



CHILD ABUSE REPORTING GUIDE

Rome/Floyd County, Georgia

Presented by:

Floyd County Child Abuse Prevention Committee

Revised January, 2006

See also: www.nwga-cac.org

TABLE OF CONTENTS

Child Abuse Reporting Numbers	Page 3
Introduction	Page 4
Child Neglect	Page 5
Physical Abuse	Page 7
Sexual Abuse	Page 9
Emotional/Verbal Abuse	Page 11
Georgia Statistics of Abuse	Page 13
Characteristics of At-Risk Families	Page 14
Types of Disclosures	Page 16
Mandated Reporter Protocol	Page 18
Appendices	
GA Code Section	Page 23
Local Community Resources	Page 27
National Resources	Page 30
Prevention – what citizens can do	Page 32

Child Abuse Reporting Numbers in Rome/Floyd County

Child Protective Services (D.F.C.S.).....	295-6550
Rome City Police.....	238-5111
Floyd County Police.....	235-7766
Police Departments after Hours/Weekends.....	911

Case histories are provided as examples of typical protective service reports.
Any resemblance to similar circumstances is coincidental.

Introduction

Dear Professional:

Child abuse is not usually a single physical attack or a single act of deprivation or molestation. It is a pattern of behavior and the longer the child abuse continues, the more serious it becomes and the more serious the injury to the child.

The decision to report suspected child abuse is a difficult one. Often, professionals fear that a report would cause stress or trauma to the family. Others fear that the children will be removed from the home, or worse, that nothing will happen.

We are fortunate in Floyd County to have a committed network of agencies that work together to prevent abuse as well as to intervene if abuse has occurred. There is help for families experiencing difficulties that place them in high-risk categories and for families in which abuse has already occurred. The key to stopping abuse is speedy intervention.

We hope that this ***Child Abuse Reporting Guide*** will assist you in your understanding of child abuse and neglect so that you are better able to obtain assistance for a family and stop the cycle of abuse. Please let us know your ideas and suggestions for future editions of this Guide and please feel free to call upon us if we can be of assistance to you or check www.nwga-cac.org.

Feel free to contact any of our Committee members if you have any questions about this guide.

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Sincerely,

Child Abuse Prevention Committee

Child Neglect

Case History #1 – An 18 month-old boy was brought to a family physician with an illness. During the examination, the physician noted the toddler was developmentally delayed; he behaved more like a 6 month-old. The child’s old medical records indicated he was normal at birth. In the course of conversation, the parents revealed that their son was usually a “good” baby (quiet) and spent most of the time alone in his crib. Rarely did the parents hold, talk to, or play with their child.

Case History #2 – One afternoon a social worker visited the home of a client because she heard the electricity had been turned off. The home, a dilapidated four-room shack, was in especially bad shape – scattered garbage and broken glass covered the yard, and the house smelled of sewage. A 9 month-old infant, wearing only a soiled diaper, was crawling outside. Inside the home the 4 and 5 year-old children said that their parents had left them in charge of the baby and that they had been alone since that morning. The parents were found at a local “crack house.”

CHILD NEGLECT – A condition in which a parent or caretaker of a child under the age of 18 denies that child adequate food, clothing, medical care or shelter, and, either deliberately or through chronic disregard, permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person’s physical, intellectual, social or emotional capabilities.

The chart on the following page lists warning signs. The presence of one indicator does not necessarily mean that maltreatment has occurred; rather, the professional looks for configurations of indicators.

There may be considerable overlap between categories. The child who is sexually abused is probably also emotionally neglected by at least one parent. The child who is physically abused may be emotionally and verbally abused at times when the abusive parent is trying to bring the physical abuse under control. The child who is physically neglected is likely to be emotionally neglected also.

Child Neglect

Child		Parent/Caretaker	
<p><u>Physical Indicators</u></p> <ul style="list-style-type: none"> • Chronic hunger or tiredness • Chronic health problem <ul style="list-style-type: none"> • Skin • Respiratory • Digestive • Medical problems left unattended • Inadequate hygiene <ul style="list-style-type: none"> • Dirty and unwashed • Developmentally delayed <ul style="list-style-type: none"> • Speech disorder • Failure to thrive • Has been abandoned • Without adult supervision for extended period of time 	<p><u>Behavioral Indicators</u></p> <ul style="list-style-type: none"> • Begging or stealing food • Chronic fatigue <ul style="list-style-type: none"> • Falling asleep in school • Dull/apathetic appearance • Listlessness • Poor school attendance or chronic lateness • Coming to school early and leaving late • Functions below grade/ability level in school • Delinquent/antisocial/ destructive behavior <ul style="list-style-type: none"> • Vandalism • Inappropriate affection seeking • Thumb Sucking/biting/ rocking • Use of drugs/alcohol 	<p><u>Indicators</u></p> <ul style="list-style-type: none"> • Apathetic • Craving for excitement/change • Desire to be rid of the demands of the child <ul style="list-style-type: none"> • Isolates child for long periods of time • Not listening or talking to child • Leaves child alone or unattended • Lack of interest in child's activities <ul style="list-style-type: none"> • Fails to provide supervision and guidance • Severely criticizes child • Name-calling, scaring • Lack of affections • Lack of cooperation with agency 	<p><u>Risk Factors</u></p> <ul style="list-style-type: none"> • Lack of parenting skills • Financial pressures • Marital problems • Inconsistent employment • Mental health problems • Drug/alcohol abuse • Long-term illness • Chaotic family life • Neglected as a child • Poverty <ul style="list-style-type: none"> • Low income • Poor housing • Isolation • Large family

Physical Abuse

Case History #3 - An 18 year-old mother, severely abused as a child, was using physical discipline on her 6 month-old infant. She stated that she “knew” her baby would tell her when he was hungry by looking at her and nodding his head. When the baby cried, she thought it was to annoy her so she spanked him.

Case History #4 - During a routine physical examination, severe bruising was found on the shoulders and back of a 6 year-old boy. Upon closer inspection, it was found that these fresh bruises were covering up older, less noticeable bruises. The boy admitted that his father was responsible, but that he “deserved it” because he “had been bad.” When the father was confronted with this, he acknowledged responsibility, stating, “He’s my son and I can do what I want with him. Besides, you should have seen what happened to me when I was a kid...”

PHYSICAL ABUSE - Abuse, resulting in physical injury or injuries to a child under the age of 18 by other than accidental means. Examples include bruises, welts, fractures, burns, cuts and internal injuries. Physical abuse often occurs in the name of discipline or punishment and may be inflicted by the hand or with the use of objects.

Physical Abuse

Child		Parent/Caretaker	
<p style="text-align: center;"><u>Physical Indicators</u></p> <ul style="list-style-type: none"> • Bruises <ul style="list-style-type: none"> • Occurring in unusual patterns • Occurring on posterior side of body • Occurring in clusters • Occurring on an infant, especially on the face • In various stages of healing • Burns <ul style="list-style-type: none"> • Immersion burns (socklike, glove-like, or on the buttocks or genitalia) • Cigarette-type burns on palms of hands, soles of feet or genitals • Rope burns, from confinement • Dry burns, such as caused by an iron • Missing or loosened teeth • Lacerations and abrasions, unexplained <ul style="list-style-type: none"> • On an infant's face • on external genitals • human bite marks • choke marks on neck and/or wrists • Skeletal injuries • Head injuries <ul style="list-style-type: none"> • Absence of hair • nasal or jaw fractures • sub-dural hematomas • other more serious injuries • Internal injuries 	<p style="text-align: center;"><u>Behavioral Indicators</u></p> <ul style="list-style-type: none"> • Wary of adults • Behavior extremes: <ul style="list-style-type: none"> • Aggressive or withdrawn • Frightened of sudden movements • Apprehensive when other children cry • Reports injuries by parents <ul style="list-style-type: none"> • Frightened of parents • Afraid to go home • Wears long sleeves or other concealing clothing • Child's explanation of injury is inconsistent with nature of injury • Aggressive behavior to other children/animals • Blank Stare • Timed/Scared stare • Indiscriminately seeks affection <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>** Suspect physical abuse if the above injuries are not associated with accidental injuries or if parental explanation does not fit pattern of the injury</p> </div>	<p style="text-align: center;"><u>Indicators</u></p> <ul style="list-style-type: none"> • Unrealistic expectations of child • Uses discipline which is inappropriate or extreme for child's age or behavior • Discipline is often cruel • Failed appointments <ul style="list-style-type: none"> • Lack of cooperation with agency regarding child's health/injuries • Reluctant to share information about child • Discourages social contacts • Uses different medical facilities <ul style="list-style-type: none"> • Refuses consent for medical exam/diagnostic testing • Fails to obtain medical care for child • Believes in/defends corporal punishment • Over-involvement in religion • Parent cannot be located • Parent conceals child's injuries • Parent confines child for extended periods of time 	<p style="text-align: center;"><u>Risk Factors</u></p> <ul style="list-style-type: none"> • Parental history of child abuse • Lack of parenting skills • Marital problems • Mental/physical illness • Drug/alcohol problems • Social isolation • Financial pressures • Unemployment • Inadequate housing • Target child in home <ul style="list-style-type: none"> • Physically or emotionally handicapped • Developmentally disabled • Unwanted

Sexual Abuse

Case History #5 – Patricia is a nine-year-old child in the fourth grade. She has always been an excellent student, but over the past month her teacher has noticed several changes. She has been irritable and sleepy in class, her homework is often incomplete, she is isolating herself from other children, and she doesn't seem to take as much care with her appearance. After class one day, the teacher requests that Patricia stay a few minutes, and asks her if she needs help with anything. Patricia reveals that her mother has been ill and hospitalized since Christmas. Since her father works second shift, his brother has moved in to help care for her and her siblings. The teacher refers Patricia to the school counselor for support. During her meeting with the counselor, Patricia discloses that her uncle “messes” with her, and that she wishes he would leave.

SEXUAL ABUSE – Sexual exploitation of a child under the age of 18 by an older person. It may range from exhibitionism and fondling to oral sex and intercourse. Sexual abuse may also be committed by a person under the age of 18 when that person is older and/or in a position of power and control over the other child. There are two forms of sexual abuse: active abuse, where the older person actually exploits the child; and passive abuse, where a person takes no action when she/he is aware that the child is being abused and therefore allows the abuse to continue.

Few children speak directly about sexual abuse and in most cases there is no medical evidence of the abuse. The chart below offers some behavioral indicators of children and families. If you suspect abuse, make a report. **Only investigators specially trained in child sexual abuse should question a child in detail.**

Sexual Abuse

Child		Parent/Caretaker
<p style="text-align: center;"><u>Physical Indicators</u></p> <ul style="list-style-type: none"> • Difficulty in walking or sitting • Complaints of pain or discomfort in genital area • Torn/stained/bloody underclothing • Unusual or offensive odors • Poor sphincter control in previously toilet trained child • Self-mutilation, disfigurement • Medical indicators <ul style="list-style-type: none"> • Bruises/bleeding/laceration in genitalia or anus • Genital or rectal pain, itching, or swelling • Venereal disease • Discharge • Pregnancy • Extreme passivity in a pelvic exam 	<p style="text-align: center;"><u>Behavioral Indicators</u></p> <ul style="list-style-type: none"> • Sophisticated or unusual sexual knowledge and/or behavior <ul style="list-style-type: none"> • Preoccupation with sexual organs of self/parent/other children • Seductive behavior • Sexual promiscuity • Excessive masturbatory behavior • Poor physical boundaries • Perpetration to other children • Wearing many layers of clothing, regardless of weather • Reluctance to go to a particular place or to be with a particular person • Recurrent nightmares or disturbed sleep patterns and fear of dark • Withdrawal/fantasy • Infantile behavior 	<p style="text-align: center;"><u>Risk Factors</u></p> <ul style="list-style-type: none"> • Marked role reversal between mother and child • Extreme overprotectiveness of the child • Isolation of child from peer contact and community systems • Domineering/rigid disciplinarian • History of sexual abuse for either parent • Extreme reaction to sex education or prevention education in the schools • Physical and/or psychological unavailability of mother • Marital dysfunction • Presence of unrelated male in the home

Emotional/Verbal Abuse

Case History #6 – The mother of a six year-old boy is married for a second time. Her first husband had been physically abusive to her on a number of occasions, often while her son cried and begged his father to stop. Her son was having difficulty adjusting to the new marriage, and would constantly argue with his mother. As his mother became more and more frustrated with him, she would yell “You’re just like your father! You’re just like your father!” Although she acknowledged the harm this caused him, she said she couldn’t control herself because he was “looking and acting more like his father every day.”

Case History #7 – A middle class, professional couple became infuriated when their 8 year-old son was caught stealing from a store. As punishment, they tied him to a chair outside their condominium – an area many residents passed. They put a “dunce cap” on his head and draped a sign around his neck that read: “I am a thief and a bad boy. This is what happens when I steal.” The parents left him outside the apartment for several hours. When confronted about their behavior, they denied it was abusive, saying, “After all, we didn’t hit him or anything...”

EMOTIONAL/VERBAL ABUSE – A pattern of non-corporal maltreatment of a child under the age of 18 that results in impaired psychological health, growth and development. Emotional abuse may be active or passive. Active emotional abuse may be described as a chronic pattern of verbal and behavioral belittlement of a child which directly impacts the child’s sense of self-worth and self-esteem. Passive emotional abuse, or emotional neglect, may be described as a chronic pattern of parental behavior in which positive attention, rewards and support are withheld from the child. Emotional abuse is one of the most common forms of child abuse, and may occur by itself or with physical or sexual abuse. Emotional abuse is one of the most difficult forms of abuse to substantiate and may require professional evidence of harm to the child.

Emotional/Verbal Abuse

Child	Parent/Caretaker	
<p style="text-align: center;"><u>Physical Indicators</u></p> <ul style="list-style-type: none"> • Regressive habits, such as rocking or thumb sucking in an older child • Poor peer relations • Daytime anxiety and unrealistic fears • Behavioral extremes: either aggressive/antisocial or passive/withdrawn • Problems sleeping at night, may fall asleep during day • Speech disorders • Learning difficulties • Displays low self-confidence/self-esteem • Sadomasochistic behavior (displays cruelty towards other children or animals, or seems to derive satisfaction from being mistreated) • Lack of concern for personal safety, oblivious to hazards and risks 	<p style="text-align: center;"><u>Indicators/Personal Characteristics</u></p> <ul style="list-style-type: none"> • Unrealistic expectations of child • Uses extreme discipline, overreacts when child misbehaves or does not meet parents expectations • Consistently displays ridicule and shame towards child • Does not reward, praise or acknowledge child's positive qualities or achievements • Blames and punishes child for things over which the child has no control • May use bizarre and inappropriate forms of punishment, such as isolating a child in a closet or humiliating a child in public • Threatens the child with abandonment or placement in an institution 	<p style="text-align: center;"><u>Risk Factors</u></p> <ul style="list-style-type: none"> • Parents were victims of some form of child abuse: physical, sexual or emotional • Marital problems • Isolated, no support system • Low self-esteem • Drug/alcohol problems • Does not understand normal developmental stages of children • Mentally/physically ill • Financial/employment problems • Child unwanted • Family violence

Georgia Statistics of Abuse

ABUSE CATEGORY	1999	2000	2001	2002
TOTAL REPORTS	69,949	74,803	82,412	85,464
SUBSTANTIATED	26,888	34,079	39,493	44,932
INCIDENCES OF NEGLECT	18,160 / 68%	23,703 / 70%	28,211 / 71%	32,385 / 72%
PHYSICAL	3,593 / 13%	3,873 / 11%	4,069 / 10%	3,941 / 9%
SEXUAL	2,265 / 8%	2,354 / 7%	2,215 / 6%	2,256 / 5%
EMOTIONAL	1,059 / 4%	1,490 / 4%	1,655 / 4%	1,682 / 4%
*OTHER	1,811 / 7%	2,659 / 8%	3,343 / 8%	4,668 / 10%
FATALITIES	42	45	48	51

***"Other" includes drug exposure, addiction at birth, gunshot wounds, medical care needed and child fatalities.**

Taken from Protective Services Data System Annual Report, 2000-2002, Georgia Department of Human Resources, on www.preventchildabusega.org.

Characteristics of At-Risk Families

Child abuse and neglect know no class, religious, ethnic, or economic boundaries. These are not problems limited to any one particular group. Indeed, to a degree, all parents have the potential to abuse their children.

Three factors are commonly found in cases of physical abuse or neglect:

1. Personal characteristics of the parent which may increase their potential to abuse
2. Characteristic of the child which may lead the parent to view that child as “different”
3. A precipitating event: physical, financial or emotional crisis

PERSONAL CHARACTERISTICS OF THE PARENT

- **THE PARENTS MAY HAVE BEEN ABUSED AS CHILDREN.** Unfortunately, this is occasionally portrayed as a cause and effect relationship – and abused child will grow up to become an abusive parent. The truth is an abusive childhood does not “make” a child grow up to abuse their own children anymore than an alcoholic father “makes” a child grow up to be an alcoholic. Rather, a combination of stresses may push the parent to the point where they revert to familiar behavior patterns – the way they were treated as a child – when handling their own children.
- **ISOLATION.** The abusive parent(s) feel they have “no one to talk to,” especially when the stresses of parenthood become overwhelming. They may live in the country, or far from their own extended family who could provide support in rearing children. They may also simply not know how to develop a support system (e.g. church, friends) that would help them cope with their problems.
- **INAPPROPRIATE EXPECTATIONS OF CHILDREN.** Abusive parents often punish children for behavior which is normal for the child’s developmental level. Examples include punishing a baby for crying, a toddler for exploring, a 1 ½ year-old for not being toilet trained in a week. The parent has little or no understanding of the normal developmental stages of growth that children undergo, and so becomes frustrated when the child acts in a way the parent considers inappropriate. In addition, the parent may be unable to handle the physical and emotional dependency of the child.
- **INCONSISTENT OR UNREASONABLE DISCIPLINE.** Abusive parents generally fall into one of two categories in their practice of discipline. In the first case, they punish the child in an inconsistent manner, based on how they – the parents – feel. Rather than learning that all behavior has consequences, the child learns which behavior is considered acceptable by watching his or her parents to see “what kind of mood they’re in.” In the second case, the parents are consistent in an overly strict and unreasonable manner – every infraction, no matter how minor, results in severe punishment such as spanking. In this case, the rules may

be intentionally unreasonable – a daily six o'clock bedtime, for example, so that the child cannot help but fail.

- **DRUG OR ALCOHOL ABUSE.** Substance abuse often leads to the willful neglect of children, and may increase a parent's propensity to act out violently or sexually.
- **POOR STRESS CONTROL.** The parent may show a "crisis oriented personality", meaning even minor concerns or problems become major emotional issues.
- **HISTORY OF MENTAL ILLNESS.** The parent may have a chronic history of hospitalization, depress, or an inability to function.
- **MAJOR CRISIS.** Abuse is often preceded by a family crisis (e.g. severe illness, hospitalization, job loss) or the family may be overwhelmed with the responsibilities of caring for multiple children and life situations.

CHARACTERISTICS OF THE CHILD

- **EMOTIONAL CHARACTERISTICS.** These include any negative emotional experiences the parent associates with the child. The child may be unplanned or unwanted; child's gender may not be what the parent wanted; child's father or mother may have been violently or emotionally abusive, and so the child may remind the parent of a feared or hated person; pregnancy and delivery may have been difficult and painful
- **PHYSICAL CHARACTERISTICS.** These include anything that would make the child seem "different." Child may be physically or mentally disabled; child may be hyperactive or show behavior problems; child may be premature or chronically ill.

PRECIPITATING EVENT

- **MINOR CRISIS.** Abuse is occasionally sparked by a minor crisis. These may include: report cards are issues, the child's performance is not up to parents' expectations, minor household issues, such as lost keys and/or an unclean room.
- **MAJOR CRISIS.** These include any major change in lifestyle such as: divorce or separation, death in the family, sudden change in financial situation (sudden increase in bills, etc.), loss of job and/or relocation to a new community.

Types of Disclosure

Those children who disclose abuse may do so in a variety of ways. Some may come to you in private and disclose directly. This is one of the less common ways.

According to Sorensen and Snow, two women who have studied how children tell about their abuse, state there are two types of disclosure:

- a. Accidental – the abuse is revealed by chance
- b. Purposeful – the child makes a conscious decision to tell

Stages of Disclosure

Denial – nothing happened

Tentative – “might,” “tried,” “attempted”

Active – a clear, coherent and sequential disclosure of the abuse

Recant – the child takes back their initial disclosure

How To Respond When A Child Tells You He/She Has Been Abused:

- Find a private place to talk
- Do not make promises or guarantees
- Listen carefully, responding with empathy rather than shock
- Do not question the child in an intrusive manner. Let professionals conduct the investigative interview.
- Use the child's vocabulary
- Remain calm and express the belief the child is telling the truth
- Reassure the child it is good to tell and the child is not to blame for the abuse
- Let the child know you will do your best to keep him/her safe
- Be honest with the child about what you will do

*****Remember, you are not an investigator. Your role is to report the abuse, start the process of getting help for the child and to be supportive of the child.*****

Mandated Reporting Protocol: Who Must Report

Georgia law requires certain individuals to report suspected child abuse. Mandated Reporters include the following:

- School teachers and administrators
- School guidance counselors, visiting teachers, school social workers or school psychologists
- Child care providers
- Child welfare agency personnel
- Child counseling personnel
- Law enforcement personnel
- Licensed psychologists and persons participating in internships to obtain licensure
- Professional counselors, social workers and marriage and family therapists
- Physicians licensed to practice medicine - interns or residents
- Registered professional nurses or licensed practical nurses
- Hospital or medical personnel
- Dentists, podiatrists
- Volunteers at child and family service agencies

See Appendix, Page 23 for the complete Georgia Code section for mandated reporting laws

To Whom Do You Report?

An oral report must be made as soon as possible by telephone or in person to the Department of Family and Children Services (DFCS) office providing protective services in the county where the child resides. There is a child protection agency in each of the 159 counties in the state of Georgia:

When you are unable to reach DFCS, or if the child is in immediate danger, an immediate report must be made to the police in the county where the child resides.

The following criteria are used by DFCS to determine if a report made meets the guidelines for investigation:

1. Child reported is under age 18.
2. Alleged perpetrator is parent, relative, guardian, neighbor, foster parent, employee of public or private residential home or daycare facility, custodian, caretaker, step-parent, adoptive parent or school personnel. If the alleged perpetrator is not one of these people, the report should be made to law enforcement.
3. Incidents or circumstances (i.e. specific behaviors, actions other than accidental events), conditions or omissions which either cause harm constituting maltreatment or circumstances which place the child at risk.

Reports not meeting the above criteria will be screened out. Reports accepted for investigation will be prioritized and responded to within 24 hours to five working days. The fact that a report may not be investigated should not deter persons from making the complaint. If the complaint is a mandated reporter under Georgia Law, he/she must report to protect him/herself from liability. Also, although a report may be “screened out,” subsequent complaints about the same child may result in the case being re-opened.

Reporting Procedures

When considering whether a referral to Child Protective Services is appropriate or not, please consider the following:

1. Does the caretaker have knowledge of the risk/abuse to the child? For example, if a child is coming to school without a coat in cold weather, before calling CPS, one should talk with the child to determine if he/she has a coat and also talk to the caretaker to determine if he/she has knowledge that the child is coming out in the cold without a coat.
2. Is the abuse/neglect by the caretaker deliberate or by chronic disregard? Before making a CPS referral, a factor such as lack of resources should be considered. For example, if a child has missed a number of days from school due to lice, talk to the caretaker to determine if the problem is due to ignorance regarding proper treatment or lack of money to purchase medication. Both problems could be

alleviated without CPS involvement and people tend to be more open to help if not “reported” before ever being approached regarding risk to their child.

3. Is the suspected abuse caused by accidental means? Often times a child has bruises that are suspicious in nature. Talk to the child before calling CPS to determine the cause of the bruises. Active children often injure themselves, and siblings or friends sometimes injure each other. The concern in this kind of situation would be the caretakers’ response to discourage future injury.

Once a case is opened for assessment, several outcomes are possible:

1. Abuse/neglect cannot be confirmed, and the case is closed; *
2. Abuse/neglect is confirmed, is not severe, and the case is closed after short-term intervention indicates that risk is minimal and abuse is no longer occurring;*
3. Abuse/neglect is confirmed, risk to child is significant, case is sent to the Family Worker Unit for continued services;*
4. Abuse/neglect is severe enough to result in court action and the removal of the child from the home, case is sent to Foster Care for permanency planning.*

*Referral to collateral agencies may occur at any time, whether or not a case is opened.

Parents and caretakers are often unaware that their actions are placing a child at risk. All professionals are strongly encouraged to inform parents which behaviors create a risk to children in an effort to prevent maltreatment from occurring. Child abuse is a community problem that requires a community effort in order to eliminate it and education is a vital part of that process.

What Should The Report Contain?

Name, age, address and current location of the child

Name and address of the child’s parent and/or caretakers, if known

Name and address of the alleged perpetrator

Location where the abuse took place, if known

The nature and extent of the child’s injuries, including any evidence of previous injuries

Any other information the reporter believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator

Rights of the Reporter

All reports are confidential and the reporter may remain anonymous. However, it is helpful if the reporter provides his/her contact information.

If the reporter provides contact information and wishes to know the outcome, DFCS will be able to share only the outcome with the reporter.

Under Georgia law, persons who in good faith make a report or cause a report to be made about suspected child abuse are immune from civil or criminal liability. However, any person required under Georgia law as a mandated reporter who fails to report suspected cases can be charged with a misdemeanor according to O.C.G.A. §19-7-5(h).

APPENDIX

Georgia Code Section §19-7-5

As of 2004 Session

(A) Purpose

The purpose of this Code section is to provide for the protection of children whose health and welfare are adversely affected and further threatened by the conduct of those responsible for their care and protection. It is intended that the mandatory reporting of such cases will cause the protective services of the state to be brought to bear on the situation in an effort to prevent further abuses, to protect and enhance the welfare of these children, and to preserve family life wherever possible. This Code section shall be liberally construed so as to carry out the purposes thereof.

(B) As used in this Code section, the term:

(1) 'Abused' means subjected to child abuse.

(2) 'Child' means any person under 18 years of age.

(3) "Child abuse" means:

(A) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, physical forms of discipline may be used as long as there is no physical injury to the child;

(B) Neglect or exploitation of a child by a parent or caretaker thereof;

(C) Sexual abuse of a child; or

(D) Sexual exploitation of a child.

However, no child who in good faith is being treated solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for that reason alone, be considered to be an 'abused' child.

(3.1) 'Sexual abuse' means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not that person's spouse to engage in any act which involves:

(A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;

(B) Bestiality;

(C) Masturbation;

(D) Lewd exhibition of the genitals or pubic area of any person;

(E) Flagellation or torture by or upon a person who is nude;

(F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;

(G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;

(H) Defecation or urination for the purpose of sexual stimulation; or

(I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

'Sexual abuse' shall not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors or between a minor and an adult who is not more than five years older than the minor. This provision shall

not be deemed or construed to repeal any law concerning the age or capacity to consent.

- (4) 'Sexual exploitation' means conduct by a child's parent or caretaker who allows, permits, encourages, or requires that child to engage in:
 - (A) Prostitution, as defined in Code Section 16-6-9; or
 - (B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.

- (C)(1) The following persons having reasonable cause to believe that a child has been abused shall report or cause reports of that abuse to be made as provided in this Code section:
 - (A) Physicians licensed to practice medicine, interns, or residents;
 - (B) Hospital or medical personnel;
 - (C) Dentists;
 - (D) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;
 - (E) Podiatrists;
 - (F) Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 24 of Title 43;
 - (G) Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;
 - (H) School teachers;
 - (I) School administrators;
 - (J) School guidance counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;
 - (K) Child welfare agency personnel, as that agency is defined pursuant to Code Section 49-5-12;
 - (L) Child-counseling personnel;
 - (M) Child service organization personnel; or
 - (N) Law enforcement personnel.

- (C)(2) If a person is required to report abuse pursuant to this subsection because that person attends to a child pursuant to such person's duties as a member of the staff of a hospital, school, social agency, or similar facility, that person shall notify the person in charge of the facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. A staff member who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection.

- (E) Any other person, other than one specified in subsection © of this Code section, who has reasonable cause to believe that a child is abused may report or cause reports to be made as provided in this Code section.

- (E) An oral report shall be made as soon as possible by telephone or otherwise and followed by a report in writing, if requested, to a child welfare agency providing protective services, as designated by the Department of Human Resources, or, in the absence of such agency, to an appropriate police authority or district attorney. If a report of child abuse is made to the child welfare agency or independently discovered by the agency,

and the agency has reasonable cause to believe such report is true or the report contains any allegation or evidence of child abuse, then the agency shall immediately notify the appropriate police authority or district attorney. Such reports shall contain the names and addresses of the child and the child's parents or caretakers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator. Photographs of the child's injuries to be used as documentation in support of allegations by hospital staff, physicians, law enforcement personnel, school officials, or staff of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian; provided, however, that any photograph taken pursuant to this Code section shall, if reasonably possible, be taken in a manner which shall not reveal the identity of the subject. Such photograph shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.

- (F) Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made to a child welfare agency providing protective services or to an appropriate police authority pursuant to this Code section or any other law or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil or criminal liability that might otherwise be incurred or imposed, provided such participation pursuant to this Code section or any other law is made in good faith. Any person making a report, whether required by this Code section or not, shall be immune from liability as provided in this subsection.
- (G) Suspected child abuse which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law.
- (H) Any person or official required by subsection © of this Code section to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a misdemeanor.
- (I) A report of child abuse or information relating thereto and contained in such report, when provided to a law enforcement agency or district attorney pursuant to subsection (e) of this Code section or pursuant to Code Section 49-5-41, shall not be subject to public inspection under Article 4 of Chapter 18 of Title 50 even though such report or information is contained in or part of closed records compiled for law enforcement or prosecution purposes unless:
 - (1) There is a criminal or civil court proceeding which has been initiated based in whole or in part upon the facts regarding abuse which are alleged in the child abuse reports and the person or entity seeking to inspect such records provides clear and convincing evidence of such proceeding; or
 - (2) The superior court in the county in which is located the office of the law enforcement agency or district attorney which compiled the records containing such reports, after application for inspection and a hearing on the issue, shall permit inspection of such records by or release of information from such records to individuals or entities who are

engaged in legitimate research for educational, scientific, or public purposes and who comply with the provisions of this paragraph. When those records are located in more than one county, the application may be made to the superior court of any one of such counties. A copy of any application authorized by this paragraph shall be served on the office of the law enforcement agency or district attorney which compiled the records containing such reports. In cases where the location of the records is unknown to the applicant, the application may be made to the Superior Court of Fulton County. The superior court to which an application is made shall not grant the application unless:

- (A) The application includes a description of the proposed research project, including a specific statement of the information required, the purpose for which the project requires that information, and a methodology to assure the information is not arbitrarily sought;
- (B) The applicant carries the burden of showing the legitimacy of the research project; and
- (C) Names and addresses of individuals, other than officials, employees, or agents of agencies receiving or investigating a report of abuse which is the subject of a report, shall be deleted from any information released pursuant to this subsection unless the court determines that having the names and addresses open for review is essential to the research and the child, through his or her representative, gives permission to release the information.

PROCEDURE FOR REPORTING CHILD ABUSE GEORGIA CODE SECTION §19-7-5

An oral report shall be made as soon as possible by telephone or otherwise and followed by a report in writing, if requested, to a child welfare agency providing protective services, as designated by the Department of Human Resources, or, in the absence of such agency, to an appropriate police authority or district attorney. If a report of child abuse is made to the child welfare agency or independently discovered by the agency, and the agency has reasonable cause to believe such report is true or the report contains any allegation or evidence of child abuse, then the agency shall immediately notify the appropriate police authority or district attorney. Such reports shall contain the names and addresses of the child and the child's parents or caretakers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator. Photographs of the child's injuries to be used as documentation in support of allegations by hospital staff, physicians, law enforcement personnel, school officials, or staff of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian; provided, however, that any photograph taken pursuant to this Code section shall, if reasonably possible, be taken in a manner which shall not reveal the identity of the subject. Such photograph shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.

Local Community Resources

- AIDS RESOURCE COUNCIL.....290-9098**
Increase personal and community awareness to HIV/AIDS and provides prevention and quality care referral services to persons living with HIV/AIDS.
- BIG BROTHERS/BIG SISTERS OF COOSA VALLEY.....234-8782**
Provides supportive & personal relationships for children, using adult role models.
- BOYS & GIRLS CLUB OF NWGA.....234-8591**
Provides a fun, positive, and safe environment for boys & girls 6-18 years of age to participate in an after school & summer program. Educational, Recreational, Life Skills, Computer Skills, Arts & Crafts, and Tutoring are some of the programs that are offered.
- CHILD VICTIM ADVOCACY PROGRAM.....291-5231**
Provides early contact with child victims, crisis intervention & criminal justice support. Co-director of support groups for child sexual abuse victims.
- COMMUNITIES IN SCHOOLS.....802-5740**
Helps at risk youth by providing school mentor programs and other special classes in the schools for K- 12 students. Child Abuse Prevention Agencies can send referrals for mentors also. They also provide in-school parent education (PAST).
- DRUG ELIMINATION PROGRAM by Rome Housing Authority.....291-0780**
Provides GED and Workforce Development with free transportation.
- EXCHANGE CLUB/FAMILY RESOURCE CENTER.....290-0764**
In-home volunteer Parent Aide Program for families under stress and offers parenting classes and community education.
- FIRST STEPS/HEALTHY FAMILIES.....238-9266**
Support and parenting information for new parents in hospital and clinic setting. Home Visitors provide support for first time mother.
- FLOYD BEHAVIORAL HEALTH.....802-3500**
Provides 24-hour crises call and assessment services.
- FLOYD COUNTY COURT APPOINTED SPECIAL ADVOCATE (CASA) PROGRAM.....235-2272**
Provides trained volunteers to Juvenile Court to be advocates for children in foster care for deprivation hearings.

FLOYD COUNTY DEPT. OF FAMILY & CHILDREN SERVICES...	295-6550
Offers broad range of supportive services for families, children and adults including financial assistance programs, Work 1 st , Child Protective Services, Foster Care and Adoption.	
FLOYD COUNTY HEALTH DEPARTMENT.....	295-6123
Provides Health Services for Children and Families.	
FLOYD COUNTY JUVENILE COURT.....	291-5180
Provides treatment, rehabilitation and supervision to the youth of Floyd County.	
FLOYD MEDICAL CENTER.....	509-5000
Emergency and Pediatric Services. County Hospital.	
HARBOR HOUSE.....	235-5437
Provides home-like setting for investigations of child sexual abuse, advocacy, community education, professional training and non-offending caregiver support groups.	
HEROES GREAT & SMALL.....	291-5231
Support groups for child victims of sexual abuse.	
HOSPITALITY HOUSE.....	235-4673
Temporary refuge for women in crisis and their children.	
MERCY SENIOR CARE.....	291-8496
GRANDS WHO CARE, is a support group and resources for KinCare. It's a bi-monthly support group that provides a forum for the participants to up-date their parenting skills, learn about resources available in the community, and share their experience in raising children from another generation. Provide experts in the field of health and mental health, wellness, school resources, procedures and rules, substance abuse and other issues pertinent to the relative-caregiver family, which addresses the group on a regular basis. Also provide individual case management, health management, counseling, advocacy and family recreational activities among other services.	
MORNINGSTAR FAMILY RESOURCE CENTER.....	234-4355
Time-limited, home based, therapeutic and parent education services in an effort to develop an integrated system of community-based supports and services to families at risk. The goal of services is to stabilize and restructure family systems for healthier functioning and to prevent future child abuse and neglect by building on individual and family strengths.	
REDMOND REGIONAL MEDICAL CENTER.....	291-0291
Emergency services.	

- ROME/FLOYD CO. COMMISSION ON CHILDREN & YOUTH.....232-0703**
 Acts as an information and umbrella agency for children and youth needs in the Floyd County area. Provides home visitation, parenting education, fatherhood support groups and resource and referrals for families.
- SEXUAL ASSAULT CENTER OF NW GEORGIA.....802-0580 (crisis line)**
 24-hour crisis intervention for victims of rape and provides advocacy. Administrative line is 292-9024. Also, SAC provides prevention and risk-reduction programs to area schools and youth serving organizations.
- TALLATOONA-FLOYD HEADSTART.....295-0445**
 Preschool Education Program.
- TEEN PLUS.....802-5372**
 Clinic and Resource Center that provides the following services: annual physical exams, STD & HIV testing and treatment, pregnancy testing, counseling, after school educational activities and peer mentors. Offer a community resource library and abstinence education.
- YOUTH FOR CHRIST.....291-6011**
 Support group for junior and high school students.

National Resources

You can contact the following resources for additional information on child abuse and neglect or for related issues.

1. Prevent Child Abuse Georgia
Phone (404) 870-6565 or toll free (800) CHILDREN
www.preventchildabusega.org
2. Prevent Child Abuse America
www.preventchildabuse.org Phone (312) 663-3520
3. Family Connection
www.georgiafamilyconnection.org Phone (404) 527-7394
4. American Professional Society on the Abuse of Children (APSAC)
Phone (405) 271-8202
www.apsac.org
5. National Center on Child Abuse and Neglect (NCCAN)
Phone (202) 205-8586
www.acf.dhhs.gov/programs/cb
6. Family Support America
www.frca.org Phone (312) 338-0900
7. National Council on Child Abuse and Family Violence (NCCAFV)
Phone (202) 429-6695
www.americancampaign.org
8. Children's Defense Fund (CDF)
www.childrensdefense.org Phone (202) 678-8787
9. The National Center on Shaken Baby Syndrome
Phone (801) 627-3399
www.dontshake.com
10. Barton Law Clinic – Emory University
childwelfare.net
11. Children's Advocacy Centers of GA
cacga.org
12. National Center for Missing and Exploited Children (800) THE LOST
13. Child Help USA – 24 Hour help line – multi-lingual (800) 4 A CHILD
14. Child Abuse Prevention Network
child-abuse.com

15. National Children's Advocacy Center ncac-hsv.org
16. National Children's Alliance nca-online.org
17. Darkness 2 Light darkness2light.org
18. Stop It Now – A children's advocacy/abuse prevention (888) PREVENT

Prevention – What Citizens Can Do

If you interact with children and families in any way, you can have an impact on reducing child abuse and neglect now and in the future. Here are some tips to understand your role in preventing child abuse and neglect:

Mandated reporters must obey the law. It is not your job to determine whether abuse has occurred; it is your job to report a reasonable suspicion. See the local Child Abuse Protocol for more details.

Take time to listen the children.

Reach out for support, information and assistance.

Help create an environment for children to thrive and one that does not tolerate bullying and/or violent behaviors.

Establish and maintain open communication with children and teens and know their interests.

Be aware of a sudden change in the child's behavior, appearance and/or school performance. Ask questions and support the child.

Express affection to the child and share your positive feelings for them and compliment them on good behavior. Don't use name-calling, i.e. "you're stupid."