

General Rules Policy No. 01 Approved: 09/08/04

City Manager	's Approval:	

THE CITY OF POMONA

ADMINISTRATIVE POLICIES AND PROCEDURES

CHILD ABUSE AND NEGLECT REPORTING ACT POLICY

I. PURPOSE

To comply with California Penal Code Section(s) 11164 to 11174.4, which requires certain employees (Mandated Reporters) to identify and report cases of suspected Child Abuse.

II. APPLICABILITY

This Policy applies to all full-time and hourly/part-time City employees, officials and volunteers who have been identified by this Policy as "Mandated Reporters".

III. POLICY

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non-medical practitioner, or employee of a public agency that has been so identified as a Mandated Reporter who has knowledge of, or observes a child in his or her professional capacity or within the scope of his or her employment, or whom he/she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report to a child protective agency within thirty-six (36) hours of receiving the information concerning the alleged abuse.

Under California state law, specific professional groups, including certain public employees, are mandated to report suspected child abuse. Knowledge or reasonable suspicion of child abuse by Mandated Reporters is not privileged information, and must be reported. This information may be the only means of escape for a defenseless child.

As public employees, we are in a unique position to help abused children escape pain, suffering, and even death. This Policy is designed to assist employees in identifying the symptoms of child abuse and understand reporting responsibilities. It also answers some commonly asked questions. Together, we can stop the abuse, and give our children a chance at a happy, productive life.

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CHILD ABUSE AND NEGLECT REPORTING ACT POLICY (Continued)

III. DEFINITION OF TERMS

"Child Abuse or Neglect" includes physical injury inflicted upon a child by other than accidental means, neglect, sexual abuse, willful cruelty or unjustifiable punishment, and unlawful corporal punishment or injury resulting in a traumatic condition to a child.

"Mandated Reporters" are defined by Penal Code Section 11165.7 as any of the following: a teacher, an instructional aide, a teacher's aide or assistant, an administrator of a public or private youth center, youth recreation program, or youth organization, an administrator or employee of a public or private organization whose duties require direct contact and/or supervision of children, an employee of a school district police or security department, a peace officer, and any employee of any police department.

"Neglect" is defined as the negligent treatment or maltreatment of a child by a parent, caretaker or custodian under circumstances indicating harm or threatened harm to the child's health or welfare.

"Reasonable Suspicion" is defined as an objectively reasonable suspicion that may be entertained by a person, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experiences, to suspect child abuse or neglect.

"Sexual Abuse" is defined as the sexual assault or sexual exploitation of a minor by another person.

IV. PROCEDURE

1. Mandated Reporter's Responsibilities:

- a. Become familiar with this Policy and with the attached guidelines.
- b. Report by telephone any suspected child abuse to the proper authority Police Department immediately or as soon as is practically possible.
- c. Prepare and send a written report to a child protective agency within 36 hours of receiving the information concerning the incident.

2. City's Responsibilities:

- a. Provide the required training to appropriate employees.
- b. Ensure employees know and understand this Policy.
- c. Enforce the reporting of child abuse.

3. <u>Child Abuse Reporting Guidelines</u>:

a. All City employees performing as "child care custodians" are mandated child abuse reporters. The childcare custodian/Mandated Reporter has the individual responsibility to report an incident when he/she receives first-hand information or has the initial contact with the child when a concern arises. The reporting responsibility will not be passed off to another employee, counselor, or supervisor.

The Reporter is not the investigator. Investigation is the responsibility of Child Protective

CHILD ABUSE AND NEGLECT REPORTING ACT POLICY (Continued)

- Services (CPS) or the Police Department. If the childcare custodian/Mandated Reporter "suspects" child abuse, he/she must take action without delay.
- b. Once a custodian/Mandated Reporter suspects child abuse, he/she must contact the Police Department. The officer assigned will act as a "clearinghouse" for taking the next steps and serves as the initial CPS contact. If no officer is available, the Reporter must call the local CPS in the area. However, if there is a child endangerment situation, the local Police must be involved from the outset. Don't rely on your local CPS to contact the local Police Department in each case. The following information must be provided by the Reporter at the time of the call:
 - i. Name of the Reporter (which is confidential with limited exceptions);
 - ii. Name of the child;
 - iii. Present location of the child;
 - iv. Nature and extent of the injury; and
 - v. Any other information, including those facts, which led the person to suspect child abuse, and any information requested by the child protective agency.
- c. The call must be followed within 36 hours by a written report to the child protective agency to which the telephone report was made. The written report must be filed on Department of Justice Form SS8572 (DOJ SS 8572), which is available through county welfare departments, local law enforcement agencies or, in some instances, county probation departments.
- d. Failure to report by telephone immediately or as soon as practically possible and to send a report in writing within 36 hours is a misdemeanor "punishable by confinement in a county jail for a term not to exceed six (6) months, by a fine of not more than one thousand dollars (\$1,000), or by both imprisonment and a fine."
- e. In addition to reporting the incident to the Police Department, the Reporter must immediately report all incidences of suspected child abuse to the Human Resources/Risk Management Director.

V. ACTION

This Policy is effective this date.

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Child Abuse and Neglect Reporting Act Guidelines

Police Officers, firefighters, recreation leaders, day camp supervisors, and other designated public employees who have a special working relationship or contact with children and who are mandated to report known or suspected child abuse cases play a critical role in the early detection of child abuse and neglect. Symptoms or signs of abuse and neglect are often first seen by school personnel and may be seen during after school programs or day camps by recreation personnel. Because immediate investigation by child protective agencies may save a child from repeated abuse, public employees must not hesitate to report suspicious injuries or behavior. Your duty is to report, not investigate.

The information below will help you identify the different types of abuse and neglect a child may experience.

What is Child Abuse?

If you fall into the category of Mandated Reporter, you are required by law to report suspected abuse. This requirement applies to physical abuse, severe emotional maltreatment constituting willful cruelty or unjustifiable punishment of a child, neglect or sexual abuse. Of course, one of the most important reasons for suspecting child abuse is that a child has told you that someone has hurt him/her.

The law defines child abuse as:

- Physical injury inflicted by other than accidental means
- Neglect
- Sexual abuse
- Willful cruelty
- Unlawful corporal punishment

Indicators of suspected child abuse are listed in this section to help public employees who are Mandated Reporters meet their responsibilities under the Child Abuse Reporting Law.

Physical Injury

Child abuse" includes a physical injury which is inflicted by other than accidental means on a child by another person. Abuse exhibited as physical injuries may happen when a frustrated or angry parent or other caregiver strikes, shakes, or throws a child. Intentional assault such as burning, biting, cutting, poking, twisting limbs, or otherwise torturing a child is also included in this category of child abuse. Indicators of physical abuse can be physical or behavioral.

Physical Indicators

The type and location of an injury can help distinguish accidental injuries from physical abuse. Typical locations of injuries resulting from abuse are the back surface of a child's body from the neck to the knees, injuries to the face, bilateral injuries, or those on several different parts of the body. Injuries to the shins, elbows, knees, or forehead are not typical locations of injuries sustained from abuse.

Type of injuries:

- Bruises
- Burns
- Bite marks
- Abrasions
- Lacerations
- Head injuries
- Internal injuries
- Fractures

Behavioral Indicators

The following behaviors are often exhibited by abused children:

- The child is frightened of parents/caretakers or, at the other extreme, is overprotective of parent's or caretaker(s). The child is excessively passive, overly compliant, apathetic, withdrawn or fearful or, at the other extreme, excessively aggressive, destructive, or physically violent.
- The child and/or parent or caretaker attempts to hide injuries; child wears excessive layers of clothing, especially in hot weather; child is frequently absent from school or misses physical education classes if changing into gym clothes is required; child has difficulty sitting or walking.
- The child is frightened of going home.
- The child is clingy and forms indiscriminate attachments.
- The child is apprehensive when other children cry.
- The child is wary of physical contact with adults.
- The child exhibits drastic behavioral changes in and out of parental/caretaker presence.
- The child is hypervigilant.
- The child suffers from seizures or vomiting.
- The child exhibits depression, self-mutilations, suicide attempts, substance abuse, or sleeping and eating disorders.

Additional Indicators

Other indicators of physical abuse include:

- A statement by the child that the injury was caused by abuse. (Caution: chronically abused children may deny abuse.)
- Knowledge that the child's injury is unusual for the child's specific age group (e.g., any fracture in an infant).
- Knowledge of the child's history of previous or recurrent injuries.
- Unexplained injuries (e.g., parent is unable to explain reason for injury; there are discrepancies in explanation; blame is placed on a third party; explanations are inconsistent with medical diagnosis).
- A parent or caretaker who delays seeking or fails to seek medical care for the child's injury.

Neglect

Neglect is the negligent treatment or maltreatment of a child by a parent or caretaker under circumstances indicating harm or threatened harm to the child's health or welfare. It includes both acts and omissions on the part of the responsible person. California law defines two categories of neglect: severe neglect and general neglect.

Severe neglect means the negligent failure of a parent, caretaker, or custodian of the child to protect the child from severe malnutrition or a medically diagnosed, non-organic failure to thrive. It also includes situations where the parent, caretaker, or custodian willfully causes or permits the body or health of the child to be endangered. This includes the intentional failure to provide adequate food, clothing, shelter, or medical care.

General neglect means the negligent failure of a parent, caretaker, or custodian to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

Indicators of Neglect

Neglect may be suspected when one or more of the following conditions exist:

- The child is lacking adequate medical or dental care.
- The child is often sleepy or hungry.
- The child is often dirty, demonstrates poor personal hygiene, or is inadequately dressed for weather conditions.
- There is evidence of poor or inadequate supervision for the child's age.
- The conditions in the home are unsafe or unsanitary.
- The child appears to be malnourished.
- The child is depressed, withdrawn or apathetic, exhibits antisocial or destructive behavior, shows fearfulness, or suffers from substance abuse, speech, eating, or habit disorders (biting, rocking, whining)

While some of these conditions may exist in any home, *it is the extreme or persistent presence* of these factors that indicate a degree of neglect. Disarray and an untidy home do not necessarily mean the home is unfit. Extreme conditions resulting in an "unfit home" constitute severe neglect and may justify protective custody and juvenile dependency proceedings.

Sexual Abuse

Sexual abuse is defined as sexual assault or sexual exploitation of a minor by another person. Sexual abuse encompasses a broad spectrum of behavior and may consist of many acts over a long period of time (chronic molestation) or a single incident. Victims range in age from less than one year through adolescence.

Sexual assault includes: rape, gang rape (or rape in concert), incest, sodomy, lewd or lascivious acts with a child under 14 years of age, oral copulation, penetration of a genital or anal opening by a foreign object, and child molestation. In 1998, the definition of sexual assault for the purposes of the Child Abuse and Neglect Reporting Act was expanded to include Penal Code section 261.5(e), i.e., statutory rape when the offender is over 21 and the victim is under 16, and Penal Code section 288 (c) (1), i.e.,

lewd and lascivious acts upon a 14 or 16 years old when the offender is at least 10 years older.

Sexual exploitation includes conduct depicting a minor engaged in obscene acts and activities by persons who knowingly promote, assist, induce, coerce, or encourage a child to engage in, or to assist others to engage in prostitution, or a live performance, or to either pose or model in a pictorial depiction involving obscene conduct.

The nature of sexual abuse, the guilt and shame of the child victim, and the possible involvement of parents, stepparents, friends or others in a child caretaker role, make it extremely difficult for children to report sexual abuse.

Sometimes a child who does seek help is accused of making up stories. Many people do not believe the victim because the abuser seems well adjusted and they cannot believe the person could be capable of sexual abuse. Also, when the matter does come to the attention of authorities, the child may give in to pressure from parents or caretakers and deny that any sexual abuse has occurred. The child may feel guilty about "turning in" the abuser or breaking up the family, and recant or change his/her story.

This pattern of denial is typical and may, unfortunately, cause people to be skeptical of a child's complaint of sexual abuse.

The sad reality of sexual abuse is that without third-party reporting, the child often remains trapped in secrecy by shame, fear, and threats by the abuser.

Indicators of Sexual Abuse

Indicators of sexual abuse can surface through a child's history, physical symptoms, and behavior. Taken separately, some of these indicators may not be symptomatic of sexual abuse. They are listed below as a guide and should be examined in the context of other factors.

History

- The single most important indicator is disclosure by the child to a friend, classmate, teacher, friend's mother, or other trusted adult. The disclosure may be direct or indirect, e.g., "I know someone..." or "What would you do if...?" or "I heard something about somebody..." It is not uncommon for the disclosure by children experiencing chronic or acute sexual abuse to be delayed. Children rarely fabricate these accounts; they should be taken seriously.
- The child wears torn, stained, or bloody underclothing.
- Knowledge that a child's injury/disease (vaginal trauma, sexually transmitted disease) is unusual for the specific age group.
- Knowledge of a child's history of previous or recurrent injuries/diseases.
- Unexplained injuries/diseases (parent/caretaker unable to explain reason for injury/disease); there are discrepancies in explanation; blame is placed on a third party; explanations are inconsistent with medical diagnosis.
- A young girl is pregnant or has a sexually transmitted disease. Pregnancy of a minor does not, in and of itself, constitute the basis of reasonable suspicion or sexual abuse.

Physical Symptoms

• Sexually transmitted diseases.

- Genital discharge or infection.
- Physical trauma or irritation to the anal/genital area (pain, itching, swelling, bruising, bleeding, lacerations, abrasions), especially if injuries are unexplained or there is an inconsistent explanation.
- Pain during urination or defecation.
- Difficulty in walking or sitting due to genital or anal pain.

Sexual Behaviors of Children

- Detailed and age-inappropriate understanding of sexual behavior (especially by younger children)
- Inappropriate, unusual, or aggressive sexual behavior with peers or toys.
- Compulsive, indiscreet masturbation.
- Excessive curiosity about sexual matters or genitalia (self and others)
- Unusually seductive with classmates, teachers, and other adults.
- Excessive concern about homosexuality, especially by boys.

Behavioral Indicators in Younger Children

- Enuresis (wetting pants, bed wetting)
- Fecal soiling.
- Eating disturbances such as overeating, under-eating.
- Fears or phobias.
- Overly compulsive behaviors.
- School problems or significant changes in school performance (attitude and grades).
- Age-inappropriate behavior that includes pseudomaturity or regressive behavior such as bed wetting or thumb sucking.
- Inability to concentrate.
- Sleeping disturbances (nightmares, fear of falling asleep, fretful sleep pattern, sleeping long hours).
- Drastic behavior changes.
- Speech disorders.
- Frightened of parents/caretaker or of going home.

Behavioral Indicators in Older Children and Adolescents

- Withdrawal.
- Chronic fatigue.
- Clinical depression, apathy.
- Overly compliant behavior.
- Poor hygiene or excessive bathing.
- Poor peer relations and social skills, inability to make friends.
- Acting out, running away, aggressive, antisocial or delinquent behavior.
- Alcohol or drug abuse.
- Prostitution or excessive promiscuity.
- School problems, frequent absences, sudden drop in school performance.
- Refusal to dress for physical education.
- Non-participation in sports and social activities.

- Fearful of showers or restrooms.
- Fearful of home life as demonstrated by arriving at school early or leaving late.
- Suddenly fearful of other things (going outside or participating in familiar activities).
- Extraordinary fear of males (in cases of male perpetrator and female victim).
- Self-consciousness of body beyond that expected for age.
- Sudden acquisition of money, new clothes, or gifts with no reasonable explanation.
- Suicide attempt or other self-destructive behavior.
- Crying without provocation.
- Setting fires.

Incestuous/Intrafamilial Sexual Abuse

Sexual abuse of children within the family, or incest, is the most hidden from of child abuse. In spite of its taboo and the difficulty of detection, some researchers believe it may be even more common than injuries due to abuse.

In discussing sexual abuse, *incest* means sexual activity between certain close relatives; (e.g., parent and children, siblings, grandparents and grandchildren); *intrafamilial* means sexual activity between persons in a family setting, (e.g., stepparent, parent's live-in partner, etc.).

In most reported cases, the father or a male caretaker is the initiator and the victim is usually a female child. However, boys are also victims more often than previously believed. Embarrassment and shame often deter children from reporting abuse.

The initial sexual abuse may occur at any age from infancy through adolescence. Sexual abuse may be followed by guilt provoking demands for secrecy and threats of terrible harm or consequences if the secret is revealed. The child may then fear disgrace, hatred, or blame for breaking up the family if the secret were revealed.

Regardless of how gentle or forceful or how trivial or coincidental the first incident may have been, sexual abuse tends to recur and escalate over a period of years. The child may eventually blame himself/herself and believe that he/she may have tempted or provoked the abuser.

The mother, who usually is expected to protect the child, may stay isolated from the problem. By being distant and uncommunicative, or disapproving of sexual matters, make the child afraid to confide in her and speak up.

One reason for the mother's behavior may be that she is extremely insecure, and the potential loss of her husband or partner, and the economic security he provides, is so threatening that she cannot allow herself to believe or even to suspect that her child is at risk. Another reason could be that she was a victim of sexual abuse herself and may not trust her judgment or her right to challenge male authority. Some mothers actually know their children are sexually abused, but they look they other way.

Until the victim is old enough to realize that incest is not a common occurrence, and is strong enough to obtain help outside the family, there is no escape unless the abuse is reported.

Extrafamilial Abuse

Children who are abused by someone outside their family typically know their molester. They know them through contact at school, youth programs, churches, in their neighborhood, or at other recreational activities. People who molest children fall into all age categories, including pre-teens and the elderly. Although there are several classifications of child molesters, a pedophile presents the greatest danger to children because a pedophile's main sexual interest is a child.

Pedophiles tend to be well-liked by children. They often choose work in professions or volunteer organizations which allow them easy access to children where they can develop the trust and respect of children and their parents. They believe sex with children is appropriate and even beneficial. Children are lured into sexual relationships with love, rewards, promises, and gifts.

Although most cases of extrafamilial abuse involve a perpetrator known to the child, cases of abuse by strangers do occur. Typically, in these cases the stranger will entice the child ("Will you help me find my puppy?"), convince the child that his/her parent requested the stranger to pick up the child, or simply abduct the child.

Willful cruelty and unlawful corporal punishment

Suspected cases of willful cruelty and unlawful corporal punishment of a child must be reported by Mandated Reporters.

Just as physical injuries can scar and incapacitate a child, willful cruelty can similarly cripple and handicap a child emotionally, behaviorally, and intellectually. Severe psychological disorders have been traced to excessively distorted parental attitudes and actions.

Behavioral Indicators of Willful Cruelty and Unlawful Corporal Punishment

Child abuse under this indicator should be suspected if the child:

- Refuses to eat adequate amounts of food, thus is very frail.
- Is unable to perform normal learned functions for a given age, e.g., walking, talking, etc.
- Displays antisocial behavior (aggression, disruption) or obvious delinquent behavior (drug abuse, vandalism); conversely, the child may be abnormally unresponsive, sad, or withdrawn.
- Constantly "seeks out" and "pesters" other adults such as teaches or neighbors for attention and affection.
- Displays exaggerated fears.

When parents ignore their children because of the parents' use of drugs or alcohol, psychiatric disturbances, personal problems, or other preoccupying situations, serious consequences may occur. However, these situations are not reportable unless they constitute a form of legally defined abuse.

What is NOT Child Abuse?

Listed below are descriptions of situations or circumstances which <u>are not</u> child abuse for purposes of the California Child Abuse and Neglect Reporting Law. Any other questionable situations must always be reported.

- Injuries caused by two children fighting during a mutual altercation.
- Injury caused by reasonable and necessary force used by a peace officer acting within the scope of his/her employment as a peace officer.
- Voluntary sexual conduct between minors who are both under the age of 14, and who are of similar age and sophistication.
- Pregnancy of a minor, regardless of her age, does not, in and of itself, constitute the basis of reasonable suspicion of sexual abuse.