



# 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

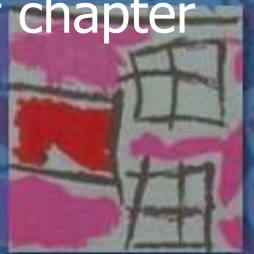






# MGL section 51(a) as amended 2/19/2012

- 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.

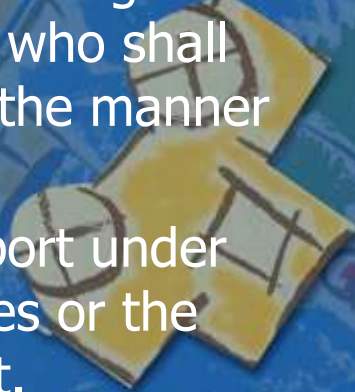






# More 51A

- 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:

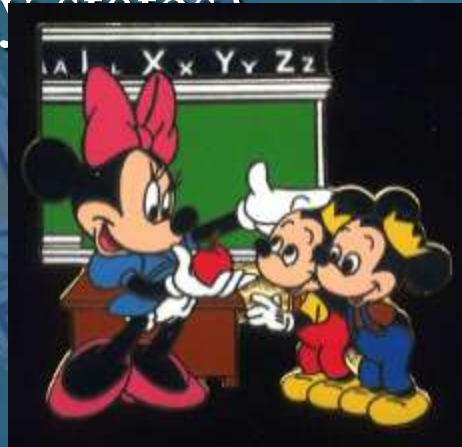
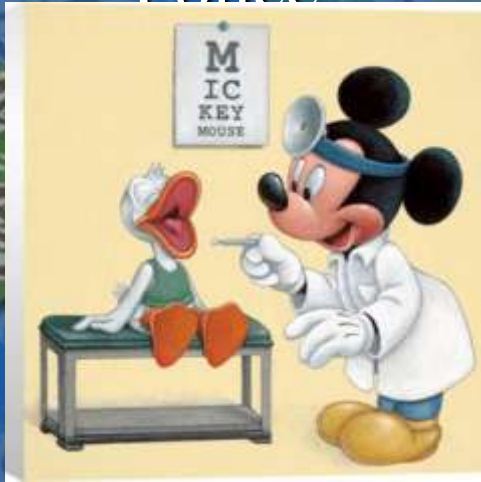
1. **DCF directs investigation and provides services**
2. Foster care system
3. Law enforcement prosecutes criminal cases of maltreatment





# 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

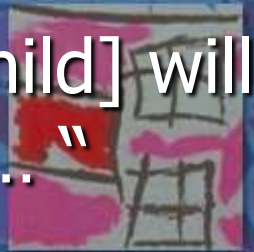
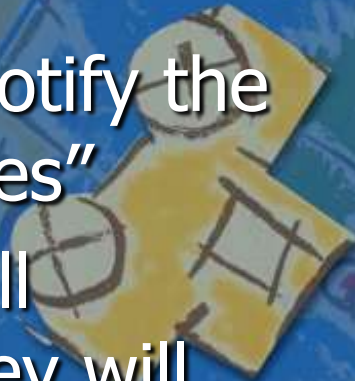






# Telling the parents

- **Fact:** “This is the type of injury often seen in abused children”
- **Fact:** “We are required bylaw to notify the Department of Chidlren 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



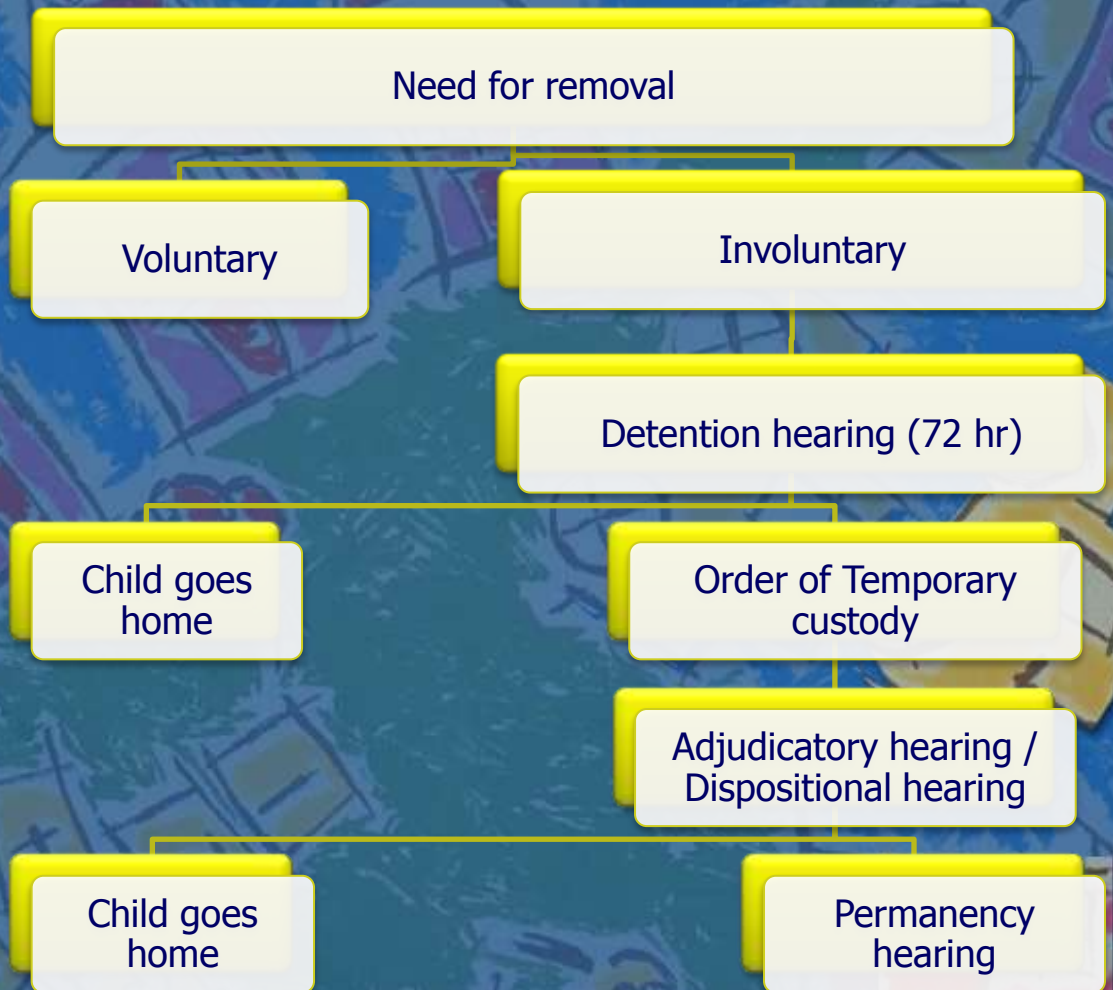
# TPR

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?

## Similar to everyday life

- Parent may be drunk
- Parent may confide in research staff member
- Parent may abuse the child during the study
- Typically no more than every day life.

## Increased chance of detecting

- Special populations (eg, addiction research)
- Home visits to homes with children
- Other sensitive research activities





# Informed Consent: *Confidentiality*




- “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)”



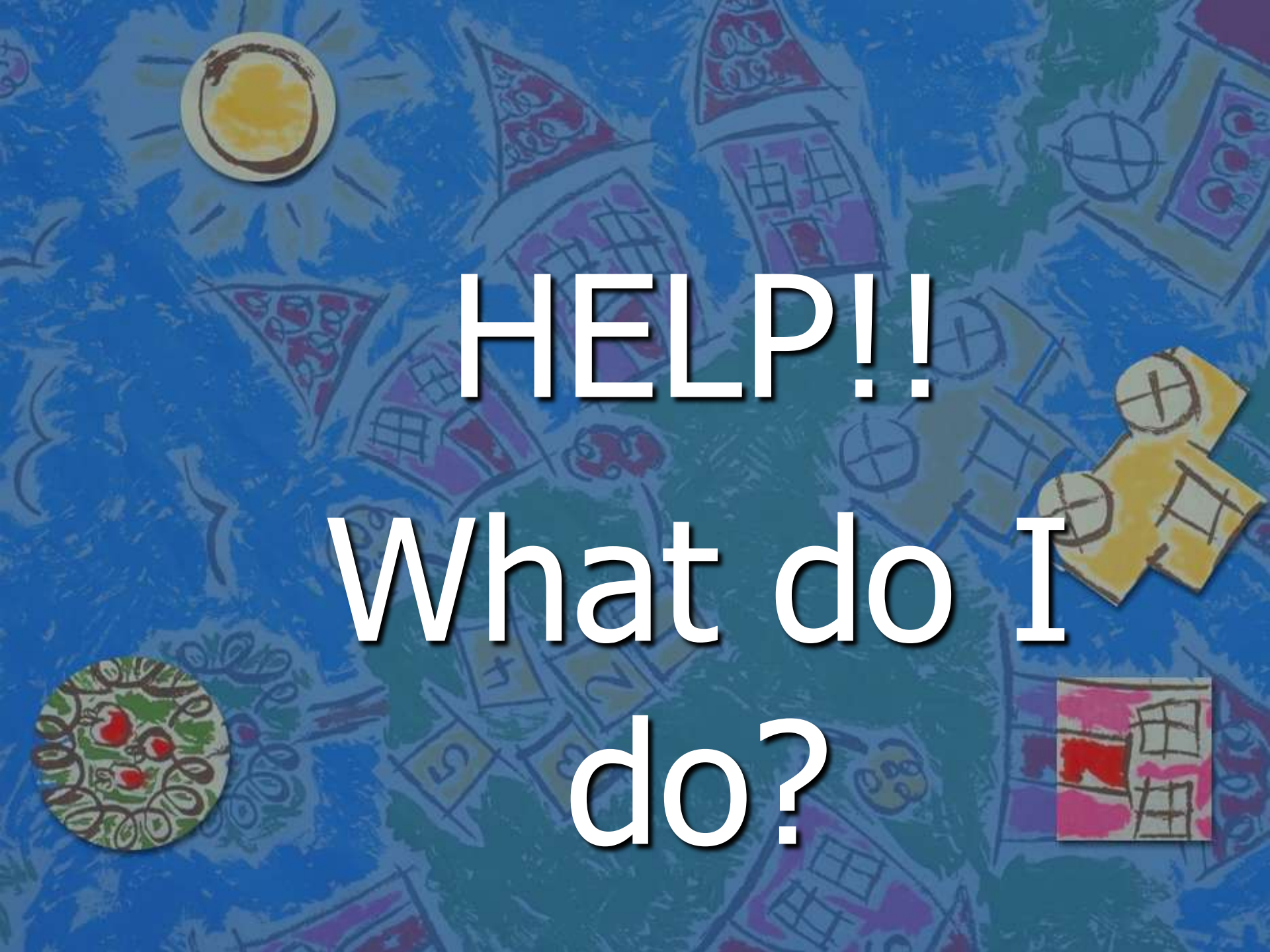




# Summary

- 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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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

### Contacts

Call: 617.414.3663  
Fax: 617.414.3648

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