Beyond Mandated Reporting: Debunking Assumptions to Support Children and Families

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ABSTRACT This paper critically examines mandated reporting laws for child maltreatment within the profession of social work. It analyzes the history and current use of mandated reporting laws in the United States and debunks three assumptions that uphold the practice of mandated reporting: that mandated reporting is accurate in identifying child maltreatment; that mandated reporting is, at worst, a neutral practice; and that mandated reporting ultimately helps to prevent and/or treat harm to children. In the final section, the author presents guidelines for social workers to implement abolitionist reforms to mandated reporting. The author argues that, in tandem with growing calls to abolish the family policing system and reimagine child welfare, social workers should grapple with the implications of mandated reporting laws on families and the profession of social work and seek to reduce the harms of mandated reporting wherever possible.

KEYWORDS mandated reporting, family policing system, family regulation system, child welfare, social work, abolition

AFTER MINNEAPOLIS POLICE murdered George Floyd in May 2020, national protests against racial injustice at the hands of law enforcement and widespread calls to defund and abolish the institution of policing rose to the forefront of U.S. public consciousness. Many called for investment in public services, including social work, as viable alternatives, without consideration for social work’s ongoing collaborative relationship with policing (Dholakia & Gilbert, 2021; Jacobs et al., 2021). In response, advocates have presented compelling proposals for dismantling social work practices that associate with systems relying on punishment and surveillance as a means of state control over poor and racialized communities—or, as Jacobs et al. describe it, “carceral social work” (2021, p. 2). In the three years since Floyd’s murder, the field of social work has not fully reckoned with the ways it continues to operate in tandem with policing institutions.

The child welfare system in particular is receiving new attention for the manner in which it operates in similar ways as, and often parallel to, policing and the prison industrial complex. Decades of literature have outlined the growth of the child welfare system into a multi-billion-dollar industry that relies on the surveillance and forcible separation of predominantly Black, Indigenous, and Latinx families (Briggs, 2021; Dettlaff et al., 2020; Goodman & Fauci, 2020; Human Rights Watch [HRW], 2022; Raz, 2021; Rise & TakeRoot Justice, 2021; Roberts, 2002; Roberts, 2019; Sangoi, 2020). New literature, backed by a growing movement of scholars and advocates, presents
compelling evidence for abolishing the child welfare system in its entirety, proposing transformative alternatives to ensure the safety of children and wellbeing of families (Dettlaff et al., 2020; Jacobs et al., 2021; Mingus, 2014; Pendleton et al., 2022; Rise & TakeRoot Justice, 2021; Williams, 2020b).

However, few proposals have reckoned with a root cause of the contemporary U.S. child welfare system’s reach and impact: mandated reporting (MR) of child maltreatment by professionals, including social workers. MR is currently legislated in all U.S. states based on varying standards and definitions of child maltreatment, leading to generalized guidelines requiring reports whenever a professional “suspects or has reason to believe” (Child Welfare Information Gateway [CWIG], 2019a, p. 4) that child maltreatment is a concern. In 2020, reporters made over 3.9 million referrals to child welfare hotlines nationally (U.S. Department of Health & Human Services [USDHHS] et al., 2020). While MR is considered to be critical for identifying, preventing, and treating child abuse, research has yet to corroborate its effectiveness; instead, literature since the early 2000s points to extensive and alarming negative consequences associated with MR (Burton & Montauban, 2021; CWIG, 2019a; Goodman et al., 2020; Goodman & Fauci, 2020; Hixenbaugh et al., 2022; HRW, 2022; Jordan & Pritchard, 2018; Lippy et al., 2016; Lippy et al., 2020; McTavish et al., 2017; Melton, 2005; & Rise & TakeRoot Justice, 2021; Roberts, 2012; 2019; Sangoi, 2020; Strozier et al., 2005; Williams, 2020b).

In this paper, I provide an overview of MR laws for child maltreatment and critically examine how they operate within the profession of social work. In doing so, I make a case for abolishing MR in tandem with the family policing system¹, and offer recommendations for social workers to lessen the impact of MR in the interim. In the first section of this paper, I describe the establishment, expansion, and current use of MR laws for child maltreatment in the United States. In the second section, I present and debunk three assumptions that uphold MR: that MR is accurate in identifying child maltreatment; that MR is, at worst, a neutral practice; and that MR ultimately helps to prevent and treat harm to children. In the final section, I present abolitionist reforms to MR with the goal of limiting its scope and impact.

ESTABLISHMENT, EXPANSION, AND CURRENT USE OF MANDATED REPORTING LAWS FOR CHILD MALTREATMENT IN THE UNITED STATES

The first formal child protection agency and corresponding laws against child abuse in the United States were established in the 1870s, but laws requiring reporting of child abuse were not officially enacted until the mid-1900s (Brown & Gallagher, 2014). In 1962, Dr. C. Henry Kempe published The Battered Child Syndrome, which aimed to support medical professionals in identifying what was then a “hidden social problem” (Melton, 2005, p.10)—severe and willful physical abuse to children by their caregivers (Kempe et al., 1985). Dr. Kempe estimated that Battered Child Syndrome affected a few hundred children in the United States annually and recommended that medical professionals report these egregious cases (Kempe et al., 1985). Subsequent policy

¹ Following calls by impacted caregivers (see Rise & TakeRoot Justice, 2021), this paper uses the term family policing system (FPS) rather than child welfare or child protective system. This phrase centers the family, highlighting children’s ecosystems as a determinant of their wellbeing and recognizing how responses that harm caregivers also harm children (Williams, 2020a). Further, as Williams (2020a) writes, “By explicitly naming the carcerality of the systems we live in, we can reserve terms like ‘welfare’ and ‘protection’ for systems that actually keep us safe.” While some advocates use the term family regulation system to indicate the system’s reliance on surveillance and control, FPS more accurately highlights the ways that the system exploits power and the threat of punishment to terrorize and oppress families (Rise, 2021).
recommendations suggested using existing state resources to respond to what was considered to be a small number of abused children (Melton, 2005).

Increasing awareness and organizing around Battered Child Syndrome prompted the Children’s Bureau to publish model statutes in 1963 that encouraged states to adopt legal requirements for medical personnel to report child abuse (McTavish et al., 2017). By 1967, all 50 states had adopted MR legislation (Brown & Gallagher, 2014). States’ enactment and expansion of MR laws were understood by researchers at the time as having been done “quickly, perhaps even hastily” (Brown & Gallagher, 2014, p. 39), influenced by sensationalized media coverage of rare but severe child abuse cases, as well as organized efforts of a “vanguard” of public and private stakeholders, in cooperation with state executive branches (Brown & Gallagher, 2014, p. 37). While the model Children’s Bureau statutes placed the duty to report on physicians, the American Medical Association’s concerns that the burden to report fell solely on medical personnel pushed several states to amend their initial MR laws to include reporting requirements for more professionals (Goodman & Fauci, 2020). By 1973, 32 states had legislated requirements for social workers to report, and 30 states had included school professionals (Goodman & Fauci, 2020).

In an attempt to regulate state efforts to create and expand MR laws and facing mounting pressure from media and stakeholder groups to address child abuse on a national scale, the federal government passed the 1974 Child Abuse Prevention and Treatment Act (CAPTA), which provided financial assistance to states to create systems to prevent, identify, and treat child abuse (CAPTA, 1974). CAPTA required states to pass MR statutes to receive federal grants, essentially compelling all 50 states that had already enacted such laws to maintain them (Melton, 2005). CAPTA also adopted a federal definition of child maltreatment that included both abuse and neglect, originally defined as “the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of any child under the age of eighteen by a person who is responsible for the child’s welfare under circumstances which indicate the child's health or welfare is harmed or threatened thereby” (CAPTA, 1974). In response to CAPTA, almost every state or county created registries to collect and track incidences of child maltreatment, as well as corresponding Child Protective Services (CPS) agencies to investigate and respond to reported allegations (CWIG, 2018).

Since CAPTA was passed, research on the evolution of MR laws across states points to a general trend of expansion toward Universal Mandatory Reporting (UMR) laws, which would require all people to report suspicions of child maltreatment regardless of professional status (Brown & Gallagher, 2014; Fraser, 1978; Krase & DeLong-Hamilton, 2015b). Proposed expansions most often correspond to high-profile cases of child abuse that garner national attention and are followed by coordinated public activism campaigns (Brown & Gallagher, 2014; Hixenbaugh et al., 2022). For example, within a year after Pennsylvania State University football team’s former defensive coordinator Jerry Sandusky was charged with 40 counts of child sexual abuse of young boys, 30 states proposed changes to their MR laws to add professional categories under the duty to report (Brown & Gallagher, 2014).

Professionals submit the majority (66.7%) of all reports nationally, with most professional reports from legal and law enforcement personnel (20.9%), followed by educational personnel (17.2%) (USDHHS et al., 2020). Most states enumerate professional categories required to report and either explicitly specify social workers or include settings where social workers are employed; others include addendums that require reporting among “any other person who has the responsibility for the care or treatment of a minor” (Brown & Gallagher, 2014, p. 25). In addition to individual and professional reporting requirements, most states include institutional reporting duties under their
MR statutes, which require any worker or volunteer who is considered a mandated reporter to report, regardless of specific institutional policy (CWIG, 2019a). While almost all states outline types of communication between clients and licensed professionals that are considered grounds for not making a report, this most often only includes attorney-client privilege (CWIG, 2019a).

Standards for circumstances under which reporting is required vary widely by state. All states use civil definitions for child maltreatment in their MR guidelines, with the recognition of distinct categories, most often including definitions of physical abuse, sexual abuse, emotional abuse, and neglect (CWIG, 2019c). However, state laws vary in their specificity of these definitions, if they are included at all. Seventeen states, for example, do not provide clear definitions of what constitutes emotional abuse (CWIG, 2022). Due to a lack of uniformity of standards for reporting, the generally maintained guideline is that a report must be made if the reporter “suspects or has reason to believe” that a child has been abused or neglected (CWIG, 2019a, p. 4). Reporters do not have the burden to prove that child maltreatment occurred; they are only required to report the facts and circumstances that lead to a suspicion of maltreatment, with “little consensus on the boundaries of reasonable suspicion” (Frosh, 2020, p. 1).

Most states do not require MR training among professionals who interact with children in order to receive licensures (Krase & DeLong-Hamilton, 2015a). There is also no directive that explicitly requires social work programs to train students on MR requirements, although it can be inferred through the Council on Social Work Education’s 2022 Educational Policy and Accreditation Standards (EPAS), which require social work programs to prepare students to make ethical decisions in professional practice (Council on Social Work Education [CSWE], 2022; Krase & DeLong-Hamilton, 2015). A 2021 study evaluating the content of state-sponsored online MR trainings across the United States concluded that there were numerous gaps in content (Baker et al., 2021). For example, only about one-fourth of trainings included definitions, indicators, and examples of each type of child maltreatment, and less than half of trainings differentiated child neglect from poverty (Baker et al., 2021).

Failure to report, if done “knowingly or willfully,” is classified as a misdemeanor offense in 40 states, American Samoa, and the Virgin Islands (CWIG, 2019d, p. 2). Penalties for failure to report can include jail terms from 30 days to five years, fines from $300 to $10,000, or both, and multiple states include penalties for employers who obstruct staff or volunteers from reporting (CWIG, 2019d). Professionals who are mandated and fail to report may also risk permanent loss of licensure (National Association of Social Work [NASW], 2013). However, these penalties are rarely applied; prosecutions against social workers who fail to report are uncommon and, as of May 4, 2021, the NASW had listed no sanctions against its members for violating ethics protocols—such as neglecting to report suspected child abuse or neglect—over the previous 10 years (Yarbrough, 2018; NASW, 2022).

In summary, MR is a relatively recent practice with much variation in its application and use. While it was conceived as a tool to compel medical professionals to identify severe and intentional child abuse cases, organizing efforts and media attention prompted states to adopt formal MR laws and to expand the duty to report to other professions, including most social workers (Brown & Gallagher, 2014). In 1974, federal legislation compelled states to develop reporting systems to enable the identification, prevention, and treatment of child abuse in order to receive grants and expanded the definition of child maltreatment to include both abuse and neglect (CAPTA, 1974). In response, states adopted their own definitions of and standards for reporting child maltreatment, which vary widely (CWIG, 2019c; CWIG, 2022). As a result of these variations—and because MR
trainings are not federally required or consistent in their content—standards for making a report are not uniform, and the generally accepted guideline is to make a report whenever a reporter has a suspicion that child abuse or neglect may have occurred (CWIG, 2019a; Krase & DeLong-Hamilton, 2015a).

ISSUES WITH MANDATED REPORTING: DEBUNKING THE ASSUMPTIONS

MR was developed as a tool to fulfill CAPTA’s requirements that states pass provisions for the “identification, prevention, and treatment” of child abuse and neglect (CAPTA, 1974, p. 4). Using work from the Shriver Center on Poverty Law (2020), I argue that MR’s ability to fulfill these goals rests on three assumptions: MR is accurate in identifying child maltreatment; MR is, at worst, a neutral practice; and MR ultimately helps to prevent and/or treat harm to children. In this section, I deconstruct each of these assumptions to demonstrate that they are inaccurate.

Assumption: Mandated Reporting is Accurate in Identifying Child Maltreatment

Research on the accuracy of MR is limited. A 2017 meta-synthesis of the literature on MR across nine high-income countries including the United States found only studies assessing perceptions of MR outcomes rather than empirical data on its effectiveness, with most research relying on retrospective analyses from CPS reports and reporters, as well as families’ perceptions of MR (McTavish et al., 2017). Without controlled trials, cohort studies, or case-control studies assessing MR in relation to child outcomes, it is challenging to make conclusions about MR’s accuracy (McTavish et al., 2017). Two studies examining differences in reporting outcomes in states with and without UMR laws found no significant differences in the proportion of substantiated abuse and neglect reports; in fact, a 2017 study found that the probability of substantiated reports of physical abuse was significantly lower in states with UMR (Ho et al., 2017; Krase & DeLong-Hamilton, 2015).

Most recent federal data on U.S. child welfare hotline calls reveal that most reports are either screened out or determined to be unfounded upon investigation. Of the 3.9 million reports made to child welfare hotlines in 2020, almost half (45.8 percent) were screened out at the time of referral because there was insufficient information to warrant an investigation (USDHHS, 2020; CWIG, 2020). Of the 7.1 million children represented in screened-in reports that proceeded to an investigation, only about 618,000 were ultimately deemed to be victims of child maltreatment (USDHHS, 2020). Thus, over 80% of all screened-in reports – already only about half of total reports made to hotlines – are unsubstantiated, meaning that there was insufficient evidence to conclude that abuse or neglect occurred (CWIG, 2020). Further, the overall rate of screened-out reports has increased significantly in recent years, likely because of states’ expansion of professional categories enumerated under the duty to report. Between 2014 and 2019, the rate of screened-out reports increased by about 21.7%, compared to only a 5.8% increase in screened-in reports (USDHHS et al., 2019).

Combined, this data demonstrates that MR itself does not always accurately identify child maltreatment. While MR may help to identify some children who are at risk of or have experienced maltreatment, MR casts too wide a net—one that disproportionately catches low-income Black, Latinx and Indigenous families. In the 20 most populous counties in the United States, Black children are at highest risk of having a FPS investigation, and more than half (53%) of Black children
nationally will have been the subject of an FPS investigation by the time they turn 18 (Edwards et al., 2021; Kim et al., 2017). Data from 2013 shows that reports by professionals are more racially disproportionate than those made by non-professionals, and that reports from social service personnel have the highest rate of racial disproportionality (Krase, 2013). Research across professional fields corroborates that Black, Latinx, and Indigenous children are disproportionately overrepresented in FPS reports and subsequent investigations (Butel, 2019; Cenat et al., 2021; Chasnoff et al., 1990; Edwards et al., 2021; Hill, 2007; Hymel et al., 2018; Krase, 2013; 2015; Lane et al., 2002; Lu et al., 2004; Pew Charitable Trusts & The National Indian Child Welfare Association [NICWA], n.d.; Putnam-Hornstein et al., 2013; Roberts et al., 2015; Roberts & Nuru-Jeter, 2011; Tiako & Sweeney, 2022). For example, studies in the medical field find that hospital personnel are more likely to report Black women than White women for substance use during pregnancy, and that doctors are more likely to report identical injuries on Black children than on White children (Hymel et al., 2018; Lane et al., 2002; Roberts et al., 2015; Roberts & Nuru-Jeter, 2011; Tiako & Sweeney, 2022). Similar research among educational personnel find that they disproportionately report Black children for suspected maltreatment (Krase, 2015).

Further, child maltreatment reports are typically largely concentrated under neglect-related reports. According to 2020 national data, over three-quarters (76.1%) of substantiated reports of child abuse represent neglect victims (USDHHS, 2020). Although 2020 data did not identify which of these neglect reports may also have included an abuse report, 2019 data showed that 61% of substantiated reports of child abuse represented neglect victims with no other maltreatment type (USDHHS et al., 2019). This trend is reflected in major metropolitan cities in the United States. Data from the Administration for Children’s Services (2020) in New York City, for example, showed that neglect-only cases made up 76% of all investigated reports of abuse in 2020; alarmingly, over two-thirds of those reports were also deemed unfounded.

A wide body of literature demonstrates that higher rates of referrals for neglect-related cases are correlated with socioeconomic risk factors, such as poverty caused by structural racism, rather than personal or cultural risk factors (Dettlaff & Boyd, 2020; Cancian et al., 2013; Dettlaff et al., 2020; Font et al., 2012; Hill, 2004; Krase, 2013; Maguire-Jack et al., 2015; Putnam-Hornstein et al., 2013; Schuck, 2005). The requirement to report child neglect inaccurately blames caregivers living in poverty, ignoring clear historical accounts of the government’s defunding of the U.S. social safety net while increasing funding to the FPS (Abramovitz, 2014; Meiners & Tolliver, 2016; Sangoi, 2020). The U.S. Department of Health and Human Services’ guidelines on child maltreatment reflect this shift in responsibility when they outline that “living in poverty should not be considered child abuse or neglect,” but then state that “a family’s failure to use available information and resources to care for their child may put the child’s health or safety at risk, and child welfare intervention could be required” (CWIG, 2019b, p. 3). This qualification positions caregivers as responsible for accessing social safety nets and public welfare programs that are sparse, underfunded, and largely inaccessible, allowing for wide discretion among reporters and FPS investigators to inaccurately judge families’ responses to poverty as deficient parenting rather than systemic inequality or state neglect (Abramovitz, 2014; Meiners & Tolliver, 2016; Sangoi, 2020).

In the process of placing the onus for child poverty on individual caregivers, MR policies and practices wrongly bring predominantly Black, Latinx, and Indigenous families into contact with the FPS. Regional research demonstrates that when controlling for the effects of poverty, neighborhoods with Black and Latinx residents remain overrepresented in reports and in subsequent FPS investigations and interventions. For example, a 2019 report on FPS investigations in New York
City found that when comparing similarly low-income boroughs, neighborhoods with higher concentrations of Black and Latinx residents had significantly higher rates of investigations than those with concentrations of White residents (Butel, 2019). Additionally, studies in Texas demonstrate that when controlling for income and maltreatment risk, FPS cases involving Black children are substantiated at higher rates, and Black children are significantly more likely to be removed from their homes than their White counterparts, who are more likely to receive home-based services (Dettlaff et al., 2011; Rivaux et al., 2008). A systematic review of 36 studies examining the overrepresentation of Black youth in the FPS concluded that racial bias at all stages, including at the time of reporting, is the most significant risk factor associated with racial disparities and disproportionality (Cenat et al., 2021).

Given the lack of empirical evidence corroborating MR’s overall accuracy, the overrepresentation of Black, Indigenous, and Latinx families in reports and in subsequent FPS interventions should be cause for alarm. National data on hotline calls demonstrates that MR leads to an overwhelming number of screened-out and unsubstantiated reports, and that, when reports are substantiated, they are largely concentrated under neglect-related maltreatment, essentially locating the effects of poverty on children (USDHHS, 2020). MR practices then inaccurately blame and judge caregivers for conditions of poverty, responses to which the federal government has historically and continuously underfunded (Abramovitz, 2014; Meiners & Tolliver, 2016; Sangoi, 2020). This impacts primarily Black, Latinx, and Indigenous children, who are overrepresented in reports across professional fields and in later FPS interventions, irrespective of actual rates of maltreatment in comparison to their White counterparts (Butel, 2019; Cenat et al., 2021; Chasnoff et al., 1990; Dettlaff et al., 2011; Edwards et al., 2021; Hill, 2007; Hymel et al., 2018; Kim et al., 2017; Krase, 2013; 2015; Lane et al., 2002; Lu et al., 2004; Pew Charitable Trusts & NICWA, n.d.; Rivaux et al., 2008; Roberts et al., 2015; Roberts & Nuru-Jeter, 2011; Tiako & Sweeney, 2022).

Assumption: Mandated Reporting is, at Worst, a Neutral Practice

Those who defend MR often argue that some degree of reporting inaccuracy is justified to support the prevention and treatment of child abuse and neglect (Bartholet, 2009; Hixenbaugh et al., 2022; Riley, 2021; Teitelbaum, 2020). This evaluation does not account for the harm caused by MR. While MR is often positioned as, at worst, a neutral practice, MR and subsequent FPS responses perpetuate and directly cause harm to children and families (Burton & Montauban, 2021; Cenat et al., 2021; Courtney & Dworsky, 2006; Courtney et al., 2007; Courtney et al., 2011; Courtney et al., 2018; Doyle, 2007; Fong, 2019; Goodman & Fauci, 2020; Henry & Lens, 2021; Hill, 2004; Hixenbaugh et al., 2022; HRW, 2022; Mack, 2021; Mandatory Reporting is Not Neutral, n.d.; McTavish et al., 2017; Meiners & Tolliver, 2016; Melton, 2005; Mountz & Capous-Desyllas, 2020; Pecora et al., 2003; Pecora et al., 2005; Raz, 2021; Rise & TakeRoot Justice, 2021; Roberts, 2002; Roberts, 2012; Roberts, 2019; Ryan & Testa, 2005; Sangoi, 2020; Sankaran & Mitchell, 2019; Shah & Feierman, 2021; Shpigel & Simmel, 2016; Williams, 2020). In their meta-analysis of 42 articles on MR across 9 high-income countries including the United States, McTavish et al. (2017) found that almost three-quarters (73%) described accounts of harm associated with MR and subsequent FPS responses. In contrast, only 14% described positive experiences resulting from MR, which the authors argued were offset by extreme negative consequences, including the revictimization of and intensified

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abuse to children after FPS involvement, foster care environments that proved worse than the family of origin environment, and reports of child death after FPS intervention (McTavish et al., 2017).

The punitive nature of MR and subsequent FPS responses coincides with and parallels the U.S. criminal legal system, exacerbating and perpetuating harm in and of themselves. Dorothy Roberts’ (2012) landmark study outlines how CPS surveillance within Black communities operates in a similar manner to surveillance by police, eroding community cohesion, trust, and healing from intergenerational racism and trauma. CPS and law enforcement often share information, and routinely conduct joint investigations and child removals (Edwards, 2019; Roberts, 2019). When an FPS investigation commences, its overlap with the criminal legal system is evident in the way that children are often removed from caregivers before a case is even brought to court, in a similar manner to the pre-trial detention of alleged criminal offenders, and in the routine practice of pre-trial settlements in family court, which resemble coercive plea bargains in criminal court (Shriver Center for Poverty Law [SCPL], 2020).

Further, due to the widespread assumption that they are necessary for child welfare, practices that violate fundamental civil rights—which some legislation protects within the criminal legal system—are permitted within the FPS to investigate and respond to child maltreatment reports. According to testimonies from caregivers and their advocates, CPS uses a myriad of abusive means to investigate reports, including arriving to a family’s home without warning at any time of day or night, probing through personal belongings, performing strip searches of children, and demanding parents provide legal consent to obtain information from medical providers (Burton & Montauban, 2021; HRW, 2022; Hixenbaugh et al., 2022; Sangoi, 2020; SCPL, 2021; Shah & Feierman, 2021). While evidence found during these investigations can be used against a caregiver, refusal to submit to FPS agents’ questioning or to allow FPS agents inside one’s home can also be used as evidence of a caregiver’s non-compliance with investigations (Poggio, 2021; SCPL, 2021). Trauma from these investigations can have long-lasting psychological impacts on both caregivers and children (HRW, 2022; Rise & TakeRoot Justice, 2021). In one account, a caregiver described an FPS investigation in which her children were strip-searched as “so frightening for her children that her youngest child began screaming every time she saw anyone with a badge” (HRW, 2022, para 2).

MR practices also lead to civil rights violations through the use of central registries as a form of surveillance and punishment. After a report of child maltreatment is substantiated, the alleged perpetrator is placed on a state central registry, typically until the child in the report reaches adulthood (CWIG, 2018). In New York, caregivers are put on the state registry if their cases are merely indicated, meaning that maltreatment was not actually proven in an investigation (CWIG, 2018). Information from central registries is used for background checks by some employers and licensing bodies, with registered individuals routinely barred from employment in a range of fields that interact with children or other vulnerable groups (Henry et al., 2019; Henry & Lens, 2021). There is no evidence that registries for alleged or convicted perpetrators of crime improve public safety; in actuality, registries “can facilitate harm by creating barriers to employment and housing, as well as by promoting stigma and shame” (Williams & Meiners, 2019, para 8). Moreover, researchers point to a “snowball effect” (Williams & Meiners, 2019, para 10) whereby individuals registered—predominantly Black and Latinx women—experience increased financial insecurity as a result of consequences of registration, which impacts their ability to properly care for their children and leads to increased FPS involvement and family separation (Henry & Lens, 2021; Rise & TakeRoot Justice, 2021).
Though MR is positioned as, at worst, a neutral tool that exists to support the identification, prevention, and treatment of child abuse and neglect, in practice, MR exacerbates and directly causes harm to children and families. This is clear in the ways that MR mirrors the punitive nature of the criminal legal system, policing and surveilling Black, Indigenous, and Latinx families and allowing for caregivers’ civil rights to be violated through invasive, traumatic, and harmful investigative practices (Burton & Montauban, 2021; Edwards, 2019; HRW, 2022; Hixenbaugh et al., 2022; Rise & TakeRoot Justice, 2021; Roberts, 2012; Roberts, 2019; Sangoi, 2020; SCPL, 2021; Shah & Feierman, 2021). The culmination of reports into central registry listings—in some cases, even when maltreatment is not proven in an investigation—exacerbates harm to families, barring caregivers from certain employment sectors, perpetuating financial insecurity, and increasing the likelihood of family separation (Henry et al., 2019; Henry & Lens, 2021; Williams & Meiners, 2019).

Assumption: Mandated Reporting Ultimately Helps to Prevent and/or Treat Harm

Finally, supporters of MR claim that it ultimately helps to prevent and/or treat child maltreatment (CAPTA, 1974; USDHHS, 2018). In actuality, MR creates barriers for families to access holistic support free from surveillance and punishment, hindering them from receiving the kinds of services that would truly prevent and treat harm (Fong, 2019; Goodman et al., 2020; Jordan & Pritchard, 2018; Lippy et al., 2016; Lippy et al., 2020; Mack, 2021; McTavish et al, 2017; Rise & TakeRoot Justice, 2021; Rivaux et al., 2008; Roberts, 2002; Strozier et al., 2005). MR calls often lead to the removal of children from their homes, compounding trauma to families; in cases where families are kept together after they are reported, the FPS provides services that are often ineffective, incongruent with families’ needs, and/or harmful to families (Burton & Montauban, 2022; Corvo et al., 2009; Henry et al., 2020; HRW, 2022; Mack, 2021; Rise & TakeRoot Justice, 2021; Sangoi, 2020; Victor et al., 2021).

In 2020, the FPS removed 173,079 children from their homes as result of reports of child maltreatment, according to most recent federal data (USDHHS, 2020). The consequences of removing children from their homes and primary caregivers are well-documented, with abundant research outlining a myriad of short- and long-term physical, social, and behavioral health impacts, including depression, developmental and cognitive delays, increased aggression, and poor education achievement (Adam & Chase-Landale, 2002; Broadhurst & Mason, 2019; Doyle, 2007; Howard et al., 2011; Sankaran et al., 2019; Trivedi, 2019). In addition, spending time in foster care increases children’s risk for substance use disorders, homelessness, teen birth, unemployment, poverty, and criminal legal system involvement in their lifetime (Courtney & Dworsky, 2006; Courtney et al., 2007; Courtney et al., 2011; Courtney et al., 2018; Doyle, 2007; Pecora et al., 2003; Pecora et al., 2005; Ryan & Testa, 2005; Trivedi, 2019). These impacts are compounded for youth with multiple marginalized identities, such as LGBTQ youth (Mountz & Capous-Desyllas, 2020; Shpiegel & Simmel, 2016). Reports that lead to child removals and foster care placements often compound harm to children, rather than preventing or treating it.

In response to the growing foster care population and concerns around the impacts of removing children from their families, the federal government passed the 2018 Family First Prevention Services Act with the goal of funding family-based preventative services for children at imminent risk for entering foster care (Children’s Defense Fund et al, 2020). As a result, MR now most often results in referrals to “evidence-based programs” for families of origin, including domestic violence prevention services, parenting classes, drug treatment, and therapy (Children’s Defense Fund et al,
Because the FPS receives the majority of funding for these types of programs, prevention and treatment services disconnected from the FPS are limited, and families are primarily connected to them only after a reporter alleges child maltreatment (Burton & Montauban, 2021; Children’s Defense Fund et al., 2020; Rise & TakeRoot Justice, 2021; Sangoi, 2020). Non-compliance with prevention and treatment programs provided through the FPS, even if they are not court-mandated, is often treated as unfit parenting and may be used to justify removing children from their homes—or, at the very least, triggers continued FPS surveillance of families, which can last years (Burton & Montauban, 2021; Rise & TakeRoot Justice, 2021; Roberts, 2002; Sangoi, 2020; SCPL, 2021). Some caregivers and their advocates refer to these programs as “behavior modification programs” rather than treatment or prevention services, as their goal is often to ensure compliance from caregivers rather than to support them in caring for their children (Burton & Montauban, 2021, p. 656). As a result, the services that families receive as a result of MR are connected to coercive government control and intervention under the threat of removal of children (Burton & Montauban, 2021; Mack, 2021; Rise & TakeRoot Justice, 2021; Sangoi, 2020). By instigating service referrals that are based on coercion and punishment, MR cannot holistically prevent or treat child maltreatment.

Further, when a family is reported and service referrals are either offered or mandated, the FPS routinely provides families with treatment and prevention services that are proven to be ineffective, incongruent with the family’s needs, or which exacerbate harm (Burton & Montauban, 2021; Corvo et al., 2009; Feder & Wilson, 2005; Henry et al., 2020; Rise & TakeRoot Justice, 2021; Sangoi, 2020; Victor et al., 2021). This trend is particularly stark in cases of reported child maltreatment related to domestic violence (DV). Under many state definitions, exposure to DV can be construed as a type of child maltreatment (Henry, 2017). As a result, DV survivors who seek help from service providers routinely become respondents in child maltreatment reports and are then mandated to attend DV prevention services (Henry, 2017; Henry et al. 2020; Victor et al., 2021). This occurs more often to Black and Latinx mothers than White mothers, who tend to be referred to mental health providers (Henry et al., 2020; Lippy et al., 2020; Victor et al., 2019). Moreover, mandated DV programs are typically not violence intervention programs, but batterers’ accountability programs, the efficacy of which has been refuted (Corvo et al., 2009; Feder & Wilson, 2005; Mills et al., 2012; Mills et al., 2019).

MR leads to ineffective FPS referrals across many other social services, including in cases that involve allegations termed as “parental substance use” (CWIG, 2019e). Caregivers can be reported and referred to drug treatment programs based on outdated and coercive practices including non-consensual drug testing during pregnancy (Roberts et al., 2015; Sangoi, 2020; Tiako & Sweeney, 2022). These practices are disproportionately used against Black caregivers (Roberts et al., 2015; Sangoi, 2020; Tiako & Sweeney, 2022). Resulting drug treatment referrals are problematic not only because they often respond to unfounded allegations, but also because they are time-consuming and often costly; this reinforces cycles of poverty, as caregivers are required to take time away from work and/or childcare to attend services (Rise & TakeRoot Justice, 2021; Sangoi, 2020).

MR can also be inherently detrimental to families’ abilities to access the limited treatment and prevention services that are available outside of FPS intervention that would help them to prevent harm to their children (Fong, 2019; Goodman et al. 2020; Jordan & Pritchard, 2018; Lippy et al., 2016; Lippy et al., 2020; Rise & TakeRoot Justice, 2021). A 2016 study of 82 mothers who had contact with the FPS found that women would proactively decline welfare, shelter, school, and medical services to avoid contact with reporters and the FPS; when they did seek out these services,
they would withhold information about their needs, stresses, and parenting practices to avoid being reported (Fong, 2019). A growing body of research also demonstrates that DV survivors avoid seeking help from necessary services or minimize what they share with providers because of fear that disclosing their experience would lead to a child maltreatment report (Goodman et al., 2020; Jordan & Pritchard, 2018; Lippy et al., 2016; Lippy et al., 2020). A 2018 study found that 36% of women who had accessed services from Kentucky DV shelters would be less likely to seek help from DV services, and the majority (63.6%) would be less likely to reach out to a nurse, doctor, or therapist if they knew a report would be made (Jordan & Pritchard, 2018). Similarly, a 2020 study of 2,462 DV survivors surveyed through the National Domestic Violence Hotline found that MR laws deterred help-seeking for over one-third of survivors (Lippy et al., 2020). Over half of survivors in this study who had accessed services said that MR made their situation much worse, compared to only 1.8% who said it made it much better (Lippy et al., 2020). Even some of those who did not fear being reported felt that MR negatively impacted them, describing “the negative psychological toll of parenting in the presence of mandated reporters who seemed to be ‘always watching’” (Goodman et al., 2020, para. 11).

When families choose to seek help, MR can reduce the quality of prevention and treatment services because it impacts service providers’ ability to provide holistic support to families (Goodman et al., 2020; Lippy et al., 2020; Strozier et al., 2005). A study on perceptions of MR among family therapists found that most were reluctant to use MR because of how challenging it was to maintain a therapeutic relationship after making a report, noting patients’ subsequent lack of trust and termination of services. A similar study of DV advocates’ perceptions of MR similarly found numerous tensions from MR laws that compromised advocates’ ability to provide services, including being forced to monitor survivors’ parenting and the recognition that reporting would lead clients to become fearful, emotionally withdrawn, and stop sharing information about support needs (Goodman et al., 2020). Advocates in this study also shared that they themselves avoided bringing up questions around parenting with survivors in fear that something might be shared that they would later need to report (Goodman et al., 2020). MR’s interference with effective service delivery and subsequent harm to families thus also has implications on the field of social work and social service provision more broadly, with research showing that therapists and social service workers experience burn-out and mental health consequences linked to reporting requirements (Goodman et al., 2020; Strozier et al., 2005).

By disrupting trust, deterring help-seeking, and requiring service providers to surveil and police parenting behaviors, MR practices interfere with the therapeutic relationship and ultimately hinder families from accessing necessary services that could prevent or respond to child maltreatment. Though the Family First Prevention Services Act successfully diverted funding from foster care placements to prevention services for children in their homes of origin, mitigating the extensive and harmful consequences of family separation in some cases, MR continues to promote interventions that are overwhelmingly ineffective, incongruent with families’ needs, and harmful both to children and caregivers (Burton & Montauban, 2021; Corvo et al., 2009; Feder & Wilson, 2005; Henry et al., 2020; Rise & TakeRoot Justice, 2021; Sangoi, 2020; Victor et al., 2021). As a result, overall, MR does not facilitate the prevention and treatment of child maltreatment.

Ultimately, MR largely fails to match its proponents’ assumptions that it is accurate, neutral, or useful. MR has little basis in empirical research, results in extensive over-reporting, and relies on the judgement of reporters and investigators, who often inaccurately report predominantly Black, Indigenous, and Latinx caregivers for the impacts of poverty on their children (Cenat et al., 2021;
Edwards et al., 2021; Kim et al., 2017; McTavish et al., 2017; USDHHS, 2020). Furthermore, MR is not a neutral or useful tool, but a generally harmful practice that surveils, polices, and funnels families into a system that often violates their civil rights and leads to long-lasting trauma (Burton & Montauban, 2021; Edwards, 2019; HRW, 2022; Hixenbaugh et al., 2022; Rise & TakeRoot Justice, 2021; Roberts, 2012; Roberts, 2019; Sangoi, 2020; SCPL, 2021; Shah & Feierman, 2021). Finally, MR compounds harm to families by separating children and providing services that are often ineffective, incongruent with their needs, and based in surveillance and punishment (Burton & Montauban, 2022; Corvo et al., 2009; Fong, 2019; Goodman et al., 2020; Henry et al., 2020; HRW, 2022; Jordan & Pritchard, 2018; Lippy et al., 2016; Lippy et al., 2020; Mack, 2021; Rise & TakeRoot Justice, 2021; Sangoi, 2020; Victor et al., 2021). As a result, MR operates in conflict with both CAPTA’s (1974) stated goals of preventing, treating, and identifying child abuse and neglect, as well as with social work’s Code of Ethics, which requires the advancement of social justice and the provision of holistic service (NASW, 2017). Social workers thus have an imperative to urge for the abolition of MR laws and to work to reduce their harmful effects on families in the interim.

ABOLITIONIST REFORMS: LESSENING THE IMPACT OF MANDATED REPORTING

Nearly half a century ago, the U.S. federal government passed CAPTA to support the “identification, prevention, and treatment” of child abuse and neglect nationwide (CAPTA, 1974, p. 4). Yet in the years since, resulting state legislation has institutionalized MR laws and practices based on coercion, surveillance, and punishment that largely fail to achieve these objectives. As I have argued, the assumptions that uphold MR—that MR is accurate in its ability to identify child abuse; that MR is, at worst, a neutral practice; and that using MR ultimately helps to prevent or treat harm to children—are unsubstantiated. Instead, MR is a practice with little empirical basis, which largely prevents families from accessing holistic and effective services, and which disproportionately separates and surveils Black, Indigenous, and Latinx families in the name of child welfare.

In the United States, a growing movement of advocates are urging for the abolition and complete re-envisioning of the FPS in tandem with the prison industrial complex (Dettlaff et al., 2020; Jacobs et al., 2021; Rise & TakeRoot Justice, 2021; Sangoi, 2020). While beyond the scope of this paper, these proposals present a compelling and necessary case for transformative justice, replacing punitive and regulatory state systems with necessary safety nets and community-based supports that truly prevent and heal harm and create the conditions under which children and families can thrive (Creative Interventions, 2012; GenerationFIVE, 2017; Mingus, 2014; Williams, 2020b). Abolishing MR—a tool which, similar to policing, surveils and funnels families into a violent system of control and punishment—is a necessary step in abolishing the FPS and creating these transformative alternatives.

In this section, I recommend ways for social workers to lessen the harms of MR until it can be abolished in its entirety. Inspired by Critical Resistance’s (2020) guide to abolitionist versus reformist reforms in policing and its adaptation in relation to the FPS (see Pendleton et al., 2022), these reforms focus on reducing, rather than expanding, MR’s reach. While reformist reforms adjust isolated features of policing to improve it overall—and often increase its budget in the process—abolitionist reforms reduce the reach, harm, legitimacy and power of policing systems and work to build a world without them (Critical Resistance, 2020; Pendleton et al., 2022). A reformist reform often proposed within both the criminal legal system and the FPS, for example, is to increase
diversity and bias training for police and the FPS (Center for Study of Social Policy, 2019; Pendleton et al., 2022). This proposal would not reduce the racism and violence in policing systems, but would ultimately increase their scope (Critical Resistance, 2020; Pendleton et al., 2022; Worden et al., 2020).

**Advocating to Increase Community-Based Safety Nets**

Increasing safety nets that have been defunded in the last few decades—or have never existed in the United States, such as universal healthcare and childcare—would mitigate the impact of poverty on children (Bitler et al., 2017; Hartley et al., 2015; Parolin et al., 2021; Racine, 2016). Funding these programs can address the root causes of both neglect-related child maltreatment as well as the minority of cases that involve child abuse (Berger et al., 2016; Cancian et al., 2013; GenerationFIVE, 2017; Kovski et al., 2021; Melton, 2005). Research since Dr. Kempe’s Battered Child Syndrome has debunked the hypothesis that child abuse can be reduced to individual dysfunction or syndromes; instead, there is a clear relationship between the strains of poverty and other forms of systemic and social inequity and violence within families (Cancian et al., 2013; GenerationFIVE, 2017; Kovski et al., 2021; Maguire-Jack et al., 2015). In the United States, however, the task of providing meaningful prevention and intervention services for families experiencing these pressures rests on a punitive, regulatory, and traumatic system.

It is crucial that social workers advocate for federal, state, and local investment in social safety nets, wage increases, childcare, schooling, and community-based programs for families that are not connected to the FPS or other forms of government surveillance (Burton & Montauban, 2021; Dettlaff, et al., 2020; Mullaly, 2007). Until these programs are developed, social workers should advocate that existing public welfare programs remove and/or decrease bureaucratic restrictions on eligibility, such as means-testing (Abramovitz, 2014; Mullaly, 2007). Interpersonally, social workers should actively work with clients to help them access existing social welfare benefits, including coordinating with case workers and advocating on behalf of clients when necessary. Insofar as these programs are connected to government surveillance and control, social workers should speak to clients about potential harms and work collaboratively to minimize them.

**Acknowledging the Harms of Mandated Reporting, and Collaborating to Identify Alternatives Whenever Possible**

Because MR is positioned as a necessary practice for child welfare, many social workers have unwittingly participated in a system that promotes racialized surveillance and family separation (Jacobs et al., 2021). Thus, it is firstly imperative that social workers identify their complicity with the FPS, and fully understand MR’s impacts on children and caregivers. Current MR trainings largely fail to explain state statutes, identify clear grounds for reasonable suspicion of abuse, or provide definitions and examples of types of child maltreatment (Baker et al., 2021). If MR trainings are to be institutionally required, they should outline specific state statutes for reporting and provide clear definitions and examples of child maltreatment that differentiate child neglect from poverty. They should also provide recommendations around what not to report, discuss potential impacts of and barriers to reporting, and offer community-based alternatives to support families in need.

Researchers on MR’s impacts among DV agencies conclude that there is a “broader lack of understanding about MR laws and protocols, even among those who have received training” (Lippy et al 2020, emphasis theirs). It is imperative, then, that social workers become familiar with their
state’s specific reporting statutes and their institution’s or organization’s policies around reporting. They should also become familiar with their professional mandates regarding clients’ rights to confidentiality (Perez-Darby et al., 2022). Social workers should engage in routine formal and informal conversations around MR with peers and colleagues, discuss difficult cases, and brainstorm alternatives to making a report. Agency supervisors should expand opportunities for employees to discuss cases where children might be at risk for maltreatment, providing room to identify avenues for support outside of the FPS and to mitigate consequences of reporting (Goodman, 2020). Managers and directors of social service agencies and social work schools should provide institutional support for these conversations and encourage the distribution of materials on state or city-based alternatives to reports (see, for example, Gormley et al.’s 2022 guide to alternatives to reporting in Illinois). Agencies and programs should seek out and partner with community-based organizations disconnected from the FPS and hire social workers with lived experience and/or direct understanding of the impacts of the FPS (Goodman, 2020).

**Engaging in Harm Reduction and Maximizing “Power-With” Families If a Report is Necessary**

Advocacy with and on behalf of families begins the moment service provision begins (Goodman et al., 2020). Research among DV agencies demonstrates that simply providing warnings to caregivers that a report might be required depending on what they discuss typically deters clients from seeking necessary help and/or limits the scope of the support they may receive (Goodman et al., 2020; Jordan & Pritchard, 2018; Lippy et al., 2020). Instead of a sweeping warning, social workers should maximize “power-with” (Goodman et al., 2020, para. 3) families by building authentic relationships that increase solidarity and encourage agency, self-determination, and choice. This includes ongoing efforts to understand the histories and lived experiences of caregivers and children, supporting families in identifying their strengths and support networks, and engaging in internal work to recognize positions of power and privilege as professionals. When warning about the potential need to report, social workers should meaningfully engage in conversations with families about concerning circumstances or behaviors and collaboratively explore potential prevention and treatment avenues to prevent a report.

If a child maltreatment report is absolutely required by institutional or state statute, social workers should work to minimize harm to families wherever possible. Child maltreatment reports should be limited only to information that is specifically required by state law. Reporters should notify the family that a report will be made and provide the same information to the family as to the FPS (Frosh, 2020). Reporters should also prepare families for the trajectory of the report and clearly inform them of their rights throughout the process, particularly during the initial FPS investigation (Frosh, 2020; Sangoi, 2020). They should validate families’ fears about potential consequences of reporting and prepare them for potential consequences of FPS investigations, including supporting them in identifying informal kinship in the likelihood that children are removed from the home (Dettlaff et al., 2020; Goodman et al., 2020; Jacobs et al., 2021).

Social workers should attempt to remain informed if a report leads to an investigation, so that they can use their professional power and positionality to advocate for and with families against harmful FPS interventions. This includes attending meetings with caregivers and FPS agents to advocate for family (re)unification and/or providing letters to the court if a case is filed. When speaking to FPS agents, reporters should contextualize child maltreatment by including information
that highlights systemic and situational influences that contributed to child maltreatment, such as poverty or lack of childcare; they should also highlight the family’s strengths, such as support networks and engagement with treatment and prevention services (Frosh, 2020).

**Organizing to Limit the Scope of Mandated Reporting**

Finally, social workers should participate in local, state, and federal legislative organizing efforts to reduce the scope of MR guided by individuals most impacted and their advocates. This includes participating in organizing efforts to repeal CAPTA’s provisions that designate social workers as mandated reporters and do not consider therapist-client communication as privileged (Sangoi, 2020). Social workers should also support legislation that aims to increase rights for reported individuals, such as requiring reporters to provide contact information, increasing pathways and timeframes for reported individuals to appeal registry listings, and ensuring Miranda rights and other protections to caregivers during FPS investigations (Henry & Lens, 2021; Poggio, 2021; Rise &TakeRoot Justice, 2021; Sangoi, 2020). Several national and state-wide collectives exist to support these efforts and to organize more broadly around limiting the scope of MR and the FPS, including the Parent Legislative Action Network (PLAN), Just Making a Change (JMAC) for Families, the Movement for Family Power, and the Mandated Reporters Against Mandated Reporting collective.

**IMPLICATIONS FOR SOCIAL WORK**

Social work’s Code of Ethics requires the advancement of social justice and the provision of holistic service to clients (NASW, 2017). MR’s extensive, harmful impacts on predominantly low-income Black, Indigenous, and Latinx families make it a pressing social justice issue that requires urgent attention. A growing body of literature demonstrates that MR hinders people from seeking help and impedes the social worker-client relationship, inhibiting effective social service delivery (Fong, 2019; Goodman et al., 2020; Jordan & Pritchard, 2018; Lippy et al., 2016; Lippy et al., 2020; Strozier et al., 2005). Fear of being reported often discourages caregivers from seeking or accepting help from necessary social services, and social workers’ concerns about the consequences of their reports often limit them from broaching difficult topics with clients (Fong, 2019; Goodman et al., 2020; Lippy et al., 2020; Strozier et al., 2005). Social workers who do make reports may experience a range of mental health consequences after witnessing their implications for clients and their families, leading to burnout and moral injury among practitioners (Goodman et al., 2020; Strozier et al., 2005). Social workers, policymakers, and those who manage social work institutions have an imperative to take actions to end MR, reduce its harmful impacts in the interim, and enable holistic support for families outside of the FPS.

**CONCLUSION**

In her work on abolishing the FPS and moving toward a transformative child welfare framework, Williams (2020), quoting an FPS survivor, writes that everyone who comes into contact with children, caregivers, and families can be “a stakeholder in the fight for justice” (p. 97). This sentiment is perhaps most salient in the context of MR, which relies on the participation of individual reporters to maintain an inherently punitive and regulatory system in the name of child welfare. As the field of social work grapples with its connection to policing and moves toward anti-carceral
practices, it is paramount that social workers contend with the ways in which MR operates as a form of policing and work to abolish MR in tandem with the FPS. While MR is deeply embedded in the current framework of social service provision in the United States, social workers have the power to use abolitionist reforms that reduce the harm of MR and increase families’ resources, rights, and agency. Through an abolitionist vision for child and family wellbeing that moves beyond MR—and beyond carceral social work more broadly—social workers can become true stakeholders in the fight for justice.

AUTHOR NOTE
Talia Gruber, LMSW is a social worker at Brooklyn Defender Services. Views expressed in this paper are her own and do not necessarily reflect the views of her employer. Correspondence concerning this manuscript can be directed to the journal editors.

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