

The criteria for reporting vary greatly among jurisdictions. In some, for example, only physical or sexual abuse to be reported must be reported, while elsewhere any signs of sexual abuse, physical abuse, emotional abuse or neglect are included.^{[6][33][34]}

Mandated reporters are usually required to give their name when they make a report. This allows investigators to contact them for further details if needed, and protects the mandated reporter from accusations that they did not report as required by law.^{[6][33][34]}

Typically, reporters are encouraged to report their suspicions and not to investigate or wait for absolute proof, which can lead to further harm directed at the suspected victim, and allow for perpetrators to prepare their defence through intimidation. The investigation of the abuse is then left to professionals. Some jurisdictions allow clear protections for reports made in good faith, protecting the disclosure of the reporter's name.^{[6][33][34]}

Innocence should be presumed unless and until evidence establishing guilt is obtained and it must be remembered that only suspicions are being reported.^[39]

From CAPTA of 1974
Child Abuse Prevention & Tx. Act

Professions and reporting

Mandated reporting requirements generally apply to professions that have frequent contact with children, although in some jurisdictions all citizens are required to report suspicions of some forms of abuse. Other jurisdictions have mandated requirements only of doctors or medical professionals. Mandated professions may include, but are not limited to the following.^[33]

- Child care providers
- Caregivers
- Clergy, although clergy-penitent privileged communication is exempt in some areas
- Counselors and other mental health professionals
- Medical examiners and coroners
- Health care providers
- Police and other law enforcement officers
- School teachers, coaches, guidance counselors, principals and other school personnel
- Social workers
- Abortion clinic staff (in some states)

(Add: Parents of Home Schooled Kids)

Jurisdictions may note that, while these groups are *legally required* (mandated) to report, most jurisdictions allow for *voluntary* reports by any concerned people.

Clergy-penitent privilege and other exemptions

Conflicts between a mandated reporter's duties and some privileged communication statutes are common but, in general, attorney-client privileges and clergy-penitent privileges are exempt from mandatory reporting in many jurisdictions. In some states in the US, psychiatrist and psychologists are also exempt from mandatory reporting.

"Clergy-penitent privilege" is privileged communication that protects communication between a member of the clergy and a communicant, who shares information in confidence. When applied, neither the minister nor the "penitent" can be forced to testify in court, by deposition, or other legal proceedings, about the contents of the communication.^[40] Most US states provide the privilege, typically in rules of evidence or civil procedure, and the confidentiality privilege has also been extended to non-catholic clergy and non-Sacramental counseling.^[41]

Karen Hansen
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Criticism

Originally created to respond to physical abuse, reporting systems in various countries have expanded the reportable incidents, when it was recognised that sexual and emotional abuse, neglect, and exposure to domestic abuse also have profound impacts on children's wellbeing.^[6] Critics of investigations into reports of child abuse state that

- A child may be wrongfully removed.
- Long, repeated interrogations and physical examinations can leave emotional scars.
- Even if not removed, there may be ongoing fear, distrust and insecurity.
- Long-term foster care can leave lasting psychological scars and do irreparable damage to the parent/child bond.
- An accusation of wrongdoing may disrupt a family even if allegations are dismissed.^[42] Often threats and an assumption of guilt over innocence lead to feelings of powerlessness, inadequacy, depression, denial of due process and liberties, reputations tarnished and privacy invaded, and legal consequences if assumed guilty.^[43]
- There may be economic harm due to the need to obtain legal representation to defend one's self and comply with the requirements demanded of them.

Critics state that mandatory reporting may also

- overload the child welfare system and increase the tax burden.^[44]
- increase the number of unfounded reports^[45] or reports that (due to vague and broad laws) do not merit governmental interference.^[46]
- jeopardize the ability of people, including abused people, to seek medical treatment or maintain a therapeutic relationship, for fear of being reported.
- disproportionately affect African-American families.^[47]
- discourage fellow citizens from taking positive neighborhood action with families in trouble, as they may consider that their responsibilities have been met when they call in an anonymous hotline.^[46]

They also state that mandatory reporting laws have had unintended consequences for the accused. Individuals, including juveniles, who have never been convicted of anything may be placed on CPS Central Registries/databases (different from Sex Abuse Registries) for decades, limiting educational and employment opportunities due to background checks. There is a 1.2–12.3% recidivism rate (repeat substantiations within 6 months of initial substantiations).^[48]

Some feel that unsubstantiated rates are enormous and go beyond anything reasonably needed,^{[39][49]} and that emotions about child abuse and sensational media coverage has led to an overreaction by some professionals and citizens, who report many cases that do not amount to child abuse.^{[39][39][49]} Media and commentators often take the number of referrals to be synonymous with the number of cases of actual child maltreatment, which makes the problem appear larger than it actually is.^[9] Conversely, Dr. Jill McLeigh from Colorado University has stated that, in the United States, there is "gross underreporting" of child abuse and neglect, but she does not believe mandatory reporting laws are the appropriate way to address it.^[50] Ben Mathews of Queensland University of Technology said he had studied 10 years of data from Australia and other countries, and concluded that there were more benefits than not where reporting was compulsory.^[50]

Copied from:

https://en.wikipedia.org/wiki/Mandated-reporter_%26amp;clergy-penitent-privilege-and-other-exemptions

Other Specified Paraphilic Disorder

302.89 (F65.89)

This category applies to presentations in which symptoms characteristic of a paraphilic disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the paraphilic disorders diagnostic class. The other specified paraphilic disorder category is used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for any specific paraphilic disorder. This is done by recording "other specified paraphilic disorder" followed by the specific reason (e.g., "zoophilia").

Examples of presentations that can be specified using the "other specified" designation include, but are not limited to, recurrent and intense sexual arousal involving *telephone scatologia* (obscene phone calls), *necrophilia* (corpses), *zoophilia* (animals), *coprophilia* (feces), *klismaphilia* (enemas), or *urophilia* (urine) that has been present for at least 6 months and causes marked distress or impairment in social, occupational, or other important areas of functioning. Other specified paraphilic disorder can be specified as in remission and/or as occurring in a controlled environment.

Unspecified Paraphilic Disorder

302.9 (F65.9)

This category applies to presentations in which symptoms characteristic of a paraphilic disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the paraphilic disorders diagnostic class. The unspecified paraphilic disorder category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met or the reason presentations in which the criteria are not met or the reason presentations in which there is insufficient information to specify the reason presentations

Paraphilic Disorders

Voyeurism F65.3

Exhibitionism F65.2

Frotteurism F65.81

Sexual Masochism F65.51

|| Sadism F65.52

Pedophilia F65.4

Fetishism F65.0

Other specified

Paraphilic Disorder
F65.89

Ex. Zoophilia...

Police investigated Larry Nassar for abuse 13 years ago. Here's how he got away.

By *Staff Writer* January 21

The 17-year-old girl told police that, after their first appointment in 2004, the sports physician asked her for a hug, which she found unusual, and when she returned a few months later he said, "I bet people at physical therapy don't do this," as he began to massage her.

Then, without warning, the physician slid his bare hand into her underwear and pressed hard in sensitive areas, the girl told police, before massaging her breasts. She wanted him arrested.

When the physician — Larry Nassar, of Olympic gymnastics fame — came to the police station a few days later, he admitted he touched the girl between her legs but explained it as a legitimate medical technique. He brought a PowerPoint presentation, and after the officers reviewed it, one of them called the girl's mother to tell her there would be no arrest.

A local police force in suburban Lansing, Mich., released for the first time Wednesday a 2004 report that details a missed opportunity to stop Nassar, the disgraced former Michigan State University and USA Gymnastics women's team physician, more than 12 years before he was finally arrested after another woman went to police and a newspaper with a similar account.

The 50-page report, which contains a black-and-white copy of Nassar's PowerPoint presentation, offers a glimpse into how Nassar escaped detection for so long: Police officers who failed to ask the right questions or seek out experts encountered an audacious perpetrator who masked his abuse as medicine. The report was released the same day the Michigan Attorney General's Office updated the number of girls and women who have filed complaints with law enforcement asserting abuse by Nassar — the figure is 265, up from 156 just last week, and is expected to rise.

"We missed it. We're not going to hide it. We were deceived," Frank Walsh, Meridian Township manager, said in a news release. On Thursday, Meridian Township plans to apologize formally during a news conference to Brianne Randall-Gay, the woman who, as a 17-year-old in nearby Haslett, Mich., sought treatment from Nassar for pain associated with scoliosis.

Randall-Gay declined to comment Wednesday.

remember fearing that no one would believe me," she said in her victim's impact statement during Nassar's sentencing hearing, which ended last week with a judge sentencing the 54-year-old to 40 to 175 years in prison. "This fear became a reality."

On Randall-Gay's first appointment with Nassar at the Michigan State sports medicine clinic, in the summer of 2004, he didn't touch her improperly, she later told police. Her mother was there, and so was a medical student. Nassar performed strength and flexibility tests, then recommended a few visits with physical therapists. The only thing she found odd about her first appointment, Randall-Gay said, was the request for a hug at the end from the then-39-year-old physician.

A few months later, in September 2004, Randall-Gay returned to Nassar for a follow-up visit. This time, her mother wasn't there, and Nassar treated her alone. He told her she had some tightness in her back, gave her a gown and shorts with Velcro straps to change into, and then asked her to lay on her stomach.

Nassar massaged her back, Randall-Gay later told police, before he told her, "This might give you a wedgie," as he undid the Velcro straps to her shorts and pulled her underwear to the side.

For about 20 minutes, she said, Nassar pressed hard in her "crotch area," explaining, as he touched her, that this would relieve tension in her back. Nassar then spent about 10 or 15 minutes massaging and squeezing her breasts, she said, while explaining this also would relieve tension in her back. When he finished, Nassar took some notes on a clipboard, and then told her he would turn around while she put her clothes back on.

The next day, Randall-Gay walked into the police station in Meridian Township, with her mother, and filed a complaint.

"Randall stated that she was 'scared' and 'uncomfortable' while Nassar was touching her. . . . She thought it was 'weird' and it 'freaked her out,'" an officer wrote. "She didn't know if it was possible that this type of touching was normal in this type of doctor visit."

Police sent Randall-Gay to a hospital, where she met with a registered nurse in charge of a sexual assault program who performed an examination. The results of that examination are unclear from the report, and there is no documentation stating whether the nurse offered any commentary to police about the legitimacy of the techniques Randall-Gay described.

Two weeks later, Nassar agreed to an interview with police and explained there must have been a misunderstanding. He had been massaging the sacrotuberous ligament, he told police, which runs through the pelvic region and, when pressured, can relieve pain in the lower back and upper legs. Nassar gave them a PowerPoint presentation he had prepared, complete with pictures of him performing the treatment on other patients.

Nassar offered no explanation for massaging the girl's breasts, and the report contains no information suggesting officers asked for specific answers on that point. Shortly after this interview, one of the officers called Randall-Gay's mother to tell her Nassar would not be charged with a crime because he had been providing legitimate treatment.

andall-Gay's mother expressed concern that Nassar hadn't warned her daughter where he was going to touch her or worn gloves and also was bothered he had done this without anyone else in the room, the report states. The officer told the mother he could pass those concerns along to Nassar.

The doctor was using a medically accepted technique for the alleviation of pain. No crime was committed," the report's conclusion states.

Massaging of the sacrotuberous ligament is a commonly accepted practice for pain relief in osteopathic medicine, chiropractic treatment and massage therapy, experts said, but should never be performed on a minor without first explaining the treatment to both the child and a parent and getting permission, potentially in writing. When performing this treatment, experts advise wearing gloves or massaging over clothing because the ligament is in a sensitive area, near the anus and genitals.

"Because it's a personal area, you should use a lot of caution," said Til Luchau, an advanced roller — a practitioner of alternative medicine based on deep tissue massage — who has performed the procedure for more than 30 years.

Luchau reviewed Nassar's PowerPoint presentation for The Washington Post and stopped on photographs Nassar included, in which he is touching his patients between their legs with bare hands.

"That is not at all common," Luchau said. "It is reprehensible, what he did."

It does not appear, from the report, that Meridian Township police contacted any medical experts.

A decade later — in 2014 — a recent Michigan State graduate made a similar complaint about Nassar to both university police and the school's Title IX office. Again, Nassar asserted the woman misunderstood legitimate treatment, and both investigations cleared him. In August 2016, another woman filed a complaint with Michigan State police and told her story to the Indianapolis Star, prompting dozens of women across the country to realize they also had been assaulted by Nassar and the police investigation that ultimately brought about his conviction.

In her statement during Nassar's sentencing hearing, Randall-Gay recalled that her assault occurred during a particularly stressful time — her father was dying of cancer — and left her suffering from anxiety. Over the years, she said, she never doubted that she had been a victim of sexual abuse, but she had hoped that, by filing a police report, she had scared Nassar enough that he would never do it again.

"For 13 years, I wondered if I was the only one," she told Nassar in court in the second day of his sentencing hearing, her statement the 26th of 156 that would eventually be read, "or if there were others."

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