



Sala Institute for Child and Family Centered Care

# Mandated Child Abuse Reporting: Best Practices and Pros and Cons about What to Say and How to Engage Families after the Report

December 7, 2022  
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Sala Institute for Child and Family Centered Care



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## Faculty Disclosure Information

In the past 12 months, the presenters have had **no** relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial service(s) discussed in this CME activity.

We **do not** intend to discuss an unapproved/investigative use of a commercial product/device.

Dr. Palusci has acted as a paid consultant for attorneys.

We would like to thank Dr. Mel Schneiderman and the program committee of the NY chapter of APSAC, as well as Dr. Ann Botash and JoAnne Race for their support in developing this webinar.

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## Abstract

While mandated by state laws to report their suspicions of child abuse and neglect, professionals can also take additional steps when making the report to:

- Lessen the harm of the report
- Increase the likelihood of continued services and better outcomes for children and families

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## Learning Objectives

- Review New York State mandated reporter regulations
- Explore best practices for informing families about reports
- Summarize steps to engage parents after the report is made to continue services for the child and family

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## Agenda

- Introductions
- Mandated reporting, hospital based teams and professional roles
- Best practices for making the report, informing families and maintaining relationships
- Case discussion
- Q&A

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## Mandated Reporting, Hospital-Based Teams and Professional Roles

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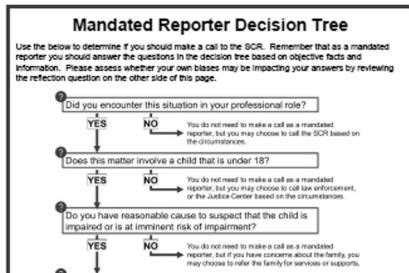
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## NY OCFS, 2022



[www.nysmandatedreporter.org](http://www.nysmandatedreporter.org)  
Included in the webcast handouts.

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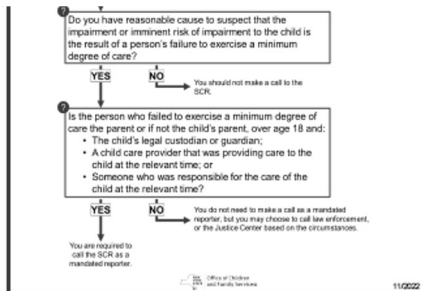
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## Assessing for Bias

Would you make the same decision to call if any of the following were different?

- Race
- Ethnicity
- Gender
- Gender identity
- Sexual orientation or expression
- Religion
- Immigration status
- Primary spoken language
- Culture
- Age
- Neighborhood where they reside
- Presence of a disability
- Occupation
- Socio-economic status

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## Additional Important Considerations

- HIPAA has provisions allowing sharing information related to reporting
- No one can require permission to make a report or retaliate against a reporter
- Reporter's identity should remain confidential to the extent possible under the law
- Reporters are not required to notify the family that a report is being made

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## Safety

- Safety of the child and family after discharge is a prime consideration
- Imminent danger of further harm may require taking into protective custody, petitioning in court, and alternative placement
- Keep safety in mind when talking with families about mandated reporting and the ensuing investigation
  - e.g. there are certain situations when it is **not** advisable to tell the family about a report

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## The Reality

- ❑ Most referrals are for neglect, stemming from poverty, mental illness, illicit drug use and alcoholism
- ❑ Results in failure to provide basic needs or adequate supervision
- ❑ Risk of neglect highly correlates with poverty
- ❑ Substance abuse and maternal depression occur in all families regardless of income
- ❑ "Medical Neglect" is the failure to provide proper medical, mental health or dental care for a child

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## Health Care Considerations

Physicians and other clinicians need to:

- ❑ Determine if the child needs additional testing to sort out a differential diagnosis, including maltreatment
- ❑ Recognize when a case presents reasonable cause to suspect abuse or maltreatment
- ❑ Assure safety and proper follow-up and services, which includes reporting as required by state law

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## Health Care Considerations

Health care professionals need to also consider:

- ❑ Best interests of the child and family
- ❑ Need for continued treatment
- ❑ Long-term outcomes
- ❑ Ongoing relationships between children, families and providers

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## History

- **1950's** - Children's Hospital of Pittsburgh and Los Angeles began to systematically evaluate abused children
- **Late 1950's** - C. Henry Kempe created a team at the University of Colorado with a pediatrician, social worker and a nurse
- **1962** - Number of teams dramatically increased after the publication of *Battered Child Syndrome*
- **1978** - Barton's Schmitt's 1<sup>st</sup> edition of *The Child Protection Team Handbook* was published

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## History

- **1988** - 1,000 of CPTs in hospitals and academic medical centers, many beginning with a physician-social worker team
  - Became hospital-based, community-based, rural and regional with professionals from psychology, law, education, psychiatry, dentistry and sometimes CPS workers and prosecutors
  - Moved from hospitals to CACs, mental health centers, departments of social services, military installations and tribal jurisdictions
- **2009** - 60-72% of children's hospitals had a CPT or child abuse program

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## Using a Team for Reporting

- An interdisciplinary team is comprised of professionals from various disciplines who work to address multiple physical and psychological needs
- Team members work together to complement one another's expertise and to actively coordinate work toward shared treatment goals

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## Health Care Approaches

- Health care providers need to better understand the social and parenting issues confronting the family
- Concerns need to be conveyed honestly and with compassion
- Family strengths should also be recognized and used to help outline a course of action
- If harm is moderate or serious, or voluntary efforts have been fruitless, then reports to CPS are vital

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## Health Care Approaches

- The goals of care are to continue to provide support and advocacy for the child and the family
- Involvement of CPS is one more layer of that responsibility
  
- So how do we do that when we make a report?

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## Best Practices for Making the Report, Informing Families and Maintaining Relationships

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## Meeting with Families

- Inform parents that you are a mandated reporter
- Educate them about the law to report allegations
- Discuss appropriate discipline standards (if warranted)
- Discuss appropriate ways to handle neglect issues (if warranted)

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## Meeting with Families

- Be respectful of cultural differences
- Get an interpreter if needed
- Listen to their immediate concerns and answer them as best you can
- You may not know the answers and that is okay to tell them
- Be proactive about referrals for services – such as domestic violence, mental health and substance abuse

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## Making a Report

- You do not have to disclose to parents
  - Your agency/hospital may have policies on disclosing or not
  - Disclosing **may** help maintain the relationship
- Do not disclose if:
  - Report involves sexual abuse
  - It could result in immediate danger to the child

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## Talking with the Parent

Describe the Child Advocacy Center role (if warranted)

- Multi-disciplinary team
- Streamlines interviews/examinations of the child
- Other counseling services available to the family

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## Talking with Parents About a Report

- Reiterate that you are a mandated reporter and need to act to ensure safety
- Acknowledge family's strengths or efforts
- Frame the report as services for support
- Provide information on next steps
- The investigation should start within 24 hours
- Guide them on what they can do to make the best of the situation

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## Explain What Might Happen Next

- Parents will be stressed
- Let them know that CPS makes efforts to keep families together
- If your child is removed, you can find out if a relative can care for your child in lieu of foster care
- Cooperating with the CPS investigation is in their best interest

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## A Parent's Guide to CPS in NYC

- Handout (locate one for your local CPS jurisdiction)
- If you can give it to the parent, it might be calming/helpful
- Describe ACS Office of Advocacy for Parent's Rights
- Call 311 for Preventive Services in your area
- Call the NYS HEARS Family Line (Help, Empower, Advocate, Reassure and Support)
  - 1-888-55HEARS, M-F 8:30a.m.-4:30p.m.

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## Disclosing to Families

### Pros

- Transparency helps with trust
- Future engagement
- Education
- Child safety

### Cons

- Flight risk
- Sexual abuse cases
- Hostility
- Danger (alone with patient and not sure of how they would react)

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## Case Discussion

*Disclaimer:* The child and family in this hypothetical case are fictitious. Elements of the case were drawn from clinical experience and archival imaging.

This discussion is provided for educational purposes and does not represent an exclusive course of action or policies of the NYS Office of Children and Family Services or any institutions.

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### Case Presentation

- An 18 month-old is brought to your office because he is not using his right arm
- Started the day before when he returned from daycare
- Mother reports that he runs, but she does not recall any accidents where he hurt his arm
- He has been otherwise well, with no fever or illness, although he did have a cold a week or two ago
- He was COVID negative and returned to daycare

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### Case Medical History

- You review his medical record and note well-child checkups and minor illnesses
- You have known the family since birth and know of no prior CPS reports
- Last visit was two months ago and immunizations are up to date, except for COVID and Influenza, which the parents refused
- Normal CBC and lead screening
- No hospitalizations, surgeries or ER visits and no history of broken bones or bone disease in the family

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### Case History & Examination

- Parents have WIC and TANF but no food or housing insecurity
- Mother reports a normal diet, drinks 1% milk and eats lots of vegetables and fruits
- Development is normal and growth curves show 75<sup>th</sup> percentile for height and weight
- Examination is normal, except some tenderness over distal left arm without significant swelling
- Some bruises on knees and shins but nothing on arms

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## Case Evaluation

- You consider a possible dislocated radial head, but conclude the pain is closer to wrist
- You send him to the community hospital for some x-rays and are called by the hospital radiologist because there are findings
- There are transverse diaphyseal fractures of the distal left radius and ulna with evidence of healing
- The x-ray is uploaded to the electronic medical record

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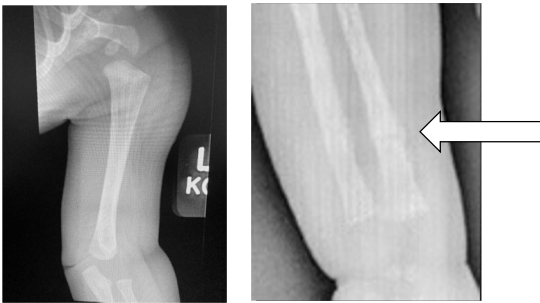
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## Case Images



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## Case – Next Steps?

- Given that:
  - Healing fracture of both the radius and ulna, and not a typical toddler fracture
  - No history of injury
  - No medical explanation for weak bones
- You are concerned about non-accidental trauma and/or physical abuse
- There is a social worker at the hospital who has become involved with the case that you can speak with....

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## Case Key Points

- Mandated reporters should consider whether it is safe to tell the family about the report
- Mandated reporters should be guarded in explaining what happens after the report
- Most children are not removed from their family, but the mandated reporter may not be aware of additional safety concerns at the time of the report

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## Thank You! Questions?

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