# *Child Protection Team*

# *&*

# *Child Witness to Violence*

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TEAM UP
FOR CHILDREN

**T**ransforming and
**E**xpanding
**A**ccess to
**M**ental Health Care in

**U**rban
**P**ediatrics

# Disclosures

The presenters have no disclosures with regard to commercial interests and do not plan on discussing unlabeled/investigational uses of a commercial product.

# Agenda

- Presentation from Child Protection Team and Child Witness to Violence
- Case conceptualization
- Questions/discussion

# Framework for Mandated Reporting

# MGL section **51(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:
  - **Abuse** which causes harm or substantial risk of harm to the child's health or welfare, including sexual abuse.
  - **Neglect**, including malnutrition;
  - **Physical dependence upon an addictive drug at birth**; or
  - Being a **sexually exploited child** or **human trafficking victim**

Citation: Ann. Laws Ch. 119, § 51A

# Caretaker

- Responsible persons include the parent and any other person responsible for the child's care.
- In regulation: The term 'caretaker' (caregiver) means:
- A child's parent, stepparent, or guardian
- Any household member entrusted with the responsibility for a child's health or welfare
- Any other person entrusted with the responsibility for a child's health or welfare, whether in the child's home, a relative's home, a school setting, a daycare setting (including babysitting), a foster home, a group care facility, or any other comparable setting
- The term 'caretaker' includes, but is not limited to, school teachers, babysitters, school bus drivers, camp counselors, etc. The 'caretaker' definition is meant to be construed broadly and inclusively to encompass any person who is, at the time in question, entrusted with a degree of responsibility for the child. This specifically includes a caregiver who is him/herself a child (e.g., a babysitter under age 18).

Citation: Ann. Laws Ch. 119, § 51A; Code of Mass. Regs. Tit. 110, § 2.00

# Physical Abuse

- Nonaccidental commission of any act by a caregiver upon a child under age 18 that causes or creates a substantial risk of physical or emotional injury, or constitutes a sexual offense under the laws of the Commonwealth, or any sexual contact between a caregiver and a child under the care of that individual.
- 'Physical injury' means any of the following:
  - • Death
  - Fracture of a bone, a subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury
  - Soft tissue swelling or skin bruising depending upon such factors as the child's age, circumstances under which the injury occurred, and the number and location of bruises
  - Addiction to a drug at birth
  - Failure to thrive

Citation: Code of Mass. Regs. Tit. 110, § 2.00

# Emotional Abuse

- 'Emotional injury' means an impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior

Citation: Code of Mass. Regs. Tit. 110, § 2.00

# Neglect

- Failure by a caregiver, either deliberately or through negligence or inability, to take those actions necessary to provide a child with **minimally adequate** food, clothing, shelter, medical care, supervision, emotional stability, and growth, or other essential care.

Citation: Code of Mass. Regs. Tit. 110, § 2.00

# Supporting Patients and Families

# Supporting Patients

- Patients disclose for a variety of reasons
  - Asking for support or guidance
  - Working through personal conflict
  - Asking for resources
  - Looking for reassurance
  - Developing sense of safety and security
  - To push other's away
- Disclosures usually come out in trusted relationships
- Acknowledge and validate patient's emotions and experiance
- Be transparent with your level of concern
  - "What you are telling me is concerning and I am worried about…"
- Don't make promises about the future

# Understanding Neglect within an Ecological System and the Role of Protective and Risk Factors

*(As highlighted by Key Informants)*

## *Protective Factors*

**CONCRETE SUPPORTS**

*(Selected Federal Income Supports to Vulnerable Families)*

Family Policies that Provide Supports that Families' Need

Research and Advancement in Neuroscience/Brain Architecture and Understanding of ACES (Adverse Childhood Experiences)

Adequate Resources to Meet Community Needs

Community Norming of Acceptable Parenting Behaviors

**SOCIAL CONNECTIONS** and Cohesion

Quality Public Transportation

High Quality Pre- and Post-Natal Programs

Quality Child Care

Communities of Faith and Interest Groups for Belonging

**KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT**

*(Early Childhood Education)*

Capacity/Willingness to Nurture and Attach to Child

**PARENTAL RESILIENCE** *(Hope)*

Physical, Emotional and Economic Well-Being

Faith and Spirituality

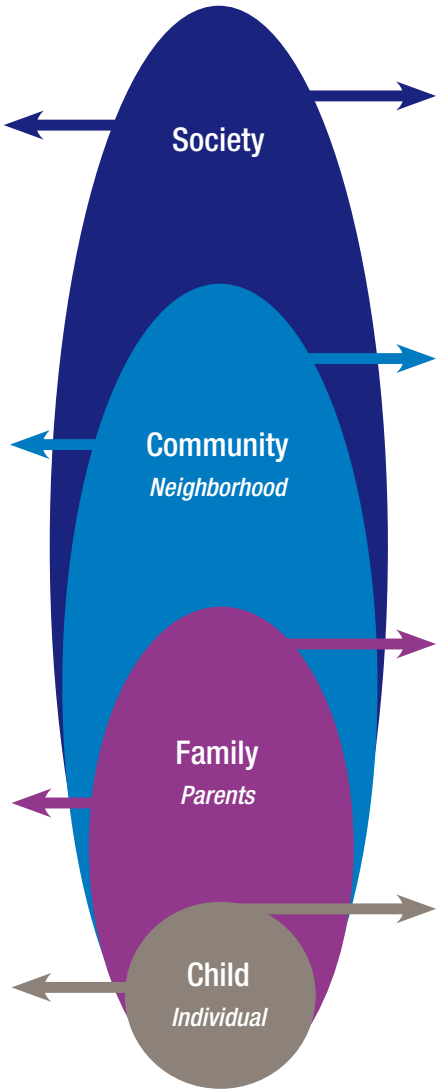
Healthy Partner Relationship

Nurturing and Attachment

**SOCIAL AND EMOTIONAL COMPETENCE**

Resilience

"Easy Child" Temperament




## *Risk Factors*

- Poverty and deprivation of basic needs
- Lack of collective (shared) responsibility for children
- Low level of importance to politicians/lack of political will
- Culture of individualism and individual responsibility; punitive system for those who need support and assistance
- Lack of standards/clarity on adequate parenting and parental behaviors
- Impoverished neighborhood
- Environmental problems
  - Neighborhood violence
  - High crime
  - Unemployment
  - Inadequate housing and homelessness
  - Social isolation
  - Poor schools
  - High mobility
  - No safe place for child play
- Inadequate/non-existent social support and cohesion
- Material hardship/economic insufficiency
  - Housing instability
  - Under-or unemployment
  - Food insufficiency
- Situational or enduring problems
  - Mental health/maternal depression
  - Substance abuse
  - Interpersonal family violence
- Caregiver history of adversity or trauma
- Apathy/hopelessness
- Child vulnerability
  - Young age
  - Poor health
  - Physical or mental health disabilities
  - Behavioral challenges
  - Developmental demands
  - Poor or challenging attachment
  - Difficult temperament/temperamental mismatch with caregiver
- Many children/closely spaced together
- Unmet basic needs

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# Family Systems Approach

- Strengths based & family centered approach to care and treatment
- Universal trauma informed practice
- Inquire about parent's/child's life
- Support the family
  - in meeting their goals
  - communicating strengths
  - refer to services based on needs

# What does parenting look like?

- Direct Observations by Provider
  - Bonding, responding to cues of child, attachment style
  - Engagement with providers
- Contingency planning
  - ex - Identifying appropriate back-up childcare
- Ability to Problem Solve
- Stress/Frustration Tolerance

# Examples of Assessment Questions

Is the caregiver acting in a protective way?

What is the impact on the child?

- Tell me about your child? What do you like to do together?
- All parents need to take care of themselves, how do you take time for yourself?
- Every parent experiences ups and downs, how do you manage the stresses of parenting?
- Tell me about a time when it was difficult to manage your child's emotions?

# Capacity To Care

Is the caregiver acting in a protective way?

What is the impact on the child?

Safety Planning?

Protective vs. Risk Factors

- Level of parent insight into risk factors
- Age of child
- Stage of change
- History of Treatment
- Strengths of parents
- MH/DV Exposure
- Financial Strain
- Support System
- Developmental or Cognitive Impairments
- Bonding of the parent and child

# Domestic Violence Considerations

Is the caregiver acting in a protective way?

Are they engaged in safety planning?

- Current DCF policy does NOT require a 51 -A to be filed in all cases of a child's exposure to domestic violence.
- DCF encourages mandated reporters to use discretion and judgment in making a decision to file in cases involving domestic violence.
- Sometimes, DCF involvement increases the safety risks for the victim and children
- Your 51a can include more information than your chart note.
  - Ex: How can DCF safety contact the family?

# Domestic Violence – Heightened Risk

- The perpetrator has threatened to kill the caretaker, the children and/or self and the caretaker fears for their safety.
- The perpetrator physically injured the child or the child was injured during the assault/struggle.
- The perpetrator coerced the child to participate in or witness the abuse of the caretaker
- The perpetrator used a weapon, made threats to use a weapon.

# Partnering Around DCF Involvement

- Safety Planning
  - Based on Age of Child
  - Engage Collateral Supports
- Communicating parent's strengths and successes
- Transparency with concerns

# Meeting Your Threshold

- Listen & validate emotions of the patient
- Considerations
  - Discuss with team
  - Engage in Safety Planning
  - Use available resources
  - Consider filing 51a together
- Be clear with yourself about reason to file, check any fears, judgment or other motives that may not be in line with legal obligations or hospital policy.

# Safety Planning When Filing

- Consider impact of reporting on family
- Identify safety plan for DCF contacting parent
  - Ex – Parent works from 9-5pm M-F, please call cell phone at 617-555-1111 between those hours. States it is safe to leave a general message with no identifying information
  - Ex – Parent is agreeable to informing principle at son's school and would be agreeable to meeting DCF at child's school for safety
- Be specific with DCF about safety plan

# How Do I Tell a Caregiver?

- Remind patient that you are a mandated reporter and you are going to discuss your concern with your team.
- Explain why you are filing:
  - Concerned because of the following facts
  - Filing "on behalf of the child"
  - Aligning with your patient around notion of caring for their child can be helpful
- **You can file with your patient**
- **Tell them what to expect next**

# Child Protection Team

# What We Do

- Provides 24/7 coverage for clinical consultation b7336
  - Social Workers: available during business hours for in-person assessments and clinical consultation, and after hours by pager for clinical consultation
  - Physician trained in child abuse and neglect:
    - 24/7 phone and in-person medical consultation and evaluation around abuse and neglect
      - recommendations on diagnostic and medical management
      - medical evaluation for physical and sexual abuse cases
- Multi- Disciplinary Team Meetings
- Reviews all 51a's filed in the hospital & follow up with DCF regarding outcomes
- Serve as liaison with DCF, the Boston Police Department, Suffolk County District Attorney's Office, Children's Advocacy Center, Boston Public Schools, and Primary Care Providers

# Covered Health Centers

- Dorchester House
- East Boston Community Health Center
- Roslindale
- Codman Square
- South Boston Health Center
- SPARK Center
- BPS School Based Health Centers under BMC License

# DCF Response to a 51a

# Emergency Response (ER)

- DCF sends team within 2 hours to assess child safety
  - Will visit the family within 24 hours
  - Has 5 days to complete report
- Request an Emergency Response when:
  - Child is in imminent danger
  - Child is not safe to go home
- How often does this happen?
  - 21% of reports from BMC receive and ER (2016 CPT annual Report)

# Time Frames

- Screening
  - Emergency (within 2 hours) vs Non-Emergency (1 day)
  - Determines safety, assess risk, what DCF intervention is needed
- Screened In
  - Reviews allegations, assesses for safety and risk, identify strengths and what supports/services are needed
- Screened Out
  - Unsupported allegations or not in a caregiver role
  - DA Referral - sexual abuse, serious injury or death

# DCF Specialist Role

- Area Office
  - Adolescent Teams
  - Medical Social Workers
- Regional
  - Domestic Violence Specialist
  - Housing Specialist
  - Substance Abuse Specialist
  - Mental Health Specialists
  - Regional Nurses

# Questions?

# Funding Acknowledgment

TEAM UP FOR CHILDREN

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