 in 2006 and 1947 in 2007, then decline after 2009 (2500) through 2012 (995).</p>	Decline in reports by other reporters.
1.20	Number of reports of physical abuse by year, by reporter group, with percentage change	<p>Overall decline from 2003 to 2012 (4707 to 4074), but increase by mandated reporters (1188 to 2307) and decline by other reporters (3519 to 1767).</p> <p>Reports by separate groups follow pattern of distinct rise in 2006 and 2007, followed by steep decline from 2009 to 2012:</p> <p>Teachers: rise from 340 in 2005 to 1073 in 2006 and 1736 in 2007, then decline after 2009 (1508) through 2012 (475);</p> <p>Social workers: rise from 37 in 2005 to 319 in 2006 and 647 in 2007, then decline after 2009 (686) through 2012 (347).</p> <p>Police show steady rise after 2007 through 2012 (505 to 932).</p>	<p>Marked rise in PA reports by teachers, social workers in 2006 and 2007 possibly related to new penalty, but the extent of the increase may be concerning.</p> <p>Reason for decline after 2009 difficult to isolate; possibly due to agency-related factors.</p> <p>Police show a different trend; may be explained by police policy after 2007, new professional education or other localised contextual factors.</p>
1.21	Number of reports of sexual abuse by year, by reporter group, with percentage change	<p>Overall relatively stable from 2003 to 2012 (1792 to 3345), but increase by mandated reporters (827 to 1454). Other reporters show decline, then increase after 2008 through 2012.</p> <p>Reports by separate groups follow pattern of distinct rise in 2006 and 2007, followed by steep decline from 2009 to 2012:</p> <p>Teachers: rise from 165 in 2005 to 596 in 2006 and 840 in 2007, then decline after 2009 (724) through 2012 (298);</p> <p>Social workers: rise from 19 in 2005 to 347 in 2006 and 551 in 2007, then decline after 2009 (628) through 2012 (301).</p> <p>Police have stable numbers over the decade although the pattern is still present.</p>	<p>Marked rise in SA reports by teachers, social workers in 2006 and 2007 possibly related to new penalty, but the extent of the increase may be concerning.</p> <p>Reason for decline after 2009 difficult to isolate.</p> <p>Police show a different trend; may be explained by police policy after 2007, new professional education or other localised contextual factors.</p>
REPORTS BY REPORTER GROUPS 2003-2012			
Table	Subject	Key findings	Interpretation
1.26.1	Reports by major reporter groups combined, by year, by abuse type (number and percentage)	<p>Over the decade 2003-2012, reports have increased for each type:</p> <ul style="list-style-type: none"> • EA: 2044 to 3891 • N: 1907 to 4458 • PA: 1188 to 2307 	Distinct rise in 2006 before the legislative change may be due to awareness of it being raised, and continuance of increase in 2007 and 2008 may be due to heightened awareness.

		<ul style="list-style-type: none"> SA: 827 to 1454 <p>Reports of each type follow a pattern of distinct rise in 2006 and 2007 and 2008, followed by a steep decline from 2009 to 2012.</p> <p>EA currently around 32% of all reports; N 37%; PA 19%; SA 12%. These proportions have remained relatively stable over the decade.</p>	Reason for decline after 2009 difficult to isolate; possibly due to reporter education, agency-related factors, dissipation of impact of legislative change.
1.26.2	Reports by major reporter groups combined, by year, by outcome of reports (number and percentage)	<p>Substantiation numbers have increased (840 to 1373) while percentage has declined overall due to investigations having increased (1848 to 2890).</p> <p>Over the decade, 12,718 substantiations of 28,273 investigations.</p> <p>Number of reports not investigated has increased from 4118 to 9220.</p>	<p>SR of investigated reports similar to other jurisdictions.</p> <p>Note data from an SA study showing high rates of cases not dealt with, which has the effect of distorting the ratio of substantiated investigations</p>
1.26.3	Reports by other reporter groups combined, by year, by abuse type (number and percentage)	<p>Over the decade 2003-2012, reports have declined for each type:</p> <ul style="list-style-type: none"> EA: 3469 to 2035 N: 7658 to 4051 PA: 3519 to 1767 SA: 1965 to 1891 (and doubling of SA reports since 2008) <p>EA currently around 21% of all reports; N 42%; PA 18%; SA 19%. These proportions have remained relatively stable over the decade except for a rise in SA report proportion.</p>	<p>Decline in reports by other reporters an unusual trend. May be explicable by local factors, alternative report destinations.</p> <p>N is by far the most frequently reported maltreatment type reported by other reporters.</p> <p>Renewed trend to reports of SA may reflect growing societal awareness of SA.</p>
1.26.4	Reports by other reporter groups combined, by year, by outcome of reports (number and percentage)	<p>Substantiation numbers have decreased (1515 to 838) while percentage has remained stable due to investigations having also decreased (4372 to 2318).</p> <p>Over the decade, 9277 substantiations of 26,820 investigations.</p> <p>Number of reports not investigated has decreased from 12,239 to 7426.</p>	SR have halved numerically over the decade. Number of investigated reports has also almost halved. May reflect nature and quality of reports by these reporters, or agency-related factors.
1.26.9	Reports by police, by year, by abuse type (number and percentage)	<p>Over the decade 2003-2012, reports have remained relatively stable for each type except PA:</p> <ul style="list-style-type: none"> EA: 1609 to 2204 N: 1005 to 1435 PA: 540 to 932 SA: 469 to 534 <p>Reports of each type follow a pattern of distinct rise in 2006 and 2007 and</p>	<p>Police in this jurisdiction have different patterns compared with other jurisdictions, especially in reporting EA. May reflect different police professional training, and approach to DV.</p> <p>Increase in PA reports is of interest.</p>

		2008, followed by a steep decline from 2009 to 2012. EA currently around 43% of all reports; N 28%; PA 18%; SA 10%.	Reason for decline after 2009 difficult to isolate; possibly due to agency changes, dissipation of impact of legislative change.
1.26.10	Reports by police, by year, by outcome of reports (number and percentage)	Substantiation percentage stable over decade (roughly 50% of investigations). Numbers of investigations and substantiations very stable. Increase in number of reports not investigated especially 2006-2009, followed by decline.	Strong SR of investigated reports.
1.26.11	Reports by school personnel, by year, by abuse type (number and percentage)	Over the decade 2003-2012, reports have increased for each type: <ul style="list-style-type: none"> EA: 157 to 404 N: 291 to 807 PA: 295 to 475 SA: 158 to 298 Reports of each type follow a pattern of a very distinct rise in 2006 and 2007 and 2008, especially for neglect, followed by a steep decline from 2009 to 2012. EA currently around 20% of all reports; N 41%; PA 24%; SA 15%.	Trend of increased reports of N indicates heightened awareness of it. The severe rise in 2006-2008 may have been influenced by the increased penalty and awareness of it, and possibly other localised factors such as reporter training. The high proportion of neglect reports, especially relative to EA, in this jurisdiction differs from other jurisdictions.
1.26.12	Reports by school personnel, by year, by outcome of reports (number and percentage)	Substantiation percentage stable over decade (roughly 33% of investigations). Numbers of investigations and substantiations follow the trends in numbers of reports. Increase in number of reports not investigated especially 2006-2009, followed by decline.	Teachers' reports are less likely to be investigated compared with those of police. May reflect nature and quality of reports.

DETAILED YEARLY ANALYSIS 2003-2012			
Table	Subject	Key findings	Interpretation
2.6.1	Number of reports by major reporter groups combined, by year, abuse type, and outcome	Reports increase substantially from 2006-09 for all types: <ul style="list-style-type: none"> EA reports tripled from 2733 to 9469; N reports quadrupled from 2261 to 9530; PA reports tripled from 1131 to 3528; SA reports tripled from 829 to 2443. Reports then declined markedly from 2009-2012:	Large increase over four year period may coincide with awareness of and introduction of the increased penalty, reporter training, other local factors. Decline after 2009 may reflect dissipation of impact of legislative change, reporters being informed of effect of current reporting practice and of intention of

		<ul style="list-style-type: none"> EA reports declined from 9469 to 3891; N reports declined from 9530 to 4458; PA reports declined from 3528 to 2307; SA reports declined from 2443 to 1454. <p>Substantiations are stable from 2003-2005, increase through 2009, and then decline for EA and N but remain at 2006-2009 levels for PA, SA.</p> <p>The number of reports not investigated increases markedly through 2009 for EA (1495 to 8124) before declining; same pattern for N (1184 to 7781) and PA (778 to 2965); SA (661 to 2049).</p>	<p>penalty, and possibly other local factors.</p> <p>Sustained substantiation numbers for PA, SA suggest improved reporting practice after 2009. Absence of this trend for EA, N suggests different nature of reporting and different agency treatment of these types of maltreatment (ie possible different threshold for substantiating across types).</p> <p>Number of reports not investigated especially for EA, N, and for PA, SA in period 2006-09 suggests internal agency factors operating; perhaps also suggest a need for professional education and DR mechanisms especially for EA, N.</p>
2.6.2	Number of reports by other reporter groups combined, by year, abuse type, and outcome	<p>Trends differ to those of major mandated reporters.</p> <p>Stable reports of all types from 2003-2005 before decline in 2006 and 2007 and stabilisation through 2012.</p> <p>However, increase in PA, SA reports 2009-2012.</p> <p>Substantiation trends generally follow numbers of reports and investigations; SR of investigated reports is around 40% for EA, 33% for N and PA, 25% for SA.</p> <p>Over the decade, a very high proportion (75-90%) of all reports was not investigated.</p>	<p>Different trend from mandated reporters tends to confirm hypothesis about impact of increased penalty and other factors affecting mandated reporters' increase described above.</p>
2.6.5	Number of reports by police, by year, abuse type, and outcome	<p>From 2003 to 2009, increase in reports for:</p> <ul style="list-style-type: none"> EA (1609 to 4773) N (1005 to 1834) PA (540 to 627) SA (469 to 645). <p>Steep decline after 2009 through 2012 for EA (4773 to 2204), N (1834 to 1435) and SA (645 to 534).</p> <p>PA reports continue steady slight increase.</p> <p>Investigation rates show few reports are investigated:</p> <ul style="list-style-type: none"> EA: around 80% are not investigated 	<p>Increase through 2009 especially for EA and N may coincide with awareness of and introduction of the increased penalty, reporter training, reports of DV, and other local factors.</p> <p>Decline after 2009 especially for EA/N may indicate dissipation of impact of legislative change, or IAF; but difficult to isolate without further research.</p> <p>PA report trend differs.</p> <p>Low investigation rate may reflect nature and quality of</p>

		<ul style="list-style-type: none"> • N: 70-75% are not investigated • PA: 70-75% are not investigated • SA: 75-80% are not investigated <p>Substantiation rate of those reports that are investigated is stable for all types (roughly 50-60% for EA and N, PA: 25-40% for SA).</p>	<p>reports, resource limits at agency.</p> <p>Strong SR for investigated reports.</p>
2.6.6	Number of reports by school personnel, by year, abuse type, and outcome	<p>From 2006-2009, substantial increase in reports for:</p> <ul style="list-style-type: none"> • EA (256 to 1526) • N (332 to 2950) • PA (340 to 1508) • SA (165 to 800). <p>Steep decline after 2009 through 2012 for EA (1526 to 404), N (2950 to 807), PA (1508 to 475) and SA (724 to 298).</p> <p>Investigation rates show few reports are investigated:</p> <ul style="list-style-type: none"> • EA: around 85-90% are not investigated • N: 80-90% are not investigated • PA: 80-90% are not investigated • SA: 80% are not investigated <p>Substantiation rate of those reports that are investigated varies by type (roughly 30-50% for EA and N; 40-50% for PA: 15-20% for SA).</p>	<p>Massive increases especially in EA, N, PA from 2006 until 2009 may coincide with awareness of and introduction of the increased penalty, reporter training, reports of DV, and other local factors</p> <p>Decline after 2009 may indicate dissipation of impact of legislative change, police being informed of effect of current reporting practice and of intention of penalty, and possibly other local factors.</p> <p>Low investigation rate may reflect nature and quality of reports, resource limits at agency.</p> <p>SR for investigated reports lower than that for police.</p>
DISTINCT CHILDREN IN REPORTS 2003-2012			
Table	Subject	Key findings	Interpretation
3.1	Number of reports for each child who was the subject of a report, over the decade	269,315 reports involving 222,543 children.	Unit record data not provided so not possible to observe the proportion of children subject to multiple reports

Stage 2

Stage 2 guide to tables: South Australia

Part 1 Ten Years Analyses

Part 1A: Ten year analyses of numbers and outcome of reports

Table number	TABLE NAME	Page
1.1	Number of reports by year, all abuse types combined, with percentage change (all reporter groups combined)	89
1.2	Number of reports by year, by abuse type, with percentage change (all reporter groups combined)	90
1.3	Number of reports by abuse type, and outcome of reports (all reporter groups combined)	91
1.4	Number of reports by abuse type, and outcome of reports, as a percentage of all reports (all reporter groups combined)	92
1.5	Number of reports by abuse type, as a percentage of all reports, by year (all reporter groups combined)	92
1.6	Number of reports by year, all abuse types combined, by outcome of reports, with percentage change (all reporter groups combined)	93
1.7	Number of reports by year, by outcome of reports, all abuse types combined, as a percentage of all reports (all reporter groups combined)	94
1.8	Number of reports by all major mandated reporter groups combined, compared with other reporter groups combined, with percentage change	95
1.9	Number of reports by all major mandated reporter groups combined, compared with other reporter groups combined, as a percentage of all reports	96
1.10	Number of reports by all major mandated reporter groups combined, compared with other reporter groups combined, by outcome of reports, as a percentage of all reports	96
1.11	Number of reports by all major mandated reporter groups combined, compared with other reporter groups combined, by abuse type, as a percentage of all reports	97
1.12	Number of reports by reporter group, and outcome of reports, as a percentage of all reports (all reports over 10 year period combined, all abuse types combined)	98
1.13	Number of reports by reporter group, by abuse type, as a percentage of all reports (all reports over 10 year period combined)	99
1.14	Percentage changes for reporter group, by abuse type (all reports over 10 year period combined)	100
1.15	Number of reports by year, by reporter group, with percentage change (all abuse types combined)	101
1.15.1	Number of reports (and percentage of all reports made), by year, by reporter group (all abuse types combined)	103
1.16	Number of reports by year, by reporter group, by abuse type, with percentage change	104
1.17	Number of reports by reporter group, and outcome of reports, with percentage change (all abuse types combined)	106

Part 1B: Reporting of individual abuse types over 10 year period

Table number	TABLE NAME	Page
1.18	Number of reports of emotional abuse by year, by reporter group, with percentage change	109
1.19	Number of reports of neglect by year, by reporter group, with percentage change	111
1.20	Number of reports of physical abuse by year, by reporter group, with percentage change	113
1.21	Number of reports of sexual abuse by year, by reporter group, with percentage change	115
1.22	Number of reports of emotional abuse by year, with outcome of report by number and percentage (all reporter groups combined)	117
1.23	Number of reports of neglect by year, with outcome of report by number and percentage (all reporter groups combined)	118
1.24	Number of reports of physical abuse by year, with outcome of report by number and percentage (all reporter groups combined)	119
1.25	Number of reports of sexual abuse by year, with outcome of report by number and percentage (all reporter groups combined)	120

Part 1C: Reporting by different reporter groups over 10 year period

Table number	TABLE NAME	Page
1.26.1	Reports by major mandated reporter groups combined, by year, by abuse type (number and percentage)	122
1.26.2	Reports by major mandated reporter groups combined, by year, by outcome of reports (number and percentage)	123
1.26.3	Reports by other reporter groups combined, by year, by abuse type (number and percentage)	124
1.26.4	Reports by other reporter groups combined, by year, by outcome of reports (number and percentage)	125
1.26.5	Reports by doctors, by year, by abuse type (number and percentage)	126
1.26.6	Reports by doctors, by year, by outcome of reports (number and percentage)	127
1.26.7	Reports by nurses, by year, by abuse type (number and percentage)	128
1.26.8	Reports by nurses, by year, by outcome of reports (number and percentage)	129
1.26.9	Reports by police, by year, by abuse type (number and percentage)	130
1.26.10	Reports by police, by year, by outcome of reports (number and percentage)	131
1.26.11	Reports by school personnel, by year, by abuse type (number and percentage)	132
1.26.12	Reports by school personnel, by year, by outcome of reports (number and percentage)	133
1.26.13	Reports by child care workers, by year, by abuse type (number and percentage)	134
1.26.14	Reports by child care workers, by year, by outcome of reports (number and percentage)	135
1.26.15	Reports by social welfare professionals, by year, by abuse type (number and percentage)	136
1.26.16	Reports by social welfare professionals, by year, by outcome of reports (number and	137

percentage)

1.26.17	Reports by other health professionals, by year, by abuse type (number and percentage)	139
1.26.18	Reports by other health professionals, by year, by outcome of reports (number and percentage)	140

Part 2: Detailed yearly analyses

Table number	TABLE NAME	Page
2.1	Number of reports by year, by abuse type, and outcome, for major mandated reporter groups combined compared with other reporter groups combined	142
2.2	Number of reports of emotional abuse, by year, reporter group, and outcome	145
2.3	Number of reports of neglect, by year, reporter group, and outcome	150
2.4	Number of reports of physical abuse, by year, reporter group, and outcome	155
2.5	Number of reports of sexual abuse, by year, reporter group, and outcome	160
2.6.1	Number of reports by major mandated reporter groups combined, by year, abuse type, and outcome	165
2.6.2	Number of reports by other reporter groups combined, by year, abuse type, and outcome	166
2.6.3	Number of reports by doctors, by year, abuse type, and outcome	167
2.6.4	Number of reports by nurses, by year, abuse type, and outcome	168
2.6.5	Number of reports by police, by year, abuse type, and outcome	169
2.6.6	Number of reports by school personnel, by year, abuse type, and outcome	170
2.6.7	Number of reports by child care workers, by year, abuse type, and outcome	171
2.6.8	Number of reports by social welfare professionals, by year, abuse type, and outcome	172
2.6.8	Number of reports by other health professionals, by year, abuse type, and outcome	173

Part 3: Reports of distinct children

Table number	TABLE NAME	Page
3.1	Number of reports for each child who was the subject of a report, over the decade	175
3.2	Total number of children and total number of reports, over the decade	175
3.3	Total number of children and total number of reports, by year	176
3.4	Number of distinct children with multiple reports, by year	176
3.5	Number of distinct children in reports, by reporter group, by year, with percentage change	177
3.5.1	Number of distinct children in reports, by reporter group, by year, as a percentage of all reports	178
3.6	Number of distinct children in reports, by abuse type, by year, as a percentage of all reports, with percentage change (with line graph)	179
3.7	Number of distinct children in reports, by outcome of reports, by year, as a percentage of all reporting, with percentage change (with line graph)	179

3.8	Number of reports, and distinct children in reports, by outcome, by year	182
3.9	Number of reports of emotional abuse, and distinct children in reports, by outcome, by year	183
3.10	Number of reports of neglect, and distinct children in reports, by outcome, by year	183
3.11	Number of reports of physical abuse, and distinct children in reports, by outcome, by year	183
3.12	Number of reports of sexual abuse, and distinct children in reports, by outcome, by year	183
3.13	Number of reports in 2003, by abuse type, by number of distinct children	183
3.14	Number of reports in 2003, by outcome of report, by number of distinct children	183
	STAGE APPENDIX A: Number of children aged 16 years and under, by State and Territory, by year (2003-2012)	184

Stage 2

Part 1: Ten year analyses

PART 1: TEN YEAR ANALYSES

Stage 2

Part 1A: Ten year analyses of numbers and outcome of reports

In Stage 2, we present data and analysis regarding the reporting over time, and each year, of different types of child abuse and neglect, by each major reporter group. We also conduct some analyses by combining the reporting practice of mandated reporter groups.

Extensive analyses were conducted, generating a broad range of tabular presentations of various aspects of reporting and report outcomes (see Stage 2 guide to tables, p 83). The table on p 74 entitled *Key data findings and interpretations* presents a condensed summary of key overall trends and our interpretations of these trends. The *Executive Summary* provides a further refined summary of key trends.

The tables and line graphs in this first section provide a broad overview of the decade from 1st January 2003 to 31st December 2012.

1.1 NUMBER OF REPORTS BY YEAR, ALL ABUSE TYPES COMBINED, WITH PERCENTAGE CHANGE (ALL REPORTER GROUPS COMBINED)*

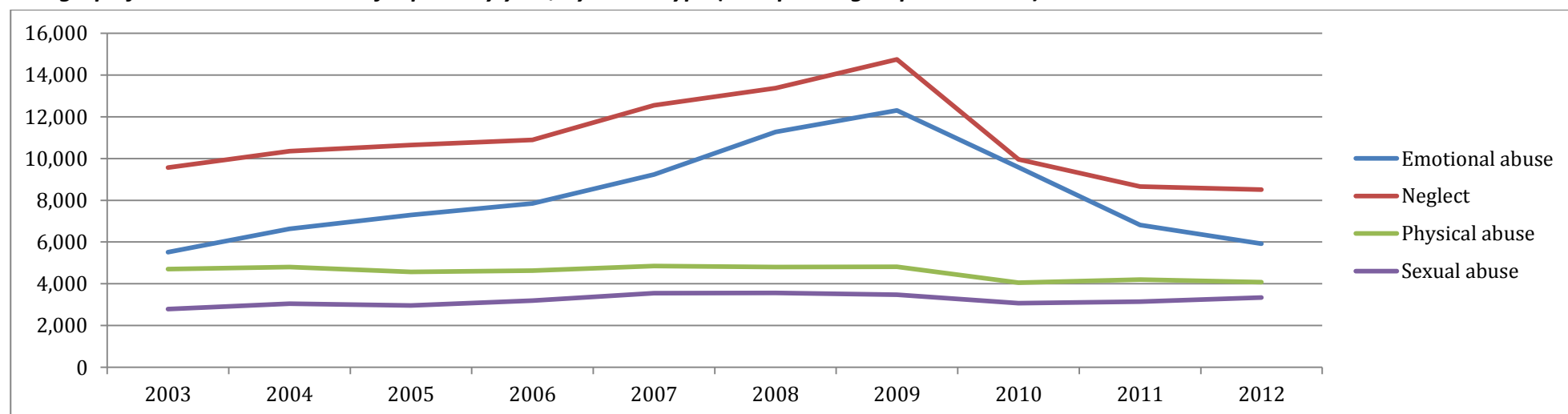
2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Total	% change
22,577	24,836	25,468	26,565	30,182	33,014	35,344	26,655	22,820	21,854	269,315	-3%

* Numbers obtained by adding together numbers for notifications 'screened in' and notifications 'screened out' in aggregate data.

1.2 NUMBER OF REPORTS BY YEAR, BY ABUSE TYPE, WITH PERCENTAGE CHANGE (ALL REPORTER GROUPS COMBINED)*

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Totals	% change
Emotional abuse	5,513	6,637	7,289	7,852	9,235	11,277	12,308	9,579	6,813	5,926	82,429	7%
Neglect	9,565	10,345	10,644	10,886	12,547	13,367	14,741	9,956	8,654	8,509	109,214	-11%
Physical abuse	4,707	4,809	4,569	4,631	4,849	4,806	4,813	4,053	4,207	4,074	45,518	-13%
Sexual abuse	2,792	3,045	2,966	3,196	3,551	3,564	3,482	3,067	3,146	3,345	32,154	20%
Total reports	22,577	24,836	25,468	26,565	30,182	33,014	35,344	26,655	22,820	21,854	269,315	-3%

Line graph for table 1.2: Number of reports by year, by abuse type (all reporter groups combined)

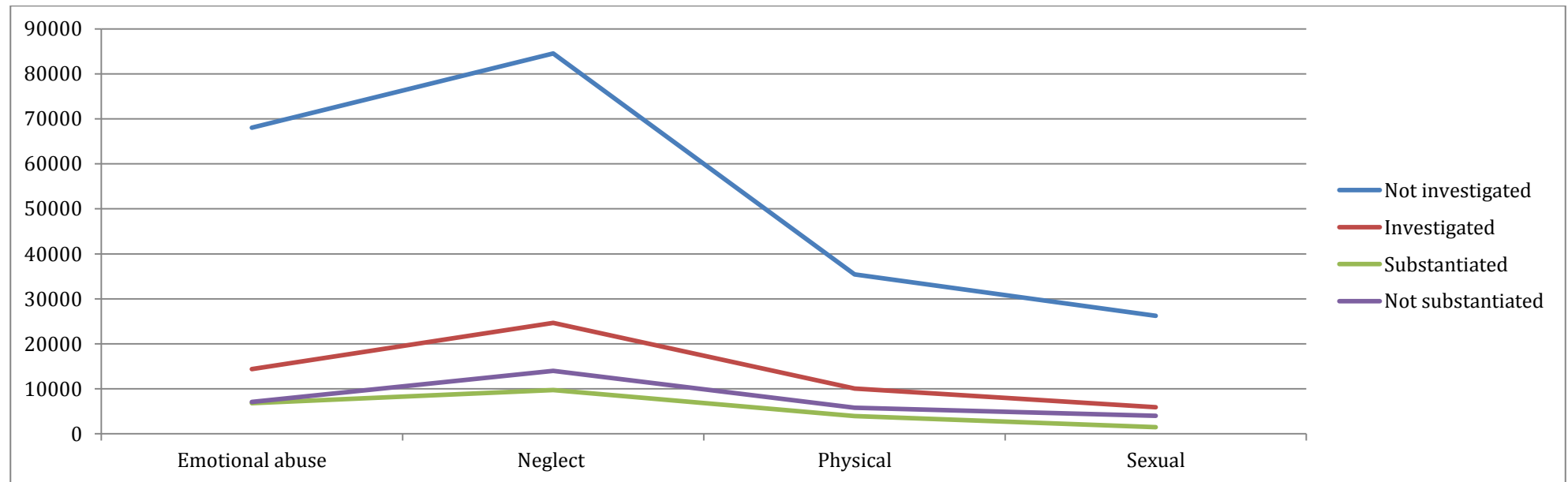


* Numbers obtained by adding together numbers for notifications 'screened in' and notifications 'screened out' in aggregate data.

1.3 NUMBER OF REPORTS, BY ABUSE TYPE, AND OUTCOME OF REPORTS (ALL REPORTER GROUPS COMBINED)

	Not investigated	Investigated*	Substantiated	Not substantiated	Total reports
Emotional abuse	68,037	14,392	6,832	7,105	82,429
Neglect	84,539	24,675	9,732	13,984	109,214
Physical abuse	35,429	10,089	3,929	5,799	45,518
Sexual abuse	26,217	5,937	1,502	4,001	32,154
Totals:	214,222	55,093	21,995	30,889	269,315

Line graph for table 1.3: Number of reports, by abuse type, and outcome of reports (all reporter groups combined)



* The combined number for substantiated and not substantiated notifications in the South Australian data is lower than the number of total investigations as this data contains the category 'investigation in progress' which cannot be included in the analyses of the final outcome of reports.

1.4 NUMBER OF REPORTS BY ABUSE TYPE, AND OUTCOME OF REPORTS, AS A PERCENTAGE OF ALL REPORTS (ALL REPORTER GROUPS COMBINED)

	Not investigated	Investigated	Substantiated	Not substantiated
Emotional abuse	25%	5%	3%	3%
Neglect	31%	9%	4%	5%
Physical abuse	13%	4%	1%	2%
Sexual abuse	10%	2%	1%	1%
Totals:	80%	20%	8%	11%

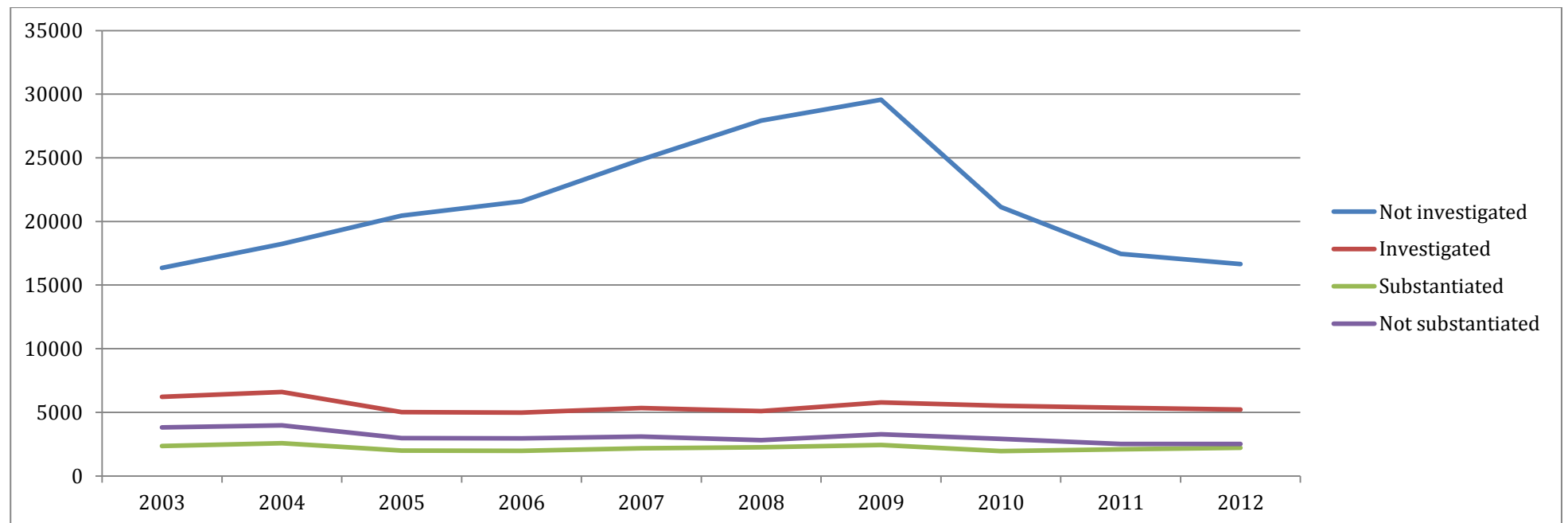
1.5 NUMBER OF REPORTS BY ABUSE TYPE, AS A PERCENTAGE OF ALL REPORTS BY YEAR (ALL REPORTER GROUPS COMBINED)

	Emotional abuse	%	Neglect	%	Physical abuse	%	Sexual abuse	%	Totals:
2003	5,513	24%	9,565	42%	4,707	21%	2,792	12%	22,577
2004	6,637	27%	10,345	42%	4,809	19%	3,045	12%	24,836
2005	7,289	29%	10,644	42%	4,569	18%	2,966	12%	25,468
2006	7,852	30%	10,886	41%	4,631	17%	3,196	12%	26,565
2007	9,235	31%	12,547	42%	4,849	16%	3,551	12%	30,182
2008	11,277	34%	13,367	40%	4,806	15%	3,564	11%	33,014
2009	12,308	35%	14,741	42%	4,813	14%	3,482	10%	35,344
2010	9,579	36%	9,956	37%	4,053	15%	3,067	12%	26,655
2011	6,813	30%	8,654	38%	4,207	18%	3,146	14%	22,820
2012	5,926	27%	8,509	39%	4,074	19%	3,345	15%	21,854
Totals:	82,429	31%	109,214	41%	45,518	17%	32,154	12%	269,315

1.6 NUMBER OF REPORTS BY YEAR, ALL ABUSE TYPES COMBINED, BY OUTCOME OF REPORTS, WITH PERCENTAGE CHANGE (ALL REPORTER GROUPS COMBINED)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Totals	% change
Not investigated	16,357	18,231	20,460	21,583	24,852	27,924	29,563	21,145	17,461	16,646	214,222	2%
Investigated	6,220	6,605	5,008	4,982	5,330	5,090	5,781	5,510	5,359	5,208	55,093	-16%
Substantiated	2,355	2,573	1,995	1,964	2,164	2,251	2,435	1,952	2,095	2,211	21,995	-6%
Not substantiated	3,810	3,974	2,980	2,959	3,100	2,822	3,281	2,919	2,520	2,524	30,889	-34%
Totals:	22,577	24,836	25,468	26,565	30,182	33,014	35,344	26,655	22,820	21,854	269,315	-3%

Line graph for table 1.6: Number of reports by year, all abuse types combined, by outcome of reports (all reporter groups combined)



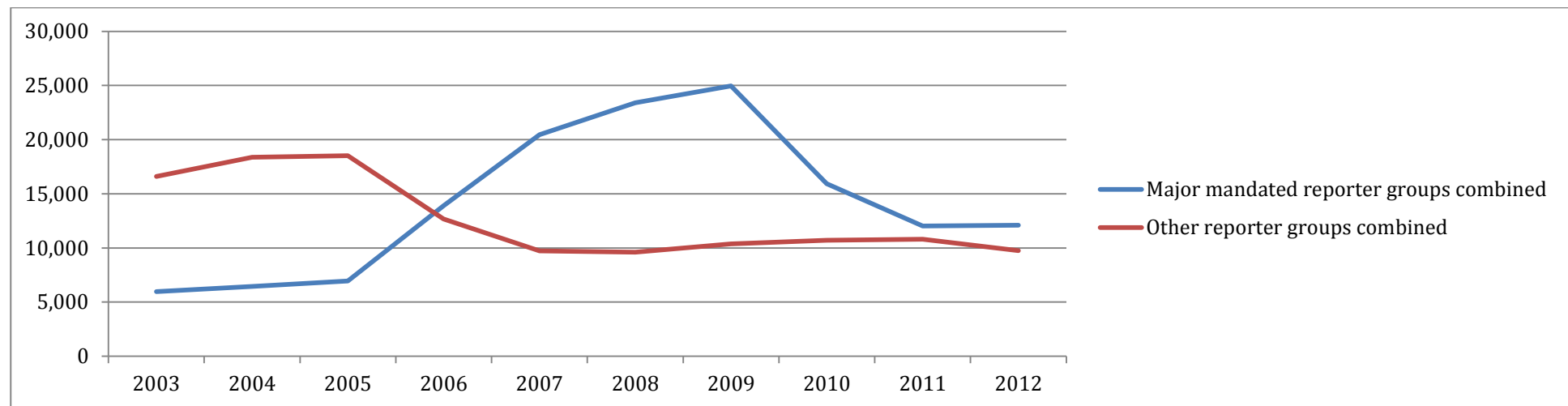
1.7 NUMBER OF REPORTS BY YEAR, BY OUTCOME OF REPORTS, ALL ABUSE TYPES COMBINED, AS A PERCENTAGE OF ALL REPORTS BY YEAR (ALL REPORTER GROUPS COMBINED)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Totals
2003	16,357	72%	6,220	28%	2,355	10%	3,810	17%	22,577
2004	18,231	73%	6,605	27%	2,573	10%	3,974	16%	24,836
2005	20,460	80%	5,008	20%	1,995	8%	2,980	12%	25,468
2006	21,583	81%	4,982	19%	1,964	7%	2,959	11%	26,565
2007	24,852	82%	5,330	18%	2,164	7%	3,100	10%	30,182
2008	27,924	85%	5,090	15%	2,251	7%	2,822	9%	33,014
2009	29,563	84%	5,781	16%	2,435	7%	3,281	9%	35,344
2010	21,145	79%	5,510	21%	1,952	7%	2,919	11%	26,655
2011	17,461	77%	5,359	23%	2,095	9%	2,520	11%	22,820
2012	16,646	76%	5,208	24%	2,211	10%	2,524	12%	21,854
Totals:	214,222	80%	55,093	20%	21,995	8%	30,889	11%	269,315

1.8 NUMBER OF REPORTS BY ALL MAJOR MANDATED REPORTER GROUPS COMBINED, COMPARED WITH OTHER REPORTER GROUPS COMBINED, WITH PERCENTAGE CHANGE

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Totals	% change
Major mandated reporter groups combined	5,966	6,455	6,954	13,890	20,448	23,398	24,970	15,938	12,024	12,110	142,153	103%
Other reporter groups combined	16,611	18,381	18,514	12,675	9,734	9,616	10,374	10,717	10,796	9,744	127,162	-41%
Totals	22,577	24,836	25,468	26,565	30,182	33,014	35,344	26,655	22,820	21,854	269,315	-3%

Line graph for table 1.8: Number of reports by all major mandated reporter groups combined, compared with other reporter groups combined



1.9 NUMBER OF REPORTS BY ALL MAJOR MANDATED REPORTER GROUPS COMBINED, COMPARED WITH OTHER REPORTER GROUPS COMBINED, AS A PERCENTAGE OF ALL REPORTS

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Totals
Major mandated reporter groups combined	26%	26%	27%	52%	68%	71%	71%	60%	53%	55%	53%
Other reporter groups combined	74%	74%	73%	48%	32%	29%	29%	40%	47%	45%	47%

1.10 NUMBER OF REPORTS BY ALL MAJOR MANDATED REPORTER GROUPS COMBINED, COMPARED WITH OTHER REPORTER GROUPS COMBINED, BY OUTCOME OF REPORTS, AS A PERCENTAGE OF ALL REPORTS

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Totals
Major mandated reporter groups combined	113,880	42%	28,273	10%	12,718	5%	14,507	5%	142,153
Other reporter groups combined	100,342	37%	26,820	10%	9,277	3%	16,382	6%	127,162
Totals:	214,222	80%	55,093	20%	21,995	8%	30,889	11%	269,315

1.11 NUMBER OF REPORTS BY ALL MAJOR MANDATED REPORTER GROUPS COMBINED, COMPARED WITH OTHER REPORTER GROUPS COMBINED, BY ABUSE TYPE, AS A PERCENTAGE OF ALL REPORTS

	Emotional abuse	%	Neglect	%	Physical abuse	%	Sexual abuse	%	Totals:
Major mandated reporter groups combined	51,459	19%	51,130	19%	23,338	9%	16,226	6%	142,153
Other reporter groups combined	30,970	11%	58,084	22%	22,180	8%	15,928	6%	127,162
Totals	82,429	31%	109,214	41%	45,518	17%	32,154	12%	269,315

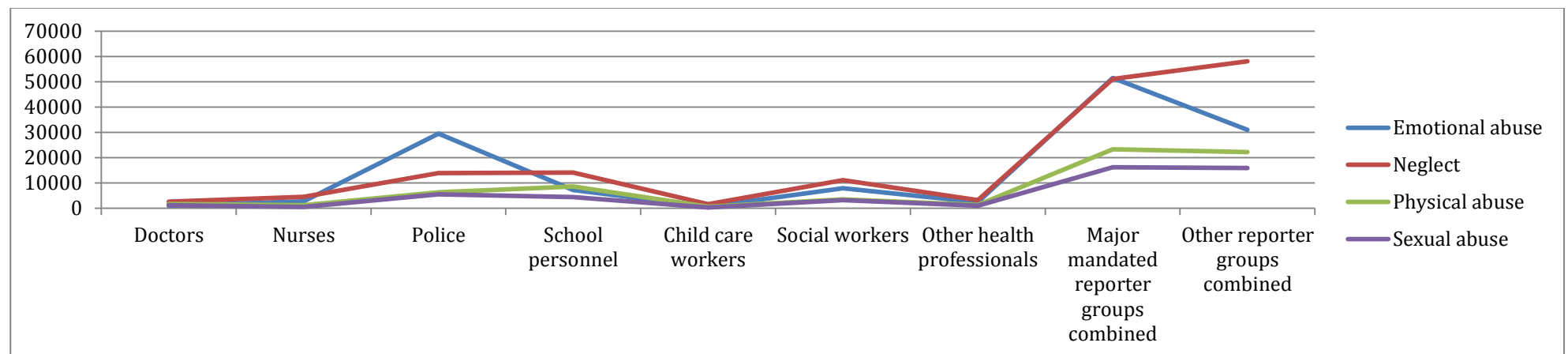
1.12 NUMBER OF REPORTS BY REPORTER GROUP, AND OUTCOME OF REPORTS, AS A PERCENTAGE OF ALL REPORTS (ALL REPORTS OVER DECADE COMBINED, ALL ABUSE TYPES COMBINED)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Totals
Doctors	4,542	2%	2,020	1%	777	0%	1,172	0%	6,562
Nurses	6,360	2%	2,543	1%	933	0%	1,510	1%	8,903
Police	43,483	16%	11,776	4%	6,266	2%	5,151	2%	55,259
School personnel	29,877	11%	4,428	2%	1,655	1%	2,581	1%	34,305
Child care workers	2,611	1%	619	0%	172	0%	434	0%	3,240
Social workers	20,562	8%	5,318	2%	2,286	1%	2,822	1%	25,880
Other health professionals	6,435	2%	1,569	1%	629	0%	801	0%	8,004
Major mandated reporter groups combined	113,880	42%	28,273	10%	12,718	5%	14,507	5%	142,153
Other reporter groups combined	100,342	37%	26,820	10%	9,277	3%	16,382	6%	127,162
Totals:	214,222	80%	55,093	20%	21,995	8%	30,889	11%	269,315

1.13 NUMBER OF REPORTS BY REPORTER GROUP, BY ABUSE TYPE, AS A PERCENTAGE OF ALL REPORTS (ALL REPORTS OVER DECADE COMBINED)

	Emotional abuse	%	Neglect	%	Physical abuse	%	Sexual abuse	%	Totals:
Doctors	1,019	0.4%	2,612	1.0%	1,715	0.6%	1,216	0.5%	6,562
Nurses	2,682	1.0%	4,526	1.7%	1,204	0.4%	491	0.2%	8,903
Police	29,453	10.9%	13,920	5.2%	6,327	2.3%	5,559	2.1%	55,259
School personnel	7,240	2.7%	14,096	5.2%	8,586	3.2%	4,383	1.6%	34,305
Child care workers	648	0.2%	1,596	0.6%	642	0.2%	354	0.1%	3,240
Social workers	7,959	3.0%	11,122	4.1%	3,562	1.3%	3,237	1.2%	25,880
Other health professionals	2,458	0.9%	3,258	1.2%	1,302	0.5%	986	0.4%	8,004
Major mandated reporter groups combined	51,459	19.1%	51,130	19.0%	23,338	8.7%	16,226	6.0%	142,153
Other reporter groups combined	30,970	11.5%	58,084	21.6%	22,180	8.2%	15,928	5.9%	127,162
Totals:	82,429	30.6%	109,214	40.6%	45,518	16.9%	32,154	11.9%	269,315

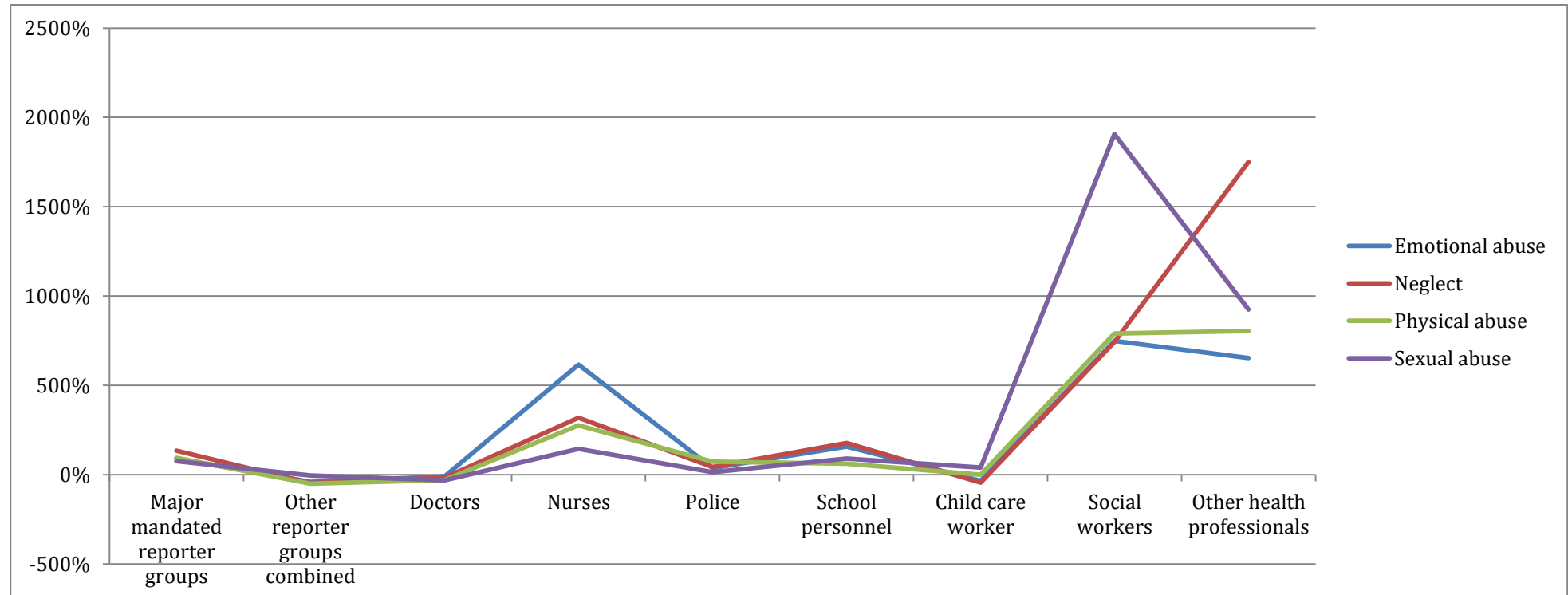
Line graph for table 1.13: Number of reports by reporter group, by abuse type



1.14 PERCENTAGE CHANGES FOR REPORTER GROUP, BY ABUSE TYPE (ALL REPORTS OVER DECADE COMBINED)

	Major mandated reporter groups	Other reporter groups combined	Doctors	Nurses	Police	School personnel	Child care worker	Social workers	Other health professionals
Emotional abuse	90%	-41%	-11%	616%	37%	157%	-34%	749%	653%
Neglect	134%	-47%	-17%	319%	43%	177%	-45%	743%	1750%
Physical abuse	94%	-50%	-31%	276%	73%	61%	0%	790%	805%
Sexual abuse	76%	-4%	-32%	144%	14%	89%	40%	1907%	925%

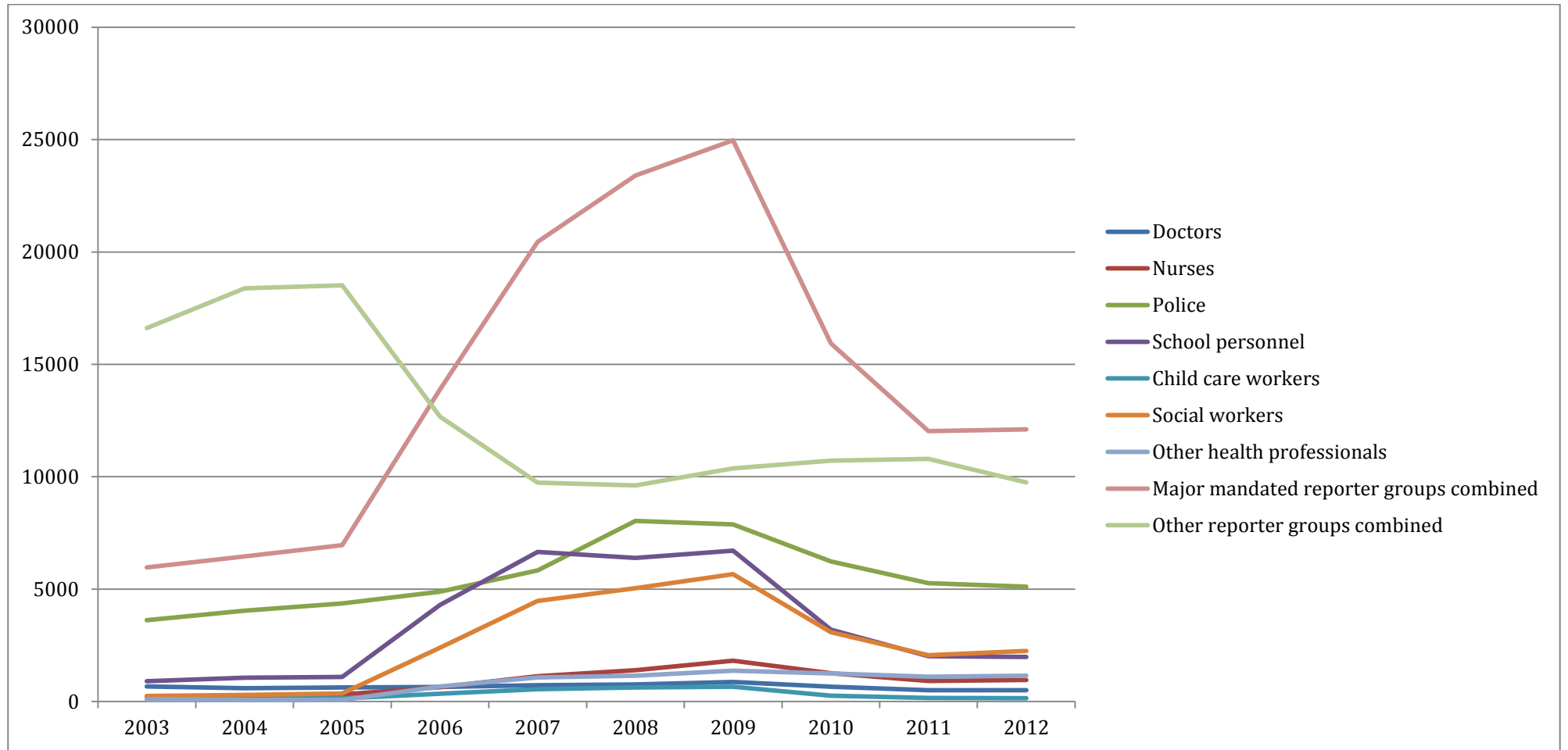
Line graph for table 1.14: Percentage changes for reporter group, by abuse type (all reports over decade combined)



1.15 NUMBER OF REPORTS BY YEAR, BY REPORTER GROUP, WITH PERCENTAGE CHANGE (ALL ABUSE TYPES COMBINED)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Totals	% change
Doctors	667	591	625	653	729	760	866	659	503	509	6,562	-24%
Nurses	216	242	318	637	1,123	1,399	1,820	1,266	918	964	8,903	346%
Police	3,623	4,045	4,359	4,889	5,830	8,035	7,879	6,228	5,266	5,105	55,259	41%
School personnel	901	1,061	1,093	4,300	6,661	6,384	6,708	3,194	2,019	1,984	34,305	120%
Child care workers	211	144	134	344	554	627	664	259	154	149	3,240	-29%
Social workers	244	298	356	2,392	4,481	5,048	5,661	3,083	2,063	2,254	25,880	824%
Other health professionals	104	74	69	675	1,070	1,145	1,372	1,249	1,101	1,145	8004	1001%
Major mandated reporter groups combined	5,966	6,455	6,954	13,890	20,448	23,398	24,970	15,938	12,024	12,110	142,153	103%
Other reporter groups combined	16,611	18,381	18,514	12,675	9,734	9,616	10,374	10,717	10,796	9,744	127,162	-41%
Totals:	22,577	24,836	25,468	26,565	30,182	33,014	35,344	26,655	22,820	21,854	269,315	-3%

Line graph for table 1.15: Number of reports by year, by reporter group (all abuse types combined)



1.15.1 NUMBER OF REPORTS (AND PERCENTAGE OF ALL REPORTS MADE), BY YEAR, BY REPORTER GROUP (ALL ABUSE TYPES COMBINED)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Total reports	% change
Doctors	667 0.2%	591 0.2%	625 0.2%	653 0.2%	729 0.3%	760 0.3%	866 0.3%	659 0.2%	503 0.2%	509 0.2%	6,562 2.4%	-24%
Nurses	216 0.1%	242 0.1%	318 0.1%	637 0.2%	1,123 0.4%	1,399 0.5%	1,820 0.7%	1,266 0.5%	918 0.3%	964 0.4%	8,903 3.3%	346%
Police	3,623 1.3%	4,045 1.5%	4,359 1.6%	4,889 1.8%	5,830 2.2%	8,035 3.0%	7,879 2.9%	6,228 2.3%	5,266 2.0%	5,105 1.9%	55,259 20.5%	41%
School	901 0.3%	1,061 0.4%	1,093 0.4%	4,300 1.6%	6,661 2.5%	6,384 2.4%	6,708 2.5%	3,194 1.2%	2,019 0.7%	1,984 0.7%	34,305 12.7%	120%
Child care workers	211 0.1%	144 0.1%	134 0.0%	344 0.1%	554 0.2%	627 0.2%	664 0.2%	259 0.1%	154 0.1%	149 0.1%	3,240 1.2%	-29%
Social welfare	244 0.1%	298 0.1%	356 0.1%	2,392 0.9%	4,481 1.7%	5,048 1.9%	5,661 2.1%	3,083 1.1%	2,063 0.8%	2,254 0.8%	25,880 9.6%	824%
Other health professionals	104 0.0%	74 0.0%	69 0.0%	675 0.3%	1,070 0.4%	1,145 0.4%	1,372 0.5%	1,249 0.5%	1,101 0.4%	1,145 0.4%	8004 3.0%	1001%
Major mandated reporter groups combined	5,966 2.2%	6,455 2.4%	6,954 2.6%	13,890 5.2%	20,448 7.6%	23,398 8.7%	24,970 9.3%	15,938 5.9%	12,024 4.5%	12,110 4.5%	142,153 52.8%	103%
Other reporter groups combined	16,611 6.2%	18,381 6.8%	18,514 6.9%	12,675 4.7%	9,734 3.6%	9,616 3.6%	10,374 3.9%	10,717 4.0%	10,796 4.0%	9,744 3.6%	127,162 47.2%	-41%
Total reports	22,577	24,836	25,468	26,565	30,182	33,014	35,344	26,655	22,820	21,854	269,315	-3%

1.16 NUMBER OF REPORTS BY YEAR, BY REPORTER GROUP, BY ABUSE TYPE, WITH PERCENTAGE CHANGE

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	% change
Emotional Abuse											
Doctors	91	86	83	96	117	126	155	112	72	81	-11%
Nurses	37	66	91	184	319	417	603	399	301	265	616%
Police	1,609	1,879	2,161	2,465	3,165	4,800	4,773	3,621	2,776	2,204	37%
School personnel	157	199	256	885	1,297	1,350	1,526	761	405	404	157%
Child care workers	38	18	31	88	112	118	135	55	28	25	-34%
Social workers	72	83	98	713	1,336	1,517	1,847	1,094	588	611	749%
Other health professionals	40	19	13	192	335	337	430	443	348	301	653%
Major mandated reporter groups combined	2,044	2,350	2,733	4,623	6,681	8,665	9,469	6,485	4,518	3,891	90%
Other reporter groups combined	3,469	4,287	4,556	3,229	2,554	2,612	2,839	3,094	2,295	2,035	-41%
Total reports:	5,513	6,637	7,289	7,852	9,235	11,277	12,308	9,579	6,813	5,926	7%
Neglect											
Doctors	231	222	256	269	293	312	360	262	215	192	-17%
Nurses	115	111	157	322	601	719	934	647	438	482	319%
Police	1,005	1,162	1,239	1,324	1,510	1,814	1,834	1,362	1,235	1,435	43%
School personnel	291	407	332	1,746	2,788	2,702	2,950	1,271	802	807	177%
Child care workers	121	80	64	152	252	327	348	122	64	66	-45%
Social workers	118	160	202	1,013	1,947	2,197	2,500	1,165	825	995	743%
Other health professionals	26	16	11	263	401	491	604	496	469	481	1750%
Major mandated reporter groups combined	1,907	2,158	2,261	5,089	7,792	8,562	9,530	5,325	4,048	4,458	134%
Other reporter groups combined	7,658	8,187	8,383	5,797	4,755	4,805	5,211	4,631	4,606	4,051	-47%
Total reports:	9,565	10,345	10,644	10,886	12,547	13,367	14,741	9,956	8,654	8,509	-11%

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	% change
Physical Abuse											
Doctors	209	169	165	168	179	195	193	165	128	144	-31%
Nurses	46	52	51	98	134	169	180	171	130	173	276%
Police	540	522	495	534	505	680	627	689	803	932	73%
School personnel	295	299	340	1,073	1,736	1,532	1,508	770	558	475	61%
Child care workers	37	23	22	73	114	116	116	59	45	37	0%
Social workers	39	38	37	319	647	706	686	384	359	347	790%
Other health professionals	22	21	21	133	173	172	218	169	174	199	805%
Major mandated reporter groups combined	1,188	1,124	1,131	2,398	3,488	3,570	3,528	2,407	2,197	2,307	94%
Other reporter groups combined	3,519	3,685	3,438	2,233	1,361	1,236	1,285	1,646	2,010	1,767	-50%
Total reports:	4,707	4,809	4,569	4,631	4,849	4,806	4,813	4,053	4,207	4,074	-13%
Sexual Abuse											
Doctors	136	114	121	120	140	127	158	120	88	92	-32%
Nurses	18	13	19	33	69	94	103	49	49	44	144%
Police	469	482	464	566	650	741	645	556	452	534	14%
School personnel	158	156	165	596	840	800	724	392	254	298	89%
Child care workers	15	23	17	31	76	66	65	23	17	21	40%
Social workers	15	17	19	347	551	628	628	440	291	301	1907%
Other health professionals	16	18	24	87	161	145	120	141	110	164	925%
Major mandated reporter groups combined	827	823	829	1,780	2,487	2,601	2,443	1,721	1,261	1,454	76%
Other reporter groups combined	1,965	2,222	2,137	1,416	1,064	963	1,039	1,346	1,885	1,891	-4%
Total reports:	2,792	3,045	2,966	3,196	3,551	3,564	3,482	3,067	3,146	3,345	20%

1.17 NUMBER OF REPORTS BY REPORTER GROUP, AND OUTCOME OF REPORTS, WITH PERCENTAGE CHANGE (ALL ABUSE TYPES COMBINED)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	% change
Not investigated											
Doctors	446	373	448	473	524	520	619	462	331	346	-22%
Nurses	124	138	224	463	784	1,050	1,369	923	613	672	442%
Police	2,466	2,828	3,325	3,756	4,698	6,770	6,554	4,964	4,217	3,905	58%
School personnel	685	849	931	3,773	5,871	5,731	6,046	2,721	1,665	1,605	134%
Child care workers	158	115	115	284	449	534	527	205	108	116	-27%
Social workers	144	202	258	1,836	3,531	4,123	4,669	2,511	1,579	1,709	1087%
Other health professionals	95	58	62	538	888	982	1,135	962	848	867	813%
Major mandated reporter groups combined	4,118	4,563	5,363	11,123	16,755	19,710	20,919	12,748	9,361	9,220	124%
Other reporter groups combined	12,239	13,668	15,097	10,460	8,097	8,214	8,644	8,397	8,100	7,426	-39%
Total reports:	16,357	18,231	20,460	21,583	24,852	27,924	29,563	21,145	17,461	16,646	2%
Investigated											
Doctors	221	218	177	180	205	240	247	197	172	163	-26%
Nurses	92	104	94	174	339	349	451	343	305	292	217%
Police	1,157	1,217	1,034	1,133	1,132	1,265	1,325	1,264	1,049	1,200	4%
School personnel	216	212	162	527	790	653	662	473	354	379	75%
Child care workers	53	29	19	60	95	93	137	54	46	33	-38%
Social workers	100	96	98	556	950	925	992	572	484	545	445%
Other health professionals	9	16	7	137	182	163	237	287	253	278	2989%
Major mandated reporter groups combined	1,848	1,892	1,591	2,767	3,693	3,688	4,051	3,190	2,663	2,890	56%
Other reporter groups combined	4,372	4,713	3,417	2,215	1,637	1,402	1,730	2,320	2,696	2,318	-47%
Total reports:	6,220	6,605	5,008	4,982	5,330	5,090	5,781	5,510	5,359	5,208	-16%

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	% change
Substantiated											
Doctors	73	79	72	60	82	112	84	77	65	73	0%
Nurses	32	47	39	48	113	115	168	110	109	152	375%
Police	609	642	577	627	621	684	729	572	542	663	9%
School personnel	76	76	77	173	319	276	267	133	123	135	78%
Child care workers	15	6	3	13	31	21	48	14	8	13	-13%
Social workers	35	36	40	246	414	464	433	225	182	211	503%
Other health professionals	0	2	3	49	62	70	86	118	112	127	..
Major mandated reporter groups combined	840	888	811	1,216	1,642	1,742	1,819	1,246	1,141	1,373	63%
Other reporter groups combined	1,515	1,685	1,184	748	522	509	616	706	954	838	-45%
Total reports:	2,355	2,573	1,995	1,964	2,164	2,251	2,435	1,952	2,095	2,211	-6%
Not substantiated											
Doctors	146	137	104	118	120	125	156	108	83	75	-49%
Nurses	60	57	55	126	222	230	276	205	169	110	83%
Police	537	565	448	498	502	579	588	577	409	448	-17%
School personnel	140	131	84	349	458	377	389	290	160	203	45%
Child care workers	37	23	16	47	64	72	89	35	31	20	-46%
Social workers	64	60	56	303	528	455	544	296	229	287	348%
Other health professionals	9	14	4	88	117	93	149	120	104	103	1044%
Major mandated reporter groups combined	993	987	767	1,529	2,011	1,931	2,191	1,645	1,194	1,259	27%
Other reporter groups combined	2,817	2,987	2,213	1,430	1,089	891	1,090	1,273	1,327	1,265	-55%
Total reports:	3,810	3,974	2,980	2,959	3,100	2,822	3,281	2,919	2,520	2,524	-34%

Stage 2

Part 1B: Reporting of individual abuse types over decade

The following tables and line graphs provide detailed analyses of the reporting practices of the major mandated reporter groups, and other reporter groups, over the decade.

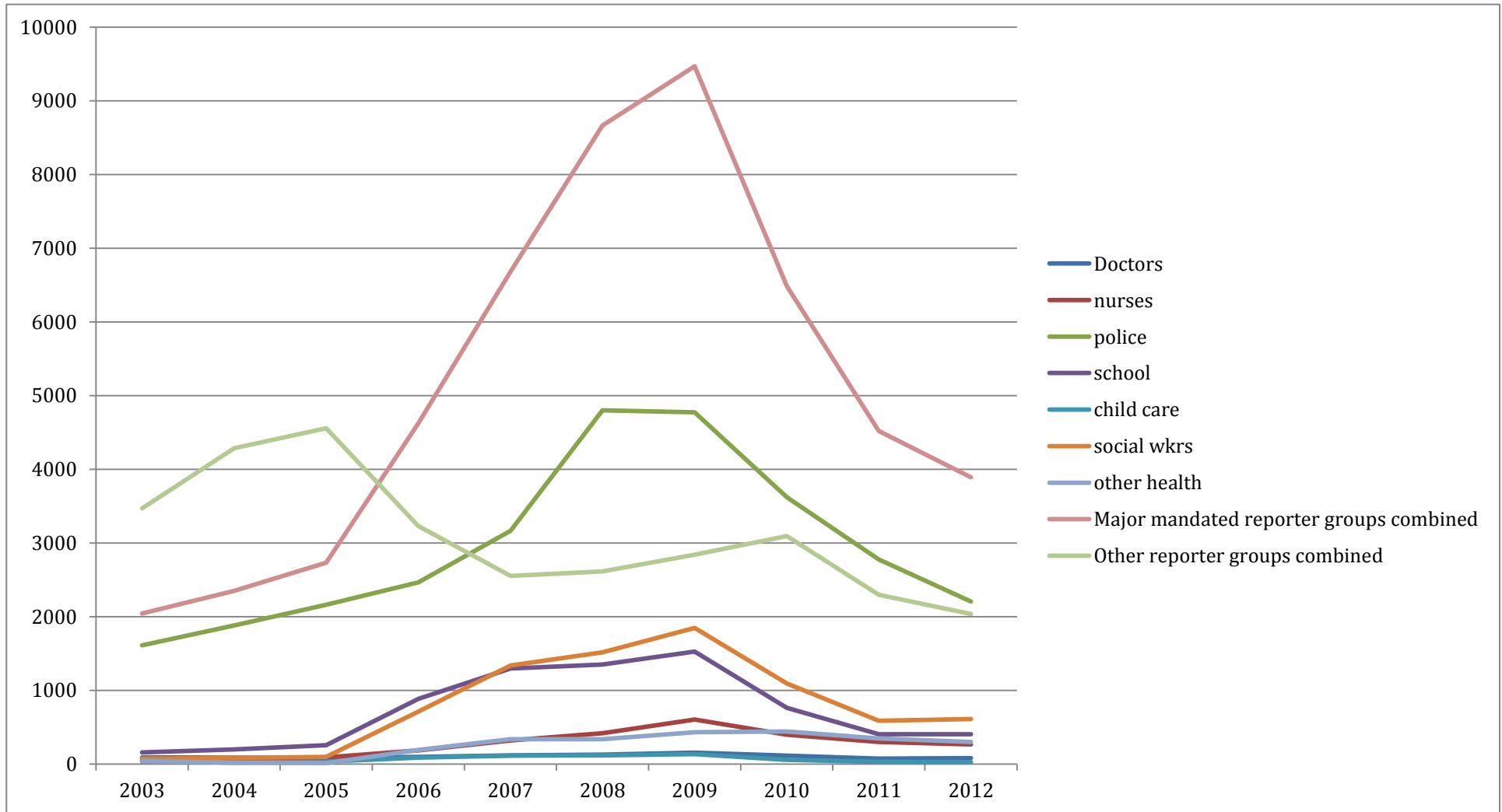
Tables 1.18 to 1.21 show trends in numbers of reports of each type of abuse and neglect by individual reporter groups.

Tables 1.22 to 1.25 show trends in outcomes of reports of each type of abuse and neglect.

1.18 NUMBER OF REPORTS OF EMOTIONAL ABUSE BY YEAR, BY REPORTER GROUP, WITH PERCENTAGE CHANGE

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Totals	% change
Doctors	91	86	83	96	117	126	155	112	72	81	1,019	-11%
Nurses	37	66	91	184	319	417	603	399	301	265	2,682	616%
Police	1,609	1,879	2,161	2,465	3,165	4,800	4,773	3,621	2,776	2,204	29,453	37%
School personnel	157	199	256	885	1,297	1,350	1,526	761	405	404	7,240	157%
Child care workers	38	18	31	88	112	118	135	55	28	25	648	-34%
Social workers	72	83	98	713	1,336	1,517	1,847	1,094	588	611	7,959	749%
Other health professionals	40	19	13	192	335	337	430	443	348	301	2,458	653%
Major mandated reporter groups combined	2,044	2,350	2,733	4,623	6,681	8,665	9,469	6,485	4,518	3,891	51,459	90%
Other reporter groups	3,469	4,287	4,556	3,229	2,554	2,612	2,839	3,094	2,295	2,035	30,970	-41%
TOTALS:	5,513	6,637	7,289	7,852	9,235	11,277	12,308	9,579	6,813	5,926	82,429	7%

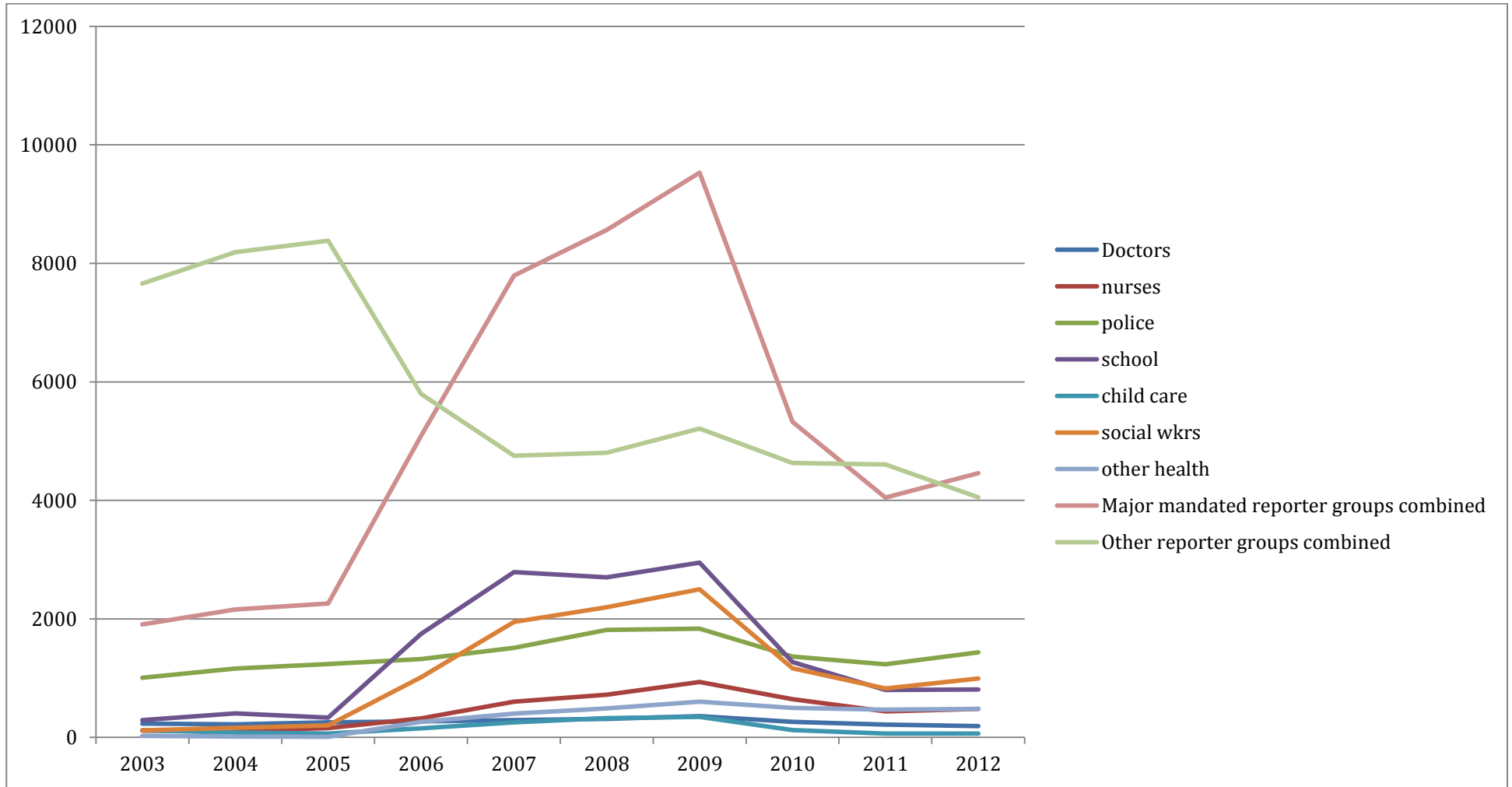
Line graph for table 1.18: Number of reports of emotional abuse by year, by reporter group



1.19 NUMBER OF REPORTS OF NEGLECT BY YEAR, BY REPORTER GROUP, WITH PERCENTAGE CHANGE

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Totals	% change
Doctors	231	222	256	269	293	312	360	262	215	192	2,612	-17%
Nurses	115	111	157	322	601	719	934	647	438	482	4,526	319%
Police	1,005	1,162	1,239	1,324	1,510	1,814	1,834	1,362	1,235	1,435	13,920	43%
School personnel	291	407	332	1,746	2,788	2,702	2,950	1,271	802	807	14,096	177%
Child care workers	121	80	64	152	252	327	348	122	64	66	1,596	-45%
Social workers	118	160	202	1,013	1,947	2,197	2,500	1,165	825	995	11,122	743%
Other health professionals	26	16	11	263	401	491	604	496	469	481	3,258	1750%
Major mandated reporter groups combined	1,907	2,158	2,261	5,089	7,792	8,562	9,530	5,325	4,048	4,458	51,130	134%
Other reporter groups	7,658	8,187	8,383	5,797	4,755	4,805	5,211	4,631	4,606	4,051	58,084	-47%
TOTALS:	9,565	10,345	10,644	10,886	12,547	13,367	14,741	9,956	8,654	8,509	109,214	-11%

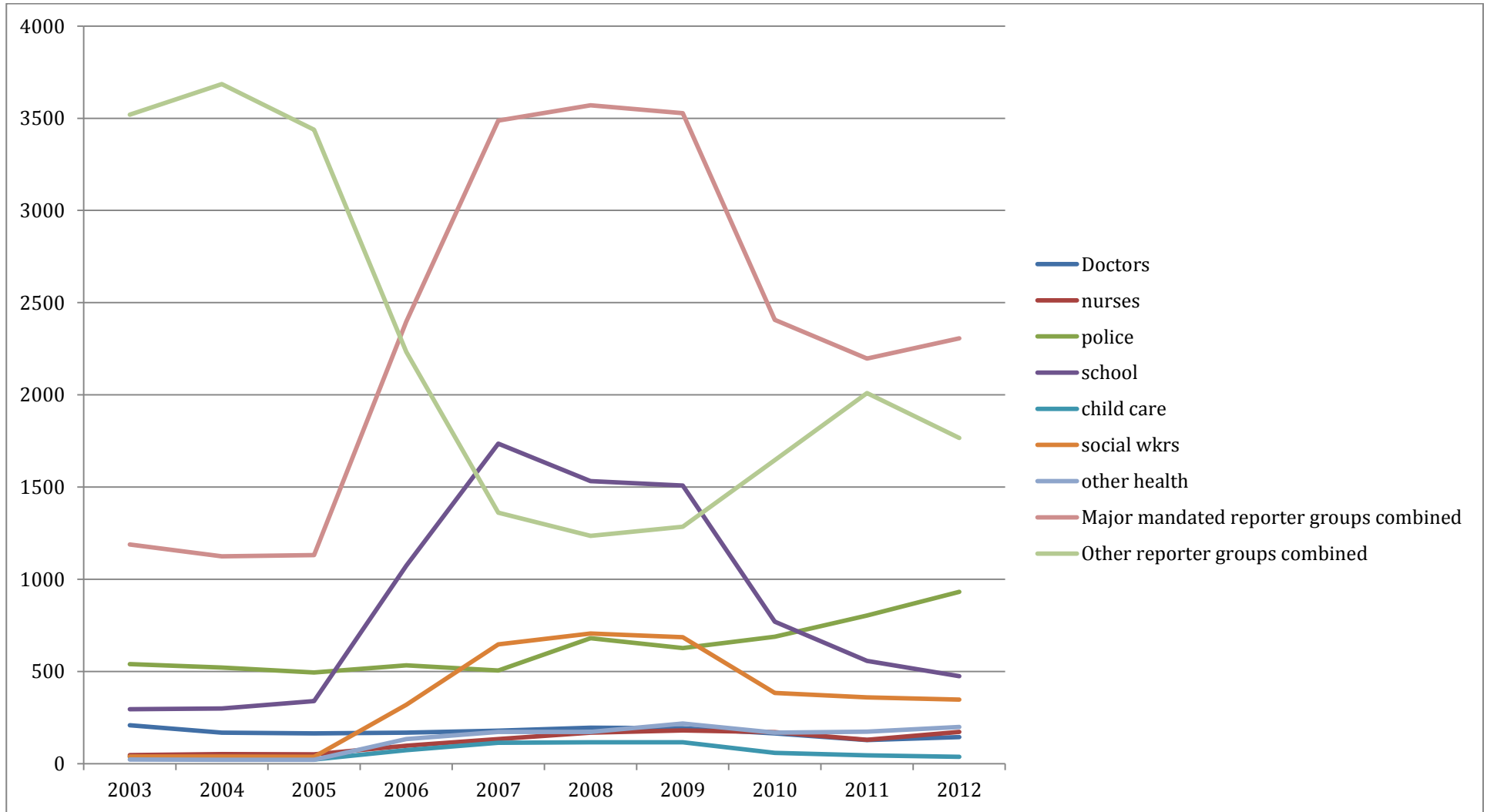
Line graph for table 1.19: Number of reports of neglect by year, by reporter group



1.20 NUMBER OF REPORTS OF PHYSICAL ABUSE BY YEAR, BY REPORTER GROUP, WITH PERCENTAGE CHANGE

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Totals	% change
Doctors	209	169	165	168	179	195	193	165	128	144	1,715	-31%
Nurses	46	52	51	98	134	169	180	171	130	173	1,204	276%
Police	540	522	495	534	505	680	627	689	803	932	6,327	73%
School personnel	295	299	340	1,073	1,736	1,532	1,508	770	558	475	8,586	61%
Child care workers	37	23	22	73	114	116	116	59	45	37	642	0%
Social workers	39	38	37	319	647	706	686	384	359	347	3,562	790%
Other health professionals	22	21	21	133	173	172	218	169	174	199	1,302	805%
Major mandated reporter groups combined	1,188	1,124	1,131	2,398	3,488	3,570	3,528	2,407	2,197	2,307	23,338	94%
Other reporter groups	3,519	3,685	3,438	2,233	1,361	1,236	1,285	1,646	2,010	1,767	22,180	-50%
TOTALS:	4,707	4,809	4,569	4,631	4,849	4,806	4,813	4,053	4,207	4,074	45,518	-13%

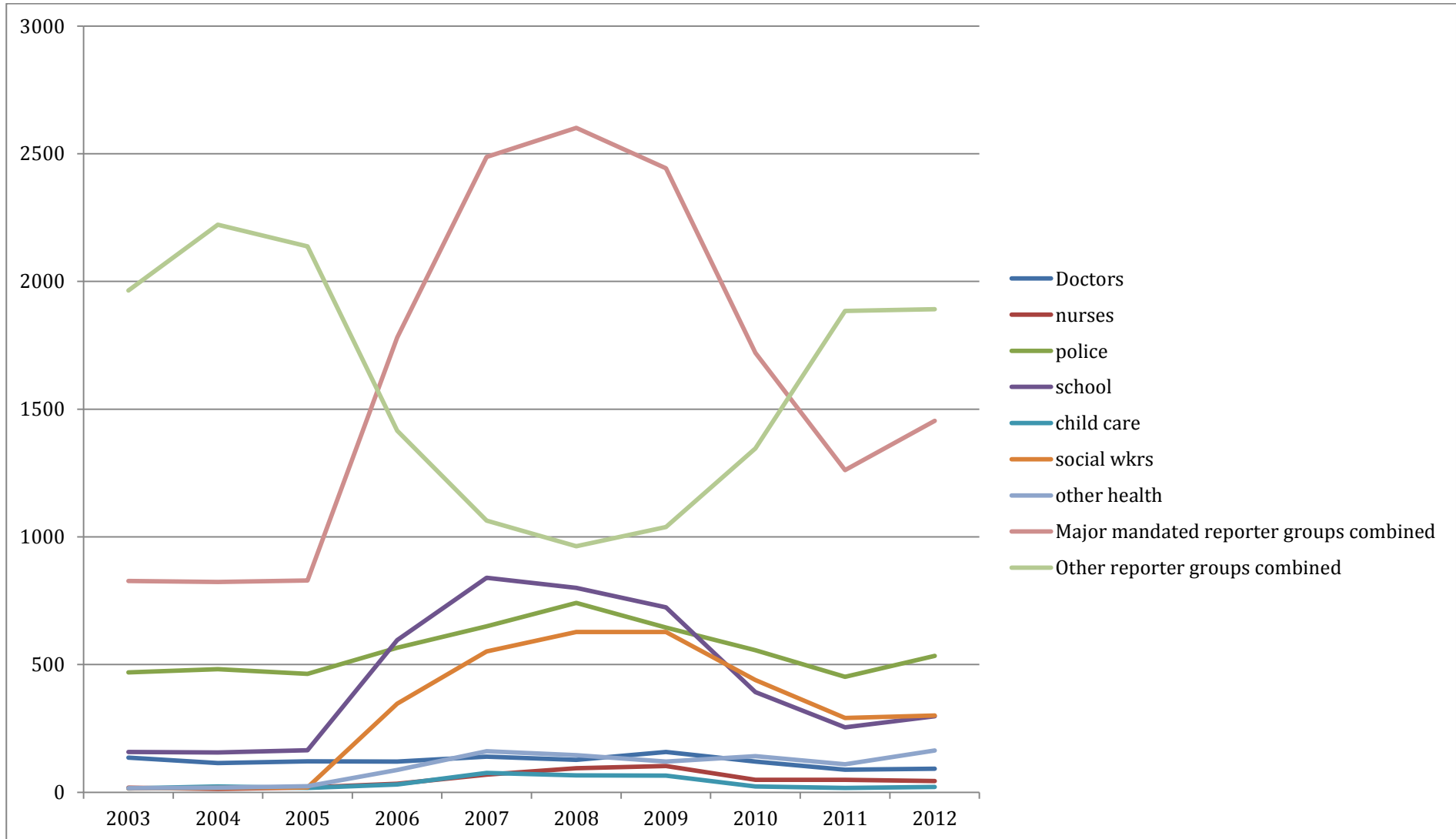
Line graph for table 1.20: Number of reports of physical abuse by year, by reporter group



1.21 NUMBER OF REPORTS OF SEXUAL ABUSE BY YEAR, BY REPORTER GROUP, WITH PERCENTAGE CHANGE

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Totals	% change
Doctors	136	114	121	120	140	127	158	120	88	92	1,216	-32%
Nurses	18	13	19	33	69	94	103	49	49	44	491	144%
Police	469	482	464	566	650	741	645	556	452	534	5,559	14%
School personnel	158	156	165	596	840	800	724	392	254	298	4,383	89%
Child care workers	15	23	17	31	76	66	65	23	17	21	354	40%
Social workers	15	17	19	347	551	628	628	440	291	301	3,237	1907%
Other health professionals	16	18	24	87	161	145	120	141	110	164	986	925%
Major mandated reporter groups combined	827	823	829	1,780	2,487	2,601	2,443	1,721	1,261	1,454	16,226	76%
Other reporter groups	1,965	2,222	2,137	1,416	1,064	963	1,039	1,346	1,885	1,891	15,928	-4%
TOTALS:	2,792	3,045	2,966	3,196	3,551	3,564	3,482	3,067	3,146	3,345	32,154	20%

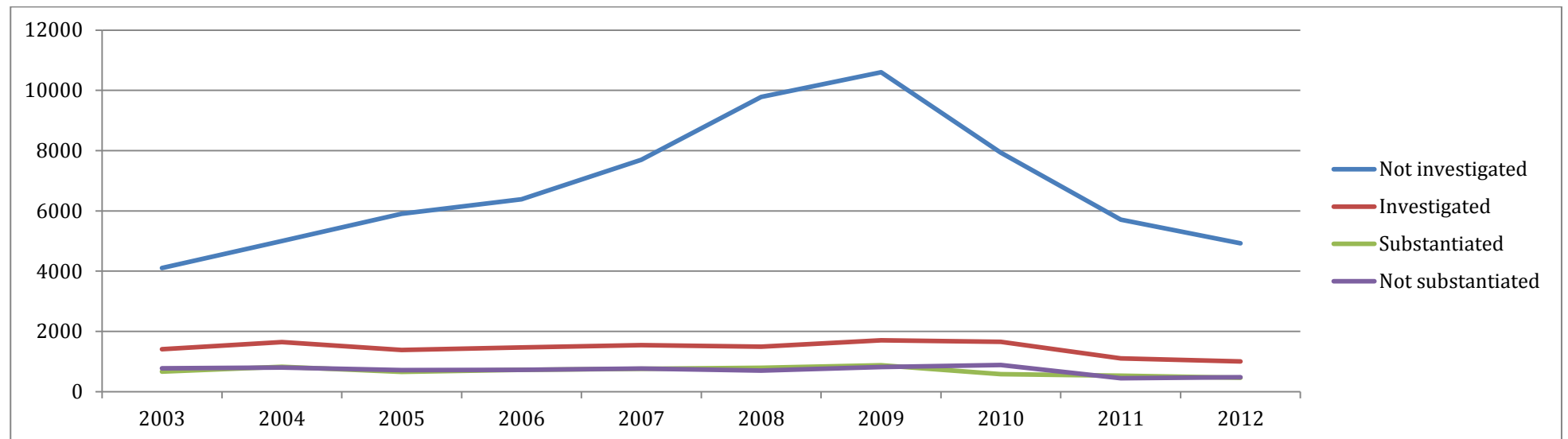
Line graph for table 1.21: Number of reports of sexual abuse by year, by reporter group



1.22 NUMBER OF REPORTS OF EMOTIONAL ABUSE BY YEAR, WITH OUTCOME OF REPORT BY NUMBER AND PERCENTAGE (ALL REPORTER GROUPS COMBINED)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Total
2003	4,106	74%	1,407	26%	662	12%	772	14%	5,513
2004	4,996	75%	1,641	25%	827	12%	800	12%	6,637
2005	5,905	81%	1,384	19%	660	9%	713	10%	7,289
2006	6,385	81%	1,467	19%	725	9%	727	9%	7,852
2007	7,695	83%	1,540	17%	758	8%	768	8%	9,235
2008	9,785	87%	1,492	13%	788	7%	698	6%	11,277
2009	10,604	86%	1,704	14%	877	7%	820	7%	12,308
2010	7,929	83%	1,650	17%	584	6%	885	9%	9,579
2011	5,707	84%	1,106	16%	527	8%	444	7%	6,813
2012	4,925	83%	1,001	17%	464	8%	478	8%	5,926
Totals:	68,037	83%	14,392	17%	6,872	8%	7,105	9%	82,429

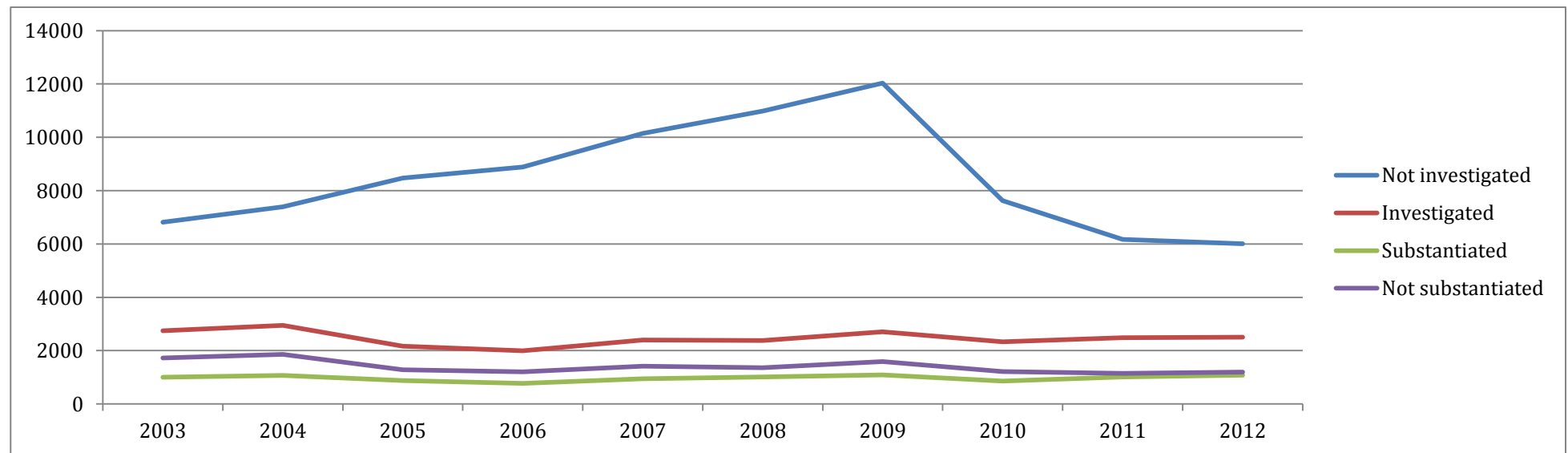
Line graph for table 1.22: Number of reports of emotional abuse by year, with outcome of report (all reporter groups combined)



1.23 NUMBER OF REPORTS OF NEGLECT BY YEAR, WITH OUTCOME OF REPORT BY NUMBER AND PERCENTAGE (ALL REPORTER GROUPS COMBINED)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Total
2003	6,818	71%	2,747	29%	1,007	11%	1,724	18%	9,565
2004	7,396	71%	2,949	29%	1,073	10%	1,856	18%	10,345
2005	8,475	80%	2,169	20%	881	8%	1,281	12%	10,644
2006	8,887	82%	1,999	18%	770	7%	1,201	11%	10,886
2007	10,148	81%	2,399	19%	948	8%	1,418	11%	12,547
2008	10,984	82%	2,383	18%	1,012	8%	1,363	10%	13,367
2009	12,036	82%	2,705	18%	1,088	7%	1,587	11%	14,741
2010	7,623	77%	2,333	23%	860	9%	1,212	12%	9,956
2011	6,167	71%	2,487	29%	1,010	12%	1,144	13%	8,654
2012	6,005	71%	2,504	29%	1,083	13%	1,198	14%	8,509
Totals:	84,539	77%	24,675	23%	9,732	9%	13,984	13%	109,214

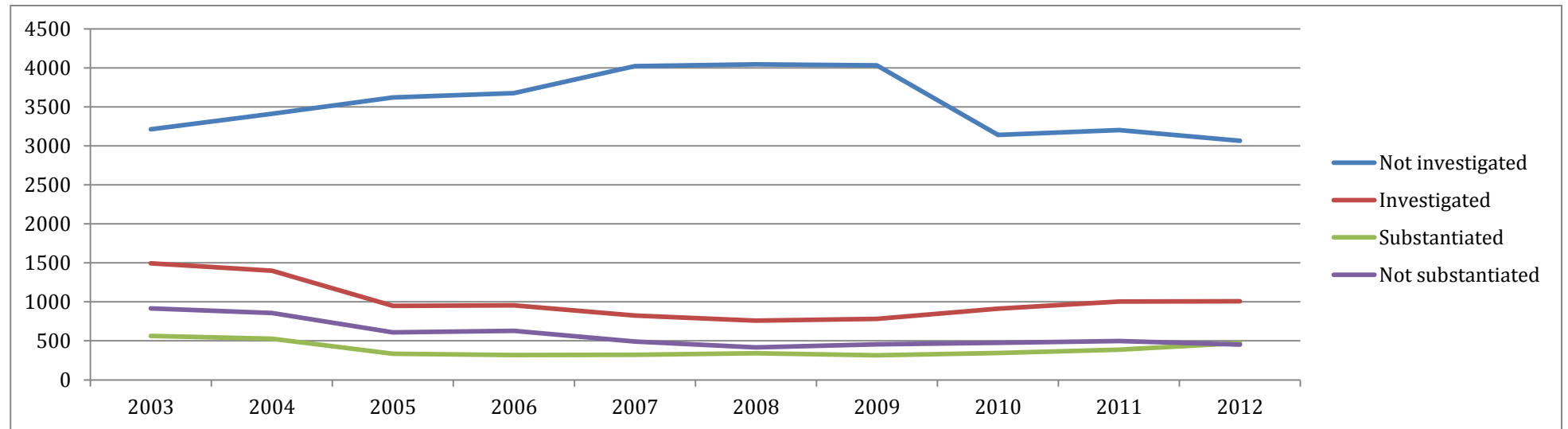
Line graph for table 1.23: Number of reports of neglect by year, with outcome of report (all reporter groups combined)



1.24 NUMBER OF REPORTS OF PHYSICAL ABUSE BY YEAR, WITH OUTCOME OF REPORT BY NUMBER AND PERCENTAGE (ALL REPORTER GROUPS COMBINED)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Total
2003	3,213	68%	1,494	32%	565	12%	917	19%	4,707
2004	3,410	71%	1,399	29%	528	11%	856	18%	4,809
2005	3,620	79%	949	21%	335	7%	609	13%	4,569
2006	3,677	79%	954	21%	318	7%	628	14%	4,631
2007	4,023	83%	826	17%	323	7%	493	10%	4,849
2008	4,046	84%	760	16%	341	7%	417	9%	4,806
2009	4,031	84%	782	16%	316	7%	455	9%	4,813
2010	3,140	77%	913	23%	345	9%	475	12%	4,053
2011	3,203	76%	1,004	24%	386	9%	498	12%	4,207
2012	3,066	75%	1,008	25%	472	12%	451	11%	4,074
Totals:	35,429	78%	10,089	22%	3,929	9%	5,799	13%	45,518

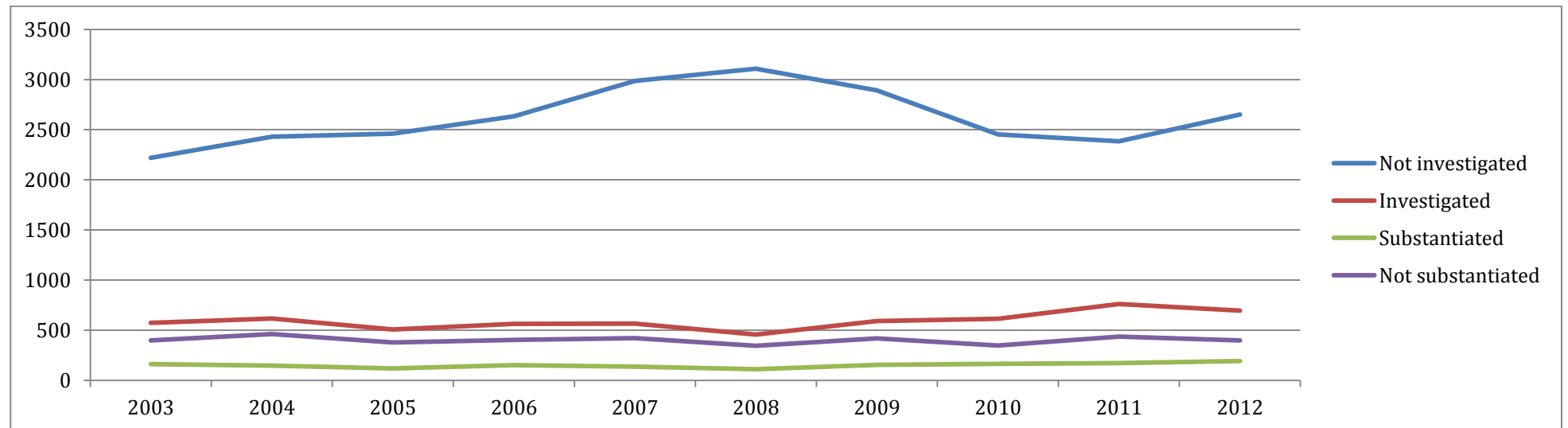
Line graph for table 1.24: Number of reports of physical abuse by year, with outcome of report (all reporter groups combined)



1.25 NUMBER OF REPORTS OF SEXUAL ABUSE BY YEAR, WITH OUTCOME OF REPORT BY NUMBER AND PERCENTAGE (ALL REPORTER GROUPS COMBINED)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Total
2003	2,220	80%	572	20%	161	6%	397	14%	2,792
2004	2,429	80%	616	20%	145	5%	462	15%	3,045
2005	2,460	83%	506	17%	119	4%	377	13%	2,966
2006	2,634	82%	562	18%	151	5%	403	13%	3,196
2007	2,986	84%	565	16%	135	4%	421	12%	3,551
2008	3,109	87%	455	13%	110	3%	344	10%	3,564
2009	2,892	83%	590	17%	154	4%	419	12%	3,482
2010	2,453	80%	614	20%	163	5%	346	11%	3,067
2011	2,384	76%	762	24%	172	5%	435	14%	3,146
2012	2,650	79%	695	21%	192	6%	397	12%	3,345
Totals:	26,217	82%	5,937	18%	1,502	5%	4,001	12%	32,154

Line graph for table 1.25: Number of reports of sexual abuse by year, with outcome of report (all reporter groups combined)



Stage 2

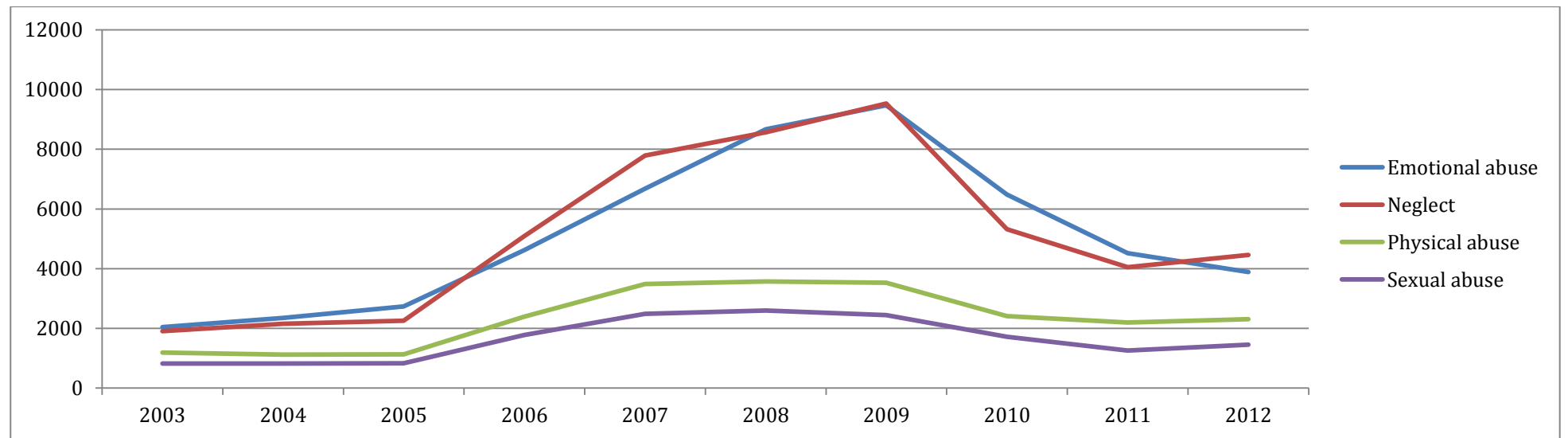
Part 1C: Reporting by different reporter groups over decade

The following tables and line graphs present overviews by year, of the reporting by each reporter group of each type of abuse and neglect, and of the outcomes of these reports.

1.26.1 REPORTS BY MAJOR MANDATED REPORTER GROUPS COMBINED, BY YEAR, BY ABUSE TYPE (NUMBER AND PERCENTAGE)

	Emotional abuse	%	Neglect	%	Physical abuse	%	Sexual abuse	%	Total
2003	2,044	34%	1,907	32%	1,188	20%	827	14%	5,966
2004	2,350	36%	2,158	33%	1,124	17%	823	13%	6,455
2005	2,733	39%	2,261	33%	1,131	16%	829	12%	6,954
2006	4,623	33%	5,089	37%	2,398	17%	1,780	13%	13,890
2007	6,681	33%	7,792	38%	3,488	17%	2,487	12%	20,448
2008	8,665	37%	8,562	37%	3,570	15%	2,601	11%	23,398
2009	9,469	38%	9,530	38%	3,528	14%	2,443	10%	24,970
2010	6,485	41%	5,325	33%	2,407	15%	1,721	11%	15,938
2011	4,518	38%	4,048	34%	2,197	18%	1,261	10%	12,024
2012	3,891	32%	4,458	37%	2,307	19%	1,454	12%	12,110
Totals:	51,459	36%	51,130	36%	23,338	16%	16,226	11%	142,153

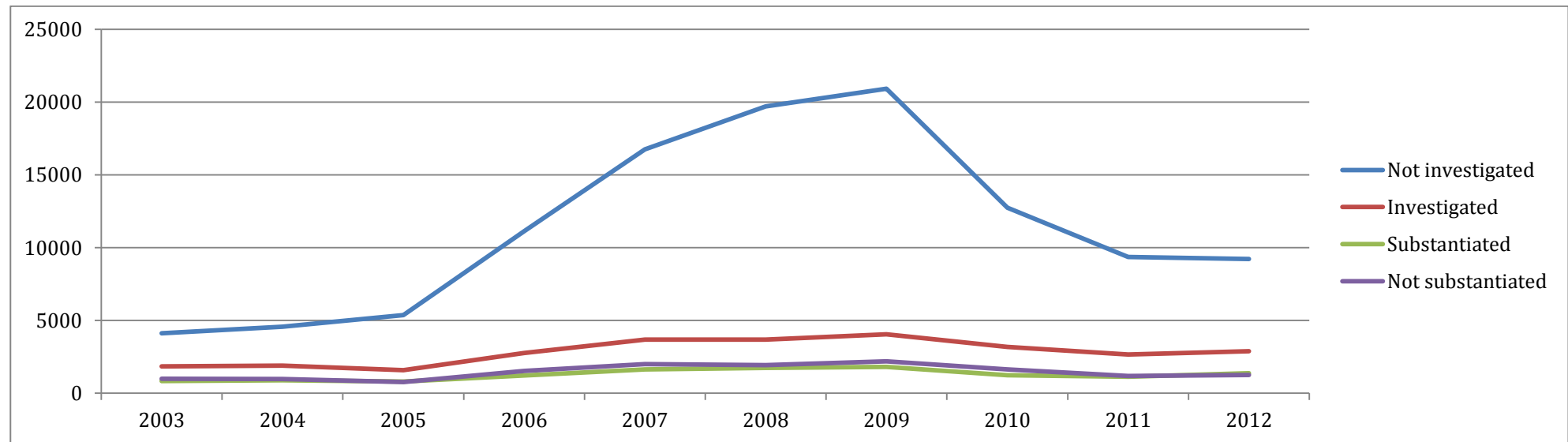
Line graph for table 1.26.1: Reports by major mandated reporter groups combined, by year, by abuse type



1.26.2 REPORTS BY MAJOR MANDATED REPORTER GROUPS COMBINED, BY YEAR, BY OUTCOME OF REPORTS (NUMBER AND PERCENTAGE)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Total
2003	4,118	69%	1,848	31%	840	14%	993	17%	5,966
2004	4,563	71%	1,892	29%	888	14%	987	15%	6,455
2005	5,363	77%	1,591	23%	811	12%	767	11%	6,954
2006	11,123	80%	2,767	20%	1,216	9%	1,529	11%	13,890
2007	16,755	82%	3,693	18%	1,642	8%	2,011	10%	20,448
2008	19,710	84%	3,688	16%	1,742	7%	1,931	8%	23,398
2009	20,919	84%	4,051	16%	1,819	7%	2,191	9%	24,970
2010	12,748	80%	3,190	20%	1,246	8%	1,645	10%	15,938
2011	9,361	78%	2,663	22%	1,141	9%	1,194	10%	12,024
2012	9,220	76%	2,890	24%	1,373	11%	1,259	10%	12,110
Totals:	113,880	80%	28,273	20%	12,718	9%	14,507	10%	142,153

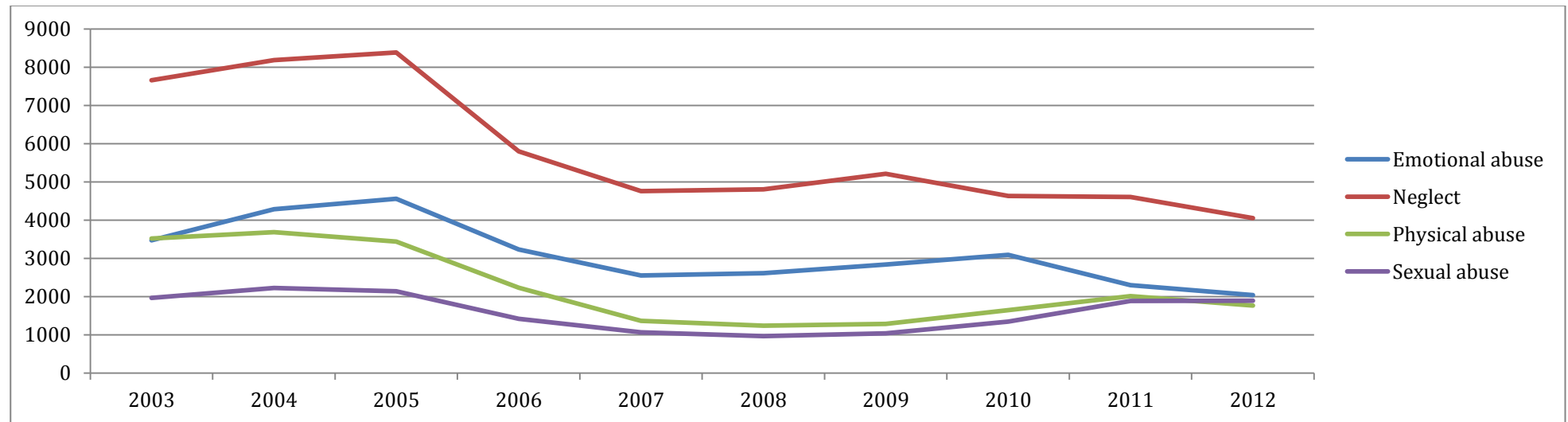
Line graph for table 1.26.2: Reports by major mandated reporter groups combined, by year, by outcome of reports



1.26.3 REPORTS BY OTHER REPORTER GROUPS COMBINED, BY YEAR, BY ABUSE TYPE (NUMBER AND PERCENTAGE)

	Emotional abuse	%	Neglect	%	Physical abuse	%	Sexual abuse	%	Total
2003	3,469	21%	7,658	46%	3,519	21%	1,965	12%	16,611
2004	4,287	23%	8,187	45%	3,685	20%	2,222	12%	18,381
2005	4,556	25%	8,383	45%	3,438	19%	2,137	12%	18,514
2006	3,229	25%	5,797	46%	2,233	18%	1,416	11%	12,675
2007	2,554	26%	4,755	49%	1,361	14%	1,064	11%	9,734
2008	2,612	27%	4,805	50%	1,236	13%	963	10%	9,616
2009	2,839	27%	5,211	50%	1,285	12%	1,039	10%	10,374
2010	3,094	29%	4,631	43%	1,646	15%	1,346	13%	10,717
2011	2,295	21%	4,606	43%	2,010	19%	1,885	17%	10,796
2012	2,035	21%	4,051	42%	1,767	18%	1,891	19%	9,744
Totals:	30,970	24%	58,084	46%	22,180	17%	15,928	13%	127,162

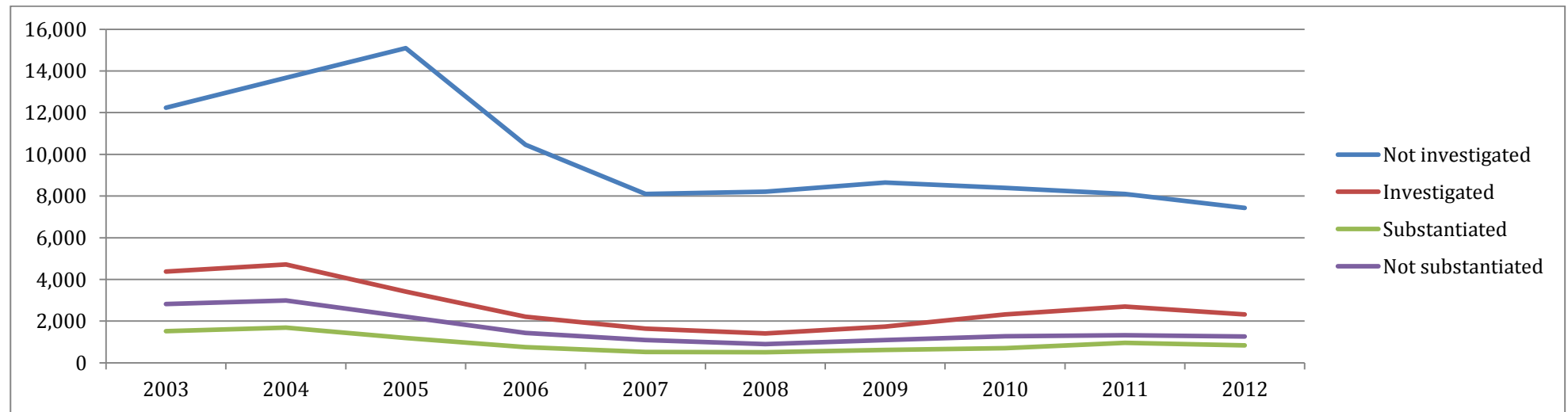
Line graph for table 1.26.3: Reports by other reporter groups combined, by year, by abuse type



1.26.4 REPORTS BY OTHER REPORTER GROUPS COMBINED, BY YEAR, BY OUTCOME OF REPORTS (NUMBER AND PERCENTAGE)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Total
2003	12,239	74%	4,372	26%	1,515	9%	2,817	17%	16,611
2004	13,668	74%	4,713	26%	1,685	9%	2,987	16%	18,381
2005	15,097	82%	3,417	18%	1,184	6%	2,213	12%	18,514
2006	10,460	83%	2,215	17%	748	6%	1,430	11%	12,675
2007	8,097	83%	1,637	17%	522	5%	1,089	11%	9,734
2008	8,214	85%	1,402	15%	509	5%	891	9%	9,616
2009	8,644	83%	1,730	17%	616	6%	1,090	11%	10,374
2010	8,397	78%	2,320	22%	706	7%	1,273	12%	10,717
2011	8,100	75%	2,696	25%	954	9%	1,327	12%	10,796
2012	7,426	76%	2,318	24%	838	9%	1,265	13%	9,744
Totals:	100,342	79%	26,820	21%	9,277	7%	16,382	13%	127,162

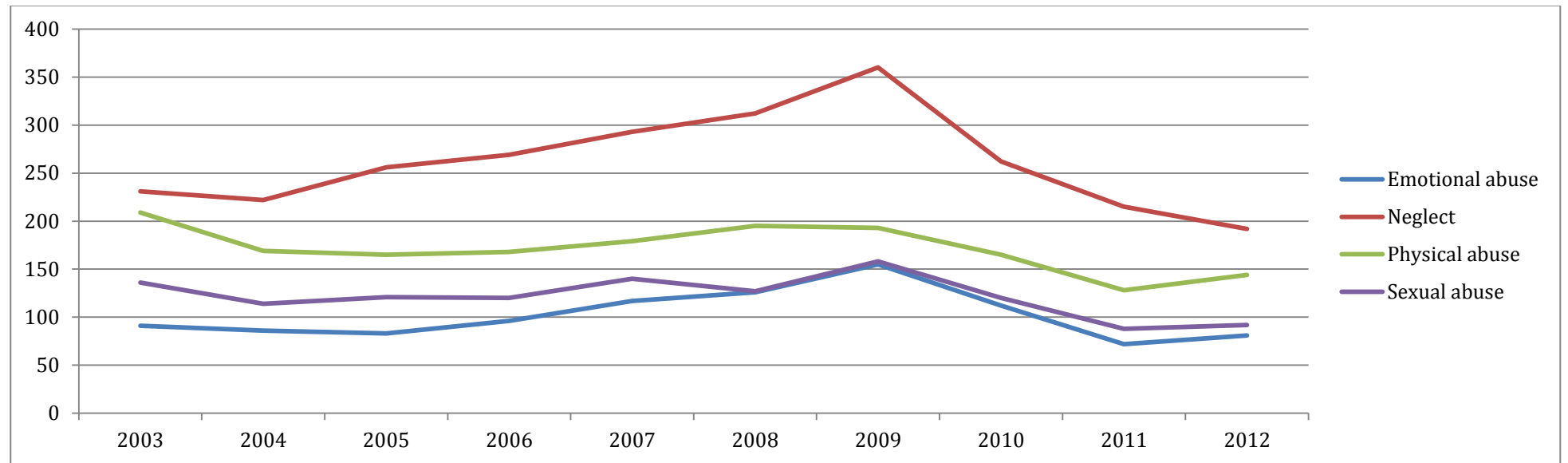
Line graph for table 1.26.4: Reports by other reporter groups combined, by year, by outcome of reports



1.26.5 REPORTS BY DOCTORS, BY YEAR, BY ABUSE TYPE (NUMBER AND PERCENTAGE)

	Emotional abuse	%	Neglect	%	Physical abuse	%	Sexual abuse	%	Totals:
2003	91	14%	231	35%	209	31%	136	20%	667
2004	86	15%	222	38%	169	29%	114	19%	591
2005	83	13%	256	41%	165	26%	121	19%	625
2006	96	15%	269	41%	168	26%	120	18%	653
2007	117	16%	293	40%	179	25%	140	19%	729
2008	126	17%	312	41%	195	26%	127	17%	760
2009	155	18%	360	42%	193	22%	158	18%	866
2010	112	17%	262	40%	165	25%	120	18%	659
2011	72	14%	215	43%	128	25%	88	17%	503
2012	81	16%	192	38%	144	28%	92	18%	509
Totals:	1,019	16%	2,612	40%	1,715	26%	1,216	19%	6,562

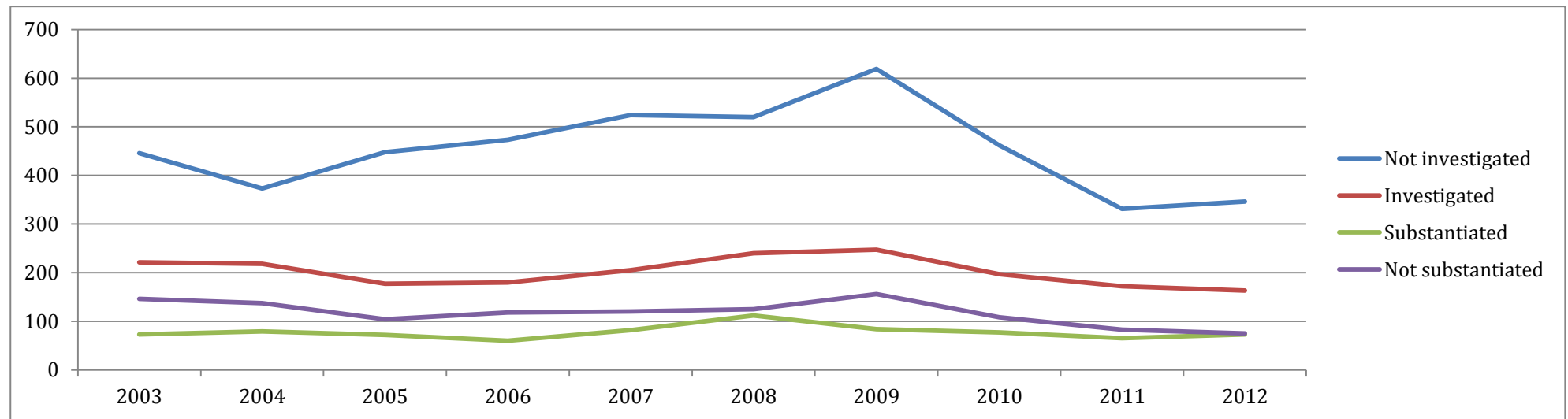
Line graph for table 1.26.5: Reports by doctors, by year, by abuse type



1.26.6 REPORTS BY DOCTORS, BY YEAR, BY OUTCOME OF REPORTS (NUMBER AND PERCENTAGE)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Total
2003	446	67%	221	33%	73	11%	146	22%	667
2004	373	63%	218	37%	79	13%	137	23%	591
2005	448	72%	177	28%	72	12%	104	17%	625
2006	473	72%	180	28%	60	9%	118	18%	653
2007	524	72%	205	28%	82	11%	120	16%	729
2008	520	68%	240	32%	112	15%	125	16%	760
2009	619	71%	247	29%	84	10%	156	18%	866
2010	462	70%	197	30%	77	12%	108	16%	659
2011	331	66%	172	34%	65	13%	83	17%	503
2012	346	68%	163	32%	73	14%	75	15%	509
Totals:	4,542	69%	2,020	31%	777	12%	1,172	18%	6,562

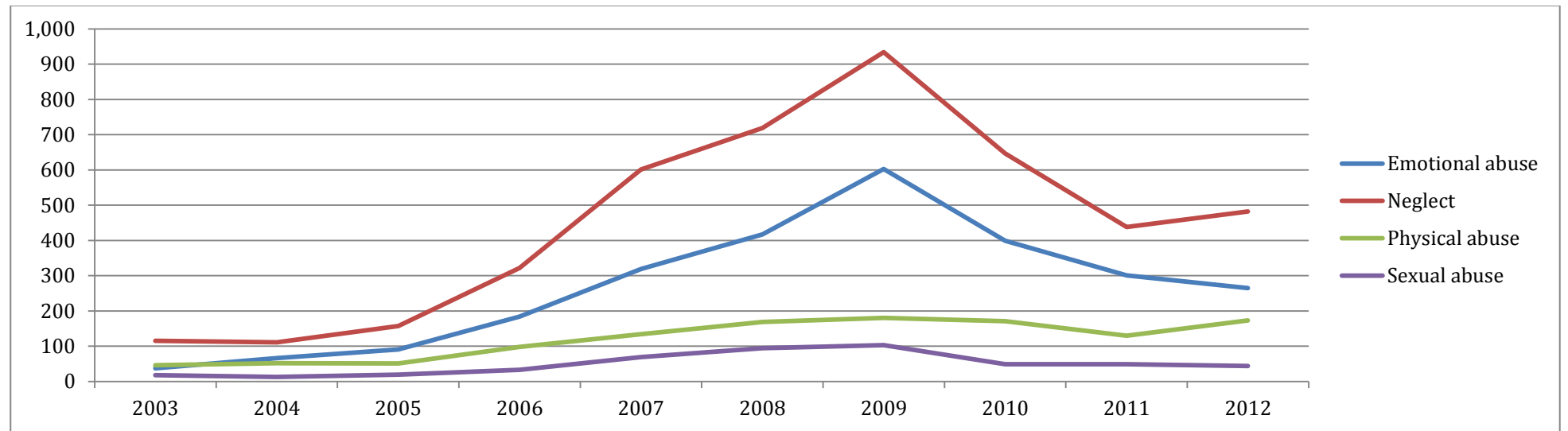
Line graph for table 1.26.6: Reports by doctors, by year, by outcome of reports



1.26.7 REPORTS BY NURSES, BY YEAR, BY ABUSE TYPE (NUMBER AND PERCENTAGE)

	Emotional abuse	%	Neglect	%	Physical abuse	%	Sexual abuse	%	Totals:
2003	37	17%	115	53%	46	21%	18	8%	216
2004	66	27%	111	46%	52	21%	13	5%	242
2005	91	29%	157	49%	51	16%	19	6%	318
2006	184	29%	322	51%	98	15%	33	5%	637
2007	319	28%	601	54%	134	12%	69	6%	1,123
2008	417	30%	719	51%	169	12%	94	7%	1,399
2009	603	33%	934	51%	180	10%	103	6%	1,820
2010	399	32%	647	51%	171	14%	49	4%	1,266
2011	301	33%	438	48%	130	14%	49	5%	918
2012	265	27%	482	50%	173	18%	44	5%	964
Totals:	2,682	30%	4,526	51%	1,204	14%	491	6%	8,903

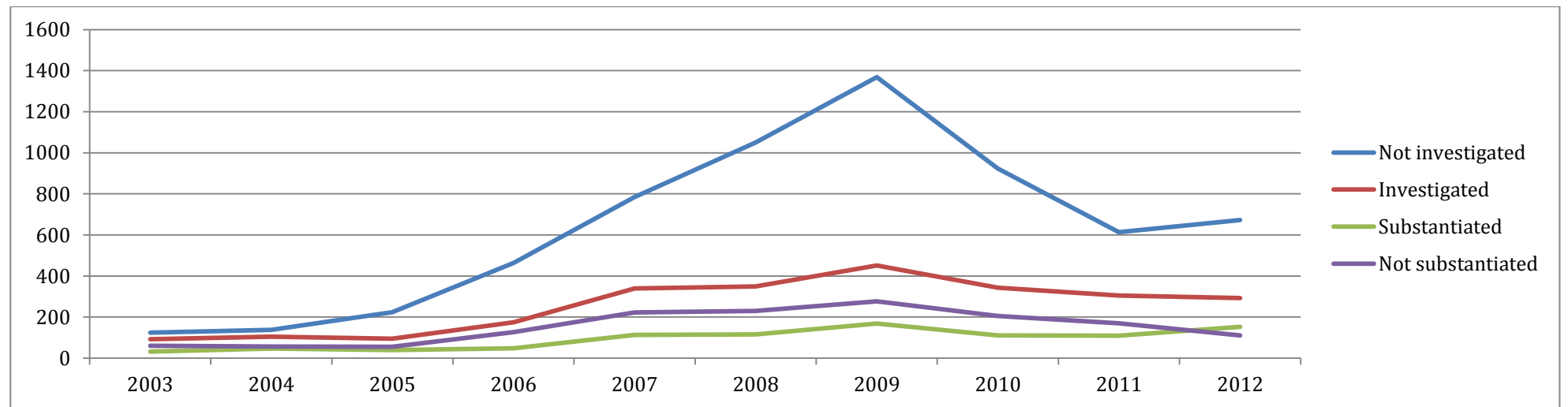
Line graph for table 1.26.7: Reports by nurses, by year, by abuse type



1.26.8 REPORTS BY NURSES, BY YEAR, BY OUTCOME OF REPORTS (NUMBER AND PERCENTAGE)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Total
2003	124	57%	92	43%	32	15%	60	28%	216
2004	138	57%	104	43%	47	19%	57	24%	242
2005	224	70%	94	30%	39	12%	55	17%	318
2006	463	73%	174	27%	48	8%	126	20%	637
2007	784	70%	339	30%	113	10%	222	20%	1,123
2008	1,050	75%	349	25%	115	8%	230	16%	1,399
2009	1,369	75%	451	25%	168	9%	276	15%	1,820
2010	923	73%	343	27%	110	9%	205	16%	1,266
2011	613	67%	305	33%	109	12%	169	18%	918
2012	672	70%	292	30%	152	16%	110	11%	964
Totals:	6,360	71%	2,543	29%	933	10%	1,510	17%	8,903

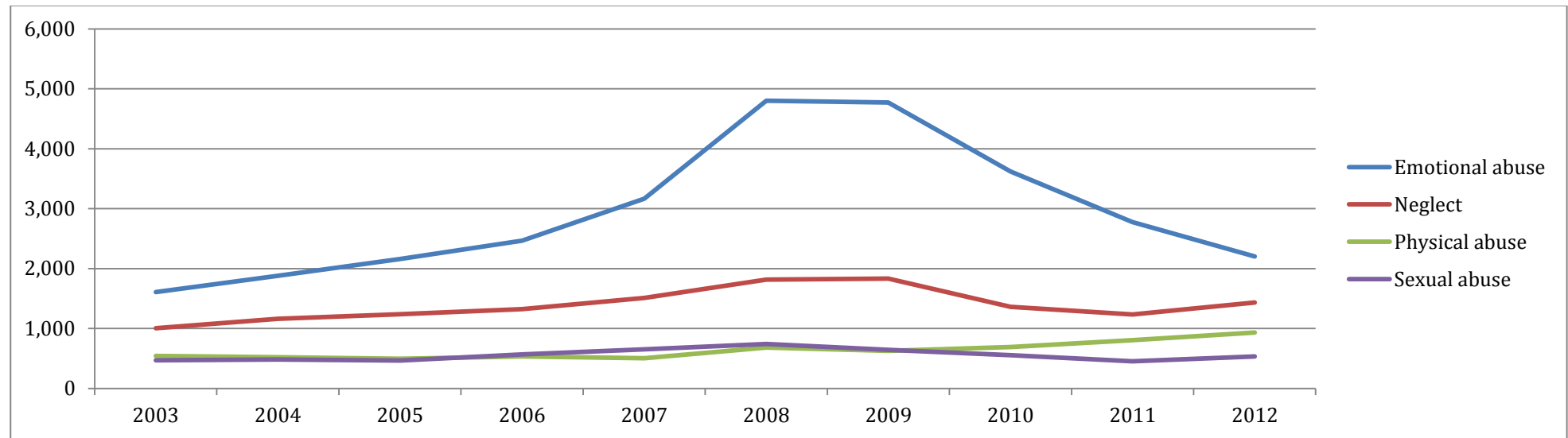
Line graph for table 1.26.8: Reports by nurses, by year, by outcome of reports



1.26.9 REPORTS BY POLICE, BY YEAR, BY ABUSE TYPE (NUMBER AND PERCENTAGE)

	Emotional abuse	%	Neglect	%	Physical abuse	%	Sexual abuse	%	Totals:
2003	1,609	44%	1,005	28%	540	15%	469	13%	3,623
2004	1,879	46%	1,162	29%	522	13%	482	12%	4,045
2005	2,161	50%	1,239	28%	495	11%	464	11%	4,359
2006	2,465	50%	1,324	27%	534	11%	566	12%	4,889
2007	3,165	54%	1,510	26%	505	9%	650	11%	5,830
2008	4,800	60%	1,814	23%	680	8%	741	9%	8,035
2009	4,773	61%	1,834	23%	627	8%	645	8%	7,879
2010	3,621	58%	1,362	22%	689	11%	556	9%	6,228
2011	2,776	53%	1,235	23%	803	15%	452	9%	5,266
2012	2,204	43%	1,435	28%	932	18%	534	10%	5,105
Totals:	29,453	53%	13,920	25%	6,327	11%	5,559	10%	55,259

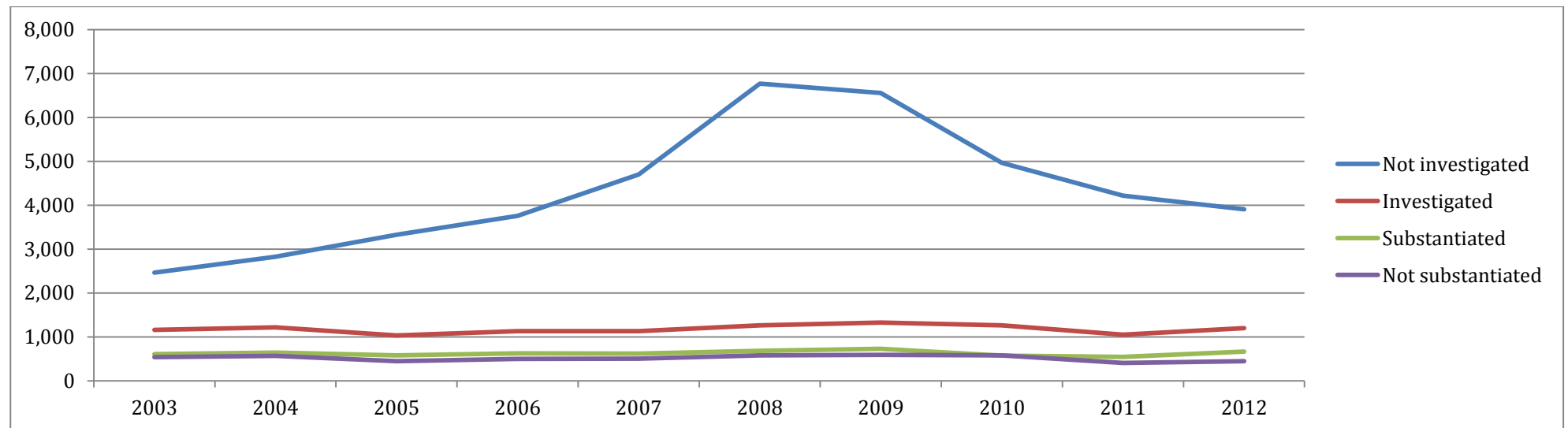
Line graph for table 1.26.9: Reports by police, by year, by abuse type



1.26.10 REPORTS BY POLICE, BY YEAR, BY OUTCOME OF REPORTS (NUMBER AND PERCENTAGE)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Total
2003	2,466	68%	1,157	32%	609	17%	537	15%	3,623
2004	2,828	70%	1,217	30%	642	16%	565	14%	4,045
2005	3,325	76%	1,034	24%	577	13%	448	10%	4,359
2006	3,756	77%	1,133	23%	627	13%	498	10%	4,889
2007	4,698	81%	1,132	19%	621	11%	502	9%	5,830
2008	6,770	84%	1,265	16%	684	9%	579	7%	8,035
2009	6,554	83%	1,325	17%	729	9%	588	7%	7,879
2010	4,964	80%	1,264	20%	572	9%	577	9%	6,228
2011	4,217	80%	1,049	20%	542	10%	409	8%	5,266
2012	3,905	76%	1,200	24%	663	13%	448	9%	5,105
Totals:	43,483	79%	11,776	21%	6,266	11%	5,151	9%	55,259

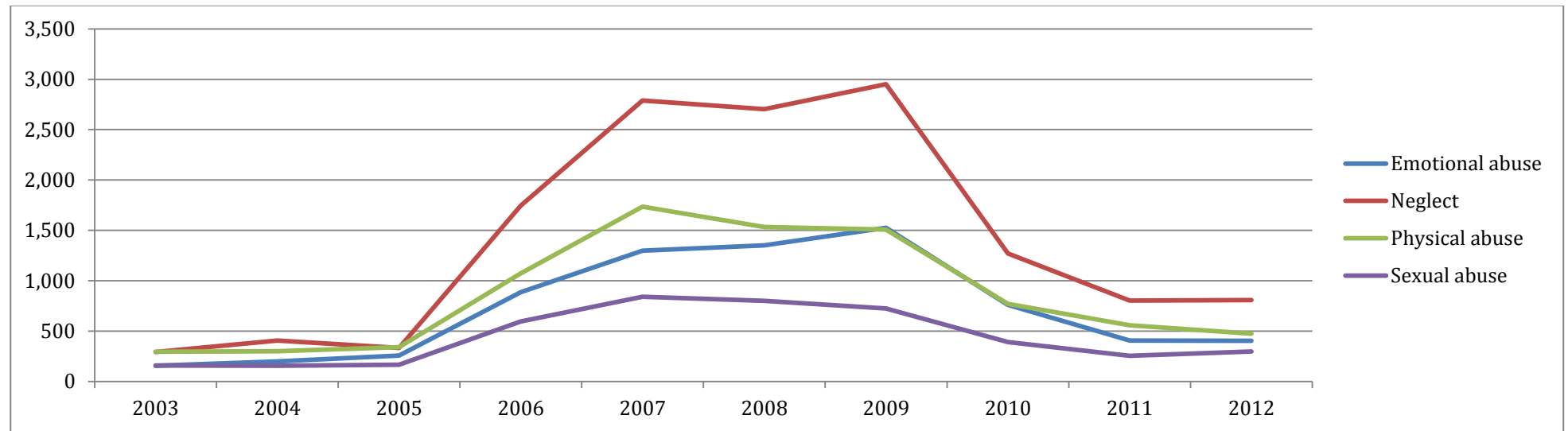
Line graph for table 1.26.10: Reports by police, by year, by outcome of reports



1.26.11 REPORTS BY SCHOOL PERSONNEL, BY YEAR, BY ABUSE TYPE (NUMBER AND PERCENTAGE)

	Emotional abuse	%	Neglect	%	Physical abuse	%	Sexual abuse	%	Totals:
2003	157	17%	291	32%	295	33%	158	18%	901
2004	199	19%	407	38%	299	28%	156	15%	1,061
2005	256	23%	332	30%	340	31%	165	15%	1,093
2006	885	21%	1,746	41%	1,073	25%	596	14%	4,300
2007	1,297	19%	2,788	42%	1,736	26%	840	13%	6,661
2008	1,350	21%	2,702	42%	1,532	24%	800	13%	6,384
2009	1,526	23%	2,950	44%	1,508	22%	724	11%	6,708
2010	761	24%	1,271	40%	770	24%	392	12%	3,194
2011	405	20%	802	40%	558	28%	254	13%	2,019
2012	404	20%	807	41%	475	24%	298	15%	1,984
Totals:	7,240	21%	14,096	41%	8,586	25%	4,383	13%	34,305

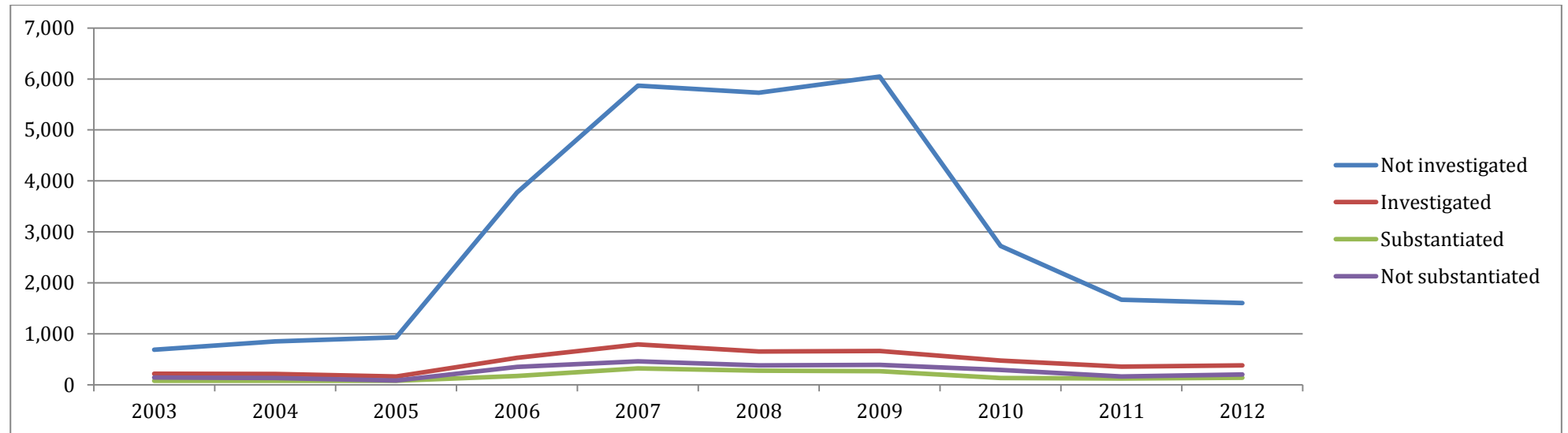
Line graph for table 1.26.11: Reports by school personnel, by year, by abuse type



1.26.12 REPORTS BY SCHOOL PERSONNEL, BY YEAR, BY OUTCOME OF REPORTS (NUMBER AND PERCENTAGE)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Total
2003	685	76%	216	24%	76	8%	140	16%	901
2004	849	80%	212	20%	76	7%	131	12%	1,061
2005	931	85%	162	15%	77	7%	84	8%	1,093
2006	3,773	88%	527	12%	173	4%	349	8%	4,300
2007	5,871	88%	790	12%	319	5%	458	7%	6,661
2008	5,731	90%	653	10%	276	4%	377	6%	6,384
2009	6,046	90%	662	10%	267	4%	389	6%	6,708
2010	2,721	85%	473	15%	133	4%	290	9%	3,194
2011	1,665	82%	354	18%	123	6%	160	8%	2,019
2012	1,605	81%	379	19%	135	7%	203	10%	1,984
Totals:	29,877	87%	4,428	13%	1,655	5%	2,581	8%	34,305

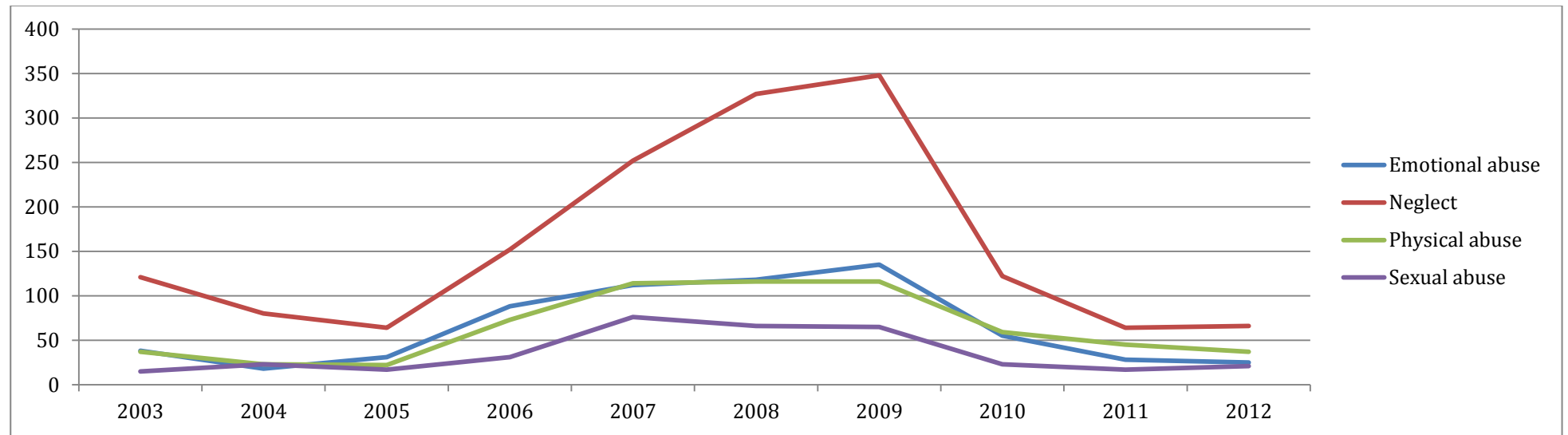
Line graph for table 1.26.12: Reports by school personnel, by year, by outcome of reports



1.26.13 REPORTS BY CHILD CARE WORKERS, BY YEAR, BY ABUSE TYPE (NUMBER AND PERCENTAGE)

	Emotional abuse	%	Neglect	%	Physical abuse	%	Sexual abuse	%	Totals:
2003	38	18%	121	57%	37	18%	15	7%	211
2004	18	13%	80	56%	23	16%	23	16%	144
2005	31	23%	64	48%	22	16%	17	13%	134
2006	88	26%	152	44%	73	21%	31	9%	344
2007	112	20%	252	45%	114	21%	76	14%	554
2008	118	19%	327	52%	116	19%	66	11%	627
2009	135	20%	348	52%	116	17%	65	10%	664
2010	55	21%	122	47%	59	23%	23	9%	259
2011	28	18%	64	42%	45	29%	17	11%	154
2012	25	17%	66	44%	37	25%	21	14%	149
Totals:	648	20%	1,596	49%	642	20%	354	11%	3,240

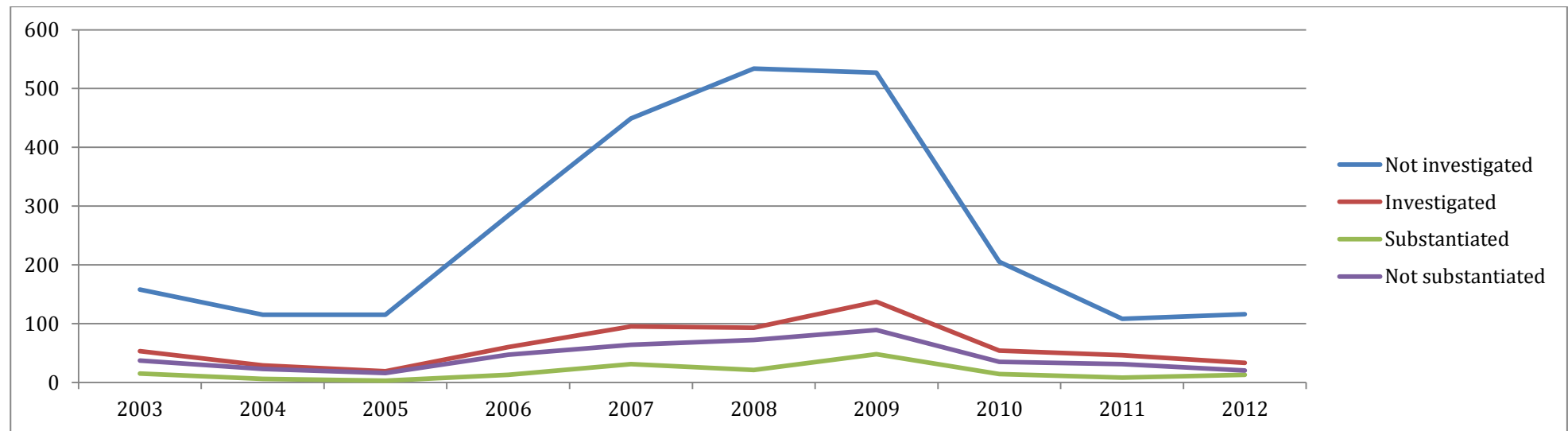
Line graph for table 1.26.13: Reports by child care workers, by year, by abuse type



1.26.14 REPORTS BY CHILD CARE WORKERS, BY YEAR, BY OUTCOME OF REPORTS (NUMBER AND PERCENTAGE)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Total
2003	158	75%	53	25%	15	7%	37	18%	211
2004	115	80%	29	20%	6	4%	23	16%	144
2005	115	86%	19	14%	3	2%	16	12%	134
2006	284	83%	60	17%	13	4%	47	14%	344
2007	449	81%	95	17%	31	6%	64	12%	554
2008	534	85%	93	15%	21	3%	72	11%	627
2009	527	79%	137	21%	48	7%	89	13%	664
2010	205	79%	54	21%	14	5%	35	14%	259
2011	108	70%	46	30%	8	5%	31	20%	154
2012	116	78%	33	22%	13	9%	20	13%	149
Totals:	2,611	81%	619	19%	172	5%	434	13%	3,240

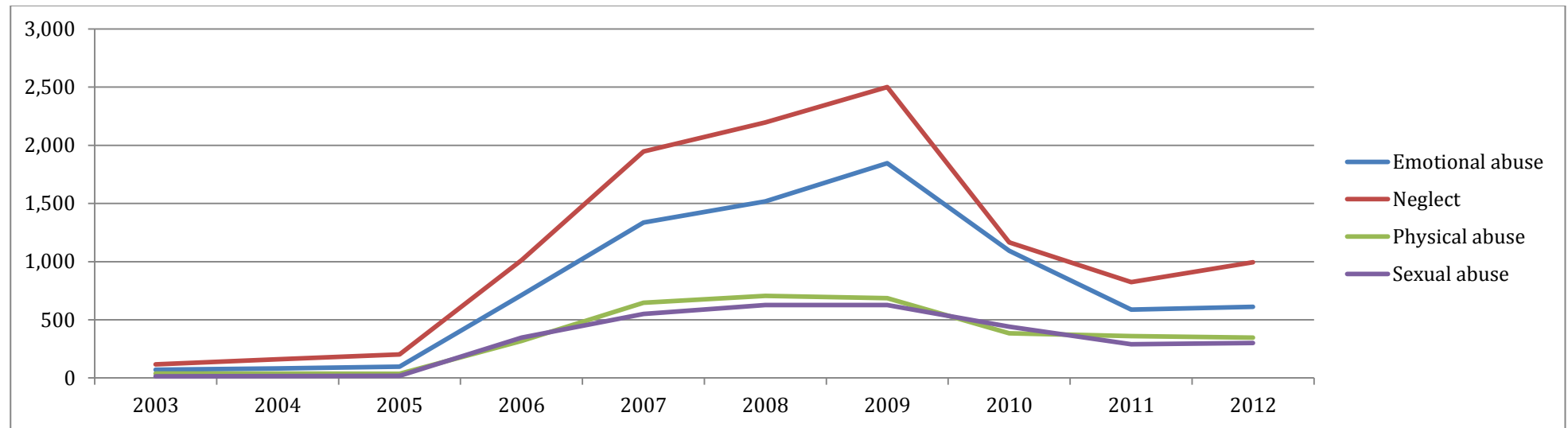
Line graph for table 1.26.14: Reports by child care workers, by year, by outcome of reports



1.26.15 REPORTS BY SOCIAL WORKERS, BY YEAR, BY ABUSE TYPE (NUMBER AND PERCENTAGE)

	Emotional abuse	%	Neglect	%	Physical abuse	%	Sexual abuse	%	Totals:
2003	72	30%	118	48%	39	16%	15	6%	244
2004	83	28%	160	54%	38	13%	17	6%	298
2005	98	28%	202	57%	37	10%	19	5%	356
2006	713	30%	1,013	42%	319	13%	347	15%	2,392
2007	1,336	30%	1,947	43%	647	14%	551	12%	4,481
2008	1,517	30%	2,197	44%	706	14%	628	12%	5,048
2009	1,847	33%	2,500	44%	686	12%	628	11%	5,661
2010	1,094	35%	1,165	38%	384	12%	440	14%	3,083
2011	588	29%	825	40%	359	17%	291	14%	2,063
2012	611	27%	995	44%	347	15%	301	13%	2,254
Totals:	7,959	31%	11,122	43%	3,562	14%	3,237	13%	25,880

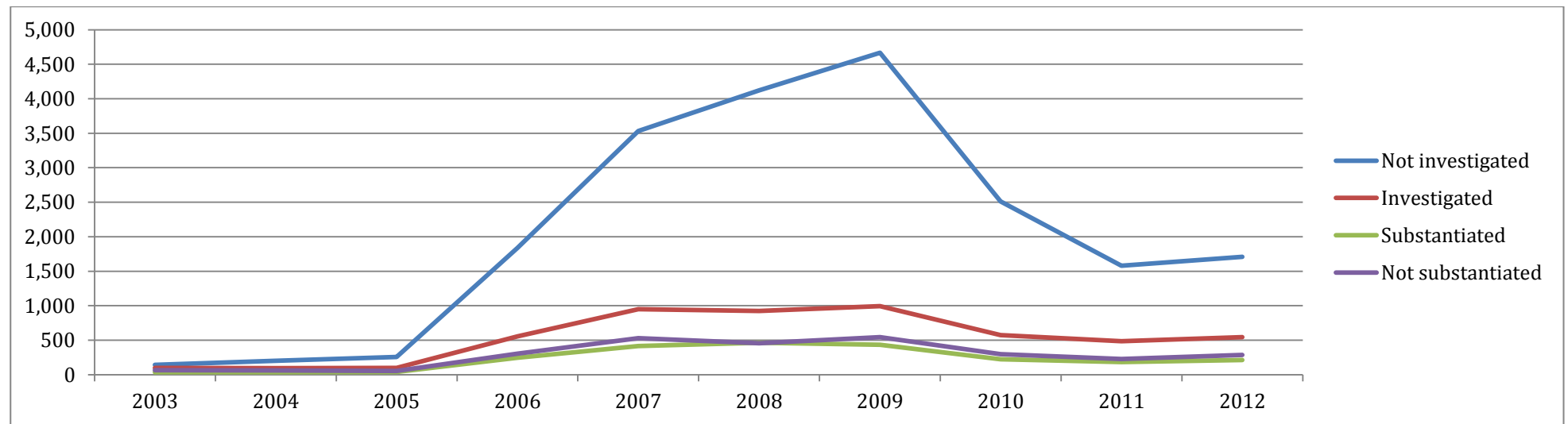
Line graph for table 1.26.15: Reports by social workers, by year, by abuse type



1.26.16 REPORTS BY SOCIAL WORKERS, BY YEAR, BY OUTCOME OF REPORTS (NUMBER AND PERCENTAGE)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Total
2003	144	59%	100	41%	35	14%	64	26%	244
2004	202	68%	96	32%	36	12%	60	20%	298
2005	258	72%	98	28%	40	11%	56	16%	356
2006	1,836	77%	556	23%	246	10%	303	13%	2,392
2007	3,531	79%	950	21%	414	9%	528	12%	4,481
2008	4,123	82%	925	18%	464	9%	455	9%	5,048
2009	4,669	82%	992	18%	433	8%	544	10%	5,661
2010	2,511	81%	572	19%	225	7%	296	10%	3,083
2011	1,579	77%	484	23%	182	9%	229	11%	2,063
2012	1,709	76%	545	24%	211	9%	287	13%	2,254
Totals:	20,562	79%	5,318	21%	2,286	9%	2,822	11%	25,880

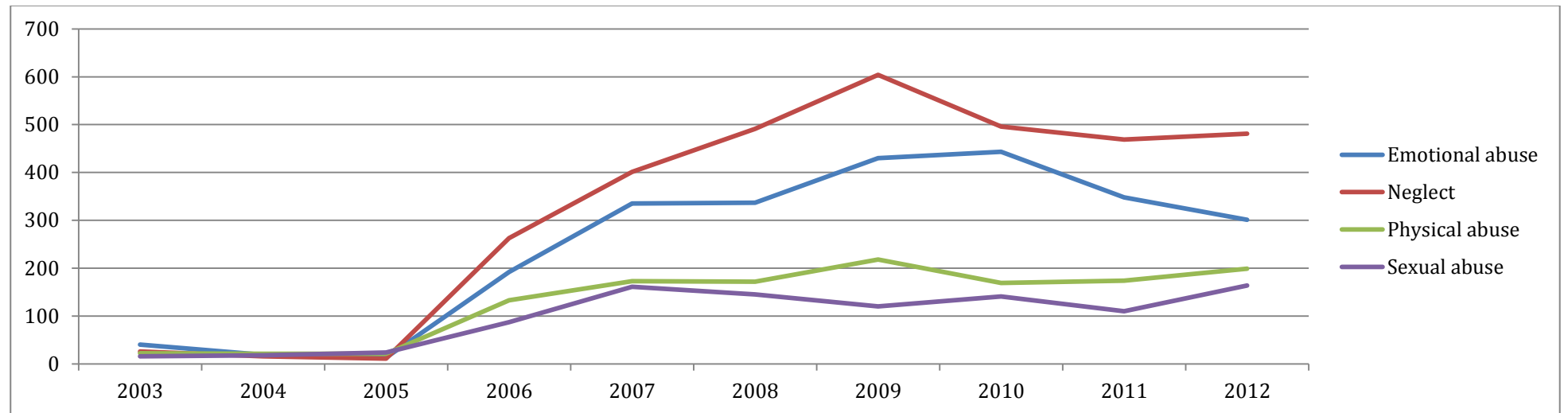
Line graph for table 1.26.16: Reports by social workers, by year, by outcome of reports



1.26.17 REPORTS BY OTHER HEALTH PROFESSIONALS, BY YEAR, BY ABUSE TYPE (NUMBER AND PERCENTAGE)

	Emotional abuse	%	Neglect	%	Physical abuse	%	Sexual abuse	%	Totals:
2003	40	38%	26	25%	22	21%	16	15%	104
2004	19	26%	16	22%	21	28%	18	24%	74
2005	13	19%	11	16%	21	30%	24	35%	69
2006	192	28%	263	39%	133	20%	87	13%	675
2007	335	31%	401	37%	173	16%	161	15%	1,070
2008	337	29%	491	43%	172	15%	145	13%	1,145
2009	430	31%	604	44%	218	16%	120	9%	1,372
2010	443	35%	496	40%	169	14%	141	11%	1,249
2011	348	32%	469	43%	174	16%	110	10%	1,101
2012	301	26%	481	42%	199	17%	164	14%	1,145
Totals:	2,458	31%	3,258	41%	1,302	16%	986	12%	8,004

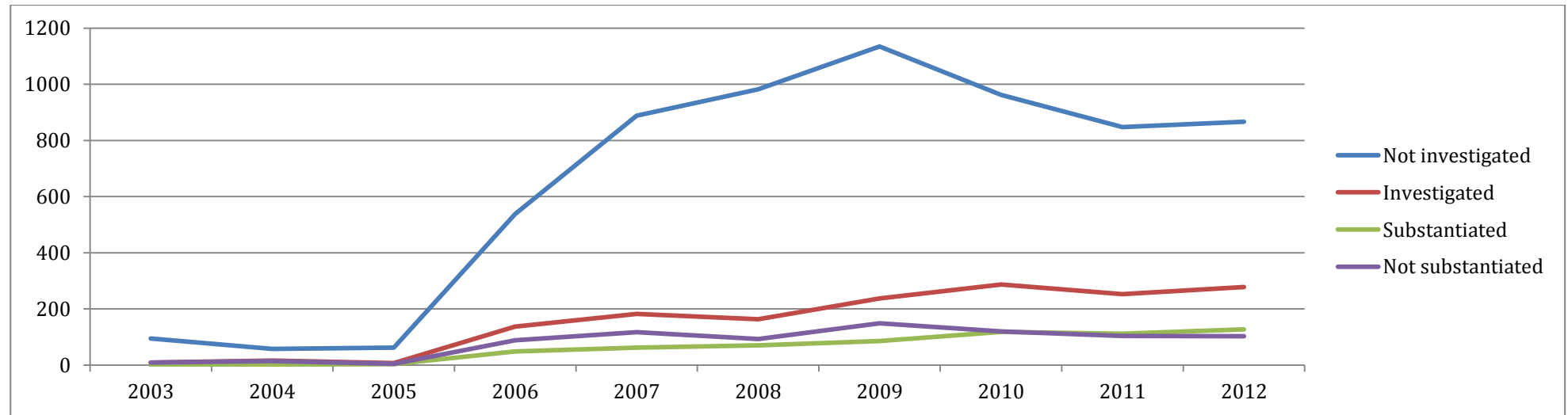
Line graph for table 1.26.17: Reports by other health professionals, by year, by abuse type



1.26.18 REPORTS BY OTHER HEALTH PROFESSIONALS, BY YEAR, BY OUTCOME OF REPORTS (NUMBER AND PERCENTAGE)

	Not investigated	%	Investigated	%	Substantiated	%	Not substantiated	%	Total
2003	95	91%	9	9%	0	0%	9	9%	104
2004	58	78%	16	22%	2	3%	14	19%	74
2005	62	90%	7	10%	3	4%	4	6%	69
2006	538	80%	137	20%	49	7%	88	13%	675
2007	888	83%	182	17%	62	6%	117	11%	1,070
2008	982	86%	163	14%	70	6%	93	8%	1,145
2009	1,135	83%	237	17%	86	6%	149	11%	1,372
2010	962	77%	287	23%	118	9%	120	10%	1,249
2011	848	77%	253	23%	112	10%	104	9%	1,101
2012	867	76%	278	24%	127	11%	103	9%	1,145
Totals:	6,435	80%	1,569	20%	629	8%	801	10%	8,004

Line graph for table 1.26.18: Reports by other health professionals, by year, by outcome of reports



Stage 2

Part 2: Detailed yearly analyses

PART 2: DETAILED YEARLY ANALYSES

Stage 2

Part 2: Detailed yearly analyses

This section provides detailed analyses of the reporting practices of the major mandated reporting groups.

Table 2.1 compares the reporting practices of the major mandated reporting groups combined with those of the other reporting groups combined, by abuse type, and outcome of reports.

Tables 2.2 to 2.5 outline the outcomes of reports by abuse type, year, and reporter groups.

Tables 2.6.1 to 2.6.7 detail reporting by reporter groups, by abuse type, outcome of report, and year.

2.1 NUMBER OF REPORTS BY YEAR, BY ABUSE TYPE, AND OUTCOME, FOR MAJOR MANDATED REPORTER GROUPS COMBINED COMPARED WITH OTHER REPORTER GROUPS COMBINED

	Emotional abuse	Neglect	Physical abuse	Sexual abuse	Not investigated	Investigated	Substantiated	Not substantiated	Total
2003									
Major mandated reporter groups combined	2,044	1,907	1,188	827	4,118	1,848	840	993	5,966
Other reporter groups combined	3,469	7,658	3,519	1,965	12,239	4,372	1,515	2,817	16,611
Totals:	5,513	9,565	4,707	2,792	16,357	6,220	2,355	3,810	22,577
2004									
Major mandated reporter groups combined	2,350	2,158	1,124	823	4,563	1,892	888	987	6,455
Other reporter groups combined	4,287	8,187	3,685	2,222	13,668	4,713	1,685	2,987	18,381
Totals:	6,637	10,345	4,809	3,045	18,231	6,605	2,573	3,974	24,836
2005									
Major mandated reporter groups combined	2,733	2,261	1,131	829	5,363	1,591	811	767	6,954
Other reporter groups combined	4,556	8,383	3,438	2,137	15,097	3,417	1,184	2,213	18,514
Totals:	7,289	10,644	4,569	2,966	20,460	5,008	1,995	2,980	25,468
2006									
Major mandated reporter groups combined	4,623	5,089	2,398	1,780	11,123	2,767	1,216	1,529	13,890
Other reporter groups combined	3,229	5,797	2,233	1,416	10,460	2,215	748	1,430	12,675
Totals:	7,852	10,886	4,631	3,196	21,583	4,982	1,964	2,959	26,565

	Emotional abuse	Neglect	Physical abuse	Sexual abuse	Not investigated	Investigated	Substantiated	Not substantiated	Total
2007									
Major mandated reporter groups combined	6,681	7,792	3,488	2,487	16,755	3,693	1,642	2,011	20,448
Other reporter groups combined	2,554	4,755	1,361	1,064	8,097	1,637	522	1,089	9,734
Totals:	9,235	12,547	4,849	3,551	24,852	5,330	2,164	3,100	30,182
2008									
Major mandated reporter groups combined	8,665	8,562	3,570	2,601	19,710	3,688	1,742	1,931	23,398
Other reporter groups combined	2,612	4,805	1,236	963	8,214	1,402	509	891	9,616
Totals:	11,277	13,367	4,806	3,564	27,924	5,090	2,251	2,822	33,014
2009									
Major mandated reporter groups combined	9,469	9,530	3,528	2,443	20,919	4,051	1,819	2,191	24,970
Other reporter groups combined	2,839	5,211	1,285	1,039	8,644	1,730	616	1,090	10,374
Totals:	12,308	14,741	4,813	3,482	29,563	5,781	2,435	3,281	35,344
2010									
Major mandated reporter groups combined	6,485	5,325	2,407	1,721	12,748	3,190	1,246	1,645	15,938
Other reporter groups combined	3,094	4,631	1,646	1,346	8,397	2,320	706	1,273	10,717
Totals:	9,579	9,956	4,053	3,067	21,145	5,510	1,952	2,919	26,655

	Emotional abuse	Neglect	Physical abuse	Sexual abuse	Not investigated	Investigated	Substantiated	Not substantiated	Total
2011									
Major mandated reporter groups combined	4,518	4,048	2,197	1,261	9,361	2,663	1,141	1,194	12,024
Other reporter groups combined	2,295	4,606	2,010	1,885	8,100	2,696	954	1,327	10,796
Totals:	6,813	8,654	4,207	3,146	17,461	5,359	2,095	2,520	22,820
2012									
Major mandated reporter groups combined	3,891	4,458	2,307	1,454	9,220	2,890	1,373	1,259	12,110
Other reporter groups combined	2,035	4,051	1,767	1,891	7,426	2,318	838	1,265	9,744
Totals:	5,926	8,509	4,074	3,345	16,646	5,208	2,211	2,524	21,854

2.2 NUMBER OF REPORTS OF EMOTIONAL ABUSE, BY YEAR, REPORTER GROUP, AND OUTCOME

	Not investigated		Investigated		Substantiated		Not substantiated		Total	
2003										
Doctors	60	1.1%	31	0.6%	8	0.1%	22	0.4%	91	1.7%
Nurses	20	0.4%	17	0.3%	5	0.1%	12	0.2%	37	0.7%
Police	1,167	21.2%	442	8.0%	224	4.1%	213	3.9%	1,609	29.2%
School personnel	128	2.3%	29	0.5%	8	0.1%	21	0.4%	157	2.8%
Child care workers	35	0.6%	3	0.1%	3	0.1%	0	0.0%	38	0.7%
Social workers	48	0.9%	24	0.4%	10	0.2%	13	0.2%	72	1.3%
Other health professionals	37	0.7%	3	0.1%	1	0.0%	3	0.1%	40	0.7%
Major mandated reporter groups combined	1,495	27.1%	549	10.0%	258	4.7%	284	5.2%	2,044	37.1%
Other reporter groups combined	2,611	47.4%	858	15.6%	364	6.6%	488	8.9%	3,469	62.9%
Totals	4,106	74.5%	1,407	25.5%	662	12.0%	772	14.0%	5,513	6.7%
2004										
Doctors	50	0.9%	36	0.7%	16	0.3%	19	0.3%	86	1.6%
Nurses	37	0.7%	29	0.5%	18	0.3%	11	0.2%	66	1.2%
Police	1,378	25.0%	501	9.1%	298	5.4%	198	3.6%	1,879	34.1%
School personnel	156	2.8%	43	0.8%	18	0.3%	25	0.5%	199	3.6%
Child care workers	14	0.3%	4	0.1%	0	0.0%	4	0.1%	18	0.3%
Social workers	65	1.2%	18	0.3%	9	0.2%	9	0.2%	83	1.5%
Other health professionals	17	0.3%	2	0.0%	0	0.0%	1	0.0%	19	0.3%
Major mandated reporter groups combined	1,717	31.1%	633	11.5%	360	6.5%	267	4.8%	2,350	42.6%
Other reporter groups combined	3,279	59.5%	1,008	18.3%	467	8.5%	533	9.7%	4,287	77.8%
Totals	4,996	90.6%	1,641	29.8%	827	15.0%	800	14.5%	6,637	8.1%

	Not investigated		Investigated		Substantiated		Not substantiated		Total	
2005										
Doctors	57	0.8%	26	0.4%	12	0.2%	14	0.2%	83	1.1%
Nurses	70	1.0%	21	0.3%	7	0.1%	14	0.2%	91	1.2%
Police	1,694	23.2%	467	6.4%	272	3.7%	187	2.6%	2,161	29.6%
School personnel	219	3.0%	37	0.5%	22	0.3%	15	0.2%	256	3.5%
Child care workers	30	0.4%	1	0.0%	0	0.0%	1	0.0%	31	0.4%
Social workers	75	1.0%	23	0.3%	3	0.0%	20	0.3%	98	1.3%
Other health professionals	13	0.2%	0	0.0%	0	0.0%	0	0.0%	13	0.2%
Major mandated reporter groups combined	2,158	29.6%	575	7.9%	316	4.3%	251	3.4%	2,733	37.5%
Other reporter groups combined	3,747	51.4%	809	11.1%	344	4.7%	462	6.3%	4,556	62.5%
Totals	5,905	81.0%	1,384	19.0%	660	9.1%	713	9.8%	7,289	8.8%
2006										
Doctors	83	1.1%	13	0.2%	5	0.1%	8	0.1%	96	1.2%
Nurses	154	2.0%	30	0.4%	11	0.1%	19	0.2%	184	2.3%
Police	1,898	24.2%	567	7.2%	342	4.4%	220	2.8%	2,465	31.4%
School personnel	783	10.0%	102	1.3%	35	0.4%	66	0.8%	885	11.3%
Child care workers	79	1.0%	9	0.1%	3	0.0%	6	0.1%	88	1.1%
Social workers	557	7.1%	156	2.0%	88	1.1%	68	0.9%	713	9.1%
Other health professionals	140	1.8%	52	0.7%	21	0.3%	31	0.4%	192	2.4%
Major mandated reporter groups combined	3,694	47.0%	929	11.8%	505	6.4%	418	5.3%	4,623	58.9%
Other reporter groups combined	2,691	34.3%	538	6.9%	220	2.8%	309	3.9%	3,229	41.1%
Totals	6,385	81.3%	1,467	18.7%	725	9.2%	727	9.3%	7,852	9.5%

	Not investigated		Investigated		Substantiated		Not substantiated		Total	
2007										
Doctors	88	1.0%	29	0.3%	15	0.2%	14	0.2%	117	1.3%
Nurses	240	2.6%	79	0.9%	23	0.2%	56	0.6%	319	3.5%
Police	2,654	28.7%	511	5.5%	309	3.3%	200	2.2%	3,165	34.3%
School personnel	1,139	12.3%	158	1.7%	72	0.8%	83	0.9%	1,297	14.0%
Child care workers	87	0.9%	25	0.3%	12	0.1%	13	0.1%	112	1.2%
Social workers	1,055	11.4%	281	3.0%	130	1.4%	149	1.6%	1,336	14.5%
Other health professionals	267	2.9%	68	0.7%	28	0.3%	40	0.4%	335	3.6%
Major mandated reporter groups combined	5,530	59.9%	1,151	12.5%	589	6.4%	555	6.0%	6,681	72.3%
Other reporter groups combined	2,165	23.4%	389	4.2%	169	1.8%	213	2.3%	2,554	27.7%
Totals	7,695	83.3%	1,540	16.7%	758	8.2%	768	8.3%	9,235	11.2%
2008										
Doctors	88	0.8%	38	0.3%	24	0.2%	14	0.1%	126	1.1%
Nurses	336	3.0%	81	0.7%	30	0.3%	48	0.4%	417	3.7%
Police	4,187	37.1%	613	5.4%	359	3.2%	254	2.3%	4,800	42.6%
School personnel	1,252	11.1%	98	0.9%	39	0.3%	59	0.5%	1,350	12.0%
Child care workers	100	0.9%	18	0.2%	2	0.0%	16	0.1%	118	1.0%
Social workers	1,254	11.1%	263	2.3%	157	1.4%	104	0.9%	1,517	13.5%
Other health professionals	294	2.6%	43	0.4%	24	0.2%	19	0.2%	337	3.0%
Major mandated reporter groups combined	7,511	66.6%	1,154	10.2%	635	5.6%	514	4.6%	8,665	76.8%
Other reporter groups combined	2,274	20.2%	338	3.0%	153	1.4%	184	1.6%	2,612	23.2%
Totals	9,785	86.8%	1,492	13.2%	788	7.0%	698	6.2%	11,277	13.7%

	Not investigated		Investigated		Substantiated		Not substantiated		Total	
2009										
Doctors	121	1.0%	34	0.3%	15	0.1%	19	0.2%	155	1.3%
Nurses	489	4.0%	114	0.9%	61	0.5%	53	0.4%	603	4.9%
Police	4,088	33.2%	685	5.6%	398	3.2%	286	2.3%	4,773	38.8%
School personnel	1,377	11.2%	149	1.2%	71	0.6%	78	0.6%	1,526	12.4%
Child care workers	111	0.9%	24	0.2%	7	0.1%	17	0.1%	135	1.1%
Social workers	1,572	12.8%	275	2.2%	137	1.1%	136	1.1%	1,847	15.0%
Other health professionals	366	3.0%	64	0.5%	31	0.3%	32	0.3%	430	3.5%
Major mandated reporter groups combined	8,124	66.0%	1,345	10.9%	720	5.8%	621	5.0%	9,469	76.9%
Other reporter groups combined	2,480	20.1%	359	2.9%	157	1.3%	199	1.6%	2,839	23.1%
Totals	10,604	86.2%	1,704	13.8%	877	7.1%	820	6.7%	12,308	14.9%
2010										
Doctors	83	0.9%	29	0.3%	9	0.1%	18	0.2%	112	1.2%
Nurses	313	3.3%	86	0.9%	25	0.3%	51	0.5%	399	4.2%
Police	2,998	31.3%	623	6.5%	253	2.6%	306	3.2%	3,621	37.8%
School personnel	646	6.7%	115	1.2%	26	0.3%	78	0.8%	761	7.9%
Child care workers	43	0.4%	12	0.1%	2	0.0%	6	0.1%	55	0.6%
Social workers	924	9.6%	170	1.8%	68	0.7%	90	0.9%	1,094	11.4%
Other health professionals	358	3.7%	85	0.9%	42	0.4%	38	0.4%	443	4.6%
Major mandated reporter groups combined	5,365	56.0%	1,120	11.7%	425	4.4%	587	6.1%	6,485	67.7%
Other reporter groups combined	2,564	26.8%	530	5.5%	159	1.7%	298	3.1%	3,094	32.3%
Totals	7,929	82.8%	1,650	17.2%	584	6.1%	885	9.2%	9,579	11.6%

	Not investigated		Investigated		Substantiated		Not substantiated		Total	
2011										
Doctors	60	0.9%	12	0.2%	6	0.1%	6	0.1%	72	1.1%
Nurses	235	3.4%	66	1.0%	28	0.4%	32	0.5%	301	4.4%
Police	2,405	35.3%	371	5.4%	231	3.4%	109	1.6%	2,776	40.7%
School personnel	355	5.2%	50	0.7%	18	0.3%	24	0.4%	405	5.9%
Child care workers	22	0.3%	6	0.1%	1	0.0%	4	0.1%	28	0.4%
Social workers	467	6.9%	121	1.8%	43	0.6%	71	1.0%	588	8.6%
Other health professionals	304	4.5%	44	0.6%	21	0.3%	17	0.2%	348	5.1%
Major mandated reporter groups combined	3,848	56.5%	670	9.8%	348	5.1%	263	3.9%	4,518	66.3%
Other reporter groups combined	1,859	27.3%	436	6.4%	179	2.6%	181	2.7%	2,295	33.7%
Totals	5,707	83.8%	1,106	16.2%	527	7.7%	444	6.5%	6,813	8.3%
2012										
Doctors	72	1.2%	9	0.2%	5	0.1%	3	0.1%	81	1.4%
Nurses	204	3.4%	61	1.0%	36	0.6%	23	0.4%	265	4.5%
Police	1,866	31.5%	338	5.7%	191	3.2%	127	2.1%	2,204	37.2%
School personnel	327	5.5%	77	1.3%	36	0.6%	34	0.6%	404	6.8%
Child care workers	22	0.4%	3	0.1%	1	0.0%	2	0.0%	25	0.4%
Social workers	519	8.8%	92	1.6%	40	0.7%	47	0.8%	611	10.3%
Other health professionals	254	4.3%	47	0.8%	18	0.3%	24	0.4%	301	5.1%
Major mandated reporter groups combined	3,264	55.1%	627	10.6%	327	5.5%	260	4.4%	3,891	65.7%
Other reporter groups combined	1,661	28.0%	374	6.3%	137	2.3%	218	3.7%	2,035	34.3%
Totals	4,925	83.1%	1,001	16.9%	464	7.8%	478	8.1%	5,926	7.2%
Combined Totals	68,037	82.5%	14,392	17.5%	6,832	8.3%	7,105	8.6%	82,429	

2.3 NUMBER OF REPORTS OF NEGLECT, BY YEAR, REPORTER GROUP, AND OUTCOME

	Not investigated		Investigated		Substantiated		Not substantiated		Totals	
2003										
Doctors	150	1.6%	81	0.8%	31	0.3%	50	0.5%	231	2.4%
Nurses	63	0.7%	52	0.5%	15	0.2%	37	0.4%	115	1.2%
Police	565	5.9%	440	4.6%	249	2.6%	191	2.0%	1,005	10.5%
School personnel	229	2.4%	62	0.6%	20	0.2%	42	0.4%	291	3.0%
Child care workers	89	0.9%	32	0.3%	7	0.1%	25	0.3%	121	1.3%
Social workers	63	0.7%	55	0.6%	14	0.1%	41	0.4%	118	1.2%
Other health professionals	25	0.3%	1	0.0%	0	0.0%	1	0.0%	26	0.3%
Major mandated reporter groups combined	1,184	12.4%	723	7.6%	336	3.5%	387	4.0%	1,907	19.9%
Other reporter groups combined	5,634	58.9%	2,024	21.2%	671	7.0%	1,337	14.0%	7,658	80.1%
Totals	6,818	71.3%	2,747	28.7%	1,007	10.5%	1,724	18.0%	9,565	8.8%
2004										
Doctors	134	1.3%	88	0.9%	28	0.3%	60	0.6%	222	2.1%
Nurses	57	0.6%	54	0.5%	20	0.2%	34	0.3%	111	1.1%
Police	692	6.7%	470	4.5%	220	2.1%	247	2.4%	1,162	11.2%
School personnel	315	3.0%	92	0.9%	24	0.2%	64	0.6%	407	3.9%
Child care workers	64	0.6%	16	0.2%	5	0.0%	11	0.1%	80	0.8%
Social workers	105	1.0%	55	0.5%	24	0.2%	31	0.3%	160	1.5%
Other health professionals	12	0.1%	4	0.0%	0	0.0%	4	0.0%	16	0.2%
Major mandated reporter groups combined	1,379	13.3%	779	7.5%	321	3.1%	451	4.4%	2,158	20.9%
Other reporter groups combined	6,017	58.2%	2,170	21.0%	752	7.3%	1,405	13.6%	8,187	79.1%
Totals	7,396	71.5%	2,949	28.5%	1,073	10.4%	1,856	17.9%	10,345	9.5%

	Not investigated		Investigated		Substantiated		Not substantiated		Totals	
2005										
Doctors	182	1.7%	74	0.7%	35	0.3%	39	0.4%	256	2.4%
Nurses	107	1.0%	50	0.5%	24	0.2%	26	0.2%	157	1.5%
Police	878	8.2%	361	3.4%	203	1.9%	158	1.5%	1,239	11.6%
School personnel	283	2.7%	49	0.5%	22	0.2%	27	0.3%	332	3.1%
Child care workers	52	0.5%	12	0.1%	3	0.0%	9	0.1%	64	0.6%
Social workers	145	1.4%	57	0.5%	28	0.3%	28	0.3%	202	1.9%
Other health professionals	11	0.1%	0	0.0%	0	0.0%	0	0.0%	11	0.1%
Major mandated reporter groups combined	1,658	15.6%	603	5.7%	315	3.0%	287	2.7%	2,261	21.2%
Other reporter groups combined	6,817	64.0%	1,566	14.7%	566	5.3%	994	9.3%	8,383	78.8%
Totals	8,475	79.6%	2,169	20.4%	881	8.3%	1,281	12.0%	10,644	9.7%
2006										
Doctors	206	1.9%	63	0.6%	25	0.2%	37	0.3%	269	2.5%
Nurses	211	1.9%	111	1.0%	29	0.3%	82	0.8%	322	3.0%
Police	1,021	9.4%	303	2.8%	178	1.6%	123	1.1%	1,324	12.2%
School personnel	1,566	14.4%	180	1.7%	62	0.6%	116	1.1%	1,746	16.0%
Child care workers	131	1.2%	21	0.2%	5	0.0%	16	0.1%	152	1.4%
Social workers	762	7.0%	251	2.3%	95	0.9%	151	1.4%	1,013	9.3%
Other health professionals	210	1.9%	53	0.5%	22	0.2%	31	0.3%	263	2.4%
Major mandated reporter groups combined	4,107	37.7%	982	9.0%	416	3.8%	556	5.1%	5,089	46.7%
Other reporter groups combined	4,780	43.9%	1,017	9.3%	354	3.3%	645	5.9%	5,797	53.3%
Totals	8,887	81.6%	1,999	18.4%	770	7.1%	1,201	11.0%	10,886	10.0%

	Not investigated		Investigated		Substantiated		Not substantiated		Totals	
2007										
Doctors	212	1.7%	81	0.6%	37	0.3%	44	0.4%	293	2.3%
Nurses	402	3.2%	199	1.6%	77	0.6%	119	0.9%	601	4.8%
Police	1,094	8.7%	416	3.3%	222	1.8%	187	1.5%	1,510	12.0%
School personnel	2,485	19.8%	303	2.4%	119	0.9%	175	1.4%	2,788	22.2%
Child care workers	215	1.7%	37	0.3%	6	0.0%	31	0.2%	252	2.0%
Social workers	1,474	11.7%	473	3.8%	213	1.7%	259	2.1%	1,947	15.5%
Other health professionals	327	2.6%	74	0.6%	21	0.2%	52	0.4%	401	3.2%
Major mandated reporter groups combined	6,209	49.5%	1,583	12.6%	695	5.5%	867	6.9%	7,792	62.1%
Other reporter groups combined	3,939	31.4%	816	6.5%	253	2.0%	551	4.4%	4,755	37.9%
Totals	10,148	80.9%	2,399	19.1%	948	7.6%	1,418	11.3%	12,547	11.5%
2008										
Doctors	215	1.6%	97	0.7%	44	0.3%	53	0.4%	312	2.3%
Nurses	518	3.9%	201	1.5%	60	0.4%	140	1.0%	719	5.4%
Police	1,336	10.0%	478	3.6%	243	1.8%	233	1.7%	1,814	13.6%
School personnel	2,411	18.0%	291	2.2%	128	1.0%	163	1.2%	2,702	20.2%
Child care workers	281	2.1%	46	0.3%	14	0.1%	32	0.2%	327	2.4%
Social workers	1,730	12.9%	467	3.5%	224	1.7%	239	1.8%	2,197	16.4%
Other health professionals	410	3.1%	81	0.6%	37	0.3%	44	0.3%	491	3.7%
Major mandated reporter groups combined	6,901	51.6%	1,661	12.4%	750	5.6%	904	6.8%	8,562	64.1%
Other reporter groups combined	4,083	30.5%	722	5.4%	262	2.0%	459	3.4%	4,805	35.9%
Totals	10,984	82.2%	2,383	17.8%	1,012	7.6%	1,363	10.2%	13,367	12.2%

	Not investigated		Investigated		Substantiated		Not substantiated		Totals	
2009										
Doctors	255	1.7%	105	0.7%	43	0.3%	62	0.4%	360	2.4%
Nurses	675	4.6%	259	1.8%	87	0.6%	166	1.1%	934	6.3%
Police	1,435	9.7%	399	2.7%	209	1.4%	187	1.3%	1,834	12.4%
School personnel	2,691	18.3%	259	1.8%	98	0.7%	156	1.1%	2,950	20.0%
Child care workers	273	1.9%	75	0.5%	25	0.2%	50	0.3%	348	2.4%
Social workers	1,975	13.4%	525	3.6%	232	1.6%	285	1.9%	2,500	17.0%
Other health professionals	477	3.2%	127	0.9%	45	0.3%	81	0.5%	604	4.1%
Major mandated reporter groups combined	7,781	52.8%	1,749	11.9%	739	5.0%	987	6.7%	9,530	64.6%
Other reporter groups combined	4,255	28.9%	956	6.5%	349	2.4%	600	4.1%	5,211	35.4%
Totals	12,036	81.6%	2,705	18.4%	1,088	7.4%	1,587	10.8%	14,741	13.5%
2010										
Doctors	182	1.8%	80	0.8%	36	0.4%	38	0.4%	262	2.6%
Nurses	450	4.5%	197	2.0%	62	0.6%	120	1.2%	647	6.5%
Police	990	9.9%	372	3.7%	198	2.0%	153	1.5%	1,362	13.7%
School personnel	1,119	11.2%	152	1.5%	40	0.4%	93	0.9%	1,271	12.8%
Child care workers	94	0.9%	28	0.3%	10	0.1%	18	0.2%	122	1.2%
Social workers	890	8.9%	275	2.8%	112	1.1%	134	1.3%	1,165	11.7%
Other health professionals	358	3.6%	138	1.4%	58	0.6%	65	0.7%	496	5.0%
Major mandated reporter groups combined	4,083	41.0%	1,242	12.5%	516	5.2%	621	6.2%	5,325	53.5%
Other reporter groups combined	3,540	35.6%	1,091	11.0%	344	3.5%	591	5.9%	4,631	46.5%
Totals	7,623	76.6%	2,333	23.4%	860	8.6%	1,212	12.2%	9,956	9.1%

	Not investigated		Investigated		Substantiated		Not substantiated		Totals	
2011										
Doctors	130	1.5%	85	1.0%	37	0.4%	34	0.4%	215	2.5%
Nurses	263	3.0%	175	2.0%	62	0.7%	97	1.1%	438	5.1%
Police	893	10.3%	342	4.0%	181	2.1%	126	1.5%	1,235	14.3%
School personnel	676	7.8%	126	1.5%	33	0.4%	63	0.7%	802	9.3%
Child care workers	45	0.5%	19	0.2%	0	0.0%	16	0.2%	64	0.7%
Social workers	608	7.0%	217	2.5%	106	1.2%	79	0.9%	825	9.5%
Other health professionals	334	3.9%	135	1.6%	62	0.7%	57	0.7%	469	5.4%
Major mandated reporter groups combined	2,949	34.1%	1,099	12.7%	481	5.6%	472	5.5%	4,048	46.8%
Other reporter groups combined	3,218	37.2%	1,388	16.0%	529	6.1%	672	7.8%	4,606	53.2%
Totals	6,167	71.3%	2,487	28.7%	1,010	11.7%	1,144	13.2%	8,654	7.9%
2012										
Doctors	129	1.5%	63	0.7%	24	0.3%	32	0.4%	192	2.3%
Nurses	329	3.9%	153	1.8%	79	0.9%	62	0.7%	482	5.7%
Police	961	11.3%	474	5.6%	265	3.1%	169	2.0%	1,435	16.9%
School personnel	649	7.6%	158	1.9%	53	0.6%	94	1.1%	807	9.5%
Child care workers	48	0.6%	18	0.2%	8	0.1%	10	0.1%	66	0.8%
Social workers	667	7.8%	328	3.9%	134	1.6%	167	2.0%	995	11.7%
Other health professionals	335	3.9%	146	1.7%	73	0.9%	56	0.7%	481	5.7%
Major mandated reporter groups combined	3,118	36.6%	1,340	15.7%	636	7.5%	590	6.9%	4,458	52.4%
Other reporter groups combined	2,887	33.9%	1,164	13.7%	447	5.3%	608	7.1%	4,051	47.6%
Totals	6,005	70.6%	2,504	29.4%	1,083	12.7%	1,198	14.1%	8,509	7.8%
Combined totals	84,539	77.4%	24,675	22.6%	9,732	8.9%	13,984	12.8%	109,214	

2.4 NUMBER OF REPORTS OF PHYSICAL ABUSE, BY YEAR, REPORTER GROUP, AND OUTCOME

	Not investigated		Investigated		Substantiated		Not substantiated		Totals	
2003										
Doctors	130	2.8%	79	1.7%	28	0.6%	51	1.1%	209	4.4%
Nurses	24	0.5%	22	0.5%	11	0.2%	11	0.2%	46	1.0%
Police	353	7.5%	187	4.0%	103	2.2%	83	1.8%	540	11.5%
School personnel	206	4.4%	89	1.9%	33	0.7%	56	1.2%	295	6.3%
Child care workers	21	0.4%	16	0.3%	5	0.1%	10	0.2%	37	0.8%
Social workers	23	0.5%	16	0.3%	9	0.2%	7	0.1%	39	0.8%
Other health professionals	21	0.4%	1	0.0%	0	0.0%	1	0.0%	22	0.5%
Major mandated reporter groups combined	778	16.5%	410	8.7%	189	4.0%	219	4.7%	1,188	25.2%
Other reporter groups combined	2,435	51.7%	1,084	23.0%	376	8.0%	698	14.8%	3,519	74.8%
Totals	3,213	68.3%	1,494	31.7%	565	12.0%	917	19.5%	4,707	10.3%
2004										
Doctors	102	2.1%	67	1.4%	27	0.6%	40	0.8%	169	3.5%
Nurses	33	0.7%	19	0.4%	8	0.2%	11	0.2%	52	1.1%
Police	354	7.4%	168	3.5%	101	2.1%	65	1.4%	522	10.9%
School personnel	238	4.9%	61	1.3%	28	0.6%	32	0.7%	299	6.2%
Child care workers	19	0.4%	4	0.1%	1	0.0%	3	0.1%	23	0.5%
Social workers	20	0.4%	18	0.4%	2	0.0%	16	0.3%	38	0.8%
Other health professionals	20	0.4%	1	0.0%	0	0.0%	1	0.0%	21	0.4%
Major mandated reporter groups combined	786	16.3%	338	7.0%	167	3.5%	168	3.5%	1,124	23.4%
Other reporter groups combined	2,624	54.6%	1,061	22.1%	361	7.5%	688	14.3%	3,685	76.6%
Totals	3,410	70.9%	1,399	29.1%	528	11.0%	856	17.8%	4,809	10.6%

	Not investigated		Investigated		Substantiated		Not substantiated		Totals	
2005										
Doctors	111	2.4%	54	1.2%	20	0.4%	34	0.7%	165	3.6%
Nurses	30	0.7%	21	0.5%	7	0.2%	14	0.3%	51	1.1%
Police	361	7.9%	134	2.9%	72	1.6%	62	1.4%	495	10.8%
School personnel	279	6.1%	61	1.3%	28	0.6%	32	0.7%	340	7.4%
Child care workers	17	0.4%	5	0.1%	0	0.0%	5	0.1%	22	0.5%
Social workers	24	0.5%	13	0.3%	7	0.2%	5	0.1%	37	0.8%
Other health professionals	19	0.4%	2	0.0%	2	0.0%	0	0.0%	21	0.5%
Major mandated reporter groups combined	841	18.4%	290	6.3%	136	3.0%	152	3.3%	1,131	24.8%
Other reporter groups combined	2,779	60.8%	659	14.4%	199	4.4%	457	10.0%	3,438	75.2%
Totals	3,620	79.2%	949	20.8%	335	7.3%	609	13.3%	4,569	10.0%
2006										
Doctors	96	2.1%	72	1.6%	27	0.6%	44	1.0%	168	3.6%
Nurses	68	1.5%	30	0.6%	7	0.2%	23	0.5%	98	2.1%
Police	377	8.1%	157	3.4%	81	1.7%	75	1.6%	534	11.5%
School personnel	914	19.7%	159	3.4%	49	1.1%	109	2.4%	1,073	23.2%
Child care workers	46	1.0%	27	0.6%	5	0.1%	22	0.5%	73	1.6%
Social workers	252	5.4%	67	1.4%	29	0.6%	37	0.8%	319	6.9%
Other health professionals	111	2.4%	22	0.5%	5	0.1%	17	0.4%	133	2.9%
Major mandated reporter groups combined	1,864	40.3%	534	11.5%	203	4.4%	327	7.1%	2,398	51.8%
Other reporter groups combined	1,813	39.1%	420	9.1%	115	2.5%	301	6.5%	2,233	48.2%
Totals	3,677	79.4%	954	20.6%	318	6.9%	628	13.6%	4,631	10.2%

	Not investigated		Investigated		Substantiated		Not substantiated		Totals	
2007										
Doctors	116	2.4%	63	1.3%	22	0.5%	38	0.8%	179	3.7%
Nurses	82	1.7%	52	1.1%	11	0.2%	40	0.8%	134	2.8%
Police	395	8.1%	110	2.3%	63	1.3%	47	1.0%	505	10.4%
School personnel	1,500	30.9%	236	4.9%	97	2.0%	139	2.9%	1,736	35.8%
Child care workers	93	1.9%	21	0.4%	8	0.2%	13	0.3%	114	2.4%
Social workers	547	11.3%	100	2.1%	45	0.9%	54	1.1%	647	13.3%
Other health professionals	147	3.0%	26	0.5%	8	0.2%	18	0.4%	173	3.6%
Major mandated reporter groups combined	2,880	59.4%	608	12.5%	254	5.2%	349	7.2%	3,488	71.9%
Other reporter groups combined	1,143	23.6%	218	4.5%	69	1.4%	144	3.0%	1,361	28.1%
Totals	4,023	83.0%	826	17.0%	323	6.7%	493	10.2%	4,849	10.7%
2008										
Doctors	117	2.4%	78	1.6%	38	0.8%	38	0.8%	195	4.1%
Nurses	115	2.4%	54	1.1%	19	0.4%	35	0.7%	169	3.5%
Police	570	11.9%	110	2.3%	68	1.4%	42	0.9%	680	14.1%
School personnel	1,358	28.3%	174	3.6%	85	1.8%	89	1.9%	1,532	31.9%
Child care workers	93	1.9%	23	0.5%	5	0.1%	18	0.4%	116	2.4%
Social workers	590	12.3%	116	2.4%	63	1.3%	53	1.1%	706	14.7%
Other health professionals	151	3.1%	21	0.4%	7	0.1%	14	0.3%	172	3.6%
Major mandated reporter groups combined	2,994	62.3%	576	12.0%	285	5.9%	289	6.0%	3,570	74.3%
Other reporter groups combined	1,052	21.9%	184	3.8%	56	1.2%	128	2.7%	1,236	25.7%
Totals	4,046	84.2%	760	15.8%	341	7.1%	417	8.7%	4,806	10.6%

	Not investigated		Investigated		Substantiated		Not substantiated		Totals	
2009										
Doctors	119	2.5%	74	1.5%	27	0.6%	44	0.9%	193	4.0%
Nurses	115	2.4%	65	1.4%	19	0.4%	46	1.0%	180	3.7%
Police	510	10.6%	117	2.4%	74	1.5%	41	0.9%	627	13.0%
School personnel	1,344	27.9%	164	3.4%	70	1.5%	93	1.9%	1,508	31.3%
Child care workers	97	2.0%	19	0.4%	5	0.1%	14	0.3%	116	2.4%
Social workers	592	12.3%	94	2.0%	41	0.9%	52	1.1%	686	14.3%
Other health professionals	188	3.9%	30	0.6%	7	0.1%	23	0.5%	218	4.5%
Major mandated reporter groups combined	2,965	61.6%	563	11.7%	243	5.0%	313	6.5%	3,528	73.3%
Other reporter groups combined	1,066	22.1%	219	4.6%	73	1.5%	142	3.0%	1,285	26.7%
Totals	4,031	83.8%	782	16.2%	316	6.6%	455	9.5%	4,813	10.6%
2010										
Doctors	102	2.5%	63	1.6%	28	0.7%	39	1.0%	165	4.1%
Nurses	118	2.9%	53	1.3%	21	0.5%	29	0.7%	171	4.2%
Police	519	12.8%	170	4.2%	79	1.9%	72	1.8%	689	17.0%
School personnel	631	15.6%	139	3.4%	51	1.3%	77	1.9%	770	19.0%
Child care workers	47	1.2%	12	0.3%	2	0.0%	9	0.2%	59	1.5%
Social workers	328	8.1%	56	1.4%	21	0.5%	32	0.8%	384	9.5%
Other health professionals	132	3.3%	37	0.9%	15	0.4%	19	0.5%	169	4.2%
Major mandated reporter groups combined	1,877	46.3%	530	13.1%	205	5.1%	277	6.8%	2,407	59.4%
Other reporter groups combined	1,263	31.2%	383	9.4%	140	3.5%	198	4.9%	1,646	40.6%
Totals	3,140	77.5%	913	22.5%	345	8.5%	475	11.7%	4,053	8.9%

	Not investigated		Investigated		Substantiated		Not substantiated		Totals	
2011										
Doctors	78	1.9%	50	1.2%	19	0.5%	28	0.7%	128	3.0%
Nurses	80	1.9%	50	1.2%	18	0.4%	27	0.6%	130	3.1%
Police	601	14.3%	202	4.8%	94	2.2%	85	2.0%	803	19.1%
School personnel	447	10.6%	111	2.6%	57	1.4%	44	1.0%	558	13.3%
Child care workers	25	0.6%	20	0.5%	7	0.2%	10	0.2%	45	1.1%
Social workers	298	7.1%	61	1.4%	21	0.5%	36	0.9%	359	8.5%
Other health professionals	130	3.1%	44	1.0%	19	0.5%	21	0.5%	174	4.1%
Major mandated reporter groups combined	1,659	39.4%	538	12.8%	237	5.6%	251	6.0%	2,197	52.2%
Other reporter groups combined	1,544	36.7%	466	11.1%	149	3.5%	247	5.9%	2,010	47.8%
Totals	3,203	76.1%	1,004	23.9%	386	9.2%	498	11.8%	4,207	9.2%
2012										
Doctors	77	1.9%	67	1.6%	39	1.0%	25	0.6%	144	3.5%
Nurses	100	2.5%	73	1.8%	37	0.9%	21	0.5%	173	4.2%
Police	686	16.8%	246	6.0%	147	3.6%	86	2.1%	932	22.9%
School personnel	395	9.7%	80	2.0%	35	0.9%	40	1.0%	475	11.7%
Child care workers	30	0.7%	7	0.2%	3	0.1%	4	0.1%	37	0.9%
Social workers	286	7.0%	61	1.5%	25	0.6%	32	0.8%	347	8.5%
Other health professionals	146	3.6%	53	1.3%	25	0.6%	26	0.6%	199	4.9%
Major mandated reporter groups combined	1,720	42.2%	587	14.4%	311	7.6%	234	5.7%	2,307	56.6%
Other reporter groups combined	1,346	33.0%	421	10.3%	161	4.0%	217	5.3%	1,767	43.4%
Totals	3,066	75.3%	1,008	24.7%	472	11.6%	451	11.1%	4,074	9.0%
Combined totals	35,429	77.8%	10,089	22.2%	3,929	8.6%	5,799	12.7%	45,518	

2.5 NUMBER OF REPORTS OF SEXUAL ABUSE, BY YEAR, REPORTER GROUP, AND OUTCOME

	Not Investigated		Investigated		Substantiated		Not substantiated		Totals	
2003										
Doctors	106	3.8%	30	1.1%	6	0.2%	23	0.8%	136	4.9%
Nurses	17	0.6%	1	0.0%	1	0.0%	0	0.0%	18	0.6%
Police	381	13.6%	88	3.2%	33	1.2%	50	1.8%	469	16.8%
School personnel	122	4.4%	36	1.3%	15	0.5%	21	0.8%	158	5.7%
Child care workers	13	0.5%	2	0.1%	0	0.0%	2	0.1%	15	0.5%
Social workers	10	0.4%	5	0.2%	2	0.1%	3	0.1%	15	0.5%
Other health professionals	12	0.4%	4	0.1%	0	0.0%	4	0.1%	16	0.6%
Major mandated reporter groups combined	661	23.7%	166	5.9%	57	2.0%	103	3.7%	827	29.6%
Other reporter groups combined	1,559	55.8%	406	14.5%	104	3.7%	294	10.5%	1,965	70.4%
Totals	2,220	79.5%	572	20.5%	161	5.8%	397	14.2%	2,792	8.7%
2004										
Doctors	87	2.9%	27	0.9%	8	0.3%	18	0.6%	114	3.7%
Nurses	11	0.4%	2	0.1%	1	0.0%	1	0.0%	13	0.4%
Police	404	13.3%	78	2.6%	23	0.8%	55	1.8%	482	15.8%
School personnel	140	4.6%	16	0.5%	6	0.2%	10	0.3%	156	5.1%
Child care workers	18	0.6%	5	0.2%	0	0.0%	5	0.2%	23	0.8%
Social workers	12	0.4%	5	0.2%	1	0.0%	4	0.1%	17	0.6%
Other health professionals	9	0.3%	9	0.3%	1	0.0%	8	0.3%	18	0.6%
Major mandated reporter groups combined	681	22.4%	142	4.7%	40	1.3%	101	3.3%	823	27.0%
Other reporter groups combined	1,748	57.4%	474	15.6%	105	3.4%	361	11.9%	2,222	73.0%
Totals	2,429	79.8%	616	20.2%	145	4.8%	462	15.2%	3,045	9.5%

	Not Investigated		Investigated		Substantiated		Not substantiated		Totals	
2005										
Doctors	98	3.3%	23	0.8%	5	0.2%	17	0.6%	121	4.1%
Nurses	17	0.6%	2	0.1%	1	0.0%	1	0.0%	19	0.6%
Police	392	13.2%	72	2.4%	30	1.0%	41	1.4%	464	15.6%
School personnel	150	5.1%	15	0.5%	5	0.2%	10	0.3%	165	5.6%
Child care workers	16	0.5%	1	0.0%	0	0.0%	1	0.0%	17	0.6%
Social workers	14	0.5%	5	0.2%	2	0.1%	3	0.1%	19	0.6%
Other health professionals	19	0.6%	5	0.2%	1	0.0%	4	0.1%	24	0.8%
Major mandated reporter groups combined	706	23.8%	123	4.1%	44	1.5%	77	2.6%	829	28.0%
Other reporter groups combined	1,754	59.1%	383	12.9%	75	2.5%	300	10.1%	2,137	72.0%
Totals	2,460	82.9%	506	17.1%	119	4.0%	377	12.7%	2,966	9.2%
2006										
Doctors	88	2.8%	32	1.0%	3	0.1%	29	0.9%	120	3.8%
Nurses	30	0.9%	3	0.1%	1	0.0%	2	0.1%	33	1.0%
Police	460	14.4%	106	3.3%	26	0.8%	80	2.5%	566	17.7%
School personnel	510	16.0%	86	2.7%	27	0.8%	58	1.8%	596	18.6%
Child care workers	28	0.9%	3	0.1%	0	0.0%	3	0.1%	31	1.0%
Social workers	265	8.3%	82	2.6%	34	1.1%	47	1.5%	347	10.9%
Other health professionals	77	2.4%	10	0.3%	1	0.0%	9	0.3%	87	2.7%
Major mandated reporter groups combined	1,458	45.6%	322	10.1%	92	2.9%	228	7.1%	1,780	55.7%
Other reporter groups combined	1,176	36.8%	240	7.5%	59	1.8%	175	5.5%	1,416	44.3%
Totals	2,634	82.4%	562	17.6%	151	4.7%	403	12.6%	3,196	9.9%

	Not Investigated		Investigated		Substantiated		Not substantiated		Totals	
2007										
Doctors	108	3.0%	32	0.9%	8	0.2%	24	0.7%	140	3.9%
Nurses	60	1.7%	9	0.3%	2	0.1%	7	0.2%	69	1.9%
Police	555	15.6%	95	2.7%	27	0.8%	68	1.9%	650	18.3%
School personnel	747	21.0%	93	2.6%	31	0.9%	61	1.7%	840	23.7%
Child care workers	64	1.8%	12	0.3%	5	0.1%	7	0.2%	76	2.1%
Social workers	455	12.8%	96	2.7%	26	0.7%	66	1.9%	551	15.5%
Other health professionals	147	4.1%	14	0.4%	5	0.1%	7	0.2%	161	4.5%
Major mandated reporter groups combined	2,136	60.2%	351	9.9%	104	2.9%	240	6.8%	2,487	70.0%
Other reporter groups combined	850	23.9%	214	6.0%	31	0.9%	181	5.1%	1,064	30.0%
Totals	2,986	84.1%	565	15.9%	135	3.8%	421	11.9%	3,551	11.0%
2008										
Doctors	100	2.8%	27	0.8%	6	0.2%	20	0.6%	127	3.6%
Nurses	81	2.3%	13	0.4%	6	0.2%	7	0.2%	94	2.6%
Police	677	19.0%	64	1.8%	14	0.4%	50	1.4%	741	20.8%
School personnel	710	19.9%	90	2.5%	24	0.7%	66	1.9%	800	22.4%
Child care workers	60	1.7%	6	0.2%	0	0.0%	6	0.2%	66	1.9%
Social workers	549	15.4%	79	2.2%	20	0.6%	59	1.7%	628	17.6%
Other health professionals	127	3.6%	18	0.5%	2	0.1%	16	0.4%	145	4.1%
Major mandated reporter groups combined	2,304	64.6%	297	8.3%	72	2.0%	224	6.3%	2,601	73.0%
Other reporter groups combined	805	22.6%	158	4.4%	38	1.1%	120	3.4%	963	27.0%
Totals	3,109	87.2%	455	12.8%	110	3.1%	344	9.7%	3,564	11.1%

	Not Investigated		Investigated		Substantiated		Not substantiated		Totals	
2009										
Doctors	124	3.6%	34	1.0%	3	0.1%	31	0.9%	158	4.5%
Nurses	90	2.6%	13	0.4%	1	0.0%	11	0.3%	103	3.0%
Police	521	15.0%	124	3.6%	48	1.4%	74	2.1%	645	18.5%
School personnel	634	18.2%	90	2.6%	28	0.8%	62	1.8%	724	20.8%
Child care workers	46	1.3%	19	0.5%	11	0.3%	8	0.2%	65	1.9%
Social workers	530	15.2%	98	2.8%	23	0.7%	71	2.0%	628	18.0%
Other health professionals	104	3.0%	16	0.5%	3	0.1%	13	0.4%	120	3.4%
Major mandated reporter groups combined	2,049	58.8%	394	11.3%	117	3.4%	270	7.8%	2,443	70.2%
Other reporter groups combined	843	24.2%	196	5.6%	37	1.1%	149	4.3%	1,039	29.8%
Totals	2,892	83.1%	590	16.9%	154	4.4%	419	12.0%	3,482	10.8%
2010										
Doctors	95	3.1%	25	0.8%	10	0.3%	13	0.4%	120	3.9%
Nurses	42	1.4%	7	0.2%	3	0.1%	4	0.1%	49	1.6%
Police	457	14.9%	99	3.2%	42	1.4%	46	1.5%	556	18.1%
School personnel	325	10.6%	67	2.2%	16	0.5%	42	1.4%	392	12.8%
Child care workers	21	0.7%	2	0.1%	0	0.0%	2	0.1%	23	0.7%
Social workers	369	12.0%	71	2.3%	24	0.8%	40	1.3%	440	14.3%
Other health professionals	114	3.7%	27	0.9%	5	0.2%	13	0.4%	141	4.6%
Major mandated reporter groups combined	1,423	46.4%	298	9.7%	100	3.3%	160	5.2%	1,721	56.1%
Other reporter groups combined	1,030	33.6%	316	10.3%	63	2.1%	186	6.1%	1,346	43.9%
Totals	2,453	80.0%	614	20.0%	163	5.3%	346	11.3%	3,067	9.5%

	Not Investigated		Investigated		Substantiated		Not substantiated		Totals	
2011										
Doctors	63	2.0%	25	0.8%	3	0.1%	15	0.5%	88	2.8%
Nurses	35	1.1%	14	0.4%	1	0.0%	13	0.4%	49	1.6%
Police	318	10.1%	134	4.3%	36	1.1%	89	2.8%	452	14.4%
School personnel	187	5.9%	67	2.1%	15	0.5%	29	0.9%	254	8.1%
Child care workers	16	0.5%	1	0.0%	0	0.0%	1	0.0%	17	0.5%
Social workers	206	6.5%	85	2.7%	12	0.4%	42	1.3%	291	9.2%
Other health professionals	80	2.5%	30	1.0%	8	0.3%	18	0.6%	110	3.5%
Major mandated reporter groups combined	905	28.8%	356	11.3%	75	2.4%	208	6.6%	1,261	40.1%
Other reporter groups combined	1,479	47.0%	406	12.9%	97	3.1%	227	7.2%	1,885	59.9%
Totals	2,384	75.8%	762	24.2%	172	5.5%	435	13.8%	3,146	9.8%
2012										
Doctors	68	2.0%	24	0.7%	5	0.1%	15	0.4%	92	2.8%
Nurses	39	1.2%	5	0.1%	0	0.0%	4	0.1%	44	1.3%
Police	392	11.7%	142	4.2%	60	1.8%	66	2.0%	534	16.0%
School personnel	234	7.0%	64	1.9%	11	0.3%	35	1.0%	298	8.9%
Child care workers	16	0.5%	5	0.1%	1	0.0%	4	0.1%	21	0.6%
Social workers	237	7.1%	64	1.9%	12	0.4%	41	1.2%	301	9.0%
Other health professionals	132	3.9%	32	1.0%	11	0.3%	9	0.3%	164	4.9%
Major mandated reporter groups combined	1,118	33.4%	336	10.0%	99	3.0%	175	5.2%	1,454	43.5%
Other reporter groups combined	1,532	45.8%	359	10.7%	93	2.8%	222	6.6%	1,891	56.5%
Totals	2,650	79.2%	695	20.8%	192	5.7%	397	11.9%	3,345	10.4%
Combined totals	26,217	81.5%	5,937	18.5%	1,502	4.7%	4,001	12.4%	32,154	

2.6.1 NUMBER OF REPORTS BY MAJOR MANDATED REPORTER GROUPS COMBINED, BY YEAR, ABUSE TYPE, AND OUTCOME

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Emotional Abuse										
Not investigated	1,495	1,717	2,158	3,694	5,530	7,511	8,124	5,365	3,848	3,264
Investigated	549	633	575	929	1,151	1,154	1,345	1,120	670	627
Substantiated	258	360	316	505	589	635	720	425	348	327
Not Substantiated	284	267	251	418	555	514	621	587	263	260
Total reports:	2,044	2,350	2,733	4,623	6,681	8,665	9,469	6,485	4,518	3,891
Neglect										
Not investigated	1,184	1,379	1,658	4,107	6,209	6,901	7,781	4,083	2,949	3,118
Investigated	723	779	603	982	1,583	1,661	1,749	1,242	1,099	1,340
Substantiated	336	321	315	416	695	750	739	516	481	636
Not Substantiated	387	451	287	556	867	904	987	621	472	590
Total reports:	1,907	2,158	2,261	5,089	7,792	8,562	9,530	5,325	4,048	4,458
Physical Abuse										
Not investigated	778	786	841	1,864	2,880	2,994	2,965	1,877	1,659	1,720
Investigated	410	338	290	534	608	576	563	530	538	587
Substantiated	189	167	136	203	254	285	243	205	237	311
Not Substantiated	219	168	152	327	349	289	313	277	251	234
Total reports:	1,188	1,124	1,131	2,398	3,488	3,570	3,528	2,407	2,197	2,307
Sexual Abuse										
Not investigated	661	681	706	1,458	2,136	2,304	2,049	1,423	905	1,118
Investigated	166	142	123	322	351	297	394	298	356	336
Substantiated	57	40	44	92	104	72	117	100	75	99
Not Substantiated	103	101	77	228	240	224	270	160	208	175
Total reports:	827	823	829	1,780	2,487	2,601	2,443	1,721	1,261	1,454

2.6.2 NUMBER OF REPORTS BY OTHER REPORTER GROUPS COMBINED, BY YEAR, ABUSE TYPE, AND OUTCOME

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Emotional Abuse										
Not investigated	2,611	3,279	3,747	2,691	2,165	2,274	2,480	2,564	1,859	1,661
Investigated	858	1,008	809	538	389	338	359	530	436	374
Substantiated	364	467	344	220	169	153	157	159	179	137
Not Substantiated	488	533	462	309	213	184	199	298	181	218
Total reports:	3,469	4,287	4,556	3,229	2,554	2,612	2,839	3,094	2,295	2,035
Neglect										
Not investigated	5,634	6,017	6,817	4,780	3,939	4,083	4,255	3,540	3,218	2,887
Investigated	2,024	2,170	1,566	1,017	816	722	956	1,091	1,388	1,164
Substantiated	671	752	566	354	253	262	349	344	529	447
Not Substantiated	1,337	1,405	994	645	551	459	600	591	672	608
Total reports:	7,658	8,187	8,383	5,797	4,755	4,805	5,211	4,631	4,606	4,051
Physical Abuse										
Not investigated	2,435	2,624	2,779	1,813	1,143	1,052	1,066	1,263	1,544	1,346
Investigated	1,084	1,061	659	420	218	184	219	383	466	421
Substantiated	376	361	199	115	69	56	73	140	149	161
Not Substantiated	698	688	457	301	144	128	142	198	247	217
Total reports:	3,519	3,685	3,438	2,233	1,361	1,236	1,285	1,646	2,010	1,767
Sexual Abuse										
Not investigated	1,559	1,748	1,754	1,176	850	805	843	1,030	1,479	1,532
Investigated	406	474	383	240	214	158	196	316	406	359
Substantiated	104	105	75	59	31	38	37	63	97	93
Not Substantiated	294	361	300	175	181	120	149	186	227	222
Total reports:	1,965	2,222	2,137	1,416	1,064	963	1,039	1,346	1,885	1,891

2.6.3 NUMBER OF REPORTS BY DOCTORS, BY YEAR, ABUSE TYPE, AND OUTCOME

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Emotional Abuse										
Not investigated	60	50	57	83	88	88	121	83	60	72
Investigated	31	36	26	13	29	38	34	29	12	9
Substantiated	8	16	12	5	15	24	15	9	6	5
Not Substantiated	22	19	14	8	14	14	19	18	6	3
Total reports:	91	86	83	96	117	126	155	112	72	81
Neglect										
Not investigated	150	134	182	206	212	215	255	182	130	129
Investigated	81	88	74	63	81	97	105	80	85	63
Substantiated	31	28	35	25	37	44	43	36	37	24
Not Substantiated	50	60	39	37	44	53	62	38	34	32
Total reports:	231	222	256	269	293	312	360	262	215	192
Physical Abuse										
Not investigated	130	102	111	96	116	117	119	102	78	77
Investigated	79	67	54	72	63	78	74	63	50	67
Substantiated	28	27	20	27	22	38	27	28	19	39
Not Substantiated	51	40	34	44	38	38	44	39	28	25
Total reports:	209	169	165	168	179	195	193	165	128	144
Sexual Abuse										
Not investigated	106	87	98	88	108	100	124	95	63	68
Investigated	30	27	23	32	32	27	34	25	25	24
Substantiated	6	8	5	3	8	6	3	10	3	5
Not Substantiated	23	18	17	29	24	20	31	13	15	15
Total reports:	136	114	121	120	140	127	158	120	88	92

2.6.4 NUMBER OF REPORTS BY NURSES, BY YEAR, ABUSE TYPE, AND OUTCOME

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Emotional Abuse										
Not investigated	20	37	70	154	240	336	489	313	235	204
Investigated	17	29	21	30	79	81	114	86	66	61
Substantiated	5	18	7	11	23	30	61	25	28	36
Not Substantiated	12	11	14	19	56	48	53	51	32	23
Total reports:	37	66	91	184	319	417	603	399	301	265
Neglect										
Not investigated	63	57	107	211	402	518	675	450	263	329
Investigated	52	54	50	111	199	201	259	197	175	153
Substantiated	15	20	24	29	77	60	87	62	62	79
Not Substantiated	37	34	26	82	119	140	166	120	97	62
Total reports:	115	111	157	322	601	719	934	647	438	482
Physical Abuse										
Not investigated	24	33	30	68	82	115	115	118	80	100
Investigated	22	19	21	30	52	54	65	53	50	73
Substantiated	11	8	7	7	11	19	19	21	18	37
Not Substantiated	11	11	14	23	40	35	46	29	27	21
Total reports:	46	52	51	98	134	169	180	171	130	173
Sexual Abuse										
Not investigated	17	11	17	30	60	81	90	42	35	39
Investigated	1	2	2	3	9	13	13	7	14	5
Substantiated	1	1	1	1	2	6	1	3	1	0
Not Substantiated	0	1	1	2	7	7	11	4	13	4
Total reports:	18	13	19	33	69	94	103	49	49	44

2.6.5 NUMBER OF REPORTS BY POLICE, BY YEAR, ABUSE TYPE, AND OUTCOME

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Emotional Abuse										
Not investigated	1,167	1,378	1,694	1,898	2,654	4,187	4,088	2,998	2,405	1,866
Investigated	442	501	467	567	511	613	685	623	371	338
Substantiated	224	298	272	342	309	359	398	253	231	191
Not Substantiated	213	198	187	220	200	254	286	306	109	127
Total reports:	1,609	1,879	2,161	2,465	3,165	4,800	4,773	3,621	2,776	2,204
Neglect										
Not investigated	565	692	878	1,021	1,094	1,336	1,435	990	893	961
Investigated	440	470	361	303	416	478	399	372	342	474
Substantiated	249	220	203	178	222	243	209	198	181	265
Not Substantiated	191	247	158	123	187	233	187	153	126	169
Total reports:	1,005	1,162	1,239	1,324	1,510	1,814	1,834	1,362	1,235	1,435
Physical Abuse										
Not investigated	353	354	361	377	395	570	510	519	601	686
Investigated	187	168	134	157	110	110	117	170	202	246
Substantiated	103	101	72	81	63	68	74	79	94	147
Not Substantiated	83	65	62	75	47	42	41	72	85	86
Total reports:	540	522	495	534	505	680	627	689	803	932
Sexual Abuse										
Not investigated	381	404	392	460	555	677	521	457	318	392
Investigated	88	78	72	106	95	64	124	99	134	142
Substantiated	33	23	30	26	27	14	48	42	36	60
Not Substantiated	50	55	41	80	68	50	74	46	89	66
Total reports:	469	482	464	566	650	741	645	556	452	534

2.6.6 NUMBER OF REPORTS BY SCHOOL PERSONNEL, BY YEAR, ABUSE TYPE, AND OUTCOME

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Emotional Abuse										
Not investigated	128	156	219	783	1,139	1,252	1,377	646	355	327
Investigated	29	43	37	102	158	98	149	115	50	77
Substantiated	8	18	22	35	72	39	71	26	18	36
Not Substantiated	21	25	15	66	83	59	78	78	24	34
Total reports:	157	199	256	885	1,297	1,350	1,526	761	405	404
Neglect										
Not investigated	229	315	283	1,566	2,485	2,411	2,691	1,119	676	649
Investigated	62	92	49	180	303	291	259	152	126	158
Substantiated	20	24	22	62	119	128	98	40	33	53
Not Substantiated	42	64	27	116	175	163	156	93	63	94
Total reports:	291	407	332	1,746	2,788	2,702	2,950	1,271	802	807
Physical Abuse										
Not investigated	206	238	279	914	1,500	1,358	1,344	631	447	395
Investigated	89	61	61	159	236	174	164	139	111	80
Substantiated	33	28	28	49	97	85	70	51	57	35
Not Substantiated	56	32	32	109	139	89	93	77	44	40
Total reports:	295	299	340	1,073	1,736	1,532	1,508	770	558	475
Sexual Abuse										
Not investigated	122	140	150	510	747	710	634	325	187	234
Investigated	36	16	15	86	93	90	90	67	67	64
Substantiated	15	6	5	27	31	24	28	16	15	11
Not Substantiated	21	10	10	58	61	66	62	42	29	35
Total reports:	158	156	165	596	840	800	724	392	254	298

2.6.7 NUMBER OF REPORTS BY CHILD CARE WORKERS, BY YEAR, ABUSE TYPE, AND OUTCOME

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Emotional Abuse										
Not investigated	35	14	30	79	87	100	111	43	22	22
Investigated	3	4	1	9	25	18	24	12	6	3
Substantiated	3	0	0	3	12	2	7	2	1	1
Not Substantiated	0	4	1	6	13	16	17	6	4	2
Total reports:	38	18	31	88	112	118	135	55	28	25
Neglect										
Not investigated	89	64	52	131	215	281	273	94	45	48
Investigated	32	16	12	21	37	46	75	28	19	18
Substantiated	7	5	3	5	6	14	25	10	0	8
Not Substantiated	25	11	9	16	31	32	50	18	16	10
Total reports:	121	80	64	152	252	327	348	122	64	66
Physical Abuse										
Not investigated	21	19	17	46	93	93	97	47	25	30
Investigated	16	4	5	27	21	23	19	12	20	7
Substantiated	5	1	0	5	8	5	5	2	7	3
Not Substantiated	10	3	5	22	13	18	14	9	10	4
Total reports:	37	23	22	73	114	116	116	59	45	37
Sexual Abuse										
Not investigated	13	18	16	28	64	60	46	21	16	16
Investigated	2	5	1	3	12	6	19	2	1	5
Substantiated	0	0	0	0	5	0	11	0	0	1
Not Substantiated	2	5	1	3	7	6	8	2	1	4
Total reports:	15	23	17	31	76	66	65	23	17	21

2.6.8 NUMBER OF REPORTS BY SOCIAL WORKERS, BY YEAR, ABUSE TYPE, AND OUTCOME

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Emotional Abuse										
Not investigated	48	65	75	557	1,055	1,254	1,572	924	467	519
Investigated	24	18	23	156	281	263	275	170	121	92
Substantiated	10	9	3	88	130	157	137	68	43	40
Not Substantiated	13	9	20	68	149	104	136	90	71	47
Total reports:	72	83	98	713	1,336	1,517	1,847	1,094	588	611
Neglect										
Not investigated	63	105	145	762	1,474	1,730	1,975	890	608	667
Investigated	55	55	57	251	473	467	525	275	217	328
Substantiated	14	24	28	95	213	224	232	112	106	134
Not Substantiated	41	31	28	151	259	239	285	134	79	167
Total reports:	118	160	202	1,013	1,947	2,197	2,500	1,165	825	995
Physical Abuse										
Not investigated	23	20	24	252	547	590	592	328	298	286
Investigated	16	18	13	67	100	116	94	56	61	61
Substantiated	9	2	7	29	45	63	41	21	21	25
Not Substantiated	7	16	5	37	54	53	52	32	36	32
Total reports:	39	38	37	319	647	706	686	384	359	347
Sexual Abuse										
Not investigated	10	12	14	265	455	549	530	369	206	237
Investigated	5	5	5	82	96	79	98	71	85	64
Substantiated	2	1	2	34	26	20	23	24	12	12
Not Substantiated	3	4	3	47	66	59	71	40	42	41
Total reports:	15	17	19	347	551	628	628	440	291	301

2.6.9 NUMBER OF REPORTS BY OTHER HEALTH PROFESSIONALS, BY YEAR, ABUSE TYPE, AND OUTCOME

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Emotional Abuse										
Not investigated	37	17	13	140	267	294	366	358	304	254
Investigated	3	2	0	52	68	43	64	85	44	47
Substantiated	1	0	0	21	28	24	31	42	21	18
Not Substantiated	3	1	0	31	40	19	32	38	17	24
Total reports:	40	19	13	192	335	337	430	443	348	301
Neglect										
Not investigated	25	12	11	210	327	410	477	358	334	335
Investigated	1	4	0	53	74	81	127	138	135	146
Substantiated	0	0	0	22	21	37	45	58	62	73
Not Substantiated	1	4	0	31	52	44	81	65	57	56
Total reports:	26	16	11	263	401	491	604	496	469	481
Physical Abuse										
Not investigated	21	20	19	111	147	151	188	132	130	146
Investigated	1	1	2	22	26	21	30	37	44	53
Substantiated	0	0	2	5	8	7	7	15	19	25
Not Substantiated	1	1	0	17	18	14	23	19	21	26
Total reports:	22	21	21	133	173	172	218	169	174	199
Sexual Abuse										
Not investigated	12	9	19	77	147	127	104	114	80	132
Investigated	4	9	5	10	14	18	16	27	30	32
Substantiated	0	1	1	1	5	2	3	5	8	11
Not Substantiated	4	8	4	9	7	16	13	13	18	9
Total reports:	16	18	24	87	161	145	120	141	110	164

Stage 2

Part 3: Reports of distinct children

PART 3: REPORTS OF DISTINCT CHILDREN

Stage 2

Part 3: Reports of distinct children

This section presents data on the number of distinct children involved in reports over the decade. It enables an estimation of the breadth of the child protection net, both overall, and by abuse type and reporter type. Table 3.1 shows the total number of reports made regarding distinct individual children over the decade (aggregate data does not enable this analysis).

Table 3.3 outlines yearly differences between the numbers of notifications compared to the number of children in the reports, for the decade. Subsequent tables provide detailed annual breakdowns. Tables 3.8 to 3.12 compare the yearly number of notifications to the number of children in the reports, by abuse type and outcome of report. Tables 3.13 to 3.32 show year-by-year analyses of children subject to a notification compared with the total number of reports by abuse type, outcome of report, and reporter group.

As the data provided by South Australia is in aggregate form not all tables in the report are complete. Additionally, numbers for distinct children in this section could be inflated. Tables 3.9 to 3.32 could not be completed as aggregate data does not allow for these analyses.

3.1 NUMBER OF REPORTS FOR EACH CHILD WHO WAS THE SUBJECT OF A REPORT, OVER THE DECADE

Aggregate data does not allow for this analysis.

3.2 TOTAL NUMBER OF CHILDREN AND TOTAL NUMBER OF REPORTS, OVER THE DECADE[♦]

Total number of reports	269,315
Total number of multiple reports [*]	89,843
Total number of children subject to a report	222,543

[The numbers in this table include notifications screened in and those also screened out].

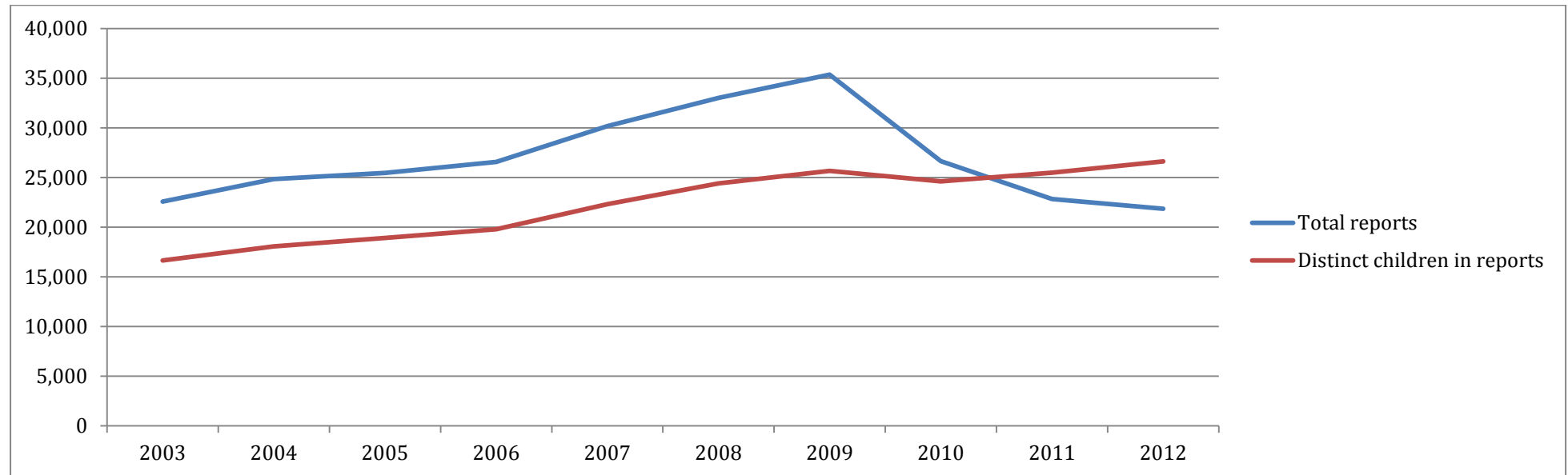
[♦] Numbers in this table may be inflated as data provided in aggregate form.

^{*} This number is an estimate only and has been arrived at by subtracting the total for distinct children records from the number of total reports (both screened in and screened out notifications) as the precise number of multiple records is unknown due to the aggregate form of the data.

3.3 TOTAL NUMBER OF CHILDREN AND TOTAL NUMBER OF REPORTS, BY YEAR[♦]

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Totals
Total reports	22,577	24,836	25,468	26,565	30,182	33,014	35,344	26,655	22,820	21,854	269,315
Distinct children in reports	16,658	18,059	18,908	19,791	22,310	24,411	25,675	24,618	25,498	26,615	222,543

Line graph for table 3.3: Total number of children and total number of reports, by year



3.4 NUMBER OF DISTINCT CHILDREN WITH MULTIPLE REPORTS, BY YEAR

Aggregate data does not allow for this analysis.

[♦] Numbers in this table may be inflated as data provided in aggregate form.

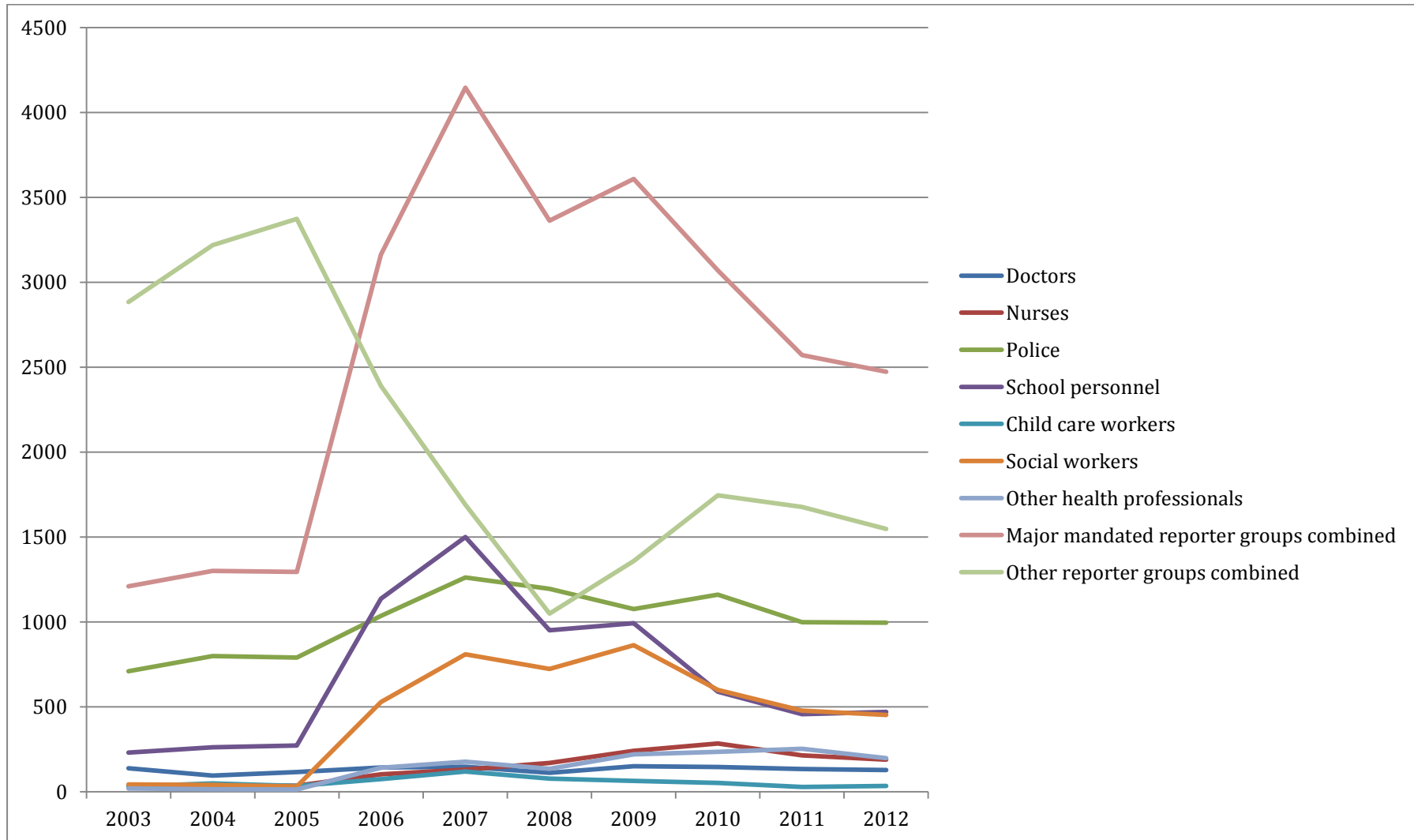
3.5 NUMBER OF DISTINCT CHILDREN IN REPORTS, BY REPORTER GROUP, BY YEAR, WITH PERCENTAGE CHANGE[♦]

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	% change
Doctors	139	95	116	143	147	112	150	146	134	129	-7%
Nurses	36	38	36	103	132	170	241	285	215	190	428%
Police	710	799	790	1,036	1,262	1,195	1,076	1,161	998	996	40%
School personnel	231	262	272	1,137	1,500	951	993	589	457	471	104%
Child care workers	31	50	35	74	119	77	65	53	28	35	13%
Social workers	43	41	31	529	809	723	864	600	478	453	953%
Other health professionals	20	15	14	141	177	135	220	235	253	198	890%
Major mandated reporter groups combined[▲]	1,210	1,300	1,294	3,163	4,146	3,363	3,609	3,069	2,572	2,473	104%
Other reporter groups combined[▲]	2,883	3,219	3,373	2,390	1,691	1,049	1,359	1,745	1,677	1,548	-46%
Distinct children in reports	16,658	18,059	18,908	19,791	22,310	24,411	25,675	24,618	25,498	26,615	60%
Total reports	22,577	24,836	25,468	26,565	30,182	33,014	35,344	26,655	22,820	21,854	-3%

[♦] Numbers in this table may be inflated as data provided in aggregate form.

[▲] The use of aggregate data will result in an inflation of the number of distinct children in this category as the combining of groups of reporters will duplicate some of the children across the various groups combined here.

Line graph for table 3.5: Number of distinct children in reports, by reporter group, by year



3.5.1 NUMBER OF DISTINCT CHILDREN IN REPORTS, BY REPORTER GROUP, BY YEAR, AS A PERCENTAGE OF ALL REPORTS

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Doctors	0.6%	0.4%	0.5%	0.5%	0.5%	0.3%	0.4%	0.5%	0.6%	0.6%
Nurses	0.2%	0.2%	0.1%	0.4%	0.4%	0.5%	0.7%	1.1%	0.9%	0.9%
Police	3.1%	3.2%	3.1%	3.9%	4.2%	3.6%	3.0%	4.4%	4.4%	4.6%
School personnel	1.0%	1.1%	1.1%	4.3%	5.0%	2.9%	2.8%	2.2%	2.0%	2.2%
Child care workers	0.1%	0.2%	0.1%	0.3%	0.4%	0.2%	0.2%	0.2%	0.1%	0.2%
Social workers	0.2%	0.2%	0.1%	2.0%	2.7%	2.2%	2.4%	2.3%	2.1%	2.1%
Other health professionals	0.1%	0.1%	0.1%	0.5%	0.6%	0.4%	0.6%	0.9%	1.1%	0.9%
Major mandated reporter groups combined	5.4%	5.2%	5.1%	11.9%	13.7%	10.2%	10.2%	11.5%	11.3%	11.3%
Other reporter groups combined	12.8%	13.0%	13.2%	9.0%	5.6%	3.2%	3.8%	6.5%	7.3%	7.1%
Distinct children in reports	73.8%	72.7%	74.2%	74.5%	73.9%	73.9%	72.6%	92.4%	111.7%	121.8%
Total reports	22,577	24,836	25,468	26,565	30,182	33,014	35,344	26,655	22,820	21,854

3.6 NUMBER OF DISTINCT CHILDREN IN REPORTS, BY ABUSE TYPE, BY YEAR, AS A PERCENTAGE OF ALL REPORTS, WITH PERCENTAGE CHANGE

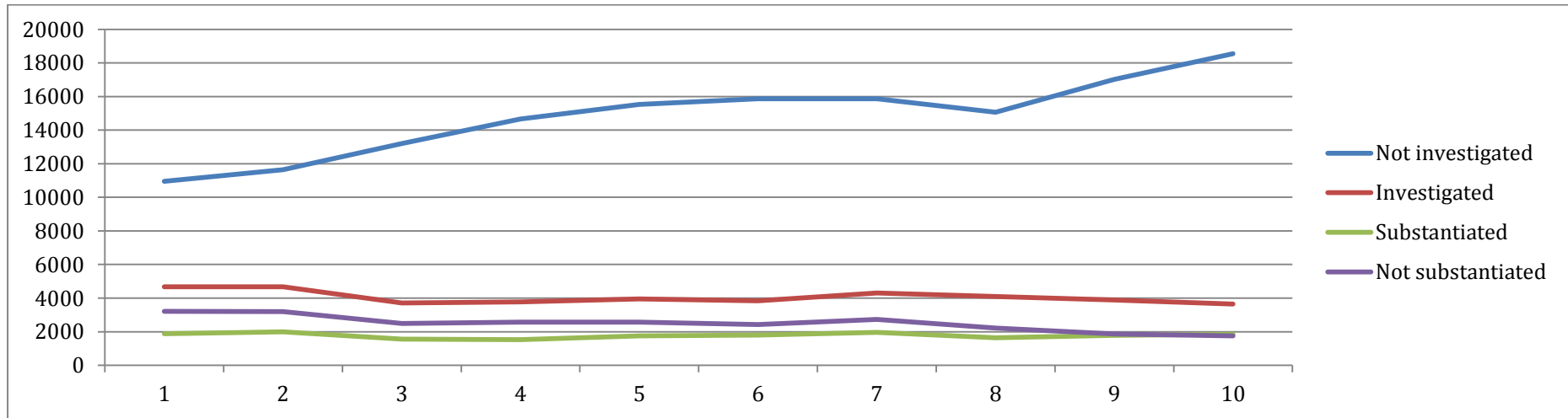
Aggregate data does not allow for this analysis.

3.7 NUMBER OF DISTINCT CHILDREN IN REPORTS, BY OUTCOME OF REPORTS, BY YEAR, AS A PERCENTAGE OF ALL REPORTING, WITH PERCENTAGE CHANGE

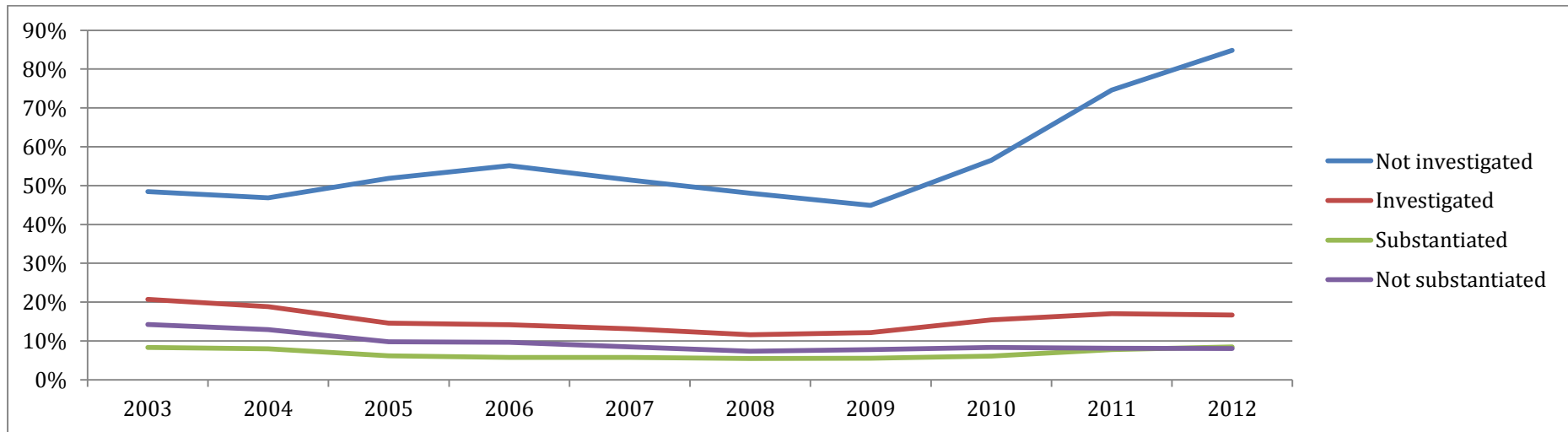
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	% change
Not investigated[♦]	10,947 48%	11,640 47%	13,201 52%	14,655 55%	15,525 51%	15,862 48%	15,862 45%	15,068 57%	17,021 75%	18,542 85%	69%
Investigated	4,682 21%	4,682 19%	3,712 15%	3,770 14%	3,957 13%	3,841 12%	4,305 12%	4,103 15%	3,893 17%	3,647 17%	-22%
Substantiated	1,880 8%	1,990 8%	1,566 6%	1,530 6%	1,745 6%	1,803 5%	1,954 6%	1,632 6%	1,780 8%	1,850 8%	-2%
Not substantiated	3,217 14%	3,202 13%	2,493 10%	2,569 10%	2,567 9%	2,423 7%	2,738 8%	2,221 8%	1,857 8%	1,756 8%	-45%
Total reports	22,577	24,836	25,468	26,565	30,182	33,014	35,344	26,655	22,820	21,854	-3%

[♦] These numbers are estimates only as no numbers were provided by South Australia for notifications not investigated. These numbers were obtained by adding together the numbers provided for numbers of distinct children 'screened out' with the numbers of distinct children 'screened in and dealt with by other means'.

Line graph for table 3.7: Number of distinct children in reports, by outcome of reports, by year



Line graph for table 3.7: Number of distinct children in reports, by outcome of reports, by year, as a percentage of all reporting



3.8 NUMBER OF REPORTS, AND DISTINCT CHILDREN IN REPORTS, BY OUTCOME, BY YEAR

	Not investigated		Investigated		Substantiated		Not substantiated		Totals	
	Reports [♦]	Children [♦]	Reports	Children	Reports	Children	Reports	Children	Reports	Children
2003	16,357	10,947	6,220	4,682	2,355	1,880	3,810	3,217	22,577	n/a
2004	18,231	11,640	6,605	4,682	2,573	1,990	3,974	3,202	24,836	n/a
2005	20,460	13,201	5,008	3,712	1,995	1,566	2,980	2,493	25,468	n/a
2006	21,583	14,655	4,982	3,770	1,964	1,530	2,959	2,569	26,565	n/a
2007	24,852	15,525	5,330	3,957	2,164	1,745	3,100	2,567	30,182	n/a
2008	27,924	15,862	5,090	3,841	2,251	1,803	2,822	2,423	33,014	n/a
2009	29,563	15,862	5,781	4,305	2,435	1,954	3,281	2,738	35,344	n/a
2010	21,145	15,068	5,510	4,103	1,952	1,632	2,919	2,221	26,655	n/a
2011	17,461	17,021	5,359	3,893	2,095	1,780	2,520	1,857	22,820	n/a
2012	16,646	18,542	5,208	3,647	2,211	1,850	2,524	1,756	21,854	n/a
Totals:	214,222	n/a	55,093	n/a	21,995	n/a	30,889	n/a	269,315	n/a

[n/a = data not available].

[♦] Precise numbers not available. These numbers calculated by subtracting total number of investigated reports from known total of reports (including 'screened in' and 'screened out' notifications).

[♦] These numbers are estimates only as no numbers were provided by South Australia for notifications not investigated. These numbers were calculated by adding together the numbers provided for numbers of distinct children 'screened out' with the numbers of distinct children 'screened in and dealt with by other means'.

3.9 NUMBER OF REPORTS OF EMOTIONAL ABUSE, AND DISTINCT CHILDREN IN REPORTS, BY OUTCOME, BY YEAR

Aggregate data does not allow for this analysis.

3.10 NUMBER OF REPORTS OF NEGLECT, AND DISTINCT CHILDREN IN REPORTS, BY OUTCOME, BY YEAR

Aggregate data does not allow for this analysis.

3.11 NUMBER OF REPORTS OF PHYSICAL ABUSE, AND DISTINCT CHILDREN IN REPORTS, BY OUTCOME, BY YEAR

Aggregate data does not allow for this analysis.

3.12 NUMBER OF REPORTS OF SEXUAL ABUSE, AND DISTINCT CHILDREN IN REPORTS, BY OUTCOME, BY YEAR

Aggregate data does not allow for this analysis.

3.13 NUMBER OF REPORTS FOR 2003, BY ABUSE TYPE, BY NUMBER OF DISTINCT CHILDREN

Aggregate data does not allow for this analysis.

3.14 NUMBER OF REPORTS FOR 2003, BY OUTCOME OF REPORT, BY NUMBER OF DISTINCT CHILDREN

Aggregate data does not allow for this analysis.

Tables 3.15 to 3.32 removed as aggregate data does not allow for these analyses.

APPENDIX A:

NUMBERS OF CHILDREN AGED 16 YEARS AND UNDER, BY STATE AND TERRITORY, BY YEAR (2003-2012)

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS.
30 June 2003	1,510,357	1,089,156	897,280	328,317	455,280	111,057	56,373	73,028	4,521,754
30 June 2004	1,503,923	1,090,079	908,157	326,107	455,570	110,761	56,272	72,106	4,523,855
30 June 2005	1,498,148	1,093,003	921,796	324,903	457,585	110,482	56,499	71,549	4,534,816
30 June 2006	1,517,997	1,112,123	950,777	328,980	468,946	110,501	58,149	71,661	4,619,744
30 June 2007	1,519,709	1,119,696	964,327	329,464	475,801	110,459	58,348	72,317	4,650,728
30 June 2008	1,524,136	1,133,638	988,276	331,525	487,786	110,948	59,053	72,960	4,708,927
30 June 2009	1,531,324	1,147,242	1,009,698	332,841	499,540	111,597	59,365	73,836	4,766,307
30 June 2010	1,532,503	1,139,649	1,002,900	331,039	503,776	109,963	59,316	74,411	4,754,126
30 June 2011	1,549,483	1,152,251	1,012,373	332,141	513,985	109,760	59,153	75,694	4,805,414
30 June 2012	1,562,381	1,168,144	1,029,397	334,271	529,249	108,838	59,520	77,409	4,869,756

[Source: Australian Bureau of Statistics]

Stage 3

Two Literature Reviews

STAGE 3: TWO LITERATURE REVIEWS

Overview

Stage 3 was described broadly in the project brief as: “a documentary analysis of Australian and overseas literature on legal and contextual factors affecting reporting of child abuse and neglect” (p.2).

Two literature reviews were conducted:

Literature review 1: Contextual factors influencing mandatory reporting of child abuse and neglect; and

Literature review 2: Theoretical critiques of mandatory reporting laws.

Stage 3 therefore contributes to the *identification of opportunities to harmonise the various statutory regimes*. More specifically, findings from the review of factors influencing mandatory reporting may inform further work in developing strategies for policy and practice which can optimise the conditions for mandatory reporting; for example, in enhancing reporter training for specific professional groups and in specific domains. Findings from the review of theoretical critiques may shed light on the nature, presence and strength of theoretical underpinnings for mandatory reporting law, both generally, and for specific maltreatment types. However, decisions on whether, how, and to what extent to harmonise the statutory regimes require policy deliberations and decisions by various government departments.

The reviews are in the form of *systematized reviews* (Grant et al 2009) with *rapid evidence synthesis* (Gannan, Ciliska, & Thomas, 2010; Khangura, Konnyu, Cushman, Grimshaw, & Moher, 2012). These are literature reviews which approach the rigour of traditional systematic reviews, while being less comprehensive due to constraints of time, personnel and finance. Like systematic reviews, they have as their purpose: the comprehensive searching for relevant literature across multiple databases using a carefully constructed search strategy; a narrative, thematic synthesis of results; and analysis of results, areas of uncertainty, and implications (Grant et al 2009). Unlike systematic reviews, they do not include a comprehensive evaluation of the methodological quality of studies and potential sources of bias (Gannan et al., 2010). Informed by our experience conducting reviews for the *Cochrane Database of Systematic Reviews*, our approach comprised the following 5 steps: (i) question development and refinement, (ii) systematic literature search, (iii) screening and selection of studies, (iv) narrative synthesis of included studies, and (v) report production.

3.1 Literature review 1: Factors influencing mandatory reporting of child abuse and neglect

Purpose

The purpose of literature review 1 was to identify and synthesise the published literature on the factors influencing mandatory reporting of child abuse and neglect.

Background

Among the many challenges in mandatory reporting of child abuse and neglect is understanding what influences reporting practice (or behaviour). Gaining a better understanding of the factors responsible for reporting tendency can inform the design, content and methods for potential interventions to improve reporting practices among mandatory reporters. Many of the factors influencing mandatory reporting will be malleable, for example, via interventions targeting: legislative reform (e.g., in the wording of the statutes); institutional policy reform (e.g., internal procedures and guidelines for reporting); education and training; mentoring schemes; and organisational cultures.

There is no definitive model that has yet been developed to conceptually depict the multitude of factors potentially affecting mandatory reporting of child abuse and neglect. In its simplest form, the process of reporting child maltreatment to statutory child protection authorities is conceptualised as a two-part process in which reporters must (i) detect child abuse and/or neglect, and then (ii) report it.

Approach

Preliminary scoping of the evidence revealed no prior systematic reviews had been conducted on factors influencing mandatory reporting of child abuse and neglect. We located two previous narrative reviews: one of professionals' reporting of suspected child abuse (Brosig & Kalichman, 1992) and another on barriers to reporting and educational interventions aiding reporting of child maltreatment (Alvarez, Kenny, Donohue, & Carpin, 2004).

This systematized review (Grant et al., 2009) comprises a systematic search strategy and rapid evidence synthesis. It provides a guide to the state of the current evidence base rather than a full systematic review and evaluation.

Inclusion and exclusion criteria

Literature was included or excluded based on six criteria: (i) publication type (we included only primary research reports published in peer-reviewed journals and excluded books, book chapters, and theses); (ii) publication topic (we included only studies of factors affecting/ predicting/ determining/ associated with/ correlated with/ contributing to the reporting of child abuse and/or neglect by professionals required to report child abuse and neglect, including report barriers and facilitators); (iii) study type (we included only primary studies reporting original data and excluded other reviews and commentary); (iv) definitions ("mandatory reporting" was defined as the legislative obligation to report physical abuse, emotional abuse, sexual abuse, or neglect to statutory child protection authorities and "mandatory reporter" was defined as professionals required by law to report); (v) participant populations (we included studies with sub-populations of mandatory reporters: e.g. nurses, physicians, teachers and excluded studies with non-mandatory reporters and students); and (vi) outcomes (we included studies where reporting practice, behaviour, or tendency was investigated and reported).

Only narrative synthesis was undertaken. Statistical data synthesis was not conducted.

Overview of studies

Seventy-two studies met the inclusion criteria. Most of the studies were conducted in the USA (n=48). Studies were also conducted in Australia (n=10), Taiwan (n=6), Canada (n=3), Israel (n=3), Sweden (n=2), Brazil (n=1) and Denmark (n=1). The first study was conducted in 1981 with US nurses and paediatricians (Nelpka, O'Toole & Turbett, 1981).

Fifty of the 72 studies focused broadly on factors influencing reporting of child abuse or neglect/child maltreatment generally or as an undifferentiated phenomenon without specifying factors influencing reporting of specific maltreatment subtypes. Twenty-two studies focused on reporting for distinct maltreatment subtypes (physical abuse n=17; sexual abuse n=4; and exposure to intimate partner violence n=1). No studies focused solely on mandatory reporting of emotional abuse or neglect.

Of the 72 studies, 63 were quantitative, 5 were qualitative, 3 were mixed methods studies combining quantitative and qualitative methods, and 1 study employed an experimental design. The predominant study type was a cross-sectional survey providing a snapshot of reporting practice at one point in time. Participant self-report questionnaires and/or interviews were used in the majority of studies. Data on reporting practice were gathered in two ways: (i) actual reporting, by asking participants to indicate whether, and how many cases of child abuse and neglect they had reported; and (ii) hypothetical reporting, by providing vignettes or scenarios and asking participants to indicate how likely they would be to report each case.

Studies sampled teachers (n=16), doctors (n=15), nurses (n=10), psychologists (n=7), school counsellors (n=3), dentists (n=2), child care workers (n=2), social workers (n=1), and police (n=1). Multiple professional groups (e.g. mental health practitioners, family therapists) were studied concurrently 15 studies. In total, over 24 000 mandated reporters participated in the 72 studies. Study sample sizes ranged from 10 participants in a small scale qualitative study (Nayda, 2002) to 1412 participants in a large scale quantitative study (Crenshaw, Lichtenberg, & Bartell, 1993). Response rates ranged from 11% (Herendeen et al., 2014) to 95% (Turbett & O'Toole, 1983). Response rates were not reported in 16 of the studies. Purposive samples were reported in 6 studies. Typically in the quantitative studies, random samples were drawn from mailing lists of professional associations, or from records of professionals employed in departments/districts/regions.

Key findings

The 72 studies identified factors influencing mandatory reporting of child abuse and neglect. These factors were categorised into 4 factor themes:

- **case factors** (child factors; family factors);
- **reporter factors** (socio-demographics, attitudes, knowledge, education/training, fears/concerns, beliefs, self-efficacy, and previous CPS experience);
- **organisational factors** (private v public, perceived social support, time pressure, and location); and
- **jurisdictional factors** (wording of reporting law).

These factor themes, relevant study findings, study authors, and study frequencies are shown in Table 3.1.

Apart from case characteristics, the major factors that appear to influence mandatory reporting are **reporter attitudes**, **reporter knowledge** (encompassing education and training), **reporter fears and concerns** about the effects of mandatory reporting, and **reporter experience with and confidence in child protection services** (CPS). Emerging areas of research also point to the importance of workplace support for reporting, and the wording of the reporting statute.

There is a lack of research on factors influencing mandatory reporting, especially for the professional groups whose reporting has been most problematic (e.g. police). No studies have focused explicitly on factors influencing mandatory reporting of emotional abuse or neglect.

Case factors

Case factors (child factors) influencing mandatory reporting include: (i) the type of maltreatment; (ii) the seriousness/severity of the maltreatment; (iii) the observed effects of maltreatment on the child; (iv) certainty that maltreatment had occurred; (v) direct disclosure from the child; (vi) child age; (vii) the veracity of the child; and (viii) child ethnicity/race. More studies focused on maltreatment type and seriousness than other case characteristics. Physical and sexual abuse and more serious maltreatment were more likely to be reported than neglect and emotional abuse and less serious maltreatment by most professional groups studied. The importance of these case characteristics to reporting decisions points to a clear need for professional education and training about the use of case-related information in the formulation of professional judgements and actions.

Case factors (family factors) influencing mandatory reporting include: (i) family hostility, disinterest, or resistance; (ii) family SES; (iii) family ethnicity; (iv) maltreatment co-occurrence with intimate partner violence; and (v) maltreatment co-occurrence with substance abuse. Family case variables were less frequently studied than child case variables. Family cooperativeness as indicated by the presence of parental hostility, resistance or disinterest is a significant influence on mandatory reporting of child abuse and neglect. The importance of these case characteristics to reporting decisions points to a clear need for professional education and training specific to reporter groups based on their “vantage point” (Giovannoni, 1995, p.494) to observe children, parent(s), and families.

Reporter factors

Research reveals mixed findings with respect to the influence of reporter **socio demographic characteristics** on mandatory reporting practice (including age, gender, ethnic background, parental status, qualifications and years of experience). In various studies, these factors were found to have a positive effect, negative effect, or no effect at all, indicating the influence of these variables may be more sensitive than other factors to reporter group membership and/or study location. The only Australian study included in this group of papers investigated factors influencing mandatory reporting with Queensland nurses (Fraser et al., 2010). This study found no association between likelihood to report and years of nursing experience, and a positive association between reporting of child sexual abuse and parental status.

Reporter **attitudes** towards mandatory reporting were the most frequently studied factor influencing reporting practice with twenty studies investigating this variable, typically alongside numerous other variables. Unlike the ambiguity found for socio-demographic characteristics, there was no ambiguity in these study findings. More positive attitudes towards the reporting duty significantly increased the likelihood that mandatory reporters would comply with their duty to report. This tendency has been reported in studies of both actual reporting practice (by asking participants to indicate whether they had reported cases of child abuse and neglect), and hypothetical reporting (by providing vignettes or scenarios and asking participants to indicate how likely they would be to report each case). It is clear that positive attitudes towards mandatory reporting act as facilitators to reporting. Cultivating positive attitudes towards mandatory reporting obligations, therefore, should be part of reporter induction. Many studies showed, for example, that mandatory reporters were keen to fulfil their mandatory reporting obligations, showed awareness of moral and ethical principles, and saw it as an important component of their professionalism.

Reporter **knowledge** of warning signs and indicators and of the reporting law and procedures has been shown to influence mandatory reporting. Unambiguous findings suggest that reporting is associated with higher levels of knowledge.

The influence of reporter **education and training** has yielded mixed findings with three studies finding positive associations with reporting practice, one finding no association, and one finding an association only for neglect. This variable requires further investigation in future research as the inclusion criteria for this review did not easily fit studies of interventions for mandatory reporters; only one experimental intervention study was included (Hawkins & McCallum, 2001). A full systematic review of the effectiveness of training interventions for mandatory reporters would shed further light on the role of this variable in shaping reporting practice, including detailing the contents and methods for the most effective education and training initiatives for specific reporter groups, and specific maltreatment sub-types.

Reporter **fears and concerns** featured heavily in the studies as a barrier to reporting in at least 14 studies. Fears and concerns can be categorised into four groups: (i) child-oriented fears/concerns; (ii) family-oriented fears/concerns; (iii) legal fears/concerns; and (iv) self-oriented fears/concerns. Child-oriented fears and concerns were about reprisal against child from the family or alleged perpetrator, of altering the reporter's relationship with the child, and that report would be negative for child. Family-oriented fears and concerns were about damage incurred by making inaccurate report or wrongly accusing the family, of intrusion into family privacy, of parental denial or disapproval of reports, of offending parent(s), of damage to relationships with parent(s), and of the negative consequences for the family. Legal fears and concerns included those relating to charges or possible legal suit, of court proceedings generally, of appearing as a witness in court, of legal ramifications for false reports. Self-oriented fears and concerns were about protection of their identity as a reporter, the confidentiality of reports, about retribution to themselves as reporters, and of danger to their personal safety. Only two of these studies were conducted in Australia (Nayda, 2002; Van Haeringen et al., 1998). These studies were conducted more than a decade ago, with data drawn from relatively small samples of South Australian nurses (Nayda, 2002), and Queensland doctors (Van Haeringen et al., 1998). Further investigation of the specific fears/concerns of a broader range of mandatory reporters in Australian contexts, including for different geographical locations may be warranted given findings from another small scale Australian study of rural practitioners in Victoria which found rural placement was a barrier to reporting. Fears and concerns could then be more explicitly addressed during reporter induction and further education and training, and targeted for greatest effect.

Reporters' deeply held underlying **beliefs** were also found to influence reporting practice. This was particularly evident in studies with participants from diverse cultures (e.g. Ben Natan et al., 2010; Haj-Yahia & Attar Schwartz, 2008). Underlying beliefs about parental rights, cultural differences, preserving harmonious relationships, loyalty to parents, and deferral to professional hierarchies in reporting are some examples of these beliefs. Although less malleable, beliefs are thought to contribute to attitude formation and the strength of beliefs can be correlated with intention to perform a behaviour (such as reporting) (see for example Ajzen, 2005). Only one of these studies was conducted in Australia (Schweitzer et al., 2006). This study, with Queensland doctors, found their belief that abuse was a once-off incident and unlikely to be repeated was a significant predictor of failure to report.

Reporter **self-efficacy** with respect to reporting was also studied with higher reporting self-efficacy linked to greater likelihood of reporting. The link between reporting self-efficacy and education and training has not been explored.

Previous **experience with and confidence in the child protection system** (CPS) is a significant barrier to and facilitator of reporting. Negative experiences and lack of confidence in authorities as barriers to reporting were detailed in at least 13 studies. Specific issues identified included lack confidence in CPS, distrust of CPS, perceived inadequate or inappropriate responses from CPS including over-reactions, view that CPS would not investigate or would not take prompt action, delay in taking a report on the CPS hotline, feeling that CPS does not generally offer help, views of CPS inefficient, incompetent, slow, busy, underfunded, lack of feedback from CPS about reports, and lack of follow-up. Many of these issues relate to reporters' perceptions of CPS roles and effectiveness. None of the included studies specifically investigated the impact of more effective communication between CPS and mandatory reporters and thus we do not know whether improving communication and collaboration could influence reporter perceptions of and

confidence in CPS. Feedback mechanisms for mandatory reporters may be one way to create a communicative/collaborative alliance. Outside the field of child protection, the education literature indicates clearly and strongly the effectiveness of feedback (see for example Hattie, 2009). Feedback is linked to expectations, motivation, and task performance. Correctional review, focused on goals, and two-way feedback appear to be most effective. Extrinsic rewards are least effective.

Organisational/workplace factors

Organisational factors are characteristics of reporters' workplaces that may facilitate or inhibit reporting. Factors identified included the public or private nature of the context (reported specifically in studies of doctors and dentists), aspects of workplace culture such as perceived social support for reporting, time constraints of an office visit (reported in studies of doctors) and the "hassle" involved in making reports (also reported in studies of doctors). Rural location was identified in an Australian study (Francis et al., 2012) as a barrier to reporting on account of living and working in a small community.

Jurisdictional factors

Only one study included in this review investigated jurisdictional factors influencing mandatory reporting (Brosig & Kalichman, 1992). This study with psychologists in the USA, found direct effects of statutory wording on clinicians' hypothetical reporting practice as measured in vignettes. This study is part of a broader suite of studies conducted in the USA that have explored the effects of statutory wording on clinical practice. These studies were not included in the review as they did not meet inclusion criteria, but are mentioned here for completeness (see for example Brosig & Kalichman, 1992; Levi & Brown, 2005; Levi et al., 2006; Crowell & Levi, 2012).

Summary

There is a lack of rigorous Australian research on factors influencing mandatory reporting, especially for the professional groups whose reporting has on occasion presented challenges (e.g., police). There is little research generally that differentiates factors influencing mandatory reporting of specific maltreatment subtypes. To our knowledge, there are no studies that have been conducted anywhere in the world, focusing solely on factors influencing mandatory reporting of emotional abuse or neglect. This is highly relevant given the rise in reports for emotional abuse and potential for systems burden.

Mandatory reporting of child abuse and neglect is multiply determined by numerous interacting factors. Professionals' reporting of child abuse and neglect is not only dependent upon what they can "see": what has been described as their "vantage points" (Giovannoni, 1995, p.494) or what they have the opportunity to observe, that is, case characteristics. Professionals' reporting is also related to their own characteristics (such as socio-demographic features, knowledge, attitudes, and experiences), the characteristics of the organisations in which they work, and jurisdictional characteristics such as the wording of the statutes under which they work. The factors influencing reporting practice identified in this review suggest a complex and nuanced situation; mandatory reporting is clearly more complex than it is often depicted. Yet many of the factors may be malleable via legislative reform, reworking of institutional reporting procedures and guidelines, improving education and training and enhancing organisational cultures.

Table 3.1: Literature review 1: Factors influencing mandatory reporting of child abuse and neglect

Factor theme	Findings	Number of studies	Authors
Case factors (child)			
	Type of maltreatment (physical and/or sexual abuse more likely to be reported)	10	Beck & Ogloff (1995); Beck et al., (1994); Bryant & Milsom (2005); Bryant (2009); Eisbach & Driessnack (2010); O'Toole et al., (1994); O'Toole et al., (1999); Rindfleisch & Bean (1988); Saulisbury & Campbell (1985); Webster et al., (2005)
	Seriousness/severity of maltreatment (more serious/severe abuse more likely to be reported)	13	Ashton (1999); Crenshaw et al., (1995) Egu & Weiss (2003); Flaherty et al., (2008); Hawkins & McCallum (2001); O'Toole et al., (1994); O'Toole et al., (1999); Rindfleisch & Bean (1988); Saulisbury & Campbell (1985); Turbett & O'Toole (1983); Willis & Wells (1988); Zellman (1992); Zellman (1990a)
	Observed effects of maltreatment (clear negative effects more likely to be reported)	6	Azevedo et al., (2012); Eisbach & Driessnack (2010); Finlayson & Koocher (1991); Flaherty et al., (2008); Sundell (1997); Turbett & O'Toole (1983)
	Certainty of maltreatment (greater certainty of occurrence more likely to be reported)	8	Beck & Ogloff (1995); Crenshaw et al., (1993); Holland (1999); Kalichman et al., (1988); Kalichman et al., (1990); Saulsbury & Campbell (1985); Sundell (1997); Van Haeringen et al (1998)
	Disclosure of maltreatment (direct child disclosure more likely to be reported)	5	Crenshaw et al., (1995); Finlayson & Koocher (1991); Kalichman & Craig (1991); Kalichman & Craig (1993); Kalichman et al., (1988)
	Age of child (younger children more likely to be reported)	4	Janowski & Martin (2003); Kalichman & Craig (1991); O'Toole et al., (1994); Webster et al., (2005)
	Veracity of child (more likely to be reported)	2	Crenshaw et al., (1995); Eisbach & Briessnack (2010)
	Ethnicity/race (children of colour <u>not</u> more likely to be reported)	2	Egu & Weiss (2003); Willis & Wells (1988)

Case factors (family)

Family hostility/disinterest/resistance (more likely to be reported)	7	Azevedo et al., (2012); Crenshaw et al., (1995); Janowski & Martin (2003); Kalichman & Craig (1991); Kalichman et al., (1989); O'Toole et al., (1994); Sundell (1997)
Family SES (generally, lower SES more likely to be reported)	3	Lane & Dubowitz (2007); Nelpka et al., (1981) – positive & negative assoc; Turbett & O'Toole, (1983)
Family ethnicity/race (families of colour <u>not</u> more likely to be reported)	2	Nelpka et al., (1981); Turbett & O'Toole, (1983)
Co-occurrence with intimate partner violence (more likely to be reported)	1	Davidov et al., (2012)
Co-occurrence with substance abuse (more likely to be reported)	1	Sundell (1997)

Reporter factors

Socio-demographics	Age (no association)	4	Ashton (1999) – no assoc; Bryant & Milsom (2005) – no assoc; O;Toole et al., (1994) – no assoc; Saulsbury & Campbell (1985) – no assoc
	Gender (mixed findings)	6	Ashton (1999) – no assoc; Bryant & Milsom (2005) – no assoc; Gunn et al., (2005) – male; Kenny (2001) – female; O'Toole et al (1994) – no assoc; O'Toole et al., (1999) – male;
	Ethnic background (mixed findings)	3	Ben Natan et al., (2012) – Jewish; O;Toole et al., (1994) – no assoc; O'Toole et al., (1999) – non-white
	Parental status (mixed findings)	5	Ashton (1999) – no assoc; Ben Natan et al., (2012) – positive assoc; Fraser et al., (2010) – sexual abuse only; Nightingale & Walker (1986) – positive assoc; O'Toole et al., (1999) – negative assoc

	Qualifications (mixed findings)	2	Haj-Yahia & Attar Schwartz (2008) – lower qualifications; O’Toole et al., (1994) – no assoc
	Years of experience (mixed findings)	15	Bryant & Milsom (2005); Bryant (2009) – no assoc; Fraser et al., (2010) – no assoc; Goldman & Padayachi (2005) – no assoc; Gunn et al., (2005) – more years; Haj-Yahia & Attar Schwartz (2008) – fewer years; Kenny (2001) – more years; Nightingale & Walker (1986) – more years; O’Toole et al., (1994) – no assoc; Saulsbury & Campbell (1985) – no assoc
Attitudes	Attitudes towards mandatory reporting (more positive attitudes, more likely to report)	20	Beck & Ogloff (1995); Ben Natan et al., (2012); Crenshaw et al., (1995); Crenshaw et al., (1993); Feng & Levine (2005); Feng & Wu (2005); Feng et al., (2010); Finlayson & Koocher (1991); Flaherty et al., (2006); Fraser et al., (2010) – emotional abuse, sexual abuse & neglect only; Goebbels et al., (2008); Haj-Yahia & Attar Schwartz (2008); Hawkins & McCallum (2001); Kalichman & Brosig (1993); King et al., (1998); Lee et al., (2007); Renniger et al., (2002); Rindfleisch & Bean (1988); Zellman (1990a); Zellman (1990b)
	Attitudes towards physical/corporal punishment (more positive attitudes, less likely to report)	3	Feng & Levine (2005); Feng et al., (2010); Kenny (2004)
Knowledge	Knowledge of warning signs & indicators (greater knowledge more likely to report)	7	Beck et al., (1994); Eisbach & Driessnack (2010); Haj-Yahia & Attar Schwartz (2008) – physical abuse, emotional abuse, neglect only; Hawkins & McCallum (2001); Janowski & Martin (2003); Kenny (2004); Lee et al., (2007)
	Knowledge of reporting law / requirements / procedures (greater knowledge, more likely to report)	4	Feng & Levine (2005); Gunn et al., (2005); Kenny (2004); Renniger et al., (2002)
Education/training	Specific child protection training (more likely to report)	5	Fraser et al., (2010) – neglect only; Goldman & Padayachi (2005) – no association; Hawkins & McCallum (2001); King et al., (1998); Nightingale & Walker (1986)
	Expertise / speciality (e.g. paediatrician v general practitioner; school counsellor v teacher) (greater expertise more likely to	5	Kenny & McEachern (2002); Rindfleisch & Bean (1988); Uldum et al., (2010); Van Haeringen et al., (1998); Webster et al., (2005)

	report)		
Fears/concerns	Fears/concerns: e.g. of inaccurate report; repercussions for child and/or family; damage to relationship with family; reporter identity disclosure; court proceedings/lawsuit; (more fears, less likely to report)	14	Abrahams et al., (1989); Blaskett & Taylor (2003); Borres & Haag (2007); Crenshaw et al., (1995); Flaherty et al., (2004); Gunn et al., (2005); Hinson & Fossey (2000); Hansen et al, (1997); Kalichman & Brosig (1993); Kenny (2001); Morris et al., (1985); Nayda (2002); Uldum et al., (2010); Van Haeringen et al., (1998)
Beliefs	Beliefs: e.g. violating parent rights; cultural differences; abuse as a single incident; other professionals should report; therapy/treatment better than reporting (less likely to report)	6	Ben Natan et al, (2010); Haj-Yahia & Attar Schwartz (2008); Hansen et al, (1997); Holland (1999); Renniger et al., (2002); Schweitzer et al., 2006
Self-efficacy	Perceived self-efficacy in reporting (higher self-efficacy, more likely to report)	6	Feng & Wu (2005); Feng & Levine (2005); Feng et al., (2010); Flaherty et al., (2006); Goebbels et al., (2008); Herendeen et al, (2014)
Previous CPS experience	Previous experience of reporting / failing to report to CPS / confidence in CPS (negative experiences/lower confidence, less likely to report)	13	Eisbach & Driessnack (2010); Finlayson & Koocher (1991); Flaherty et al., (2004); Flaherty et al., (2008); Gunn et al.,(2005); Hansen et al., (1997); Holland (1999); Jones et al., (2008); Kalichman et al., (1989); Nayda (2002); Sundell (1997); Webster et al., (2005); Zellman (1990b)

Organisational/workplace factors

Private vs public (public, more likely to report)	2	Morris et al., (1985); Uldum et al., (2010)
Perceived social support for reporting (greater support, more likely to report)	1	Flaherty et al., (2008); Feng & Wu (2005); Feng & Levine (2005)
Time pressure and limitations (barrier to reporting)	3	Borres & Haag (2007); Flaherty et al., (2004); Gunn et al., (2005)
Location (rural location, barrier to reporting)	3	Francis et al., (2012); O'Toole et al., (1999); Webster et al., (2005)

Jurisdictional factors

Wording of reporting law (greater clarity)

1

Brosig & Kalichman (1992)

References (literature review 1)

- Abrahams, N., Casey, K., & Daro, D. (1992). Teachers' knowledge, attitudes, and beliefs about child abuse and its prevention. *Child Abuse & Neglect, 16*(2), 229-238.
- Alvarez, K. M., Kenny, M. C., Donohue, B., & Carpin, K. M. (2004). Why are professionals failing to initiate mandated reports of child maltreatment, and are there any empirically based training programs to assist professionals in the reporting process? *Aggression and Violent Behavior, 9*(5), 563-578.
- Ashton, V. (1999). Worker judgements of seriousness about and reporting of suspected child maltreatment. *Child Abuse & Neglect, 23*(6), 539-548.
- Azevedo, M. S., Goettems, M. L., Brito, A., Possebon, A. P., Domingues, J., Demarco, F. F., & Torriani, D. D. (2012). Child maltreatment: A survey of dentists in southern Brazil. *Brazilian Oral Research, 26*(1), 5-11.
- Badger, L. W. (1989). Reporting of child abuse: Influence of characteristics of physician, practice, and community. *Southern Medical Journal, 82*(3), 281-286.
- Beck, K. A., & Ogloff, J. R. (1995). Child abuse reporting in British Columbia: Psychologists' knowledge of and compliance with the reporting law. *Professional Psychology: Research and Practice, 26*(3), 245.
- Beck, K. A., Ogloff, J. R., & Corbishley, A. (1994). Knowledge, compliance, and attitudes of teachers toward mandatory child abuse reporting in British Columbia. *Canadian Journal of Education, 19*(1), 15.
- Ben Natan, M., Faour, C., Naamhah, S., Grinberg, K., & Klein-Kremer, A. (2012). Factors affecting medical and nursing staff reporting of child abuse. *International Nursing Review, 59*(3), 331-337.
- Blaskett, B., & Taylor, S. (2003). *Facilitators and inhibitors of mandatory reporting of suspected child abuse*. Retrieved from <http://crg.aic.gov.au/reports/200102-09.html>
- Borres, M. P., & Hägg, A. (2007). Child abuse study among Swedish physicians and medical students. *Pediatrics International, 49*(2), 177-182.
- Brosig, C. L., & Kalichman, S. C. (1992). Child abuse reporting decisions: Effects of statutory wording of reporting requirements. *Professional Psychology: Research and Practice, 23*(6), 486-492.
- Brosig, C. L., & Kalichman, S. C. (1992). Clinicians' reporting of suspected child abuse: A review of the empirical literature. *Clinical Psychology Review, 12*(2), 155-168.
- Bryant, J., & Milsom, A. (2005). Child abuse reporting by school counselors. *Professional School Counseling, 9*(1), 63.
- Bryant, J. K. (2009). School counselors and child abuse reporting: A national survey. *Professional School Counseling, 12*(5), 333-342.
- Crenshaw, W. B., Crenshaw, L. M., & Lichtenberg, J. W. (1995). When educators confront child abuse: An analysis of the decision to report. *Child Abuse & Neglect, 19*(9), 1095-1113.
- Crenshaw, W. B., Lichtenberg, J. W., & Bartell, P. A. (1994). Mental health providers and child sexual abuse: A multivariate analysis of the decision to report. *Journal of Child Sexual Abuse, 2*(4), 19-42.

- Crowell, K., & Levi, B. H. (2012). Mandated reporting thresholds for community professionals. *Child Welfare, 91*(1), 35-53.
- Davidov, D. M., Nadorff, M. R., Jack, S. M., & Coben, J. H. (2012). Nurse home visitors' perspectives of mandatory reporting of children's exposure to intimate partner violence to child protection agencies. *Public Health Nursing, 29*(5), 412-423.
- Egu, C. L., & Weiss, D. J. (2003). The role of race and severity of abuse in teachers' recognition or reporting of child abuse. *Journal of Child and Family Studies, 12*(4), 465-474.
- Eisbach, S. S., & Driessnack, M. (2010). Am I sure I want to go down this road? Hesitations in the reporting of child maltreatment by nurses. *Journal For Specialists In Pediatric Nursing, 15*(4), 317-323.
- Feng, J.-Y., & Wu, Y.-W. B. (2005). Nurses' intention to report child abuse in Taiwan: A test of the theory of planned behaviour. *Research In Nursing & Health, 28*(4), 337-347.
- Feng, J.-Y., Wu, Y.-W. B., Fetzer, S., & Chang, H.-Y. (2012). Contextual effects on kindergarten teachers' intention to report child abuse. *Journal of Community Psychology, 40*(7), 886-890.
- Feng, J.-Y., Chen, S.-J., Wilk, N. C., Yang, W.-P., & Fetzer, S. (2009). Kindergarten teachers' experience of reporting child abuse in Taiwan: Dancing on the edge. *Children and Youth Services Review, 31*(3), 405-409.
- Feng, J.-Y., Huang, T.-Y., & Wang, C.-J. (2010). Kindergarten teachers' experience with reporting child abuse in Taiwan. *Child Abuse & Neglect, 34*(2), 124-128.
- Feng, J.-Y., & Levine, M. (2005). Factors associated with nurses' intention to report child abuse: A national survey of Taiwanese nurses. *Child Abuse & Neglect, 29*(7), 783-795.
- Finlayson, L. M., & Koocher, G. P. (1991). Professional judgment and child abuse reporting in sexual abuse cases. *Professional Psychology: Research and Practice, 22*(6), 464-472.
- Flaherty, E. G., Sege, R., Price, L. L., Christoffel, K. K., Norton, D. P., & O'Connor, K. G. (2006). Pediatrician characteristics associated with child abuse identification and reporting: Results from a national survey of paediatricians. *Child Maltreatment, 11*(4), 361-369.
- Flaherty, E. G., Sege, R. D., Griffith, J., Price, L. L., Wasserman, R., Slora, E., . . . Binns, H. J. (2008). From suspicion of physical child abuse to reporting: Primary care clinician decision-making. *Pediatrics, 122*(3), 611-619.
- Francis, K., Chapman, Y., Sellick, K., James, A., Miles, M., Jones, J., & Grant, J. (2012). The decision-making processes adopted by rurally located mandated professionals when child abuse or neglect is suspected. *Contemporary Nurse: A Journal for the Australian Nursing Profession, 41*(1), 58-69.
- Fraser, J. A., Mathews, B., Walsh, K., Chen, L., & Dunne, M. (2010). Factors influencing child abuse and neglect recognition and reporting by nurses: A multivariate analysis. *International Journal of Nursing Studies, 47*(2), 146-153.
- Ganann, R., Ciliska, D., & Thomas, H. (2009). Expediting systematic reviews: Methods and implications of rapid reviews. *Implementation Science, 5*(1), 56-19.
- Giovannoni, J.M. (1995). Reports of child maltreatment from mandated and non-mandated reporters. *Children and Youth Services Review, 17*(4), 487-501.

- Goebbels, A. F. G., Nicholson, J. M., Walsh, K., & De Vries, H. (2008). Teachers' reporting of suspected child abuse and neglect: Behaviour and determinants. *Health Education Research, 23*(6), 941-951.
- Goldman, J. D. G., & Padayachi, U. K. (2005). Child sexual abuse reporting behaviour by school counsellors and their need for further education. *Health Education Journal, 64*(4), 302-322.
- Gunn, V. L., Hickson, G. B., & Cooper, W. O. (2005). Factors affecting pediatricians' reporting of suspected child maltreatment. *Ambulatory Pediatrics: The Official Journal of the Ambulatory Pediatric Association, 5*(2), 96-101.
- Haj-Yahia, M. M., & Attar-Schwartz, S. (2008). Attitudes of Palestinian pre-school teachers from Israel towards reporting of suspected cases of child abuse and neglect. *Child & Family Social Work, 13*(4), 378-390.
- Hansen, D. J., Bumby, K. M., Lundquist, L. M., Chandler, R. M., Le, P. T., & Futa, K. T. (1997). The influence of case and professional variables on the identification and reporting of child maltreatment: A study of licensed psychologists and certified masters social workers. *Journal of Family Violence, 12*(3), 313-332.
- Hattie, J., (2009). *Visible learning: A synthesis of over 800 meta-analyses relating to achievement*. London: Routledge.
- Hawkins, R., & McCallum, C. (2001). Effects of mandatory notification training on the tendency to report hypothetical cases of child abuse and neglect. *Child Abuse Review, 10*(5), 301-322.
- Herendeen, P. A., Blevins, R., Anson, E., & Smith, J. (2014). Barriers to and consequences of mandated reporting of child abuse by nurse practitioners. *Journal of Pediatric Health Care, 28*(1), 1-7.
- Hinson, J., & Fossey, R. (2000). Child abuse: What teachers in the '90s know, think, and do. *Journal of Education for Students Placed at Risk, 5*(3), 251-266.
- Holland, G. (1999). Mandatory reporting of abuse: The influence of legislation on doctors' reporting behaviour. *Youth Studies Australia, 18*(2), 30.
- Jankowski, P. J., & Martin, M. J. (2003). Reporting cases of child maltreatment: Decision-making processes of family therapists in Illinois. *Contemporary Family Therapy, 25*(3), 311-332.
- Jones, R., Flaherty, E. G., Binns, H. J., Price, L. L., Slora, E., Abney, D., . . . Sege, R. D. (2008). Clinicians' description of factors influencing their reporting of suspected child abuse: Report of the child abuse reporting experience study research group. *Pediatrics, 122*(2), 259-266.
- Kalichman, S. C., & Brosig, C. L. (1993). Practicing psychologists' interpretations of and compliance with child abuse reporting laws. *Law and Human Behavior, 17*(1), 83-93.
- Kalichman, S. C., & Craig, M. E. (1991). Professional psychologists' decisions to report suspected child abuse: Clinician and situation influences. *Professional Psychology: Research and Practice, 22*(1), 84-89.
- Kalichman, S. C., Craig, M. E., & Follingstad, D. R. (1988). Mental health professionals and suspected cases of child abuse: An investigation of factors influencing reporting. *Community Mental Health Journal, 24*(1), 43-51.
- Kalichman, S. C., Craig, M. E., & Follingstad, D. R. (1989). Factors influencing the reporting of father-child sexual abuse: Study of licensed practicing psychologists. *Professional Psychology: Research and*

Practice, 20(2), 84-89.

- Kalichman, S. C., Craig, M. E., & Follingstad, D. R. (1990). Professionals' adherence to mandatory child abuse reporting laws: Effects of responsibility attribution, confidence ratings, and situational factors. *Child Abuse & Neglect*, 14(1), 69-77.
- Kenny, M. C. (2001). Child abuse reporting: Teachers' perceived deterrents. *Child Abuse & Neglect*, 25(1), 81-92.
- Kenny, M. C. (2004). Teachers' attitudes toward and knowledge of child maltreatment. *Child Abuse & Neglect*, 28(12), 1311-1319.
- Kenny, M. C., & McEachern, A. G. (2002). Reporting suspected child abuse: A pilot comparison of middle and high school counselors and principals. *Journal of Child Sexual Abuse*, 11(2), 59-75.
- Khangura, S., Konnyu, K., Cushman, R., Grimshaw, J., & Moher, D. (2012). Evidence summaries: The evolution of a rapid review approach. *Systematic Reviews*, 1(1), 10-10.
- King, G., Reece, R., Bendel, R., & Patel, V. (1998). The effects of sociodemographic variables, training, and attitudes on the lifetime reporting practices of mandated reporters. *Child Maltreatment*, 3(3), 276-283.
- Lane, W. G., & Dubowitz, H. (2007). What factors affect the identification and reporting of child abuse-related fractures? *Clinical Orthopaedics and Related Research*, P(461), 219-225.
- Lee, P.-Y., Fraser, J. A., & Chou, F.-H. (2007). Nurse reporting of known and suspected child abuse and neglect cases in Taiwan. *The Kaohsiung Journal of Medical Sciences*, 23(3), 128-137.
- Levi, B. H., & Brown, G. (2005). Reasonable suspicion: A study of Pennsylvania paediatricians regarding child abuse. *Pediatrics*, 116(1), 211-212.
- Levi, B. H., Brown, G., & Erb, C. (2006). Reasonable suspicion: A pilot study of pediatric residents. *Child Abuse & Neglect*, 30(4), 345-356.
- McDaniel, M. (2006). In the eye of the beholder: The role of reporters in bringing families to the attention of child protective services. *Children and Youth Services Review*, 28(3), 306-324.
- Morris, J. L., Johnson, C. F., & Clasen, M. (1985). To report or not to report: Physicians' attitudes toward discipline and child abuse. *American Journal of Diseases of Children*, 139(2), 194-197.
- Nalepka, C., O'Toole, R., & Turbett, J. P. (1981). Nurses' and physicians' recognition and reporting of child abuse. *Issues In Comprehensive Pediatric Nursing*, 5(1), 33-44.
- Nayda, R. (2002). Influences on registered nurses' decision-making in cases of suspected child abuse. *Child Abuse Review*, 11(3), 168-178.
- Nightingale, N. N., & Walker, E. F. (1986). Identification and reporting of child maltreatment by head start personnel: Attitudes and experiences. *Child Abuse & Neglect*, 10(2), 191-199.
- Offer-Shechter, S., Tirosh, E., & Cohen, A. (2000). Physical abuse - physicians knowledge and reporting attitude in Israel. *European Journal of Epidemiology*, 16(1), 53-58.
- O'Toole, A. W., O'Toole, R., Webster, S., & Lucal, B. (1994). Nurses' responses to child abuse: A factorial survey. *Journal of Interpersonal Violence*, 9(2), 194-206.

- O'Toole, R., Webster, S. W., & O'Toole, A. W. (1999). Teachers' recognition and reporting of child abuse: A factorial survey. *Child Abuse & Neglect*, 23(11), 1083.
- Renninger, S. M., Veach, P. M., & Bagdade, P. (2002). Psychologists' knowledge, opinions, and decision-making processes regarding child abuse and neglect reporting laws. *Professional Psychology: Research and Practice*, 33(1), 19-23.
- Rindfleisch, N., & Bean, G. J., Jr. (1988). Willingness to report abuse and neglect in residential facilities. *Child Abuse & Neglect*, 12(4), 509-520.
- Saulsbury, F. T., & Campbell, R. E. (1985). Evaluation of child abuse reporting by physicians. *Journal of Pediatric Orthopaedics*, 5(5), 629.
- Schweitzer, R. D., Buckley, L., Harnett, P., & Loxton, N. J. (2006). Predictors of failure by medical practitioners to report suspected child abuse in Queensland, Australia. *Australian Health Review*, 30(3), 298-304.
- Strozier, M., Brown, R., Fennell, M., Hardee, J., & Vogel, R. (2005). Experiences of mandated reporting among family therapists. *Contemporary Family Therapy*, 27(2), 177-191.
- Sundell, K. (1997). Child-care personnel's failure to report child maltreatment: Some Swedish evidence. *Child Abuse & Neglect*, 21(1), 93-105.
- Turbett, J. P., & O'Toole, R. (1983). Teachers' recognition and reporting of child abuse. *The Journal of School Health*, 53(10), 605.
- Uldum, B., Christensen, H. N., Welbury, R., & Poulsen, S. (2010). Danish dentists' and dental hygienists' knowledge of and experience with suspicion of child abuse or neglect. *International Journal of Paediatric Dentistry*, 20(5), 361-365.
- Van Haeringen, A. R., Dadds, M., & Armstrong, K. L. (1998). The child abuse lottery – Will the doctor suspect and report? Physician attitudes towards and reporting of suspected child abuse and neglect. *Child Abuse & Neglect*, 22(3), 159-169.
- Vulliamy, A. P., & Sullivan, R. (2000). Reporting child abuse: Pediatricians' experiences with the child protection system. *Child Abuse & Neglect*, 24(11), 1461-1470.
- Webster, S. W., O'Toole, R., O'Toole, A. W., & Lucal, B. (2005). Overreporting and underreporting of child abuse: Teachers' use of professional discretion. *Child Abuse & Neglect*, 29(11), 1281-1296.
- Willis, C. L., & Wells, R. H. (1988). Police and child abuse: An analysis of police decisions to report illegal behaviour. *Criminology*, 26(4), 695-716.
- Zellman, G. L. (1990). Child abuse reporting and failure to report among mandated reporters: Prevalence, incidence, and reasons. *Journal of Interpersonal Violence*, 5(1), 3-22.
- Zellman, G. L. (1990a). Report decision-making patterns among mandated child abuse reporters. *Child Abuse & Neglect*, 14(3), 325-336.
- Zellman, G. L. (1992). The impact of case characteristics on child abuse reporting decisions. *Child Abuse & Neglect*, 16(1), 57-74.

3.2 Literature review 2: Theoretical critiques of mandatory reporting laws

Purpose

The purpose of this review was to identify and synthesise critical assessments or analyses of mandatory laws which were premised on or informed by a theoretical perspective. Theoretical perspectives offer a way of illuminating the phenomenon of child abuse and neglect, and of the nature and consequences of social and legal strategies developed to respond to it, principally in this context the strategy of mandatory reporting legislation. Informed by a theoretical perspective, critical analyses of the policy measure which is the subject of the critique can produce conclusions which occupy various points on a spectrum of support or opposition to the measure; for example:

- very strong support of the measure;
- mostly supportive of the measure while identifying some problems with it (conceptual, legal, ethical, clinical, practical);
- partial opposition to the measure in general while partly endorsing it in some form;
- complete opposition to the measure.

Definitions

The nature of a 'theoretical perspective' can be explained as one which is more than a mere personal perspective; it is an analysis based on an established theoretical framework or approach. In general, such theoretical perspectives draw on the disciplines of ethics and philosophy, and their sub-fields. The relevant perspective is used to inform a normative argument about whether a particular social policy ought to exist, or ought not to, based on a particular theoretical perspective. Hence, these kinds of critique are exercises in *normative ethics*.

Examples of the theories that may inform analyses of mandatory reporting laws include:

- Philosophical theories such as liberalism and its elements (e.g., by Locke, Mill), rights theories (including children's rights), feminism;
- Bioethics (concepts of beneficence, nonmaleficence, justice, autonomy), whether with the child, parent, family, clinician or community as the locus of concern;
- Ethical theories/moral philosophy such as:
 - *deontological ethics* i.e., that decisions should only be made informed by assessing one's duties and the rights of others (e.g., Kant; Rawls and social contractalism and its variations e.g., Okin, Nussbaum);
 - *consequentialism* i.e., a teleological approach which posits that the morality of a policy or act depends on its actual outcome; examples are utilitarian theory (a policy is justifiable if it produces the most happiness for the most people), and welfarism (a policy is justifiable if it maximises economic welfare);

- *relational ethics* i.e., the morality of a policy depends on whether it promotes interdependence and relationships in achieving ethical goals;
- *pragmatism* i.e., the morality of a policy depends on whether it works to promote social goods and beneficial social reform.

Inclusion and exclusion criteria

Literature was included or excluded based on three criteria: (i) publication type; (ii) publication topic; and (iii) approach adopted. The majority of the literature included in this review of analyses of mandatory reporting laws did not explicitly state its adopted theoretical basis, explain it, and apply it to a carefully articulated context of child maltreatment. Therefore, from a theoretical standpoint, this area of the field is relatively underdeveloped. Instead, much work explored the context and developed an argument based on an unarticulated theoretical position, which was usually a pragmatic or consequentialist argument about the asserted or real outcomes of mandatory reporting. The shortcoming of such an approach is that it rests on less thoroughly explored assumptions and principles, and does not fully explore or apply the quasi-theoretical principles to the entire situation. However, this work can still present some useful insights, and accordingly we decided to include scholarly refereed work which adopted such an approach. This decision also resulted in the review not being so small as to be unhelpful.

Included papers

- Publication type: scholarly peer-reviewed works including journal articles, book chapters
- Publication topic: paper was about mandatory reporting legislation concerning child abuse and neglect (either child abuse and neglect generally, or any specified type or types of abuse or neglect); that is, legislation that has as its specific nature and purpose the reporting of child abuse and neglect
- Approach adopted: (a) papers that explicitly or implicitly used one or more modes of ‘big T’ Theory (e.g., an expressly stated liberal critique, rights-based critique, feminist critique, or economic critique) to conduct a normative or theoretical critique of the laws; (b) papers that explicitly or implicitly used one or more modes of ‘little T’ theory (e.g., arguments based on the practical results or consequences of the laws, which implicitly relate to a ‘Big T’ theory but without expressly using such a framework) to conduct a normative or theoretical critique of the laws.

Excluded papers

- Publication type: non-peer reviewed works including conference papers, professional opinion
- Publication topic: papers about reporting policy, procedures or guidelines as distinct from mandatory reporting legislation
- Approach adopted: (a) papers that simply made assertions about the laws and/or their effects without being either explicitly or implicitly underpinned by a theoretical basis; (b) papers about empirical studies of reporting, attitudes, experiences, training etc; (c) mere replication or adoption of a theory without exploration or argumentation (e.g. papers that made only a bare comment on mandatory reporting legislation).

Thematic analysis of theoretical critiques: Key findings

Thematic outlines of theoretical analyses in favour of the laws, and opposing the laws, are depicted in Tables 2 and 3 respectively. The tables list authors of key works in the field, identify the theoretical perspective/s adopted in these works, and detail the key themes or arguments embodied in the works. Full citations are presented in the reference list.

Five key findings were identified from the analysis of theoretical critiques in the included works.

1. *Lack of true theoretical critiques*

Our review revealed a dearth of true theoretical critiques of mandatory reporting laws, either as a whole phenomenon of study, or as applied to specified types of child abuse or neglect, or in relation to specific reporter groups.

2. *Other weaknesses in the literature*

Much of the literature – both supporting and opposing mandatory reporting laws - does not distinguish between maltreatment types, or extents of harm, or age of the child. Further, most of the work in this field does not distinguish between reporting by different mandated reporter groups, and between mandated reporters and non-mandated reporters. As well, a good deal of the scholarship was situated in the USA and the Australian State of New South Wales in particular contexts at particular times when mandatory reporting laws were conceptually broader than at other times, applying to a broader concept of harm or risk of harm. Some work develops an argument around one theme and draws a broad generalised conclusion about the laws. Finally, much work using a pragmatic or consequentialist approach operated on an assumption that all unsubstantiated reports are unwarranted reports; an assumption that has since been cogently criticised and shown to be misconceived.

3. *Major key themes/arguments in favour of the laws either in whole or in part*

These arguments have been based primarily on grounds regarding children's rights to safety, bioethics and consequentialism. Key arguments are that the most serious abuse affects very young children who cannot help themselves; reporting is a method of intervening in these cases to protect the child and without these reports, the cases will not come to the attention of welfare and protective agencies. It is argued that child abuse remains underreported and mandatory reporting increases case identification, enables health rehabilitation to be provided to the child, and can prevent the escalation of abuse and subsequent cost. Mandatory reporting increases awareness of child maltreatment and increases reports and case identification; a system of non-mandatory reporting does not produce comparable compliance. Child abuse is both a matter requiring intervention to assist the child and a State/public concern which legitimizes a necessary level of intrusion in the private sphere. Mandatory reporting of serious child abuse and neglect is consistent with multiple strands of political philosophy and normative ethics. Both older and more recent work accepts that mandatory reporting laws are a beneficial approach which contributes to child protection but must be appropriately drafted, reporters must be properly trained, and child protection systems must be properly resourced to respond to reports.

Studies relevant to the major key themes/arguments in favour of the laws are shown in Table 3.2.

4. *Major key themes/arguments opposing the laws either in whole or in part*

These arguments have been based primarily on consequential grounds regarding the alleged effect of mandatory reporting laws on child protection systems as a whole, if those systems are not adequately resourced. The concern behind these arguments is that mandatory reporting of child abuse and neglect results in a large increase in reported cases, most of which are unwarranted, with which the child protection system – on the assumption that it is under-resourced, and will remain so – is unable to cope.

The argument proceeds that these additional reports divert scarce resources, so that there are fewer resources available to deal with already known cases. In addition, with added resources being allocated to mandatory reporting and responses to it – a form of tertiary and secondary prevention - there are fewer resources available for primary prevention. A distinct body of work opposes the laws when applied to existing therapeutic relationships. Further work focuses on the argument that investigations of unsubstantiated reports cause trauma to the family and violate parental privacy and autonomy.

Studies relevant to the major key themes/arguments opposing the laws are shown in Table 3.3.

5. *Presence/absence of overall consensus*

The literature reveals theoretical and quasi-theoretical arguments in favour of the laws, and against them. Hence, there is a lack of consensus in the field about the overall theoretically-based merits of mandatory reporting laws, and about specific themes in relation to them. Often, directly opposing arguments can be found on the same theme. However, there appears to be more support overall for reporting laws regarding physical and sexual abuse; and more opposition to reporting laws regarding emotional abuse, neglect, and exposure to domestic violence.

Table 3.2: Studies including theoretical analyses in favour of mandatory reporting laws

Authors	Theoretical perspective(s)	Key themes/arguments
Kempe et al 1962; Birrell et al 1966; Paulsen 1966; Paulsen et al 1967	Children's rights to safety; bioethics	A duty to report cases of suspected serious child physical abuse is required to bring previously unknown cases to the attention of welfare agencies. Medical practitioners are skilled professionals who can recognize child abuse, but generally do not know how to deal with serious child physical abuse, or choose to ignore it because of discomfort and non-recognition of the child's right to safety; a duty to report it is required to overcome this gaze aversion
Besharov 2005; Colclough 1972; Finkelhor 1990, 2005; Kempe et al 1962; Maidment 1978; Mathews & Bross 2008; Mathews 2012; Mathews 2014a; Paulsen 1966; Takis 2008; Yelas 1992	Bioethics, consequentialism, pragmatism, children's rights; Mill; Locke	Mandatory reporting enables protection to be provided to children in situations of life-threatening harm and other serious harm; a system of non-mandatory reporting does not produce appropriate compliance
Al-Eissa et al 2010; Bell & Tooman 1994; Besharov 1985; Lamond 1987; Mathews 2014a; Paulsen 1966; Tomison 2002; Webberley 1985	Bioethics, consequentialism, children's rights	Mandatory reporting increases awareness of child maltreatment and increases reports and case identification
Drake & Jonson-Reid 2007; Finkelhor 1990; Giovannoni 1995; Maidment 1978; Mathews 2012; Mathews 2014a	Bioethics, consequentialism, children's rights	Child abuse remains underreported and mandatory reporting increases case identification
Kempe et al 1962; Maidment 1978; Mathews 2012; Mathews & Bross 2008; Mathews 2014a; Paulsen 1966; Paulsen et al 1967; Van Dokkum 1996; Yelas 1992	Children's rights; bioethics; pragmatism; consequentialism	The most serious abuse affects very young children who cannot help themselves; reporting is a method of intervening in these cases to protect the child; without these reports, the cases will not come to the attention of welfare/protective agencies
Kempe et al 1962; Mathews & Bross 2008; Mathews 2012; Meriwether 1986	Bioethics, consequentialism, children's rights	Reporting enables health rehabilitation to be provided to the child, and can prevent the escalation of abuse and subsequent cost

Finkelhor 1990, 2005; Mathews & Bross 2008; Mathews 2012; Mendes 1996; Meriwether 1986	Bioethics; pragmatism; consequentialism	Mandatory reporting laws are a beneficial approach which contributes to child protection but must be appropriately drafted, reporters must be properly trained, and child protection systems must be properly resourced to respond to reports
Mathews et al 2009; Paulsen 1967	Pragmatism	A legislative reporting duty protects the professional reporter, who in any event is complying with an ethical duty, in a way a policy duty or a voluntary duty cannot
Besharov 1990	Pragmatism; consequentialism	Mandatory reporting duties have reduced child fatalities
Greipp 1997; Katner et al 2012; Kim et al 2012; Mathews 2012; Walters 1995	Bioethics, deontology	Mandatory reporting is consistent with ethical professional duties
Bala et al 1986; Finlayson et al 1991; Yelas 1992	Children's rights, liberalism, feminism	Child abuse is both a matter requiring intervention to assist the child and a State/public concern which legitimizes a necessary level of intrusion in the private sphere
Mathews 2014b	Children's rights, liberalism, Mill, Locke, feminism, Rawls's revised social contract theory, Nussbaum's Capabilities Approach	Mandatory reporting of serious child abuse and neglect is consistent with multiple strands of political philosophy and normative ethics
Anderson et al 1993; Harper & Irvin 1985; Kalichman & Craig 1991; Levine & Doueck 1995; Watson & Levine 1989	Bioethics; pragmatism; consequentialism	Reporting does not necessarily affect existing therapeutic relationships; it can even assist in therapy and strengthen the alliance between patient and therapist

Drake 1996; Drake & Jonson-Reid 2007; Hussey et al 2005; Kohl et al 2009	Bioethics; pragmatism; consequentialism	Little difference exists in service need between substantiated and unsubstantiated cases and reporting enables assistance to be provided to a large group of children and families in need of protection/assistance
Barth 2013; Finkelhor 1990, 2005; Mathews 2012	Bioethics; pragmatism; consequentialism	Legislative reporting duties do not cause intolerable overreporting; much 'overreporting' involves multiple reports about the same children, and reporting of some kinds of abuse by some groups of reporters
Drake & Jonson-Reid 2007; Finkelhor 1990, 2005; Dalziel et al 2007	Economics; consequentialism	Legislative reporting duty does not diminish the available resources for child protection
English et al 2002; Finkelhor 1990, 2005; Fryer et al 1990	Bioethics; pragmatism; consequentialism	Inappropriate reports do not cause intolerable or unduly traumatic investigations of the family and child
Rankin & Ornstein 2009	Bioethics; children's rights	Legislative reporting duties are a necessary response in situations of children's exposure to domestic violence to enable case identification, service provision, rehabilitation and prevention
Besharov 1985; Smith et al 1985; Mathews 2012; Melton & Davidson 1987	Bioethics; pragmatism; consequentialism	Mandatory reporting laws should be restricted to cases of serious harm and should not apply to all cases of harm
Wald 2013	Bioethics; children's rights; relational ethics; pragmatism; consequentialism	Legislative reporting duties (and the child protection system) are suitable for physical abuse and sexual abuse to assist child protection; but not for emotional abuse and neglect, which are better and more efficiently addressed through other measures

Table 3.3: Studies including theoretical analyses opposing mandatory reporting laws

Authors	Theoretical perspective/s	Key themes/arguments
Ainsworth 2002; Ainsworth & Hansen 2006; Besharov 2005; Fraser 1978; Hansen & Ainsworth 2013; Hutchison 1993; Lonne et al 2009; Lukens 2007; Melton 2005; Thompson-Cooper et al 1993; Van Voorhis et al 1998; Wald 2013	Pragmatism; consequentialism	Legislative reporting duties (especially/simply when not appropriately restricted to cases of sufficiently serious harm) cause overreporting, which causes strain on the under-resourced CPS system, which diminishes the resources available for child protection
Besharov 1993; Davies 2010; Dumbrill 2006; Hutchison 1993; Lukens 2007; Thompson-Cooper et al 1993; Wald 1975	Parental autonomy; parental privacy; bioethics	Inappropriate reports can lead to welfare agency investigations of the family and child, which can cause trauma to the family
Anderson et al 1993; Appelbaum 1999; Brown et al 2004; Geidermann 2012; Levine & Doueck 1995; Thompson-Cooper et al 1993	Bioethics	Reporting by a clinical therapist can undermine or jeopardise an existing therapeutic relationship
Berlin et al 1991	Pragmatism; consequentialism	Parental knowledge of a professional's reporting duty reduces the likelihood of parental help-seeking
Ainsworth 2002	Pragmatism; consequentialism	Mandatory reporting does not reduce the overall prevalence of child maltreatment
Lindsey 1994	Pragmatism; consequentialism	Mandatory reporting has not reduced fatalities
Pelton 1989	Consequentialism; economics; social class; social justice	Mandatory reporting is an unjustified and coercive social control measure which imposes middle class values on the poor

Smith et al 1985	Bioethics	The reporting duty can breach the professional's duty of confidentiality to the patient
Melton 2005; Worley & Melton 2014	Pragmatism; consequentialism	Mandatory reporting was a strategy designed to respond to a group of cases which was anticipated to be much smaller than actually exists
Cross et al 2012; Humphreys 2008	Women's rights and autonomy; pragmatism; consequentialism	Apart from cases that are clearly seriously harmful for the child, legislative reporting of children exposed to domestic violence is not justified or efficient theoretically, conceptually or practically

References (literature review 2)

- Ainsworth, F. & Hansen, P. (2006). Five tumultuous years in Australian child protection: little progress. *Child & Family Social Work, 11*(1), 33-41.
- Ainsworth, F. (2002). Mandatory reporting of child abuse and neglect: Does it really make a difference?. *Child & Family Social Work, 7*(1), 57-63.
- Ainsworth, F. (2002). Mandatory reporting of child abuse and neglect: Why would you want it?. *Developing Practice: The Child, Youth and Family Work Journal, (4)*, 5.
- Anderson, E, Levine, M, Sharma, A, Ferretti, L, Steinberg, K, & Wallach, L. (1993). Coercive uses of mandatory reporting in therapeutic relationships. *Behavioral Sciences & the Law, 11*(3), 335-345.
- Bala, N, & Cruickshank, D. (1986). Children and the Charter of Rights. In B Landau (Ed.), *Children's rights in the practice of family law* (pp. 28-92). Toronto, Canada: Carswell.
- Barth, R. (2009). An alternative response to "The best interests of the child thesis: some thoughts from Australia". *International Journal of Social Welfare, 18*(4), 440-442.
- Bell, L, & Tooman, P. (1994). Mandatory reporting laws: a critical overview. *International Journal of Law, Policy and the Family, 8*(3), 337-356.
- Berlin, F, Maim, H, & Dean, S. (1991). Effects of Statutes Requiring Psychiatrists to Report. *Am J Psychiatry, 148*(4), 449.
- Besharov, D. (1985). "Doing something" about child abuse: The need to narrow the grounds for state intervention. *Harvard Journal of Law and Public Policy, 8*(3), 539-589.
- Besharov, D. (1990). *Recognizing child abuse*. New York: Free Press.
- Besharov, D. (1992). A balanced approach to reporting child abuse. *The Child, Youth and Family Services Quarterly, 15*, 5-7.
- Besharov, D. (2005) Overreporting and Underreporting child abuse and neglect are twin problems. In D Loseke, R Gelles, & M Cavanaugh (Eds.), *Current Controversies on Family Violence*, 285-298, Thousand Oaks: Sage.
- Birrell, R, & Birrell, J. (1966). The 'Maltreatment Syndrome; in Children. *Medical Journal of Australia, 2*, 1184.
- Brown, R, & Strozier, M. (2004). Resisting abuse at what cost? The impact of mandated reporting laws on the process and content of therapy. *Contemporary Family Therapy, 26*(1), 45-60.
- Carmody, T. (2013). Taking Responsibility: A Roadmap for Queensland Child Protection. Queensland Child Protection Commission of Inquiry.
- Carney, T. (1989). A fresh approach to child protection practice and legislation in Australia. *Child Abuse & Neglect, 13*(1), 29-39.
- Colclough, I. (1972). Victorian Government's Report on Child Abuse: A Reinvestigation. *Medical Journal of Australia, 2*, 1491-1497.

- Cross, T, Mathews, B, Tonmyr, L, Scott, D, & Ouimet, C. (2012) Child Welfare Policy and Practice on Children's Exposure to Domestic Violence. *Child Abuse & Neglect*, 36, 210-216.
- Cummins, P, Scott, D, & Scales, B, *Report of the Protecting Victoria's Vulnerable Children Inquiry*, State Government of Victoria, Department of Premier and Cabinet, 2012.
- Dalziel, K, & Siegal, L. (2007). Analysis and interpretation of child protection data: a comment on Ainsworth and Hansen. *Child and Family Social Work*, 12, 434-435.
- Davies, P. (2010). The impact of a child protection investigation: a personal reflective account. *Child & Family Social Work*, 16(2), 201-209.
- Drake, B, & Jonson-Reid, M. (2007). A response to Melton based on the best available data. *Child Abuse & Neglect*, 31(4), 343-360.
- Drake, B. (1996). Unraveling "unsubstantiated". *Child Maltreatment*, 1, 261-271.
- Dumbrill, G. (2006). Parental experience of child protection intervention: A qualitative study. *Child Abuse & Neglect*, 30(1), 27-37.
- English, D, Brummel, S, Graham, J, Clark, T, & Coghlan, J. (2002) Factors that influence the decision not to substantiate a CPS referral III: Client perceptions of investigation. *Department of Health Social Services, Office of Children's Administration Research*.
- Feng, J, Chen, Y, Fetzer, S, Feng, M, & Lin, C. (2012). Ethical and legal challenges of mandated child abuse reporters. *Children and Youth Services Review*, 34(1), 276-280.
- Finkelhor, D, & Zellman, G. (1991). Flexible reporting options for skilled child abuse professionals. *Child Abuse & Neglect*, 15(4), 335-341.
- Finkelhor, D. (1990). Is child abuse overreported? The data rebut arguments for less intervention. *Public Welfare*, 48(1), 22-29.
- Finkelhor, D. (2005). The main problem is underreporting child abuse and neglect'. In D Loseke, R Gelles, & M Cavanaugh (Eds.), *Current controversies on family violence*, 299-310, Thousand Oaks: Sage.
- Finlayson, L, & Koocher, G. (1991). Professional judgment and child abuse reporting in sexual abuse cases. *Professional Psychology: Research and Practice*, 22, 464-472.
- Fraser, B. (1978). A Glance at the Past, a Gaze at the Present, a Glimpse at the Future: A Critical Analysis of the Development of Child Abuse Reporting Statutes. *Chicago-Kent Law Review*, 54, 641-686.
- Fryer, G, Bross, D, Krugman, R, Denson, D, & Baird, D. (1990). Good news for CPS workers. *Public Welfare*, 48(1), 38.
- Geiderman, J. (2012). Mandatory and permissive reporting laws: conflicts in patient confidentiality, autonomy, and the duty to report. In J Jesus, P Rosen, J Adams, A Derse, S Grossman, & R Wolfe (Eds.), *Ethical problems in emergency medicine: a discussion-based review*. John Wiley & Sons.
- Giovannoni, J. (1995). Reports of child maltreatment from mandated and non-mandated reporters. *Children and Youth Services Review*, 17(4), 487-501.
- Grant, M, & Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information & Libraries Journal*, 26(2), 91-108.

- Greipp, M. (1997). Ethical decision making and mandatory reporting in cases of suspected child abuse. *Journal of Pediatric Health Care*, 11(6), 258-265.
- Hansen, P, & Ainsworth, F. (2013). Australian child protection services: A game without end. *International Journal of Social Welfare*, 22(1), 104-110.
- Howe, E. (2008). Child abuse: how society and care providers should respond. *Journal of clinical ethics*, 19(4), 307-315.
- Humphreys, C. (2008). 'Problems in the system of mandatory reporting of children living with domestic violence', *Journal of Family Studies*, 14, 228-239.
- Hussey, J, Marshall, J, English, D, Knight, E, Lau, A, Dubowitz, H, & Kotch, J. (2005). Defining Maltreatment According to Substantiation: Distinction without a Difference?. *Child Abuse and Neglect*, 29, 479-492.
- Hutchison, E. (1993). Mandatory reporting laws: Child protective case finding gone awry?. *Social work*, 38, 56-63.
- Katner, D, & Brown, C. (2012). Mandatory reporting of oral injuries indicating possible child abuse. *Journal of the American Dental Association*, 143(10), 1087-1092.
- Kim, S, Gostin, L, & Cole, T. (2012). Child abuse reporting: rethinking child protection. *JAMA*, 308(1), 37-38.
- Kohl, P, Jonson-Reid, M, & Drake, B. (2009). Time to Leave Substantiation Behind Findings From A National Probability Study. *Child Maltreatment*, 14(1), 17-26.
- Lamond, D. (1989). The impact of mandatory reporting legislation on reporting behaviour. *Child abuse & neglect*, 13(4), 471-480.
- Landau, R, & Osmo, R. (1999). The obligation to report sexual abuse of minors and incompetents: Theory and practice. *Children and Youth Services Review*, 21(3), 239-258.
- Layton, R. (2003). *Our best investment: A State plan to protect and advance the interests of children (Review of Child Protection in South Australia)*. Adelaide.
- Levine, M, & Doueck, H. (1995). *The Impact of Mandated Reporting on the Therapeutic Process*. Thousand Oaks: Sage.
- Lindsey, D. (1994). Mandated reporting and child abuse fatalities: Requirements for a system to protect children. *Social work research*, 18(1), 41-54.
- Lonne, B, Parton, N, Thomson, J, & Harries, M. (2008). *Reforming child protection*, Routledge.
- Lukens, R. (2007). The impact of mandatory reporting requirements on the child welfare system. *Rutgers Journal of Law & Public Policy*, 5, 177-233.
- Maidment, S. (1978). Some Legal Problems Arising Out of the Reporting of Child Abuse. *Current Legal Problems*, 31, 149-75.
- Mathews, B, & Bross, D. (2008). Mandated reporting is still a policy with reason: Empirical evidence and philosophical grounds. *Child Abuse and Neglect*, 32(5), 511-516.

- Mathews, B. (2012) Exploring the contested role of mandatory reporting laws in the identification of severe child abuse and neglect. In M Freeman (Ed.), *Current Legal Issues Volume 14: Law and Childhood Studies* (pp. 302-338). Oxford: Oxford University Press.
- Mathews, B. (2014a) Mandatory reporting laws and identification of child abuse and neglect: consideration of differential maltreatment types, and a cross-jurisdictional analysis of child sexual abuse reports. *Social Sciences*, 3, 460-482.
- Mathews, B. (2014b). A theoretical framework for designing and evaluating strategies to identify cases of serious child abuse and neglect. In B Mathews, & D Bross (Eds.), *Mandatory reporting laws and the identification of severe child abuse and neglect*. Dordrecht: Springer (in press).
- Melton, G, & Davidson, H. (1987). Child protection and society: When should the state intervene? *American Psychologist*, 42(2), 172.
- Melton, G. (2005). Mandated reporting: a policy without reason. *Child abuse & neglect*, 29(1), 9-18.
- Mendes, P. (1996). The historical and political context of mandatory reporting and its impact on child protection practice in Victoria. *Australian Social Work*, 49(4), 25-32.
- Meriwether, M. (1986). Child abuse reporting laws: Time for a change. *Family Law Quarterly*, 20, 141-171.
- Paulsen, M. (1966). The Legal Framework For Child Protection. *Columbia Law Review*, 66, 679-717.
- Paulsen, M, Parker, G, & Adelman, L. (1967). Child abuse reporting laws: Some legislative history. *George Washington Law Review*, 34, 482-506.
- Pelton, L. (1989). *For reasons of poverty: A critical analysis of the public child welfare system in the United States*. Praeger Publishers.
- Pelton, L. (2014). The continuing role of material factors in child maltreatment and placement. *Child Abuse & Neglect*, 29, in press.
- Smith, S R, & Meyer, R G. (1984). Child abuse reporting laws and psychotherapy: A time for reconsideration. *International journal of law and psychiatry*, 7(3), 351-366.
- Takis, A. (2008). The mandatory reporting debate. *Macquarie LJ*, 8, 125.
- Thompson-Cooper, I, Fugere, R, & Cormier, B. (1993). The child abuse reporting laws: an ethical dilemma for professionals. *Canadian journal of psychiatry / Revue Canadienne De Psychiatrie*, 38(8), 557-562.
- Tomison, A. (2002). Mandatory reporting: a question of theory versus practice. *Developing Practice: The Child, Youth and Family Work Journal*, (4), 13-18.
- Van Dokkum, N. (1996). The Statutory Obligation to Report Child Abuse and Neglect. *Acta Juridica*, 163.
- Van Voorhis, R, & Gilbert, N. (1998). The structure and performance of child abuse reporting systems. *Children and Youth Services Review*, 20(3), 207-221.
- Victorian Law Reform Commission. (1988). *Sexual Offences Against Children*, Report No 18, Victorian Law Reform Commission, Melbourne.

- Wald, M. (2013). Taking the Wrong Message: The Legacy of the Identification of the Battered Child Syndrome. In J Korbin, & R Krugman (Eds.) *C Henry Kempe: A 50 Year Legacy to the Field of Child Abuse and Neglect* (pp. 89-101). Dordrecht: Springer Scientific.
- Wald, M. (1975). State Intervention on Behalf of "Neglected" Children: A Search for Realistic Standards. *Stanford Law Review*, 27, 985.
- Walters, D. (1995). Mandatory reporting of child abuse: Legal, ethical, and clinical implications within a Canadian context. *Canadian Psychology/Psychologie Canadienne*, 36(3), 163-182.
- Watson, H, & Levine M. (1989). Psychotherapy and mandated reporting of child abuse. *American Journal of Orthopsychiatry*, 59, 246-256.
- Webberley, H. (1985). Child maltreatment reporting laws: Impact on professionals' reporting behaviour. *Australian Journal of Social Issues*, 20(2), 118-123.
- Wood, J. (2008). Report of the special committee of inquiry into child protection services in New South Wales. Sydney: *State of NSW through the Special Commission of Inquiry into Child Protection Services in NSW*. <<http://www.lawlink.nsw.gov.au/cpsinquiry>>.
- Worley, N, & Melton, G. (2014). Mandated Reporting Laws and Child Maltreatment: The Evolution of a Flawed Policy Response. In J Korbin, & R Krugman (Eds.) *C Henry Kempe: A 50 Year Legacy to the Field of Child Abuse and Neglect* (pp. 89-101). Dordrecht: Springer Scientific.
- Yelas, J. (1992). Mandatory Reporting of Child Abuse and the Public/Private Distinction. *Auckland University Law Review*, 7, 781-802.

Appendix 1

Research Approach

APPENDIX 1: RESEARCH APPROACH

Overview

The research project entitled *Child Abuse and Neglect: A Socio-legal study of mandatory reporting in Australia* was funded by the Commonwealth Department of Social Services, and administered through the Victorian Department of Human Services in 2013-2014. The project arose as a result of two coinciding events. First, the *Protecting Victoria's Vulnerable Children Inquiry* in 2012 had made a recommendation that the Victorian Government obtain the agreement of all jurisdictions to undertake a national evaluation of mandatory reporting schemes with a view to *identifying opportunities to harmonise the various statutory regimes* (Cummins, Scott, & Scales, 2012, recommendation 46, p 349). Second, an approach had been made by the research team⁶⁰ to the Victorian Government to conduct a very similar research project, which in some ways was broader than the funded project,⁶¹ and in other ways narrower.

The research project and its central questions were designed through liaison and negotiation between the research team and the Victorian Department to meet the needs of the Victorian Department and the recommendation in the Inquiry. **The essence of the research project is to explore in every Australian State and Territory the reporting by different reporter groups of different types of suspected child abuse and neglect.** Accordingly, the research project is *not* aimed at exploring reports by mandated or non-mandated reporters of family support issues or low-level child welfare issues which are normally termed 'child concern reports'.

Stage 1: Legal doctrinal and historical analysis of legislative mandatory reporting duties in each Australian State and Territory

Stage 1 of the project conducted a legal doctrinal and historical analysis of legislative mandatory reporting duties in each of Australia's eight States and Territories, and changes in those duties, over a decade. This part of the project identified which persons were mandated reporters, for which types of child abuse and neglect, in each jurisdiction, at 1 January 2003, and every change in the legislative reporting duties over the

⁶⁰ Initially, by Ben Mathews, Leah Bromfield and Kerryann Walsh. Graham Vimpani was subsequently added to the team. The team combine their diverse *disciplinary backgrounds* (Mathews: law; Bromfield: psychology; Walsh: education; Vimpani: medicine) and *jurisdictional locations* (Mathews and Walsh: Queensland; Bromfield: South Australia; Vimpani: New South Wales). The team are: Associate Professor Ben Mathews (QUT Faculty of Law, Australian Centre for Health Law Research), Associate Professor Leah Bromfield (University of South Australia, Australian Centre for Child Protection), Associate Professor Kerryann Walsh (QUT Faculty of Education, Children and Youth Research Centre), Professor Graham Vimpani (University of Newcastle).

⁶¹ The second part of the initially proposed study, which complements the funded project, broadened the project as it would explore the influence of *contextual factors* (e.g. reporter training and knowledge, child's ethnicity, gender) on mandatory reporting, including failure to report, and unjustifiable reports, with a focus on four key reporter groups (police, nurses, doctors, and teachers). Key questions explored in this second part of the study, using qualitative and quantitative methods would be: (1) What contextual factors influence the failure to report child abuse and neglect, and the making of unjustifiable reports, and to what extent? (2) How effective are current mandatory reporter training models? (3) Are barriers to effective reporting modifiable through reporter training? The initially proposed study was narrower in only focusing on three selected jurisdictions rather than including all eight States and Territories.

decade 2003-2012. This analysis enabled the research team to identify the nature and precise timing of significant changes in the mandatory reporting duties, and to identify at every point in time over the decade within each jurisdiction which persons were mandated reporters, and for which maltreatment types. It also enabled a comparative analysis across jurisdictions of which reporter groups were and were not mandated reporters, and for which maltreatment types.

This legal doctrinal and historical analysis provides the Victorian Government with information about differences across jurisdictions in the mandatory reporter groups, and the types of abuse and neglect they are required to report. It therefore *identifies opportunities to harmonise the various statutory regimes* in mandated reporter groups and types of maltreatment which these groups are required to report. However, decisions on whether, how, and to what extent to harmonise the statutory regimes require policy deliberations and decisions by various government departments.

Stage 2: Numbers and outcomes of notifications of each type of child abuse and neglect: Descriptive analysis and data mining

Stage 2 of the project explored numbers and outcomes of ‘notifications’ of each type of child abuse and neglect (physical abuse, sexual abuse, psychological or emotional abuse, and neglect) made by mandated reporter groups and other reporter groups, in each jurisdiction, for each year over the decade 2003-2012. The purpose of this aspect of the project was to use data mining and summary descriptive statistics to identify the reporting practice of different reporter groups for different types of child abuse and neglect, to identify significant trends in reporting within jurisdictions over time, and to compare reporting practices with legislative requirements and changes in legislative mandatory reporting laws over the decade.

Access to data

This stage of the project relied on each jurisdiction providing unit record data regarding notifications of child abuse and neglect over the decade. Jurisdictions in Australia have differences in the process by which they receive ‘reports’ of suspected abuse and neglect (these are termed ‘**child protection notifications**’ for other data recording purposes eg the annual Australian Institute of Health and Welfare Child Protection Australia report, and its ‘counting rule’ for child protection notifications), and of other matters concerning children’s welfare (these are termed ‘**child concern reports**’ for the AIHW data recording purposes). They also have differences in their classification and treatment of these initial intakes. Because of the parameters of our research project, our focus was on reports of suspected child abuse and neglect (classed as ‘notifications’); we did not seek to explore *all* reports of *any* matters concerning children (ie those concerning children’s welfare as well as those relating to suspected abuse or neglect). Further information in this regard is depicted in Appendix 1 Table 1 (*Comparative table of child protection system intake processes and our data collection approach*) and Appendix 1 Figure 1 (*Key points in the child protection system intake process*).

Data collection

Requests to provide data were made to each State and Territory government department responsible for receiving intakes concerning suspected child abuse and neglect. Data were provided to the research team at various times over the period 21 October 2013 to 25 July 2014, often with further discussions and negotiations required to facilitate complete submission of data and to clarify other aspects of the data provided. Four jurisdictions provided data exactly as requested (Australian Capital Territory, Queensland, Victoria, Western Australia). One jurisdiction, Tasmania, provided data as requested but only for nine rather than 10 years (i.e. 2004-2012). Two jurisdictions (Northern Territory and South Australia) provided aggregate summary data for the decade rather than unit record data. One jurisdiction (New South Wales)

provided summary aggregate data only for the years 2010-2012, and some other aggregate data for prior years, which enabled only partial exploration of the research questions for that jurisdiction.

Data analysis

Data mining, also termed *knowledge discovery*, refers to the process of analysing large datasets to isolate significant or noteworthy patterns and trends. The process includes *cluster analysis* (identifying groups of data records), *anomaly detection* (identifying unusual patterns or outlier trends), *association rule learning* (identifying relationships between variables), and *summarisation* (generating a more concise representation of the dataset including creation of reports and summaries) (Han & Kamber 2012; Stephens et al 2006).

Key steps in the data mining process adopted in this project were:

(1) *selection of data and obtaining data* (research project conceptualisation informing the nature of the request for data; requesting the relevant data in useable form from government child protection departments in each of the eight jurisdictions; receiving the data in excel spreadsheets containing unit record data, or for two jurisdictions, aggregate summary data, and for one jurisdiction, some aggregate tables);

(2) *data pre-processing*, which includes data cleaning, including removing missing and irrelevant data (this included removing data where the coded maltreatment category was 'not stated' or 'other'), and collation of the data;

(3) *data mining*, which includes:

- *cluster analysis*: for example, identifying groups of records about reports by specific reporter groups, about specific types of abuse and neglect;
- *anomaly detection*: for example, identifying shifts in numbers and or outcomes of reports of a specific type of abuse, or by a specific reporter group, in any given year or as a sustained trend over an extended period;
- *association rule learning*: for example, identifying relationships between a particular reporter group and their reports of a specific type of abuse, and between the reports made by a particular report group and the outcomes of those reports; and
- *summarisation*: generation of full data reports, as well as executive summaries and policy briefs.

Interpretation of data

The patterns and trends identified in the data mining process then must be interpreted by situating them in the context of relevant legal and other contextual factors. Due to the scope of the project (for example, noting the limitation produced by the fourth qualitative stage not being funded), it was not possible for the research team to identify and evaluate the impact of *all* factors impacting reporting practice generally, separated by reporter group, or by type of abuse or neglect.

However, major **legal factors** were able to be considered, namely the presence and nature of mandatory reporting duties, and the timing of the introduction of new legislative mandatory reporting duties. As well, we were also able to consider major known **contextual factors** which would also likely influence trends in numbers and outcomes of reports. Some of these are factors identified in previous analyses of the approaches adopted by respective State and Territory systems such as agency intake methods, nomenclature, and the processing of intakes (Holzer & Bromfield, 2008). For example, the characterisation of an intake as a '**notification**' is affected by factors including whether the caller or the agency defines the intake. In the ACT and Tasmania, intakes are *caller-defined*, producing higher numbers of 'notifications', and Victoria has a similar but more rigorous approach; in contrast, in other jurisdictions the intake is

agency-defined: that is, the agency determines whether the intake is a ‘notification’ regarding suspected child abuse or neglect, or is a less serious ‘child concern’ report regarding a child’s overall welfare). Agency decisions about whether to **investigate** a notification or not are influenced by multiple factors including: differences in the availability of alternative diversionary services, and different levels of resources available to support investigations. An agency finding that an investigated notification is ‘**substantiated**’ is influenced by multiple factors including:

- differences in the availability of alternative diversionary services (where a notification is referred to such a service, this will not be counted as a substantiated notification);
- different thresholds for reaching a finding of ‘substantiated’;
- availability of evidence of harm in any given case even where there is sufficient evidence of abuse or neglect;
- availability of evidence of abuse or neglect in any given case even where there is sufficient evidence of harm;
- whether the jurisdiction focuses on evaluating substantiation of existing harm, or risk of harm occurring in the future.

Other important contextual factors affecting numbers of notifications and responses to them would include locally-situated events. These could include events and developments such as:

- the presence of child protection inquiries or reports;
- high levels of media attention on particular cases or departmental processes;
- introduction of a new industry-based reporting policy such as a standard operating procedure for police;
- changes to child protection agencies (such as an influx of funding or staff) and their approaches;
- heightened reporter education via awareness-building by professional education, media campaigns or other strategies; and heightened sensitivity of the general public to a particular form of child abuse or neglect created by policy, media or social discourse.

To gain a more nuanced appreciation of the kinds of contextual factors that may have influenced the data in this study, and to supplement their own knowledge of contextual factors, the research team invited and held meetings with senior staff in State and Territory departments as critical friends to elicit their views about what might underpin key findings from the data. Their accounts were informed by their knowledge of local contexts and agency developments. These were noted and carefully considered by the research team in their interpretations of the data.

Contributions to knowledge

Despite these multiple complexities, the descriptive statistics and data mining facilitate understandings of important elements of the context, especially *within jurisdictions* annually and over the decade. This is important because it provides more nuanced insights into the reporting practices of different reporter groups for different types of abuse and neglect, rather than simply aggregating all reports of all kinds of abuse and neglect by all reporter groups, and drawing undifferentiated conclusions about the nature and outcomes of ‘reporting of child abuse and neglect’.

This approach has been urged in research by the lead investigator, based on the notion of a *differentiation thesis* (Mathews, 2014; Mathews, 2012). It proceeds from the basis that heterogeneity exists across both reporter groups, and types of abuse and neglect. It proposes that because of the differential nature of various reporter groups, and the differentiation between types of child abuse and neglect, there are likely to be significant differences amongst various reporter groups’ reporting practices for different types of child abuse and neglect. Gaining a detailed understanding of specific components of different reporter groups’ reporting practices regarding different types of abuse and neglect provides more sophisticated insights into:

- the nature of reporting trends;

- where reporting appears to be more and less effective; and
- where efforts to improve practice may be best directed.

Systemic differences between jurisdictions limit the extent to which *cross-jurisdictional* comparisons can be made. However, some comparisons may be possible where sufficient similarities exist, and/or where clear and significant trends are identified in the data. This is especially so where, by all accounts, there appears to be only one significant differentiating variable, such as the presence or absence of a mandatory reporting duty.

Effectiveness of reporting practices

This part of the project could also assist in informing government departments in their assessments of the *effectiveness* of reporting practices. While there are challenges in conceptualising how ‘effectiveness’ of reporting may be evaluated, it seems reasonable to proceed on the basis that identification of trends in *numbers* of reports and in *outcomes* of reports, placed in the context of legislative mandatory reporting duties and changes in them, could provide some useful information contributing to any assessment of the effectiveness of reporting practice.

Accordingly, the research project provides detailed data in each jurisdiction specific to the reporting practices of key reporter groups, about specific types of abuse and neglect, over time. In addition, to provide meaningful findings for individual State and Territory governments (but not for strict cross-jurisdictional comparison) about the proportional contribution to reporting made collectively by their jurisdiction’s major occupational reporter groups, we conducted some analyses by combining the reporting practice of the ‘major mandated reporter groups’ in the State/Territory. In doing this, we adopted a similar approach for all jurisdictions, presenting the combined practice of four key groups who collectively make the vast majority of all reports by mandated reporters: police, teachers, doctors and nurses. These groups were chosen because generally they were: (1) clearly defined occupational/professional reporter groups; (2) groups who make a significant contribution to reporting; (3) groups designated as mandated reporters under the legislation; (4) designated as mandated reporters for the whole decade; and (5) data was individually available for analysis regarding these groups. For some jurisdictions (Qld, WA), one or more of the four groups had not always been mandated by law, but they were selected because they nevertheless made a large contribution to reporting practice. For four jurisdictions (ACT, NT, SA, Tas), one variation was necessary to this approach, including two additional groups (social workers and childcare workers) because they met the five conditions stated above.

The substantiated report caveat. A caveat must be noted about interpreting data on the outcomes of reports for this purpose, as it has been consistently concluded that ‘unsubstantiated’ notifications do not differ markedly from ‘substantiated’ notifications in service need (Drake, 1996; Hussey, et al., 2005; Kohl, Jonson-Reid, & Drake, 2009). However, where enabled by the data obtained, some tentative conclusions may be drawn concerning *measures of effectiveness* based on the following assessments per annum and over time, for different maltreatment types, of:

- the contribution of mandated reporter groups and other reporter groups to total numbers of notifications and total numbers of substantiated notifications;
- comparison of numbers and outcomes of notifications across jurisdictions where only one jurisdiction had mandatory reporting;
- exploration of changes in numbers and outcomes of notifications after introduction of the legislative mandatory reporting duty;
- number of notifications by mandated reporters which were screened out at intake;
- extent of the growth in the number of children involved in reports by mandated reporters;
- other notable trends in reporting practice.

This stage of the project therefore generates evidence in each jurisdiction about the reporting practice of different reporter groups regarding different types of abuse and neglect, which can inform the *identification of opportunities to harmonise the various statutory regimes*. However, decisions on whether, how, and to what extent to harmonise the statutory regimes require policy deliberations and decisions by various government departments.

Stage 3: Literature reviews

Stage 3 of the project conducted two systematized reviews (Grant et al 2009) with rapid evidence synthesis (Gannan, Ciliska, & Thomas, 2010; Khangura, Konnyu, Cushman, Grimshaw, & Moher, 2012). The first review concerned factors influencing mandatory reporting of child abuse and neglect. The second review concerned theoretical critiques of mandatory reporting laws. A selection of databases was generated and lists of search terms were developed. Inclusion and exclusion criteria were developed, informed by the focus of the reviews and the standard of evidence and scholarship required.

This stage of the project therefore contributes to the *identification of opportunities to harmonise the various statutory regimes*. More specifically, the findings in this stage of the project from the review of factors influencing reporting may also inform further work in developing strategies for policy and practice which can optimise the conditions for mandatory reporting; for example, in enhancing reporter training for specific professional groups and in specific domains. Findings in this stage of the project from the review of theoretical critiques may shed light on the nature, presence and strength of theoretical underpinnings for mandatory reporting law, both generally, and for specific maltreatment types. However, decisions on whether, how, and to what extent to harmonise the statutory regimes require policy deliberations and decisions by various government departments.

References

- Drake, B. (1996). 'Unraveling "unsubstantiated"', *Child Maltreatment*, 1, 261-271.
- Han, J & Kamber, M. (2012) *Data mining: concepts and techniques*. 3rd ed, Morgan Kaufmann.
- Holzer, P and Bromfield, L. (2008). *NCPASS comparability of child protection data*. Melbourne: Australian Institute of Family Studies.
- Hussey, J, Marshall, J, English, D, Knight, E, Lau, A, Dubowitz, H, & Kotch, J. (2005). 'Defining Maltreatment According to Substantiation: Distinction without a Difference?', *Child Abuse and Neglect*, 29, 479-492.
- Kohl, P, Jonson-Reid, M, & Drake, B. (2009). 'Time to Leave Substantiation Behind: Findings From A National Probability Study', *Child Maltreatment*, 14, 17.
- Mathews, B. (2014). The nature and development over time of mandatory reporting laws. In B Mathews and D Bross (eds) *Mandatory reporting laws and the identification of severe child abuse and neglect*, Springer: Dordrecht (in press).
- Mathews, B. (2012). Exploring the contested role of mandatory reporting laws in the identification of severe child abuse and neglect. In M Freeman (ed) *Current Legal Issues Volume 14: Law and Childhood Studies*, Oxford University Press, Oxford, 302-338.
- Stephens, C, & Sukumar, R. (2006). Introduction to Data Mining. In R Grover and M Vriends (eds), *Handbook of Marketing Research*, Thousand Oaks: Sage, 455-485.

Appendix 1 Table 1 and Figure 1

Appendix 1 Table 1 provides a comparative table of child protection system processes regarding 'reports' or 'intakes' and responses to them, and our data collection approach. Three jurisdictions have caller-defined approaches (ACT, Tasmania and Victoria) and the other five jurisdictions have agency-defined approaches.

Appendix 1 Figure 1 depicts key points in the child protection system intake process: receipt and processing of reports/intakes regarding child abuse and neglect, and child welfare.

Appendix 1 Table 1: Comparative table of child protection system intake processes and our data collection approach

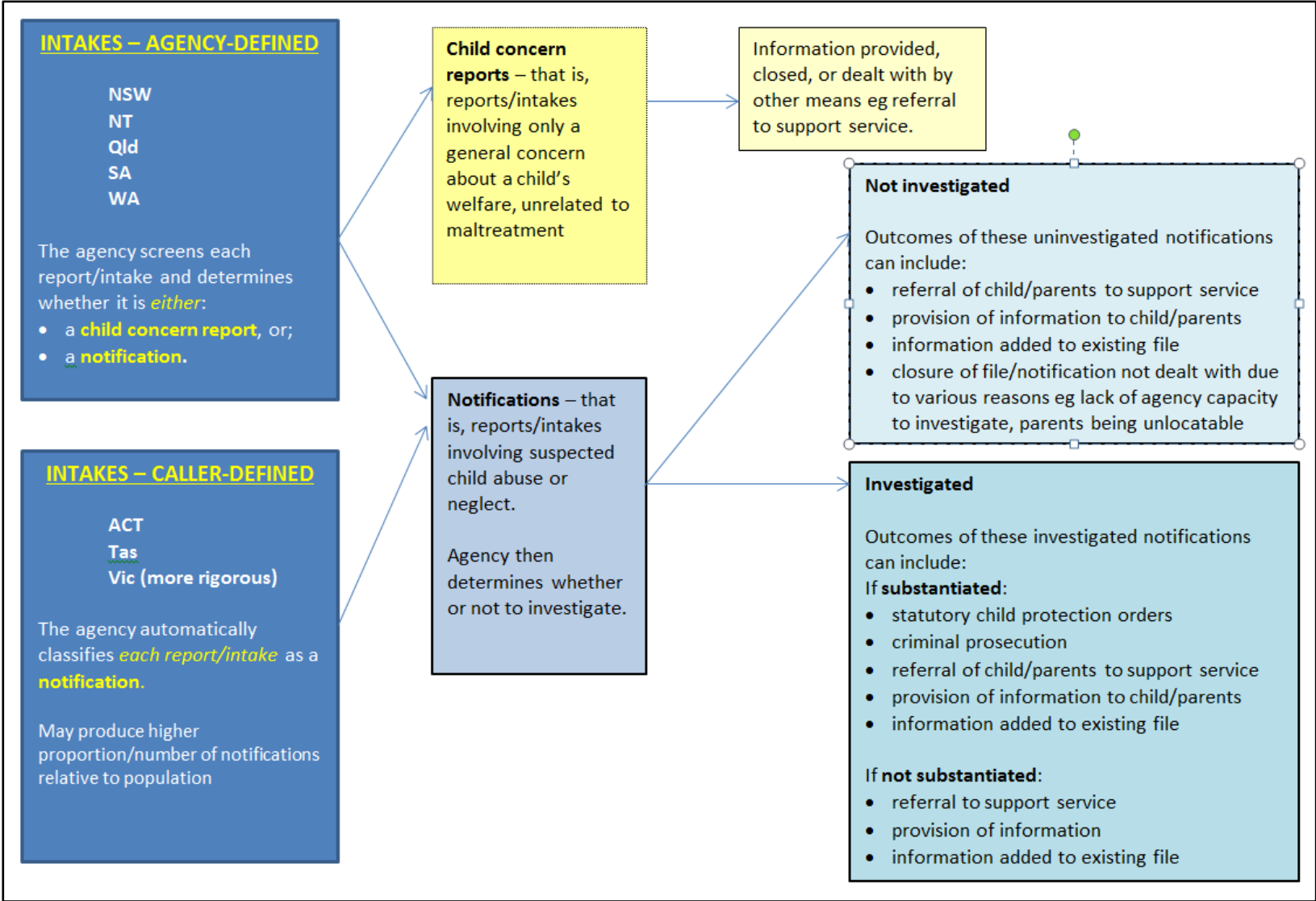
Jurisdiction	Child protection system intake and response processes	Outline of data collection approach
ACT	<p>In the ACT, initial ‘reports’ or ‘intakes’ are ‘caller-defined’ meaning that nearly all intakes will be initially classified as ‘notifications’. This has the effect, relative to other jurisdictions which do not employ this approach, of inflating the number of ‘notifications’.</p> <p>The agency then determines whether the ‘notification’ has sufficient information to require an investigation.</p>	<p>We requested only data on notifications of child abuse and neglect. Because of the approach taken in the ACT to defining ‘notifications’, we received this data, but it will reflect an inflated number of initial notifications.</p>
TAS	<p>In Tasmania, ‘reports’ or ‘intakes’ are ‘caller-defined’ meaning that nearly all intakes will be initially classified as ‘notifications’. This has the effect, relative to other jurisdictions which do not employ this approach, of inflating the number of ‘notifications’.</p> <p>The agency then determines whether the ‘notification’ has sufficient information to require an investigation.</p>	<p>We requested only data on notifications of child abuse and neglect. Because of the approach taken in Tasmania to defining ‘notifications’, we received this data, but it will reflect an inflated number of initial notifications.</p> <p>We did not request data on reports made under Tasmania’s differential response system (Gateways) as the study is focused on reports of child abuse and neglect of a higher level of seriousness.</p> <p>Data was provided for the years 2004-2012.</p>

Jurisdiction	Child protection system intake and response processes	Outline of data collection approach
VIC	<p>In Victoria, ‘reports’ or ‘intakes’ are ‘caller-defined’ meaning that most intakes will be initially classified as ‘notifications’. However, Victoria adopts a more stringent approach to this than in Tasmania and the ACT. Intakes are recorded as ‘notifications’ when the reporter <i>either</i> expresses significant concern for the wellbeing of a child, or believes that a child is in need of protection. This may have the effect, relative to other jurisdictions which do not employ this approach, of somewhat inflating the number of ‘notifications’.</p> <p>The agency then determines whether the ‘notification’ has sufficient information to require an investigation.</p>	<p>We requested only data on notifications of child abuse and neglect. Because of the approach taken in Victoria to defining ‘notifications’, we received this data, but it will reflect an inflated number of initial notifications.</p> <p>We did not request data on reports made under Victoria’s differential response system (ChildFIRST) as the study is focused on reports of child abuse and neglect of a higher level of seriousness.</p>
NSW	<p>In NSW, all initial ‘reports’ or ‘intakes’ are first screened by the agency to determine if they meet the threshold of ‘risk of significant harm’. These reports are the NSW ‘notifications’; those that do not meet the threshold are classed as ‘child concern reports’.</p> <p>Hence, ‘reports’ or ‘intakes’ are ‘agency-defined’: the child protection agency determines at intake whether the intake is a child concern report or a child protection notification.</p> <p>The agency then determines whether the ‘notification’ has sufficient information to require an investigation.</p>	<p>We requested only data on notifications of child abuse and neglect.</p> <p>We did not request data on reports made under New South Wales’s differential response system (child wellbeing units) as the study is focused on reports of child abuse and neglect of a higher level of seriousness.</p> <p>We were provided only with data on reports of significant harm for 2010-2012, and earlier summary tables showing partial data on reports of significant harm.</p>
NT	<p>In the Northern Territory, ‘reports’ or ‘intakes’ are ‘agency-defined’: the child protection agency determines at intake whether the intake is a child concern report or a child protection notification.</p> <p>The agency then determines whether the ‘notification’ has sufficient information to require an investigation.</p>	<p>We requested and obtained only data on ‘reports of child abuse and neglect’ and therefore obtained data on notifications.</p>

Jurisdiction	Child protection system intake and response processes	Outline of data collection approach
<p>QLD</p>	<p>In Queensland, all matters reported to Child Safety are classed as ‘intakes’.</p> <p>An intake is then screened and can be classed as either being (1) a child concern report (if it is simply a general low-level concern about a child’s welfare re the home environment or the standard of care the child is receiving); or (2) a child protection notification (if it is assessed as meeting the threshold of being related to child abuse or neglect).</p> <p>Hence, intakes are ‘agency-defined’: the child protection agency determines at intake whether the intake is a child concern report or a child protection notification.</p> <p>The agency then determines whether the ‘notification’ has sufficient information to require an investigation.</p>	<p>We requested and obtained only data on ‘reports of child abuse and neglect’ and therefore obtained data on notifications.</p>
<p>SA</p>	<p>In South Australia, ‘reports’ or ‘intakes’ are ‘agency-defined’: the child protection agency determines at intake whether the intake is a child concern report or a child protection notification.</p> <p>The agency then determines whether the ‘notification’ has sufficient information to require an investigation.</p>	<p>We requested and obtained only data on ‘reports of child abuse and neglect’ and therefore obtained data on notifications.</p>

Jurisdiction	Child protection system intake and response processes	Outline of data collection approach
WA	<p>From 2003-2005, all ‘reports’ or ‘intakes’ were initially classed by the agency as ‘child concern reports’ and were then screened by the agency. After screening, an intake was classed as either being (1) a child concern report (if it is simply a general low-level concern about a child’s welfare re the home environment or the standard of care the child is receiving); or (2) a child maltreatment allegation (akin to a ‘child protection notification’) if it is assessed as meeting the threshold of being related to child abuse or neglect.</p> <ul style="list-style-type: none"> • In Western Australia in this period, virtually all intakes classed as child maltreatment allegations were investigated. <p>From 1 March 2006 to 6 March 2010, all intakes were classed initially as ‘concerns for a child’s wellbeing’ (akin to a ‘child concern report’). The agency then screened the intakes and classed them as either being (1) a child concern report (if it is simply a general low-level concern about a child’s welfare re the home environment or the standard of care the child is receiving); or (2) a child protection notification (if it is assessed as meeting the threshold of being related to child abuse or neglect).</p> <ul style="list-style-type: none"> • The agency then determines whether the ‘notification’ has sufficient information to require an investigation. <p>From 6 March 2010, all intakes were classed initially as ‘initial inquiries for child concern’ (akin to a ‘child concern report’). The agency then screened the intakes and classed them as either being (1) a child concern report (if it is simply a general low-level concern about a child’s welfare re the home environment or the standard of care the child is receiving); or (2) a child protection notification (if it is assessed as meeting the threshold of being related to child abuse or neglect).</p> <ul style="list-style-type: none"> • The agency then determines whether the ‘notification’ has sufficient information to require an investigation. <p>Hence, intakes are ‘agency-defined’: the child protection agency determines at intake whether the intake is a child concern report or a child protection notification.</p>	<p>We requested and obtained only data on ‘reports of child abuse and neglect’ and therefore obtained data on notifications.</p> <p>Because of the change in the recording system, our analysis of the WA data is focused on reporting from 2006 onwards.</p>

Appendix 1 Figure 1: Key points in the child protection system intake process: receipt and processing of reports/intakes regarding child abuse and neglect, and child welfare



This research project was sponsored by the Australian Government Department of Social Services, and administered through the Victorian Government Department of Human Services.

© State of Victoria 2015

The authors of this research project are:

Associate Professor Ben Mathews (QUT, Faculty of Law, Australian Centre for Health Law Research)

Associate Professor Leah Bromfield (UniSA, Australian Centre for Child Protection)

Associate Professor Kerryann Walsh (QUT, Faculty of Education, Children and Youth Research Centre)

Professor Graham Vimpani (University of Newcastle, School of Medicine and Public Health)

Inquiries and contact details

Inquiries about the Executive Summary and the Full Report can be directed to the lead investigator:

Dr Ben Mathews

Associate Professor, School of Law
Australian Centre for Health Law Research
(Co-Director, Children's Health Program)
Faculty of Law, Queensland University of Technology

p: 07 3138 2983

e: b.mathews@qut.edu.au

web: <http://staff.qut.edu.au/staff/matthewb/>

Eprints: http://eprints.qut.edu.au/view/person/Mathews,_Ben.html

Australian Centre for Health Law Research website:

www.qut.edu.au/research/achlr

