

From: Megan Eaves
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Child Witness to Violence Project
April 5, 2021

To: The Mandated Reporting Commission under the Office of the Child Advocate
Re: Report Seeking Public Comment: Proposals Presented to the Commission

Thank you for the opportunity to send written comment on the Report Seeking Public Comment: Proposals Presented to the Commission. I am a clinical trainee at Boston Medical Center's Child Witness to Violence Project, and I will be receiving my Masters in Social Work from Boston University in May 2021. In my work at the Child Witness to Violence Project, I provide mental health and advocacy services to young children who have experienced trauma and their families. Here, I work with many families who come into contact with our child welfare system, and who are impacted daily by mandated reporter laws and policy.

It is incredibly important to be regularly reviewing and considering the laws and regulations that govern child protection and safety. For this reason, I appreciate the existence of and the work done by the Office of the Child Advocate. Mandated reporting laws play a role in ensuring the safety of children, but they also have a huge impact on family functioning. Involvement with DCF is often necessary for families to ensure that children remain safely housed and cared for. Although this is true, it is important to recognize the many negative impacts that involvement in the child welfare system can have for families and children alike. Because of this, it is critical that mandated reporter laws embody the nuance necessary to deal with challenging situations in an empathetic way that is not causing more harm than it is addressing. With this in mind, I would like to raise issue with several of the recommendations being proposed by the Mandated Reporter Commission to the legislature of Massachusetts. My concerns are as follows:

1. Removing the poverty/disability exemption to neglect completely disregards the actual causes of child malnutrition and neglect that are due to the economic circumstances of the family. Parents who are houseless due to lack of employment, unsupportive social safety nets, illness, disability, etc would be able to provide adequate care and resources to their children were those resources available to them. As a clinician, I would be obligated to file a 51A on a family who is experiencing homelessness, despite the fact that the housing crisis in Massachusetts and federally is a systemic issue that goes far beyond a parent's individual capacity to care for their child.
2. Lowering the standard for reporting suspected abuse or neglect from needing a "reasonable cause to believe" to requiring only a "suspicion that a child has been maltreated or is at substantial risk of being maltreated, based on...a mandated reporter's own observations or impressions" is far too subjective a criterion to base this important and potentially life-altering decision on. Clinicians and other mandated reporters, as with all humans, interact with children and families with their own multitude of biases, whether those be explicit or implicit. Allowing this language shift would empower individual reporters to make biased decisions that result in oppressive, unjust, and inequitable application of the child welfare system as a means of social control.

It is my opinion, and the opinion of many in my field, that these changes to the current mandated reporting laws would have a serious deleterious effect on the wellbeing of families and children in our communities.

Warmly,
Megan Eaves