

## Reporting Child Abuse and Neglect

### The Division for Children Youth and Families-Central Intake

1-800-894-5533(in state)  
or 603-271-6556(local or out of state)

## DCYF Mission Statement

### Vision Statement

We envision a state in which every child lives in a nurturing family and plays and goes to school in communities that are safe and cherish children.

### Mission Statement

We are dedicated to assisting families in the protection, development, permanency and well-being of their children and the communities in which they live.

## Who is Mandated to Report?

- # Anyone who suspects child abuse and/or neglect
  - RSA 169c 169-C:29 Persons Required to Report. - Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist, osteopath, optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, teacher, school official, school nurse, school counselor, social worker, day care worker, any other child or foster care worker, law enforcement official, priest, minister, or rabbi or any other person having reason to suspect that a child has been abused or neglected shall report the same in accordance with this chapter. Source. 1979, 361:2, eff. Aug. 22, 1979.

## Time and Place to Report

- # **ALL** new reports shall be given to DCYF Central Intake
- # **Hours of operation:** Monday through Friday 8:00am to 4:30pm
- # Any **after hours** emergencies please contact **local police** in the town where the incident is occurring

## Central Intake

- # Central Intake consists of
  - 10 Child Protective Service Workers
  - 1 Support staff
  - 1 Assistant Supervisor
  - 1 Supervisor
- # Central Intake takes all reports for the entire state.

## Deciding to Report

- # Anytime you suspect there is abuse and/or neglect you are mandated to report. The Intake CPSW will use your report and resources to determine if an assessment (investigation) is warranted.
- # Some agencies have internal protocols regarding when and how to report such as informing a superior or requesting a superior's permission prior to reporting. This is not law or DCYF policy. Please do not allow these protocols to impede your report. If you are unable to meet with your superior immediately, make the report to DCYF and follow up with your superior at a later time. If you suspect abuse and/or neglect you are mandated to report even if your superior does not agree.

## You Are Protected

Anyone participating in good faith in the making of a report pursuant to this chapter is immune from any liability, civil or criminal, that might otherwise be imposed. (RSA 169-C:31 and RSA 161-F:47)

You can request that your name be kept confidential.

## Nature and Content of Report

¶ **169-C:30 Nature and Content of Report:** - An oral report shall be made immediately by telephone or otherwise, and followed within 48 hours by a report in writing, if so requested, to the department. Such report shall, if known, contain the name and address of the child suspected of being neglected or abused and the person responsible for the child's welfare, the specific information indicating neglect or the nature and extent of the child's injuries (including any evidence of previous injuries), the identity of the person or persons suspected of being responsible for such neglect or abuse, and any other information that might be helpful in establishing neglect or abuse or that may be required by the department. **Source.** 1979, 361:2, 1989, 146:2, 1994, 411:17, 1995, 310:175, eff. Nov. 1, 1995.

## Identifying Information Requested at Time of Report

| Who                              | What             |
|----------------------------------|------------------|
| ¶ Children(victim and siblings)  | ¶ Names          |
| ¶ Parents/bio & step             | ¶ Dates of Birth |
| ¶ Guardians if other than parent | ¶ Addresses      |
| ¶ Any other household members    | ¶ Phone numbers  |
|                                  | ■ Home           |
|                                  | ■ Work           |
|                                  | ■ Cell           |

## Basic Content

- ¶ How was the info. obtained
- ¶ Relation of perpetrator
- ¶ Who was present
- ¶ Dates and times of incidents
- ¶ Method of harm
- ¶ Frequency and severity
- ¶ Risk factors
  - Substance abuse
  - Domestic violence
  - Mental and/or physical impairments
- ¶ Any other info you have

## When Talking to Children

- ¶ Formal interviewing is not recommended
- ¶ It is, however, recommended that clarifying questions are asked
  - Examples:
    - "What happened next?"
    - "Who did that?"
    - "When did that happen?"

## Physical Abuse

- ¶ Physical abuse is defined as injury by other than accidental means.
  - The child's injuries must be directly attributed to a non-accidental physical act by the caregiver. When a parent or caregiver does not control his or her reaction by stopping the punishment before it causes injury, this constitutes an abusive act. Medically significant injuries need not be present if there is a threat of harm to the child.

## Indicators of Physical Abuse

- # Extensive bruises, especially bruises of different colors, indicating various stages of healing
- # Burns of all types, but especially cigarette burns and glove-like or immersion bruises
- # Bruises on multiple body parts or in the shape of an object
- # Frequent complaints of soreness or awkward movement as if caused by pain; frequent injury
- # Ulcers, somatic complaints (stomach aches, headaches)
- # Sleep problems; appetite disturbance; stomachaches; headaches

## Indicators of Physical Abuse con...

- # Enuresis, encopresis
- # Compulsive and repetitive acts for self-soothing and control; fixation on security item
- # Social withdrawal; avoids physical contact with others
- # Aggressive acting out; hostility; bizarre or self-destructive acts; destructive behavior; cruelty to animals
- # Anxiety, nightmares; exaggerated startle; hyper-vigilance
- # Phobias, obsessions
- # Depression, guilt; impaired capacity to enjoy life

## Sexual Abuse

- # "Sexual abuse" means the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in, any sexually explicit conduct or any simulation of this conduct for the purpose of producing any visual depiction of this conduct; or the rape, molestation, prostitution, or any other form of sexual exploitation of children, or incest with children. This includes the intentional touching of the child's or the perpetrator's sexual or intimate parts, including breasts and buttocks, and the intentional touching of the child's or perpetrator's clothing covering the immediate area of the child's or perpetrator's sexual or intimate parts. (NH Child Protection Act, RSA 169-C: 3, XXVII and NH Criminal Code, Sexual Assault and Related Offenses, RSA 632-A:1).

## Indicators of Sexual Abuse

- # Behavioral Indicators (typically and sudden change/onset)
  - Young children performing explicit sexual acts upon others
  - Sexualized behaviors and/or language above and beyond normal expected developmental stage
  - Excessive masturbation (when redirected behavior continues persistently)
  - Force, coercion, secrecy

## Indicators of Sexual abuse con...

- # Physical indicators
  - Difficulty in walking or sitting
  - Torn, stained or bloody underclothing
  - Pain itching or swelling in genital area
  - Pain when urinating
  - Bruises or bleeding to external genitalia, vaginal or anal areas, mouth or throat
  - Vaginal discharge
  - Venereal disease or vaginal infections

## Neglect

- # Neglected child means a child:
  - Who has been abandoned by his parents, guardian, custodian; or
  - Who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his physical, mental or emotional health, when it is established that his health has suffered or is very likely to suffer serious impairment, and the deprivation is not due primarily to the lack of financial means of the parents, guardian or custodian; or
  - Whose parents, guardian or custodian are unable to discharge their responsibilities to and for the child because of incarceration, hospitalization or other physical or mental incapacity.

## Neglect Conditions

- # Abandonment
- # Parental Incapacity
- # Educational Neglect
- # Failure to Protect
- # Lack of Supervision
- # Medical or Dental Neglect
- # Inadequate Basic Care

## Abandonment

- # Means a child has been left by his or her parent, guardian, or caregiver without proper provision for the child's care, supervision or financial support although financially able to provide support, or if the parent is eligible for TANF or other assistance but refuses to seek assistance to support the child

## Parental Incapacity

- # A child's caregiver is unable to discharge his or her parental responsibilities due to the following:
  - Drug and/or Alcohol Abuse
  - Mental health Conditions
  - Incarceration
  - Hospitalization or Physical Incapacity

## Educational Neglect

- # "Educational Neglect" means any parent or guardian who has a minor child, age 6 to 18, that is not meeting mandated educational requirements of NH RSA 193:1 Duty of Parent: Compulsory Attendance by Pupil as a result of the behavior of the parent or guardian and not the truant behavior of the child. Educational neglect exists only after multiple and meaningful remediation attempts have been made and documented by school personnel, school resource officers, truant officers/school liaisons or designee, court and school social workers. School personnel must provide written documentation to the Intake Unit of their attempts to have parents or guardians comply with RSA 193:1 and their efforts to identify and exclude other causes for non-attendance other than neglect.

## Educational Neglect con..

- # School personnel need to clearly identify, if possible, the harmful impact to the child of the unexcused absences.
- # Refusal to consent to educational testing or to sign an individual education plan (IEP) as provided for under federal and NH special education laws, does not constitute educational neglect.

## Educational Neglect Documentation

- The Intake Staff could screen out allegations of educational neglect unless school personnel submit adequate documentation of their remediation attempts. Some or all of the following documentation is required for Intake Staff to make a decision to accept an educational neglect report or to screen it out:
- School attendance report for identified child;
  - Letter to parent(s) or guardian(s) after 5-10 absences;

## Education Neglect Documentation con..

1. Meeting(s) requested and/or held with parent(s) or guardian(s);
2. Attempted phone contacts with the parent(s) or guardian(s) to discuss reasons for excessive absences;
3. Home visits by truant officer, school personnel or local police;
4. School social worker/guidance counselor contacts with the parent or guardian seeking explanation as to the cause of excessive absences;

## Educational Neglect con..

5. Attempts by school personnel to comply with RSA 193:1I.(h) for children 16 and 17 years old;
6. Attempts to have face-to-face contacts with parent(s) or guardian(s).

Intake Staff must require the school reporter to submit a written report of the alleged neglect within 48 hours of the oral report as authorized by RSA 169-C:30.

## Failure to Protect

# Means any action or lack of action by a caregiver that fails to protect a child from actual physical abuse, sexual abuse or neglect, or a substantial risk of this abuse or neglect being perpetrated upon the child by another adult or child

## Lack of Supervision (L.O.S.)

- # L.O.S. by Caregiver
  - # Means failure to oversee and manage the child although the caregiver is present
  - # Example: A young child playing in traffic
  - # Example: A child is left with an individual who presents a threat of harm to the child.
- # L.O.S. No Caregiver
  - # Means failure to oversee or to arrange for supervision of a child
  - # Age, Developmental status, behavior, and access to weapons and harmful items or situations are all factors considered to assess need for intervention.

## Medical or Dental Neglect

# Means the lack of medical, psychological, psychiatric or dental treatment for a health problem or condition which, if untreated, would become severe enough to represent a danger to the child's health or failure to follow through on a prescribed treatment plan for child and a medical professional observes that the child's health is likely to suffer.

## Inadequate Basic Care

- # Failure to thrive
- # Malnutrition
- # Munchausen's Syndrome By Proxy
- # Inadequate Hygiene or Clothing
- # Inadequate Shelter or Exposure to Elements
- # Threatening or Menacing Behavior
- # Emotional or Psychological maltreatment
- # Domestic Violence

## Failure to Thrive

- # ...means a medical condition most often seen in children under 2 years of age, when the child's weight, height and motor development fall significantly short of the average growth rates of normal children, as determined by a medical professional

## Failure to Thrive con...

- # The Central Intake Office refers reports of failure to thrive to the District Office for assessment when
  - A report is received that a child looks emaciated or underfed and DCYF is unable to locate a medical professional who has recently seen the child or..
  - A medical professional reports failure to thrive not resulting from organic causes.

## Malnutrition

- # ...means the lack of necessary or adequate food substances in the body that may be caused by inadequate food, quality or quantity of food substances.
  - Examples: caregiver withholding food on a continual basis
  - There is no food in home and no other provisions have been made for child's nutrition
  - Feeding children rotten or moldy food.

## Munchausen's Syndrome By Proxy

- # ...means a caregiver who relates fictitious illnesses in his or her child by either inducing or fabricating the signs or symptoms. The caregiver presents the child for medical care persistently, often resulting in multiple and extensive medical procedures and hospitalizations.
  - Suspicion by a mental health or medical provider of Munchausen's Syndrome By Proxy must be provided to DCYF in writing for an assessment to be initiated.

## Inadequate Hygiene or Clothing

- # A caregiver has failed to meet a child's basic needs for hygiene or clothing to the extent that it impairs the child's functioning or has medical indications such as sores, infection, physical illness (includes severe untreated diaper rash) or social isolation.

## Inadequate Shelter or Exposure to Elements

- # Means failure by the caregiver to provide or seek to provide shelter that is safe, healthy and sanitary, and which protects a child from the weather.
  - This can include a home that has high lead levels that have caused the child to have high lead levels where the caregiver has not made attempts to rid the home of lead or work with someone to rid the home of lead.

## Threatening and Menacing Behavior

- # .....means a caregiver threatens to harm a child or threatens to harm himself or herself in the presence of the child.
  - Examples: a caregiver threatens a child with a gun, knife, or other weapon.
  - A caregiver attempts to harm self in front of child
  - A caregiver threatens harm to child's pet or harm's child's pet in child's presence.

## Emotional or Psychological Maltreatment

- # .....means injury to the intellectual or psychological capacity of a child as evidenced by observable impairment in the child's ability to function within a normal range of performance and behavior.

## Emotional or Mental Maltreatment con...

- # A mental health professional provides a written report documenting the child's impaired functioning and directly relates it to mental or emotional maltreatment by a caregiver
  - Constant berating and name-calling that leads to acting out aggressive behavior or withdrawn behavior in a child.
- # Alleged behavior toward a child by a caregiver is generally recognized as leading to mental or emotional injury. Examples include but are not limited to:
  - Berating and name-calling that leads to child's suicide ideation

## Domestic Violence

- # According to the National Council of Juvenile and Family Court Judges, domestic violence is defined as a pattern of assaultive and coercive behaviors, often including physical, sexual and psychological attacks, as well as economic coercion, that adults and adolescents use against their intimate partner.

## Domestic Violence

- .....is referred for to the District Office for assessment when:
  - # It occurs on a regular basis in front of the children resulting in impairment to their ability to function in daily life
  - # The children are directly involved in the physical incident
  - # A weapon is used during the incident or objects are being thrown

## DCYF Intake Decision Making

- # Based on NH State Law and Policy
  - Each report is examined in detail under Law and Policy to determine if it meets the criteria for abuse and/or neglect warranting an investigation
  - RSA 169:C available on line at [www.nh.gov](http://www.nh.gov)

## Report Disposition

- # The Intake CPSW shall inform each reporter of the disposition of their report.
- # This may happen immediately at the the time of the initial call or may require further research and the disposition will be given during a follow up conversation.
- # If at anytime you are unclear of the disposition or if due to your schedule it is easier for you to call back you may call and request the disposition of any report you have made provided that you gave your name at the time of your report. Any Intake CPSW can give the outcome of your report when you call.
- # The Bureau Chief of Residential Services is notified by Central Intake supervisors of the report being made.
- # Each report will have one of the following dispositions.

## Report Disposition con...

- # **Assessment**
  - Meets the criteria for abuse/neglect
  - Assigned to the District Office for investigation
- # **Screen Out**
  - Does not meet the criteria for abuse/neglect
  - Kept on record at Intake
- # **Additional Information(Add. Info.)**
  - Does not meet the criteria for abuse/neglect
  - An open assessment or case exists on the family
  - Attached as FVI to assessment or case

## Informing families

- # Do NOT inform families prior to DCYF involvement when allegations consist of physical or sexual abuse.
- # Informing the family of your report prior to an assessment may put the child at risk of harm and/or impede DCYF's ability to do a thorough investigation.
- # Please carefully review the situation and consult with DCYF prior to informing families.

## Response Level

- # If a report is sent for assessment..
- # Response level is determined by Central Intake using the Structured Decision Making model which factors in details such as the age of the child, severity of injury, access of the perpetrator and prior reports of abuse/neglect.
- # The outcome will be one of the following:
  - Level I 24 hours
  - Level II 48 hours
  - Level III 72 hours

## Contact Information

**NH Department of Health and Human Services  
Division for Children, Youth and Families**

**Central Intake  
29 Hazen Drive  
Concord, NH 03301  
1-800-894-5533 or 271-6556**

**Thank you for participating in  
keeping New Hampshire's  
children safe**

**Heidi Young, Training Administrator  
603-271-7212**