



A Guide to Reporting Child Abuse & Neglect

Compiled by the Kansas Department for Children and Families



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PREFACE

The first step in helping abused children is learning to recognize the symptoms of child abuse. This booklet is intended to help both concerned citizens and individuals who are required by law to know how and when to report child abuse and neglect. Information in this booklet includes:

- Tips for mandated reporters
- Definitions of types of abuse
- Behavioral and physical indicators of abuse
- Common myths and facts of abuse
- Kansas reporting laws
- When to make a report
- What information is needed to make a report
- Where to make a report
- Consequences of failure to report
- How child protection systems play an important role in promoting safe families
- How to prevent child abuse and neglect.

Child abuse prevention efforts are one way to combat other social problems concerning all citizens. Prevention helps create a more compassionate society, one which places a high value on the welfare of children. It is important to provide families the tools and resources they need to raise their children in healthy and nurturing homes free from abuse and neglect.

DEFINING AND RECOGNIZING CHILD ABUSE AND NEGLECT

WHAT IS CHILD ABUSE?

Child abuse and neglect is when a child has been harmed as a result of physical, mental or emotional abuse or neglect, or sexual abuse. Learning to recognize indicators, such as a parent's, caregiver's or child's appearance or behavior, will help our communities to know when to report possible child abuse and neglect.

Behavioral indicators are provided in the following sections along with each type of child abuse and neglect. It is important to note, the presence of a single behavioral indicator does not necessarily prove-child abuse or neglect is occurring. The reporter is alerted to the possibility of child abuse and neglect by the:

- Repeated occurrences of an indicator
- Presence of several behavioral and physical indicators

If a child reports being a possible victim of abuse or neglect, give the child reassurance and explain, telling you about what happened is okay and safe. Respect the privacy of the child. The child will need to tell the story in detail later. Do not display shock or disapproval of the parents, the child or the situation. Tell the child you are going to call someone who will help.

TIPS FOR MANDATED REPORTERS

When getting information to make a report, as the minimum to get the information you need. You do not need to know all the facts of the situation to make a report. A reporter only needs to have a suspicion that a child has been harmed or there is a likelihood of harm as a result of abuse or neglect.

It is important to gather enough information to make a report but be careful not to ask too many questions. Asking questions with too much detail can potentially alter facts of the case unintentionally. Kansas Department for Children and Families child protective services staff and law enforcement officers are trained to interview children.

Be cautious when asking the child questions and avoid putting words in the child's mouth. Asking leading questions may harm the child and unintentionally alter the facts of the case. For example, a child may disclose, "My daddy touched me." An example of a leading question is, "Did your daddy touch your private?" This is leading because it assumes where the child was touched before the child has disclosed this information; and it uses language ("private") the child may not use. A follow-up question may not be needed if a "reason to suspect" abuse is already established. A report may be made without asking for details.

PHYSICAL ABUSE

Definition: Infliction of physical harm or the causation of a child deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered (Kansas Statutes Annotated [K.S.A.] 38-2202)

Indicators of Physical Abuse

Physical indicators should be considered based on medical findings, the child's developmental state and the presence of other indicators if known. Listed below are common physical indicators of physical abuse. This is a list of common indicators and is not all inclusive as there could be other indicators presented.

Common Indicators

- Bruises, welts or bite marks
 - Different colors or in various stages of healing
 - Back, buttocks and back of legs
 - Injury on protected surfaces or areas of soft tissue
 - Groups, clusters or patterns
 - Not common for age and activity level of child
 - Injury to a child who is not mobile
 - Defense wounds to back of arms and hands
 - Shape of bruise, i.e.: shape of an object
- Burns
 - Scalds and immersion burns
 - Sock-like, glove-like, doughnut shaped on buttocks or genitalia
 - Splash burns

- Contact burns
 - Cigar, cigarette especially on the soles, palms, back, buttocks
 - Patterned like electric iron, electric burner, fire place tool, etc.
 - Rope burns on arms, legs, neck and torso
- Fractures, scars or internal injuries
- Lacerations, abrasions or unusual bleeding
 - Loop-type lacerations from belts, straps and extension cords
 - Lacerations to the backside of the body (whipping)
 - Series or groups of straight-line lacerations or welts
- Head trauma
 - Black eyes
 - Split lips or loose teeth
 - Lumps on the head
 - Facial bruises or bruising behind or in the ear.

Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT)

Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT) is a term used to describe the constellation of signs and symptoms resulting from violent shaking or shaking and impacting of the head of an infant or small child. The American Academy of Pediatrics (AAP) describes SBS as a subset of AHT with injuries having the potential to result in death or permanent neurologic disability. <https://dontshake.org/learn-more>

Possible Signs and Symptoms of SBS/AHT

- Lethargy / decreased muscle tone
- Extreme irritability
- Decreased appetite, poor feeding or vomiting for no apparent reason
- Grab-type bruises on arms or chest
- No smiling or vocalization
- Poor sucking or swallowing
- Rigidity or posturing
- Difficulty breathing
- Decreased level of consciousness
- Seizures
- Head or forehead appears larger than usual
- Soft spot on head appears to be bulging
- Inability to lift head
- Inability of eyes to focus or track movement
- Unequal size of pupils

Consequences of SBS/AHT

- Learning disabilities
- Physical disabilities
- Visual disabilities or blindness
- Hearing impairment
- Speech disabilities
- Cerebral Palsy

- Seizures
- Behavior disorders
- Cognitive impairment
- Death

DISTINGUISHING ABUSE FROM ACCIDENT

The very nature of childhood invites accidents. Children are curious and fearless. They run, climb, jump and explore. A child's motor skills usually outpace cognitive skills, allowing the child to approach danger without recognizing it. Thus, it can be difficult to distinguish abuse from an accident.

When observing injury, you suspect might be the result of abuse, consider:

- **Where is the injury?** Certain locations on the body are more likely to be injured during an accidental fall or bump, including knees, elbow, shins, and the forehead. Protected parts of the body such as the back, thighs, genital area, buttocks, back of the legs, or face, are less likely to accidentally come into contact with objects which could cause injury. Is important to remember to look for other indicators.
- **How many injuries does the child have?** Are there several injuries occurring at one time or over a period of time? The greater the number of injuries, such as bruises on a single surface that are clustered, the greater the cause for concern. Unless involved in a serious accident, a child is not likely to sustain a number of different injuries accidentally. Injuries in different stages of healing can suggest a pattern of occurrence.
- **What are the size and shape of the injuries?** Many non-accidental injuries are inflicted with familiar objects: a stick, a board, a belt, a hairbrush, etc. The resulting marks bear strong resemblance to the object that was used. For example, welts caused by beating a child with an electrical cord might be loop-shaped; a belt might cause bruises in the shape of the buckle. Accidental marks resulting from bumps and falls usually have no defined shape.
- **Does the description of how the injury occurred seem likely?** If an injury is accidental, there should be a reasonable explanation of how it happened consistent with its severity, type and location. When the description of how the injury occurred and the appearance of the injury do match up, there is cause for concern. It is also important to check for discrepancies between the injury and the history provided by the caretaker and others.
- **Is the injury consistent with the child's developmental capabilities?** As a child grows and gains new skills, he increases his ability to engage in activities that can cause injury. A toddler trying to run is likely to suffer bruised knees and a bump on the head before the skill is perfected. He is less likely to suffer a broken arm than is an eight-year-old who has discovered the joy of climbing trees.

SEXUAL ABUSE

Definition: Sexual Abuse is any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child or another person. Sexual abuse shall include, but is not limited to, allowing, permitting or encouraging a child to be:

- Photographed, filmed or depicted in obscene or pornographic material; or

- Subjected to aggravated human trafficking, as defined in K.S.A. 2019 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2019 Supp. 21-6419 or 21-6422, and amendments thereto. (K.S.A. 38-2202)
- Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. KAR 30-46-10.

Indicators of Sexual Abuse

The following are some physical and behavioral indicators that a child is being sexually abused. This is a list of common indicators and is not all inclusive as there could be other indicators presented.

Common Indicators

- Sexually transmitted disease or infection, including oral infections
- Pregnancy, especially in early adolescents
- Pelvic inflammatory disease
- Torn, stained or bloody underclothing
- Difficulty or pain in walking and/or sitting
- Foreign matter in the bladder, rectum, urethra, or vagina
- Painful discharge of urine and/or repeated urinary infections
- Bruising, trauma and lesions inside or around the mouth

Risks for Victimization of Human Trafficking

It is not solely a history of sexual abuse that places a youth at risk for victimization of human trafficking.

- Youth at a higher risk are vulnerable youth with histories of abuse/neglect;
- homeless and runaways;
- youth within the foster care system; and
- youth lacking a safety net.

Any youth may be at risk of victimization of human trafficking including youth of any ethnicity, race, or religion; any socio-economic class; both male and female; any sexual orientation; and youth of all ages, including teenagers.

EMOTIONAL ABUSE

Definition: Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

- Terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;
- Emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child or failing to provide adequate nurturance of the child; and
- Corrupting a child, by teaching or rewarding the child for unlawful, antisocial or sexually-mature behaviors.

Emotional abuse or maltreatment is a consistent, chronic behavior by an adult that has a harmful effect on the child. It involves a pattern of attitudes or acts that are detrimental to the child's development of a sound and healthy personality. Each of us may be guilty of having unkindly snubbed a child or of having criticized him/her too harshly. However, emotional abuse, as defined here, seriously impairs the child's social, emotional or intellectual functioning.

Indicators of Emotional Abuse

Physical indicators are not commonly associated with emotional abuse; however, there are many behavioral indicators that can be presented by the child and the adult abuser. The following are some examples of the behavioral indicators that the child and adult may display. This is a list of common indicators and is not all inclusive, as there could be other indicators presented. A child's behavior alone is not be enough to indicate emotional abuse. Children can have behaviors associated other mental or emotional struggles. The key is whether there is a parent/caregiver's behavior associated with the concerning child behavior.

Common Indicators

- Daytime anxiety and unrealistic fears
- Irrational and persistent fears, dreads, or hatreds
- Sleep problems, nightmares
- Behavioral extremes
- Biting, rocking, head-banging or thumb sucking in an older child (habit disorders)
- Substance abuse
- Cutting
- Fire starting
- Sudden grade changes
- Changes in behavior, personality or appearance

NEGLECT OF A CHILD

Indicators of Neglect

While physical abuse is usually episodic, neglect tends to be chronic. It is important to note, poverty is a risk factor for neglect, but poverty does not equate to neglect. The presence of poverty alone does not mean a child is unsafe, unloved, or that a parent lacks the capacity to care for his or her child. Poverty can make it more challenging for parents to meet certain of their

children's needs. Communities can help with prevention by developing common-sense, kind and effective efforts to assist families to overcome poverty-related challenges and stay together.

Source: <https://chronicleofsocialchange.org/child-welfare-2/time-for-child-welfare-system-to-stop-confusing-poverty-with-neglect/40222>. There are physical and behavioral indicators of neglect. Below is a list of types of neglect and common physical and behavioral indicators. This list is not all inclusive, as there could be other indicators presented.

Physical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. (K.S.A. 38-2202)

Common Indicators

- Frequent rashes and untreated diaper rash in infants
- Extreme weight or growth issues
- Untreated medical or dental issues
- Regular illness or infections
- Skin issues, such as sores, rashes, flea bites, scabies or ringworm
- Body issues, such as poor muscle tone or prominent joints
- Constant fatigue or listlessness

Medical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to:

- Failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening.
- A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. (K.S.A. 38-2202)

Common Indicators

- Lack of medical or dental care after diagnosis of a condition, not due to lack of financial means of the parent or caregiver
- Lack of adequate nutrition after a diagnosis indicating the need, not due to lack of financial means of the parent or caregiver
- Physical and speech delays
- Failure to thrive
- Diagnosed signs of dental decay, and the child states feeling pain and has difficulty eating
- Untreated juvenile diabetes

Lack of Supervision: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or

omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation which requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a likelihood of harm to the child. (K.S.A. 38-2202)

Common Indicators

- Observation of very young or vulnerable children in an unsafe environment with no apparent adult supervision. (Example, toddlers playing in a busy street and no adult is observed). A child left alone at home for a long period of time (Consider age, length of time, access to help)
- Child states no one is at home to provide care

Educational Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. (K.S.A. 38-2202) This term may include the following, failure of the parent or caregiver to meet that individual's responsibilities to provide for the child's education as required by law. (K.A.R. 30-46-10)

Common Indicators (present after attempts to engage the parent/caregiver in the child's educational needs have been unsuccessful)

- Failure to achieve expected educational milestones
- Physical and speech delays associated with not attending school

Neglect of a Substance Affected Infant: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. K.S.A. 38-2202. This term may include the following but shall not be limited to: failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the needs of such infant (health and substance use disorder treatment, etc.). A substance affected infant is defined by K.A.R. 30-46-10 as the birth of an infant (birth to 1 year of age) who is identified as being affected by or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.

Common Indicators

- Lack of medical care
- Lack of adequate nutrition and shelter
- Failure to achieve expected growth patterns
- Physical delays
- Failure to thrive
- Seizures or tremors
- irritability
- low birth weight
- prematurity
- unable to suck from breast or bottle

- swallowing complications
- infant positive for substances and the parent/caregiver is not meeting the needs of the infant

Abandonment

A child is considered to be abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, the child has been deserted with no regard for his or her health or safety, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period of time. (Child Welfare Information Gateway. (2019). *What is child abuse and neglect? Recognizing the signs and symptoms*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.)

Abandonment: to forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. (K.S.A. 38-2202)

Common Indicators

- No adult guardian available to make health/school decisions
- Parent(s)/caregiver(s) leave child with no intention of returning

WHO IS REQUIRED TO REPORT CHILD ABUSE OR NEGLECT?

Kansas Reporting Laws: Mandated reporters are required to report child abuse or neglect under the Kansas reporting law (K.S.A. 38-2223) as follows:

- (a) Persons making reports. (1) When any of the following persons has reason to suspect that a child has been harmed as a result of physical, mental or emotional abuse or neglect or sexual abuse, the person shall report the matter promptly as provided in subsections (b) and (c);
- (A) The following persons providing medical care or treatment: Persons licensed to practice the healing arts, dentistry and optometry, persons engaged in postgraduate training programs approved by the state board of healing arts, licensed professional or practical nurses and chief administrative officers of medical care facilities;
- (B) the following persons licensed by the state to provide mental health services: Licensed psychologists, licensed masters level psychologists, licensed clinical psychotherapists, licensed social workers, licensed marriage and family therapists, licensed clinical marriage and family therapists, licensed behavioral analysts, licensed assistant behavioral analysts, licensed professional counselors, licensed clinical professional counselors and registered alcohol and drug abuse counselors;
- (C) teachers, school administrators or other employees of an educational institution which the child is attending and persons licensed by the secretary of health and environment to provide child care services or the employees of persons so licensed at the place where the child care services are being provided to the child;
- (D) firefighters, emergency medical services personnel, law enforcement officers, juvenile intake and assessment workers, court services officers, community corrections officers, case managers appointed under K.S.A. 2018 Supp. 23-3508, and amendments thereto, and mediators appointed under K.S.A. 2018 Supp. 23-3502, and amendments thereto; and

(E) any person employed by or who works as a volunteer for any organization, whether for profit or not-for-profit, that provides social services to pregnant teenagers, including, but not limited to, counseling, adoption services and pregnancy education and maintenance.

(2) In addition to the reports required under subsection (a)(1), any person who has reason to suspect that a child may be a child in need of care may report the matter as provided in subsection (b) and (c).

(b) Form of report. (1) The report may be made orally and shall be followed by a written report if requested. Every report shall contain, if known: The names and addresses of the child and the child's parents or other persons responsible for the child's care; the location of the child if not at the child's residence; the child's gender, race and age; the reasons why the reporter suspects the child may be a child in need of care; if abuse or neglect or sexual abuse is suspected, the nature and extent of the harm Or likelihood of harm to the child, including any evidence of previous harm; and any other information that the reporter believes might be helpful in establishing the cause of the harm and the identity of the persons responsible for the harm.

(2) When reporting a suspicion that a child may be in need of care, the reporter shall disclose protected health information freely and cooperate fully with the secretary and law enforcement throughout the investigation and any subsequent legal process.

(c) To whom made. Reports made pursuant to this section shall be made to the secretary, except as follows:

(1) When the Kansas department for children and families is not open for business, reports shall be made to the appropriate law enforcement agency. On the next day that the department is open for business, the law enforcement agency shall report to the department any report received and any investigation initiated pursuant to K.S.A. 2018 Supp. 38-2226, and amendments thereto. The reports may be made orally or, on request of the secretary, in writing.

(2) Reports of child abuse or neglect occurring in an institution operated by the Kansas department of corrections shall be made to the attorney general or the secretary of corrections. Reports of child abuse or neglect occurring in an institution operated by the Kansas department for aging and disability services shall be made to the appropriate law enforcement agency. All other reports of child abuse or neglect by persons employed by the Kansas department for aging and disability services or the Kansas department for children and families, or of children of persons employed by either department, shall be made to the appropriate law enforcement agency.

(d) Death of child. Any person who is required by this section to report a suspicion that a child is in need of care and who knows of information relating to the death of a child shall immediately notify the coroner as provided by K.S.A. 22a-242, and amendments thereto.

(e) Violations. (1) Willful and knowing failure to make a report required by this section is a class B misdemeanor. It is not a defense that another mandatory reporter made a report.

(2) Intentionally preventing or interfering with the making of a report required by this section is a class B misdemeanor.

(3) Any person who willfully and knowingly makes a false report pursuant to this section or makes a report that such person knows lacks factual foundation is guilty of a class B misdemeanor.

(f) Immunity from liability. Anyone who, without malice, participates in the making of a report to the secretary or a law enforcement agency relating to a suspicion a child may be a child in need of care or who participates in any activity or investigation relating to the report or who participates in any judicial proceeding resulting from the report shall have immunity from any civil liability that might otherwise be incurred or imposed.

FREQUENTLY ASKED QUESTIONS: Reporting

Q: What is the legal penalty if a mandated reporter fails to report suspected child abuse?

A: CLASS B MISDEMEANOR. Failure of a mandated reporter to make a report is a crime that could result in a \$1,000 fine or up to six (6) months in jail. Some agencies may expect staff to discuss abuse situations with their supervisor before reporting. However, if a staff member believes a report of child abuse or neglect needs to be made to DCF or law enforcement, it is the responsibility of the staff member to report, whether or not the supervisor is in agreement. Employers are prohibited from imposing sanctions on employees making report or cooperating in investigations. K.S.A. 38-2224

Q: Is a reporter liable for reporting suspected child abuse and neglect?

A: Kansas law provides immunity from liability for reporters of child abuse.

Q: Would a reporter incur any civil liability if required to participate in court proceedings as a witness?

A: No.

Q: On what basis may a report of suspected child abuse be made?

A: A report must be made by a mandated reporter if there is reason to suspect that a child has been harmed or has a likelihood of harm as a result of physical, mental, emotional or sexual abuse.

Q: What does “reason to suspect” mean?

A: “Reason to suspect” means anytime anyone believes a child is or has been harmed as a result of abuse or neglect. A reporter may have “reason to suspect” when there is a discrepant or inconsistent history in explaining a child’s injury. Consider whether the description of how the injury occurred seems likely. If the injury is accidental, there should be a reasonable explanation of how it happened that is consistent with the severity, type and location of the injury. When the description of how the injury occurred and the appearance of the injury do not seem related, there is cause for concern (“a reason to suspect”).

A report based on “reason to suspect” also means the law does not require proof that abuse, or neglect has occurred or that the reporter witnessed the incident in question. A reporter is relieved of the need to make a final determination of whether child abuse or neglect occurred. Reporting is a request for an assessment into the condition of a child. The

determination of whether abuse or neglect has occurred is the responsibility of DCF or appropriate law enforcement agencies.

Q: What if an employer has separate policies for reporting child abuse or neglect?

A: Often employers have policies separate from the statutes for reporting suspicions or concerns of child abuse or neglect, such as notifying a supervisor first. It is important to note any local policies or procedures do not supersede a mandated reporter's statutory requirement to report. As a mandated reporter, you are responsible to report your concerns.

Q: What if a mandated reporter believes the situation has already been reported; is there still a requirement to report?

A: Yes, Reference: K.S.A. 38-2223 (e) Violations (1) "It is not a defense that another mandatory reporter made a report."

Q: Can a mandated reporter make a report anonymously?

A: If a mandated reporter chooses to remain anonymous, DCF will not have documentation to support that the person made a report to use as a defense against a failure-to-report charge.

FREQUENTLY ASKED QUESTIONS: How to Make a Report

Q: How do I make a report?

A: Reports can be made to the Kansas Protection Report Center (KPRC):

- Telephone: 1-800-922-5330
- Mail: 500 S.W. Van Buren St., Topeka, KS 66603
- On-Line Web Intake: Mandated reporters may access the online report by visiting the DCF website at <http://www.dcf.ks.gov>
 - Select "Report Abuse" under the list of "Quick Links" right of screen.
 - On the Report Abuse page, click on the link "Mandatory Reporters Online Report Form."
 - You must select if the report is a Child or Adult report

Q: What type of information should a report contain?

A: Both mandated reporters and concerned citizens should attempt to include the following information:

- Child(ren)s information (alleged victim or child(ren) who was harmed)
 - Name, date of birth or estimated age and address
 - Current location the child can be located
- Caregiver (parent or other)
 - Name, address and phone number
- Alleged perpetrator or person causing harm
 - Name, address and phone number

- o Relationship to the child
 - o Current access to the child
- Siblings
 - o Names, date of both or estimated age and address

When reporting an incident, try and answer the questions below to the best of your knowledge.

WHO

Who is the victim of abuse?

Who was the person that caused harm or injury to the child(ren)?

Who else has knowledge of what occurred?

Who can protect the child(ren)?

Who all lives in the home with the child(ren)?

WHAT

What did the victim say happened (provide details and exact statements)?

What were the circumstances surrounding the incident?

What have you observed regarding the concerns?

What does the injury look like, if injury is present?

What does the child say about returning home?

What is the child's functioning level?

What has your interaction been with caregiver?

What did the caregiver say happened?

WHEN

When did, the incident happen (date)?

When will the child have contact with the alleged perpetrator?

When was law enforcement contacted, if an emergency existed?

WHERE

Where does the child have an injury?

Where did the incident happened i.e. physical location

Where can the child currently be located (what time school gets out, after school plans, etc)?

Q: To whom should reports of suspected child abuse or neglect be made?

A: Reports of suspected child abuse or neglect should be made to the Kansas Protection Report Center (KPRC) or if the child has serious injuries or is in immediate danger to the appropriate law enforcement agency.

Reports of abuse and neglect in a DCF institution (such as State hospitals) should be made to DCF or the Attorney General's office at 785-296-7968. Reports of DCF employees as alleged perpetrators should be made to local law enforcement agencies. Kansas law requires that these types of cases not be investigated by DCF. A reporter should call the statewide number 1-800-922-5330.

Q: Where do I report a suspected incident with a child that lives on an Indian reservation?

A: The Kansas Protection Report Center (KPRC) accepts reports for all children. The Indian Child Welfare Act (ICWA) of 1978 was enacted to provide Federally recognized Native American Tribes more authority over children who are enrolled or eligible for enrollment, both on and off the reservation. A state court proceeding that may result in out-of-home placement of the Native American Child will result in notification of the federally recognized Native American Tribe and the Federally recognized tribe can intervene on behalf of the child(ren).

FREQUENTLY ASKED QUESTIONS: After Report is Made

Q: Will the identity of the reporter be disclosed once a report is made?

A: Kansas law provides the identity of the reporter may not be disclosed to the child's parents, persons having legal responsibility for the child or to such persons' legal representatives. The protection is not absolute, however. If a case is heard in court or if a DCF finding is appealed and heard in a DCF administrative hearing, there is a possibility the identity of a reporter will be discovered.

Q: What can a reporter know about a case once a report is made?

A: Federal and State laws protect the confidentiality of children and families by prohibiting DCF from disclosing additional details. DCF is unable to release further information to you without a written release of information. DCF may inform the reporter the agency's decision to either accept the report for investigation or to not assign for further assessment.

Q: If an agency receives a court order to disclose confidential information about an individual under investigation, what procedure should be followed?

A: Under Kansas law, a multidisciplinary team, DCF or law enforcement agency may request disclosure of documents, reports or information by applying to a court for an order to release information. If a subpoena or order is received for a person and/or his/her records, the person will be given an opportunity to notify the court of any objection. A judge will then make a final decision as to what information to disclose.

FREQUENTLY ASKED QUESTIONS: Investigation Process

Q: What does Kansas law require of child protection and law enforcement agencies concerning the investigation of child abuse and neglect?

A: DCF and law enforcement agencies have the duty to receive and investigate reports of child abuse or neglect for the purpose of determining whether the report is valid and whether action is required to protect the child from further abuse or neglect. If DCF determines no action is necessary to protect the child but that a criminal prosecution should be considered, then DCF may make a report of the case to the appropriate law enforcement agency.

Q: How quickly are reports of suspected child abuse or neglect investigated?

A: Based on the age of the child, nature of the allegation, continued access of the perpetrator to the child, and other factors, Kansas Protection Report Center (KPRC) specialists determine the response time assignment for the report. If the KPRC specialist determines a child is in imminent

risk of serious harm, the report is assigned a same-day response time. These reports may require the involvement of law enforcement. If the report does not allege a child is in imminent risk of serious harm, DCF must respond within 72 hours, excluding weekends and holidays. If the report alleges that a child may be in need of services for reasons not related to maltreatment, DCF may respond within 7 working days, unless criteria is met to assign with a same-day or 72-hour response time.

Q: Under what circumstances is a joint investigation of child abuse or neglect between child protection agencies and the appropriate law enforcement agencies required under Kansas law?

A: A joint investigation by DCF and the appropriate law enforcement agency is required when a report of child abuse or neglect indicates the following:

- Serious physical injury or deterioration; or
- Sexual abuse of the child; and
- Reason to believe action may be required to protect the child.

In the course of a joint investigation, there should also be a free exchange of information between the agencies. In the event a statement is obtained by either agency, a copy of the statement must be provided to the other agency upon request.

Q: Does DCF report investigations of licensed facilities to the Department of Health and Environment?

A: Yes, Investigations involving a facility subject to licensing or regulation are promptly reported to either the Kansas Department of Health and Environment or to DCF Foster Care and Residential Facility Licensing. Childcare facilities and maternity centers are licensed by the Kansas Department of Health and Environment. Family foster homes and residential facilities for children and youth are licensed by DCF Foster Care and Residential Facility Licensing.

Q: Is school personnel required to provide DCF access to a child?

A: Per Kansas Statute, school personnel, DCF and law enforcement agencies must cooperate with the investigation of reports of suspected child abuse or neglect. Furthermore, administrators of elementary and secondary schools must provide employees of DCF and law enforcement agencies access to a child in a non-threatening environment on school premises determined by school personnel for the purpose of investigating a report of suspected child abuse or neglect. School personnel should only be present during the investigation at the request of law enforcement or DCF.

FREQUENTLY ASKED QUESTIONS: Child Protective Custody

Q: When may a law enforcement officer remove the child from a home?

A: A law enforcement or court services officer is authorized to remove the child from the location where the child is found if the officer reasonably believes the child is in imminent danger. DCF may not remove the child from a location without a court order. However, DCF can contact law enforcement agencies if the child is in immediate physical danger.

Q: What happens when a child is under the protective custody of a law enforcement officer?

A: When any law enforcement officer takes a child into custody without a court order, the child must be delivered to the custody of the parent or caregiver unless there is reason to believe it would not be in the best interest of the child. If the child is not delivered to the custody of the parent or caregiver, the child must be delivered to a facility or person designated by DCF or to a court-designated shelter or person. A court hearing is required within 72 hours (not including weekends or holidays) to determine if the child can be returned home.

Q: Are Multidisciplinary Child Protection Teams used in the investigation of and response to reports of child abuse?

A: Yes. Multidisciplinary Teams may be appointed by the court at the recommendation of DCF or the county or district attorney to assist DCF with the investigation of suspected child abuse and neglect. Teams may be comprised of a standing group of community experts from a variety of disciplines or may be specific to a case, bringing together professionals who have knowledge about the child and family. The team members review the selected case(s) brought to their attention, share knowledge they have about specific children and recommend a plan of action. To determine the existence of a Multidisciplinary Team in a particular area, contact the local DCF office.

Q: What is the role of the Child Advocacy Center?

A: A Children's Advocacy Center (CAC) is an agency where a team of professions, including DCF, law enforcement, prosecutors, therapists, medical providers and victim advocates come together to respond to cases of suspected or alleged child abuse, especially sexual and serious physical abuse. Children are referred to a CAC by DCF, law enforcement or other designated professionals after a report is made about suspected abuse. At the CAC, forensic interviews take place with children about their experience. Interviews are completed by a trained interviewer and take place in a neutral, child-friendly setting. Victim Advocates at the CAC educate families about the dynamics of abuse, connect children with specialized mental health and medical care, either provided onsite or are referred to a facility in the community, and identify other helpful community resources. The goal of a CAC is to maintain a professional response to child abuse that is child-centered and makes the process easier for abused children and their families. CACs are required to follow State guidelines defined in K.S.A. 38-2227 and are modeled on a specific set of standards developed by the National Children's Alliance. Many CACs in Kansas are nationally accredited, and others are working toward securing accreditation. To find out if a CAC is active in your area, go to www.kscac.org and link to "CACs in Kansas" for a current map of CAC service areas.

Q: What is DCF's response to child abuse and neglect following investigation?

A: Services for prevention and treatment of child abuse may be provided by DCF and other community resources to children and families such as: intensive in-home services, family preservation services, Family First Prevention Services, in-home visits, parenting classes, foster care, referrals to mental health centers, drug and alcohol treatment, and Batterer's Intervention Programs. It is always the goal of DCF to maintain children with their families when this can be done safely.

WHAT CAN I DO TO PREVENT CHILD ABUSE?

It is important that mandated reporters and citizens in the community know what their role is in preventing child abuse. The goal is to prevent abuse before it occurs. To do this, it is important that families receive the support and help they need. Listed are some ways you can help support families:

- **ADVOCATE:** Help change the way our state and nation thinks about prevention by focusing on community activities and public policies that prioritize prevention right from the start. Contact local, state and national lawmakers about the importance of prevention programs.
- **VOLUNTEER:** Serve on a committee or board. We all play a role in raising children, whether we are neighbors, educators, caregivers or family members.
- **EDUCATE:** Contact local school districts and faith communities about sponsoring classes for parents. Be a mentor to a new parent, share your skills with your neighbors. A healthy, nurturing environment for children is one of the best lifelong investments we can make.
- **SUPPORT:** Get to know and support the children and families in your community. With the support of engaged communities and nurturing families, all of our children can thrive. Know the resources available in your community and how to connect families to them. Call the Parent Helpline at 1-800-CHILDREN.
- **REPORT:** Recognize the signs and symptoms of child abuse. If you suspect child abuse and/or neglect, call the Kansas Protection and Report Center at 1-800-922-5330.

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TO REPORT SUSPECTED CHILD ABUSE OR NEGLECT:

Phone: 1-800-922-5330

TO ORDER ADDITIONAL GUIDES CONTACT:

Kansas Children's Service League

1365 N. Custer Wichita, KS 67203

316-942-4261 • 877-530 5275

