Mandated Reporting of Child Abuse in Georgia: Your role in recognizing and responding to suspicion of maltreatment

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Objectives

By the end of this presentation, you will be able to:

• Recognize child abuse and determine when to report suspicion of abuse

• Cite and give examples of who is a mandated reporter in Georgia

• Apply knowledge of child abuse to compile an appropriate report
Child Maltreatment

Any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child.
Physical Abuse

- Physical acts that caused or could have caused physical injury to a child.

- Hitting, kicking, punching, beating, stabbing, biting, pushing, shoving, throwing, pulling, dragging, dropping, shaking, strangling/choking, smothering, burning, scalding, and poisoning.
Potential Indicators of Physical Abuse:

**Bruises**

- Unexplained
- Inconsistent with story of injury
- Not logical with age of child
- In various stages of healing
- Patterned
- Location
- Shape resembles an article used to inflict the injury

Bilateral and symmetrical bruises are often indicative of grab marks and frequently associated with non-accidental trauma.
Accidental bruises are unusual on:

- Ears
- Soft part of cheek
- Neck
- Inner thighs/genitals
- Trunk
- Buttocks
- Hands/feet
Potential Indicators of Physical Abuse:

**Bites**

- Adult vs. child
- Human vs. non-human
Potential Indicators for Physical Abuse:

**Burns**

- Patterned
- Immersions
- Splash burns
- Unexplained cigarette or cigar burns

3 intentional cigarette burns on a 3 year old child’s back. The history provided by the mother was that she had accidently dropped a cigarette down the child’s shirt.
Immersion Burns: Accidental vs. Inflicted

**ACCIDENTAL**
- Splash marks
- Varying depth of burn
- Indistinct borders
- Burns in flexion creases

**INFLECTED**
- Few splash marks
- Uniform depth of burn
- Very distinct borders
- Buttocks, perineum, extremities
- Characteristic spared areas (ex, flexion creases)
Other Potential Indicators for Physical Abuse

• Skeletal
  – Unexplained fractures
  – History inconsistent with nature of injury or not logical with developmental age of the child

• Head trauma
  – Unexplained history
  – History inconsistent or not logical with developmental age
Pattern Injuries
Key Points in Recognizing Physical Abuse

• Up to 50% of fractures in the first year of life are related to abuse

• “Those who don’t cruise rarely bruise”

• Consistent history is often a determining factor
Sexual Abuse

Any adult or older or more powerful child employing, using, persuading, inducing, enticing or coercing any minor to engage in any act which involves:

• ANY form of sexual intercourse between persons of same or opposite sex
• Physical contact in an act of apparent sexual stimulation with any person’s clothed or unclothed genitals, pubic area, or buttocks or with a female’s clothed or unclothed breasts
• Bestiality
Sexual Abuse

Also includes non-contact acts:

• Voyeurism
• Lewd exhibition of the breasts, genitals or pubic area
• Photo or video of nude child(ren) used for purpose of sexual stimulation
• Compelling child to look act pornographic pictures, videos or to witness others engaging in sexual acts
• Sexual Abuse does NOT include:
  – consensual sexual 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 5 years older than the minor
GA Code 16-6-3

- **Statutory Rape:**
  - Sexual intercourse with any person under the age of 16 years who is not his/her spouse
  - Consent is irrelevant
  - Not included in the mandated reporting statute
“Romeo & Juliet” Clause

Require punishment for a conviction of child molestation, statutory rape or enticing a child as a misdemeanor when the victim is 14 to 15 years old, and the defendant is under 18 years of age, and not more than 4 years older than the victim.

Require punishment for a conviction of sodomy as a misdemeanor when the victim is 13 to 15 years old, and the defendant is under 18 years of age, and not more than 4 years older than the victim.

Statutory Rape Quick Reference Guide
Sexual Abuse: Potential Indicators in Preschool Age Children

- Inappropriate sexual activity
- Mood swings, withdrawal, depression
- Bedwetting, nightmares, fear of going to bed
- Pain, itching, bleeding, discharge, sores or lesions or in genital area
- Regressive behavior
- Unexplained aggressiveness or rebellion
- Sudden fear of specific things, people, places, etc.
- Physical evidence
- Sexually Transmitted Infections
Sexual Abuse: Potential Indicators in Elementary Age Children

- Disclosure
- Poor peer relationships
- Stomach aches, headaches, psychosomatic ailments
- Eating problems/disorders
- Unusual knowledge and interest in sex
- Seductive behavior
- Sudden changes in school performance
- Physical evidence
- STI’s
Sexual Abuse: Potential Indicators in Adolescents

- Disclosure
- Severe depression
- Suicidal ideation
- Self inflicted injuries
- Self-destructive behaviors
- Alcohol and/or drug use

- Eating disorders
- Promiscuity
- Sexual interest in younger children
- Physical evidence
- Pregnancy, STI’s
A word about disclosure:

- Delay in disclosure is normal
- May often initially deny abuse
- Recantation is also very common, and does not mean that abuse did not occur
- May only tell parts of the story at a time
What to do if a child discloses:

• Stay Calm
• Do not act visibly upset or shaken, this could cause the child to backtrack
• Do not ask leading questions
• Tell the child that you believe him or her
• Praise the child for the courage that it took to tell you
• If appropriate, tell the child that you are required to report what they have told you
• Do not make any promises to the child
• REPORT
Commercial Sexual Exploitation of Children: CSEC

- Newest acknowledged form of child abuse
- Sexual activity involving a child in exchange for something of value, or promise thereof, to the child or another person or persons
  - Child treated as a commercial, sexual object
  - A form of violence against children

- Other terms
  - Prostituted child
  - Exploited child
  - Domestic minor sex trafficking
CSEC includes:

- Street prostitution
- Pornography
- Erotic/nude massage
  - “legitimate” massage parlors
- Escort services
- Gang-based prostitution
- Interfamilial pimping
- Forms of internet-based exploitation
  - Pictures, videos
  - Advertisements
Recognizing CSEC:

Rectangles represent money packets. Tattooed 3 weeks after meeting pimp (trafficker)

In this image, the pimp’s (trafficker’s) street name was “King Tae”.

www.citizensagainsttrafficking.org
Recognizing CSEC:

“One and Only Lay Low”

“Lay Lows Property”

www.citizensagainsttrafficking.org
Other possible identifiers

- Older friends and/or “boyfriend”
- Child is hyper-vigilant or constantly on alert
- Child won’t make eye contact (especially with males)
- Child hostile or fearful towards those in positions of authority
- Possession of expensive items
  - Cell phone, Jewelry, Electronics
- Changing information on name, age, living situation
- History of 1+ of following:
  - Physical or sexual abuse; DFCS involvement with family
  - Running away or truancy and school problems
  - Pregnancies, Abortions, Miscarriages
- Gang signs/affiliations
- Physical Signs
  - Unexplained scars, burns, bruises,
High Risk Factors

- Hx abuse and neglect
- Mental health issues
- Unaddressed trauma
- Developmental/learning disabilities
- Drugs, substance abuse
- Runaway
  - 1.6 million children/yr
  - 1 in 3 recruited in 48 hrs
  - Throwaways → homelessness
  - Survival sex (esp. LGBTQ)
- Glorification of pimp/prostitution culture
- Sexualization of girls and young women

Child Neglect

The failure to provide for a child’s basic physical, emotional, or educational needs or to protect a child from harm or potential harm.
Failure to Provide

• Physical neglect
  – Failure to provide basic needs, food, shelter, clothing

• Emotional neglect
  – Failure or refusal to provide child with love and attention

• Medical/dental neglect
  – Failure to attend to injuries, chronic illnesses etc

• Educational neglect
  – Children must be in school between ages of 6-16
Failure to Supervise

• Inadequate supervision
  – Leaving children alone for extended periods of time, leaving children in areas where they can be hurt

• Exposure to violent environment
  – Domestic/Intimate partner violence, areas with drugs or weapons readily available
Potential Indicators of Neglect

- Inappropriate clothing for weather or child’s size
- Appears dirty or unkempt
- Inappropriate nutrition
  - Child underweight, hoards food, etc
- Non-organic failure to thrive
- Frequently appears in the hospital
  - failure to take medication, repeated asthma attacks, frequent injuries, etc
Emotional Abuse

• Emotional abuse includes but is not limited to:
  – verbal abuse
  – aggressive behaviors towards child
  – failure to give a child love and attention
  – placing excessive or unreasonable demands on child
  – shaming or blaming a child
Emotional Abuse

• One of the most difficult forms of abuse to spot

• Signs are often similar to those of other kinds of abuse

• Witnessing signs of emotional abuse can often be indicative that other types of abuse are also occurring
O.C.G.A. § 19-7-5 Mandated Reporting of Child Abuse

- Mandated Reporters of Child Abuse
  - physicians
  - hospital or medical personnel
  - dentists
  - RNs, LPNs
  - counselors
  - social workers
  - school teachers, administrators, guidance counselors, social workers, psychologists
  - child welfare agency personnel
  - child counseling personnel
  - child service organization personnel
  - law enforcement personnel
House Bill 1176/Act 709

- Passed through the Georgia General Assembly on March 29, 2012
- Signed by Governor Deal on May 2, 2012
  - Changes took effect **July 1, 2012**

  - One section of the bill clarifies and expands scope of O.C.G.A. § 19-7-5
  - Also included changes to statute of limitations for prosecution of crimes against children under 16
New Definitions in the Statute:

– Child service organization personnel-
  • People employed by or **volunteering** for any type of organization or business that provides children with “care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter”

– School-
  • **Any** public or private educational institution, everything from pre-kindergarten programs to colleges and universities
  • Administrators, teachers, guidance counselors, social workers and psychologists at **all** educational institutions are now required to report suspected child abuse
New Additions to the Statute:

- Nurse’s aides
- Reproductive health care facility personnel and volunteers
  - Any office, clinic, or other location that provides abortions, abortion counseling, abortion referrals, or gynecological care and services
- Pregnancy resource center personnel and volunteers
  - Provides pregnancy counseling or information
  - Does not provide contraceptive or pregnancy termination services;
  - Is not licensed or certified to provide medical or health care services
- Clergy
  - Ministers, priests, rabbis, imams, or similar members of a bona fide religion
What to Report:

You should report all reasonable suspicions of...

• Physical abuse
• Neglect
• Sexual abuse
• Commercial sexual exploitation
O.C.G.A. § 19-7-5

• Must have **Reasonable cause** to believe that a child has been abused

• Immunity from civil or criminal liability if the report of suspected child abuse is made in good faith

• Guilty of a misdemeanor if any mandated reporter knowingly and willfully fails to report a case of suspected child abuse
O.C.G.A. § 19-7-5

• **By law:** Report to county DFCS, Law Enforcement, or District Attorney’s Office
  
  – If DFCS has reasonable cause to believe that a report of abuse is true, then DFCS shall immediately notify the appropriate police authority or District Attorney

• **In practice:**
  
  Report to county DFCS (where child resides) & police (where incident occurred)
Making a Report

Anyone can report
You do not have to be certain
You may gather some info
- Document
- DO NOT ask leading questions
Your report can be ANONYMOUS!
Failure to report is a misdemeanor
Making a Report

• If you suspect abuse, notify the person in charge of the facility, or the designated delegate
  – If there is no policy at your facility, make the report, and notify your supervisor. Ensure a policy is created and understood by all staff as soon as possible

• That person shall then make the report to DFCS and/or law enforcement
  – Under no circumstances should this person exercise any control, restraint, modification or any change to the information provided by the reporter
Making a Report

- An oral report shall be made immediately (no later than 24 hours from initial suspicion)
  - A written report may be requested
Documentation

- Name of child
  - (DFCS needs at the very least the name and address of the child)

- Nature and extent of the child’s injuries, in detail
  - Include any evidence of previous injuries

- Be objective - document what you see, not what you think
  - For instance: If you see what appears to be a cigarette burn, rather than writing “cigarette burn on child’s arm”, document “small round burn approx 1cm across, located on the child’s upper arm”
Documentation

• Any other information that might be helpful in establishing the cause of the injuries and the identity of the perpetrator

• Photographs can be used as documentation - can be taken by the following professionals without permission from the child’s parents or guardian:
  - employees and volunteers at hospitals
  - school officials
  - law enforcement
  - staff & volunteers of legally mandated public or private child protective agencies
Recognizing & Reporting: Reminders

**Reasonable suspicion?**
- Report!
- It’s the law

**Believe the child**

**Reassure the child, thank them for telling you**

**Do not ask leading questions**

**Beware of changing histories from caregivers**

**When in doubt, ask for second opinion**
Thank you!!

Questions?

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Find more information about our training offerings at:

www.choa.org/cptraining