

## 1.007 Reporting Procedures for Child Abuse or Neglect

### **Rationale:**

Every child has the basic human right to be safe. Any form of abuse and/or neglect threatens a child's safety, placing him or her at risk for physical and emotional injuries and even death. Employees of the Clerc Center come in contact with students who may be abused or neglected and they play a critical role in the protection of those students.

The Clerc Center provides protection to students who are suspected of being the subject of abuse. By law, its employees are mandated to report any known or suspected abuse and request immediate, cooperative efforts from the **D.C. Child and Family Services Agency (CFSA)** on behalf of the students. Every employee at the Clerc Center is considered a mandated reporter who has a professional obligation by law to report known or suspected incidents of child abuse or neglect.

The Clerc Center reporting procedures below are in accordance with the District of Columbia Child Abuse and Neglect Reporting Law. The current law is in 4-1301.01 through 4-1321.07 and S16-2301 of the D.C. Code, which was amended in 2002.

### **DEFINITIONS AND RELATED INFORMATION**

"Child abuse/neglect" is physical or mental injury, sexual abuse, negligent treatment, or maltreatment of any child under age 18 by a person responsible for the child's welfare under circumstances that threaten or harm the child's health or safety. The law defines child abuse as:

- Physical abuse
- Emotional maltreatment
- Neglect
- Sexual abuse

#### **Physical Abuse and Emotional Maltreatment (Mental Abuse)**

"Physical injury" generally means bodily harm greater than transient pain or temporary marks. "Mental injury" means harm to a child's psychological or intellectual functioning, which may be exhibited by severe anxiety, depression, withdrawal, outwardly aggressive behaviors or emotional response, cognition, or a combination that demonstrates a change in behavior.

Examples of abuse:

- Burning, biting, or cutting
- Striking a child with a closed fist
- Inflicting injury by shaking, kicking, or throwing a child
- Non-accidental injury of a child
- Interfering with a child's breathing
- Threatening a child with a dangerous weapon (i.e., firearm, knife, or any other prohibited weapon)

Physical signs of abuse:

- Bruises
- Burns
- Bite marks
- Abrasions (scrapes)
- Lacerations
- Head injuries
- Fractures
- Unexplained injuries

Behavioral signs of abuse:

The child:

- is frightened or overprotective of parent(s)/caregiver(s).
- is excessively passive, overly compliant, apathetic, withdrawn or fearful or excessively aggressive, destructive or physically violent.
- attempts to hide injuries; wears excessive layers of clothing, especially for hot weather; is often absent; will not change clothing for swimming.
- has difficulty sitting or walking.
- is frightened of going home.
- is clingy and forms indiscriminate attachments.
- is apprehensive when other children cry.
- is wary of physical contact with adults.
- exhibits drastic behavioral changes in and out of parental/caregiver presence.
- is watchful and alert to danger.
- suffers from seizures or vomiting.
- exhibits depression, self-mutilation, substance abuse, suicide attempts, or sleeping or eating disorders.

Additional signs of abuse:

- The child says an injury was caused by abuse. (Caution: Chronically abused children may deny abuse.)
- The child has unexplained injuries, e.g., the parent/caregiver is unable to explain an injury, there are discrepancies in his or her explanation, blame is placed on a third party, and explanations are inconsistent with common sense.

- Parent/caregiver does not take the child to a doctor.

## **Neglect**

The factors described below may constitute neglect, but the presence of such factors does not automatically mean that a child is subject to neglect.

- The child is abandoned, abused, or left with unwilling caretakers and a parent or guardian who has failed to make reasonable efforts to prevent the infliction of abuse upon him or her.
- The child is without parental care or control, subsistence, education as required by law, or other care or control necessary for physical, mental, or emotional health and the deprivation is not due to lack of financial means.
- The parent, guardian, or custodian is unable to discharge parenting responsibilities because of incarceration, hospitalization, or other physical or mental incapacity.
- The parent, guardian, or custodian refuses or is unable to assume the responsibility for the child's care, control, or subsistence and the person or institution that is providing for the child states the intention to discontinue such care.
- The child is in imminent danger of being abused if another child living in the same household or under the care of the same parent, guardian, or custodian has been abused.
- The child received negligent treatment or maltreatment from the parent, guardian, or custodian.
- The child has resided in the hospital for at least 10 calendar days following his or her birth despite a medical determination that he or she is ready for discharge and the parent, guardian, or custodian has not taken any action to maintain contact with the child.
- The child is born addicted to or dependent on a controlled substance or has significant presence of a controlled substance in his or her system at birth; or he or she is regularly exposed to illegal drug activity; or he or she has in his or her body a controlled substance as a direct and foreseeable consequence of the acts or omissions of the child's parent, guardian, or custodian.

### **Signs of Neglect:**

The child is:

- not getting adequate medical/dental care.
- often sleeping or hungry.
- often dirty, demonstrates poor personal hygiene, or is inadequately dressed for the activity or weather conditions.
- malnourished (parent/caregiver does not send lunch with him or her).

- depressed, withdrawn, or apathetic; exhibits antisocial or destructive behavior; shows fearfulness; suffers from speech, eating, or habit disorders (biting, rocking, whining, etc.).

A child who is treated only by prayer of an accredited practitioner of a recognized religious denomination would not for that reason alone automatically be considered neglect. However, the parent or caregiver of that child could still be charged with neglect on other grounds (including medical neglect) if factors indicate that neglect is present.

### **Sexual Abuse**

“Sexual abuse” is defined as engaging in, or attempting to engage in, a sexual act or sexual contact with a child; or causing or attempting to cause a child to engage in sexually explicit conduct, or exposing a child to sexually explicit conduct.

- **Sexual Act**—The penetration, however slight, of the anus or vulvae of another by a penis; contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus; and/or the penetration, however slight, of the anus or vulva by hand or finger or by any object, with an intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person.
- **Sexual Contact**—The touching with any clothed or unclothed body part or any object, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person with an intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person.
- **Sexually Explicit Conduct**—Any sexual act, sexual contact, bestiality, masturbation, or lascivious exhibition of the genitals, anus or pubic area, child pornography.

#### Physical signs of sexual abuse:

The child has:

- bruising around his or her genital area.
- swelling or discharge from her vagina or his penis.
- tearing around genital area, including his or her rectum.
- visible lesions around his or her mouth or genitals.
- lower abdominal pain.
- painful urination or defecation.
- a sexually transmitted disease(s).

#### Behavioral signs of sexual abuse:

The child:

- exhibits sexualized behavior (precocious knowledge of explicit sexual behavior, engages him- or herself or others in overt or repetitive sexual behavior).
- is hostile or aggressive.
- is fearful or withdrawn.
- is self-destructive (self-mutilates).
- seems mature beyond his or her chronological age.
- has an eating disorder.
- is a substance abuser.
- runs away.

Signs of sexual abuse by parent(s)/caregiver(s):

The parent(s)/caregiver(s):

- is unable to meet the child's basic needs and provide a safe environment.
- reports homicidal thoughts or feelings toward child.
- reports using belts, clothes hangers, electrical cords, or other objects to discipline the child.
- is unable to describe the child's positive characteristics.
- has unrealistic expectations for the child.
- uses out-of-control discipline.
- is unduly harsh or rigid about child rearing.
- singles out one child as "bad," "evil," or beyond control."
- berates, humiliates, or belittles the child frequently.
- turns to the child to have his or her own needs met.
- is impulsive and unable to use internal controls.
- cannot see the child realistically, attributes badness to the child, or misinterprets the child's normal behavior.
- Is indifferent to the child
- Promotes prostitution of minors

**Confidentiality**

When a child under the age of 18 discloses information regarding abuse or neglect to any Clerc Center employee, that employee **IS NOT** bound by confidentiality. In fact, the information **MUST** be reported in accordance with the laws and procedures.

While staff are not bound by confidentiality, they are required to respect the child's privacy by not discussing the disclosure with people not directly involved with the case except for identified school personnel.

To ensure confidentiality, directors/principals should identify computers that can be used in private by an employee needing to file a report.

Deaf and hard of hearing employees can contact the CFSA hotline at:

202-671-SAFE (7233)

## PROCEDURES FOR REPORTING

- As required by law, once a situation is brought to an employee's attention, the employee **must immediately** report known or suspected incidents of child abuse or potential abuse to **CFSA**.
- The employee should immediately inform his or her supervisor and the principals that a report to CFSA is needed.
- The employee should call CFSA's 24-hour child abuse reporting hotline at (202) 671-SAFE (7233).
- After contacting CFSA, the employee should **immediately** complete and submit the [Child Abuse/Neglect Report Documentation Form](#) along with the [Child Abuse/Neglect Report Checklist](#) to the following personnel:

During school hours (8:15 a.m. – 3:15 p.m.)

- the KDES/MSSD social worker (original)
- the principal (copy)

After school hours (3:15 p.m. – 8:15 a.m.)

- the KDES/MSSD social worker (original)
  - the principal or director of Student Life (copy)
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- Contact the Clerc Center's Coordinator of Interpreting Services, Caitlin Smith: caitlin.smith@gallaudet.edu or 330-671-1617 (voice/text).
  - Coverage of duties should be arranged by the employee's supervisor if needed so the employee can file the report and complete necessary paperwork.
  - The principals should contact Gallaudet University's Department of Public Safety as soon as is feasible to inform them that CFSA may soon be on campus.
  - Details of the report must remain confidential and should not be shared with anyone other than the administrators named above or the KDES/MSSD social worker.
  - The principals, in consult with the social worker, will address any student needs related to the situation.

Employees must have the following information ready when making a report:

- Name, gender, age, social security number, grade, and address of (1) the child who is the subject of the report, (2) the child's siblings (if any and if information is available), and (3) the child's parent(s) or caregiver(s).
- This information can be obtained from:
  - PowerSchool
  - SEAS IEP
  - Student Directory (Front Desk)
- The time, location, nature, extent of, and person(s) present during the abuse/neglect and any previous abuse/neglect, if known.
- Anything that may shed light on the cause and circumstances of the abuse and the identity of the perpetrator.
- By law, the employee must provide his or her name, occupation, and how he or she can be contacted by CFSA. The KDES/MSSD social worker's contact information should also be provided to CFSA: Georgia Weaver, at [georgia.weaver@gallaudet.edu](mailto:georgia.weaver@gallaudet.edu) or text 202-905-6249.
- The employee should remind CFSA the report concerns a deaf child and that an interpreter will be needed. They should contact the main number for KDES or MSSD as soon as possible when they know their planned visit time, so arrangements for interpreters can be made.