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The Pennsylvania Psychologist

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# Child Abuse Perplexities: When Is It Appropriate to . . . ?

*Samuel Knapp, EdD, ABPP[1]; Director of Professional Affairs*

*Dr. Samuel Knapp*

Family life styles, values, and behaviors differ considerably and it is often a judgment call as to when an idiosyncratic pattern of raising a child becomes a concern for possible child abuse. Some of these issues have to deal with sleeping patterns, the use of alcohol, and exposure to adult nudity. Although psychologists have to make decisions concerning these issues, often they cannot find empirical evidence to guide these decisions.

## Sleeping with Parents

Consider this example:

> A mother reported to her psychologist that her ex-husband allowed her eight-year old daughter to sleep with him in his new apartment. She asked the psychologist if she needed to worry if her husband will start abusing her child.

As psychologists we are required to report child abuse, even if we learn about it from secondary sources without directly interviewing the child or an adult close to the child. How are we to interpret this situation? Is this a pernicious act of a child molester? Or is this a caring parent who is trying to soothe a nervous child staying in a new house, and who will gradually wean his daughter back to her own bed? Have we considered cultural factors? Certainly if we learned about directly from the child's father we would follow up with further inquiry and monitoring, but in the absence of more information it seems to me to be too big a leap to assume that this involves child abuse.

*Psychologists have to base their decisions on the details that the informers provide and their credibility.*

A related question is, even assuming that the parent is well-meaning and well intentioned, when does sleeping with an adult became a problem of such concern that it warrants a report of suspected child abuse? Similarly, we could ask as to when does breastfeeding a toddler or older child become problematic.

The standard for reporting emotional abuse or neglect is the impact that the behavior has on a child. So it would be necessary to report emotional abuse when encountering a child who is "chronically and severely anxious, agitated, depressed, socially withdrawn, [or] psychotic. . ." (23 Pa. C. S. A. §6303 (a)) as a result of a caregiver pattern of behaviors that might include sleeping with adults. In the absence of such severe impact on a child, however, it becomes an issue that could be dealt with clinically, if the child was a client. But it is especially challenging to make a decision about reporting when the psychologist has never seen the child. Psychologists have to base their decisions on the details that the informers provide and their credibility. The vignette above, however, did not include any mention of harm to the child, thus it seems to me that no report of abuse is required.

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[1]The author thanks members of the PPA Ethics Committee for their helpful comments on a previous version of this article.

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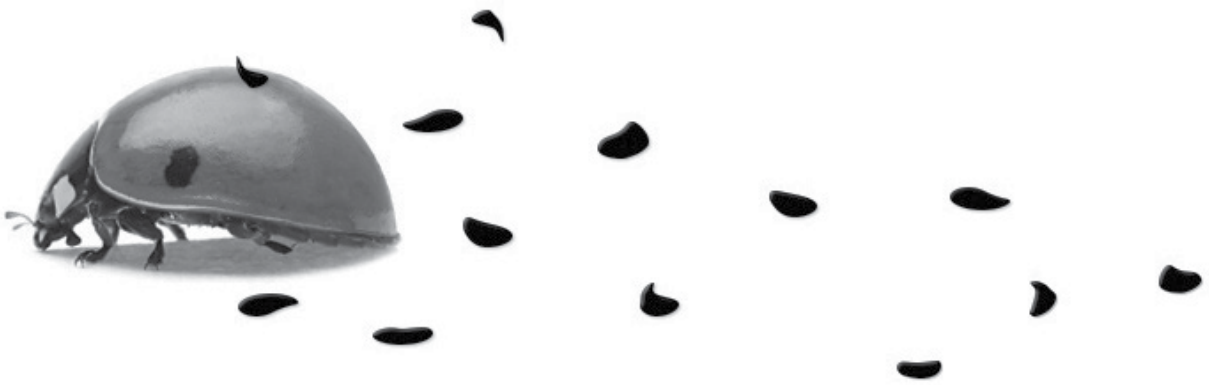

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# Common Questions on Reporting Child Abuse

*Samuel Knapp, EdD, ABPP[1]; Director of Professional Affairs*

Over the last two years, staff at the PPA office have received literally hundreds of inquiries from psychologists concerning their obligations under the Child Protective Services Law. This article identifies some of the most common questions and offers answers to them.

## Q: Are psychologists mandated to file a report of abuse if the alleged victim is now an adult (age 18 or older)?

No, psychologists are only mandated to report suspected child abuse if the alleged victim is under the age of 18. We have had psychologists describe numerous cases where adults have reported being victims of abuse in the past (one time the event took place 60 years ago). There is no mandate to report abuse that happened to a person who is now an adult (see 23 Pa. C. S. A. §6303 for definition of child and §6311 for the mandate to report the abuse of a child).[2]

On the other hand, we encountered one case where the alleged victim would be turning 18 in two weeks, and another where the alleged victim would turn 18 the next day. On the surface it would appear foolish to file a report when the alleged victim would be 18 by the time the investigation was over. However, it is the law to report such cases. Furthermore, it is always possible that the alleged perpetrator may be a repeat offender and place other children at risk of abuse. Of course the psychologist can discuss with the adult patients their options of notifying the ChildLine themselves or contacting the police and perhaps preventing future incidents of abuse.

## Q: Psychologists are required to report when they suspect child abuse, but how does the Child Protective Services Law define suspicion?

Suspicion is a mental state that falls somewhere between an absolute certainty and a passing thought. In determining if their thoughts reach the necessary level of certainty to be called suspicion, psychologists can ask themselves if they can find a credible reason to support the conclusion that abuse occurred. This requires looking at the totality of circumstances and information about the child and the event.

Regardless of the decision on whether or not they made a report, psychologists should phrase their documentation in the patient's record in a manner consistent with their decisions and behavior. For example, psychologists should not write in the patient's record that they suspected abuse, if they failed to report it. Most likely psychologists who make this error are using the words suspect or suspicion inaccurately to mean a passing thought or an inkling. However, the inaccurate use of the words suspect or suspicion in this context would give the impression that the psychologists knew that they had a mandate to report and deliberately chose not to do so.

The threshold for reporting abuse is a reason to suspect abuse; the threshold is not an inkling, suggestion, hint, or a passing thought. For example, we know that young children who are recently sexually abused may show a marked decline in cooperative behavior and an increase in emotional distress. However, we should not assume that all young children who are defiant or in emotional distress were sexually abused. Certainly this is one consideration in the overall

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[1]**The author thanks members of the PPA Ethics Committee for their comments on a previous version of this article.**

[2]**The verbal report should be made immediately, and ChildLine has a written report that needs to filed within 48 hours (http://ohr.psu.edu/assets/hr-professional/forms/CY47Form.pdf). Mandated reporters should respond to as many of the items on the form that they can, but often do cannot complete the form in its entirety.**

## COMMON QUESTIONS ON REPORTING CHILD ABUSE

*Continued from page 3*

evaluation of the child. But the behavior change is not sufficient, in and of itself, to justify a report of abuse. If appropriate, psychologists could write in the patient records that they considered child abuse or asked probing questions about child abuse, but then concluded that the evidence did not reach the level of suspicion necessary to justify a report.

### Q: Are psychologists mandated to report cases of child abuse even if a report of suspected child abuse has already been filed (or has been investigated and determined to be unfounded)?

Section 23 Pa. C. S. A. § 6311 (c) of the Child Protective Services Law allows one exception to the mandate to report all cases of abuse in that "this chapter does not require more than one report from any such institution, school, facility, or agency." So psychologists do not have to re-report a client when a report has already been made from their institution.

On its face it appears that the law would require psychologists to report all cases of abuse, even if they have information that a reporter from another agency already filed the report. However, it is not clear if the section of the law refers to current cases of abuse or past cases. The general rule would be to re-report cases of abuse. But if the parents give a credible account that the abuse has already been reported or investigated (perhaps even stating that Children and Youth referred them for services), then it may be warranted to get the patients to sign a release with Children and Youth, learn the accuracy of the report of the patients, and follow the directions of Children and Youth about any requirement to re-report the abuse.

Of course, if the psychologists learned any about any new abuse, not yet reported, then they need to file a new report. Also, psychologists should report any relevant information about any previously report that had not been reported to the investigators. For example, we know of one case where Children and Youth had investigated a report of suspected child abuse, but the victim child, now in therapy with a new psychologist, revealed substantially more information about the abuse (including the names of perpetrators not previously named by the child) that the investigating agency did not know about.

### Q: Are supervisees of psychologists mandated reporters?

The Child Protective Services Law specifically states that supervisees of licensed professionals are mandated reporters (23 Pa. C. S. A. §6311). Also, the regulations of the Professional Psychologist Practice Act only permit supervisees to operate within the limits (and presumably the legal obligations) of their supervisors (see 49 Pa Code §41.33 and 49 Pa Code §41.58 (b)).

### Q: Do psychologists need to report suspected abuse if it occurred in another state (a foreign country, a military base)?

We recommend calling the incident into ChildLine and following their instructions concerning any follow-up. The Department of Health and Human Services has established protocols for handling interjurisdictional issues (23 Pa. C. S. A. §6344).

### Q: Some psychologists hold a psychology license, but most of their work is done in teaching and research. Are they still mandated reporters of suspected child abuse?

Nothing in the Child Protective Service law restricts reports of abuse to information obtained in counseling or therapy. For example, many college freshmen are 17 years old (or younger) and their teachers/researchers would be mandated reporters of child abuse.

### Q: Are psychologists mandated to report suspected child abuse when they learn of a pregnant woman who is abusing alcohol or other drugs?

Health care professionals are not required to report drug abuse by a pregnant woman. But they must report if they encounter a child under the age of one who is affected by drug abuse by the mother, including showing withdrawal symptoms from drugs or has a disorder within the fetal alcohol syndrome spectrum (23 Pa. C. S. A. §6316).

# Vignettes Related to Child Abuse Reporting

*Samuel Knapp, EdD, ABPP[1]; Director of Professional Affairs*

Often psychologists have to make difficult decisions as to whether to report a family for suspected child abuse. This brief article contains a series of vignettes based on real cases that have been presented to PPA staff. No identifying information is included and sometimes the details have been altered for educational purposes. The response of the PPA staff is included below the questions in each case.

## CASE ONE

**A 10-year old child arrived in therapy poorly dressed and with an infestation of fleas.**

The presence of fleas on a child is a health concern, but does not, in and of itself, trigger a report of abuse. It is one of many factors, looking at the totality of the child's life, which could be considered in determining whether the parents are ensuring adequate shelter, nutrition, protection, clothing, and health care. Nonetheless, the fleas, combined with the poor state of clothing, certainly would prompt the psychologist to inquire further into the care provided to this child.

## CASE TWO

**Parents abused substances including smoking marijuana in front of their children.**

Except for having a meth laboratory in the house, nothing makes the use of alcohol or other drugs in a household automatically grounds for reporting suspected child abuse.[2] The use of illegal drugs in front of children may represent substandard parenting and intoxication may increase the risk of child abuse. In addition, the use of certain drugs such as heroin or methamphetamines may represent an even higher risk of child abuse. However, using or abusing alcohol or other drugs in front of children does not automatically trigger a report of suspected child abuse. These actions might prompt the psychologist to inquire further as to the welfare of the child. However, any report should be made on the basis of the impact of the parents' behavior on the child, not on the fact of alcohol or drug abuse alone. The quality of the discussion with the parents or child will be greatly enhanced if the psychologist has training or experience in evaluating substance abuse disorders, or seeks consultation from a professional with such training or experience.

## CASE THREE

**A mother allowed her eight-year old daughter to stay home alone while she went to the store for groceries. She was gone for about an hour.**

What constitutes adequate supervision depends on a number of factors including the maturity of the child, the dangerousness of the situation, the resources available to the child, and other factors. We could imagine a situation where a mature eight-year old, in a safe neighborhood, who has phone contact with her mother and father, and who has a comfortable relationship with an adult neighbor who watches over her carefully, could be left alone safely. However, we could envision other situations where repeatedly leaving an eight-year old home alone would constitute danger and would trigger a report of abuse. For example, an eight-year old given the routine responsibility for the sole care of a three-year old while the parents were working would most likely trigger a report of abuse.

[1]The author thanks members of the PPA Ethics Committee for their comments on a previous version of this article.
[2]Causing a child to be present where there is a meth laboratory is specifically referenced in the Child Protective Services Law as reportable abuse (23 Pa. C. S. A.§ 6303 (b.1)).

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## CASE FOUR

**It is alleged that a parent repeatedly drove his children to school and other appointments even though he was often under the influence of drugs or alcohol while driving.**

If these reports are credible, then they would trigger a report of suspected child abuse in that the safety of the child is put at risk by riding with a drunken driver. However, this scenario could be modified slightly so that a report would not be triggered. Let us consider a scenario where a parent once drove his children while under the influence of drugs or alcohol, but the other parent found out about it, and enforced very strict monitoring so that such incidents did not occur again. In the second scenario we do not believe that a report would be mandated.

## CASE FIVE

**A fifteen-year old reported that he was in a serious fight with a sixteen-year old.**

Fights between peers are not considered child abuse. The scenario raises clinical questions of concern and, depending on the circumstances, may involve interventions by the parents, school, or perhaps even the police. It is not reportable to ChildLine, however.

## CASE SIX

**A family has refused to get needed medical treatment for their child based on their religious beliefs. The potential harm to the child is serious.**

Psychologists would be mandated to report this to Children and Youth for investigation. Children and Youth may then seek court intervention to mandate medical services. However, Children and Youth would not record this as a child abuse case and the parents would not be placed on any child abuse registry.

A related question is how should psychologists respond when a family refuses to get mental health treatment for a child or refuses to cooperative with that treatment for non-religious reasons. For example, a family may fail to give medications that were prescribed for the child's attention deficit disorder (in one case it was alleged that the parents sold the medication on the street for money). Again the decision to report should not be based on the act itself (or failure to act), but on whether the impact on the child rises to the level of emotional abuse or neglect as defined by the Child Protective Services Law

## CASE SEVEN

**A 17-year old patient reported that she thinks (but is not certain) that she was sexually abused many years ago. She describes "cloudy memories" of abuse, cannot identify a perpetrator, and can give no details with confidence of their accuracy.**

This situation requires further discussion within therapy. Sometimes older children (or adults) may have been sexually abused but have forgotten the abuse. It is also possible to create false memories of abuse. A careful therapist will help the patient explore these cloudy memories. It is possible that enough information could be obtained to justify a report; it is also possible that the patient will never develop confidence in the accuracy of her memories. However, most psychologists would be reluctant to make a report based only on a cloudy memory of abuse by an unknown perpetrator.

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## Case Eight

**An adult (person who is 18 or older) told a psychologist that he was abused as a child and that he fears that his younger siblings (under the age of 18) who are living at home are also being abused.**

Psychologists must report if they suspect that an identifiable child is being abused or is at imminent risk of being abused. What constitutes sufficient evidence to lead to a suspicion of abuse depends on many factors including the credibility of the witness, the reasonableness of their allegations, and the plausibility of their concern all of which will be informed by many details and contextual factors. Much depends on the circumstances.

Consider how psychologists would respond to the vignette if they learned that the adult was rebellious as a teenager, drank a lot, and became verbally abusive while drinking. The younger sister, however, is of an even disposition, is generally respectful, and does not drink. There have been no observations by the patient that his sister has been assaulted nor does the younger sister report being abused or express fears of being abused.

The information gathered so far would not lead most psychologists to suspect that the younger sister is a victim of physical abuse. However, prudent psychologists will always be open to receiving more information that could change their minds.

But consider this other example:

> An adult female (age 19) reports that she was sexually abused by her father starting at the age of 16 and says that she fears that the father will also sexually abuse her younger sister (now age 16). Whether or not psychologists will suspect abuse of the sister will depend on what additional information they get.

The information so far raises concerns about the possibility of abuse. However, the obligation of the psychologist is to respond to the information presented, not what might be. Further discussion with the patient could lead to many different scenarios. What if the mother eventually found out about the abuse of her older daughter and raised HOLY HELL with the father and scared him off from doing anything like that again, or the younger sister is VERY assertive and outspoken (unlike the oldest) and does not take inappropriate behavior from anyone? So much of the decision depends on the totality of the situation (e.g., even assertive children can sometimes be sexually abused).

When psychologists are uncertain how to act, we would recommend that they consult, and document their thinking that is consistent with the decision that they made.

*Continued from page 1*

## Alcohol and Children

Giving even small amounts of alcohol to small children is a bad idea. But is it necessarily child abuse? Consider this example,

> In 1920, my aunt who, was five years old at the time, developed a high fever and the local physician prescribed a small amount of alcohol to settle her down and help her sleep. My grandmother, a teetotaler, was appalled, but my grandfather insisted on following the doctor's orders and he purchased the alcohol to give to his daughter.

We can appreciate the dilemmas of older physicians who at the turn of the century had few options for sedating children. Nonetheless traditions of giving small amounts of alcohol to children die hard. One study found that 33% of third graders had had at least a sip of alcohol. Some parents who gave alcohol to their children claimed that this removes its mystery and makes them less likely to abuse alcohol in the future (Jackson et al., 2012), although no empirical evidence supports this claim. Furthermore, some religious traditions may include wine in their ceremonies. Although the parents may routinely give children grape juice or a substitute in these ceremonies, sometimes they may give the children a sip of wine.

It is hard to draw a line where giving a sip of alcohol to a child morphs into giving a sufficient amount of alcohol to warrant a child abuse report. Although one sip would not justify a report, where do we draw the line? Would four or five sips justify a report? Also we might ask how big is the sip, how old is the child, and how often are the sips given. One report was that a parent gave a sufficient amount of alcohol to a child so that the little girl staggered around and fell. That raises sufficient concern in my mind to justify a report. But in the grey zones we can only make the best decisions we can based on the totality of evidence we receive and the credibility of our informants, and then document the rationale for our decisions.

Is it abuse to give alcohol to older teenagers? One set of parents allowed their seventeen-year old daughter to drink alcohol, under their supervision. They drank moderately and seemed especially interested in the quality of the wine. Few would consider this to be child abuse, although it is illegal in some (but not all) states.

But let us consider another incident. A parent purchased a keg for his

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seventeen-year old son and his friends and then left the house while they had a party. This not only represented poor parenting, but if it involved a repeated pattern that led to binge drinking, drunk driving, and blackouts, vomiting and choking, fist fights, etc. and other poor decisions commonly associated with excessive drinking, then I would consider a report because the harm to the teenagers could be severe.

## Family Nudity

Consider this example,

> I (SJK) was once at the Museum of Natural History in New York City when a father brought his two-year old daughter into the men's room. The men's room was busy and numerous men were using the urinals. The men tried to show appropriate modesty as the nervous father walked his daughter by briskly while he shouted, "Little girl coming through! Little girl coming through!" and got her into a stall.

This situation was uncomfortable for everyone and I wish it never happened, but I hesitate being critical of the father. I could easily imagine the circumstances that led to this situation. Perhaps the child's mother got involved with an immediate need from another child and then the little girl began screaming, "I have to go! I have to go!" and the family had no other options but to send the child into the bathroom with the father. Or perhaps this was a single father on an outing with his daughter. Furthermore, I doubt that this child will suffer long-term consequences from any possible exposure to male genitalia in this situation.

However, it is unclear as to the appropriate cut off age when parents should shield children from exposure to naked adults.[1] Certainly parents freely dress and undress in front of babies and small children, but at what age does it become problematic? I could find no empirical studies to guide us as to when exposure to adult nudity becomes problematic, although we know that attitudes toward nudity or revealing clothes vary considerably across cultures and societies and even within our own society (Wallace 2015). Furthermore, even the most modest families may find themselves in uncomfortable situations while traveling, where they unexpectedly risk exposing their children to adult nudity (such as the incident above in the museum in New York City).

As with sleeping patterns, psychologists should remember that the standard for reporting emotional abuse or neglect is the impact that the behavior has on a child. It is possible that exposure to adult nudity could be part of a pattern that leads to child abuse. However, in the absence of such severe impact on a child (or suggestions of such impact), it becomes an issue that should be dealt with clinically rather than through a report.

[1]**It is reportable child abuse to knowingly expose children to pornography (18 P. C. S. A. 5902), but here we are discussing non pornographic nudity within the family.**

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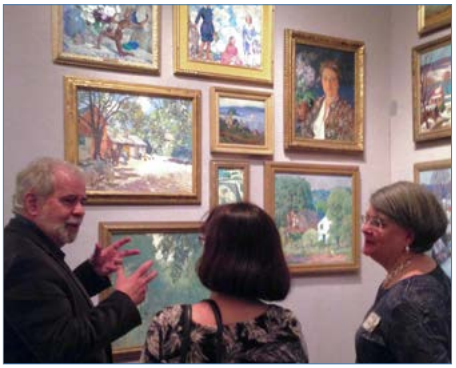
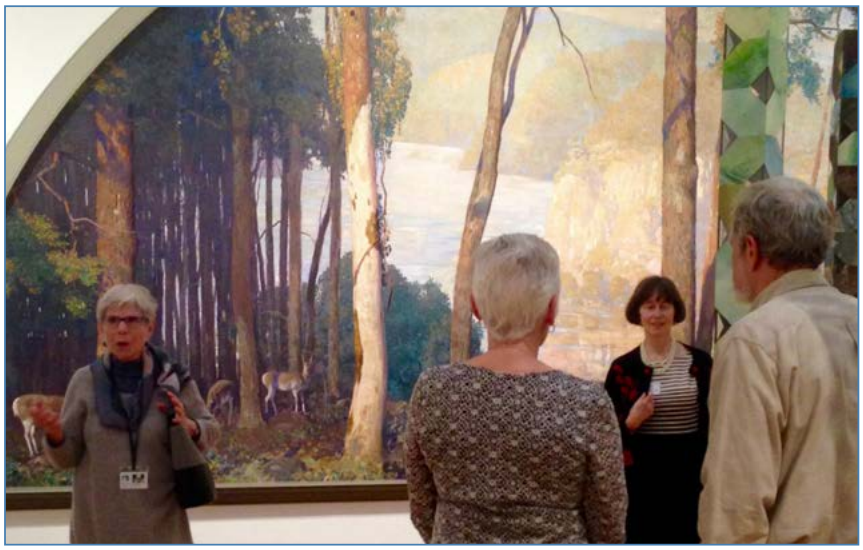
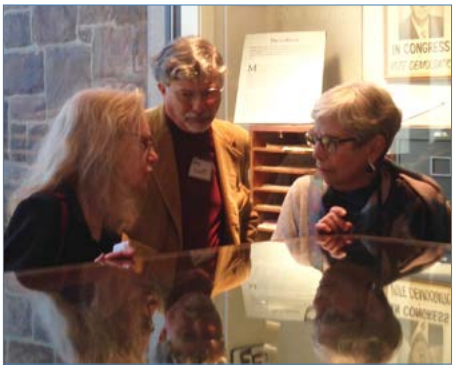
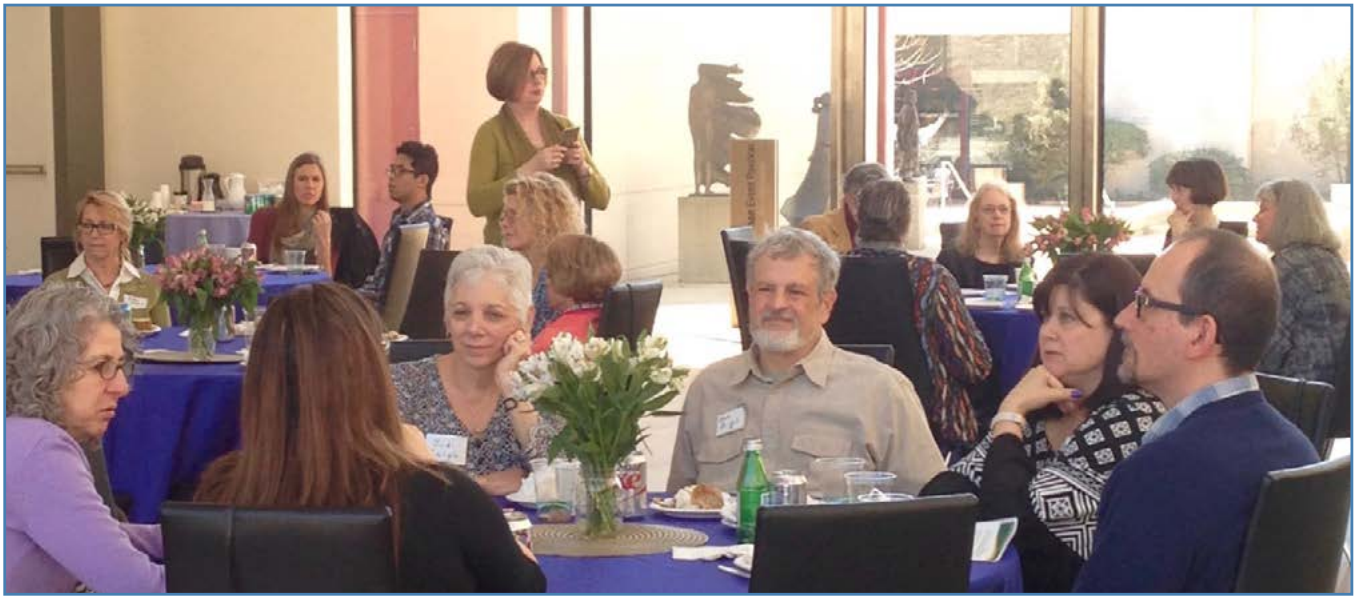
# PennPsyPAC Holds Successful Fundraiser at Michener Museum

Earlier this year Dr. Judith Blau organized a luncheon and tour at the James A. Michener Museum in Doylestown to support the PennPsyPAC. The event was a smashing success, raising more than $1,500 for the PAC! A great time was had by all, and we thank Dr. Blau for her visionary leadership as chair of the PennPsyPAC.









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## PENNPSYPAC HOLDS SUCCESSFUL FUNDRAISER AT MICHENER MUSEUM

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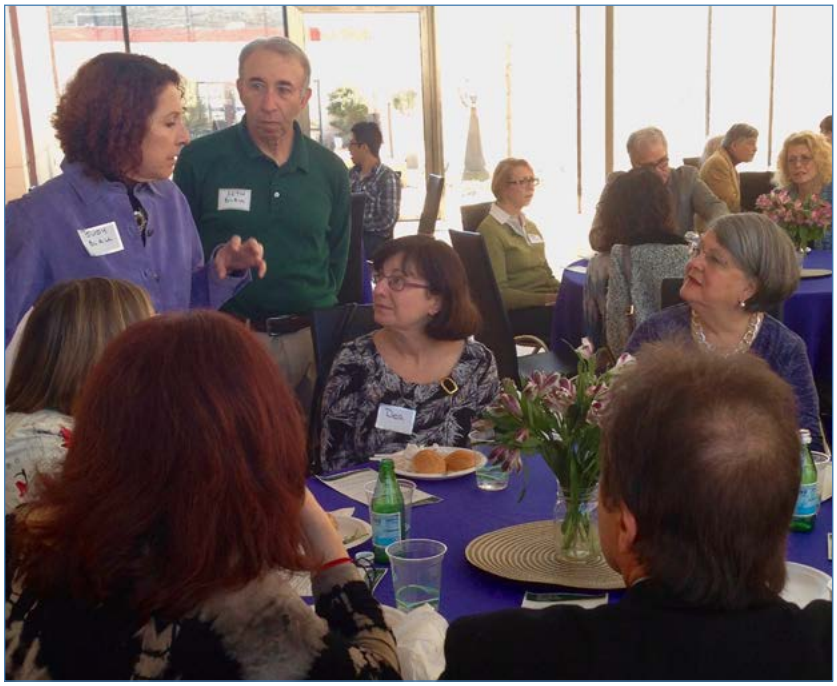
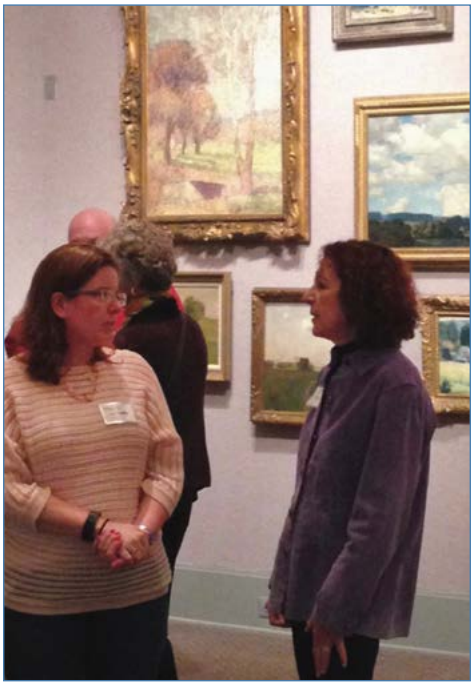
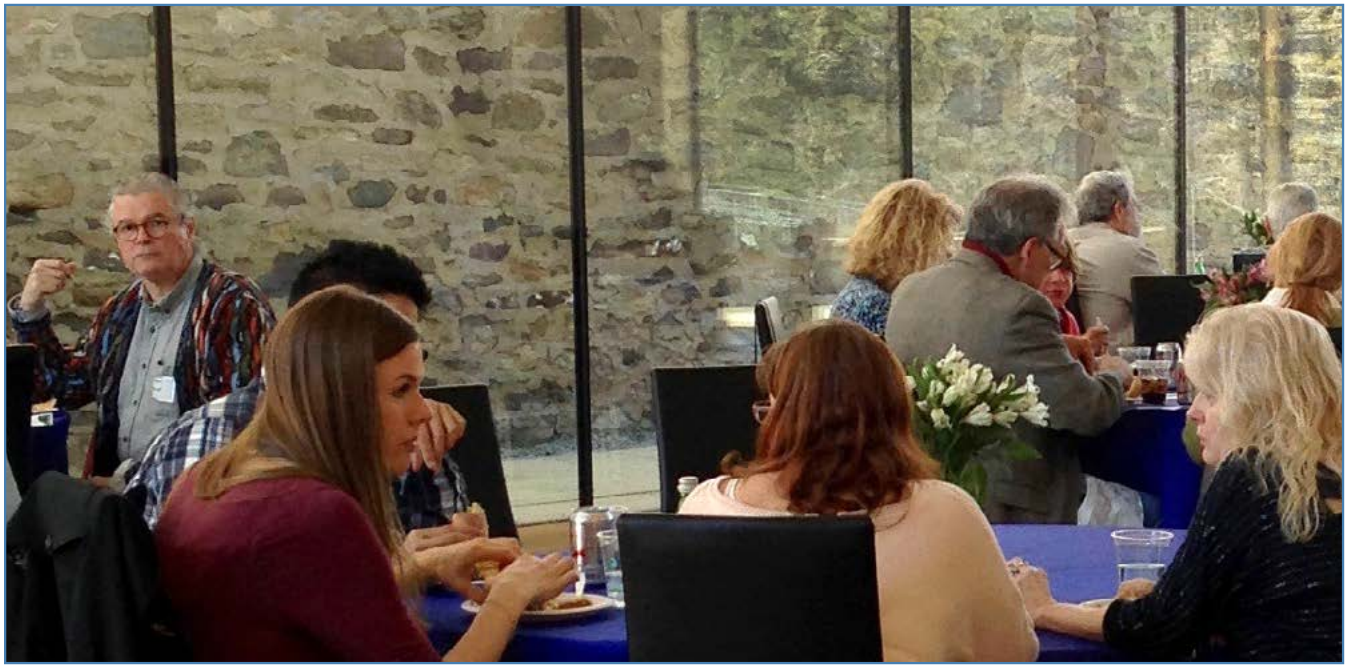
MINDING WHAT MATTERS







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