University of Colorado Anschutz Medical Campus
College of Nursing

EXPERIENCES OF NURSES IN THEIR ROLE AS CHILD ABUSE AND NEGLECT MANDATED

Anna Winquist PhD, MN, RN
anna.winquist@cuanschutz.edu

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Outline of Presentation

- Introduction
  - *Definitions; laws; data*
  - *Literature*
- Three manuscripts
  - *Reporting Suspected Child Abuse and Neglect (RSCAN) tool*
  - *Multiple linear regression*
  - *Qualitative thematic analysis*
- Recommendations
- Final thoughts
- Questions

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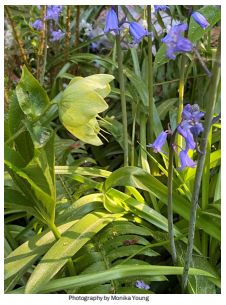

Photography by Monika Young

My objectives…

- *This **complex topic** reflects the multifaceted role and environment of CAN mandated reporters.*
- *Provide relevant and useful information and **spark meaningful conversations***
- ***Nurses have a valuable role** in caring for and protecting children, adolescents, and families, and **they must be allowed to be well-prepared and confident as CAN mandated reporters.***

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Acknowledgements

- Co-authors
  - *Dr. Eka Burduli*
  - *Dr. Celestina Barbosa-Leiker*
  - *Dr. Linda Eddy*
  - *Dr. Tulla Landis*
  - *Dr. Jennifer Fraser*
- Children, youth, families, caregivers, and adults who have suffered from child abuse and neglect.

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Questions to start…

- In your nursing program, did you receive training on the CAN mandated reporter role?
- CAN training in the last year?
- If you suspect CAN, do you know your workplace protocol?
- Does your workplace have a culture of safety where you are comfortable talking about CAN suspicion?

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INTRODUCTION

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Defining CAN

States recognize the different types of abuse in their definitions, including **physical abuse, neglect, sexual abuse, and emotional abuse.**

Some states include **parental substance use and/or for abandonment** (US DHHS, 2022).

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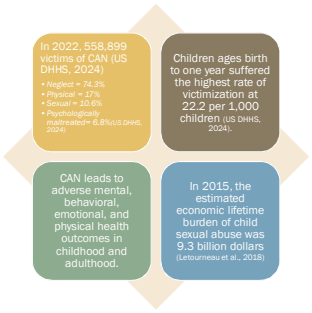

CAN remains a pervasive public health crisis

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WHO?

The District of Columbia, the US Territories, and all fifty states have CAN reporting laws.

- Individuals having frequent contact with children as a part of their **professional** duties (US DHHS, 2022) are legally mandated to make a report.
- **Professionals:** Law enforcement, social workers and social services staff, teachers, and **medical personnel** (US DHHS, 2024).
  - ***E.g., Nurses,*** *physician assistants, medical assistants, nurse practitioners, and physicians.*

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WHEN?
When do we have the legal obligation to report suspected CAN?

All states require that "*a report must be made when an individual designated as a mandatory reporter, while working in their professional capacity,* ***knows or has reasonable cause to believe or suspect that a child has been subjected to abuse or neglect***" (US DHHS, 2022).

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GAPS in CAN mandated reporting guidance and training

- **Mandate, but policy misalignment.**
  - *Nurses are mandated to report, but states have little or no policy or guidance on that role.*
  - *Less than 20% of US states include information about mandated reporting on their Board of Nursing website (Mudrick et al., 2022).*
- **Training gaps.**
  - *Not always comprehensive on how to detect, report, and support (Baker et al., 2021; Mudrick et al., 2022)*

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What does the literature say about nurses and CAN?

- Nurses report insufficient CAN training and knowledge (Flaherty et al., 2006; Green 2020; Lavigne et al., 2017)
- Hesitancy in CAN reporting (Eisbach & Driessnack, 2010)
- Desire for institutional support and guidance in identifying and reporting suspected CAN (Davidov et al., 2012; Herendeen et al., 2014)

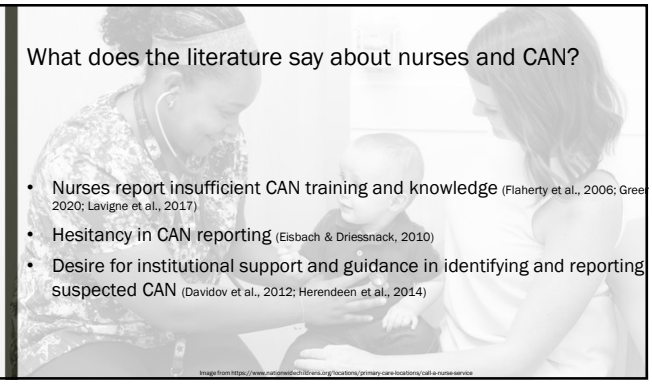

Image from https://www.nationwidechildrens.org/locations/primary-care-locations/call-a-nurse-service

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The purpose of this research was to understand what contributes to professional nurse **knowledge and self-efficacy** of reporting suspected CAN.

*Limited research has explored nurses as mandated reporters of CAN **and** the **institutional barriers and facilitators** nurses face in reporting suspected CAN as mandated reporters.*

*CAN surveys of nurses have been undertaken internationally, but to date, **limited surveys** have been applied to US nurses and even fewer have been rigorously tested.*

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Lack of effectiveness and caution in reporting.

Parents/Caregiver

- *Fear of being reported and losing their children* (McTavish et al., 2019)
- *Increased stress and decreased trust in healthcare provider = not seeking care and withholding important information*

Children/Youth

- *Trauma; depression* (Afifi et al., 2018; Raz, 2020)
- *Poorer outcomes in foster care* (Tonmyr et al., 2017)

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THE REPORTING SUSPECTED CHILD ABUSE AND NEGLECT (RSCAN) SCALE

The purpose of this research was to develop and psychometrically evaluate a scale to measure US nurse knowledge and self-efficacy as CAN mandated reporters.

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The Reporting Suspected Child Abuse and Neglect (RSCAN) tool

- Adapted from two existing international instruments
- Examined:
  1. ***Institutional barriers and facilitators.***
  2. *US nurses' professional* ***knowledge and self-efficacy of reporting suspected CAN.***
- Used a 5-point type Likert scale was used to respond with: *strongly disagree, somewhat agree, neither agree nor disagree, somewhat agree, strongly agree, and prefer not to answer.*

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Four sections to the Qualtrics survey:

1) **RSCAN survey (initially 16 items)**

2) Questions about nursing role, workplace, and education

3) Demographic information

4) Three open-ended questions asking for
   - A story of when things **went well** and **not well** as a nurse mandated reporter of CAN, and
   - What **would support** nurses to feel confident in the workplace as CAN mandated reporters?

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Recruitment and participants

Non-probability convenience sample from the Pacific Northwest

Registered Nurses educated in the US, and currently practicing in the US

Recruited: Peds, forensic, and ED nurses

Hospital settings - 2 general and 2 peds	University nursing programs - 2	Forensic nursing organizations (state and national) - 4

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Recruitment and Responses

- **Recruitment took place from March to June 2022.**
- **Ethical considerations**
  - *Study deemed exempt*
  - *Voluntary; no identifying information*
  - *Consent form*
- **Received 202 responses to the survey**
  - *Assessed for missing data and incomplete survey responses*
  - ***Examined the data from N=166***

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Results

- 91% reported gender identity as "woman," 3% "man," and 1% "non-binary."
- *Combined, Black/African American, Asian, Native Hawaiian and Other Pacific Islander, other race and multiple races accounted for 8.4% of the participants*
- *85% White as their race*
- *57% had a Baccalaureate Degree in Nursing*
- *63.9% currently have a primary professional role in hospital/acute care (followed by 12.7% in outpatient care).*
- *67% identified as either a peds/forensic/ED nurse*

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Reporting Suspected Child Abuse and Neglect (RSCAN): *Two-factor model*

Factor 1. **Perceived knowledge of reporting suspected CAN**	Factor 2. **Perceived institutional barriers to self-efficacy of reporting suspected CAN**
Defined: ***Nurse's perceived knowledge in how to act when suspecting CAN*** *(internal knowledge)*	**Defined:** ***The institutional barriers*** *(external forces) to the perceived capability of a nurse to understand and report CAN*
If I suspect CAN, I know what to do next.	**Time restraints** at work are likely to deter me from reporting CAN.
If I **suspect CAN in my workplace**, I know what to do next.	**Lack of access to workplace protocols** for reporting deter me from reporting CAN.
I know how to **assess for** CAN.	**Poor and/or unclear workplace protocols** for reporting deter me from reporting CAN.
I feel **comfortable reporting** CAN.	My workplace has **not trained me** on CAN reporting protocols.

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Discussion and Future research

RSCAN

- First US instrument (short and concise) to reliably measure nurses' professional knowledge and self-efficacy of reporting suspected CAN

Policy and education

- Nurse leaders (both nursing workplace settings and across all degree levels) use RSCAN to evaluate their protocols and education on CAN.

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A MULTIPLE LINEAR REGRESSION:

Examined whether nurse characteristics and institutional characteristics were associated with the two RSCAN survey domain scores.

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Measures All eight independent variables were entered into the analysis simultaneously to predict each RSCAN subscale

Nurse characteristics (Independent variable)
- Age
- Years of nursing
- Nursing education
- Professional workplace setting
- Additional CAN training

Institutional characteristics (Independent variable)
- Workplace CAN protocol
- Workplace reported CAN
- Nursing program with CAN education

Two RSCAN domains (outcome variables)
1. Perceived knowledge of reporting suspected CAN
2. Perceived institutional barriers to self-efficacy of reporting suspected CAN

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Table 2:
Eight Predictor Variables for the Multiple Linear Regression

Predictor variables	%	Mean(SD)
Age: Years		42.55(12.74)
Years as Registered Nurse		15.55(12.70)
Education		
< Baccalaureate Degree - Nursing	57.2	
> Master's Degree – Nursing	31.3	
Workplace setting		
Hospital/Acute Care	63.9	
All other settings	33.1	
Additional CAN training		
Forensic nurse/SANE/Nurse child examiner, Pediatric Nurse, Emergency Department Nurse	67.5	
All Others	32.1	
Workplace CAN protocol		
Yes, have a workplace protocol.	63.3	
No/Unsure about having workplace protocol.	33.7	
Workplace reported CAN		
Yes, reported	47.0	
No, have not reported	49.9	
Nursing program CAN education		
Yes, received CAN education	56.0	
No/Unsure if received CAN education	42.6	

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Results from the regression

Nurses having knowledge of a workplace CAN protocol	• had higher ***perceived knowledge of how to act when suspecting CAN*** *(internal knowledge)*
Nurses with a master's or higher degree versus bachelor's degree	• less perceived institutional barriers to self-efficacy of reporting CAN
Nurses who identified as being either forensic, pediatric, or Emergency Department nurses versus not	• less perceived institutional barriers to self-efficacy of reporting CAN

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Discussion:
What did we learn? What can we deduce?

- Importance of **accessible protocols** in the nursing workplace
- Learn from **graduate-level nurses** and **peds/forensic/ED nurses** (additional CAN expertise) in developing training/education – Why did they have less institutional barriers?
  - ***Additional CAN knowledge and training*** *in graduate school or workplace*
  - *More* ***clinical knowledge*** *from training or experience with suspicion or reporting*
  - ***With this additional experience, and training - More confident in how to access resources*** *on CAN and mandated reporter role*

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QUALITATIVE MANUSCRIPT

A Reflexive Thematic Analysis (RTA) *was used to achieve a rich interpretation of meaning and a deep analysis of nurses' experiences in the workplace as CAN mandated reporters* (Braun & Clarke, 2006, 2022; Bryne, 2021)

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Three prompts (responses)

Prompt 1

Please tell a story of a time when ***things went well*** *as a nurse mandated reporter of child abuse and neglect. (56)*

Prompt 2

Please tell a story of a time when ***things did not go well*** *as a nurse mandated reporter of child abuse and neglect. (62)*

Prompt 3

What ***would support you*** *in the workplace to feel more comfortable in your role as a mandated reporter of child abuse and neglect? (78)*

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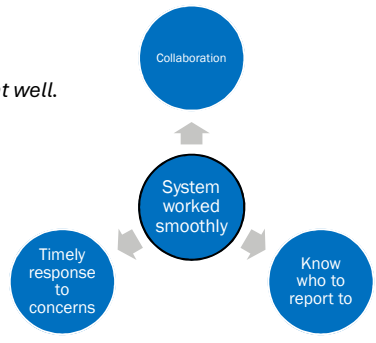
What went well.



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System working well

Collaboration.

Support from and collaboration with professionals such as management, social workers, physicians, supervisors, law enforcement, the SANE team, and Child Welfare.

Know who to report to.

Knowing the **steps** to report and having **clear protocols** to follow, and then follow up when suspecting CAN.

Timely response to concerns.

Nurses appreciated a **fast, immediate response to their suspicion and reporting of CAN from Child Welfare, the healthcare team, and social workers.**

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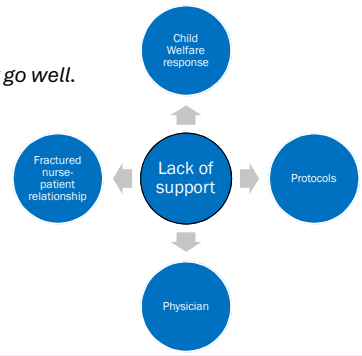
Did not go well.



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Lack of support

Child Welfare response. Delays in Child Welfare response, leaving patients waiting in the ED, nurses on hold, and care delayed, while also raising concerns about children remaining in unsafe situations, sometimes resulting in readmission with CAN-related trauma.

Protocols. Several nurses expressed a need for clearer or more transparent CAN protocols.

Physician. A lack of support, disagreeing conversations, and dismissive physicians created barriers for nurses in addressing CAN suspicion.

Fractured nurse-patient relationship. Nurses recognized the importance of the nurse-patient relationship in supporting children, youth, and families, and **expressed CAN concerns** often fractured this relationship with parents, caregivers, and Child Welfare.

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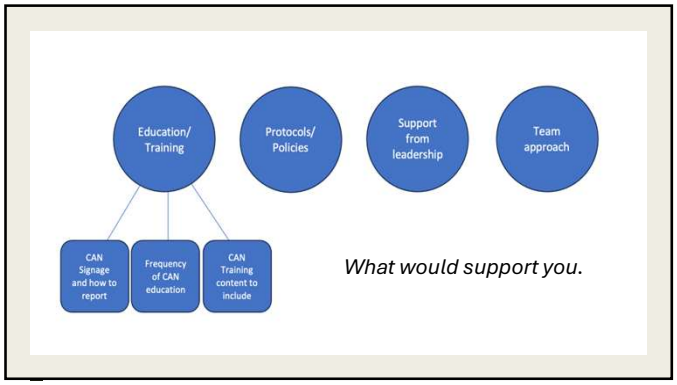

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What would support you?

Education/Training.
- More frequent CAN education.
- CAN signage with reporting information.
- CAN training content suggestions, e.g., S&S, "grey" areas

Protocols/Policies. Suggestions for transparency, clear guidelines, streamlined processes, documentation steps, and easy access to Child Welfare contacts.

Support from leadership. Leadership support included managers, charge nurses, and supervisors.

Team approach. Nurses emphasized the value of a multidisciplinary team and collaborative conversations in supporting CAN reporting; words included: *multidisciplinary team*, *team approach*, and *conversations*.

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This research provides an opportunity to discuss an upstream approach to child protection and fully support nurses as CAN mandated reporters.

What resonated with you?

How will you be proactive?

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Interprofessional collaboration

Improving **interprofessional communication**

- *Simulations, structured hand-off tools*
- *Training programs like relationship-centered communication (RCC) may strengthen collaboration and building trust among healthcare professionals* *(Foronda et al., 2016; Nibbelink et al., 2018; Hirschmann et al., 2020).*
- *Workplace culture of safety* *(AHRQ, 2019; Hershey, 2015; Vifladt et al., 2016).*

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Transparent Protocols/Policies

Stronger institutional and systemic support

- ***Hospitals*** *should establish transparent and accessible CAN suspicion and reporting protocols, emphasizing interprofessional collaboration.*
- ***At the policy level****, ensure healthcare institutions are held accountable for maintaining clear reporting procedures, e.g.,* ***State licensing boards*** *could also provide clearer guidance on reporting requirements.*

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CAN Training and Education

- Healthcare institutions could collaborate **with legislatures, Boards of Nursing, academic programs, and Child Welfare** to develop evidence-based and innovative training.
- Lean into the expertise of pediatric, forensic, ED nurses
- **Assess and evaluate current CAN training**
  - *Antiracist pedagogy lens, e.g., self-reflection; examining biases; acknowledging historical inequities.*
  - *Lived experiences*
  - *Framework of providing community supportive services to children, youth, parents, and caregivers – Are there* ***alternative reporting approaches*** *that improve report quality, support families, and increase resource access?*

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Nurse-Patient Relationship

- Acknowledge the **complexity of the nurse-patient relationship** and the **hierarchical structures within healthcare** that can impact CAN reporting.
  - ***Power dynamics*** *influenced by nursing roles, expertise, and history, can shape decision-making and communication* (Essex et al., 2023).
  - ***Nurses may hesitate to voice concerns,*** *hindering open dialogue and child protection efforts* (Lines et al., 2020).
- **Self-reflection is a key tool in patient- and family-centered care**
  - *Allowing nurses to examine personal biases and better understand patient experiences* (Contreras et al., 2020; Grech, 2021; Nicol & Dosser, 2016)

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Child Welfare

- Strengthening **collaboration between healthcare and Child Welfare services** through shared training and communication may improve outcomes.
  - *While nurses may want to influence what happens after a report, their role is solely to report concerns, not to determine outcomes - nurses may not receive follow-up from Child Welfare.*

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Limitations and future research

- **Limitations**
  - *Recall bias and social desirability impact self-report*
  - *Convenience sample*
  - *Not a racially/ethnically and gender diverse population*
- **Future research**
  - ***Racially, ethnically, and gender-diverse*** *nursing workforce and community*
  - ***Settings:*** *Rural, clinics, schools, med-surg, across the country*
  - ***Apply RSCAN and/or findings*** *to improve CAN education and protocols.*
  - ***Expanding research*** *on state-sponsored CAN training*

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Final thoughts

- *CAN prevention and early intervention should be a priority in all healthcare institutions.*
- *Pediatric nurses make up 4.9% of the nurse workforce (Smiley et al., 2023) and have the power to encourage conversations around* ***child protection*** *and the* ***mandated CAN role.***

- This research hopes to inspire meaningful conversations, continued reflection, and action within nursing workplaces, nursing programs, and among nurses and healthcare professionals.

Image from https://www.metrofamilymagazine.com/child-abuse-prevention-month-goes-virtual/

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QUESTIONS/THOUGHTS/EXPERIENCES

Anna Winquist PhD, MN, RN
anna.winquist@cuanschutz.edu

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Three manuscripts from this presentation

Winquist, A., Leiker, C. B., Landis, T., Fraser, J., Eddy, L. L., & Burduli, E. (2023). Development and psychometric evaluation of the reporting suspected child abuse and neglect (RSCAN) scale for United States registered nurses. *Journal of Pediatric Nursing, 73*, e319-e326. https://doi.org/10.1111/jocn.17026

Winquist, A., Burduli, E., Eddy, L., Landis, T., Fraser, J., & Barbosa Leiker, C. (2024). Associations between nurse characteristics, institutional characteristics and perceived nurse knowledge and self-efficacy of reporting suspected child abuse and neglect. *Journal of Clinical Nursing,* 33, 2662–2673. https://doi.org/10.1111/jocn.17026

Winquist, A., Landis, T., Fraser, J., Burduli, E., Barbosa-Leiker, C., & Eddy, L. (2025). Workplace experiences of nurses in their role as child abuse and neglect mandated reporters. *Child Abuse and Neglect. 161*, 107250. https://doi.org/10.1016/j.chiabu.2025.107250

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References

Afifi, T. O., McTavish, J., Turner, S., MacMillan, H. L., & Wathen, C. N. (2018). The relationship between child protection contact and mental health outcomes among Canadian adults with a child abuse history. *Child Abuse and Neglect*, 79, 22–30. https:// doi. org/ 10. 1016/j.chiabu. 2018. 01. 019

Agency for Healthcare Research and Quality [AHRQ] (2019). *Culture of safety*. https://psnet.ahrq.gov/primer/culture-safety

Baker, A. J. L., LeBlanc, S., Adebayo, T., & Mathews, B. (2021). Training for mandated reporters of child abuse and neglect: Content analysis of state-sponsored curricula. *Child abuse & neglect*, *113*, 104932. https://doi.org/10.1016/j.chiabu.2021.104932

Braun, V. & Clarke (2022). *Thematic Analysis: A practical guide*. Sage Publications.

Bryne, D. (2021). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity*, 56, 1391-1412. Child Welfare Information Gateway (2019b, April). *Mandatory reporters of child abuse and neglect.* https://www.childwelfare.gov/pubPDFs/manda.pdf#page=1&view=Introduction

Colgrave, J., Stasa, H., & Fraser, J. (2020). Validity and reliability of the psychometric properties of a child abuse questionnaire. *Nurse Researcher*,https://doi: 10.7748/nr.2020.e1677

Contreras, J. A., Edwards-Maddox, S., Hall, A., & Lee, M. A. (2020). Effects of reflective practice on baccalaureate nursing students' stress, anxiety and competency: An integrative review. *Worldviews on evidence-based nursing*, *17*(3), 239–245. https://doi.org/10.1111/wvn.12438

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References

Davidov, D.M., Nadorff, M.R., Jack, S.M., & Cohen, J.H. (2012). Nurse home visitors' perspectives of mandatory reporting of children's exposure to intimate partner violence to child protections agencies. *Public Health Nursing*, 29(5), 412-423. doi: 10.1111/j.1525-1446.2011.01003.x

DeVellis, R.F. (2017). *Scale development. Theory and applications* (4th ed.). SAGE Publications, Inc.

Eisbach, S. S., & Driessnack, M. (2010). Am I sure I want to go down this road? Hesitations in the reporting of child maltreatment by nurses. *Journal for Specialists in Pediatric Nursing*, *15*(4), 317–323. https://doi.org/10.1111/j.1744-6155.2010.00259.x

Flaherty, E., Sege, R., Price, L., Christofel, K., Norton, D., O'Conner, K. (2006). Pediatrician characteristics associated with child abuse identification and reporting; results from a national survey of pediatricians. *Child Maltreatment*, 11(4), 361-369. DOI: 10.1177/1077559506292287

Foronda, C., MacWilliams, B., & McArthur, E. (2016). Interprofessional communication in healthcare: An integrative review. *Nurse education in practice*, *19*, 36–40. https://doi.org/10.1016/j.nepr.2016.04.005

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References

Essex, R., Kennedy, J., Miller, D., & Jameson, Jill (2023). A scoping review exploring the impact and negotiation of hierarchy in healthcare organisations. *Nursing Inquiry*, 30(4), e12571.

Grech J. (2021). Critical self-reflection for nurse educators: Now more than ever! *Teaching and learning in nursing: Official Journal of the National Organization for Associate Degree Nursing*, *16*(1), 89–91. https://doi.org/10.1016/j.teln.2020.09.001

Green, M. (2020). Nurses' adherence to mandated reporting of suspected cases of child abuse. Journal of Pediatric Nursing, 54, 109-113.

Herendeen, P. A., Blevins, R., Anson, E., & Smith, J. (2014). Barriers to and consequences of mandated reporting of child abuse by nurse practitioners. *Journal of Pediatric Health Care*, *28(1)*, *e1–e7*. *https://doi.org/10.1016/j.pedhc.2013.06.004*

Hershey, K. (2015). Culture of safety. *Nursing Clinics*, *50*(1), 139–152.

Hirschmann, K., Rosler, G., & Fortin Vi, A. H. (2020). "For me, this has been transforming": A Qualitative analysis of interprofessional relationship-centered communication skillset training. *Journal of patient experience*, *7*(6), 1007–1014. https://doi.org/10.1177/2374373520962921

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References

Lavigne, J.L., Portwood, S.G., Warren-Findlow, J., & Brunner Huber, L. R. (2017). Pediatric inpatient nurses' perceptions of child maltreatment. *Journal of Pediatric Nursing*, 34, 17-22.

Lee, P.-Y., Dunne, M. P., Chou, F.-H., & Fraser, J. A. (2012). Development of the child abuse and neglect reporting self-efficacy questionnaire for nurses. The Kaohsiung Journal of Medical Sciences, 28(1), 44–53. https://doi.org/10.1016/j.kjms.2011.10.032

Lines, L. E., Hutton, A. E., & Grant, J. (2017). Integrative review: Nurses' roles and experiences in keeping children safe. *Journal of Advanced Nursing*, *73*(2), 302–322. https://doi.org/10.1111/jan.13101

Lines, L. E., Grant, J. M., & Hutton, A. (2020). Nurses' perceptions of systems and hierarchies shaping their responses to child abuse and neglect. *Nursing Inquiry*, *27*(2). https://doi.org/10.1111/nin.12342

McTavish, J. R., Kimber, M., Devries, K., Colombini, M., MacGregor, J. C. D., Wathen, N., & MacMillan, H. L. (2019). Children's and caregivers' perspectives about mandatory reporting of child maltreatment: a meta-synthesis of qualitative studies. *BMJ open*, *9*(4), e025741. https://doi.org/10.1136/bmjopen-2018-025741

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References

Mudrick, N. R., Blackwell, J., Watts, C., Jefferson Smith, C., Williams, A., Nielsen, K. A., & Clark, L. (2022). How do states inform nurses of their policies for mandatory reporting of child maltreatment? *Policy, Politics & Nursing Practice*, 23(2), 109–117. https:// doi. org/ 10. 1177/15271 54421 1072843

Nibbelink, C. W., & Brewer, B. B. (2018). Decision-making in nursing practice: An integrative literature review. *Journal of Clinical Nursing*, *27*(5-6), 917–928. https://doi.org/10.1111/jocn.14151

Nicol, J. S., & Dosser, I. (2016). Understanding reflective practice. *Nursing standard (Royal College of Nursing (Great Britain): 1987)*, *30*(36), 34–42. https://doi.org/10.7748/ns.30.36.34.s44

Nunnally, L.C., & Bernstein, I.H. (1994). *Psychometric theory* (3rd ed.). McGraw-Hill.

Raz, M. (2020). Calling child protective services is a form of community policing that should be used appropriately: Time to engage mandatory reporters as to the harmful effects of unnecessary reports. *Children and Youth Services Review*. 110. https://doi.org/10.1016/j.childyouth.2020.104817.

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References

Smiley, R. A., Allgeyer, R. L., Shobo, Y., Lyons, K. C., Letourneau, R., Zhong, E., Kaminski-Ozturk, N., & Alexander, M. (2023). The 2022 national nursing workforce survey. *Journal of Nursing Regulation*, 14, S1–S90.

Tonmyr, L., Mathews, B., Shields, M. E., Hovdestad, W. E., & Afifi, T. O. (2018). Does mandatory reporting legislation increase contact with child protection? - a legal doctrinal review and an analytical examination. *BMC public health*, *18*(1), 1021. https://doi-org.offcampus.lib.washington.edu/10.1186/s12889-018-5864-0

Vifladt, A., Simonsen, B.O., Lydersen, S., & Farup, P.G. (2016). The association between patient safety culture and burnout and sense of coherence: A cross-sectional study in restructured and not restructured intensive care units. *Intensive and Critical Care Nursing*. 36, 26–34. http://dx.doi.org/10.1016/j.iccn.2016.03.004.

U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau (2024, February). *Child Maltreatment 2022.* https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf

U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau (2022, May). *Definitions of child abuse and neglect.* https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/

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