Identifying and Reporting Child Abuse and Neglect

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PRESENTATION Objectives

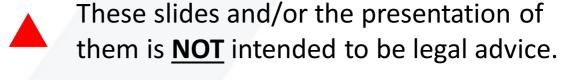




- Identify who is required to report child abuse/neglect.
- Identify what and how to report child abuse, child neglect, and sexual abuse.
- Understand the sanctions for failure to report.
- Increase awareness of signs of abuse/neglect/sexual abuse
- Understand the available immunity for reporting.



CAUTION



These slides and/or the presentation of them is **NOT** legal advice.

These slides and/or the presentation of them are **NOT** advice regarding what to do in a particular situation.

If you are unsure about what to do in a particular situation <u>Call Your Legal Advisor.</u>





LIMITS of this Presentation

The focus today is on reporting abuse or neglect of children. This program does not cover, and is not intended to cover, other situations involving adults that may require reports.









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Includes specific members of the healthcare team

You must report if:

- If you are licensed to practice the <u>healing arts</u>, <u>dentistry</u>, or and <u>optometry</u>.
- You are engaged in <u>post-graduate</u> training programs approved by the State Board of Healing Arts.
- You are a licensed professional or practical <u>nurse</u>.
- You are a <u>chief administrative officer of a medical</u> care facility.





Includes specific members of the healthcare team

You must report if:

- Specified persons <u>licensed to provide mental health</u> <u>services, e.g., licensed psychologists</u>.
- Emergency Medical Service Personnel
- The LIST IS LONG the list includes more than those outlined in this presentation and those not in medical field, e.g., teachers.





- If you have any question about whether you are a "mandatory reporter", you can check the statute (K.S.A. 38-2223), OR
- Call KAMMCO. Members can call KAMMCO and we are happy to check whether you are a mandatory reporter and sent you a copy of the reporting statute!



WHAT & HOW to Report



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WHAT to Report

Mandatory Reporters K.S.A 38-2223

When any of the "mandatory reporters" has a "reason to suspect" a child has been harmed as a result of physical, mental or emotional abuse or neglect or sexual abuse, the person shall report it promptly.





WHAT to Report

The "Reason to Suspect" Standard

- DCF describes "reason to suspect" as a "hint or a clue".
- You do not need to know all the facts of the situation to make a report.
- You are not the investigator or the "jury and judge".



See Page 14, Kansas Department for Children and Families (DCF), "A Guide to Reporting Child Abuse and Neglect", as of April 29, 2020. http://www.dcf.ks.gov/services/PPS/Documents/GuidetoReportingAbuseandNeglect.pdf



WHAT to Report

- Physical, Mental, or Emotional **Neglect** of a child
- Physical, Mental, or Emotional Abuse of a child
- **Sexual** Act Inflicted on a child



Form of Report – K.S.A 38-2223(b)

The report may be made orally (and may be anonymous).

Tip!! If the report is made orally, keep the documentation of the report in a confidential, business file. Create a system for indexing and maintaining a list of the reports made and of any documentation provided.





Options for Reporting

• Hotline: 1-800-922-5330

- On-Line Web Intake: The Kansas Protection Report Center has an option for mandated reporters to report concerns of child and adult abuse or neglect online at www.dcf.ks.gov. Select "Report Abuse" under the list of "Quick Links" right of screen. On the Report Abuse page, click on the link "Mandatory Reporters Online Report Form."
- Fax: Send to Kansas Protection Report Center, 1-866-317-4279
- Mail: Kansas Protection Report Center 500 S.W. Van Buren St., Topeka, KS 66603





Form of Report – K.S.A. 38-2223(b)

Every report shall contain, if known:

- 1. Names and addresses of child, child's parents/persons responsible for care
- 2. Location of child if not at residence
- 3. Child's gender, race and age
- 4. Reasons you believe child may be abused or otherwise in need of care
- 5. The nature and extent of harm, including any evidence of previous harm;
- 6. Any other information the reporter believes may help establish the cause of harm and the identify of those responsible.





Documentation of Evaluation

- Thorough documentation
- Document all statements
- Document all findings related to the child's physical, mental, or emotional condition
- Document all laboratory/radiology findings
- Document any referrals for further care
- Document a plan for continued care





Documentation of Compliance

- Document DCF notification-Establish record system for indexing reports made and capture information provided
- Entity should determine where to document the fact of notification to DCF, i.e., separate, confidential business file; medical chart; or, both
- If decide to put the fact of notification in the chart, keep it simple, e.g., "DCF notified." Keep the details of what was reported in a separate, confidential business file.





SANCTIONS for not Reporting

K.S.A. 38-2223(e)

It is a Class B misdemeanor for:

- A "<u>Willful and knowing failure</u>" to make a report required by K.S.A. 38-2223. It is <u>not</u> a defense that another mandatory reporter made a report.
- "Intentionally preventing or interfering" with the making of a report required by K.S.A. 38-2223(e).
- Any person who "willfully and knowingly makes a false report" under K.S.A. 38-2223 "that such person knows lacks factual foundation".



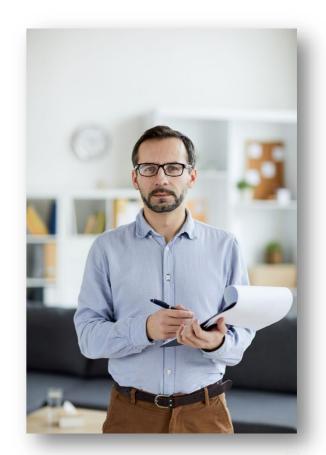


WHAT MUST BE REPORTED

Behavioral and Physical Indicators offer clues to help you determine whether a report should be made.

Look for:

- Repeated occurrences of an indicator
- The <u>presence of several</u> behavioral and physical <u>indicators</u>
- The appearance of <u>suspicious serious injury or</u> <u>death</u>





NEGLECT & ABUSE



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NEGLECT what is it?

K.S.A. 38-2202(t)

- Acts/omissions by a parent/guardian/person responsible for a child's care resulting, or likely to result, in harm.
- Acts or omissions are <u>not</u> due solely to lack of financial means. K.S.A. 38-2202(t).





NEGLECT what is it?

Physical Indicators

Physical Indicators of Neglect Include:

- Constant hunger
- Lack of proper supervision, abandonment or desertion
- Lack of adequate clothing and good hygiene
- Clothing consistently not appropriate for weather
- Lack of medical or dental care
- Lack of adequate shelter/nutrition
- Failure to achieve expected growth patterns
- Physical and speech delays
- Failure to thrive





NEGLECT what is it?

Behavioral Indicators

Behavioral Indicators of Neglect Include:

- Begging, stealing, and hoarding food
- Extended stays at school
- Constant fatigue
- Delinquency
- States there is no caretaker
- Runaway behavior
- Conduct disorders
- Behavior extremes
- Develops habits such as sucking, biting and rocking





ABUSE what is it?

K.S.A 38-2202 (y)

 Physical, mental, or emotional abuse means "the infliction of physical, mental or emotional harm or the causing of a deterioration of a child."

 Such abuse may include, but is not limited to, <u>maltreatment</u> or <u>exploiting</u> a child to the extent that the child's <u>health or emotional</u> <u>well-being is endangered</u>. K.S.A. 38-2202(y).





PHYSICAL ABUSE

Physical Indicators

Bruises, welts, or bite marks

- Different colors/various states of healing
- On back, buttocks, and back of legs
- Groups, clusters, or patterns
- Not common for age/activity level of child
- Defense wounds to back of arms and hands
- Shape of bruise looks like an object

Burns

- Scald and immersion burns (sock-like, glove-like doughnut-shaped)
- Contact burns, e.g. cigarette burns
- Patterned-like iron, fire place tool, etc.
- Rope burns on arms, neck, and torso



PHYSICAL ABUSE

Physical Indicators

Fractures, scars, or internal injuries

Lacerations

- Loop-Type lacerations from belts, straps, and extension cords
- Lacerations to the backside of the body
- Series or groups of straight-line lacerations

Head Trauma

- Black eyes
- Spilt lips or loose teeth
- Lumps on the head
- Facial bruises or bruising behind the ear



PHYSICAL ABUSE

Behavioral Indicators

- Behavior extremes (aggressive/demanding)
- Appearing frightened of parent or caretaker
- Rage, passive or withdrawn
- Being apprehensive when other children cry
- Verbally reporting abuse
- Extreme hyperactivity, distractibility, or being irritable
- Disorganized thinking, self injuries, or suicidal behavior

- Running away or engaging in illegal behavior
- Displaying severe depression, flashbacks, dissociative disorders
- Sudden changes in behavior
- Child starts wetting the bed
- Sleep Problems
- Cannot recall how injuries occurred or offers in consistent explanation



Three Questions

In trying to determine whether a report should be made, ask yourself:

- Is the explanation consistent with the physical evidence?
- Are there other physical or behavior indicators?
- Are there family/environmental stresses that are apparent?





Abuse or Accident?

Where is the injury?

- Injuries to the knees, elbows, shins, or forehead tend to be injured during an accidental fall or bump.
- By contrast, injury to a protected body part (back, thighs, genital area, buttocks, back of the legs are less prone to being harmed accidently.

How many injuries does the child have?

• Is there a single injury or are there several injuries occurring at one time? The greater the number of injuries, the greater the cause for concern.



Abuse or Accident?

What are the size and shape of the injuries?

- Many non-accidental injuries are inflicted with familiar objects, e.g. a stick, board, belt, or hair brush. The mark resembles the object used.
- By contrast, accidental marks from bumps and falls usually have no defined shape.

Does the description of how the injury occurred seem likely?

• If the injury was an accident, there should be a reasonable explanation of how it happened consistent with the severity, type, and location.

Is the injury consistent with the child's developmental capabilities?

• As a child grows and gains skills, the child increases the ability to engage in activities that can cause injury. A toddler trying to run is likely to have a bruised knee or bump on the head. The toddler is less likely, however, to suffer a broken arm than an eight-year-old.

EMOTIONAL ABUSE

Indicators of Emotional Abuse

Indicators of emotional abuse include:

- Daytime anxiety and unrealistic fears
- Irrational and persistent fears, dreads, or hatreds
- Sleep problems, nightmares
- Behavioral extremes
- Biting, rocking, head-banging
- Substance abuse
- Cutting
- Cutting
- Fire starting
- Loss of interest
- Sudden grade changes
- Changes in appearance





EMOTIONAL ABUSE

Conduct of the potential abuser

Conduct of the potential abuser toward the child includes:

- Rejecting or belittling the child (making the child feel the child can't do anything rights)
- Ignoring the child (taking little or no interest in the child)
- Terrorizing the child by blaming the child for things the child can't control
- Isolating the child
- Corrupting the child
- Repeatedly giving the child contradictory messages that leave the child confused and incapable of pleasing the adult
- Using inconsistent unpredictable, erratic and threatening style of discipline





SEXUAL ABUSE

What is it?

Contact/Interaction with a child in which child is used for the sexual stimulation of the perpetrator, the child, or another person.



SEXUAL ABUSE

Physical Indicators of Sexual Abuse

Common physical indicators of sexual abuse include:

- Sexually transmitted venereal disease or infections, including oral infections
- Pregnancy
- Pelvic inflammation
- Torn, stained, or bloody underclothing
- Difficulty or pain in walking and/or sitting
- Foreign matter in the bladder, rectum, urethra, or vagina
- Painful discharge of urine and/or repeated urinary infections
- Bruising, trauma and lesions inside or around the mouth



SEXUAL ABUSE

Behavioral Indicators of Sexual Abuse

Common behavioral indicators of sexual abuse include:

- Verbally reporting abuse
- Seductive behavior, advanced sexual knowledge for the child's age, promiscuity
- Expressing fear of a person or place
- Excessive masturbation, precocious sex play, excessive curiosity about sex
- Sexually abusing another child
- Delinquency, runaway or truancy
- Self-injurious behaviors, suicide attempts
- Extreme fear of being touched; unwilling to submit to exam
- Poor peer relationships



Death of a Child

Any person who is required by K.S.A. 38-2223 to report a suspicion that a child is in need of care and who knows of information relating to the death of a child shall immediately notify the coroner pursuant to K.S.A. 22a-242. See, K.S.A. 38-2223(d).



HIPPA and State Privacy Laws

Kansas Law

- Reports are mandatory per K.S.A. 38-2223 for certain persons.
- Kansas law states: "When reporting a suspicion that a child may be in need of care[which includes reports of abuse or neglect], the reporter shall disclose protected health information freely and cooperate fully with the Secretary and law enforcement throughout the investigation and any subsequent legal process." K.S.A. 38-2223(b)(2).
- Reports of neglect and abuse are mandatory. Consequently, no patient authorization is needed prior to reporting. 45 CFR 164.512(a)(1).
- Because the reports are mandatory, such disclosures are NOT subject to "minimum necessary" determination by the covered entity. 45 CFR 164.502(b)(2)(v).



Immunity – K.S.A 38-2223(e)

"Anyone who, without malice, participates in the making of a report to the Secretary or a law enforcement agency relating to a suspicion a child may be a child in need of care or who participates in any activity or investigation relating to the report or who participates in any judicial proceeding resulting from the report shall have immunity from any civil liability that might otherwise be incurred or imposed."





CONCLUSIONS

- Be aware of signs/symptoms of possible or potential harm to a child from abuse/neglect
- Thorough evaluations with appropriate documentation
- Report if "reason to suspect" abuse
- Provide information that suggests cause of harm, including relevant health information
- Be prepared to provide follow up information to the investigator from the Kansas Department of Children and Families





QUESTIONS







THANK YOU!



Questions?

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