

Public Comment on Mandated Reporter Commission Report
Kelley Fong, Ph.D.
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I am writing to submit comments on recent proposals presented to the Mandated Reporter Commission. First, I offer my sincere thanks to Chair and Child Advocate Maria Mossaides and the other members of the Mandated Reporter Commission for their attention and commitment to child well-being in Massachusetts, as well as for their diligent work in recent months to review the state's mandatory reporting statutes.

I appreciate the opportunity to provide input to the Commission based on over a decade of experience in child welfare research and advocacy. I received a Ph.D. in sociology and social policy from Harvard University. My research focuses on the front end of the child welfare system: I have analyzed administrative data on reporting patterns in Connecticut; conducted nearly 200 in-depth interviews with over 80 low-income mothers in Rhode Island about their perceptions of and experiences with the child welfare system; and embedded for months with investigators in two area offices of Connecticut DCF, shadowing them as they conducted investigations as well as interviewing the mandated reporters who reported these cases and the mothers subject to investigations. My research on the child welfare system has been published in peer-reviewed outlets such as *American Sociological Review*, *Children & Youth Services Review*, and *Child Abuse & Neglect*, and has been supported by fellowships from the National Science Foundation, the Doris Duke Charitable Foundation, and the Center on the Developing Child at Harvard University, among others.

The Commission writes that it seeks feedback on “unintended consequences or possible unintended consequences” of the proposals (p. 7). I will focus my comments on what my research suggests about the likely unintended consequences of these proposals for child and family well-being.

Specifically, several of the Commission's proposals are likely to increase reports from mandated reporters. These include proposals to: a) expand the categories of professionals mandated to report (pp. 12-20); b) require reports when mandated reporters believe children are “at risk” (p. 23); c) require reports even when inability to provide for a child's needs may result solely from “inadequate economic resources or... a handicapping condition” (p. 26); and d) increase penalties for failing to report (pp. 31-32).

However, increased reports will not necessarily advance the Commission's goal of protecting children from harm. The Commission recognizes this point in its discussion of a universal mandated reporter scheme, stating that: a) there is no evidence universal reporting increases child safety; b) it may exacerbate over-reporting in low-income communities and communities of color, with the effects compounding as prior reports (whether screened in or out) shape DCF's perceptions of risk;¹ and c) the ensuing “influx of reports” will strain the resources of the current

¹ The Commission suggests that “non-specialized reporters may rely more heavily on, or react more strongly to, their own biases than a mandated reporter whose specific inclusion in a statute is in part due to their expertise and experience with children” (p. 8). However, research calls this into question. A recent study of teachers, for instance, finds they hold pro-White and anti-Black racial biases at similar levels to non-teachers. See Jordan G. Starck, Travis

system “without substantial benefit to the children of the Commonwealth” (pp. 8-9). Furthermore, the Commission points out, in its discussion of exclusions for persons providing “direct confidential services” (p. 20) that mandatory reporting may deter people from seeking help.

These same cautionary points apply to the aforementioned proposals from the Commission as well. Since perceptions of risk are highly racialized and classed, incorporating this language into state statute encourages mandated reporters to lean even more on their suspicions and biases. And imagine if mandated reporters called in every family experiencing homelessness or food insecurity – conditions that put children’s well-being at risk, but almost always for reasons of poverty. These situations have become even more common during the COVID-19 pandemic; an estimated one in five Massachusetts children (280,000 children) is now food insecure.² (For comparison, the state received 86,000 child maltreatment referrals, screened in and out, during all of federal fiscal year 2019.³) Even if such reports are categorically screened out, requiring reports when mandated reporters know inadequate provision results from poverty would overwhelm DCF screeners and add to already high workloads of mandated reporters themselves.

Moreover, expanding DCF reporting carries important costs for child well-being. I encourage the Commission to consider the cost of distancing children from needed services and resources alongside any nebulous possibility that expanded reporting will identify additional children in unsafe situations.⁴ Specifically, my research shows how DCF reports undermine engagement between families and the systems intended to support them, even when allegations are ultimately unsubstantiated.⁵ Of the 64 mothers I interviewed in Rhode Island and Connecticut who told me about reports initiated by mandated reporters, 37 (58 percent) described negative consequences for their relationships with these reporters.⁶

Riddle, Stacey Sinclair, and Natasha Warikoo, “Teachers Are People Too: Examining the Racial Bias of Teachers Compared to Other American Adults,” *Educational Researcher* 49, 4 (2020): 273-84, <https://doi.org/10.3102/0013189X20912758>.

² The Greater Boston Food Bank, “Food Insecurity Across Eastern Mass. at an All-Time High,” January 2021, <https://www.gbfb.org/2021/01/19/food-insecurity-across-eastern-massachusetts-at-an-all-time-high/>.

³ U.S. Department of Health and Human Services, *Child Maltreatment 2019* (2021).

⁴ Individuals concerned about children can already call DCF, legal mandates aside. Mandated reporters I interviewed told me they would report their concerns about children even without legal mandates to do so, due to their moral commitments to child well-being. See Kelley Fong, “Getting Eyes in the Home: Child Protective Services Investigations and State Surveillance of Family Life,” *American Sociological Review* 85, 4 (2020): 610-38, <https://doi.org/10.1177/0003122420938460>.

⁵ See Kelley Fong, “Concealment and Constraint: Child Protective Services Reporting and Poor Mothers’ Institutional Engagement,” *Social Forces* 97, 4 (2019): 1785-1810, <https://doi.org/10.1093/sf/soy093>; Fong, “Getting Eyes in the Home.”

⁶ Mothers in Rhode Island were not recruited based on child welfare experience but were invited to participate in research on different social services and agencies; see Fong, “Concealment and Constraint.” Mothers in Connecticut were selected from among investigations conducted by two area offices of Connecticut DCF during a certain time period; see Fong, “Getting Eyes in the Home.” Additionally, this proportion of mothers identifying strained relationships resulting from reports is a conservative estimate; in some cases, interviews occurred well after initial reports, so focused less on mothers’ reactions and perceptions of reporters. Even when reports did not have negative ramifications for families’ relationships with mandated reporters, mothers sometimes described how mandated reporters’ reports strained relationships with partners/ex-partners, relatives, and others who might have shared information with mandated reporters.

Mandated reporters may call DCF seeking help for families. But at its core, DCF's focus on abuse and neglect and its power to remove children means that for parents, efforts to protect vulnerable children via DCF reports turn service providers from helpers to tattletales, from allies to adversaries.

DCF reports have a chilling effect, fostering distrust of and disengagement with reporting systems. Tina, a White mother in Rhode Island I interviewed (all names are pseudonyms), remembered the local children's hospital being quick to presume maltreatment when her infants had hernias and seizures, suspicions DCF declined to confirm. These experiences made Tina hesitant to seek hospital care for her children. "I would sit there and try, if my kids were sick, see if they can hold off until the next morning for their doctor," she said. Years before, when Tina lived in Massachusetts, she immediately terminated her visiting nurse service – a service widely touted as a strategy to prevent child maltreatment – after the nurse called DCF making allegations ultimately unfounded. "I don't trust you guys," she recalled. "I was like, I'm all set." Like Tina, the mothers in my research mentioned switching doctors, cancelling social service programs, and planning to change schools after these providers called DCF. They said they would think twice next time before going to the hospital or calling the police when experiencing domestic violence.

Since mandated reporters often offer things parents need and want for their families, DCF reports do not always prompt complete disengagement. Even when participation continues, however, relationships shift in ways that reduce support for families. For instance, assistance often requires opening up to professionals about one's needs and challenges, but reports teach mothers about the consequences of disclosing vulnerabilities to helping systems, making them wary about continuing to do so. For example, upon hearing the hospital reported her for testing positive for marijuana during her pregnancy, Sherea, a Black mother in Connecticut, recalled, "I was like, 'Oh, [the prenatal clinic] snitched on me.' That was my first reaction." She felt the prenatal clinic and delivery hospital should have notified her in advance of the need to report. I asked how this made her feel about these providers. "That I can't trust them," she replied. "I felt, with you guys not mentioning it to me, now you got me thinking that you set me up." Afterwards, Sherea hesitated to share information with the midwife at the clinic.

It was certain stuff that I didn't wanna say to her because I didn't know if she's gonna go and tell. Like, I thought when I first had him that I was going through postpartum [depression]. I don't tell them how I feel. I don't tell them any of that because I don't need them to say, oh, she's going through postpartum. She's gonna hurt the baby.

Sherea stayed quiet. Sharing her depression symptoms might have opened up a fruitful conversation, perhaps enabling her healthcare provider to offer additional support. But Sherea had learned that the clinic wasn't necessarily on her side – that they might jump on any admission of vulnerability to shuttle her to an agency that could remove her children.

Or take the case of Gaby, a Latina mother in Connecticut. Gaby's teenage daughter Livia met each week with a therapist, Alma; Gaby usually attended and participated as well. During one session, Gaby and Livia told Alma about an incident the prior night that culminated in Gaby physically disciplining Livia. Gaby had grown close to Alma, entrusting Alma to help her

family, but found her honesty and openness rewarded with a CPS report. Gaby understood Alma's mandate to report, but nevertheless felt hurt and upset.

[Alma] is not being helpful, she is just making my life more complicated, that's the way I see it.... I needed help from her and she did the opposite... I won't be calm until this is over. Instead of bringing peace, she messed everything up for us... Thanks to her, you can't sleep, you are not calm, you can't eat... The confidence we have placed in her by telling her our life, making her part of our life, we lost that confidence in her... It really hurts, because there are people who tell me, "you shouldn't tell everything," but how can someone help me if I don't tell them everything?

Alma, interviewed a few weeks later, said that Livia had continued therapy, but Gaby kept her distance:

The first time, I asked Mom if she wanted to talk because I knew DCF had already gone out, and she declined. The second time, I noticed that Mom had gotten a haircut, and I said, "Oh, you got your hair cut." That was the extent of our conversation. [Laughter] She's like, "There's Livia. You can take her upstairs." I said, "Okay. So, do you have nothing – you know, you can come up if you wanna talk." She said, "No, I'm good."

The case closed after investigation, but Alma's report nevertheless left Gaby apprehensive and distrusting.

Mandated reporters represent the very systems we hope will assist families in need to prevent child maltreatment. The reach of Massachusetts DCF, especially in poor communities and communities of color, is extensive already, investigating far more families than the Department ultimately deems maltreating. I share the Commission's goal of protecting children and preventing child abuse and neglect. However, expanding DCF's reach, via the aforementioned proposals from the Commission, will further impede the positive relationships with schools, healthcare providers, and other social service systems that we know are essential in promoting child well-being. Thank you for your consideration.