Ethics of Compassionate Mandated Reporting Across Disciplines

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Subject Matter Expert
Deborah P. Coehlo, PhD, C-PNP, PMHS, CFLE

Founder and Director
Juniper Pediatrics

Dr. Debbie Coehlo is a certified Pediatric Nurse Practitioner and Pediatric Mental Health Specialist with a Doctoral Degree in Family Sciences and Human Development. She is the Founder and Director of Juniper Pediatrics, a clinic modeled after John F Kennedy's multidisciplinary system of care. Using a holistic, integrated care model, Juniper provides counseling, medication management and family therapy for children with ASD, ADHD and other childhood mental health disorders.

Dr. Coehlo completed her Master's in Nursing with a specialty in parent- child nursing. She spent 10 years working at the Child Development Center at the University of Washington in the Genetics Clinic and Multidisciplinary Clinic. In 1999, she complete her Doctorate degree in Human Development and Family Studies.
She continues to teach at the undergraduate and graduate level and had pursued research in the area of social networking, transitioning to out of home care for families, and child development.

Dr. Coehlo is a co- editor for the 4th and 5th edition of Family Health Nursing (F.A. Dais, 2010/2013) and has published several journal articles in the areas of families choosing residential care, families in transition, family health nursing, and care of children with special health care needs.

Panelist
Manya C. Ralkowski, EdS, BCBA, LBA, IBA

Instructional Leadership – Curriculum Specialist
Board Certified Behavior Analyst Licensed Behavior Analyst International Behavior Analyst

Ms. Manya Ralkowski has been practicing in the field of applied behavior analysis for over 27 years. Her training began under direct education and training from consultants from the Lovaas Clinic in Los Angeles while completing her bachelor of arts in Communication Disorders with endorsements in special education and psychology at Western Washington University. Ms. Ralkowski continued her education and training with a master's degree in Education from Lesley University and a graduate certificate in Applied Behavior Analysis from the University of Washington while working as an assistant teacher on the Project DATA grant at the Haring Center-Professional Training Unit. She also possesses a doctorate degree in Instructional Leadership.

Her extensive educational and clinical background has afforded her many opportunities to build programs where there were none. Ms. Ralkowski has brought many programs and change to the PNW as a Design Team member for Seattle Public Schools creating the first STEM school for the district, a district consultant creating and replicating inclusion programs across the region, and most recently a Clinical Director, starting up a school and home-based ABA program serving 10+ districts and over 20 communities regionally.

Since 1994, Ms. Ralkowski has been creating and designing ABA programs and educational services from San Diego up the coast and into BC, Canada. She has been trained in many ABA based methodologies including PRT, DTT, NET, Verbal Behavior, Precision Teaching, PECS, and naturalistic ABA. She brings together disciplines such as ABA, special education, speech pathology, psychology, and remedial reading instruction for a comprehensive program for each student, each family, each teacher, and each school to create stronger and more inclusive communities.

Panelist
Iris Maynard, MA

Caseworker Supervisor of
Department of Human Services

Iris Maynard is a Youth and Family Services Ongoing Supervisor with the El Paso County Department of Human Services in Colorado Springs. She Graduated from Gordon Conwell Theological Seminary with her Masters in Counseling in 2011 before moving to Colorado Springs. Iris worked as an ongoing caseworker from 2011 until becoming a supervisor in 2018. During her time with DHS, she has been part of a myriad of complex cases and received additional training regarding everything from responding to Juvenile Sexual Abuse cases to participating in Brene Brown's *Dare to Lead* curriculum. Iris participates in weekly meetings to screen in new child abuse and neglect referrals and has provided mandatory training for her community as well as other internal trainings. She is also cross trained as an Intake and Ongoing Supervisor. Iris worked as a Utilization Management Specialist for a period as well supporting and driving the effective use of county resources for youth in Residential Treatment Centers. She's also served as a consultant for a local start up ABA organization as they networked with service providers and created internal policies managing mandated reporter responsibilities of the company.

Learning Objectives

1. Identify common signs and symptoms of child abuse and neglect in children, including physical, sexual, and emotional abuse and physical, medical, environmental, and educational neglect.
2. Practice compassionate and competent communication with professionals and parents regarding suspected child abuse and neglect.
3. Know when to discuss concerns with parents and when to make a mandatory report without notifying parents.
4. Determine the appropriate authorities to call when making a report of suspected child abuse and neglect.
5. Know resources commonly used to help parents become stronger and keep families together.
6. Understand decisions surrounding when a child is removed from the home, a parent is removed from the home, or when a family is kept together.
7. Discuss and analyze ethical dilemmas surrounding child abuse and neglect, including cultural variations on definitions, the negative impact on a child of being placed in foster care, relative placement as a mandate, and what happens when the child is the abuser.

Mandatory Reporting

What is Child Abuse and Neglect

- "Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation"; or
- "An act or failure to act which presents an imminent risk of serious harm."

- From Child Abuse Prevention and Treatment Act (CAPTA), 2019: https://www.childwelfare.gov/topics/can/defining/

Types of Abuse

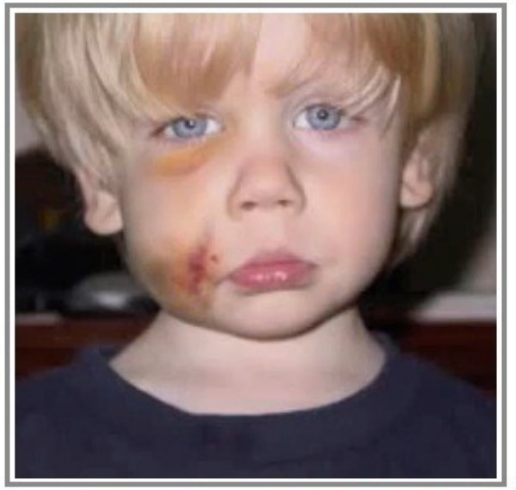
- **Physical abuse**:
  - Physical harm (i.e., injury resulting from parent(s)'s lack of protection)
  - Intentional injury (i.e., slapping, hitting, kicking, burning, etc.)
  - Imminent threat of harm and/or injury (i.e., threatening to harm child)
  - Failure to protect from harm and/or injury (i.e., failure to provide a safe car seat)
- **Sexual abuse**: unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent (APA, 2021)
- **Emotional abuse**: a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance (Child Welfare)
- **Neglect:** the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm (Child Welfare, 2019)

Signs and Symptoms of Abuse: Overall

- Withdrawal
- Changes in behavior — increased aggression, anger, hostility or hyperactivity
- Changes in school performance
- New symptoms depression, anxiety or unusual fears, or a sudden loss of self-confidence
- Lack of supervision at home
- Frequent absences from school
- Reluctance to leave school activities
- Repeated attempts at running away
- Increased oppositional or defiant behavior
- Self-harm or attempts at suicide

Signs of Physical Abuse

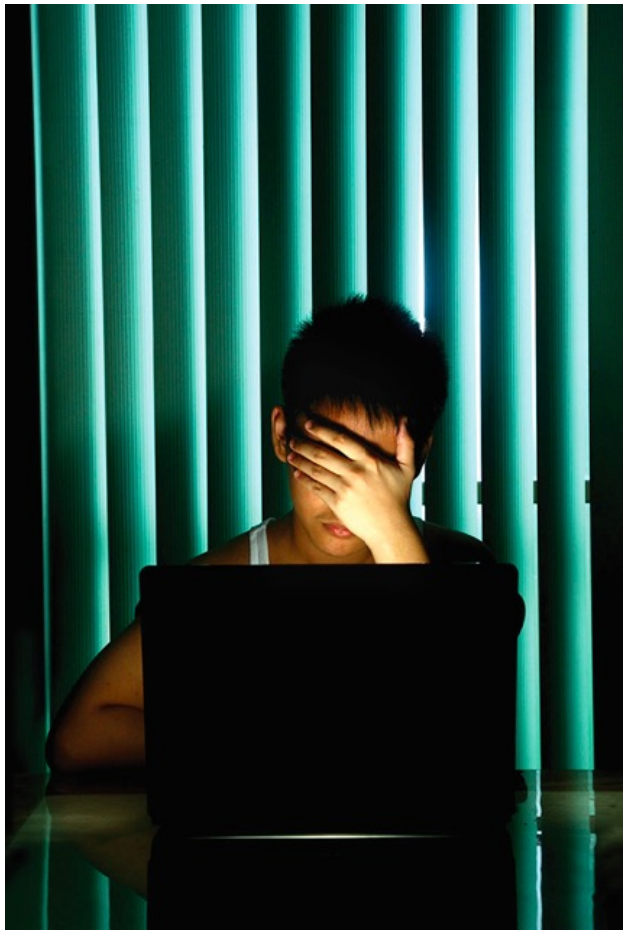
- Unexplained injuries, such as bruises, fractures, or burns
- Injuries that don't match the given explanation
- Injuries in unusual areas (i.e., bruises on abdomen, burn marks on buttocks, spiral fractures of femur, subdural bleeding of an infant, bruises on the ears, etc.)



Severely Beaten & Neglected

Signs of Sexual Abuse

- Sexual behavior or knowledge that's inappropriate for the child's age
- Pregnancy or a sexually transmitted infection in minors
- Blood in the child's underwear
- Injury to genitals
- Statements that he or she was sexually abused
- Inappropriate sexual contact with other children



Signs and Symptoms of Emotional Abuse

- Delayed or inappropriate emotional development
- Loss of self-confidence or self-esteem
- Social withdrawal or a loss of interest or enthusiasm in activities
- Depression
- Avoidance of certain situations, such as refusing to go to school or ride the bus
- Desperately seeks affection from non-caregiver adults
- A decrease in school performance or loss of interest in school
- Loss of previously acquired developmental skills

- https://preventchildabuse.org/images/docs/emotionalchildabuse.pdf

Signs and Symptoms of Neglect

- Poor growth or weight gain or being overweight
- Poor hygiene
- Lack of clothing or supplies to meet physical needs
- Taking food or money without permission
- Hiding food for later
- Poor record of school attendance
- Lack of appropriate attention for medical, dental, or psychological problems or lack of necessary follow-up care
- Evidence of being unsupervised
- Stealing food from garbage cans
- Untreated illnesses

Signs and Symptoms in Abusive and/or Neglectful Parents

- Shows little concern for the child
- Appears unable to recognize physical or emotional distress in the child
- Blames the child for the family or adult problems
- Consistently belittles or berates the child, and describes the child with negative terms, such as "worthless" or "evil"
- Expects the child to provide him or her with attention and care and seems jealous of other family members getting attention from the child
- Uses harsh physical or psychological discipline
- Demands an inappropriate level of physical or academic performance
- Severely limits the child's contact with others
- Offers conflicting or unconvincing explanations for a child's injuries or no explanation at all
- Blames others for child's difficulties (i.e., other parent, teachers, grandparents, etc.)

Who is a Mandatory Reporter

- A certain person (such as pediatricians and childcare workers) **who must report when they know or suspect that child abuse is going on**.
- All states designate certain professionals as mandated reporters
- In most states, professionals that engage in regular contact with children are listed as mandatory reporters.
- Regardless of the specific mandated reporter law, all adults should report suspected abuse to protect children.

What if a child discloses abuse?

- Listen attentively, do not show anger or indicate that you do not believe them.
- Children need to know that they are believed and that the abuse is not their fault.
- Ask open ended questions like "What happened?" If possible, where, when it happened, and by whom. Don't ask leading questions – minimize the risk of re-traumatizing the child.
- Do not try to investigate on your own, do not try to investigate physical signs. Instead make the report immediately to law enforcement and/or child protective services.
- Do not promise the child that you will keep it confidential.

How to report sexual abuse

- You do not need to have proof of sexual abuse to make a good faith report
- Many state laws require only reasonable suspicion
  - You have witnessed a pattern of boundary violations by an adult or youth
  - You have intervened in boundary violations, and yet the person continues with similar behaviors
  - You have received a disclosure from a child or the child has told you about boundary violations experience by the child
  - You have seen physical signs of sexual harm

https://www.d2l.org/wp-content/uploads/2017/01/Mandated_Reporting_07.07.15.pdf

The Process of Reporting Abuse

- When?
  - If there is reason to believe a child has been abused, is being abused, or is in danger of being abused
  - Make the report as soon as you have reason to believe or if you received a disclosure
- You do not need to have proof and knowledge beyond a reasonable doubt.
- State laws (state by state) will dictate how soon you are required to make the report. Some say immediately and some say within 24-48 hours
- Some states may require a written report after calling it in.
- You are not liable if the report is not substantiated. People making a report in good faith are protected.

BREAK

The Information Required for Reporting Abuse

- At minimum you will need the name, address, age of the child, the name(s) and address(es) of the parents or guardians, and the nature of the abuse.
- The name of the perpetrator and the relationship to the child is helpful as well as any other details of abuse will help the investigation.
- It's always best to report to protect the child even if you think you do not have enough information.
- Do not investigate further on your own. Child Protective Services and/or law enforcement will investigate the situation.
- You can call in at a later time with more details if appropriate.
- You are also entitled to follow up at any point on a report to child protective services, they will provide current investigation status.

A Note on Domestic Violence

- 10-20% of children are exposed to domestic violence
- A risk factor for child abuse and neglect includes IPV
- Children who witness IPV are at increased for depression, developmental delays, and mood disorders.
- Children exposed to IPV are at higher risk for health problems including diabetes, heart disease, bowel disorders, and other autoimmune diseases.
- The impact lasts a lifetime

Scenario Analysis

- An 8-year-old girl is sent to the principal's office for stealing other children's lunches. The girl has poor hygiene, ill-fitting clothes, and has missed 25% of school days.
  - What are the signs of possible abuse or neglect?
  - What would you do?

What Happens After Reporting?

- Timing is important
  - High risk for harm: Child Welfare professionals will start the investigation within 24 hours
    - If sexual abuse or imminent harm is suspected, then the child may be contacted at school
    - Law enforcement will accompany Child Welfare professionals if needed
- **Consider your relationship with the family**
- **Placement options**
  - **Relatives**
  - **Foster Care**
- **Long term outcomes**

Role of Child Protective Services

- Number ONE role is to try to keep families together
  - Build resources
    - Parenting classes and support
    - Financial assistance programs
    - Housing
    - Drug treatment
    - Mental health services
    - Quality childcare
    - Employment services
    - Domestic violence protection programs
    - Enrichment programs (i.e., recreational programs for children)
    - Additional services as needed (i.e., clothing, medical care, etc.)

Addressing Parent Anxiety

- Begin by describing Child Welfare as a supportive resource rather than a punishing agency
  - First step is assessment of child's safety
  - Second step is determining needed resources
  - Children are removed only if the home is deemed unsafe
- Describe the expected process
  - Assessment
  - Determination of whether abuse/neglect has occurred
  - Safety Plan
    - Resources
    - Support
- Legal considerations

Addressing Mandated Reporter Anxiety

- Training
- Mentorship
- Experience
- Knowing the process, diversity of outcomes, and protection and advocacy for children and families

Consequences of Not Reporting

- Legal ramifications
- Licensing ramifications
- Civil lawsuits
- Professional ethics
  - Children left in unsafe homes
  - Lifetime consequences

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Adults with Disabilities

- Mandatory reporting continues
  - Adult services
  - Case study: Young adult unable to eat

Summary

- Abuse and neglect continues to occur across cultures, geographic areas, and different family structures
- Professionals working with children and families are key in preventing, identifying, and stopping abuse and neglect of children
- Knowing how and when to make a report is key to advocating and protecting children from ongoing abuse and neglect
- Never stop due to your own fear..

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