Working with Child Protective Services and Law Enforcement: What to Expect

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KEYWORDS

• Child protective services • Law enforcement • Reporting child abuse • HIPAA
• Testifying

KEY POINTS

- Lack of recent education in child abuse and a lack of knowledge about reporting laws and practices impede reporting tendencies among physicians.
- Primary practice characteristics, such as limited time to adequately evaluate a child for abuse, lack of quick accessibility to a child abuse specialist, desire to preserve a professional relationship with the family, and negative prior experiences with reporting affect the clinician's ability to diagnose and report child abuse.
- Reporting child abuse entails both an emotional and cognitive response in the reporter.
- Improved communication with child protective and law enforcement investigators, child abuse specialists, and other resources enhances the clinician's confidence in reporting suspected abuse.
- Suggested approaches to improving the clinician's ability to detect, report, manage, and collaborate with investigators include seeking opportunities to update knowledge, implementing a screening tool, establishing contact with child abuse resources in the community, and communicating effectively and promptly with child abuse investigators.

INTRODUCTION

The process whereby a clinician decides that child abuse is a diagnostic possibility is often marked with doubt and fear. Abusive parents can present convincing lies, and children with suspicious injuries can have unusual accidents. Personal thresholds for reporting suspected child abuse vary considerably with bias, training, subspecialty, and situational factors. In addition, clinicians may mistrust or misunderstand the roles and responsibilities of the investigators and legal professionals involved after a report is made. The goals of this article are to improve understanding of the community responses to a report of child abuse, and to enhance the ability of the clinician to

Disclosure: None.
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Pediatr Clin N Am 61 (2014) 1037–1047
http://dx.doi.org/10.1016/j.pcl.2014.06.013 **pediatric.theclinics.com**
0031-3955/14/$ – see front matter

work effectively with Child Protective Services (CPS), law enforcement, and legal professionals to ensure child safety and family integrity, when appropriate.

WHAT HAPPENS WHEN YOU REPORT CHILD ABUSE

Reporting Laws

In all states of the United States, health care providers are mandated by law to report suspected child abuse or neglect to designated child protection and/or local law enforcement agencies.[1] Although terminology varies, laws generally require a report when the clinician suspects abuse or has reason to believe that a child has been abused or neglected. Proof that abuse has occurred is generally not required to make a report of child abuse. However, in some states the standard for reporting does require the professional to believe that the child's mental or physical health has been adversely affected by maltreatment. In this latter circumstance, the physician is required to assess harm for those injuries resulting from abuse or neglect.

When Does Sexual Contact Equate to Sexual Abuse?

In general, any sexual contact involving children younger than 17 years and adults should be reported to CPS and/or law enforcement. Sexual contact involving children and family members or individuals residing in the child's home are usually investigated by CPS in addition to law enforcement. Sexual contact between minors and nonrelated adults, and nonconsensual sexual contact involving minors are reported to law enforcement. Clinicians should also report parents who are aware that abuse is occurring but fail to protect the child.

State laws vary with regard to mandatory or discretionary reporting of sexual activity between 2 consenting minor children.[2] Some states mandate reporting for any child below a designated "age of consent," whereas other states mandate reporting when the sexual activity is deemed physically or emotionally abusive or harmful. Penal code definitions for "sexual assault of a minor" typically use age-based criteria that differ from reporting mandates.

State laws protect the confidentiality of reporters; child protection and law enforcement professionals may not release the name of the reporter to the family or individuals involved in the investigation. However, physician reporters are often asked to provide records, affidavits, and testimony during or following the investigation, so the reporter is often known or revealed to the family. Many clinicians prefer to inform the family that they are reporting to child protection or law enforcement "so we can make sure everything is being done to keep your child safe."

Clinicians are protected from liability as long as they make a report of suspected abuse "in good faith"[3]; in some states, there is a presumption of good faith unless it is disproved.[4] Many state statutes specifically deny immunity for any reporter who knowingly makes a false or malicious report, and may impose either civil or criminal penalties for false reporting. Similarly, there are penalties for failing to report suspected abuse or neglect; punishments range from fines to imprisonment.

Child Protective Services Responses

CPS is responsible for determining whether the child is safe, and for implementing measures or "safety plans" to ensure the child remains safe during the investigation. When an individual makes a report to a child protection agency, the report may be either closed without investigation or assigned to investigation. Reports to investigation are assigned a priority ranking that determines the time within which the child protection worker must initiate the investigation. In general, reports involving younger