

A Guide To

CHILD PROTECTION REFERRALS

In Boulder County

- How to Make a Referral
- What You Can Expect

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This packet contains information that will clarify policies and procedures related to child protection concerns. This information will outline how you can make a referral and what you should expect in response when referring a child protection concern.

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HOW TO MAKE CHILD PROTECTION REFERRALS
AND WHAT YOU CAN EXPECT WHEN YOU MAKE A REFERRAL

I. TYPES OF ABUSE AND WHERE TO REPORT.

A. SEXUAL ABUSE.

1. THIRD PARTY SEXUAL ABUSE.

Third party sexual abuse is sexual abuse committed by someone unrelated to the victim. If the suspected perpetrator is 10 years of age or older, these cases should be reported to the law enforcement agency in whose jurisdiction the offense is believed to have occurred. These cases will be handled by law enforcement. This will Generally be:

Boulder Police Dept.	(303)441-4444	Ward Police Dept.	(303)441-4444
Longmont Police Bureau	(303)651-8501	Louisville Police Dept.	(303)666-8633
Boulder Co. Sheriff s Dept.	(303)441-4444	Lafayette Police Dept.	(303)665-5571
Broomfield Police Dept.	(303)416-1871	Erie Police Dept.	(303)441-4444
Nederland Police Dept.	(303)258-3250	Lyons Police Dept.	(303)823-6085

If the suspected perpetrator of the third party sexual abuse is under the age or 10, make a report to Social Services based on the home residence of the child victim.

Ask for the Intake Screener (Boulder Intake (303)441-1000, Longmont Intake – (303)678-6000; Tri-City (303)441-1000. Also report to Social Services any suspected sexual abuse of a child in a day care home, day care center, foster home, group home, or residential child care facility. Report these cases to the Social Services office which handles the catchment area in which the alleged victim currently resides. If a report needs to be made after 4:30 p.m. Monday through Friday or on the weekends or Holidays, please call (303)441-4444 (law enforcement dispatch) and ask for the Social Services emergency worker to be paged.

2. INTRAFAMILIAL SEXUAL ABUSE.

Sexual abuse to a child which is suspected to be committed by a family member or any person living in the child's household who is in a position of trust should be reported to the Sexual Abuse Team Screener which is based in the Tri-Cities Office.

Call the Tri-Cities Office and ask for the Sexual Abuse Team Screener (303) 413-7000

When an investigation is assigned to a sexual abuse team member they will generally be coordinating with a law enforcement officer and scheduling a time to interview the child. If the child is likely to be in contact with the alleged perpetrator, you may expect a same-day response. If the child is protected, response may be in 1 to 3 days.

B. PHYSICAL ABUSE AND NEGLECT.

1. THIRD PARTY ABUSE.

Third party physical abuse to a child committed by a person unrelated to the child should be reported to the law enforcement agency where the offense is believed to have occurred. This includes assaults by a neighbor, friend, another child (who is not a family member), a teacher, a club leader, etc. Also report to Social Services any abuse or neglect by a day care provider or staff of a day care center, foster home, group home, or residential child care facility. Please see list of agencies and telephone numbers in A. 1.

2. INTRAFAMILIAL ABUSE AND NEGLECT

All physical abuse or neglect of a child by a family member should be reported to Social Services based on the child's legal residence (according to who has legal custody of child).

Longmont Social Services	(303)678-6000
Boulder Social Services	(303)441-1000
Tri-City Social Services	(303)441-1000
Boulder Sheriff Dispatch	(303)441-4444

C. WHAT TO EXPECT WHEN YOU CALL/INFORMATION NEEDED.

1. MAKING THE CALL.

When you call one of the three Boulder County Social Services offices, the phone will be answered by a receptionist. Please let the receptionist know that you are calling to make a child-protection referral so that your call will be given the highest priority. Generally, you will ask for the Intake Screener. If you happen to know that there is a social worker who is actively working with the family, you may ask to talk directly to that social worker. However, if that worker is not immediately available, please do not delay making the referral. Ask to talk to the backup worker or worker's supervisor. If the Intake Screener is busy when you call, you can expect to be put through to another intake worker or the supervisor or leave a message and the Intake Screener will call you back.

We know that your time is valuable, and it is also important to us to get child protection referrals as quickly and as early in the day as possible. This increases our response capabilities and allows time for coordination with police when necessary. Problems often occur when a referral is received shortly before a child is about to be dismissed from school. Neither the schools nor Social Services have the legal authority to hold a child beyond normal dismissal time because of concerns about safety in the home. Only police officers and judges have that authority. So please call us as early as possible.

2. INTAKE.

When you reach the Intake Screener or assigned social worker, please be prepared to tell the screener briefly the nature of the child protection allegation. Please also have on hand as much accurate identifying information about the child and family as possible. This would include correct spelling of name, other family members, dates of birth, home address and home and work phone numbers of parents. If the report is made by school personnel, the information is usually available from a card at the school office. It is very helpful for us to have this information at the outset.

The screener will probably ask for some detailed information about the allegation. Questions may include the name of the alleged perpetrator, when and where the incident occurred, does the child currently have any injuries, is it clear from the child's story that the injuries did not occur as the result of an accident, etc? These questions help us establish whether there is a legal basis for a child protection investigation.

It is important that we obtain enough information to meet the legal threshold for an investigation of abuse or neglect. Most families experience the intervention of Social Services and/or police into their lives as quite intrusive. Once we talk to a child, we are also obligated to talk to the parents about the allegation. We have a considerable amount of authority, such as talking to children without their parents' prior knowledge or permission. It is, therefore, very important that we respect that authority by being sure that there are reasonable and adequate grounds for our involvement. The information which you develop by asking routine and clarifying, questions of children is very helpful and important to all of us and can spare some families unnecessary investigation by our agency.

3. AFTER THE REPORT.

You can expect the Intake Screener to let you know if the allegation will be assigned for investigation and whether or not a same day response is likely. If the screener needs to consult with a supervisor about this, you may ask for someone to call you back and let you know what the decision was and the basis for the decision. If the Screener says the allegation will not be assigned, you may expect some explanation about why this particular referral does not meet our threshold for investigation. If you are not satisfied with the explanation given, you may ask the screener to review the case with a supervisor or you may ask to talk directly to a supervisor.

Whether a referral is investigated or not, you may rely upon the information you provide being recorded in writing and being transmitted to the active caseworker if there is one or preserved for future reference. The information you provide may link up with current or future information provided by someone else in such a way as to warrant an investigation.

II. INVESTIGATION.

A. RESPONSE.

1. TIME.

When a referral is assigned for investigation, there is usually a same day response unless the child is clearly protected from risk of further harm. Virtually all cases assigned will be investigated within one to four working days of initial report. Exceptions might be when the family cannot be located or when, unknown to the reporter, an investigation has already been made of the very same allegations.

A. THE INTERVIEW.

Frequently the investigation will begin with the assigned social worker and sometimes a police officer coming to the school or child's place of custody to talk to the alleged victim. They will generally ask for a private setting in which to interview the child. The Children's Code, Colorado law which provides the legal authority to the Department to conduct investigations, also requires the Department to adhere to strict confidentiality standards.

The standard practice is to interview the child without the presence of anyone else, i.e., a school employee, a concerned neighbor, for a number of reasons. This helps to ensure as much confidentiality and privacy for families as reasonably possible while still being protective of children. Families are very sensitive to this and frequently express anger and distress that various school employees may know about their personal family matters as a result of Social Services intervention.

If the child is not school aged or school is not in session, the investigative interview usually takes place in the child's home. In the event that the report comes from school, we do not tell parents whether or not the school made the referral. It is generally better for school staff's relationships with families if the school's role is kept distinct from Social Service's role in a child protection investigation. When school staff participate in the interview of a child, they appear to be a party to the investigation. The likelihood of school staff being subpoenaed to testify in court is increased if they are present during the interview. Children are also sensitive to privacy issues and are easily overwhelmed by having several adults in the room when they are being interviewed. We find that children are generally most comfortable and forthcoming when a social worker takes some time to establish rapport with the child and interviews the child privately.

In some instances, when it appears to be in the child's best interests, the social worker may request a school employee to be present to help facilitate the interview with the child. This might occur when the child appears to need the emotional support of a trusted school employee or if the child has a communication problem and the teacher or school counselor can help with this (e.g., a child who is developmentally delayed and has limited language skills).

A. SHARING INFORMATION.

A. CONFIDENTIALITY LAWS AND REGULATIONS.

The Department of Social Services is bound by complicated legal requirements to maintain a high level of confidentiality about information we receive. These laws and regulations are changed at times by the Colorado State Legislature or the State Department of Social Services. They are also subject to interpretation by the state Attorney General, the State Department of Social Services, District Court and County Court Judges, the District Attorneys Office and our County Attorneys. Social workers consult frequently with our County Attorneys on a case-by-case basis about the application of confidentiality laws and regulations.

While it is not possible to give a comprehensive explanation of confidentiality requirements, there are some aspects which are helpful for reporters to know. For instance, the name of the reporter is generally kept confidential except in rare instances when the reporter is called upon as a witness in court. Any person who makes a good-faith report of child abuse is immune from civil or criminal liability or termination of employment that might otherwise result from a making such a report, unless a court determines that the reporter's behavior was willful, wanton, and malicious.

In the absence of a release of information signed by the parents, the Department of Social Services caseworker is strictly limited in the information that may be shared with other professionals. Caseworkers are required to notify the schools as soon as possible when a child is placed out of the home. However, they generally may not discuss whether or not abuse or neglect is substantiated or whether Department of Social Services will monitor the child through the provision of ongoing services. For this reason it is crucial that professionals report each incident of abuse or neglect promptly, and not assume that, because a child has been seen by a caseworker, Social Services is aware of the current situation.

B. INFORMATION FROM THE REPORTER.

Generally, just before or right after the interview with the child the social worker will provide an opportunity for reporters who have relevant information about the child to provide input. This might include information about the child's school attendance, the child's usual and current emotional functioning, the child's relationships with peers and school staff, observations about the parents' functioning with the child and parents' involvement with the child and school staff or other professionals, child's general appearance, and any special needs reporters are aware of.

If; you have information relevant to a child protection investigation, or know other people who have information, please let the Intake Screener know this when you make the referral. If something comes up later or you miss the chance to talk directly with the assigned social worker, please call us and let us know. We will make every effort to listen to any additional information you think may be important, helpful and relevant.

C. INFORMATION FROM DEPARTMENT OF SOCIAL SERVICES.

The social worker will also provide school staff or other professionals having responsibility to care for children with feedback which is important to monitoring, the on-going safety of a child or necessary for professionals to know in terms of providing the care that children receive from them. Care needs could include a child's needs for special services, which we understand generally requires parental permission. When appropriate the social worker may recommend to parents that they consider utilizing special services available for their child at school (e.g., a group at school for children affected by divorce).

D. ON GOING FEEDBACK

Feedback about monitoring the safety of a child might include providing guidelines about re-contacting Social Services regarding new injuries, unexplained or suspicious absence of the child from school, indications of threatening behavior by parents to the child or professional staff, or a change in the child's behavior or emotional affect.

E. PERMISSION TO RELEASE INFORMATION.

Information can be shared more freely and completely when parents give their permission to release information or when a court ordered treatment plan makes this possible. Information will be much more restricted when parents, or in some cases the child, express an objection to sharing of information. Thus, reporters may experience a wide variance in the amount of information shared about different children, as this is handled on a case by case basis.

IV. FOLLOW UP.

A. REPORTERS - ALL.

1. Reporters can also rely upon Social Services to make every possible effort to notify the parents as soon as possible about our involvement. We will explain to the parents the reason and the legal basis for our involvement, while protecting the identity of reporters and encouraging, the parents to engage with us and focus on the needs of their child. If parents become escalated or demanding with reporters about a child protection referral (regardless of the source of the initial report), it is most appropriate to refer the parents immediately to Social Services.
2. Mandatory reporters may if they choose to do so, explain to parents that school employees like many other professionals, are legally mandated to report. If parents become hostile, belligerent or threatening with reporters, it is recommended that the police be called. It may also be helpful to let the social worker know about an angry response from parents. We will try to engage the parents with us and keep your role distinct from ours.
3. You may give parents the name of the social worker who interviewed their child. Social workers carry county-issued picture identification cards which they will generally present or you may request to see. They also have business cards with their name and phone number which they will leave with a staff member if you like.

B. SCHOOL REPORTERS. In addition to items listed in A, these are particular to school situations.

1. Schools can expect to be promptly notified by the social worker if a child will not be returning to school as a result of Social Services intervention (for instance, when a child is removed from the home and will be attending a different school).
2. School staff may explain to parents that the law provides for the interview of children wherever they may be located when a child protection referral is received by Social Services and that this is not something the schools can refuse to allow. School staff do not need to acknowledge to parents whether or not the school made a child protection referral or to discuss the referral with the parents.

V. PROBLEM RESOLUTION.

We at Social Services realize that the reporting and investigation of child protection concerns can produce strong emotional feeling and very serious concerns for all involved. We want very much to do the best job possible of ensuring children's safety while respecting families' legal rights and confidentiality considerations. We also want to work effectively and professionally with community agencies, who we recognize have tremendous interest in the well-being of children.

We encourage you to call us when you perceive problems in this process or when you think a child is at risk. We would recommend calling the involved social worker first. If this is not possible or does not resolve the problem, please feel free to call that social worker's supervisor. If that supervisor is not available on a timely basis, please contact another supervisor or an administrator.

VI. REPORTING.

A. INTRODUCTION.

An Introduction to the SUSPECTED CHILD ABUSE OR NEGLECT REPORTING FORM

WHAT: This form provides a way for you to document a verbal report of child abuse or neglect. Numerous school districts throughout Colorado have effectively used a similar form for years. Sample form on next page.

WHY: A written form provides for the documentation of actions taken by the reporting party. Should a case eventually go to court, the reporting party has a formal written record of the abusive behaviors cited on a specific date. Maintaining a file within the reporting agency allows that agency to document the number and types of suspected abuse cases reported to Social Services during a given time period. These statistics can provide valuable information about the needs and problems facing our clients. The use of a written form guarantees mutual accountability between the reporting agency and the Department of Social Services. It has proven to be a useful tool for both reporting agency personnel and Child Protection workers.

HOW: It is recommended that the form be used in triplicate: one copy for the child's file at the reporting agency, one copy for the reporting agency's Department of Social Services file, and one copy to send to the Department of Social Services for back-up to a verbal report. The Colorado Children's Code has specific requirements regarding reporting and written documentation. (We have included a copy of the pertinent pages at the end of this document).

REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT FORM
This report serves as the written documentation for the incident below.

Name of Child: _____ D.O.B. _____ Age: _____ Sex: _____
Parent/Guardian: _____

Address: _____ Phone: (____) _____
School Child Attends: _____

Describe the nature and extent of child's injuries or neglect concerns, including observations, statements, date(s), and time.

Alleged perpetrator: (Supply all information you may have)

Name: _____ Relationship: _____

Address: _____

Reported to: _____

DSS or Law Enforcement

Representative's Name/Position: _____

Reporting Party:

Name: _____ Position: _____

Organization: _____

Signature of Reporting Party: _____ Date: _____

Additional Information:

Describe family composition including siblings' names and ages, if relevant. Provide other information which may be helpful to the protection of the health and welfare of the child.

Follow up, if applicable:

- Original Sent to Child Protection DSS or Law Enforcement
- CC Kept by reporting organization

19-3-304. Persons required to report child abuse or neglect.

(1) Except as otherwise provided by section 19-3-307 and sections 25-1-122 (4)(d) and 25-4-1404 (1) (d), C.R.S., any person specified in subsection (2) of this section who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to the county department or local law enforcement agency.

(2) Persons required to report such abuse or neglect or circumstances or conditions shall include any:

- (a) Physician or surgeon, including a physician in training;
- (b) Child health associate,
- (c) Medical examiner or coroner;
- (d) Dentist;
- (e) Osteopath;
- (f) Optometrist;
- (g) Chiropractor;
- (h) Chiropodist or podiatrist;
- (i) Registered nurse or licensed practical nurse;
- (j) Hospital personnel engaged in the admission, care, or treatment of patients;
- (k) Christian science practitioner;
- (l) Public or private school official or employee;
- (m) Social worker or worker in a family child care home, foster care home, or child care center as defined in section

26-6-102, C.R.S.-I

- (n) Mental health professional;
- (o) Dental hygienist;
- (p) Psychologist;
- (q) Physical therapist;
- (r) Veterinarian;
- (s) Peace officer as defined in section 18-1-901 (3) (1), C.R.S.-I;
- (t) Pharmacist;
- (u) Commercial film and photographic print processor as provided in subsection (2.5) of this section;
- (v) Firefighter as defined in section 18-3-201 (1), C.R.S.;
- (w) Victim's advocate, as defined in section 13-90-107 (1) (k) (11), C.R.S.;
- (x) Licensed professional counselors;
- (y) Licensed marriage and family therapists;
- (z) Unlicensed psychotherapists;
- (aa) Clergy member.

(

(II) The provisions of this paragraph (aa) shall not apply to a person who acquires reasonable cause to know or suspect that a child has been subjected to abuse or neglect during a communication about which the person may not be examined as a witness pursuant to section 13-90-107 (1) (c), C.R.S., unless the person also acquires such reasonable cause from a source other than such a communication.

(III) For purposes of this paragraph (aa), unless the context otherwise requires, "clergy member" means a priest, rabbi, duly ordained, commissioned, or licensed minister of a church, member of a religious order, or recognized leader of any religious body.

(2.5) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, video tape, negative, or slide depicting a child engaged in an act of sexual conduct shall report such fact to a local law enforcement agency immediately or as soon as practically possible by telephone and shall prepare and send a written report of it with a copy of the film, photograph, video tape, negative, or slide attached within thirty-six hours of receiving the information concerning the incident.

(3) In addition to those persons specifically required by this section to report known or suspected child abuse or neglect and circumstances or conditions which might reasonably result in abuse or neglect, any other person may report known or suspected child abuse or neglect and circumstances or conditions which might reasonably result in child abuse or neglect to the local law enforcement agency or the county department.

(3.5) No person, including a person specified in subsection (1) of this section, shall knowingly make a false report of abuse or neglect to a county department or local law enforcement agency.

(4) Any person who willfully violates the provisions of subsection (1) of this section or who violates the provisions of subsection (3.5) of this section:

- (a) Commits a class 3 misdemeanor and shall be punished as provided section 18-1.3-501, C.R.S.
- (b) Shall be liable for damages proximately caused thereby.

INDICATORS OF ABUSE AND NEGLECT

APPENDICES

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APPENDIX A

Chart 8-2 Physical Indicators of Sexual Abuse

The following physical conditions may, in themselves, be a sufficient reason to make a report. Some of the traumatic injuries listed here are the results of violent, painful, and unpleasant sexual contacts that are unlikely to be voluntary - whatever the child's age. If these injuries are not satisfactorily explained, a report should be made.

Other injuries in the list, however, are simply signs of sexual activity, which may or may not be related to sexual abuse, or of illness or poor hygiene. Therefore, these signs of sexual activity should not be automatically equated with proof that the child was sexually abused. Whether they should be the basis of a report depends on the child's apparent maturity and social situation, as well as the statements of the child, the parents, and others who are familiar with the situation.

- * Underclothing that is torn, blood stained, or shows signs of semen
- * The presence of semen in oral, anal, or vaginal areas
- * The presence of foreign objects in rectal or vaginal cavities
- * Vaginas that are torn, lacerated, infected, or bloody (as well as broken hymens)
- * Penises or scrotums that are swollen, inflamed, infected, or show signs of internal bleeding
- * Bite marks on or around the genitals
- * Anal area that are swollen, torn, lacerated, or infected or that have lax muscle tone suggestive of internal stretching
- * Scarred or mutilated sexual organs or other parts of the body
- * Venereal diseases on oral, anal, and urogenital areas (especially in Prepubescent children)
- * Unusual vaginal- or urethral irritations or discharges unless they are the apparent result of excessive rubbing (during cleaning) or self-stimulation
- * Repeated cystitis, especially in prepubescent girls
- * Pregnancy, especially in young adolescent girls

APPENDIX B

Chart 9-2 Signs of Physical Deprivation

The following conditions are merely circumstantial evidence of physical neglect. No report should be made if they can be satisfactorily explained.

- * Children who suffer severe and unexplained developmental lags. At the extreme, these children evidence the "failure-to-thrive syndrome," that is, they fall below the fifth percentile of weight, height, and motor development for children of their age. A diagnosis of neglect is confirmed if the child's condition improves during hospitalization or after being placed in foster care.
- * Children who are chronically hungry. These children may come to school hungry and with no provision made for lunch; they may be seen begging, rummaging, or stealing for food.
- * Children who evidence malnutrition. These children may have distended abdomens, brittle and broken fingernails, and pale or sunken skin. They are usually underweight but they may be grossly overweight because their diet may provide sufficient calories but be severely deficient nutritionally.
- * Children who are chronically tired or listless. These children may be seen falling asleep in class, in therapy groups, or in play groups; they also may have poor concentration.
- * Children who repeatedly have apparently unattended physical problems and medical problems, such as untreated or infected wounds.
- * Children whose dental problems are severe and apparently untreated.
- * Children who are chronically dirty and unbathed. These children may smell of urine or other foul odors, have severe and recurrent diaper rashes or other skin disorders associated with poor hygiene, or ringworm or body vermin. Children who are repeatedly dressed inadequately for harsh, winter weather. These children may not have shoes or coats to protect them from the cold and may suffer recurrent illnesses that are associated with excessive exposure, such as pneumonia and frostbite.
- * Children (especially younger children) who are chronically late for day care or school or are chronically absent.
- * Children who state that there is no one at home to care for them. These children may come to school early and stay late, and their parents may seem seriously addicted to alcohol or drugs.

Douglas J. Besharov. Recognizing Child Abuse - A Guide for the Concerned, p. 102

APPENDIX C

Chart 9-3 Reportable Dirt and Disorder in the Home

The following examples Of severe dirt and disorder in the home are suggestive of the general neglect of a child. To justify a report, they should represent a substantial deviation from general neighborhood norms:

- * Human or animal excrement on the floors or walls
- * Urine-soaked mattresses or furniture
- * Toilets being used but not in working order
- * The lack of washing facilities
- * Garbage left inside the house to rot
- * Encrusted or multi-layered dirt throughout the house
- * Eating utensils that have obviously been reused over and over again without washing
- * Extreme infestation by rodents or vermin
- * Obviously insufficient quantities of nutritious food in the house (for example, cupboards and refrigerators that are barren of food)
- * Rotting, molding, insect-infested, or otherwise contaminated food
- * Refrigerator not working or missing
- * Stove not working or missing
- * The lack of water, electricity or gas
- * General and severe household disrepair (such as broken windows, unhinged doors, or holes in the walls)
- * Inadequate sleeping arrangements (for instance, no bed or mattress and blankets for each family member, whether or not the bed or mattress is shared)
- * Extreme overcrowding not imposed by the size of family, the amount of the public assistance grants, or housing conditions in the community.

Douglas J. Besharov. Recognizing Child Abuse - A Guide for the Concerned, p. 103

APPENDIX D

Chart 10 - 1 "Accidental" Injuries That Should be Reported

"Accidental" injuries should be reported when:

1. Descriptions of the accident provided by the parents, the child, or others suggest that it was caused by gross or continuing inattention to the child's need for safety, for example, that the child is regularly left alone or otherwise placed in a physically dangerous situation.
2. The parents seem indifferent to repeated accidents, such as repeated ingestion of poisonous substances or repeated bites from the family dog.
3. A home visit reveals dangerous home conditions.
4. Direct observation of the parent's behavior suggests gross inattentiveness to the child's need for safety.

Douglas J. Besharov. Recognizing Child Abuse - A Guide for the Concerned, p. 109

APPENDIX E

Chart 10 - 2 Dangerous Home Conditions

- * Structurally unsafe housing
- * Gas leaks and other fire hazards
- * Broken stairs or no railings on stairs
- * Easily accessible open windows or upper-story doors leading to unguarded, unsafe, or nonexistent fire escapes
- * Poisonous substances, such as cleaning compounds, rat poisons, or medicines, or dangerous objects, including knives or guns, that are within easy reach of children
- * The placement of infants on high beds or in cribs without safeguards to prevent the child from falling
- * Small, easily swallowed objects that are within easy reach of children
- * Vicious or uncontrolled animals
- * Broken, jagged, or sharp objects that are lying around the house
- * Exposed heating elements or fan blades
- * Bare or exposed electrical wires or broken wall outlets
- * Furniture or other large objects that may easily fall over and injure a young child

- * Heating that is inadequate to raise the inside temperature of the house to over 50 degrees Fahrenheit.
- * Unsanitary conditions, including festering garbage or human or animal excrement, that are so severe that they create a clear danger of disease
- * The presence of assaultive or otherwise dangerous persons who, by their past behavior toward the child or other children, pose a demonstrated threat to the child's physical well-being

Douglas J. Besharov. Recognizing Child Abuse - A Guide for the Concerned, p. 110

APPENDIX F

Chart 10 - 3 Is the Child Too Young to Be Left Alone?

Consider the following factors in deciding whether a child was too young to be left alone:

- * The child's age and maturity.
- * The child's health or special need for constant supervision.
- * The relative safety or dangerousness of the child's environment.
- * The reason for leaving the child.
- * The length of time the child is left.
- * The responsibilities assigned to the child. For example, was a young child expected to prepare his or her own meals or baby-sit for an even younger child?
- * The availability and capability of older siblings to care for the child.
- * The availability of the parents, neighbors, or others in case of problems. For example, did the child have a telephone number of someone to call for help?
- * Any past history of injuries or accidents when the child was left alone.

Douglas J. Besharov. Recognizing Child Abuse - A Guide for the Concerned, p. 112

APPENDIX G

Chart 11 - 1 - I Behavioral and Physical Disorders Associated with Emotional Maltreatment

- * Failure-to-thrive or less extreme (but still severe) deficits in growth or development.
- * Habit disorders (such as head banging, sucking, biting, rocking).
- * Conduct disorders (such as antisocial or destructive behavior).
- * Neurotic traits (sleep disorders, speech disorders, and inhibition of play).
- * Psychoneurotic reactions (hysteria, obsession, compulsion, phobias, and hypochondria).
- * Extremes of behavior (excessive compliance and passivity or overly aggressive and demanding behavior).
- * Overly adaptive behavior (inappropriate adult or inappropriately infantile).
- * Developmental lags (physical, mental, or emotional).
- * Sudden and severe drops in the child's school performance, emotional appearance, or general functioning.
- * Attempted suicide.

The foregoing conditions can have any one of a number of organic or environmental causes besides emotional maltreatment. Therefore, they are not grounds for a report unless the parents reject appropriate offers of help for the child's problems or voice indifference or seem apathetic to them.

Douglas J. Besharov. Recognizing Child Abuse - A Guide for the Concerned, p. 117

APPENDIX H

Chart 11 - 2 Grounds for Reporting Suspected Improper- Ethical Guidance

- * Children who, with their parents, engage in criminal behavior (such as stealing, drug use or dealing, prostitution, or child pornography).
- * Children who are left by their parents in the custody of "unsavory persons" whom the parents knew or had sufficient reason to know may encourage or force the children to perform illegal or antisocial acts.
- * Apparent parental indifference to the whereabouts, associates, and misbehavior of their child. However, great care must be taken to distinguish between indifference caused by the parents' lack of concern and indifference caused by the failure of past efforts to control the child.
- * Parents whose lifestyle provides a grossly inappropriate model of ethical behavior for their child.

Douglas J. Besharov. Recognizing Child Abuse - A Guide for the Concerned, p. 120

APPENDIX I

Chart 12 - 1 Severe Mental Disabilities of Parents That Should be Reported

Even if the parents have not yet abused or neglected a child, the following parental disabilities are a sufficient reason to report - unless there is clear evidence that the parents can adequately care for the child.

Severe Mental Illness: overt psychosis or a major depression that so severely impairs the parent's judgment or ability to function that future abuse or neglect is likely.

Severe Mental Retardation: an organic brain dysfunction that so severely impairs the parent's judgment or ability to function that future abuse or neglect is likely.

Severe Alcohol or Drug Abuse: regular or continuous drug or alcohol abuse that so severely impairs the parent's judgment or ability to function that future abuse or neglect is likely,

Inability to Care for a Newborn: observations by medical personnel of such severe lapses in the parents' judgment of ability to function or care for the infant that future abuse or neglect is likely.

Douglas J. Besharov. Recognizing Child Abuse - A Guide for the Concerned, p. 125

APPENDIX J

Chart 12 - 3 Reportable Maternity Ward Observations

- * A parent's lack of impulse control, as demonstrated by spanking or becoming furious at a newborn.
- * A parent's inability, even after instruction, to feed, change, or otherwise care for the infant.
- * A parent's refusal to consent to needed medical care for the infant (unless it is heroic treatment for a terminally ill infant.)
- * A parent's failure to take an infant home when medically ready for discharge. This form of rejecting behavior is so extreme that it is a cause' for great concern; it is also a form of abandonment.
- * A parent's failure to visit an infant (usually premature) who remains in the hospital for lengthy additional care (another version of abandonment).
- * A parent's failure to prepare for the infant's homecoming, such as the failure to prepare a layette. This is an early and objective sign of the parent's future inability to plan for and to meet the child's needs.
- * A parent's past maltreatment of other children, especially if the children have been removed from the parent's custody. (Child protective agencies often do not know about the mother's subsequent pregnancy or delivery and so cannot protect the newborn.)
- * A parent's severe alcohol or drug abuse. (The latter often is accompanied by drug withdrawal symptoms in the child.)
- * A parent's severe mental retardation or illness.
- * The parent's serious postpartum depression, manifested by excessive crying, anxiety, and confusion.

The foregoing reportable conditions have been stated in gender - neutral terms because, although such conditions usually are observed in mothers, their presence in fathers is a cause for equal concern.

Douglas J. Besharov. Recognizing Child Abuse - A Guide for the Concerned, p. 133