Mandatory Reporting: Potential Effects on Retention Rates in a Longitudinal Survey

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Abstract
Protection of human subjects, particularly members of at-risk or vulnerable populations, is an essential concern for survey researchers and the Institutional Review Boards that govern them. Little is known, however, about the effects of mandatory reporting of suspected abuse or neglect on retention rates in field data collection studies.

This paper examines the impact of mandatory reporting of suspected child abuse on retention rates in an at-risk sample. The National Survey of Child and Adolescent Well-being (NSCAW) is a national, longitudinal study of children and families who have come into contact with the child welfare system. Mandated by Congress in 1996, this study is sponsored by the Administration for Children and Families (ACF). Five waves of interview data were collected from the first cohort, NSCAW I. A second cohort was drawn in 2008, with NSCAW II now in its second wave of data collection. Data from both cohorts will be considered in evaluations.

The few studies examining mandatory reporting effects on retention rates suggest limited risk for negative impact on retention. This paper will analyze retention rates of NSCAW respondents in waves following a mandatory report, and whether demographic characteristics (e.g., child gender, child and caregiver age, child and caregiver race/ethnicity, caregiver education, caregiver relationship to child, income level) or other variables (e.g., child developmental status, type of maltreatment bringing family into the study, caregiver depression, caregiver substance dependency, and child discipline) differ between reported and nonreported cases.

Key Words: mandatory reporting, child, adolescent, retention, longitudinal

1. Introduction

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PL 104 193) authorized the Department of Health and Human Services (DHHS) to conduct a longitudinal study intended to answer a range of fundamental questions about the outcomes for abused and neglected children and their involvement in the child welfare system. The resulting landmark study, the National Survey of Child and Adolescent Well Being (NSCAW), was designed by a federal steering committee at DHHS in consultation

with a wide range of child development and child welfare experts to address crucial program, policy, and practice issues of concern to federal, state, and local governments, and child welfare agencies. The 2006 Reauthorization of welfare reform provided for the creation of a new cohort of children with a baseline and 18-month follow-up (NSCAW II).

NSCAW is the first child welfare research to relate child and family well being to family characteristics, experience with the child welfare system, community environment, and other factors. The study focuses on how family, child, community, and service factors affect children's well being, while providing the foundation for improving policies, programs, and practices. The NSCAW I cohort included 6,228 children, from birth to 14 years of age at the time of sampling, who had contact with the child welfare system within a 15 month period beginning in October 1999. From 1999–2007, five waves of longitudinal data were collected on this cohort. The second cohort—NSCAW II —includes 5,873 children from birth to 17.5 years of age at the time of sampling. These children were sampled from investigations closed during a 15-month period beginning in February 2008. The first wave of data collection is complete; the 18-month follow-up data collection is ongoing and will be completed by January 2011.

The NSCAW is a longitudinal study with multiple informants associated with each sampled child, in order to get the fullest possible picture of that child. The study involves face-to-face, computer-assisted personal interviews (CAPI) and assessments with children, caregivers (i.e., biological or adoptive parents, foster parents, kin caregivers, group home caregivers), and investigative caseworkers. Sensitive questions asked of current adult caregivers and older children such as those focused on maltreatment, domestic violence, or child discipline, are administered via audio computer-assisted self-interview (A-CASI).

Because the target population for NSCAW is children who are subjects of child abuse and neglect investigations (or assessments), the project team and RTI's Institutional Review Board (IRB) considered and discussed, over many months prior to data collection, the need to protect human subjects—particularly child victims of abuse and neglect—and abide by the intent of mandatory reporting laws, but also recognize and ameliorate the conflicting possibility of jeopardizing the stability of sampled families. Additionally, the differences in state and county procedures for human subject protection and mandatory reporting necessitated negotiation of requirements across the 100 sites participating in the study.

Borrowing from the Longitudinal Study of Child Abuse and Neglect (LongSCAN) study approach, the baseline wave of NSCAW I narrowly defined "serious ongoing abuse" and "imminent harm" based on information captured during interviews. Use of this narrow definition was intended to alert authorities to serious situations, while not intruding on the process begun by the child welfare investigation, which would have concluded only a few weeks before initial interviews with the child and adult caregiver. It was determined that use of a broader definition would have put the participating families at a greater risk of losing their children than nonparticipation, would have second-guessed the child welfare investigation process just completed, and could have introduced a confounding intervention into a study seeking to evaluate the very processes established to intervene on the children's behalf. Thus, mandatory reporting at NSCAW I baseline relied on field interviewer reports that the child was in danger of abuse or neglect.

In follow-up waves of NSCAW I, when the family was less likely to have ongoing interactions with Child Protective Services (CPS) given the time elapsed since the investigation that brought the family into the study, the procedures for mandatory reporting were broadened. Specifically, the project team worked with the NSCAW Technical Work Group and RTI's IRB to identify questionnaire items in child and caregiver interviews that could also trigger the need for a mandatory report (Appendix A). For maltreatment trigger items endorsed, probes were used to determine if the event occurred in the past week, past month, or past 3 months. Additional probes were used on some items to determine if the person committing the act was responsible for the child, if the incident occurred with the people that the child lives with now, if the incident had previously been reported, or if injury or other behavioral or emotional effects occurred.

On NSCAW I, adverse events including reporting of suspected ongoing abuse or neglect, breach of confidentiality to notify a caregiver of child potential suicidal intent and for deviation from procedure totaled 315 by the close of the study.

2. Literature Review

A great deal of information has been published on the interplay between the scientific study of abused and neglected children and the ethical and legal issues presented by the study of that vulnerable population. However, a more pointed review of literature about the effect of mandatory reporting of suspected child abuse or neglect on retention rates in longitudinal field studies shows that little research in support of either position (i.e., mandatory reporting has a negative impact or little to no impact on retention) has been published for review. One might assume that mandatory reporting may have a negative impact on retention.

According to Sieber (2007) regarding the language researchers must include in their informed consent statements to parents, "such a warning is certain to muddle the sampling efforts and reduce candor in research on family processes" (p. 20). Hollmann and McNamara (1999) state that "active consent procedures satisfy legal and ethical requirements but include problems such as low response rates, nonrepresentative samples, and costly implementation" (p. 1). Knight et al. (2006) reference a number of studies that mention a compromise of scientific integrity and the impact of the consent process, which informs respondents of the potential for mandatory reporting, on recruitment, retention, and the quality of data collected. These studies indicate the possibility for participant dropout after a report is made or a hesitancy to respond to questions truthfully either before or after a mandatory report has been made.

The work by Knight et al. represents the only set of published results on mandatory reporting of child maltreatment and the potential risks to participant retention that could be located for the present analysis. This study examined rates reported by the LongSCAN consortium. The LongSCAN sample included 1,354 children, some with prior reports of abuse and some with no prior reports. Each of the five LongSCAN sites had varying protocols for responding to suspected maltreatment, including human subjects procedures and IRB approvals for all aspects of the study. As with the NSCAW project, a single positive response to a mandatory report item in the instrument did not automatically trigger a report to CPS, but flagged the item for further follow-up and assessment as to whether the item should be reported. In this study, attrition of study participants was defined as a reported participant (child or caregiver) who did not participate in subsequent interviews after being reported by the project. In total, 17 reports on

15 children were made out of 4,078 interviews conducted. The results of this study concluded that 93.3% of children reported to CPS participated in a subsequent interview after the report was made.

3. Study Objectives

The purpose of the present analysis was twofold. The first objective was to determine if the mandatory reporting process on NSCAW I negatively impacted retention of the sample in subsequent waves. Although reports are required and cannot be omitted regardless of any retention effects, understanding their effect on retention of the sample will better inform researchers in their efforts on future studies.

The second objective was to examine whether certain characteristics of the participating caregivers or children differed between reported and nonreported cases.

The demographic characteristics examined include:

- child gender;
- child and caregiver age;
- child and caregiver race/ethnicity;
- caregiver education;
- caregiver relationship to child; and
- income level

Other indicators of child and family status include:

- child assessment performance;
- type of maltreatment bringing family into the study;
- caregiver depression;
- caregiver alcohol and/or substance dependency; and
- child discipline severity

4. Findings/Results

As described in the background section, administration involved face-to face interviews with sampled children, their caregivers, and their caseworkers. It is important to note that information for NSCAW I Wave 2 was not included in our analysis described below because of differences in sample inclusion and administration methods relevant to that wave. Wave 2 was administered only to caregivers and was administered by telephone.

As shown in Table 1, mandatory reports increased across waves.

Table 1. Number of Mandatory Reports by Wave (Sample N=6,228)

	Wave 1	**Wave 3**	**Wave 4**	**Wave 5**
Number of Mandatory Reports	28	44	75	89

Several possible explanations can be offered for the increase in reports in each subsequent wave following baseline. First, the reporting guidelines changed over time, which increase the likelihood that the same type of information that would have been triggered but not reported in the baseline, would be reported in subsequent waves. In addition, NSCAW is a longitudinal study that interviews the same cohort of children at each wave. The sensitive items that can trigger a report are administered in the ACASI portion, which is completed only by children aged 10 and older. As a greater proportion of children age up into this group, there is a greater chance for their responses to trigger a mandatory report. Finally, each subsequent wave after baseline represents an increased amount of time since the initial investigation of abuse or neglect that brought the family into the study. Given that the majority of families may no longer be involved with CPS, it is possible that the interview and field interview observation data are uncovering incidents of abuse or neglect that have not been previously indicated or reported.

Select key characteristics of the children and caregivers were compared between cases where no mandatory report was filed and cases where a report was filed. Table 2 contains the weighted percent distributions of the characteristics examined for these two groups. No significance testing was conducted because of the small number of mandatory report cases. However, we still were interested in identifying any relatively large differences (especially 10% or more) between the two groups.

In Waves 1 and 3, a higher percentage of the children in the mandatory report group were female; however, there was no gender difference in Waves 4 and 5. When we examined the age of the children and caregivers, we found a higher percentage of children were older in all waves except Wave 4, and caregivers were older in two of the four waves for the mandatory report groups. (One possible explanation for the age of the children is that the items that can trigger a mandatory report are contained in the ACASI portion of the interview and are only administered to children aged 11 and older, and with assistance to children aged 8–10 years.)

Table 2. Comparison of Characteristics between Cases with No Mandatory Report Filed and a Mandatory Report Filed by Wave

	Wave 1		**Wave 3**		**Wave 4**		**Wave 5**	
	No Mand Report (%)	**Mand Report (%)**	**No Mand Report (%)**	**Mand Report (%)**	**No Mand Report (%)**	**Mand Report (%)**	**No Mand Report (%)**	**Mand Report (%)**
Child Gender								
Male	50.0	30.1	50.2	22.9	49.9	50.3	47.1	49.2
Female	50.0	69.9	49.8	77.1	50.1	49.7	52.9	50.8
Child Age								
0–5	39.5	3.5	31.9	7.6	21.8	17.2	4.2	10.7
6–10	36.1	35.4	34.7	24.9	35.3	44.5	23.9	2.6
11+	24.5	61.2	33.4	67.6	42.9	38.4	71.9	86.6
Caregiver Age								
< 35	57.7	75.2	51.4	25.0	46.6	53.0	38.4	27.1
35+	42.3	24.8	48.6	75.0	53.5	47.0	61.6	72.9
Child Race/ Ethnicity								
Black	28.2	25.2	28.2	26.7	28.3	25.1	27.9	49.3
White	46.6	60.3	46.5	60.7	46.6	52.5	47.4	42.8

	Wave 1		Wave 3		Wave 4		Wave 5	
	No Mand Report (%)	**Mand Report (%)**	**No Mand Report (%)**	**Mand Report (%)**	**No Mand Report (%)**	**Mand Report (%)**	**No Mand Report (%)**	**Mand Report (%)**
Hispanic	18.2	15.4	18.3	11.5	18.2	21.8	18.7	7.3
Other	6.9	0	7.0	1.2	7.0	0.5	6.1	0.7
Caregiver Race/ Ethnicity								
Black	25.6	25.1	25.6	26.9	25.7	22.1	25.5	31.6
White	51.3	30.5	51.1	61.3	51.2	56.1	52.3	55.2
Hispanic	16.3	21.7	16.3	10.1	16.3	15.6	16.6	5.9
Other	6.8	22.7	6.9	1.7	6.9	6.3	5.6	7.4
Caregiver Education								
< HS	28.9	31.9	28.4	33.7	26.1	30.2	23.8	16.6
HS	44.8	49.5	45.8	35.6	43.9	52.0	45.1	41.1
> HS	26.3	18.6	25.8	30.8	30.0	17.8	31.2	42.3
Caregiver Relationship to Child								
Bio parent	84.1	95.9	81.5	87.5	81.7	86.2	77.3	83.6
Adopt/step parent	1.6	1.4	3.3	9.3	5.2	5.4	7.5	8.8
Kin	9.1	0	10.0	1.7	9.5	7.9	13.2	6.7
Foster	5.2	2.6	5.2	1.6	3.7	0.6	2.0	0.9
HH Income								
< $20K	56.1	35.4	51.7	75.6	47.5	57.7	37.1	42.5
$20K–$30K	16.0	37.6	17.2	1.0	18.7	21.8	23.4	8.1
$30K–$40K	10.9	2.7	11.4	5.7	11.9	12.3	13.1	29.8
$40K–$50K	6.5	9.9	7.0	2.0	7.9	1.6	8.4	9.6
> $50K	10.6	14.5	12.9	16.7	14.0	6.6	18.0	10.0
Child K-Bit Composite								
−2 SD and under	5.4	6.9	5.3	15.8	5.4	1.7	5.4	6.3
−1 to −1.99 SD	21.7	15.2	21.9	8.1	21.7	22.4	21.6	14.2
Over −1 SD	72.9	77.9	72.9	76.1	72.9	75.9	73.0	79.5
Caregiver Depression								
No	76.9	88.9	83.2	74.5	83.0	52.7	76.9	81.0
Yes	23.1	11.1	16.8	25.5	17.0	47.3	23.1	19.0
Caregiver Alcohol Dependency								
No	97.9	100	98.5	96.3	98.4	97.1	97.6	98.5
Yes	2.1	0	1.5	3.7	1.6	2.9	2.4	1.5
Caregiver Substance Dependency								
No	97.2	95.9	98.6	100	97.8	96.2	96.9	98.6
Yes	2.8	4.2	1.5	0	2.3	3.8	3.1	1.4
Maltreatment Type								
Physical abuse	29.8	42.5	27.0	14.1	26.9	21.8	27.5	11.4
Sexual abuse	10.9	39.5	10.6	48.8	10.9	15.7	10.4	8.3
Failure to provide	19.7	3.7	19.8	9.7	19.7	17.2	20.7	25.1

	Wave 1		Wave 3		Wave 4		Wave 5	
	No Mand Report (%)	Mand Report (%)	No Mand Report (%)	Mand Report (%)	No Mand Report (%)	Mand Report (%)	No Mand Report (%)	Mand Report (%)
Failure to supervise	28.8	8.7	28.9	7.6	28.6	27.8	29.5	28.7
Other	13.8	5.7	13.7	19.8	13.7	17.5	11.9	26.6
Excessive Physical Discipline								
No	32.3	33.8	39.1	7.8	42.0	26.4	52.1	40.3
Yes	67.8	66.2	60.9	92.2	58.0	73.6	47.9	59.7
Severe Physical Discipline								
No	91.4	95.6	94.5	92.7	94.4	85.0	95.4	80.0
Yes	8.6	4.4	5.5	7.3	5.6	15.0	4.6	20.0

For race and ethnicity, a higher percentage of children were White in the mandatory report group except for Wave 5. In two of those three waves, the difference was approximately 13%. No noticeable differences in the caregiver's race were found. A difference of approximately 10% or more for Whites was exhibited Waves 1 and 2; however, the differences were in the opposite direction for those waves. In Wave 1, approximately 20% *fewer* of the caregivers in the mandatory report group were White as compared to approximately 10% *more* in Wave 3.

For the caregiver's education level, no general pattern emerges. For example, in Wave 4, approximately 12% *fewer* caregivers in the mandatory report group had more than a high school education while in Wave 5, approximately 11% *more* mandatory report caregivers had more than a high school education.

In examining the relationship of the caregiver to the child, we found that all waves have a higher percentage of biological parents in the mandatory report group and fewer kin and foster caregivers. The only difference greater than 10% is for biological parents in Wave 1.

For household income, a higher percentage of the mandatory report group had incomes of less than $20,000 in three of the four waves and the difference was greater than 10% in Waves 3 and 4. However, in Wave 1, the difference was more than 20% but in the opposite direction.

The Kaufman Brief Intelligence Test (K-Bit) is a measure of verbal and nonverbal intelligence for children and adults. Only Wave 3 exhibited differences in the percentages for the two groups: approximately 10% more children in the mandatory report group had the lowest K-Bit scores. However, the difference in the middle score range was in the opposite direction by approximately 14% and the percentages for the highest scores were about the same.

For caregiver depression, alcohol dependence, and substance dependence, two of the four waves had a higher percentage of caregivers with depression in the mandatory report

group, and in Wave 4, the difference was slightly over 30%. No differences were exhibited between the two groups for alcohol and substance dependence.

For the type of abuse that was reported by the investigative caseworker, a higher percentage of sexual abuse was found for the mandatory report group in three waves and differences of about 30% and 40% in Waves 1 and 3, respectively. In Wave 1 physical abuse was approximately 13% greater in the report group. While there were differences between the groups for the other abuse types, differences of 10% or more were in the opposite direction.

Finally, we examined whether the caregiver reported using harsh disciplinary methods (classified as any excessive physical discipline or severe physical discipline) within the past year through the ACASI administration of the Parent-Child Conflict Tactics Scale. In three waves, a much higher percentage of the caregivers in the mandatory report group reported discipline that would be classified as excessive physical discipline within the past year. A similar difference was found in Waves 4 and 5 for severe physical discipline.

We next examined whether a mandatory report being filed had an effect on retention, i.e., the response rates in subsequent waves. Table 3 shows the response rates for the two groups in Waves 4 and 5 when a report was filed in any of the previous waves. In Wave 4, the response rate was slightly lower if a mandatory report was filed in a previous wave, but the response rate in Wave 5 was actually 9% higher if a mandatory report was filed.

Table 3. Mandatory Reports Filed and Response Rate for Subsequent Waves

	Mandatory Report Filed in Waves 1 and/or 3 ----- Wave 4 Response Rate		**Mandatory Report Filed in Waves 1, 3, and/or 4 ----- Wave 5 Response Rate**	
	No Mand Report (%)	**Mand Report (%)**	**No Mand Report (%)**	**Mand Report (%)**
Response Rate	83.0	78.8	75.7	84.2

5. Conclusions

Our findings indicate no consistent differences in the child and caregiver characteristics examined between mandatory report and nonreport cases. One possible exception is that caregivers in the mandatory report group had a higher percentage of using excessive physical discipline.

Results also indicate that mandatory reports do not appear to have an effect on retention.

6. Future Directions

The small sample size of reported cases was a possible limitation of conducting this evaluation on the NSCAW I data. A larger number of reported cases is probable in NSCAW II given the increased age of sampled children at baseline for NSCAW II versus NSCAW I, and the fact that the majority of reports are made by children aged 11 and older. (NSCAW I baseline sample included aged birth–14 years, while NSCAW II

baseline sample included aged birth–17.5 years.) Once NSCAW II data collection is completed, this study could be conducted on that cohort.

With a larger sample size, the examination of family characteristics could be expanded to include geographic region, types of services received by the family, number of children in the household, etc.

To date, literature on the effect of mandatory reporting on retention rates is very limited. Further analysis with other longitudinal study populations is warranted.

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Appendix A:
NSCAW Trigger Questions

Caregiver Questionnaire

DS9	In the past **12 months**, how many times have you grabbed your CHILD around the neck and choked [him/her]?
DS11	In the past **12 months**, how many times have you beat your CHILD up by hitting [him/her] over and over as hard as you could?
DS13	In the past **12 months**, how many times have you burned or scalded your CHILD on purpose?
DS29	In the past **12 months**, has your CHILD been touched in a sexual way by an adult or older child when [he/she] did not want to be touched that way? Or has [he/she] been forced to touch an adult or older child in a sexual way—including anyone who was a member of your family, or anyone outside the family?
DS32	In the past **12 months**, has your CHILD been forced to have sex by an adult or an older child—including anyone who was a member of the family?

CHILD Questionnaire

CM7	In the past **12 months**, how many times have your parents or other adults who lived with you hit you with a fist or kicked you hard?
CM9	In the past **12 months**, how many times have your parents or other adults who lived with you grabbed you around the neck and choked you?
CM11	In the past **12 months**, how many times have your parents or other adults who lived with you beat you up by hitting you over and over as hard as possible?
CM13	In the past **12 months**, how many times have your parents or other adults who lived with you burned or scalded you on purpose?
CM19	In the past **12 months**, how many times have your parents or other adults who lived with you threatened you with a knife or gun?
CM20	In the past **12 months**, how many times have your parents or other adults who lived with you thrown or knocked you down?
EV14	How many times has an adult beaten you up in a home you've lived in?
EV17	How many times has an adult pointed a knife or a real gun at you in a home you've lived in?
CD9	Which of these **best** says how you have felt? 3 = I want to kill myself.
YB18	I deliberately try to hurt or kill myself.
YB91	I think about killing myself.
IJ15	In the past **12 months**, how many times has someone physically hurt you on purpose?