Child Protection at BMC

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Disclaimer

- I have no conflicts of interest to declare
- I will not be discussing the use of any medication or product, on or off-label
Objectives

1. Review Child Protection issues
2. Informed consent
3. Responding to suspected maltreatment
MGL section 51(a) as amended 2/19/2012

- a) A mandated reporter who, in his professional capacity, has reasonable cause to believe that a child is suffering physical or emotional injury resulting from: (i) abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare, including sexual abuse; (ii) neglect, including malnutrition; (iii) physical dependence upon an addictive drug at birth, shall immediately communicate with the department orally and, within 48 hours, shall file a written report with the department detailing the suspected abuse or neglect; or (iv) being a sexually exploited child; or (v) being a human trafficking victim as defined by section 20M of chapter 233.
If a mandated reporter is a member of the staff of a medical or other public or private institution, school or facility, the mandated reporter may instead notify the person or designated agent in charge of such institution, school or facility who shall become responsible for notifying the department in the manner required by this section.

A mandated reporter may, in addition to filing a report under this section, contact local law enforcement authorities or the child advocate about the suspected abuse or neglect.
Summary

1. It’s the law – suspected child maltreatment must be reported
2. Reports must be filed with DCF
3. Supervisors may file instead of direct service providers
4. The police may be contacted
Overview of child maltreatment

- ~700,000 substantiated in 2010
- ~3/4 are neglect
- Cost – ~$125 B lifetime medical costs/year
- BMC has filed over 700 reports this year
Reporting Overview

Physicians are part of a system that protects children:

1. DCF directs investigation and provides services
2. Foster care system
3. Law enforcement prosecutes criminal cases of maltreatment
Who are mandated reporters?

- Mass law includes:
  - Healthcare professionals
  - Teachers
  - Social workers
  - Clergy (many states)
  - Police
SPECIAL ISSUES

Not discussed today

- De-identified data
- Research specifically about CM
Department of Children and Families

- Functions:
  - (1) Investigation
  - (2) Child Protection
    - Family Support
    - Foster Placement

- DCF is not involved in law enforcement or punishment
When to report

Filing is *on behalf of* the child, not *against* the adult. In general, perpetrator was care-giving adult.

*Reasonable suspicion:*

- Physical injuries
- Allegations of sexual abuse
- Severe neglect
- Child is under 18 years old
Reporting Concerns

- History of racial bias in reporting
- Separating effects of poverty from neglect
- Poor communication with CPS
  - Use of jargon
  - Lack of feedback
- Communicating uncertainty
Common Excuses for not reporting

- “Nice People”
- “Not sure if it was maltreatment”
- “CPS is ineffective”
Reporting Mechanics

1. Tell the parent
2. Phone the hotline
3. File written report with DCF
4. Fax to BMC CPT 4-4836
Telling the parents

- **Fact:** “This is the type of injury often seen in abused children”

- **Fact:** “We are required by law to notify the Department of Children and Families”

- **Anticipatory Guidance:** “DCF will investigate the circumstances. They will speak with you, and may . . . .”

- **Caring:** “In the meantime, [your child] will get the medical care s/he needs . . . .”
Filing a report

The person with the most complete information files the report

- Call Department of Children and Families (DCF),
- Fax written report to DCF & BMC CPT
DCF Response

51A filed

Screened out: DCF will not investigate

Screened in: DCF will investigate or assess

Screened in: Emergency Response
TPR
Termination of parental rights

Is the result of a long court process

Family gets legal representation

State must PROVE that parents cant raise the child.
Informed Consent

1. HIPAA provides specific guidance regarding child maltreatment
2. Specific rules regarding confidentiality
3. What to say
4. Where to put it
Informed Consent

- Should participants be notified?
- Is it a risk?
- How likely is reporting?
Do Parent and Child Interests Differ?

Parents

- Privacy concerns
- Worried about losing their child
- Worried about embarrassment
- Family secrets outed
- May receive substantial family support

Child

- Powerless in situations of maltreatment
- May benefit from being noticed by reporter
- May disrupt family
When is reporting likely?

<table>
<thead>
<tr>
<th>Similar to everyday life</th>
<th>Increased chance of detecting</th>
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<tbody>
<tr>
<td>Parent may be drunk</td>
<td>Special populations (e.g., addiction research)</td>
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<tr>
<td>Parent may confide in research staff member</td>
<td>Home visits to homes with children</td>
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<tr>
<td>Parent may abuse the child during the study</td>
<td>Other sensitive research activities</td>
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<tr>
<td>Typically no more than every day life.</td>
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“Finally, you should understand that the investigator is not prevented from taking steps, including reporting to authorities, to prevent serious harm to yourself or others (including any reports of child abuse/maltreatment that are required by law)"
Summary

- Identification of maltreatment in the conduct of research is rare.
- Investigators may be mandated reporters.
- If study reasonably increases chance of detection, include appropriate language in ICF.
HELP!!
What do I do?
Suggested Safety procedure

1. Research staff contacts PI
2. PI determines if the situation raises reasonable suspicion
3. May decide to consult BMC CPT
4. PI and Research staff file together, typically informing participant
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Clinical Resources
- Auto Logon PC Links
- BedBoard
- Canopy
- Centricity RIS/PACS
- Child Protection Team
- East Boston Amicas PACS
- East Boston EpicCare
- eReferral Portal
- Geriatrics At Your Fingertips
- Harrison’s Online

https://lebpacs1.bnhc.org/
The Child Protection Team (CPT), part of the Department of Pediatrics at Boston Medical Center, addresses issues of child abuse and maltreatment including identification, prevention, safety and protection.

The mission of the CPT is to:
- Ensure that child victims of abuse and
- The CPT comprises pediatricians, nurse practitioners, social workers, nurses, child life specialists and
“bmc cpt”

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