



## **Part 2**

The impact of mandatory reporting laws in Australia

Results of five different empirical studies into mandatory reporting of child sexual abuse at national and state levels

## Part 2

# Detail on the impact of MR laws in Australia: results of five different kinds of empirical studies into MR of CSA at national and state levels

- 1. What happens before and after introducing a MR law for CSA?** (7 yr study, WA)
  - ❖ After MR, the mandated occupations identified **twice as many** substantiated cases of CSA
- 2. What are the long-term trends in numbers and outcomes of reports of CSA where MR is introduced?** (20 yr study, Victoria)
  - ❖ Increase after MR; stable over time; increase with social sensitisation & agency investment
  - ❖ **Significantly improved** identification of CSA/positive outcomes: 12 x for boys; 5 x for girls
- 3. What is the difference in numbers and outcomes of reports of CSA in two comparable jurisdictions, where only one has a MR law for CSA?** (Vic; Ireland)
  - ❖ In the MR jurisdiction, mandated reporters alone identified **more than 2.5 x as many** CSA cases as reports from the whole population in the non-MR jurisdiction (536 – 209)
- 4. How do reports of CSA differ from reports of other abuse/neglect?** (2017 study)
  - ❖ **13%** of all reports were about CSA (four in five of these were MR); neglect highest (19%)
  - ❖ > 60% of reports were for indirect maltreatment or family need
- 5. How do reports of CSA differ from reports of other abuse/neglect over time?** (10 year national study)
  - ❖ Reports of CSA are consistently ~10% of all reports of child maltreatment and only half are by MR groups - **5-6% of all reports** of child maltreatment are mandated reports of CSA

# Study 1: What happens before and after introducing a MR law for CSA?

## Nature of study

- ❖ Analysed trends in numbers and outcomes of reports of CSA in Western Australia over 7 years from 2006-12, before and after introduction of its MR law (1 Jan 2009)
- ❖ The MR law only applied to CSA, and to doctors, teachers, nurses, police
- ❖ Compared reports by **these four reporter groups** for 3 years pre-MR law (2006-08) with 4 years post-law (2009-12)

## Major findings (annual means)

### □ Number of reports

- Pre-MR: 662 – post-MR: 2448 (increase by factor of 3.7)

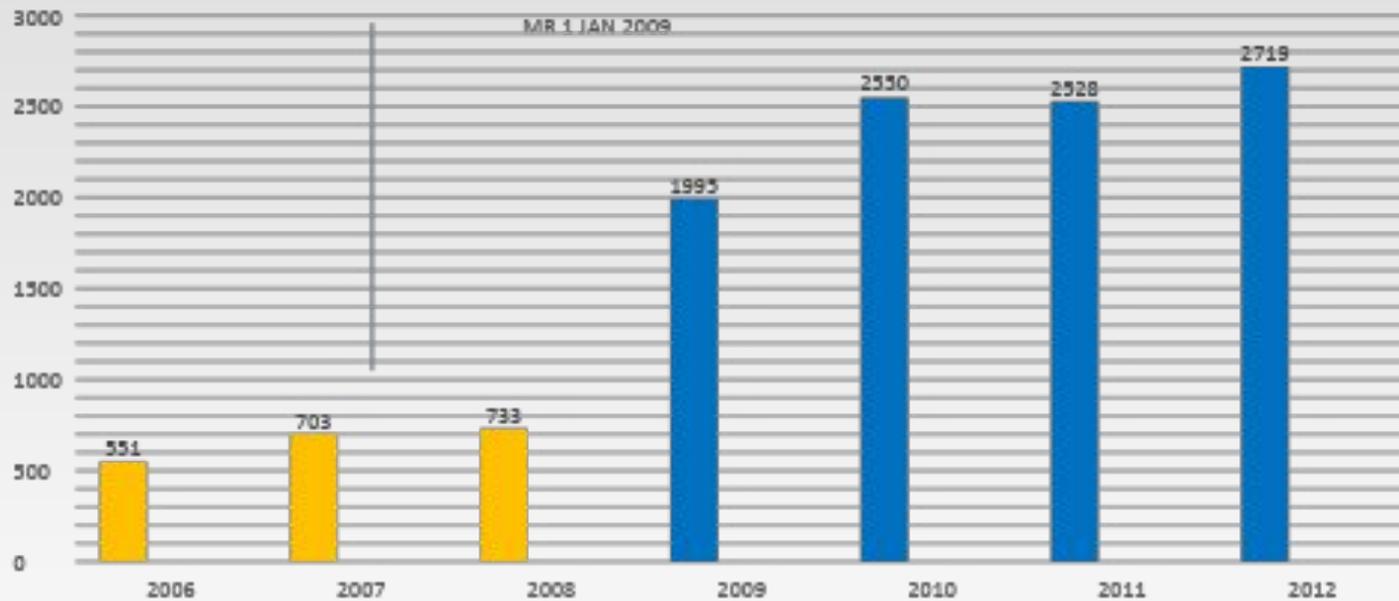
### □ Number of investigated reports

- Pre-MR: 451 – post-MR: 1363 (trebled)

### □ Number of substantiated reports

- Pre-MR: 160 – post-MR: 327 (doubled)

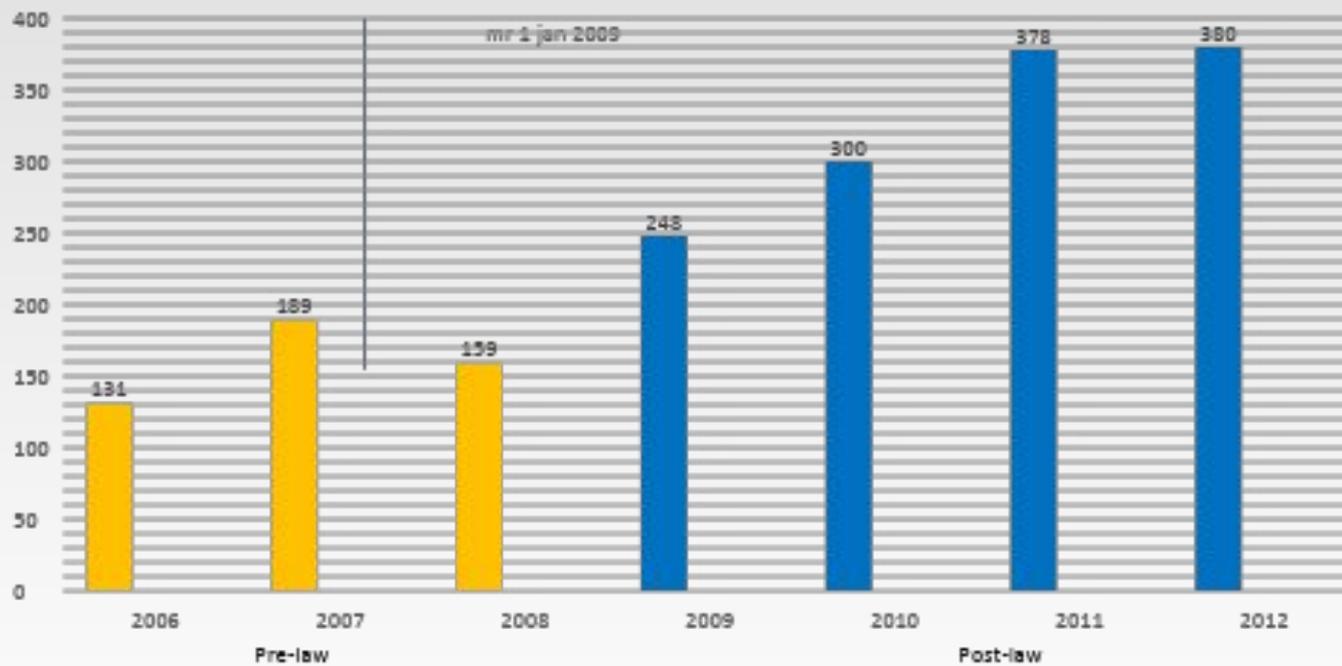
- Enhanced outcomes: double the number of children identified as CSA victims
- Rate of children in reports at peak: 1 in 210 (475/100,000 children); not intolerable
- Effect on systemic capacity: **largest change in Year 1, then Year 2; then plateau**



Pre-law: Reports by doctors, nurses, teachers and police combined

Post-law: Mandated reports by doctors, nurses, teachers, and police combined

**Fig 1. Number of reports, pre-MR law v post-MR law, WA**



**Fig 2. Number of substantiated reports by MRs combined (doctors, nurses, teacher, police)**

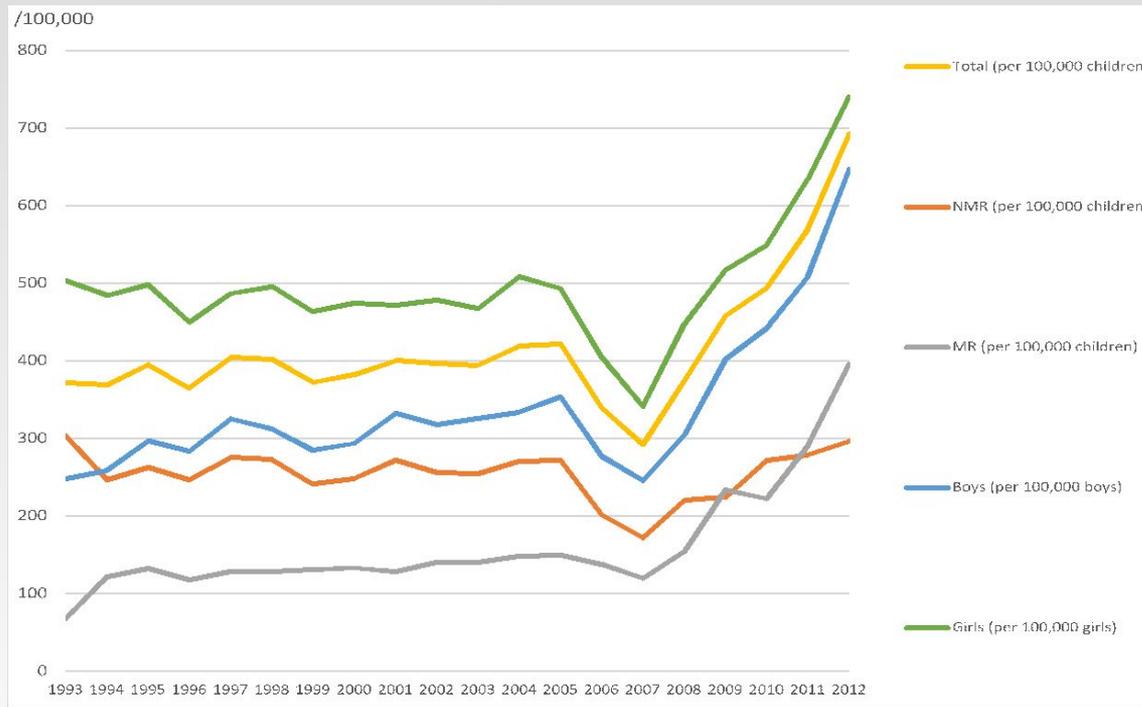
# Study 2: What are the long-term trends in numbers and outcomes of reports of CSA where MR is introduced?

## Nature of study

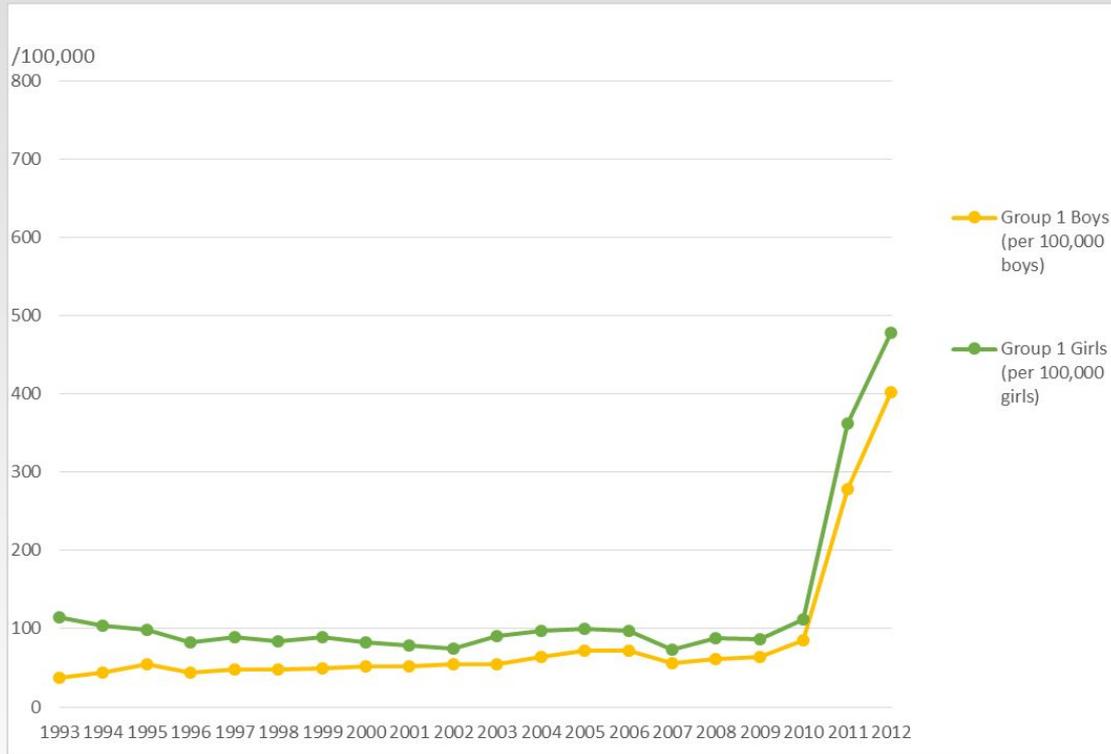
We analysed trends in numbers and outcomes of reports of CSA in Victoria over 20 years from 1993-2012, covering period mostly after it introduced MR (Nov 1993).

## Major findings

- Overall, reporting trends over time were generally stable, but with **four trends** over 20 yrs:
  - an **initial increase** for 2 years after introduction of MR;
  - **stability** for the next 12 years;
  - a **decline** for 2 years (connected to a change in agency practice only); and
  - **increase in the last 4 years** (influenced by social factors: awareness through govt inquiries; agency-related factors including **increased systemic investment**)
- Over 20 yrs, increase in the rate of reports/100,000 children (2.6-fold for boys; 1.5-fold for girls)
- Substantially enhanced report outcomes for children (i.e. substantiations, findings of harm, and referral to services): **12-fold increase for boys, and 5-fold increase for girls**, indicating increased levels of reports were based on real clinical need (n = 804 in 1993; n = 5220 in 2012).
  - 23,481 “Group 1” outcomes: 16,784 substantiations; 6697 others involved harm or referred to services
- Data show growing sensitisation to the CSA of boys: numbers of reports by child sex:
  - Boys: 1356 reports in 1993 (1127 NMR; 229 MR groups); 3942 in 2012 (1657 NMR; 2285 MR).
  - Girls: 2620 reports in 1993 (2119 NMR; 501 MR groups); 4280 in 2012 (1864 NMR; 2416 MR groups).



**Fig 3. Rate of reports over 20 years: all children; boys; girls; mandated/non-mandated**



**Fig 4. Group 1 report outcomes: boys and girls (rate /100,000)**

# Study 3: What is the difference in numbers and outcomes of reports of CSA in two comparable jurisdictions, where only one has a MR law for CSA?

## Nature of study

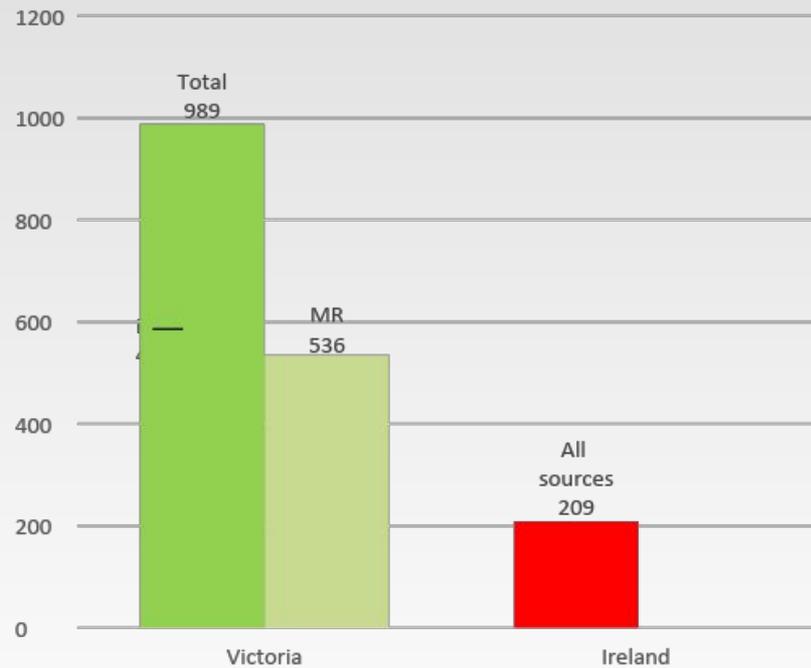
- ❖ A comparative analysis of reports of CSA in Victoria (MR) and Ireland (no MR), 2010
- ❖ Two relatively comparable jurisdictions, with equivalent child populations (1.1m)

## Major findings

- **Number of reports:** Victoria (MR) had almost double the number of reports as Ireland (no MR)
  - Ireland: total reports 2962
  - Victoria: total reports 5870
    - mandated reports (doctors, nurses, teachers, police): 3113 (53% of Victoria's CSA reports)
    - non-mandated reports (all others) 2757
- **Number of substantiated reports:** Victoria (MR) had 4.7 times as many as Ireland (no MR); numerically, 780 in one year alone
  - Ireland: 209
  - Victoria: 989
    - Substantiated reports by mandated reporters (drs, nurses, teachers, police): 536
    - Substantiated reports by non-mandated reporters: 453
- **Children involved in CSA reports;** effect on systemic capacity
  - Ireland: 1 in 387 children
  - Victoria: 1 in 211 children (all reports); 1 in 379 children (mandated reports)



**Fig 5. Number of CSA reports, 2010,  
Victoria (MR) and Ireland (no MR)**



**Fig 6. Number of substantiated CSA reports, 2010,  
Victoria (MR) and Ireland (no MR)**

# Study 4. How do reports of CSA differ from reports of other kinds of abuse and neglect?

## Nature of study

- ❖ Analysis of trends in numbers and outcomes of reports of each child maltreatment type in New South Wales, 2017 (recent data; Australia's largest state, where systemic challenges have appeared in other types of reports; broad MR law)

## Major findings

- How many reports, involving how many children?
  - 291,583 reports of **all kinds of maltreatment**, involving 121,822 distinct children
  - **39,654 reports of CSA, involving 18,777 distinct children** (1% of the 1.7m child pop.)
- Compare proportions of reports (MR + NMR combined) by maltreatment type
  - 13.6% were of CSA (n = 39,654)
  - 61.70% of reports of **all kinds of maltreatment** related to “indirect” maltreatment or circumstances of need (neglect 19%; “other” i.e., child risk behavior 18%; DV; carer issues: n = 179,903)
- MR made 83% of CSA reports; NMR 16%
- Outcomes of CSA reports
  - 65% of CSA reports screened in
  - 22% of CSA reports received SARA/SROH assessment
  - **5764 substantiated reports** (4964 MR; 800 NMR)
- Outcomes of all reports:
  - 46.50% of all reports (n = 35,589) received no assessment (screened out at initial intake); 36% SAS1
  - 17% (n = 49,489) received SARA/SROH assessment; of these, 35,005 substantiated (70.73%).

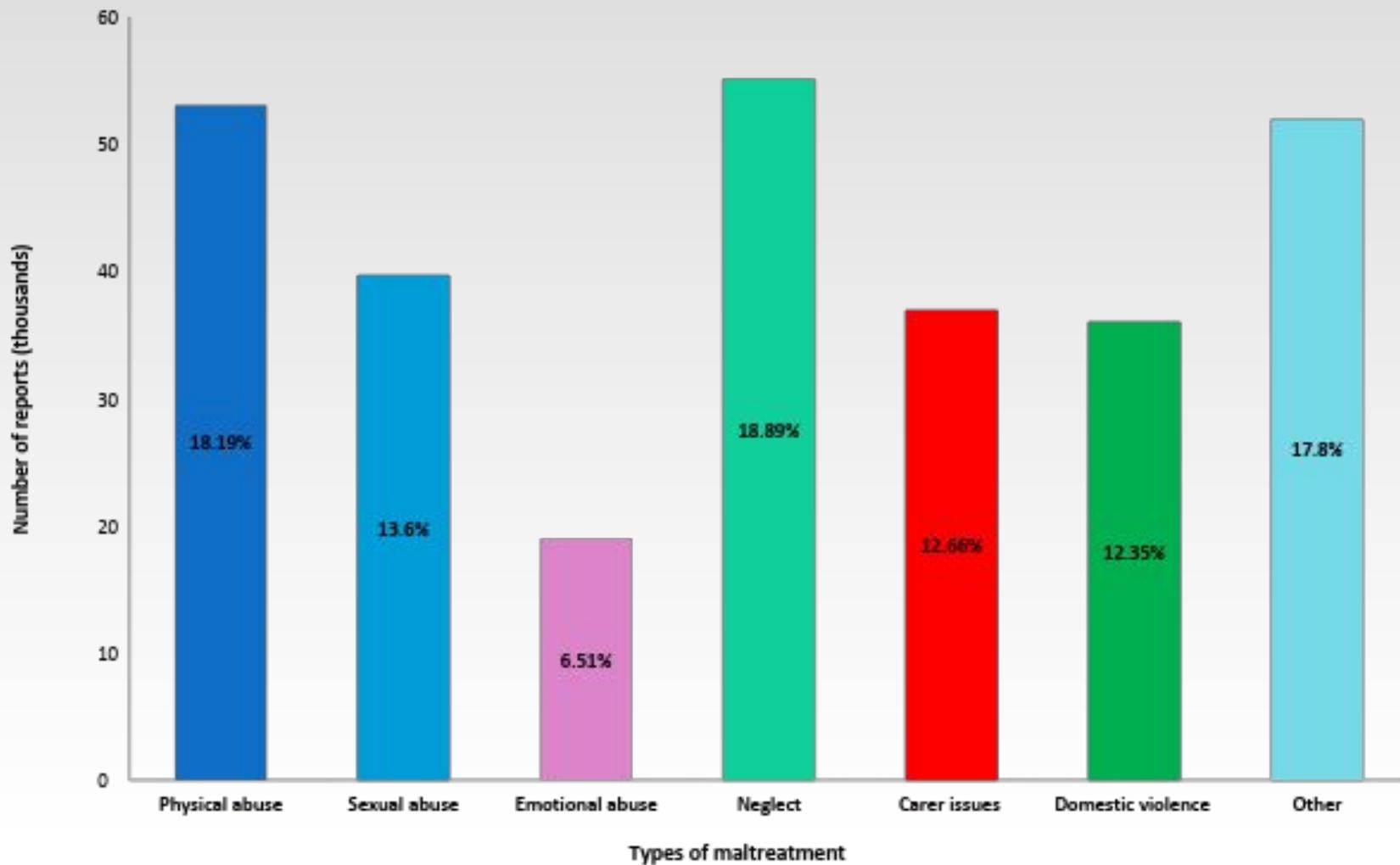


Fig 7. Comparing reports of CSA to reports of other kinds of maltreatment

5a: Number of reports by maltreatment type (mandatory reporters only)

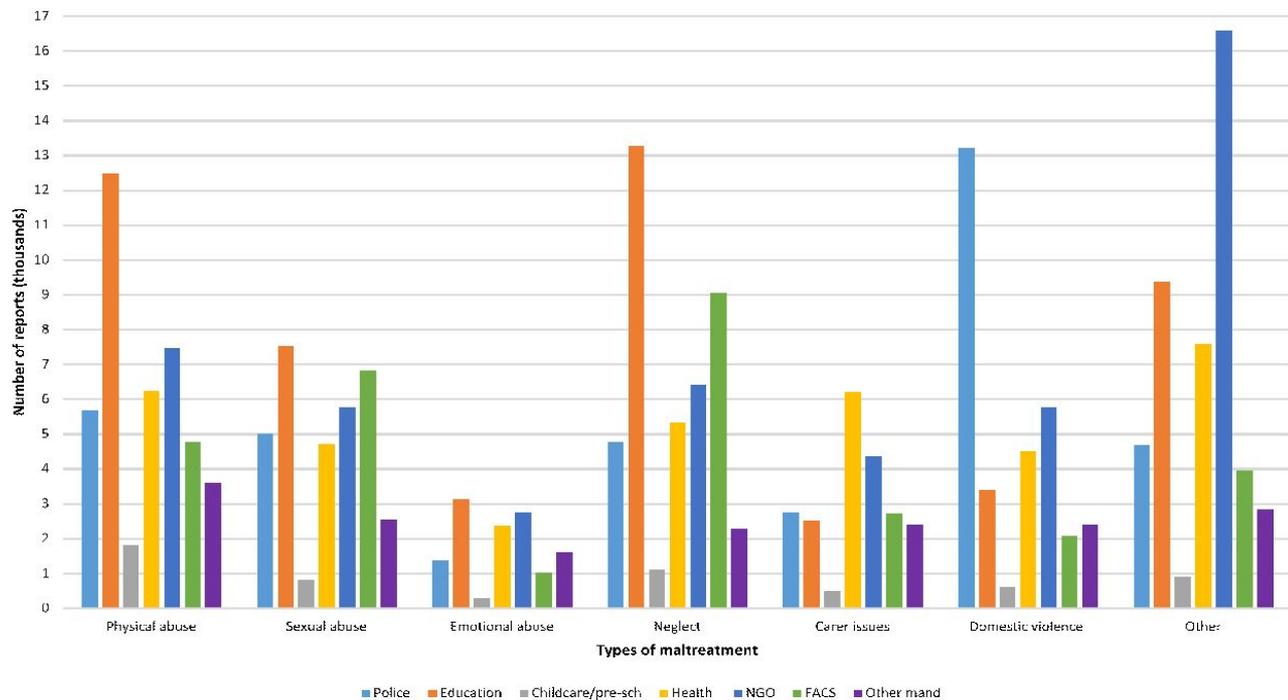
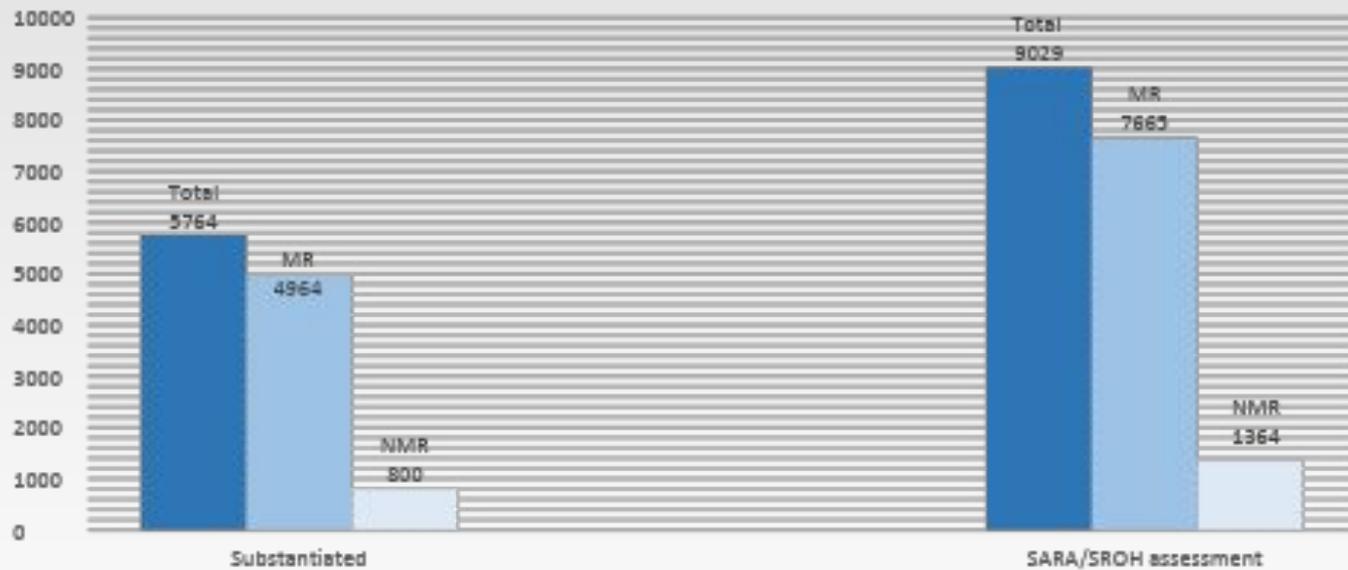


Fig 8. Reports of CSA by reporter group



**Fig 9. Outcomes of reports of CSA, by reporter group (MR, NMR), NSW, 2017**

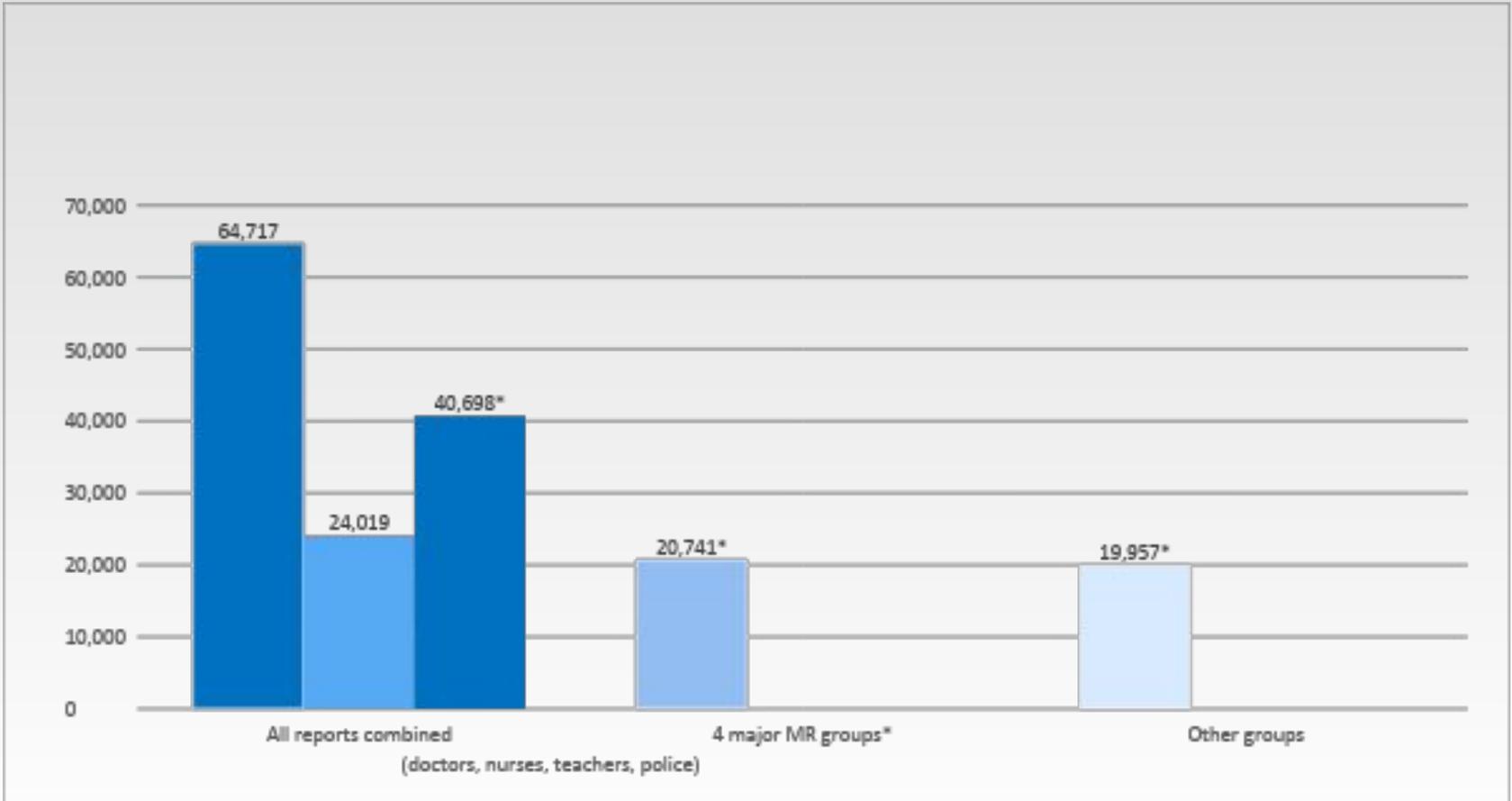
# Study 5: How do reports of CSA differ from reports of other kinds of abuse and neglect over time?

## Nature of study

A comparative analysis of trends in numbers and outcomes of reports of each child maltreatment type, in all eight Australian States and Territories, over 10 years (2003-12)

## Major findings

- Compare CSA reporting trends with other abuse/neglect (physical, emotional, neglect, EDV)
  - reports of CSA were consistently ~10-12% of all reports (all NMR + MR groups combined)
  - NMR and MR each made ~half of all CSA reports; **MR of CSA therefore 5-6% of all reports of CAN**
  - CSA less often reported than physical abuse (25-30%); neglect (20-33%); emotional abuse (25-45%)
  - numbers of CSA reports are relatively stable over time, and vary less than for other maltreatment types
  - of MRs, police make most CSA reports (13–29%); teachers (13–23%); drs/nurses (4–15%).
- Nationally, on the data provided:
  - 37,056 investigated reports of CSA from reports by the four key MR groups (drs, nurses, teachers, police).
  - 40,698 substantiated reports of CSA over the decade
    - 20,741 from the four major MR groups; 19,957 from NMRs
    - mandated reports therefore accounted for >50% of substantiated reports of CSA.
  - When missing data was added, there were **64,717 substantiated reports of CSA from all sources**, involving a slightly lower number of children; one in 75 children (**1.3%**)
- Key systemic challenges that have emerged (perceived undesirable reporting)
  - Have **not** concerned reporting of CSA, in any jurisdiction
  - Have concerned **reporting of EDV/emotional abuse**, in two States in particular, by both MR + NMR – and this has been influenced more by social factors than MR laws
  - May be remedied by legislative change and systemic change – **two examples** .....



**Fig 10. Number of substantiated reports of CSA, 2003-12, Australia**

# Example 1: Victoria

- CSA reports relatively stable including by MRs – 4.8% of all reports over decade (CSA 10.8%)
- MR law in Victoria does not apply to emotional abuse, or EDV (only physical and sexual abuse)
- Yet, social factors influenced more reports of emotional abuse/EDV in absence of MR, by specific reporter groups (e.g., police, community members: Fig 11; and at specific times: Fig 12)

Fig 11. Reporting trends (non-mandated reports of EA/EDV, other NMR; contribution to overall reporting)

Victoria	Emotional abuse	%	Neglect	%	Physical abuse	%	Sexual abuse	%	Totals
Doctors	2,653	0.6%	1,879	0.4%	3,642	0.8%	1,928	0.4%	10,102
Nurses	6,822	1.5%	3,880	0.9%	3,620	0.8%	723	0.2%	15,045
Police	58,120	12.8%	12,485	2.7%	21,830	4.8%	12,424	2.7%	104,859
School personnel	19,817	4.4%	7,666	0.2%	24,778	5.5%	6,377	1.4%	58,638
Psychiatrists	535	0.2%	246	0.05%	496	0.1%	189	0.04%	1,784
MR groups combined	88,265	19.4%	26,156	5.8%	54,366	12.0%	21,641	4.8%	190,428
Other groups combined	109,562	24.1%	61,283	13.5%	65,520	14.4%	27,327	6.0%	263,692
Totals	197,827	43.5%	87,439	19.3%	119,886	26.4%	48,968	10.8%	454,120

Fig 12. Reporting trends (n...)

MR groups	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Not Investigated	2,951	2,863	3,443	3,893	2,772	4,780	7,464	10,315	13,088	17,548
Investigated	1,539	1,655	1,626	1,706	1,230	1,510	1,807	2,232	2,547	3,296
- Substantiated	1,188	1,290	1,288	1,305	861	1,036	1,145	1,484	1,780	2,241
- Not Substantiated	351	365	338	401	369	474	662	748	767	1,055
<b>Total:</b>	<b>4,490</b>	<b>4,518</b>	<b>5,069</b>	<b>5,599</b>	<b>4,002</b>	<b>6,290</b>	<b>9,271</b>	<b>12,547</b>	<b>15,635</b>	<b>20,844</b>
<b>Other reporter groups</b>										
Not Investigated	5,099	4,846	4,940	5,529	4,810	7,460	9,984	11,123	14,120	16,902
Investigated	2,160	2,254	1,896	2,084	1,868	2,331	2,504	2,670	3,248	3,734
- Substantiated	1,369	1,531	1,320	1,474	1,194	1,315	1,391	1,511	2,007	2,376
- Not Substantiated	791	723	576	610	674	1,016	1,113	1,159	1,241	1,358
<b>Total:</b>	<b>7,259</b>	<b>7,100</b>	<b>6,836</b>	<b>7,613</b>	<b>6,678</b>	<b>9,791</b>	<b>12,488</b>	<b>13,793</b>	<b>17,368</b>	<b>20,636</b>

# Example 2: New South Wales

- 2004-09: undesirable/unintended results, esp for EDV (police), neglect, PA; (nb CSA stable)
- Jan 2010: MR legislation amended:
  - emphasised only “significant harm” should be reported
  - removed penalty for noncompliance
  - enabled reports of cases of family need to community agencies, not statutory child protection
- 2010-11: reporting behaviour changed, then stabilised

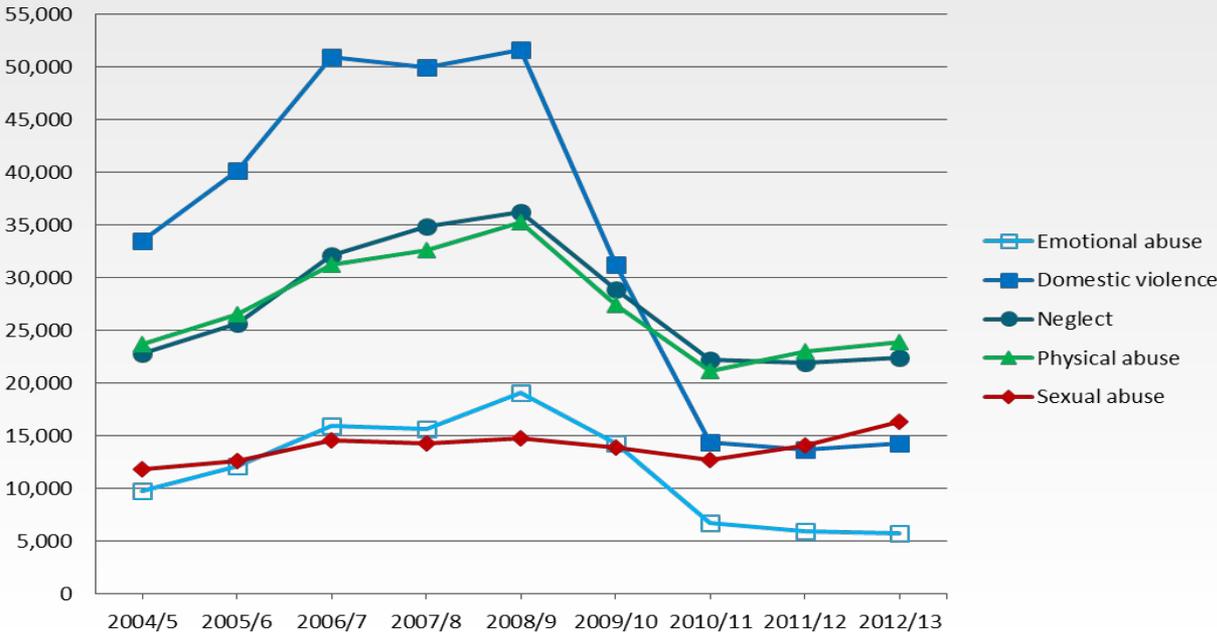


Fig. 13 Number of notifications by year, by abuse type, all reporter groups combined, 2004/05 – 2012/13

## Conclusions

- Empirical evidence and ethical considerations strongly support introduction of MR for CSA
- Achieves far superior child protection outcomes with relatively little systems burden especially compared with other forms of maltreatment
- Needs to be accompanied (and preceded) by excellent education for mandated reporters
- Needs to be supported by appropriate resourcing for intake systems, response systems, and service provision systems
- May require careful planning for cultural change, refinement of triage system
- Requires ongoing monitoring to identify areas of education, reporting practice and systemic responses that may require refinement
- Any systemic change may appear challenging in current circumstances of economic/systemic austerity, workplace strain
- Yet, evidence indicates substantial gains in child protection and benefits in short-term which should also flow long-term
- Legitimate democratic government has a duty to protect vulnerable children through the adoption of proven policy measures and provision of sufficient budgetary support

## Selected publications

1. Mathews, B., Lee, X., & Norman, R. (2016). Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: a seven year time trend analysis. *Child Abuse & Neglect*, 56, 62-79.
2. Mathews, B., Bromfield, L., Walsh, K., Cheng, Q., & Norman, R. (2017). Reports of child sexual abuse of boys and girls: Longitudinal trends over a 20-year period in Victoria, Australia. *Child Abuse & Neglect*, 66, 9-22. <https://doi.org/10.1016/j.chiabu.2017.01.025>
3. Mathews, B. (2014). 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.
4. Mathews, B., Bromfield, L., Walsh, K., & Vimpani, G. (2015). *Child Abuse and Neglect: A Socio-legal Study of Mandatory Reporting in Australia: Volumes 1-9*. Brisbane: Government of Victoria.
5. Mathews, B. (2014). *Mandatory reporting laws for child sexual abuse in Australia: A legislative history*. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse, 1-150.
6. Mathews, B. (2019). A taxonomy of duties to report child sexual abuse: legal developments offer new ways to facilitate disclosure. *Child Abuse & Neglect*, 88, 337-347. <https://doi.org/10.1016/j.chiabu.2018.12.003>
7. Mathews, B. (2019). *New international frontiers in child sexual abuse: theory, problems and progress*. Dordrecht: Springer, 1-307. <https://www.springer.com/gp/book/9783319990422>
8. Mathews, B. (2018). *Research on reporting of child maltreatment*. Brisbane: QUT. 1-81.
9. Mathews, B., & Bross, D. (Eds.) (2015). *Mandatory reporting laws and the identification of severe child abuse and neglect*, Dordrecht: Springer, 1-565.
10. Mathews, B., & Collin-Vézina, D. (2019). Child Sexual Abuse: Toward a Conceptual Model and Definition. *Trauma, Violence, & Abuse*, 20(2), 131-148. <https://doi.org/10.1177/1524838017738726>
11. Mathews, B. (2011). Teacher Education to Meet the Challenges of Child Sexual Abuse. *Australian Journal of Teacher Education*, 36(11), 13-32.
12. Mathews, B., et al. (2009). Teachers reporting suspected child sexual abuse: results of a three-State study. *UNSWLJ*, 32(3), 772-813.
13. Mathews, B., & Bross, D. (2008). Mandated reporting is still a policy with reason: empirical evidence and philosophical grounds. *Child Abuse & Neglect*, 32(5), 511-516.
14. Mathews, B., & Kenny, M. (2008). Mandatory reporting legislation in the USA, Canada and Australia: a cross-jurisdictional review of key features, differences and issues. *Child Maltreatment*, 13, 50-63.