

Data Collected Regarding Intake Knowingly False Reporting of Child Abuse Focus Group Project

A series of questions was asked of focus group participants across the Commonwealth. Following are a list of responses that were given in more than one group. Seven focus groups were held. The number of groups which gave similar responses is noted after each entry.

WHAT CAUSES YOU TO SUSPECT THAT IT IS A KNOWINGLY FALSE REPORT?

- Question credibility of referral source -no concrete information or referral source discloses one of the indicators. Reporter cannot respond to specific questions as to time, place, type of injury, who was present. (6)
- The referral source has a history of making knowingly false reports. (6)
- There is an upcoming support or custody hearing and referral source's lawyer told them to call. (6)
- Referral source is angry, mad, intoxicated. (5)
- Report was just made on referral source. (5)
- Prior investigation of same false allegations. (4)
- Allegations do not match facts. (3)
- Date of incident is not current (old allegations). (3)
- Referral source seeks out different workers to make a report. (3)
- Ulterior motive of referral source (custody, visitation, landlord -lots of lifestyle issues). (3)
- History of knowingly false reports on family. (2)
- Retaliation. (2)
- Parent's paramour or friend is making the call for the parent. (2)
- Third hand information. (2)
- Story keeps being added to. (2)
- Mental illness of reporter is known. (2)

WHAT DO YOU DO DIFFERENTLY ONCE YOU SUSPECT THAT IT IS A KNOWINGLY FALSE REPORT AND ONE OF THE INDICATORS IS PRESENT?

- Make more collateral contacts to confirm allegations, do extra screening. (7)
- Question referral source directly about their motivation/timing. (5)
- Give referral less priority (GPS only). (4)
- Ask referral source for specific details. (4)
- Look at case the same way. Do nothing differently. (3)
- Tell referral source they may be subpoenaed to court. (3)
- Confront referral source (What's really going on here? We haven't been able to substantiate any of your allegations.) (2)

Data Collected Regarding Intake (continued)

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- Note the indicators on intake sheet. (2)
- Asking the referral source what it is they want done (referral source has unrealistic expectations of what will happen). (2)

WHAT SERVICES/STRATEGIES HAVE YOU USED EFFECTIVELY AT THE POINT OF INTAKE IN CASES OF KNOWINGLY FALSE REPORTS?

- Questioning referral source more in-depth. (5)
- More collateral contacts with people who have regular contact with child. (5)
- Have referral source come into office for a long interview. (4)
- Asking better, more thorough questions at intake (quality staff). (3)
- Trying to provide support to family while getting more information. (3)
- Explain/educate the process to referral source. Inform referral source of county agency's job to protect the child and preserve the family. (3)
- Encourage referral source to get more information when they are lacking details (more with mandated referral source) or have referral source with third hand information get the person with first hand information to report. (3)
- Pull case record to get information to support screening case out (previous investigations, bad referral source). (3)
- Telling referral source that this type of referral needs to come from a professional and encourage referral source to take child to doctor/emergency room who will make report if they suspect abuse (useful for custody accompanied by physical or medical issues made by parent). (2)
- Ask caller if they are willing to testify. (2)
- Agency policy regarding not keeping ex-spouses/paramours confidential except in abuse cases (some agencies include CPS). (2)
- Subpoena referral source to court to express concerns for child (useful in custody/neighborhood disputes). (2)
- Call referral sources back and make sure they referred right family. Verify information with referral source. (2)