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| Title: | ABUSE AND NEGLECT |
| Purpose: | In accordance with the Connecticut General Statutes, Section 17a-101, all early intervention personnel are mandated to report suspected abuse or neglect of children. |

# Overview

The Child Abuse and Neglect Careline, 1-800-842-2288, is the Department of Children and Families’ (DCF) 24-hour, seven days a week, toll free number for the reporting of suspected abuse, neglect or imminent risk of serious harm of children. It is also the single point of entry number for all other DCF services. Additional information from DCF can be accessed from their website:https://portal.ct.gov/DCF/1-DCF/Reporting-Child-Abuse-and-Neglect.

# Reporting Abuse

Under Connecticut general statute, section 17a-101, the following are considered mandated reporters: Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, any licensed practical nurse, any medical examiner, any dentist, any dental hygienist, any psychologist, any school employee, as defined in section 53a-65, any social worker, any person who holds or is issued a coaching permit by the State Board of Education, is a coach of intramural or interscholastic athletics and is eighteen years of age or older, any individual who is employed as a coach or director of youth athletics and is eighteen years of age or older, any individual who is employed as a coach or director of a private youth sports organization, league or team and is eighteen years of age or older, any paid administrator, faculty, staff, athletic director, athletic coach or athletic trainer employed by a public or private institution of higher education who is eighteen years of age or older, excluding student employees, any police officer, any juvenile or adult probation officer, any juvenile or adult parole officer, any member of the clergy, any pharmacist, any physical therapist, any optometrist, any chiropractor, any podiatrist, any mental health professional, any physician assistant, any person who is a licensed or certified emergency medical services provider, any person who is a licensed or certified alcohol and drug counselor, any person who is a licensed marital and family therapist, any person who is a sexual assault counselor or a domestic violence counselor, as defined in section 52-146k, any person who is a licensed professional counselor, any person who is a licensed foster parent, any person paid to care for a child in any public or private facility, child care center, group child care home or family child care home licensed by the state, any employee of the Department of Children and Families, any employee of the Department of Public Health, any employee of the Office of Early Childhood who is responsible for the licensing of child care centers, group child care homes, family child care homes or youth camps, any paid youth camp director or assistant director, the Child Advocate and any employee of the Office of the Child Advocate, any person who is a licensed behavior analyst, any family relations counselor, family relations counselor trainee or family services supervisor employed by the Judicial Department, and any person employed, including any person employed under contract and any independent ombudsperson, to work at a juvenile detention facility or any other facility where children under eighteen years of age are detained and who has direct contact with children as part of such employment17a-101,

As soon as practical, but not later than 12 hours after having reasonable cause to suspect or believe that a child has been abused, neglected or placed in imminent risk of serious harm by a person responsible for the child’s health, welfare or care or by a person given access to the child by the responsible person (i.e. non relative caregivers, live-in boyfriends or girlfriends) a mandated reporter will notify DCF via the Careline or a law enforcement agency (local or state police). Within 48 hours of making the oral report they will also submit a written report to DCF using the *Report of Suspected Child Abuse/Neglect,* [DCF Form 136](https://portal.ct.gov/-/media/DCF/Policy/NEW-fillin-Forms/dcf-136-Fillin-O.pdf). DCF is required to tape record all reports to the Careline. Although a mandated reporter is required to give his or her name, the reporter can request anonymity. DCF can never absolutely assure anonymity, especially if the case results in criminal prosecution or is taken to court. Each Birth to Three program must have an internal policy on reporting abuse and neglect. The report should be filed in the child’s record. The name of the person who made the report can be redacted on the form.

It is the responsibility of all mandated reporters to immediately report suspicion of abuse, neglect, or imminent risk of serious harm not to decide if it has occurred. Upon receiving the report, DCF will determine what has occurred. DCF and the police are the lead agencies for the investigation of any suspected abuse or neglect. If there is any doubt about making a report, such doubt is resolved in favor of the child and the report is made. No person at any level of authority or from any other agency has the legal right to prohibit or interfere with a referral or report to DCF. If a Birth to Three program has a policy that requires staff to first notify their program director before notifying DCF, it is still by law the responsibility of the mandated reporter who suspects abuse to make the report. Any mandated reporter, who in his/her professional capacity has reasonable cause to suspect or believe that any child has been abused, neglected or placed at imminent risk of serious injury, and who fails to make such a report shall be fined not less than $500 nor more than $2,500. They may be subject to civil or criminal charges and may also face disciplinary action from their professional licensing agent. They shall also be required to participate in an educational and training program.

According to the DCF Careline, if staff members witness a restraining order being violated they should contact the police and then report it to DCF.

Under Connecticut general statute, Sec. 17a-101c.Not later than forty-eight hours after making an oral report, a mandated reporter shall submit a written or electronic report to the Commissioner of Children and Families or the commissioner's designee. Such reports shall be made in a manner prescribed by the commissioner. When a mandated reporter is a member of the staff of a public or private institution or facility that provides care for such child or public or private school the reporter shall also submit a copy of the written or electronic report to the person in charge of such institution, school or facility or the person's designee. In the case of a report concerning a school employee holding a certificate, authorization or permit issued by the State Board of Education under the provisions of sections 10-144o to 10-146b, inclusive, and 10-149, a copy of the written or electronic report shall also be sent by the Commissioner of Children and Families or the commissioner's designee to the Commissioner of Education or the commissioner's designee. In the case of an employee of a facility or institution that provides care for a child which is licensed by the state, a copy of the written or electronic report shall also be sent by the Commissioner of Children and Families to the executive head of the state licensing agency. A copy of the DCF Form 136 should be placed in the early intervention record. However, as with everything in the record, information, including this form, can only be released to a third party with parent consent.

**Immunity for Reporting Abuse and Neglect**

Immunity from civil or criminal liability is granted to people who make required reports in good faith.

**Definitions of Abuse and Neglect**

**Abuse**

Abuse is a non-accidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by the person responsible for the child's care it includes: any injury which is at variance with the history given; maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.

**Neglect**

Neglect is the failure, whether intentional or not, of the person responsible for the child's care to provide and maintain adequate food, clothing, medical care, supervision, and/or education. A child may be found neglected who: has been abandoned, is being denied proper care and attention physically, educationally, emotionally, or morally, is being permitted to live under conditions, circumstances or associations injurious to his well-being, is being abused.

**Physical Assessment in Suspected Abuse**

If physical assessment of a child is indicated, it must be performed by a person (such as a nurse) who knows what is required and will make a credible witness in court. Physical assessment is determined to be appropriate when:

• a child has, by word or action, identified a particular injury which can only be determined by removing the child’s clothing and

• the examination is necessary to determine if medical attention is required.

The person performing the assessment may determine that it is appropriate to have a witness (preferably another health professional) present during the physical assessment. The witness can be in the proximity of the examining area, that is, able to hear the interaction rather than in direct sight, in order to protect the child’s privacy.

**Unsafe Conditions that Put a Child a Risk**

Early intervention personnel who find a child unsupervised or in an unsafe situation will, in consultation with their provider program, contact the Careline. The reporter will remain with the child until assistance from DCF or the local police arrive.

# Training on Abuse Reporting

It is the responsibility of programs to ensure that their staff and subcontractors are adequately trained in the reporting of abuse and neglect.

The Commissioner of Children and Families has an educational training program and refresher training program for the accurate and prompt identification and reporting of child abuse and neglect. Such training program and the refresher training program is made available to all persons mandated to report child abuse and neglect at various times and locations throughout the state as determined by the Commissioner of Children and Families. For more information, go to portal.ct.gov/DCF/Mandated-Reporter-Training/Home.

**Department of Children and Families**

**Definitions of Child Abuse and Neglect**

The following operational definitions are working definitions and examples of child abuse, neglect, and in danger of abuse.

* For the purposes of these operational definitions, the term child refers to any person under 18 years of age or any person under 21 years of age who is a DCF client.
* A person responsible for a child's care includes the child's parent, guardian, foster parent, an employee of a public or private residential home, agency or institution or other person legally responsible under State law for the child's welfare in a residential setting; or any staff person providing out-of-home care, including center-based child day care, family day care, or group day care.
* A caretaker is an individual in whose care a biological or adoptive parent or legal guardian has left a child on an extended basis and who exercises parental authority in the capacity of a guardian.
* The phrase perpetrator given access to the child by the person responsible for the child's care refers to those circumstances when the person responsible for the child's care uses poor judgment in entrusting the child to another individual who then causes injury to the child.

**ABUSE**

* is a non-accidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by the person responsible for the child's care
* includes:
  + any injury which is at variance with the history given
  + maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.

**TYPES OF ABUSE**

**Description/Examples: Physical Abuse**

Physical abuse is any physical injury inflicted other than by accidental means, any injury at variance with the history given of them, or a child's condition which is the result of maltreatment such as malnutrition, deprivation of necessities or cruel punishment. Examples of injuries which may result from physical abuse include:

* head injuries
* bruises, cuts, or lacerations
* internal injuries
* burns, scalds
* reddening or blistering of the tissue through application of heat by fire, chemical substances, cigarettes, matches, electricity, scalding water, friction, etc.
* injuries to bone, muscle, cartilage, ligaments fractures, dislocations, sprains, strains, displacements, hematomas, etc.
* death

**Description/Examples: Sexual Abuse and Exploitation**Sexual Abuse is any incident of sexual contact involving a child that is inflicted or allowed to be inflicted by the person responsible for the child's care.

Sexual abuse includes, but is not limited to, the following:

* rape
* intercourse
* sodomy
* fondling
* oral sex
* incest
* sexual penetration: digital, penile, or foreign objects.
* Sexual exploitation of a child includes permitting, allowing, coercing or forcing a child to:
  + participate in pornography
  + engage in sexual behavior.

**Description/Examples: Emotional Abuse or Maltreatment**Emotional abuse or maltreatment is the result of cruel or unconscionable acts and/or statements made, threatened to be made, or allowed to be made by the person responsible for the child's care that have a direct effect on the child.

The observable and substantial impairment of the child's psychological, cognitive, emotional and/or social well-being and functioning must be related to the behavior of the person responsible for the child's care.

Emotional abuse or maltreatment may result from:

* repeated negative acts or statements directed at the child
* exposure to repeated violent, brutal, or intimidating acts or statements among members of the household
* cruel or unusual actions used in the attempt to gain submission, enforce maximum control, or to modify the child's behavior
* rejection of the child.

**NEGLECT**

Neglect is the failure, whether intentional or not, of the person responsible for the child's care to provide and maintain adequate food, clothing, medical care, supervision, and/or education.  
A child may be found neglected who:

* has been abandoned
* is being denied proper care and attention physically, educationally, emotionally, or morally
* is being permitted to live under conditions, circumstances or associations injurious to his well-being
* is being abused.

**TYPES OF NEGLECT**

**Description/Examples: Physical Neglect**The following are examples of physical neglect:

* the failure to provide adequate food, shelter, and clothing appropriate to the climatic and environmental conditions
* the failure to provide, whether intentional or otherwise, supervision or a reliable person(s) to provide child care
* leaving a child alone for an excessive period of time given the child's age and cognitive abilities
* holding the child responsible for the care of siblings or others where beyond the child's ability
* the person responsible for the child's care displays erratic or impaired behavior
* the person responsible for the child’s care is unable to consistently perform the minimum of child-caring tasks
* death.

**Description/Examples: Medical Neglect**

Medical neglect is:

* the refusal or failure on the part of the person responsible for the child's care to seek, obtain, and/or maintain those services for necessary medical, dental, or mental health care
* withholding medically indicated treatment from disabled infants with life-threatening conditions.

**Note:** *Failure to provide the child with immunizations or routine well child care in and of itself does not constitute medical neglect*.

**Description/Examples: Educational Neglect**

Educational neglect occurs when, by reason of the actions or inaction on the part of the person responsible for the child's care, a child age seven (7) years old through fifteen (15) years old either:

* is not registered in school; or
* is not allowed to attend school.

**Description/Examples: Emotional and Moral Neglect**

Emotional and Moral Neglect is the denial of proper care and attention to the child, emotionally and/or morally, by the person responsible for the child's care that may result in the child's maladaptive functioning.

Harmful behaviors by the person responsible include, but are not limited to, the following:

* encouraging the child to steal or engage in other illegal activities
* encouraging the child to use drugs and/or alcohol
* recognizing the child's need but failing to provide the child with emotional nurturance
* having inappropriate expectations of the child given the child's developmental level.

**Note:** *For court intervention regarding emotional neglect, a statement from a mental health provider documenting the condition is required*.

**Circumstances Injurious**

**Description/Examples: In Danger of Abuse**

In danger of abuse includes:

* actions or statements conveying threats of physical or mental injury
* a real threat to the child's well-being as perceived by the child
* the person responsible for the child's care exposing the child to dangerous and/or violent situations.

**Description/Examples: High Risk Newborns**

Newborn children will be considered to be at risk because of a combination of both their own special needs and their mother's condition or behavior.

Indicators of special needs newborns include, but are not limited to:

* a positive urine or meconium toxicology for drugs
* a positive test for HIV virus
* a serious medical problem.

Indicators in the mother's condition or behavior include, but are not limited to:

* substance abuse
* intellectual limitations which may impair the mother's ability to nurture or physically care for the child
* major psychiatric illness
* young age, causing inability to care for self or newborn.

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