

Should I Tell? Deciding Whether to Report Child Abuse

Kalichman, S. C. [Dept. of Psychiatry and Mental Health Sciences, Medical College of Wisconsin, 8701 Watertown Plank Rd., Milwaukee, WI 53226], & Brosig, C. L. (1993). Practicing psychologists' interpretations of compliance with child abuse reporting laws. *Law and Human Behavior, 17*, 83-93.

Despite mandatory reporting laws, almost one third of licensed psychologists may at some point decide not to report suspected child abuse. This study addressed the conflicts clinicians experience in considering legal mandate, confidentiality, and therapeutic interests of their clients.

The authors surveyed 226 psychologists in Pennsylvania and Colorado about the decision to report suspected abuse. Only 15% stated that a subjective state of suspicion alone was sufficient cause to report. Most clinicians wanted evidence such as physical signs or verbal statements of abuse to warrant reporting.

Thirty-two percent indicated that at some point they had decided not to report suspected abuse. When asked what factors influenced their decision, those clinicians gave higher ratings than other clinicians to the following factors: potential for abuse to stop, apparent seriousness of abuse, and effects of reporting on the family. In contrast, those clinicians who indicated that they always report suspected abuse rated the following factors higher: upholding the law and avoiding legal problems. All of the psychologists surveyed rated protection of the child as the most important factor influencing their decision to report.

Compared with clinicians who had reported all cases of suspected abuse, psychologists who had not always reported abuse were more likely to have received training in the area of child abuse at workshops and continuing education programs.

Although most clinicians require some degree of evidence before reporting, clinicians also have different thresholds for reporting suspected abuse. The authors cautioned that the effects of reporting or not reporting on professional service delivery are not yet known.

Is Hoarding a Compulsion?

Frost, R. O. [Dept. of Psychology, Smith College, Northampton, MA 01060], & Gross, R. C. (1993). The hoarding of possessions. *Behaviour Research and Therapy, 31*, 367-381.

New empirical data support clinical reports that hoarding is related to obsessional thinking and compulsive behaviors. Frost and Gross proposed a model of hoarding based on avoidance behavior.

The authors identified 94 hoarders from volunteers who answered advertisements for "pack rats or chronic savers." They initially collected descriptive information on 32 of the hoarders through questionnaires, structured interviews, and home visits; they later compared another subset of 20 hoarders to a control group. Several interesting findings emerged:

- Although hoarders reported saving the same types of items that nonhoarders save (e.g., clothing, magazines, bags, books, school papers, and cards or letters), hoarders did so in excess.
- Most of the hoarders recognized that their behavior was "often" or "sometimes" problematic, leading to embarrassment, reluctance to have visitors, difficulty in finding things, and conflict with family members about clutter.
- Although hoarding typically began in childhood and adolescence, hoarding was not related to material deprivation early in life.
- Self-identified hoarders reported higher levels of emotional attachment to their possessions and indicated greater feelings of loss when throwing things away.
- Hoarders were less likely to be married.

Attitudes endorsed by hoarders indicated that they were indecisive and concerned over mistakes. Many also reported diffuse anxiety when deciding whether to discard something. Saving possessions may allow hoarders to postpone decisions and avoid the possibility of mistakenly throwing away something that might be needed later. Increased awareness of hoarding patterns and attitudes that accompany them may facilitate treatment strategies addressing both behavioral and cognitive components of this syndrome.