A Guide For Mandated Reporters In Recognizing And Reporting Child Abuse And Neglect
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Commonwealth of Virginia
Department of Social Services
Child Protective Services
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A Guide For Mandated Reporters In Recognizing And Reporting Child Abuse And Neglect
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Introduction

While everyone should be concerned about child abuse and neglect, certain professionals and other individuals are required by law to report suspected child abuse and neglect. These materials are designed to assist those persons who are mandated to report suspected child abuse and neglect.

Parents have a fundamental right to raise their children and our community presumes that parents will act in their children’s best interest. When parents do not protect children from harm and put them at risk of abuse or neglect, the community has a responsibility to intervene to protect the health and welfare of children.

Child abuse and neglect occurs in all cultural, ethnic, occupational, and socioeconomic groups. There are certain known factors which, when combined, increase the likelihood of child abuse or neglect. They may include:

- Parental predisposition towards maltreatment (perhaps as a result of being abused or neglected as a child);
- Stress within the home due to marital, employment, financial, or other problems;
- Parental substance, alcohol, or drug abuse;
- Lack of knowledge of child development; unrealistic expectations of children; inadequate parenting skills;
- Low self esteem, poor impulse control, low level of frustration tolerance, isolation from the support of family and friends;
- Disabilities, which increase the risk of abuse and neglect for children.
Recognizing Child Abuse and Neglect

What Are The Legal Definitions Of Child Abuse And Neglect?

Section 63.2-100 of the *Code of Virginia* defines an abused or neglected child as any child under 18 years of age whose parent or any person responsible for his or her care* (such as a child care provider, foster parent, or anyone responsible for the welfare of a child receiving residential care at an institution):

► Causes or threatens to cause a non-accidental physical or mental injury;

► Has a child present during the manufacture or attempted manufacture of a controlled substance or during the unlawful sale of such substance where such activity would constitute a felony violation;

► Neglects or refuses to provide adequate food, clothing, shelter, emotional nurturing, or health care;

► Abandons the child;

► Neglects or refuses to provide adequate supervision in relation to a child’s age and level of development;

► Knowingly leaves a child alone in the same dwelling with a person, not related by blood or marriage, who has been convicted of an offense against a minor for which registration is required as a violent sexual offender; or

► Commits or allows to be committed any illegal sexual act upon a child, including incest, rape, indecent exposure, prostitution, or allows a child to be used in any sexually explicit visual material.

In addition, newborn infants who have been medically diagnosed for exposure to non-prescription, controlled substances during pregnancy are also considered to be at risk of abuse or neglect. Health care providers are required to report these children.

*NOTE: Virginia law requires that mandated reporters report all cases of suspected child abuse or neglect to child protective services regardless of the abuser/neglector’s relationship to the child.

What Are The Types And Indicators Of Child Abuse And Neglect?

Many people think that child abuse is limited to physical harm. In reality, child abuse includes: physical abuse; physical neglect; sexual abuse; and emotional/mental maltreatment.

Physical injuries, severe neglect, and malnutrition are more readily detectable than the subtle, less visible injuries which result from emotional/mental maltreatment or sexual abuse. However, all types of abuse and neglect may endanger or impair a child’s physical or emotional health and development.

Most child abuse and neglect is not a one time event, but more often occurs in a pattern over time. Many children are subject to more than one form of maltreatment.
## Physical Abuse

Physical abuse is defined as any act which, regardless of intent, results in a non-accidental physical injury. Inflicted physical injury most often represents unreasonably severe corporal punishment. This may happen when the parent is frustrated or angry.

Intentional, deliberate assaults, such as burning, biting, cutting, and the twisting of limbs, are also included in this category. The sale of drugs by a caretaker in the presence of a child can pose a threat to the child’s safety due to strangers in and out of the home and the possibility of firearms or other weapons being present. Manufacturing drugs, especially in methamphetamine laboratories, can expose children to serious toxins.

A **combination** or **pattern** of indicators should alert you to the possibility of physical abuse.

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Questionable Bruises And Welts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>On face, lips, mouth, torso, back,</td>
<td>- Injuries in various stages of healing;</td>
</tr>
<tr>
<td>buttocks, thighs;</td>
<td>**Clustered injuries that form regular patterns, which reflect the shape of article (electric</td>
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<tr>
<td></td>
<td>cord, belt buckle) used to inflict injury;</td>
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<tr>
<td></td>
<td><strong>Injuries that seem to regularly appear after absence, weekend, or vacation; or</strong></td>
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<tr>
<td></td>
<td><strong>Human bite marks.</strong></td>
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<tr>
<td></td>
<td>Questionable Burns:</td>
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<tr>
<td></td>
<td>- Cigarette burns, especially on soles, palms, back, or buttocks;</td>
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<tr>
<td></td>
<td>- Immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia) patterned</td>
</tr>
<tr>
<td></td>
<td>like electric burner, iron, etc.; or</td>
</tr>
<tr>
<td></td>
<td><strong>Rope burns on arms, legs, neck, or torso.</strong></td>
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<tr>
<td></td>
<td>Questionable Fractures:</td>
</tr>
<tr>
<td></td>
<td><strong>To skull, nose, facial structure;</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Fractures in various stages of healing; or</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Multiple or spiral fractures.</strong></td>
</tr>
<tr>
<td></td>
<td>Questionable Cuts, Scrapes, Scratches, Lacerations Or Abrasions:</td>
</tr>
<tr>
<td></td>
<td><strong>To mouth, lips, gums, eyes; or</strong></td>
</tr>
<tr>
<td></td>
<td><strong>To external genitalia.</strong></td>
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</table>
Child Behavioral Indicators

- Uncomfortable with physical contact;
- Wary of adult contacts;
- Apprehensive when other children cry;
- Exhibits behavioral extremes;
- Aggressiveness or withdrawal;
- Frightened of parents;
- Afraid to go home;
- Reports being injured by parents or other caretaker;
- Complains of soreness or moves uncomfortably;
- Wears clothing inappropriate for the weather to cover injuries;
- Reluctant to change clothes (attempts to hide injuries, bruises, etc.); or
- May be a chronic runaway.

Caretaker Characteristics

- Has a history of being abused as a child;
- Uses harsh discipline inappropriate to child's age, the misbehavior, and the condition in which the misbehavior occurred;
- Offers illogical, unconvincing, contradictory, or no explanation of child's injury;
- Significantly misperceives child (e.g. sees him as bad, stupid, different, etc.);
- Has a serious mental health condition or exhibits a psychotic or psychopathic personality;
- Fails to keep child's medical appointments;
- Misuses alcohol or other drugs;
- Attempts to conceal child's injury or to protect identity of person responsible;
- Has unrealistic expectations of child that are beyond child's age or ability;
- Allows a child to be present during the manufacture or sale of controlled substances;
- Demonstrates insufficient parenting skills;
- Demonstrates poor coping skills;
- Has anger management difficulties; or
- Has a history of domestic violence, as victim or perpetrator.
Physical Neglect

Physical neglect is defined as the failure to provide for a child’s physical survival needs to the extent that there is harm or risk of harm to the child’s health or safety. Physical neglect is often chronic in nature. Physical neglect may include, but is not limited to:

- Abandonment;
- Lack of supervision;
- Lack of adequate bathing and good hygiene;
- Lack of adequate nutrition;
- Lack of adequate shelter;
- Lack of medical or dental care; or
- Knowingly leaving a child alone with a person who is not related by blood or marriage to the child, and who is required to register as a violent sex offender.

A combination or pattern of indicators should alert you to the possibility of physical neglect.

Physical Indicators

- Consistently dirty and has severe body odor;
- Lacks clothing that is adequate for the weather;
- Has unattended health or medical needs, such as dental problems, hearing problems, or vision problems;
- May live in unsafe or extremely dirty homes;
- Consistent lack of supervision, especially when involved in dangerous activities or for long periods of time; or
- Has been abandoned by parent or guardian.
Child Behavioral Indicators

- Begs for or steals food or money;
- Extended stays at school (early arrival and late departure);
- Demonstrates constant fatigue, listlessness, or falling asleep in class;
- States there is no one at home to provide care;
- Abuses alcohol or drugs; or
- Frequently absent from school.

Caretaker Characteristics

- Appears to be indifferent to the child;
- Seems apathetic, depressed;
- Is abusing alcohol or other drugs;
- Behaves irrationally or in a bizarre manner;
- May exhibit symptoms of mental illness or diminished intelligence;
- Maintains chaotic home;
- Has a history of being abused or neglected as a child;
- May hoard food or other materials that make house unsafe;
- Demonstrates insufficient parenting skills;
- Demonstrates poor coping skills;
- Consistently fails to keep medical appointments for a child with disabilities or chronic health care condition;
- Has unrealistic expectations of child that are beyond child’s age or ability; or
- Knowingly leaves a child alone with a person, who is not related by blood or marriage, who is required to register as a violent sex offender.
Sexual Abuse

Sexual abuse is defined as acts of sexual assault and sexual exploitation of minors. Sexual abuse encompasses a broad range of behavior and may consist of many acts over a long period of time or a single incident. Sexual abuse is generally perpetrated by someone known to the child and often does not involve violence. Both boys and girls are victims of sexual abuse.

The nature of sexual abuse, the shame of the child victim, and the possible involvement of trusted parents, stepparents, or other persons in a caretaker role makes it extremely difficult for children to come forward to report sexual abuse. Sexual abuse includes:

- Incest;
- Rape;
- Intercourse;
- Oral-genital contact;
- Fondling;
- Sexual propositions or enticement;
- Indecent exposure;
- Child pornography; or
- Child prostitution.

A combination or pattern of indicators should alert you to the possibility of sexual abuse in both male and female children.

Child Physical Indicators

- Has difficulty walking or sitting;
- Has torn, stained, or bloody underclothing;
- Has pain or itching in genital area;
- Has bruises or bleeding in external genitalia, vaginal, or anal areas;
- Has a sexually transmitted disease, especially in pre-teens; or
- Becomes pregnant at a young age.
• Shows reluctance to change clothes for physical education classes or other recreational activities;
• Engages in highly sexualized play, that is different from age-appropriate form of exploration;
• Demonstrates an extreme fear of males (or females);
• Has a sudden drop in school performance;
• Has sleep problems or nightmares;
• Bizarre or unusual sexual behavior or knowledge;
• Detailed and age-inappropriate understanding of sexual behavior (especially younger children);
• Exhibits an older, more worldly appearance/behavior than peers;
• Seems threatened or afraid of physical contact;
• Receives unexplained money or “gifts”;
• Sudden noticeable changes in behavior;
• Abuses alcohol or drugs;
• Exhibits delinquent behavior;
• May repeatedly set fires;
• May attempt suicide or other self-injury behavior; or
• May have eating disorders.

Caretaker Characteristics

• Extremely protective or jealous of child;
• May have been sexually abused as a child;
• Misuses alcohol or other drugs;
• Non-abusing caretaker/spouse is frequently absent from the home, permitting access to child by abusing caretaker/spouse;
• Shows favoritism to child, e.g. gifts, money, attention, privileges; or
• May have marital problems.
Recognizing Child Abuse And Neglect

Just as physical injuries can scar and incapacitate a child, emotional maltreatment can similarly damage a child emotionally, behaviorally, and intellectually. Varying degrees of emotional and behavioral problems are common among children who have been emotionally abused. Emotional/mental maltreatment can include patterns of:

- Verbal assaults (e.g., screaming, intimidating, rejecting, ridiculing, blaming, sarcasm);
- Ignoring and indifferent behavior to children; or
- Constant family conflict.

Emotional abuse can be seen as a self-fulfilling prophecy. If a child is degraded enough, the child will begin to live down to the image communicated by the abusing parent or caretaker.

Cases of emotional abuse are difficult to prove. A cause and effect relationship between the parent or caretaker’s acts and the child’s response must be established. These children should be referred for evaluation and treatment as soon as possible.

A combination or pattern of indicators should alert you to the possibility of emotional/mental abuse or neglect.

<table>
<thead>
<tr>
<th>Physical Indicators</th>
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<tbody>
<tr>
<td>May have frequent stomach aches, head aches or unexplained weight fluctuations;</td>
</tr>
<tr>
<td>May have speech disorders;</td>
</tr>
<tr>
<td>May lag in physical development;</td>
</tr>
<tr>
<td>May have a non-organic, failure-to-thrive medical diagnosis; or</td>
</tr>
<tr>
<td>May have learning problems.</td>
</tr>
</tbody>
</table>
Child Behavioral Indicators

- Exhibits age-inappropriate behaviors such as thumb sucking, biting, head banging or rocking;
- Exhibits neurotic traits such as sleep disorders, inhibition of play;
- Exhibits extreme behaviors such as over compliance, passivity, aggression, withdrawal or inappropriate affect for the situation;
- Exhibits overly adaptive behavior such as inappropriate adult behavior;
- Exhibits emotional or intellectual developmental delays;
- Exhibits either general or self-destructive behavior;
- Exhibits cruel behavior or may seem to get pleasure from hurting others and/or animals;
- Exhibits delinquent behavior;
- May abuse alcohol or drugs; or
- May have eating disorders.

Caretaker Characteristics

- Blames or belittles child;
- Ignores or rejects child;
- Withholds love from child;
- Shows favoritism among siblings;
- Demonstrates a negative or apathetic attitude towards child;
- Seems unconcerned about child’s problems;
- Makes unreasonable demands or has unrealistic expectations of the child based on the child’s developmental capability; or
- Has a history of domestic violence as victim or perpetrator.
Parental Attitudes As Indicators

A good deal of important information can be gathered from routine conversations with parents. They will often reveal details of family life, discuss discipline, and may even request help with a problem. Conversations with parents can also reveal how they feel about their child.

The abusive or neglectful parent may:

- Expect Too Much
  - Parents who make unrealistic demands on a child for early control of feeding, sleeping, and elimination habits may complain excessively about the child's poor table manners, defiance at bedtime, or deliberate soiling.
  - Parents who complain frequently that a child cries excessively "for no good reason."
  - Parents who consistently attribute unrealistic or inappropriate motives to an infant's behavior, e.g., "He knows it makes me mad, but he does it anyway."
  - Parents who assign adult activities to the child.
  - Parents who have negative or apathetic attitudes toward the child.
  - Parents who seem indifferent to, deny, or are annoyed by injury, illness, or developmental delays in their child.
  - Parents who do not seem sensitive to their child's basic needs for food, shelter, clothing, or medical care.
  - Parents who scapegoat one child as being different or bad.
  - Parents who become excessively angry at the child's performance or conduct.
The Fine Line Between Abuse And Discipline

In order for children to grow up and become productive members of society, subject to society’s norms, values, and rules, all children need discipline. Discipline is a learning process designed to teach appropriate behaviors.

Unlike discipline, abuse is not a learning process. It is designed to stop behavior through inflicting pain. It does not teach alternative, correct behavior. Therefore, abused children do not learn correct behavior. They learn to avoid punishment.

The intent of the reporting law is not to interfere with appropriate parental discipline, but to respond to extreme or inappropriate parental actions. Actions that are excessive or forceful enough to leave injuries may be considered abusive.
Corporate Punishment

The use of corporal punishment on children by parents is not illegal in Virginia. Most professionals agree that physical punishment is not the most desirable or effective method to use with children.

The excessive use of corporal punishment teaches children to resolve conflicts violently and to use physical power rather than reason to obtain results or express anger.

Excessive corporal punishment can easily result in unintended injury (ies) to a child due to the difference in size between an adult and a child, the presence of anger, and the use of force.

Corporal punishment is not permitted in public schools, foster homes, group homes and other child caring institutions.

Distinguishing Abuse From Accident

The very nature of childhood invites accidents. Children are curious and fearless. They run, climb, jump, and explore. A child’s motor skills usually outpace cognitive skills allowing him/her to approach danger without recognizing it. When observing an injury you suspect might be the result of abuse, consider:

► Location of the injury: Certain locations on the body are more likely to sustain accidental injury. They include the knees, elbows, shins, or forehead. Protected body parts and soft tissue areas, such as the back, thighs, genital area, buttocks, back of the legs, or face, are less likely to accidentally come into contact with objects that could cause injury.

► Number and frequency of injuries: The greater the number of injuries, the greater the cause for concern. Unless the child is involved in a serious accident, he/she is not likely to sustain a number of different injuries accidentally. Multiple injuries in different stages of healing may indicate abuse.

► Size and shape of the injury: Many non-accidental injuries are inflicted with familiar objects: a stick, a board, a belt, or a hair brush. The injury could also be a handprint. These marks bear strong resemblance to the object that was used. Accidental marks resulting from bumps and falls usually have no defined shape.
Description of how the injury occurred:
If an injury is accidental, there should be a reasonable explanation of how it happened that is consistent with the appearance of the injury. When the description of how the injury occurred and the injury are inconsistent, there is cause for concern. For example, it is not likely that a fall off a chair onto a rug would produce bruises all over the body.

Consistency of injury with the child’s developmental capability: As a child grows and gains new skills, his/her ability to engage in activities which can cause injury increases. A toddler trying to run is likely to suffer bruised knees and a bump on the head. He/she is less likely to suffer a broken arm than is an eight-year-old who has discovered the joy of climbing trees. A two-week-old infant does not have the movement capability to self-inflict a bruise.

Remember that accidents happen:
When assessing an injury, consider whether the child is developmentally capable of causing his or her own injuries. Also consider the child’s size and whether he/she is able to generate sufficient force to create injury. Parents are not perfect. Injuries occur that might have been avoided. Nevertheless, there is cause for concern when injuries recur and/or the explanation is inconsistent with the injury or the child’s developmental abilities.

Unsupervised Or “Latchkey” Children
The laws of Virginia do not set a specific age for when a child legally can stay alone. Age alone is not a very good indicator of a child’s maturity level. Some very mature 10-year-old children may be ready for self care while some 15-year-old children may not be ready due to emotional problems or behavioral difficulties.

In determining whether a child is capable of being left alone and whether a parent is providing adequate supervision in latchkey situations, child protective services (CPS) will assess several areas. These areas include:

Child’s level of maturity: CPS will want to assess whether the child is physically capable of taking care of him/herself; is mentally capable of recognizing and avoiding danger and making sound decisions; is emotionally ready to be alone; knows what to do and whom to call if an emergency arises; and has no special physical, emotional, or behavioral problems that make it unwise to be left alone. It is important to note that a child who can take care of him/herself may not be ready to care for younger children.

Accessibility of those responsible for the child: CPS will want to determine the location and proximity of the parents, whether they can be reached by phone and can get home quickly if needed, and whether the child knows the parents’ location and how to reach them.
The situation: CPS will want to assess the time of day and length of time the child is left alone; the safety of the home or neighborhood; whether the parents have arranged for nearby adults to be available in case a problem arises; and whether there is a family history of child abuse or neglect.

NOTE: Some localities have ordinances concerning the age at which a child may be left without supervision. Please check with your local county or city office to find out if your locality has an ordinance governing the age at which a child can be left unsupervised.

Failure To Obtain Medical Care

Failure of the parent or caretaker to provide needed health care treatment for a condition which, if untreated, could result in illness, developmental delays, or endangerment can be reported to CPS as suspected medical neglect. Children at increased risk for medical neglect and for whom the consequences are serious include children with medically diagnosed diseases or disabilities, and children under the care of a physician, sub-specialist or allied health care specialist due to a medical diagnosis.

Failure to obtain treatment, however, must be considered in light of:

➤ The availability of resources;
➤ The parent’s financial ability to provide the treatment;
➤ The parent’s cultural and religious beliefs; or
➤ The consequences of failure to obtain needed medical care.

Parental failure to obtain needed medical care due to ignorance, misunderstanding or poverty is outside the scope of the CPS program. Before you contact CPS about these situations, it is important to offer the parents services such as counseling, information and referral, and/or financial aid to secure the needed medical treatment.
Some Reports Are Outside
The Scope Of Child Abuse/Neglect In Virginia

The Department of Social Services believes that the well-being of children is a shared community concern; however, some situations are not appropriate for CPS intervention. Under Virginia law, some reports of suspected child abuse and neglect are outside the scope of the Child Protective Services Program and cannot be accepted for family assessment or investigation. These include:

**Educational Neglect**

CPS does not have the authority to intervene when the child is truant from school. These issues are addressed by the school system.

**Lack Of Immunizations And Preventative Health Care**

CPS intervenes in medical neglect cases only in situations of imminent danger to the child’s health and safety. Immunizations and well-baby examinations are considered preventative medicine, not treatment. The decision to obtain preventative health care is a parental decision.

Failure to provide immunizations or preventative medical care does not constitute abuse or neglect under Virginia laws.

**Failure To Use Safety Belt Restraints In Motor Vehicles As Required By Law**

Virginia law requires the use of safety restraints for children in motor vehicles. The intent of the law is to protect children from serious injury in the event of an accident. This is a civil law with designated fines and penalties. Law enforcement authorities are responsible for enforcing this law.

**Non-Caretaker Sexual Abuse**

Children can be sexually abused by a person who is not in a caretaker role. This includes sexual abuse of a child by another child. These reports should be made to the local law enforcement agency in your community. If there is reason to suspect the sexual abuse occurred due to lack of supervision by a caretaker, that report should be made to CPS.

**Abuse Did Not Occur In Virginia And The Abuser Does Not Live In Virginia**

The Virginia CPS program does not have jurisdiction to investigate a report of child abuse that occurred in another state and the alleged abuser does not live in Virginia. These reports are made to the state in which the abuse occurred. The local department of social services in Virginia can assist in the investigation if requested by the other state.

Although CPS cannot conduct an investigation of these situations, the local agency can refer the child and family for services if needed.

**Poverty**

Poverty can put children at risk, but is not in itself a valid CPS report. Often these families need considerable community support to subsist. If a family is utilizing the available resources, a local agency will not be likely to accept such reports of lack of food, clothing and shelter for CPS.
Reporting Child Abuse And Neglect

Why Should I Report?
The purpose of mandated reporting is to identify suspected abused and neglected children as soon as possible so that they can be protected from further harm.

Child protective services cannot act until a report is made. As a mandated reporter, you play a critical role in preventing any future harm to children.

Without detection, reporting, and intervention, these children may remain victims for the rest of their lives. Abused children don’t just grow up and forget their childhood. They can carry physical and emotional scars throughout their lives, and may repeat the pattern of abuse or neglect with their own children.

Who Must Report?
Anyone can report suspected child abuse or neglect, but if you are identified in the Code of Virginia as a mandated reporter or you have received training in recognizing and reporting suspected child abuse and neglect, you are required by law to immediately report your concerns to the local department of social services or to the Child Abuse and Neglect Hotline.

Under Virginia law, certain professionals are required to report when acting in a professional capacity. These professionals include:
- Persons licensed to practice medicine or any of the healing arts;
- Hospital residents or interns;
- Persons employed in the nursing profession;
- Social workers;
- Eligibility workers in a local department of social services;
- Probation officers;
- Teachers or other persons employed in a public or private school, kindergarten, or nursery school;
- Persons providing full or part-time child care for pay on a regular basis;
- Mental health professionals;
- Law enforcement officers;
- Professional staff persons employed by a public or private hospital, institution, or facility in which children are placed;
- Persons 18 years or older associated with or employed by any public or private organization responsible for the care, custody, and control of children;
- Mediators certified to receive court referrals;
- Volunteer Court Appointed Special Advocates (CASA);
- Persons employed by public or private institutions of higher education other than attorneys employed by institutions of higher education as it relates to information gained in the course of providing legal representation to a client;
- Athletic coaches, directors or other persons 18 years of age or older, employed by or volunteering with a private sports organization or team;
- Persons 18 years of age or older associated with or employed by any public or private organization responsible for the care, custody, and control of children;
Administrators or employees, 18 years of age or older, of public or private day camps, youth centers and youth recreation programs; and

Any person 18 years of age or older, who has received training approved by the Department of Social Services for the purposes of recognizing and reporting child abuse and neglect. This reporting requirement shall not apply to any regular minister, priest, rabbi, imam, or duly accredited practitioner of any religious organization or denomination usually referred to as a church as it relates to (i) information required by the doctrine of the religious organization or denomination to be kept in a confidential manner or (ii) information that would be subject to § 8.01-400 or 19.2-271.3 if offered as evidence in court.

When Should I Report?

When you suspect that a child is being abused or neglected, you should immediately report your concerns to the local department of social services in your community. Local social services departments are open during daytime business hours. A list of local departments of social services, addresses and phone numbers is available at http://www.dss.virginia.gov/localagency

What Information Will I Be Asked To Provide?

When making a report, it is helpful to provide as much information as possible.

Name, address, and telephone number of the child and parents or other person(s) responsible for the child’s care;

Child’s birth date or age, sex, and race;

Names and ages of other persons who live with the child and their relationship to the child;

Whether or not there is a family member who can protect the child;

Name, address, and telephone number of the suspected abuser and his/her relationship to the child;

Nature and extent of the abuse/neglect, including any knowledge of prior maltreatment of the child or siblings;

Any special language needs of the family;

Any child or adult developmental issues;

Whether the child has a disability and the ways in which the disability affects the child’s functioning and care;

Any other pertinent information; and

Your name, address, and phone number.

If you give your name when you report, it will be documented that you have met your legal obligation to report the suspected child abuse and neglect. You may report anonymously, but you are encouraged to give your name. This makes it possible for the child protective services worker to contact you later if additional information is needed. Providing your name will also enable the child protective services worker to inform you of the outcome of your referral.

NOTE: There is a provision in the Code of Virginia that allows certain mandated reporters to establish procedures to permit reporting the suspected child abuse or neglect to the head of the institution or department or his designee who must then make the report to the local department of social services. The law requires that person to advise the initial reporter when the report was made, the name of the person receiving the report and to provide any communication resulting from the report, including any actions taken, to the initial reporter.
What If I Do Not Report?

Liability Of The Reporter

Section 63.2-1512 of the Code of Virginia protects a person, who either makes a CPS report or participates in a court hearing that results from a CPS report, from criminal and civil liability unless it is proven that the person acted with malicious intent.

Penalty For Failure To Report

Mandated reporters who fail to report suspected child abuse or neglect, as soon as possible but no longer than 24 hours after having reason to suspect a reportable offense, shall be fined not more than $500 for the first incident and $1,000 for any subsequent incidents. Failure to report acts of rape, sodomy or object penetration may result in being charged with a Class 1 misdemeanor. All such incidents are referred to the local commonwealth’s attorney.

What If I Am Not Sure?

You should discuss the situation with your local department of social services, child protective services unit, or with staff at the Child Abuse and Neglect Hotline.

If a child has told you about abuse or neglect, this is enough for you to call. It is better to make your concerns known than to remain silent and possibly allow a child to remain unprotected. However, if you have actual knowledge that the same matter has already been reported to the local department of social services or state hotline, you do not have to report.

What If The Abuse Occurred In The Past?

Any case of suspected child abuse or neglect, where the victim is under age 18 at the time of the report must be reported even if the abuse/neglect occurred in the past. The child protective services worker will evaluate the situation to determine whether CPS intervention is warranted at the time of your report.

Should I Tell The Parents I Made A Report?

You do not have to tell the parents about your CPS report. If you choose to inform the parents after you have made the report and CPS has made contact, it is important that you be honest. Often parents will respect your honesty even though they may disagree with the position you’ve taken. You might explain that you are required by law to report all situations of neglect or injury to children caused by questionable or other than accidental means. The law does not give you a choice about reporting.

Filing a report of suspected child abuse or neglect can be described as “making a referral to request help and services for the child and family.” Parents need to know that their problems are not unique, they are not inherently “bad” parents, and they can be helped. The intent of a report is to protect the child from further harm and to improve family relationships. Let the parents know that you want to continue your relationship with them and that you believe that this is a problem which can be solved.

There may be some instances in which you will not want to inform the parents of your report to CPS. These instances include a situation where the child’s safety would be jeopardized by the parents’ knowing the child has disclosed information to you, or a situation where a child is in imminent danger and you believe the parent might run away with the child.

Before informing the parents about a report of suspected abuse or neglect, it may be helpful to discuss your decision with a local CPS worker.
Questions And Concerns About Reporting Suspected Child Abuse And Neglect

A report of suspected maltreatment is not an accusation. It is a request for the helping process to begin. The reporting process, however, may not always go smoothly. Difficulties may be encountered which can act as a barrier to reporting or can discourage continued involvement in situations of child abuse and neglect.

Professionals who have had an unsatisfactory experience when reporting suspected child abuse or neglect may be reluctant to report a second time. These professionals may have been discouraged from reporting, or may have developed a distrust of child protective services (CPS), feeling that a previous referral was not handled to their satisfaction. If you have been dissatisfied with the agency’s response to your report, you should consider contacting the CPS supervisor in the agency to discuss your concerns.

The law requires that you report suspected child abuse and neglect. In addition, while reporting does not guarantee that the situation will improve, not reporting guarantees that if abuse or neglect exists, the child will continue to be at risk.

The Belief That Nothing Will Be Done

Sometimes potential reporters are convinced that nothing will be done if they report, so they don’t report. Aside from the legal considerations (failure to report is against the law in Virginia), such reasoning is faulty. If an incident of suspected child abuse or neglect is reported, some action will occur. At the very least, reporting ensures that social services is made aware of your concerns and your legal obligation will be fulfilled. On the other hand, if the incident is not reported, nothing will occur.

Abused and neglected children cannot be protected unless they are first identified. The key to identification is reporting.

Confidentiality issues

Will My Name be Revealed As The Reporter?

The Code of Virginia provides for the confidentiality of the identity of all persons who report suspected child abuse or neglect. In some instances, despite the child protective services worker’s efforts to maintain confidentiality, a family may be able to identify the mandated reporter. If the case is brought into court, the identity of the mandated reporter may be revealed during court proceedings.

Can Parents See The Child Abuse Or Neglect Records?

Any individual, including the alleged abuser or neglector, may exercise his/her rights under the Virginia Privacy Protection Act of 1976 to see all personal information, related to him/herself, contained in the case record. The individual requesting information is given access to that portion of the record concerning him/herself, with safeguards taken to ensure the privacy rights of the other persons mentioned in the case record, including the reporter.
Responding To The Child

How Should I Respond To A Child Who Reports Being Abused Or Neglected?

When it is necessary to talk with a child in response to a disclosure of maltreatment or to clarify suspicions, it is important to remember to handle the discussion with sensitivity. Your response has the power to calm or upset the child.

Do:

► Find a private place to talk without interruptions.
► Put the child at ease by sitting near him/her, not behind a desk.
► Ask permission before touching the child. Touch may be associated with physical or emotional pain in children who have been physically or sexually abused.
► Reassure the child that he/she is not in trouble.
► Keep your own feelings under control.
► Use open-ended questions such as: “Can you tell me what happened?” or “I’m wondering who taught you how to do that.”
► Use the child’s vocabulary.
► Let the child know what you will do: “We need to tell (name). He/she knows how to help children and families.”
► Support the child: “I’m sorry that happened to you.”

Do Not:

► Press for details beyond what the child is willing to share. You do not need to prove abuse or neglect.
► Ask “why questions”. These questions require children to explain actions that they may not understand. Young children have not developed the abstract thinking ability necessary to answer these questions.
► Promise not to tell anyone about the child’s disclosure of possible abuse or neglect.
► Ask leading or suggestive questions.
► Make angry or critical comments about the alleged perpetrator. He/she is often known, loved, or liked by the child.
► Disclose information indiscriminately, keeping in mind the child’s right to privacy.
► Make the child feel different or singled out.

Techniques For Interacting With An Abused/ Neglected Child

The following tools or techniques can be used with children who may be abused or neglected:

► Never underestimate the power a positive adult relationship can have in a child’s life. Children take their cues from adults.
► Ask permission before touching, again allowing a child to regain control.
► Don’t speak badly of the offender. The offender is often known and liked or loved by the child. Suggested statements are: “What he/she did to you was wrong. I am sorry that it happened to you.” or “It was unfair of him/her to do that to you. I am sorry that it happened.”
► Do not act shocked, angry, or upset at what a child may say or do. Remain open for more information. Some ways to say this are: “I’m wondering where you learned that.” or “I’m wondering who taught you how to do that.” or “I’m sorry that happened to you.”
► Do not make a child feel different or singled out. Treat him/her just like every other child, but with an extra dose of compassion.
The Child Protective Services Response

What Happens After I Make A Report?

When a report of suspected child abuse or neglect is made, social services staff must determine that the situation described meets the legal definition of child abuse or neglect and whether child protective services (CPS) has the authority and responsibility to conduct a family assessment, or an investigation. The four validity criteria are:

- The child is under age 18 at the time of the report;
- The alleged abuser was in a caretaker role;
- The alleged abuse or neglect meets the definition of abuse or neglect as defined by the CPS Program; and
- The local agency has jurisdiction to respond to the report.

If your report is not accepted for CPS response, the local agency will tell you which validity criteria are not met. In addition, the local agency may contact local law enforcement to report possible criminal violations even if the report is not valid for CPS.

If a decision is made not to respond, and you disagree, you may further discuss your concerns with the CPS supervisor. When a case is not appropriate for CPS, you may seek consultation with the local agency for suggestions or guidance in dealing with the family.

When a report of suspected child abuse or neglect is made, CPS must determine if the report is valid for a CPS response. If the report is determined to be valid, the CPS worker will conduct either a family assessment or an investigation. The goals of both responses are to:

- Assess the child’s safety
- Strengthen and support families
- Prevent further abuse of the child

Family Assessment Response

A child safety and family service needs assessment is conducted with the family if the report meets the validity criteria and is not required by law to be investigated, and there is no immediate threat to the child(ren)’s safety or well-being. Examples of these reports include, but are not limited to:

- Lack of supervision;
- Physical neglect;
- Minor physical injury; or
- Emotional abuse/neglect.

After a report is accepted for a family assessment, the CPS worker will assess the immediate safety needs of the child, identify protective and other services needs of the family, and assess risk of future harm to the child.
The CPS worker will complete the CPS family assessment within 45-60 days of the report. He/she will interview the child, the siblings, the parents or caretakers, the alleged abuser, and may interview the person who made the report along with any other person who may have additional information about the incident.

At the conclusion of the family assessment, the CPS worker in conjunction with the family will make a determination of whether or not services are needed to prevent abuse or neglect and to meet the needs of the family. There is no finding of abuse or neglect made in a family assessment.

Investigation Response

A child abuse or neglect investigation is conducted when there are immediate child safety concerns, previous reports of abuse or neglect, or the report is required by law to be investigated.

Examples include, but are not limited to, reports of:

- Sexual abuse;
- A child death;
- Serious physical injuries;
- Hospitalization due to suspected abuse/neglect;
- Injuries requiring medical evaluation/treatment;
- Abandonment; or
- Abuse/neglect occurring in schools, day care centers or homes, foster homes and other non-family settings.

After a report is accepted for investigation, the CPS worker will assess the immediate safety needs of the child, identify protective and other services needs of the family, and assess risk of future harm. The CPS worker will complete the CPS investigation within 45-60 days of the report.
The CPS worker will interview the child, the siblings, the parents or caretakers, the alleged abuser, and may interview the person who made the report along with any other person(s) who may have additional information about the incident. In some instances, a police officer may accompany the CPS worker during the investigation for reasons of safety and/or to determine if criminal charges should be filed.

At the conclusion of the CPS investigation, the CPS worker will make one of two findings:

**Founded:** The investigation reveals by a preponderance of evidence that abuse or neglect has occurred.

**Unfounded:** The investigation reveals insufficient evidence that abuse or neglect occurred. This finding does not necessarily mean that abuse or neglect did not occur, but that the evidence was not sufficient for a founded disposition.

**Right To Appeal Investigation Findings**

The name of any person who has a “founded” disposition made about him/her as a result of a child protective services investigation is entered into the Child Abuse and Neglect Central Registry. That person has the right to an administrative appeal of that decision. The three levels of administrative appeal include:

- Conference with the local department of social services director or designee;
- State level, administrative hearing convened before a hearing officer; and
- Judicial review by the local circuit court.
CPS Authorities
To Conduct Family Assessment
Or Investigation

The CPS worker has certain authorities granted by the *Code of Virginia* to conduct a family assessment or an investigation.

**Release Of Records To Child Protective Services**

Section 63.2-1509 of the *Code of Virginia* requires all mandated reporters to release any records or reports that document the basis for the suspected abuse or neglect whether or not they are the complainant.

**Interviewing Child Without Parental Consent And Outside The Presence Of The Parents**

Section 63.2-1518 of the *Code of Virginia* states that any person required to make a report or conduct an investigation or family assessment may talk to any child suspected of being abused or neglected or to any of his siblings without consent of and outside the presence of his parent, guardian, legal custodian, or other person standing in loco parentis, or school personnel.

CPS workers have the authority to speak to both the alleged child victim and the siblings without parental consent and outside the parent's presence. However, parents are notified of the interview as soon as practicable.

**Photographs And X-Rays**

Section 63.2-1520 of the *Code of Virginia* allows the CPS worker to take photographs and arrange for x-rays of the child as part of a medical evaluation without the consent of the parent or guardian.
CPS Services May Be Provided To The Family

While the goal of a family assessment or an investigation is to protect the child from further harm, that is not the only goal of the CPS Program. The CPS worker is also responsible for helping parents identify and solve problems that may have caused maltreatment by arranging for or providing services to the family or parents.

Services that may be provided to the family by the CPS worker and/or community agencies include individual and/or family counseling; parenting groups or classes; homemaker services; respite day care; or family supervision, provided through home visits by the CPS worker.

The length of time that CPS provides services to a family varies from case to case and is based on the continued risk of harm to the child. Unless a court orders a family to receive services, the family may decline the offer of services by the CPS worker.

What If The Child Must Be Removed From Home?

In most CPS reports, the child’s safety can be assured through the development of a safety plan with the parent or guardian, if necessary.

If the child’s safety cannot be maintained, the first effort is to have the alleged abuser/neglector leave the family home. But if that is not an acceptable alternative, it may be necessary for the child to be placed outside the home to ensure his/her safety. If it becomes necessary to remove the child, the CPS worker will try to work with the parents or guardian to arrange a safe placement for the child with a relative or friend. If this is not possible, then the child may be placed in an agency-approved foster home or group placement.

Sometimes, there is a CPS report that involves an immediate danger to a child’s well-being. Section 63.2-1517 of the Code of Virginia permits law enforcement, CPS, or physicians to take a child into protective custody for up to 72 hours without a court order. If this occurs, immediately after a child is taken into protective custody, the parents or guardians must be notified that the child is in custody. A report must be made to CPS so that an investigation can be conducted. The Juvenile and Domestic Relations Court must also be notified.

The ultimate goal is to reunite the family as soon as it is safe for the child.
Will I Receive Feedback From Child Protective Services?

The local agency will inform you if your report is being accepted for a CPS response. At the conclusion of the CPS response, the local agency can tell you that either the investigation was unfounded or that the local agency took necessary action. Due to federal and state laws concerning the release of child protective services (CPS) information, the CPS worker is restricted in the information that can be given to individuals other than the alleged abuser, alleged victim, or victim’s guardian if not the child’s parent.

If you are not contacted by the CPS worker within 45-60 days of the date of the report, and you wish to learn the outcome of the investigation or family assessment, you may call the worker assigned to the case or the supervisor.
Child Abuse Hotline
1-800-552-7096
(Language Line Available)
For additional copies of:
A Guide to Mandated Reporters In Recognizing and Reporting Child Abuse And Neglect

Complete this form and mail to:
Virginia Department of Social Services
Child Protective Services Unit
801 East Main Street
Richmond, Virginia 23219

Please make check or money order payable to:
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