A Guide to Reporting

Child Abuse & Neglect

in Kansas

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PREFACE

The first step in helping abused children is learning to recognize the symptoms of child abuse. This booklet is intended to help both concerned citizens and individuals who are required by law to know how and when to report child abuse and neglect. Information in this booklet includes:

- Tips for mandated reporters
- Definitions of types of abuse
- Behavioral and physical indicators
- Common myths and facts of abuse
- Kansas reporting laws
- When to make a report
- What information is needed to make a report
- Where to make a report
- Consequences of failure to report
- How child protection systems play an important role in promoting safe families
- How to prevent child abuse and neglect

Mandated reporters and the general public need to be aware of signs that may indicate child abuse. This booklet can be used to educate communities about child abuse and help prevent it from happening. When it does occur, the proper measures can be taken to protect the child.

Child abuse prevention efforts are one way to combat other social problems concerning all citizens. Prevention helps create a more compassionate society, one which places a high value on the welfare of children. It is important to provide families the tools and resources they need to raise their children in healthy and nurturing homes free from abuse and neglect.

"Every dollar spent on prevention saves seven dollars on intervention services"

THE HIGH/SCOPE PERRY PRESCHOOL STUDY

ACRONYMS

Listed are some of the many acronyms that are commonly used in Child Protection Services work:

AHT	Abusive Head Trauma
CAN	Child Abuse and Neglect
CASA	Court Appointed Special Advocate
CBCAP	Community Based Child Abuse Prevention
PPS	Prevention and Protection Services
CINC	Child in Need of Care
CPS	Child Protective Services
CRB	Citizen's Review Board
JJA	Juvenile Justice Authority
KCCTF	Kansas Children's Cabinet and Trust Fund
PCAA	Prevent Child Abuse America
PCA KS	Prevent Child Abuse Kansas
SBS	Shaken Baby Syndrome
DCF	Department for Children and Families

"It would be much better to report a case that did not end up being abuse than to overlook one true abusive situation."

- DENTIST

DEFINING AND RECOGNIZING CHILD ABUSE AND NEGLECT

What Is Child Abuse?

Child abuse is any physical injury, physical neglect, emotional injury, or sexual act inflicted upon a child. Several indicators, including a child's behavior, may indicate the occurrence of child abuse.

Behavioral indicators, as defined in the sections following, have a valid place in decision making. They provide important clues for potential reporters to pursue. However, the presence of a single behavioral indicator does not necessarily prove that child abuse or neglect is occurring. The reporter is alerted to the possibility of child abuse and neglect by the:

- Repeated occurrences of an indicator
- Presence of several behavioral and physical indicators
- Appearance of suspicious serious injury or death

If a child reports he or she is a victim of abuse or neglect, give reassurance that telling you about what happened is okay and safe. Respect the privacy of the child. The child will need to tell the story in detail later to the investigators so do not press for details, display shock or disapproval of the parents, the child or the situation. Tell the child that you are going to call someone who will help.

Tips for Mandated Reporters

When getting information to make a report, ask the minimum to get the information you need. You do not need to know all the facts of the situation to make a report. A reporter only needs to have suspicion that abuse or neglect has occurred. More information on reporting is available on page 9.

It is important to gather enough information to make a report, but be careful not to ask too many questions. Asking questions with too much detail can potentially alter facts of the case unintentionally. Leave it to the professionals at DCF and the law enforcement officers that are trained to interview children.

When working with children that trust you to keep their secret, let them know that you are going to call someone you trust to get them help. It is important that children are not intimidated by you making a report.

PHYSICAL ABUSE

Definition

Physical abuse: Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202

Indicators of Physical Abuse

Both physical and behavioral indicators of child abuse may be evident. Physical indicators should be considered based on inconsistent medical history, the child's developmental state and the presence of other indicators if known. Listed below are common physical and behavioral indicators of physical abuse. This is a list of common indicators and is not all inclusive as there could be other indicators presented.

Common Physical Indicators

- Bruises, welts, or bite marks
  - Different colors or in various stages of healing
  - Back, buttocks & back of legs
  - Groups, clusters or patterns
  - Not common for age & activity level of child
  - Defense wounds to back of arms and hands
  - Shape of bruise ie: shape of an object
- Burns
  - Scald and immersion burns
    - Sock-like, glove-like, doughnut shaped on buttocks or genitalia
    - Splash burns
  - Contact burns
    - Cigar, cigarette especially on the soles, palms, back, buttocks
    - Patterned like electric iron, electric burner, fire place tool, etc.
    - Rope burns on arms, legs, neck and torso
- Fractures, scars or internal injuries
- Lacerations, abrasions or unusual bleeding
  - Loop type lacerations from belts, straps and extension cords
  - Lacerations to the backside of the body (whipping)
  - Series or groups of straight line lacerations or welts
- Head trauma
  - Black eyes
  - Split lips or loose teeth
  - Lumps on the head
  - Facial bruises, or bruising behind the ear

Common Behavioral Indicators

- Demonstrating behavioral extremes, including very aggressive or demanding conduct
- Appearing frightened of the parent or caretaker
- Being full of rage, passive or withdrawn
- Being apprehensive when other children cry
- Verbally reporting abuse
- Being extremely hyperactive, distractible or irritable
- Demonstrating disorganized thinking, self injuries or suicidal behavior
- Running away from home or engaging in illegal behavior such as drug abuse, gang activity or cult activity
- Displaying severe depression, flashbacks (including hallucinatory experiences) and dissociative disorders
- Sudden changes in behavior
- Child starts wetting or soiling clothing or bed
- Sleep problems including nightmares
- Cannot recall how injuries occurred or offers an inconsistent explanation

Please note that these behavioral indicators must be considered with other evidence. Ask yourself these questions when determining whether physical abuse has occurred:

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

Abusive Head Trauma (formerly known as Shaken Baby Syndrome)

Abusive Head Trauma (AHT) is an inflicted traumatic brain injury that occurs when a baby is violently shaken or slammed. Shaking has significant impact on a child under age two because their neck muscles are generally weak and the head is quite large in comparison with the body. The brain of an infant is not well protected like that of an adult as the skull of an infant is relatively unstable and still developing.

Symptoms of AHT are:

- Altered level of consciousness – sleepy, yet irritable, or may have seizures or even be in a coma
- Eyes unable to focus
- Poor sucking or swallowing
- Irritability
- Lethargy
- Difficulty breathing
- Signs of shock: pale, sweating, vomiting, listless
- May have abdominal and/or chest injuries present

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 the child to approach danger without recognizing it. How can you distinguish the accidental injury caused by the exuberance of childhood from the non-accidental injury caused by the abuse of an adult?

When observing injury you suspect might be the result of abuse, consider:

- **Where is the injury?** Certain locations on the body are more likely to sustain accidental injury: knees, elbows, shins, and the forehead; all are parts of the body which can be injured during an accidental fall or bump. Protected parts of the body, such as the back, thighs, genital area, buttocks, back of the legs, or face, are less likely to accidentally come into contact with objects which could cause injury. It is important to remember to look for other indicators and the history.
- **How many injuries does the child have?** Are there several injuries occurring at one time or over a period of time? The greater the number of injuries, the greater the cause for concern. Unless involved in a serious accident, a child is not likely to sustain a number of different injuries accidentally. Injuries in different stages of healing can suggest a chronological pattern of occurrence.
- **What are the size and shape of the injuries?** Many non-accidental injuries are inflicted with familiar objects: a stick, a board, a belt, a hair brush. The marks which result bear strong resemblance to the object which was used. For example, welts caused by beating a child with an electrical cord might be loop-shaped; a belt might cause bruises in the shape of the buckle. Accidental marks resulting from bumps and falls usually have no defined shape.
- **Does the description of how the injury occurred seem likely?** If an injury is accidental, there should be a reasonable explanation of how it happened which is consistent with its severity, type and location. When the description of how the injury occurred and the appearance of the injury do not seem related, there is cause for concern.
- **Is the injury consistent with the child's developmental capabilities?** As a child grows and gains new skills, he increases his ability to engage in activities which can cause injury. A toddler trying to run is likely to suffer bruised knees and a bump on the head before the skill is perfected. He 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.

SEXUAL ABUSE

Definition

Sexual Abuse is any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include allowing, permitting, or encouraging a child to engage in prostitution or to be photographed, filmed, or depicted in obscene or pornographic material. Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. (K.S.A. 38-2202 and KAR 30-46-10)

Sexual exploitation of a child is to be reported. Sexual exploitation of a child is "employing, using, persuading, inducing, enticing, or coercing a child under 16 years of age to engage in sexually explicit conduct for the purpose of promoting any performance"

Sexual abuse also includes any contacts or interactions between a child and/or an adult in which the child is being used for the sexual stimulation of the adult or any other person.

Indicators of Sexual Abuse

There are both physical and behavioral indicators of sexual abuse. The following are some physical and behavioral indicators that a child is being sexually abused. This is a list of common indicators and is not all inclusive as there could be other indicators presented.

Common Physical Indicators

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

It is important to note that the physical symptoms listed above are not normally seen in young children and are often difficult (impossible in some cases) to explain by any other cause than sexual abuse. Children are not typically physically hurt during a sexual abuse; therefore, special attention should be paid to behavioral indicators.

Common Behavioral Indicators

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

An adult who may be sexually abusing a child may exhibit these behaviors:

- Acting extremely protective or jealous of the child
- Encouraging the child to engage in prostitution or sexual acts

SEXUAL ABUSE - MYTHS AND FACTS

MYTH: ***You usually can spot a child sexual abuser.***
FACT: Unless you are clinically trained and given the opportunity for diagnostic assessment, it is unlikely that you could identify a child sexual abuser. The perpetrator usually does not suffer from psychosis and is likely to engage in ordinary work and social activities. It is difficult to "avoid" a child sexual abuser. Even the most cautious and vigilant of parents cannot, nor would they want to, keep a 24-hour watch on their child. Besides, the adults who are prone to sexually abuse children often choose work or activities which bring them into contact with children. The best line of defense against sexual abuse is education. The second is communication. Parents are primary teachers of children and are responsible for showing them how to survive and how to cope with life. The first thing parents can do to protect their children is to teach them to protect themselves, to communicate their fears, and to talk about their daily activities. Certainly all children should be taught the dangers of the unknown. In most instances of sexual abuse, however, the abuser is someone the child knows and trusts. The abuser may be a member of the family, a relative, a baby-sitter or a neighbor.

MYTH: ***Sexual abuse of children always occurs between adult men who exploit young girls and adult women who exploit young boys.***
FACT: The majority of cases that are referred to child protection agencies involve adult men and underage girls. When boys are abused or exploited, they usually are the victims of adult males. This is not to say that other types of abuse do not occur, merely that they are not reported at the same rate. Some researchers hold the opinion that sibling incest is by far the most widespread form of incest. The comparatively lower rate of reported mother-son incest may be the result of the lower incidence of accompanying physical injury, a societal perception of its being less harmful, or a general disbelief in its existence.

MYTH: ***The child sexual abuser relies on physical violence.***
FACT: The child sexual abuser rarely uses physical violence and usually will avoid its use; injury may lead to discovery. The sexual abuser is more likely to use power and authority as an adult (or older child) to coerce the child victim through bribes, threats, and the child's fear of the unknown. Children are taught to obey without question or resistance. The abuser's most powerful weapons are authority and secrecy.

MYTH: ***The sexual abuser can be the victim of the seductive or sexually promiscuous child.***
FACT: The child is the victim. A seductive or promiscuous child often is the result, but never the cause, of sexual abuse. One characteristic common to sexual abusers is a capacity for rationalizing their actions, mentally justifying an illegal, unacceptable, and inappropriate behavior as necessary and right. Perpetrating the myth of the seductive or sexually promiscuous child is one way of doing this. Through this type of reasoning, the abuser shifts the blame onto someone else. In the same manner, incestuous parents often justify their own sexual behavior as a way of teaching children or keeping them off the street. These justifications ignore the abuser's responsibility as an adult, the child's vulnerability and dependency on the adult, and the long-term harm to the child.

MYTH: ***Using electronic communications (cell phones, videos, email, Internet, etc) does not involve physical contact and therefore is not sexual abuse.***
FACT: Children can be victims of sexual exploitation by use of electronic media. Taking explicit pictures of a child and posting them on the Internet could be considered sexual abuse. Having sexually explicit conversations with a child via phone, internet or text for the sexual stimulation of either party, could be considered sexual abuse.

"Reporting child abuse is important because every child has the right to grow up feeling safe and secure in their surroundings. Intervention is necessary to prevent the repeating pattern of abuse in families."
- CHILD CARE PROVIDER

SEXUAL ABUSE - MYTHS AND FACTS

MYTH: ***The sexual abuser will abuse a child once and then find another victim.***
FACT: If the sexual abuser is a stranger, this usually is true. This type of perpetrator will abuse many children a single time, generally stopping only if caught. The "stranger abuser" often lures a child by appealing to the child's helpfulness or by posing as a friend of the parents or other authority figure. When the sexual abuser is known to the child, however, the methods of seduction usually are very different. The abuse frequently will be of long duration, escalating in frequency and intimacy over time. The "known abuser" builds upon a relationship with the child, using the child's innocence and trust as main weapons.

MYTH: ***The lower the family income and social status, the higher the likelihood of sexual abuse.***
FACT: Socioeconomic status is of no help in identifying sexual abuse. Sexual abuse appears to occur at all levels of income and education. Most of the families present an appearance of respectability. The vast majority of parents hold jobs, function well in the community, and are respected by their peers

MYTH: ***In the majority of cases, sexually abused children want to leave their homes permanently.***
FACT: On the contrary, most children do not want their families disrupted; they simply want the abuse to stop.

MYTH: ***Sexual touching between children (i.e.: siblings, neighbors, cousins) is not abuse and should not be reported.***
FACT: Sexual contact between siblings should always be reported. Contact between non-related children may or may not be abusive. There is normal sexual exploration at certain developmental stages. This should occur between age mates. If the age difference is troubling or if there is power or coercion used, a report should be made.

MYTH: ***Sexual contact between children always indicates they are acting out sexual abuse.***
FACT: At certain developmental stages there will be normal exploration of sexuality. This could also be from non intentional exposure to adult media and literature.

MYTH: ***Once incest is brought to the attention of the authorities, the family admits the problem and seeks help.***
FACT: The denial system of the family usually is very strong. Generally, family members will assert that nothing has happened or if confronted with undeniable circumstances, claim that "it will never happen again." In this circumstance, treatment is very difficult. If the victim returns home without intensive intervention in the family system, the old patterns of sexual abuse may continue.

MYTH: ***The legal age of consent for sexual contact in Kansas is 16 so once a child is 16 they cannot be the victim of sexual abuse.***
FACT: There are many variables which must be considered when determining if a child has been sexually abused. Whether or not they are of age to consent is just one. If a 16 or 17 year old has entered a sexual relationship with someone who has power or control over them such as a teacher or a coach this may be a sexual abuse situation. If the adult with power or control over the teen is also a relative, sexual abuse is a definite possibility, perhaps a certainty. If someone uses coercion to convince a 16 or 17 year old to have sex with them, this too may be sexual abuse.

EMOTIONAL ABUSE

Definition

Mental or Emotional Abuse: Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

- Terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;
- Emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and
- Corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behaviors.

Emotional abuse or maltreatment is a consistent, chronic behavior by an adult that has a harmful effect on the child. It involves a pattern of attitudes or acts that are detrimental to the child's development of a sound and healthy personality. Each of us may be guilty of having unkindly snubbed a child or of having criticized him/her too harshly. However, emotional abuse, as defined here, seriously impairs the child's social, emotional or intellectual functioning.

Indicators of Emotional Abuse

Physical indicators are not commonly associated with Emotional Abuse; however there are many behavioral indicators that can be presented by the child and the adult abuser. The following are some physical and behavioral indicators that the child and adult may display. This is a list of common indicators and is not all inclusive as there could be other indicators presented.

Common Physical Indicators

- Daytime anxiety and unrealistic fears
- Irrational and persistent fears, dreads, or hatreds
- Sleep problems, nightmares
- Behavioral extremes
- Biting, rocking, head-banging, or thumb sucking in an older child (habit disorders)
- Substance abuse
- Cutting
- Fire starting
- Loss of interest
- Sudden grade changes
- Changes in behavior, personality or appearance

Common Behavioral Indicators

- Rejecting or belittling the child (making the child feel he/she can do nothing right)
- Ignoring the child (taking little or no interest in the child)
- Terrorizing the child by blaming the child for things over which the child has no control
- Isolating the child (cutting the child off from normal social experiences)
- Corrupting the child (teaching the child socially deviant patterns of behavior)
- Repeatedly giving the child contradictory messages that leave the child confused and incapable of pleasing the adult
- Using an inconsistent, unpredictable, erratic and threatening style of discipline

It is important to remember that maltreatment by a caregiver is not the cause of all behavioral, emotional, or developmental problems in children. Ask these questions when considering whether or not emotional abuse is occurring:

- Do interactions between adult and child seem primarily negative?
- Are specific instances of emotional abuse or maltreatment frequently observed?

NEGLECT

Definitions

Physical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202

Medical Neglect:) Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to:

- Failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening.
- A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. (KSA 38-2202)

Lack of Supervision: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation which requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a likelihood of harm to the child. (KSA 38-2202)

Abandonment: to forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. (KSA 38-2202)

Indicators of Neglect

While physical abuse is usually episodic, physical neglect tends to be chronic. There are physical and behavioral indicators of physical neglect. This is a list of common indicators and is not all inclusive as there could be other indicators presented.

Common Physical Indicators

- Constant hunger
- Lack of proper supervision, abandonment or desertion
- Lack of adequate clothing and good hygiene
- Clothing consistently not appropriate for weather conditions
- Lack of medical or dental care
- Lack of adequate nutrition and shelter
- Failure to achieve expected growth patterns
- Physical and speech delays
- Failure to thrive physically or emotionally
- Child states feeling pain in the mouth, jaw or ear
- Diagnosed signs of dental decay and the child states feeling pain and has difficulty eating

Common Behavioral Indicators

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

REPORTING CHILD ABUSE AND NEGLECT

Kansas Reporting Laws: Mandated reporters are required to report child abuse or neglect under the Kansas reporting law (K.S.A. 38-2223) as follows:

(a) Persons making reports. (1) When any of the following persons has reason to suspect that a child has been harmed as a result of physical, mental or emotional abuse or neglect or sexual abuse, the person shall report the matter promptly as provided in subsections (b) and (c);

(A) The following persons providing medical care or treatment: Persons licensed to practice the healing arts, dentistry and optometry; persons engaged in postgraduate training programs approved by the state board of healing arts; licensed professional or practical nurses; and chief administrative officers of medical care facilities;

(B) the following persons licensed by the state to provide mental health services: Licensed psychologists, licensed masters level psychologists, licensed clinical psychotherapists, licensed social workers, licensed marriage and family therapists, licensed clinical marriage and family therapists, licensed professional counselors, licensed clinical professional counselors and registered alcohol and drug abuse counselors;

(C) teachers, school administrators or other employees of an educational institution which the child is attending and persons licensed by the secretary of health and environment to provide child care services or the employees of persons so licensed at the place where the child care services are being provided to the child; and

(D) firefighters, emergency medical services personnel, law enforcement officers, juvenile intake and assessment workers, court services officers and community corrections officers, case managers appointed under K.S.A. 2005 Supp. 23-1001 et seq., and amendments thereto, and mediators appointed under K.S.A. 23-602, and amendments thereto.

(E) any person employed by or who works as a volunteer for any organization, whether for profit or not-for-profit, that provides social services to pregnant teenagers, including, but not limited to, counseling, adoption services and pregnancy education and maintenance.

(2) In addition to the reports required under subsection (a)(1), any person who has reason to suspect that a child may be a child in need of care may report the matter as provided in subsection (b) and (c).

(b) Form of report. (1) The report may be made orally and shall be followed by a written report if requested. Every report shall contain, if known: The names and addresses of the child and the child's parents or other persons responsible for the child's care; the location of the child if not at the child's residence; the child's gender, race and age; the reasons why the reporter suspects the child may be a child in need of care; if abuse or neglect or sexual abuse is suspected, the nature and extent of the harm to the child, including any evidence of previous harm; and any other information that the reporter believes might be helpful in establishing the cause of the harm and the identity of the persons responsible for the harm.

(2) When reporting a suspicion that a child may be in need of care, the reporter shall disclose protected health information freely and cooperate fully with the secretary and law enforcement throughout the investigation and any subsequent legal process.

(c) To whom made. Reports made pursuant to this section shall be made to the secretary, except as follows:

(1) When the department of social and rehabilitation services is not open for business, reports shall be made to the appropriate law enforcement agency. On the next day that the department is open for business, the law enforcement agency shall report to the department any report received and any investigation initiated pursuant to K.S.A. 38-2226, and amendments thereto. The reports may be made orally or, on request of the secretary, in writing.

(2) Reports of child abuse or neglect occurring in an institution operated by the secretary of the department for social and rehabilitations services or the commissioner of juvenile justice shall be made to the attorney general. All other reports of child abuse or neglect by persons employed by or of children of persons employed by the department of social and rehabilitation services shall be made to the appropriate law enforcement agency.

(d) Death of child. Any person who is required by this section to report a suspicion that a child is in need of care and who knows of information relating to the death of a child shall immediately notify the coroner as provided by K.S.A. 22a-242, and amendments thereto.

(e) Violations. (1) Willful and knowing failure to make a report required by this section is a class B misdemeanor. It is not a defense that another mandatory reporter made a report.

(2) Intentionally preventing or interfering with the making of a report required by this section is a class B misdemeanor.

(3) Any person who willfully and knowingly makes a false report pursuant to this section or makes a report that such person knows lacks factual foundation is guilty of a class B misdemeanor.

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

Frequently Asked Questions

Q: What is the legal penalty if a mandated reporter fails to report suspected child abuse?
A: CLASS B MISDEMEANOR. Failure of a mandated reporter to make a report is a crime which could result in a $1,000 fine or up to six (6) months in jail. Some agencies may expect staff to discuss abuse situations with their supervisor before reporting. However, if a staff member believes a report of child abuse or neglect needs to be made to DCF or law enforcement, it is the responsibility of the staff member to report, whether or not the supervisor is in agreement. Employers are prohibited from imposing sanctions on employees making report or cooperating in investigations. K.S.A. 38-2224

Q: Is a reporter liable for reporting suspected child abuse and neglect?
A: Kansas law provides immunity from liability for reporters of child abuse.

Q: Would a reporter incur any civil liability if required to participate in court proceedings as a witness?
A: No.

Q: On what basis may a report of suspected child abuse be made?
A: A report must be made by a mandated reporter if there is reason to suspect that a child has been harmed as a result of physical, mental, emotional, or sexual abuse.

Q: What does "reason to suspect" mean?
A: "Reason to suspect" means anytime anyone believes or has a hint, or a clue, a child is, or has been a victim of abuse or neglect. A reporter may have "reason to suspect" when there is a discrepant or inconsistent history in explaining a child's injury. An example of a discrepant history would be a situation in which a parent or caregiver of a child describes the injury as accidental, but bruises are on multiple areas of the body and in various stages of healing, indicating they were imposed at different times and were a result of more than one incident as opposed to a single accidental injury. Consider whether the description of how the injury occurred seems likely. If the injury is accidental, there should be a reasonable explanation of how it happened which is consistent with the severity, type and location of the injury. When the description of how the injury occurred and the appearance of the injury do not seem related, there is cause for concern ("a reason to suspect").

A report based on "reason to suspect" also means the law does not require proof that abuse or neglect has actually occurred or that the reporter witnessed the incident in question. A reporter's suspicion may result from an incident the reporter witnessed, a child's disclosure, or third party information. Once a mandated reporter is aware of any information which causes a "reason to suspect", the reporter is mandated by law to report the concerns. Further, a reporter is relieved of the need to make a final determination of whether or not child abuse or neglect actually occurred. Reporting is a request for an assessment into the condition of a child.

INVESTIGATION OF CHILD ABUSE AND NEGLECT

There have been public reports of children who have been coached to provide false allegations. As a reporter, it is important that the public confusion regarding false allegations not discredit the reports of children who have been traumatized by abuse. The determination of whether abuse or neglect has actually occurred is the responsibility of DCF or appropriate law enforcement agencies.

Q: What if an employer has separate policies for reporting child abuse or neglect?
A: Often employers have policies separate from the statutes for reporting suspicions or concerns of child abuse or neglect; such as, notifying a supervisor first. It is important to note, any local policies or procedures do not supersede a mandated reporters statutory requirement to report. As a mandated reporter, you are responsible to report your concerns.

Q: What if a mandated reporter believes the situation has already been reported; is there still a requirement to report?
A: Yes. Reference: K.S.A. 38-2223 (e) Violations (1) "It is not a defense that another mandatory reporter made a report".

Q: Can a mandated reporter make a report anonymously?
A: If a mandated reporter chooses to remain anonymous, DCF will not have documentation to support the person made a report to use as a defense against a failure to report charge.

Q: How should the report be made?
A: The report may be made orally and followed by a written report if requested by the State of Kansas Department for Children and Families (DCF) or law enforcement agencies.

Q: What type of information should a report contain?
A: Both mandated reporters and concerned citizens should attempt to include the following information:

- The name and address of the child, the child's parents, or other individuals responsible for the child's care
- The child's location
- The child's condition, including the nature and extent of the child's injury
- Whether the alleged perpetrator has access to the child
- Any other information that the reporter believes might be helpful in showing the cause of the injuries or the extent to which the child might be in danger.

Q: To whom should reports of suspected child abuse or neglect be made?
A: Reports of suspected child abuse or neglect should be made to the Kansas Protection Report Center or if the child has serious injuries or is in immediate danger to the appropriate law enforcement agency. (On the next day that DCF is open for business, the law enforcement agency will report to DCF any report received and any investigation initiated.)

Reports of abuse and neglect in an DCF institution (such as State hospitals) should be made to DCF or the Attorney General's office at (785) 296-7968. Reports of DCF employees as alleged perpetrators should be made to local law enforcement agencies. Kansas law requires that these types of cases not be investigated by DCF.

A reporter should call the statewide number 1-800-922-5330. The Kansas Protection Report Center can be called 24-hours a day, seven days a week and may be reached from any location. Reports are referred to the appropriate local office to be investigated. If the DCF office is closed, Kansas Protection Report Center staff immediately refer emergency to local law enforcement agencies.

"I believe it's an obligation for all people to be concerned and make reports on child abuse."

- LAW ENFORCEMENT OFFICER

In addition, reports can also be made by:

- **Telephone:** 1-800-922-5330
- **Fax:** Sent to KSPRC (Kansas Protection Report Center) 1-866-317-4279
- **Email:** KSPRC@dcf.ks.gov
- **Mail:** Kansas Protection Report Center
  Docking State Office Building
  915 SW Harrison, 5th floor
  Topeka, KS 66612
- **On-Line Web Intake:** The Kansas Protection Report Center (KPRC) has an option for mandated reporters to report concerns of child and adult abuse or neglect online.

Mandated reporters may access the on-line report at: http://www.dcf.ks.gov/Pages/HotlineNumbers.aspx . In the event this link is not viable, try: http://www.dcf.ks.gov, select “Hotline Numbers” under the list of “Quick Links” right of screen. On the Hotline Numbers page look for “Mandatory Reporters” and a link “Kansas Intake/Investigation Protection System”.

Q: Will the identity of the reporter be disclosed once a report is made?
A: Kansas law provides the identity of the reporter may not be disclosed to the child’s parents, persons having legal responsibility for the child or to such persons’ legal representatives. The protection is not absolute, however. If a case is heard in court or if an DCF finding is appealed and heard in a DCF administrative hearing, there is a possibility the identity of a reporter will be discovered.

Q: What can a reporter know about a case once a report is made?
A: Kansas law requires confidentiality of all records and reports of child abuse or neglect received by DCF or law enforcement agencies. DCF may inform the reporter of child abuse or neglect the agency’s decision to either accept the report for investigation; or to not assign for further assesment.

Q: If an agency receives a court order to disclose confidential information about an individual under investigation, what procedure should be followed?
A: Under Kansas law, a multidisciplinary team, DCF, or law enforcement agency may request disclosure of documents, reports or information by applying to a court for an order to release information. If a Subpoena or order is received for a person and/or their records, the person will be given an opportunity to notify the court of any objection. A judge will then make a final decision as to what information to disclose.

Q: What does Kansas law require of child protection and law enforcement agencies concerning the investigation of child abuse and neglect?
A: DCF and law enforcement agencies have the duty to receive and investigate reports of child abuse or neglect for the purpose of determining whether the report is valid and whether action is required to protect the child from further abuse or neglect.

If the DCF determines that no action is necessary to protect the child but that a criminal prosecution should be considered, then DCF may make a report of the case to the appropriate law enforcement agency.

INVESTIGATION OF CHILD ABUSE AND NEGLECT

Q: How quickly are reports of suspected child abuse or neglect investigated?
A: Based on the age of the child, nature of the allegation, continued access of the perpetrator to the child, and other factors, Kansas Protection Report Center social workers determine the response time assignment for the report. If the Kansas Protection Report Center social worker determines a child is in imminent risk of serious harm, the report is assigned a same day response time. These reports may require the involvement of law enforcement. If the report does not allege a child is in imminent risk of serious harm, DCF must respond within 72 hours excluding weekends and holidays. If the report alleges that a child may be in need of services for reasons not related to maltreatment, DCF shall respond within 20 working days.

Q: Where do I report a suspected incident with a child that lives on an Indian reservation?
A: The Kansas Protection Report Center accepts reports for all children. The Indian Child Welfare Act of 1978 was enacted to give Indian tribes more authority over their children, both on and off the reservation. A state court proceeding that may result in the out-of-home placement of an Indian child triggers the Act.

Q: Under what circumstances is a joint investigation of child abuse or neglect between child protection agencies and the appropriate law enforcement agencies required under Kansas law?
A: A joint investigation by DCF and the appropriate law enforcement agency or agencies is required when a report of child abuse or neglect indicates the following:

- Serious physical injury or deterioration; or
- Sexual abuse of the child; and
- Reason to believe action may be required to protect the child

In the course of a joint investigation, there should also be a free exchange of information between the agencies. In the event a statement is obtained by either agency, a copy of the statement must be provided to the other agency upon request.

Q: Does DCF report investigations of licensed facilities to the Department of Health and Environment?
A: Investigations involving a facility subject to licensing or regulation are promptly reported to the State Department of Health and Environment. Establishments licensed by the Department of Health and Environment include:

- Maternity centers
- Residential facilities for children and youth
- Child Care

Q: Are school personnel required to provide DCF access to a child?
A: School personnel, DCF and law enforcement agencies must cooperate in the investigation of reports of suspected child abuse or neglect. Furthermore, administrators of elementary and secondary schools must provide employees of DCF and law enforcement agencies access to a child in a non-threatening environment on school premises determined by school personnel for the purpose of investigating a report of suspected child abuse or neglect. School personnel should only be present during the investigation at the request of law enforcement or DCF.

Q: When may a law enforcement officer remove the child from his/her home?
A: A law enforcement officer is authorized to remove the child from the location where the child is found if the officer reasonably believes that the child is in imminent danger. DCF may not remove the child from a location without a court order. However, DCF can contact law enforcement agencies if the child is in immediate physical danger.

"It is important that we do what is necessary now with prevention, intervention and education to stop child abuse. The price emotionally, physically and monetarily only increases for the individual and society when the issue of child abuse is left unaddressed."

- TEACHER

Q: What happens when a child is under the protective custody of a law enforcement officer?
A: When any law enforcement officer takes a child into custody without a court order, the child must be delivered to the custody of the parent or caregiver unless there is reason to believe that it would not be in the best interest of the child. If the child is not delivered to the custody of the parent or caregiver, the child must be delivered to a facility or person designated by DCF or to a court-designated shelter or person. A court hearing is required within 72 hours (not including weekends or holidays) to determine if the child can be returned home.

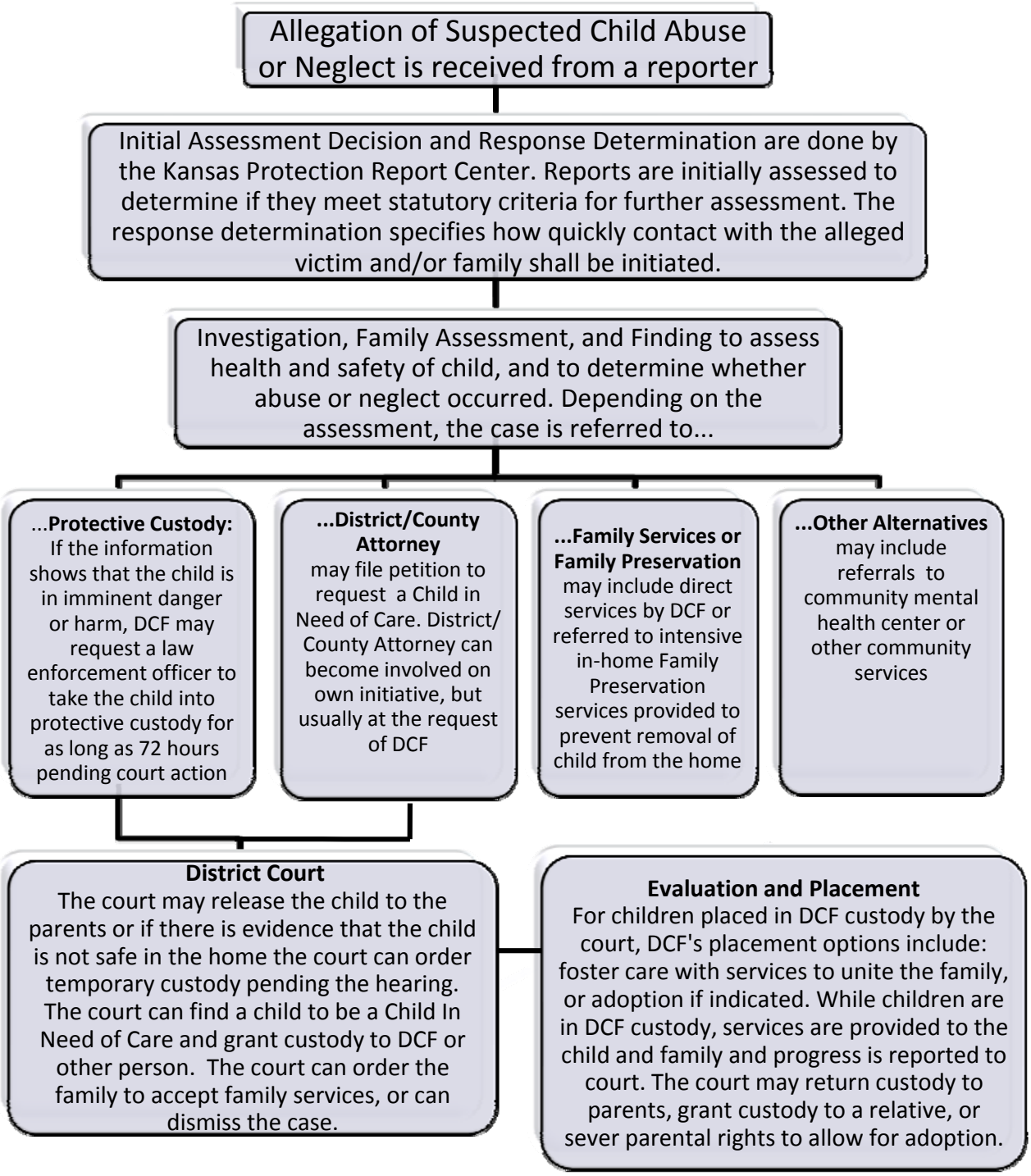
Q: Are Multidisciplinary Child Protection Teams used in the investigation of and response to reports of child abuse?
A: Yes. Multidisciplinary Teams may be appointed by the court at the recommendation of DCF or the county or district attorney to assist DCF with the investigation of suspected child abuse and neglect. Teams may be composed of a standing group of community experts from a variety of disciplines or may be specific to a case, bringing together professionals who have knowledge about the child and family. The team members review the selected case(s) brought to their attention, share knowledge they have about specific children, and recommend a plan of action. To determine the existence of a Multidisciplinary Team in a particular area, contact the local DCF office.

Q: What is the role of the Child Advocacy Center?
A: A Children's Advocacy Center (CAC) is an agency where a team of professions including DCF, law enforcement, prosecutors, therapists, medical providers and victim advocates come together to respond to cases of suspected or alleged child abuse, especially sexual and serious physical abuse. Children are referred to a CAC by DCF, law enforcement or other designated professionals after a report is made about suspected abuse. At the CAC, forensic interviews take place with children about their experience. Interviews are completed by a trained interviewer and take place in a neutral, child-friendly setting. Victim Advocates at the CAC educate families about the dynamics of abuse, connect children with specialized mental health and medical care, either provided onsite or a referred to a facility in the community, and identify other helpful community resources. The goal of a CAC is to maintain a professional response to child abuse that is child-centered and makes the process easier for abused children and their families.

Children's Advocacy Centers are required to follow state guidelines defined in K.S.A. 38-2227 and are modeled on a specific set of standards developed by the National Children's Alliance. Many CACs in Kansas are nationally accredited and others are working toward securing accreditation. To find out if a CAC is active in your area, go to www.kscac.org and link to "CACs in Kansas" for a current map of CAC service areas.

Q: What is the DCF response to child abuse and neglect following investigation?
A: Services for prevention and treatment of child abuse may be provided by DCF and other community resources to children and families such as: intensive in-home services, family preservation services, in-home visits, parenting classes, foster care, referrals to mental health centers, drug and alcohol treatment, and Batterer's Intervention Programs. It is always the goal of DCF to maintain children with their families when this can be done safely.

THE DCF ASSESSMENT PROCESS FOR ALLEGATIONS OF CHILD ABUSE AND NEGLECT



Strengthening Families

Strengthening Families is a research-based, cost-effective strategy to increase family stability, enhance child development,and reduce child abuse and neglect. The Strengthening Families Approach, developed by the Center for the Study of Social Policy, promotes five protective factors that shifts the focus of prevention efforts from risks and deficits to strengths and resiliency. By employing strategies that increase protective factors, all families will be better equipped to deal with stress and diminish factors that place them at risk for abuse and neglect. Kansas is one of more than thirty states using the Strengthening Families framework to establish a strengths-based approach that focuses on families.

The 5 Protective Factors are:

- *Nurturing and Attachment* - Building a close bond helps parents better understand, respond to, and communicate with their children.
- *Knowledge of Child/Youth Development*- Parents learn what to look for at each age and how to help their children reach their full potential.
- *Parental Resilience*- Recognizing the signs of stress and enhancing problem-solving skills can help parents build their capacity to cope.
- *Social Connections*- Parents with an extensive network of family, friends, and neighbors have better support in times of need.
- *Concrete Supports for Parents*- Caregivers with access to financial, housing, and other concrete resources that help them meet their basic needs can better attend to their role as parents.

For more information, visit the Kansas Strengthening Families Plan online at **www.ksfplan.org**.

What Can I do to Prevent Child Abuse?

It is important that mandated reporters and citizens in the community know what their role is in preventing child abuse. The goal is to prevent abuse before it occurs. To do this, it is important that families receive the support and help they need. Listed are some ways you can help strengthen families:

- **Advocate:** Help change the way our state and nation thinks about prevention by focusing on community activities and public policies that prioritize prevention right from the start. Contact local, state and national lawmakers about the importance of prevention programs.
- **Volunteer:** Serve on a committee or board. We all play a role in raising children whether we are neighbors, educators, caregivers or family members.
- **Educate:** Contact local school districts and faith communities about sponsoring classes for parents. Be a mentor to a new parent; share your skills with your neighbors. A healthy, nurturing environment for children is one of the best lifelong investments we can make.
- **Support:** Get to know and support the children and families in your community. With the support of engaged communities and nurturing families, all of our children can thrive. Know the resources available in your community and how to connect families to them. Call the Parent Helpline at 1-800-CHILDREN.
- **Report:** Recognize the signs and symptoms of child abuse. If you suspect child abuse and/or neglect call the Protection and Report Center at 1-800-922-5330.

To learn more about child abuse prevention contact Prevent Child Abuse Kansas at 1-800-CHILDREN.

CONCLUSION

In 2010, the National Child Abuse and Neglect Data System (NCANDS), with information collected from the states, found in 2010 an estimated 3.3 million referrals were received concerning abuse/neglect of 5.9 million children. 60.7% of these referrals were transferred for investigation or assessment. Of investigations, 25.7% resulted in a disposition of either substantiated or indicated child maltreatment.

Information provided by Kansas for this national report is compiled from the Department for Children and Families (DCF) Family and Child Tracking System (FACTS). This DCF data indicates that 27,915 reports of suspected family maltreatment of children were investigated in Kansas from July 2009 to June 2010. During this same time period, the Kansas Department for Children and Families received 55,730 reports alleging suspected maltreatment.

Even when child abuse is not fatal, it can have disastrous effects on normal growth and development. It is important to report suspected or known child abuse or neglect to protect the child. Dr. Bruce Perry once said:

> *"If 20 million people were infected by a virus that caused anxiety, impulsivity, aggression, sleep problems, depression, respiratory and heart problems, vulnerability to substance abuse, antisocial and criminal behavior, retardation and school failure, we would consider it an urgent public health crisis. Yet in the United States alone, there are more than 20 million abused, neglected and traumatized children vulnerable to these problems. Our society has yet to recognize the epidemic, let alone develop an immunization strategy."*

The intent is to strengthen children and families by getting them the help they need. We all have a stake in protecting children. The lessons necessary to development of interpersonal skills may not be taught in an abusive or neglectful environment. The emotional damage that commonly accompanies child abuse or neglect may be vented through self-destructive actions such as substance abuse, prostitution, suicide, or criminal acts against others.

It is our hope that by encouraging the reporting of child abuse and neglect and raising awareness to prevention efforts taking place across the state, the state's next generation will be productive Kansans capable of rearing their children in a caring, nurturing fashion.

Communities currently offer programs that promote strengthening families and the prevention of child abuse and neglect. Some programs include the *Period of PURPLE Crying*® Shaken Baby Syndrome Prevention Program, Parent Support Groups, Parent Education, and early childhood home visitation models such as Parents As Teachers, Healthy Families, Early Head Start and Head Start.

NOTES

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The Parent Helpline
1-800-CHILDREN

Because Kids Don't Come With Instructions

The Parent Helpline is a free, anonymous information and referral service. The Helpline is available 24 hours a day, seven days a week, in English and Spanish, and can refer you to services anywhere in Kansas. Call the Parent Helpline whenever you have a parenting question or concern.

To report suspected Child Abuse or Neglect:
Phone: 1-800-922-5330
Fax: 1-866-317-4279
Email: KSPRC@dcf.ks.gov
Online: http://www.dcf.ks.gov/services/pps/Pages/KIPS/KIPSWebIntake.aspx

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