



**THE PROFESSIONALS' GUIDE  
TO REPORTING CHILD**

# *Abuse & Neglect*





A law regarding the abuse of children became effective on June 28, 1976. The law defined child abuse and neglect and described the responsibilities of the child protective agency receiving the reports. The statute was amended almost in its entirety by the Child Abuse Prevention Act of 1997 which became effective on July 17, 1997.

### **16 Del. C., § 902. Definitions of child abuse and neglect.**

(1) "Abuse" shall mean any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in § 468 (1) (c) of Title 11 emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment.

(9) "Neglect" shall mean the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary: education as required by law; nutrition; or medical, or surgical, or any other care necessary or the child's well-being.

## DELAWARE LAWS



### **§ 903. Reports Required.**

Any physician, and any other person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner or any other person who knows or reasonably suspects child abuse or neglect shall make a report in accordance with § 904 of this title.

Professional reporters are often referred to as *mandated reporters*.

### **§ 904. Nature and content of report; to whom made.**

Any report required to be made under this chapter shall be made to the Division of Child Protective Services (Division of Family Services) of the Department of Services for Children, Youth and Their Families. An immediate oral report shall be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, shall be made in accordance with the rules and regulations of the Division of Child Protective Services, or in accordance with the rules and regulations adopted by the Division.

## DELAWARE LAWS



### **§ 908. Immunity from Liability.**

Anyone participating in good faith in the making of a report pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of the child pursuant to § 906 (b) (5) of this chapter, or exercising emergency protective custody in compliance with § 907 of this chapter, shall have immunity from any liability civil or criminal, that might otherwise exist and such immunity shall extend to participation in any judicial proceedings resulting from the above actions taken in good faith. This section shall not limit the liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to this § 906 (b)3 of this Title.

### **Penalty for not making a report:**

### **§ 914. Penalty for violation.**

Whoever knowingly violates § 903 of this chapter shall be fined no more than \$1000 or shall be imprisoned not more than 15 days or both.

## CONFIDENTIALITY / INVESTIGATION



The Division of Family Services adheres to all Federal laws and regulations governing access and release of confidential records. It is the policy of the Division of Family Services not to divulge the name of the person who reports a family to the agency without the reporter's consent.

The Division of Family Services conducts a thorough investigation of a family and, when needed, provides treatment services to families. To accomplish these goals, caseworkers must speak to people, such as medical professionals and teachers, who know the family. Therefore, the caseworker asks the family to sign a consent to obtain/release information.

### **Now is the time to report!**

- Stop current child abuse
- Prevent future child abuse and neglect
- Ensure the safety of a child – it's everyone's business
- Protect young children who cannot protect themselves
- Promote optimal functioning of the family
- Act quickly and do not rely on someone else to make the report

***It's the Division of Family Services' responsibility to investigate allegations of child abuse and neglect!***



## **Institutional Abuse**

The Division also investigates child abuse and neglect which occurs in child care facilities. Child care facilities include: transitional living programs, residential child care, foster homes, licensed child day care facilities, emergency shelters for children, correctional and detention facilities, day treatment programs, all facilities in which a reported incident involves a child/children in the custody of the Department of Services For Children, Youth and Their Families, and all facilities which are operated by the Department. Licensed-exempt child care facilities (preschools, schools, hospitals or church operated baby-sitting/Sunday schools) are not included. Those reports should be referred to the police. There are specialized Division of Family Services staff who investigate institutional abuse reports.

## **Making a Report**

If you suspect a child under the age of 18 is being abused or neglected or is at risk for abuse or neglect, you should make a report to the Division of Family Services by calling 1-800-292-9582 within the State of Delaware. Out-of-state calls are to be made to (302) 577-6550. The phones are answered 24 hours a day, 365 days a year by Division of Family Services' staff.



## **Information needed**

When you call in a report, you will need to have certain information:

- Name, age (date of birth if possible), gender of the child and other family members and the names of the parents/caretakers if available
- Address, phone numbers, and/or directions to the family's home or location of the child
- Description of the suspected abuse or neglect
- Current condition of the child
- Any other pertinent information which may assist us in determining abuse or neglect

When making a report you will not have to give your name. However, if you *do* give your name it will allow the caseworker to call you for further information about the family.

## **Next Steps**

Once a report is received, the report line worker will review the facts of the case with a supervisor. If a decision is made not to investigate, you will be contacted by report line staff.

## CONFIDENTIALITY / INVESTIGATION



The report will be accepted if the problems identified suggest a child is abused, neglected, dependent or is *at risk* of being abused, neglected or dependent.

The Division of Family Services utilizes a risk assessment tool to analyze the information in the report. Some information such as the young age of a child (0 - 6 years old), parental drug and alcohol usage or evidence of current injury will show an increased risk to the child and require a quicker response time.

When a case is accepted for investigation, a caseworker will contact the parents or caretakers, the children, professionals, family members and/or friends who can help assess the family situation. The Division of Family Services also conducts a criminal background check on all household members above the age of 12.

Once the investigation is completed, the caseworker with the supervisor will determine if the family is in need of treatment services. As the reporter, you will receive a letter informing you if the case was closed or opened with our division. Due to confidentiality, the Division of Family Services is unable to release any other information to the reporter.

## THE PROFESSIONAL TEAM



The Division of Family Services works collaboratively with other agencies to identify, assess and treat families. We have formal agreements known as Memoranda of Understanding (MOU) with:

- All statewide police agencies
- The Department of Justice
- The Division of Public Health
- The Division of Mental Retardation
- The Department of Education - Public School Districts
- The Department of Correction
- The Dover Air Force Base Family Advocacy Center



## THE PROFESSIONAL TEAM



Memoranda of Understanding describe specific reporting procedures, protocol for interaction between agencies, criteria for sharing of information, problem resolution and designate liaisons for each agency.

We also have collaborative relationships with the Children's Advocacy Center of Delaware (CAC) and the Family Visitation Centers throughout Delaware. The CAC is a private organization which offers multidisciplinary services for children who are victims of sexual assault and serious physical abuse. Family Visitation Centers provide a safe, neutral place for monitored exchange of children for off-site visitation and supervised on-site visitation in families with a history of domestic violence.

Each member of the professional team serving families or children, has the responsibility to report suspected cases of child abuse or neglect. The Division of Family Services has the responsibility to investigate and determine whether abuse or neglect has actually occurred or if the child is at risk for abuse or neglect.

***Some professionals have distinct responsibilities in protecting children as highlighted below:***

### **Child Care Staff**

Child care staff have several points of contact with the Division of Family Services. All child care facilities in the State of Delaware are licensed by the

## THE PROFESSIONAL TEAM



Office of Child Care Licensing. Facilities are required to meet standards defined in *Delacare: Requirements for Residential Child Care Facilities and Day Treatment Programs*.

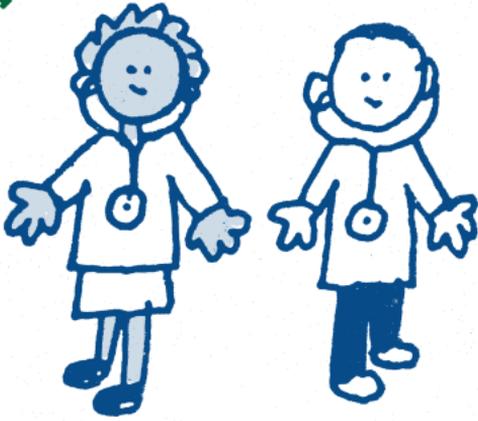
Child care staff also are a source of information for Division of Family Services' staff. Child care providers see many children on a regular basis. They are able to observe a child's appearance and behavior. In addition, they have knowledge about the interaction between a child and parent. Child care providers are a critical source of information about children who have not yet entered school.

After a family is reported for child abuse and neglect, child care providers may be part of a plan to help a family. The Division of Family Services makes referrals to child care facilities to provide a safe and stimulating environment for children. In addition, child care staff are often called upon to discuss a child's progress.

### **Law Enforcement**

*Domestic Violence:* Law enforcement should report to the Division of Family Services cases where children witness felony level domestic violence or chronic misdemeanor domestic violence. Of course, if a child is injured during a domestic violence situation, this should also be reported *immediately* to the Division.

## THE PROFESSIONAL TEAM



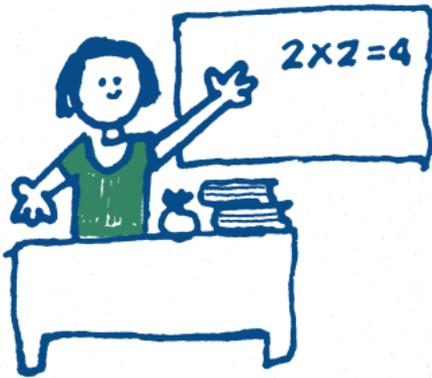
*Joint Investigation:* Police officers are mandated to do joint investigation if certain crimes may have been committed as specified in The Child Abuse Prevention Act of 1997.

*Temporary Emergency Protective Custody:* The Child Abuse Prevention Act of 1997 empowers police officers to take temporary emergency protective custody of children they suspect are in imminent danger of suffering serious physical harm or threat to life as a result of abuse or neglect. The police must immediately make a report to the Division of Family Services since the temporary emergency custody shall not exceed four hours.

### **Physicians**

Medical personnel provide expertise in the identification of abuse or neglect. The Division of Family Services also relies on the medical community to confirm abuse or neglect during the course of an investigation.

*Medical Examination:* The Child Abuse Prevention Act of 1997 gives the Division of Family Services the authority to "secure a medical examination of a child, without the consent of those responsible for the care, custody, and control of the child, if the child has been reported to be a victim of abuse or neglect." These examinations are to be paid for by all insurance companies operating in the State of Delaware, as stipulated in the Child Abuse Prevention Act of 1997.



*Temporary Emergency Protective Custody:* The Child Abuse Prevention Act of 1997 empowers physicians to take temporary emergency protective custody of children they suspect are in imminent danger of suffering serious physical harm or threat to life as a result of abuse or neglect. Physicians must immediately make a report to the Division of Family Services since the temporary emergency custody shall not exceed four hours.

## **School Personnel**

Educators are often a great source of information about the children we serve. Educators not only see children almost daily, they also provide a support system and role model for children. In addition, educators are able to identify, by their performance in school, children who may be having problems. Behavior and appearance are key indicators of the situation at home. Educators can provide the Division of Family Services with valuable information to help these children.

Educators can continue to help after a report has been made. Since they will most likely continue to see the child, they can report any new incidents of abuse or neglect. They also can be a support to the child and help a caseworker with services that the school may be able to provide.

# ABUSE



## Physical Indicators

- Injuries that are unexplainable or do not have a reasonable explanation may be a result of child abuse. Injuries may include bruises or welts on the face, torso, buttocks, thighs or back. The marks may be in the shape of an object and may be in various stages of healing.
- Fractures/dislocations that are unexplained and involve facial structure, skull, bones around joints or spiral fractures may be child abuse.
- Burns on the palms of the hand, soles of the feet, buttocks or back that may reflect a pattern of cigarette, cigar, electrical appliance, rope or immersion burns may be child abuse.
- Cuts, bite marks, pinch marks, bald patches, retinal hemorrhaging, and abdominal injuries may also be indicators of child abuse.

## Behavioral Indicators

- Overly shy, avoids contact with adults
- Afraid to go home/or requests to stay at school or child care
- Reports injuries by parents



- Cries excessively or sits and stares
- Gives unbelievable explanations for injuries
- Requests or feels deserving of punishments or suggests harsh punishments for other children.

### High Risk Children

- Children who are disabled or have special needs are at a higher risk for abuse due to the increased stress on the caregiver.
- Children aged 0-6 are at a higher risk for abuse due to the increased level of care needed and the lack of relief for the parent through school or child care options.
- Parents who are abusing substances often have little patience. They may be impulsive and possibly experience mood swings which may put their children at higher risk for abuse.
- Children living in a home in which domestic violence is present are at an increased risk for abuse. The abuser in the home may accidentally hurt one of the children while attacking the victim of domestic violence. The abuser may decide to hurt a child in the home as a means of punishing or hurting the victim. Or, the victim of domestic violence may abuse the children due to the stress they are under from the abuser.

**ABUSE**



## **Shaken Baby Syndrome**

Usually in Shaken Baby Syndrome, there are no skull fractures or external signs of injuries. The baby often seems fine until he/she goes into sudden respiratory arrest or seizures.

The amount and severity of shaking necessary to cause death is always intentional and abusive. These injuries are caused by a person shaking an infant violently and over a period of time. Infants typically start to show symptoms of the injuries within minutes of the abuse. The injuries from shaken baby syndrome result in fatalities in 20% to 25 % of the cases and most survivors suffer brain damage. This type of abuse is most often seen in children under 18 months because infants less than one year old lack muscle control and their heads are heavier than their body. In a study of fatal cases of Shaken Baby Syndrome, the majority of perpetrators were men who became furious over a baby's crying and assaulted the child out of frustration and rage.



Neglect is characterized by the chronic failure of a caregiver to provide for a child's physical needs, such as medical, educational, supervision and basic needs of shelter, food, clothing or protection.

### **Physical Indicators**

- Height and weight significantly below normal age levels
- Inappropriate or chronically dirty clothing
- Poor hygiene, body odor, lice, scaly skin
- Lack of medical or dental care
- Untreated illness or injury
- Lack of shelter, heat, water or sanitary living conditions
- Unsupervised child or abandoned child, (Delaware policy is that children aged 12 or over can be left unsupervised if the child is able to care for his/her own safety needs)

### **Behavior Indicators**

- Falling asleep in school
- Poor school attendance or chronic tardiness
- Chronic hunger, begging for/stealing food
- Running away from home

## NEGLECT

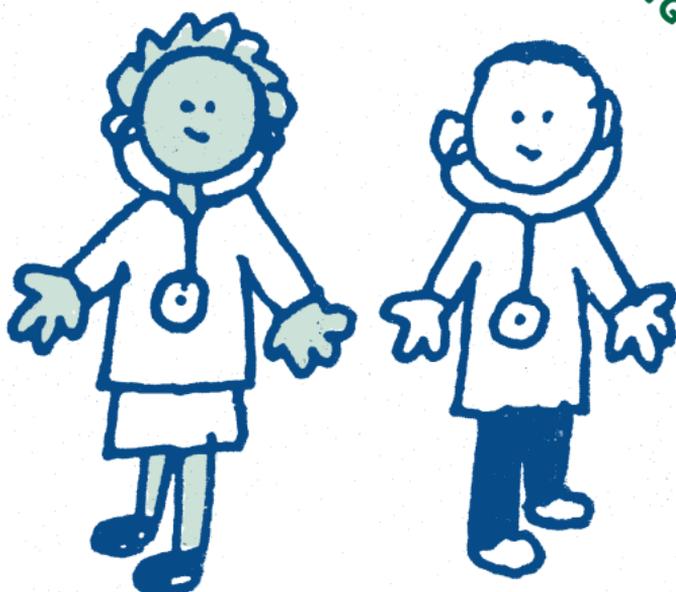


- Repeated acts of vandalism
- Reports that there is no one to care for them or reports the lack of heat, water, electricity in the home
- Assumes adult responsibilities

### **High Risk Children**

- Disabled children may be at increased risk for neglect because of their special needs. Physically disabled children may need additional help from a caregiver and this help may be withheld or the child may be ignored by a caregiver who is not able to deal with the child's additional needs. Mentally disabled children or developmentally delayed children may be at increased risk for neglect because of their additional needs for help.
- Children aged 0-6 are at increased risk for neglect due to their need for additional care. Children at this age also are in need of help with many tasks throughout the day. This level of supervision and constant need can stress a parent to the point of not caring for the child properly or attending to his/her needs.

## NEGLECT



- Parents who are abusing alcohol or other drugs may not be aware of the needs a child has, therefore they neglect to provide for the child. Caregivers may not be aware of their actions or inactions and allow things to go undone, such as paying bills, clothing, bathing or feeding a child. If a caregiver is unable to identify his/her own needs, the child's needs will rarely be met.
- Caregivers who are victims of domestic violence are often unable to care for their child's needs. They may be physically unable to care for a child due to injuries or they may be emotionally unable to deal with day-to-day life due to the abuse they are enduring. Children living in domestic violence situations simply may be neglected as a result of the victim's abuse or as a part of the abuser's violence.

### **Failure to Thrive**

Failure to thrive is characterized by the lower-than-normal physical, emotional or developmental growth of a child. These children usually fall below the 3<sup>rd</sup> percentile on a normal growth chart. Failure to thrive may result from a medical condition, environmental conditions such as neglect or disturbed parenting; or a combination of medical and environmental factors. Failure to thrive can be life threatening and the child needs to be assessed by medical personnel.

## ABUSE/NEGLECT



Emotional abuse is characterized by a caregiver chronically belittling, humiliating and ridiculing the child. Emotional neglect is also a form of abuse and is defined as the consistent failure of the caregiver to provide support, attention or affection to the child.

### **Physical Indicators**

- Eating disorders
- Sleep disturbances
- Wetting/soiling by school age
- Speech disorders
- Failure to thrive
- Developmental lags
- Ulcers, severe allergies or asthma

### **Behavioral Indicators**

- Poor peer relationships
- Habit disorders, such as biting, rocking, head banging, thumb sucking (in an older child)
- Behavior extremes, overly compliant/demanding, withdrawn/aggressive
- Self-destructive behavior, oblivious to hazards and risks
- Chronic academic underachievement



## High Risk Children

- Children who are disabled may be at increased risk of emotional abuse or neglect due to their own behavior or physical needs which cause increased stress in a caregiver. Children who have any type of disability may frustrate a parent which could lead to emotional abuse when that parent is incapable of addressing a child's special needs.
- Children aged 0-6 may be at a higher risk for emotional abuse or neglect due to the increased need for support during these formative years. These children are often demanding and in need of extra attention as they learn to care for some of their own needs such as feeding themselves and toileting. Because of the lack of a support network, parents may be overwhelmed and the result could be child emotional abuse or neglect.
- Parents who are currently abusing alcohol or other drugs may also have difficulty meeting their child's emotional needs. These parents may be trying to deal with their own problems or simply be unable, because of their substance abuse, to cope with any of their child's needs.
- Caregivers who are experiencing domestic violence may not be able to tend to a child's emotional needs. Victims of domestic violence may be wrapped up in their own problems and unable to give a child the support he/she needs or may use the same type of emotional abuse toward the child that they are experiencing from their abuser.

# SEXUAL ABUSE

Sexual abuse is the exploitation of a child for the sexual gratification of another person. Sexual abuse may include intercourse, sodomy, oral genitalia stimulation, verbal stimulation, exhibitionism, voyeurism, fondling, child pornography or prostitution. Sexual abuse that occurs within a family is called incest. The family member can be a parent, grandparent, sibling, cousin or any other relative. The Division of Family Services handles cases of sexual abuse that occur *within the family*. Police are often involved in these cases and also handle those in which the sexual abuse occurs outside the family. It is important to recognize symptoms of sexual abuse as early as possible so that physical evidence may be collected.

## Physical Indicators

- Complaints of pain or irritation of the genitals
- Sexually transmitted diseases
- Pregnancy
- Frequent unexplained sore throats, yeast or urinary tract infections

## Behavioral Indicators

- Excessive masturbation
- Sexual knowledge beyond a child's developmental level
- Depression, suicide attempts
- Chronic runaways
- Avoidance of certain adults or places
- Decline in school performance

## **Child Abuse Prevention Act of 1997 (1999 amendments)**

### **11 Del.C., § 612. Specific Offenses.**

A person who is 18 years of age or older is guilty of assault in the second degree (a class D felony) when they recklessly or intentionally cause physical injury to another person who has not yet reached the age of six years. Furthermore, it is no defense if the accused did not know the person's age or the accused "reasonably believed the person to be six years of age or older."

### **14 Del.C., § 4123. Child Abuse Detection/Reporting Training**

Each public school shall ensure that each full-time teacher receives one hour of training every year in the detection and reporting of child abuse. This training, and all materials used in such training, shall be prepared by the Division of Family Services. In addition, "all public and private providers contracting with the Department of Education...shall ensure that each and every employee receives a minimum of one hour of training every year."

### **16 Del. C., § 906. Temporary Emergency Protective Custody**

A Division of Family Services caseworker shall have the authority to take temporary emergency protective custody of children they suspect are in imminent danger of suffering serious physical harm or threat to life as a result of abuse or neglect providing the child in question is located at a school, day care facility, or child care facility at the time the authority is initially exercised. This is similar to the temporary emergency protective custody authority granted to a physician or police officer.

- Drug/alcohol abuse
- Wearing extra layers of clothing or avoidance of undressing
- Frequent complaints of headaches, stomach aches or backaches
- Disclosure of sexual abuse

### **High Risk Children**

- Disabled children are at increased risk for sexual abuse. Because disabled children may be accessible to an abuser, they may not be able to get away or to tell about the abuse; or they may be easily persuaded into situations leading to abuse.
- Children aged 0-6 are also at risk as they too may be easily persuaded into situations where abuse can occur. They may not be able to tell about or get away from an abuser. They may be more accessible to an abuser.
- Children who live in homes where alcohol or other drugs are abused are at an increased risk for sexual abuse for many reasons. Adults who may not normally abuse children may be uninhibited and approach/attack a child while under the influence of a substance. Caregivers may be under increased pressure to allow their children to be sexually abused in exchange for money or substances. Children may be exposed to substances themselves and to situations where sexual abuse occurs.
- Children who live in domestic violence situations may also be at increased risk for sexual abuse. Perpetrators of domestic violence often use sexual violence to exert their control. Children may either experience or be forced to watch this type of violence.

## Child Death

A child's death is an extremely difficult experience for everyone involved. When a child dies, an investigation takes place on many different levels. Law enforcement, the medical examiner's office and sometimes the Division of Family Services are involved in investigating a child's death. Delaware also has statewide multidisciplinary Child Death Review Panels that conduct reviews to determine if there are system, policy or legislative changes which could be made to prevent future deaths.

Child deaths may be investigated by members of the professional team. Police are searching for any criminal violations. The medical examiner assists in the criminal investigation as well as determining the cause of death. If child abuse or neglect is suspected, the Division of Family Services becomes involved to ensure the safety of other children in the home and to provide services as needed.

***In Delaware most child deaths occur during the first year of life.***

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**To report child abuse and neglect, call  
1-800-292-9582 24 hours a day**



**State of Delaware**  
**The Department of Services**  
**for Children, Youth, and**  
**Their Families**

Delaware Youth and Family Center  
1825 Faulkland Road • Wilmington, Delaware 19805

**Division of Family Services Offices:**

Elwyn- (302) 577-3824  
University Plaza- (302) 451-2800  
Kent County- (302) 739-4800  
Sussex County- (302) 856-5460