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 two examples of who is a mandated reporter in Georgia

• Explain how to compile an appropriate report of suspected child abuse
Mandated Reporting Statute
§19-7-5
Georgia Code

What to Report:

You should report all reasonable suspicions of...

- Physical abuse
- Sexual abuse
- Commercial sexual exploitation (child sex trafficking)
- Neglect
- Child Endangerment
### O.C.G.A. § 19-7-5 Mandated Reporting of Child Abuse

<table>
<thead>
<tr>
<th>Mandated Reporters of Child Abuse</th>
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<tbody>
<tr>
<td>– Physicians, physician assistants, interns, residents, RNs, LPNs</td>
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<tr>
<td>– Hospital or medical personnel</td>
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<td>– Dentists, podiatrists</td>
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<tr>
<td>– Reproductive health care facility/pregnancy resource center staff</td>
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<tr>
<td>– Professional counselors, social workers, licensed psychologists, marriage and family therapists, interns</td>
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<tr>
<td>– School teachers, visiting teachers, administrators, counselors</td>
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<tr>
<td>– Child welfare agency personnel, child counseling personnel</td>
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<td>– Law enforcement personnel</td>
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<tr>
<td>– Clergy</td>
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<td>– Child service organization personnel</td>
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</table>

### 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 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 DFCS 1-855-GA-CHILD (or local office)
  - AND Law Enforcement
  - **Emergency Situation:** Call 911

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**Definitions in the Statute (2012):**

- **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
Additions to the Statute (2012):

– 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

Updates to Mandated Reporter Laws (2015):

• HB 268
  – Designated delegate MUST submit all reports made to them, regardless of whether or not they agree or believe the allegation
  – Clarifies that DFCS can accept electronic forms of suspected abuse reports (fax, email, portal)

• HB 177
  – Certain school personnel required to receive notification of receipt of report within 24 hours &
  – Notice of completion of investigation within 5 days & whether suspicion was substantiated or unsubstantiated
Updates to Mandated Reporter Laws (2016):

• HB 905
  – Division of Family and Children Services shall establish a central child abuse registry known as the 'Child Protective Services Information System.' The child abuse registry shall receive notice regarding:
    • Substantiated cases
    • Convicted child abusers
  – The child abuse registry will enable abuse investigators to:
    • Immediately identify and locate substantiated cases and convicted child abusers
    • Maintain and produce aggregate statistical data of substantiated cases

Updates to Mandated Reporter Laws (2016):

• HB 905
  – Each county is required to establish a protocol for the investigation and prosecution of alleged cases of child abuse
  – Department of Human Services shall establish a child welfare agency public scorecard to score child welfare agencies
  – Clarifies difference between sexual abuse and statutory rape
  – Adds “Endangering a Child” to list of reportable abuses
Endangering a Child

• A person (the primary aggressor), intentionally allows a child under the age of 18 to witness the commission of a forcible felony, battery, or family violence battery; or

• Knows that a child under the age of 18 is present and sees or hears the act, commits a forcible felony, battery, or family violence battery.

Endangering a Child

• Any person who intentionally causes or permits a child to be present where any person is manufacturing or has intent to manufacture methamphetamine

• Driving under the influence of alcohol, drugs, or other intoxicating substances while transporting a child under the age of 14 years
Endangering a Child

- Prenatal abuse - exposure to chronic or severe use of alcohol or unlawful use of any controlled substance, which results in:

  (A) Symptoms of withdrawal in a newborn or presence of a controlled substance in a newborn’s body, blood, urine, or meconium that is not the result of medical treatment; or

  (B) Medically diagnosed and harmful effects in a newborn’s physical appearance or functioning.

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

Image Warning

The next few slides will show some photos or depictions of injuries that are indicative of abuse
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

Accidental bruises are *unusual* on:

- Ears
- Soft part of cheek
- Neck
- Inner thighs/genitals
- Trunk
- Buttocks
- Hands/feet
Bruising Locations on Non-Abused Children

REMEMBER
Concerns are raised by:
- Injuries to both sides of the body
- Injuries to soft tissue
- Injuries with particular patterns
- Any injury that doesn’t fit the explanation
- Delays in presentation
- Untreated injuries


Alison M Kemp et al. Arch Dis Child 2015;100:426-431

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Speaking of Bruises...

No clear way to determine chronology
Previously accepted timeline of color changes has been disproved

Pattern Injuries
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: Intentional vs. Unintentional

<table>
<thead>
<tr>
<th>Unintentional</th>
<th>Intentional</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Splash marks</td>
<td>• Few splash marks</td>
</tr>
<tr>
<td>• Varying depth of burn</td>
<td>• Uniform depth of burn</td>
</tr>
<tr>
<td>• Indistinct borders</td>
<td>• Very distinct borders</td>
</tr>
<tr>
<td>• Burns in flexion creases</td>
<td>• Buttocks, perineum, extremities</td>
</tr>
<tr>
<td></td>
<td>• Characteristic spared areas (ex, flexion creases)</td>
</tr>
</tbody>
</table>

### 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
Key Points in Recognizing Physical Abuse

• Approximately 25% of fractures in the first year of life are related to abuse

• “Those who don’t cruise rarely bruise”

• Children under age 4 at highest risk for physical abuse

• 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 at pornographic pictures, videos or to witness others engaging in sexual acts

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 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
• Physical evidence
• Pregnancy, STI’s
• Sexual interest in younger children
Commercial Sexual Exploitation of Children: CSEC (child sex trafficking)

- 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
  - DMST

Forms of internet-based exploitation
- Advertisements (Backpage.com)

Pornography
- Videos, pictures

Erotic/nude massage
- “massage parlors”

Street prostitution

Gang-based prostitution

Interfamilial pimping

Escort services

CSEC
Recognizing child sex trafficking:

Victims may have “branding” tattoos such as those seen below:

- 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

Possible Indicators

- Older friends and/or “boyfriend”
- Child is hyper-vigilant or constantly on alert
- Child hostile or fearful towards those in positions of authority
- Possession of expensive items, especially if they are new
  - Cell phone, Jewelry, Clothes, Electronics
- Changing information on living situation or from turbulent home
- History of 1 or more of following:
  - Physical or sexual abuse; DFCS involvement with family
  - Running away or truancy and school problems
  - Drug use, intoxication or withdrawal
  - Pregnancies, Abortions, Miscarriages
- Physical Signs
  - Unexplained scars, burns, bruises, “branding” tattoos, gang signs
Acts of Omission (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
    - Emotional neglect
    - Medical/dental neglect
    - Educational neglect
  - Failure to supervise
    - Inadequate supervision
    - Exposure to violent environment

Inadequate Supervision

Georgia’s guidelines for leaving a child without adult supervision:

- Children under 8 should never be left alone
- Children between 9-12, can be left for brief periods of time
- Children 13 and older can be left as babysitters
  - It is not recommended that 13-year olds baby sit infants, small children, or children requiring special attention due to medical concerns
- Children 15 and older can be left overnight, depending on the maturity level of the child
Potential Indicators of Neglect

- Lack of appropriate safety
- Lack of appropriate supervision
- Inappropriate clothing for weather
- Inappropriate nutrition
  - Significantly undersized or underweight for age
  - Hoarding or stealing food
- Unclean or unkempt
  - Dirty clothes
  - General poor hygiene

Emotional Abuse:

- Emotional abuse can be a type of neglect
  - Either commission or omission

- 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

Disclosure Abuse:

• Delays in disclosure are normal

• Children often initially deny abuse when questioned

• May only tell parts of the story at a time

• Recantation is also very common, and does not mean that abuse did not occur
What to do if a child discloses abuse:

- Stay Calm
- Do not act visibly upset or shaken
- Do not ask leading questions
- Tell the child that you believe him or her
- Praise the child for their courage
- If appropriate, tell the child that you are required to report what they have told you
- Do not make any promises to the child
- Make a referral to the appropriate person/organization

Making a Referral

- Anyone can report
- You do not have to be certain
- Your report can be anonymous*
- You may gather some info
  - Document
  - DO NOT ask leading questions
Making a Referral

- 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

- DFCS
  AND/OR
- Law Enforcement
- Be prepared to provide:
  - Demographic information
  - Injury specifics
  - Risk factors
  - Prior concerns
  - Child’s safety level
  - It’s ok if you don’t know all of the answers
Making a Referral to DFCS

- An oral report shall be made immediately (no later than 24 hours from initial suspicion)
  - 1-855-GA-CHILD
    - 24/7 Reporting line for Georgia
    - DFCS Intake Center highest call volume is between 2pm and 7pm
      - Try to avoid these times to reduce wait time when reporting
    - If you have an urgent need and cannot get through, hang up and dial 911!

Making a Report to DFCS

1. Call DFCS reporting line: 1-855-GA-CHILD
   - Preferred option if at all possible
2. Email DFCS Reporting form to: cpsintake@dhs.ga.gov
3. Fax DFCS Reporting form to: 229-317-9663
   - Will call within 2 hours to confirm report & ask additional questions. Satisfies requirement to speak with DHS employee
   - Private code required. Must complete specialized online mandated reporter training at:
     www.prosolutiontraining.com/hostedcourses/hostcode.cfm?hostid=18
Georgia Child Protective Services Mandated Reporter Form

A report can be made by calling 1-800-422-4453, 24 hours a day, 7 days a week, 365 days per year. A phone agent will respond to your call quickly and gather necessary information that an intake specialist will need to assess the child’s safety.

Mandated Reporters also have the choice of three options for submitting this completed form electronically.

Option One: E-mail to capsintake@dhs.ga.gov. You will receive an auto-reply stating that the CPS report has been received. You will also receive a return phone call within 2 hours to acknowledge your report and collect any additional information needed. This return phone call satisfies the legal requirement to speak with a DHS employee. Please include on the report a number where you can be reached. To request a PDF version of the form, please contact customer_services_dhs@dhs.ga.gov

Option Two: Fax to 229-317-5681. You will receive an automatic reply indicating your report has been received. You will also receive a return phone call within 2 hours to acknowledge your report and collect any additional information needed. This return phone call satisfies the legal requirement to speak with a DHS employee. Please include on the report a number where you can be reached. To request a PDF version of the form, please contact customer_services_dhs@dhs.ga.gov

Option Three: Complete the digital form located at http://dfacs.dhs.georgia.gov/child-abuse-neglect. A private code is needed to access the digital form. This code will be given upon completion of mandated reporter training. The online mandated reporter training can be found at https://www.governorstraining.com/hostedcourses/hostnode.cfm?hostid=19

Please note that you may be called for additional information regarding this report.

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 facts, not impressions
  • 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 1 cm 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

Documentation

- Any person that in good faith has possession of materials or images and immediately notifies law enforcement officials or any designated delegate or makes such notification within 72 hours shall be immune

- There shall be a presumption of good faith and reasonableness on the part of the person that has possession.
**Sample Intake Questions**

- When did the incident(s) occur?
- Do you know who is responsible for hurting the child?
- What leads you to believe the child isn’t being supervised, fed, etc?
- Does the reporter believe the child is in immediate danger?
- Did you see the injury? Where is it located?

Isom, Kristan. 3/25/14

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**Sample Intake Questions**

- Are you aware of any violence in the home?
- Who is with the child right now?
- Do you have a relationship with the child?
- How is the child physically? Is the child healthy?
- Do you know the parent(s)? Are they responsive to the child’s needs?

Isom, Kristan. 3/25/14
What Happens Next?

**DFCS**
- Is the child in danger?
  - Telephone intake
  - Screen in or out
    - Should the report be investigated?
  - Social work assessment
    - Substantiated
    - Unsubstantiated
      - Diversion

**Law Enforcement**
- Was a crime committed?
  - Interviews
  - Scene investigation
  - Decision to present to DA

After the Report

- **DFCS procedure may include:**
  - Sending written follow up to the reporter regarding status of case
    - i.e. screened in/out, status of investigation, or diversion to specialized services

- **You can request status of case**

- **If you are unsatisfied with the outcome:**
  - Call DFCS supervisor
Reasons to make a referral

• Protect child and provide needed services to the family
  – Remember, removing child from the home is rare!

• Benefits you
  – Immune from civil and criminal liability (e.g. - can’t be sued)

• Willfully failing to report knowledge of abuse can result in a misdemeanor

Recognizing & Reporting: Reminders

• Be on the lookout for “red flags” and think critically about injuries or strange behaviors by a child
• Beware of changing histories from caregivers
• If a child discloses, be reassuring and thank them for telling you
• Avoid asking leading questions
• When in doubt, ask for second opinion
• Reasonable suspicion?
  – Report! 1-855-GA-CHILD
  – It’s the law
Thank you! Any questions?

Amber.McKeen@choa.org

Additional webinar and training opportunities

www.choa.org/cptraining