Mandatory Reporting: Is it Ethical?
Julie Bradshaw, LCSW and Del Bircher, LCSW

Ethics: What is it?

- It is: A guide for professional values, principles and standards
- It is not: A cookbook for every situation
- Ethical decision-making is a process

Bioethics

- Patient autonomy – supporting and facilitating the capable patient’s exercise of self determination
- Beneficence – promoting the patient’s best interest and well-being and protecting the patient from harm
- Nonmaleficence – avoiding doing harm to the patient
- Distributive justice – allocating fairly the benefits and burdens related to health care delivery
NASW Code of Ethics

Focus on Six Core Values
1- Service
2- Social Justice
3- Dignity and Worth of the Individual
4- Importance of Human Relationships
5- Integrity
6- Competence

Service and Social Justice

“Social workers’ primary goal is to help people in need and to address social problems.” (NASW, 1999)

Utah Code

62A-4a-403
(1) (a) Except as provided in Subsection (2), when any person including persons licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 31b, Nurse Practice Act, has reason to believe that a child has been subjected to abuse or neglect, or who observes a child being subjected to conditions or circumstances which would reasonable result in abuse or neglect, that person shall immediately notify the nearest peace officer, law enforcement agency, or office of the division.
1962 – Battered Child Syndrome

“Kempe concluded that child maltreatment in the U.S. was a problem annually affecting a few hundred children subjected to the violent behavior of some seriously disturbed parents.”

C. Henry Kempe

Within 3 years of publication, all 50 states adopted a mandated reporting law. Child Abuse Prevention and Treatment Act not adopted until 1974 – primary requirement to be able to receive funds was the establishment of a system of mandated reporting and investigation.

Mandatory Reporting

“The most serious shortcoming of the nation’s system of intervention on behalf of children is that it depends upon a reporting and response process that has punitive connotations and requires massive resources dedicated to the investigation of allegations.”

US Advisory Board on Child Abuse and Neglect, 1980
Mandatory Reporting

“The result of the current design of the child protection system is that investigation often seems to occur for its own sake, without any realistic hope of meaningful treatment to prevent the recurrence of maltreatment or to ameliorate its effects, even if the report of suspected maltreatment is validated.”

US Advisory Board on Child Abuse and Neglect, 1992

Child Maltreatment Outcomes

“Child maltreatment remains a public health and a social welfare problem. It compromises the health of our children. It threatens their long-term physical and mental health as adults. It impacts their parenting practices. And it negatively affects their economic productivity as wage earners.”

Cathy Spatz Widom, Child Maltreatment Research, Policy and Practice for the Next Decade: Workshop Summary (2012), National Academy of Sciences
Child Maltreatment Outcomes

“They can tell you with precision how many units of service they delivered. They can tell you how much they can bill, but very few people can tell you how many people actually got better...We have some tools to do some very good work. However, actually translating that into the daily behavior of the typical child welfare worker turns out to be extraordinarily difficult.”


Child Maltreatment Outcomes

“the more adverse experiences a child has undergone, the greater the risk for depression, drug use, and attempted suicide. If all of these experiences could be eliminated, drug abuse would drop by an estimated 50%, current depression by 54%, alcoholism by 65%, suicide attempts by 67%, and intravenous drug use by 78.”


Commission to Eliminate Child Abuse Fatalities (CECANF) 2016

“Children who die are overwhelmingly young: approximately one-half are less than a year old, and 75% are under 3 years of age.”

Commission to Eliminate Child Abuse Fatalities (CECANF) 2016
Mandatory Reporting

“Mandatory Reporting? A call to a child protection hotline is the best predictor of a child’s potential risk of injury death before age 5.”

CECANF, 2016
Mandatory Reporting?

“Many young infants die from abuse or neglect without ever having been reported to CPS. If CPS doesn’t know about them, caseworkers cannot protect them.”

CECANT 2016

Mandatory Reporting?

“Research shows that caseworkers are not proficient at identifying children at greatest risk of reabuse.”


Mandatory Reporting?

“A number of children who die were not known to CPS, but were seen by other professionals (healthcare), highlighting the importance of coordinated and multisystem efforts.”

CECANT, 2016
Mandatory Reporting?

“Approximately 72% of child maltreatment fatalities involve neglect, either alone or in combination with another type of maltreatment and often in families challenged by the stresses of poverty.”

CECANF 2016

Mandatory Reporting?

“Fatal neglect often occurs when the child's death results from a caregiver’s egregious failure to act. The neglect may be chronic (e.g., extended malnourishment) or acute (e.g., an infant who drowns after being left unsupervised in the bathtub).”

CECANF 2016

Mandatory Reporting?

“Children residing in households with unrelated adults were more likely to die from inflicted injuries than children residing with two biological parents.”

CECANF 2016

Mandatory Reporting?

“Approximately 72% of child maltreatment fatalities involve neglect, either alone or in combination with another type of maltreatment and often in families challenged by the stresses of poverty.”

CECANF 2016
Mandatory Reporting

“every state should be required to develop and implement a comprehensive state plan to prevent child abuse and neglect fatalities”

Commission to Eliminate Child Abuse and Neglect Fatality 2016

Mandatory Reporting?

“Although poverty itself does not cause child abuse or neglect, it puts strains on parents that can elevate stress and increase risk to children.”

CECANF, 2016

What is your threshold to refer?
Why do we make referrals to DCFS?

- Required by law ("CYA")
- Investigation
- Protect children/stop abuse
- Ameliorate conditions contributing to the presumed child maltreatment
- Need resources/help

Ameliorate the Risks?

- An estimated one third of children were re-reported within 5 years.
- After 3 years, 72 percent of children had no contact with CPS again. Within the other 28 percent, 17 percent received only one more report, and 11 percent received multiple additional reports.
- Among substantiated cases, 17 percent became victims again within a span of 5 years.
- Younger children had more re-reports and higher probability of re-occurrence in comparison to older children.
- Victims who received services have a higher risk of being victimized again but, victims placed in foster care were less likely to experience re-occurrence.

Ameliorate the Risks?

- Children with disabilities were approximately 1.5 times more likely to be re-reported than children without disabilities.
- White children are more likely to be re-reported in comparison to African Americans (.87), Hispanics (.87) and Asians and Pacific Islanders (.60).
- Children of mixed race were approximately 1.3 times more likely to be re-reported than white children.
Ameliorate the Risks?

Children who receive services are more likely to be re-reported than children who do not. In situations in which the child is both receiving services and had been victimized, there is a decreased likelihood of re-reporting.

Repeat Maltreatment by Ricardo Vargas Hunter College School of Social Work Spring 2009

Ameliorate the Risks?

“In Los Angeles County, the agency investigated 170,000 complaints of abuse and neglect every year, and there was zero tolerance for any error. (Sanders) described how most of the agencies’ effort was dedicated to these investigations and foster care, with little attention and resources available for implementing evidence-based practices that will improve outcomes for children.”


Do no harm?
**Do no harm? Or- Do any good!**

Household, Family, and Child Risk Factors After an Investigation for Suspected Child Maltreatment

“**Conclusions:** Our finding that an investigation for suspected child maltreatment is not associated with relative improvements in common, modifiable risk factors suggests that we may be missing an opportunity for secondary prevention of maltreatment and maltreatment consequences.”

Kristine A. Campbell, MD, MSc; Lawrence J. Cook, PhD; Bonnie J. LaFleur, PhD; Heather T. Keenan, MDCM, PhD

**Does it do any good?**

Longitudinal Experiences of Children Remaining at Home after a First-Time Investigation for Suspected Maltreatment

“**Conclusions:** Children remaining at home following a first-time investigation for maltreatment live with persistent risk factors for repeat maltreatment. Appropriate service referrals are uncommon, but may be associated with meaningful reduction in risk over time.”

Kristine A. Campbell, MD, MSc; Andrea M. Thomas, ME; Lawrence J. Cook, PhD, and Heather T. Keenan, MDCM, PhD

**Risk/Benefit Analysis**

- **Risks**
  - Add stress to family
  - Permanent record of allegations
  - “I’m a bad mom”
  - Increase in depressive symptoms in mothers
  - Breakup the family
  - Costs
    - Work productivity of family
    - Missed school
    - System expenses
  - Can’t control outcome of an investigation
Mandatory Reporting?

“A 2012 study from the CDC found that the cost of caring for just one year of confirmed cases of child maltreatment (579,000 cases) is approximately $124 billion. If a child dies from abuse or neglect, the death equates to a lifetime cost of about $1.3 million per child, money the child would have earned over a lifetime as a productive citizen if he or she had lived.”

Risks and Benefits

• Benefits
  • Community resources?
  • Child protection?

Refer or not – Why?

• Homeless
• Homeless with medical condition
• Homeless, no food, clothing or shelter
Refer or not? Why?

• Is it neglect if this is an unacceptable living situation for a child with a chronic medical condition like kidney failure or a patient who needs vents and ports?

Refer or not? Why?

Refer or not? Why?

• Non-supervision
• "Consensual" sexual activity while underage
• Failure to comply with treatment for suicidal ideation
• Domestic violence
• Physical discipline resulting in bruises
• Parent using drugs
• Chronic truancy
Do I tell the patient?

• Why not tell?
• What happens if I do?
• What is “best practice?”

DCFS Mission

“Safe Children, Strengthened Families”

DCFS Outcomes