MANDATED REPORTING
BACKGROUND INFORMATION AND PROTOCOL
ALLEGED CHILD ABUSE AND NEGLECT

Introduction:
Behavioral health professionals are expected to comply with mandated reporting statutes. The intent of this protocol is to manage the process of mandated reporting in a consistent fashion. This document is intended to provide clear steps for behavioral health professionals to follow when they are confronted with information, which indicates that mandated reporting needs to occur.

Background:
New Hampshire law (RSA 169-C: 29) is clear that ***any person*** having reason to **suspect** that a child has been abused or neglected is required to report that suspicion to the Central Intake Unit of the New Hampshire Division for Children, Youth and Families (DCYF). The staff at the DCYF Central Intake Unit is entirely composed of people who have worked in the field and who can be used as consultants. Once a report is made, the Central Intake Unit will review the report and determine if an assessment by the local DCYF office is needed. If a situation does not rise to the level of assignment for an assessment, the report will be retained at the Central Intake Unit for one year. If a further report is made on this same family within the year, a re-determination will be made as to if DCYF involvement is warranted. The bottom line is, if you are unsure whether or not to make a call, MAKE THE CALL and discuss it with a DCYF Intake Worker.

RSA 169-C-3, II, defines an abused child as "…a child who has been:

- Sexually abused;
- Intentionally physically injured;
- Psychologically injured so that said child exhibits symptoms of emotional problems generally recognized to result from consistent mistreatment or neglect;
- Physically injured by other than accidental means."

RSA 169 –C: 3, XIX defines a neglected child as a child:

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

There are a number of indicators that should be considered in determining what may constitute abuse or neglect. DBHRT team members should review these indicators as a guide to help them make decisions about possible mandated reporting obligations:

Indicators of Sexual Abuse:

- Genital pain/itching/odors; diagnosis of a sexually transmitted disease; frequent urinary or yeast infections;
- Torn / Stained / Bloodied under clothing;
- Seductive behavior;
- Abrupt changes in child's typical behavior and attitudes;
- Sleep disturbances, including nightmares and fear of sleeping alone or in the dark;
- Depression or excessive crying;
- Regression to behavior common at an earlier age such as: thumb sucking, bedwetting, needing a bottle, or soiling pants;
- Nervous or aggressive behavior towards adults;
- Unusual reaction to (or fear of) a specific person;
- Extreme fears of phobias;
- Expressing explicit sexual knowledge beyond the child's age level;
- Drop in school grades or participation in activities;
- Self-destructive behavior (i.e. substance abuse);
- Running away;
- Sexual "play" behavior;
- Coercive sexual "play" behavior;
- Displaying an unusual interest in the genitals of peers, adults or animals;
- Withdrawal or isolation from friends;
- Difficulty walking or sitting. Stomachaches, headaches

Indicators of Physical Abuse:

- Extensive bruises, especially bruises of different colors indicating various stages of healing (unexplained)
- Burns of all types, but especially cigarette burns and glove-like or immersion bruises;
- Bruises on multiple body parts or in the shape of an object.
- Frequent complaints of soreness or awkward movement as if caused by pain;
- Sleep disturbances: nightmares;
- Dramatic change in appetite;
- Enuresis orencopresis;
- Compulsive and repetitive acts for self-soothing and control;
- Fixation on security item

- Social withdrawal: avoids physical contact with others
- Aggressive acting out;
- Bizarre or self-destructive acts; destructive behavior; cruelty to animals
- Anxiety, flinches when touched; hyper vigilance;
- Phobias or obsessessive;
- Depressed: impaired capacity to enjoy life;

Indicators of Emotional Abuse:

- Constant self-berating or belittling.
- Inability to play as most children do
- Sleep problems
- Antisocial behaviors
- Lags in emotional and intellectual growth.
- Self-destructive feelings or behavior

Indicators of Neglect:

- Back of infant's head lacks hair or appears flattened;
- Untreated rashes;
- Failure to thrive: underweight, developmental lags, regresses upon return to home
- Constant fatigue;
- Unattended physical problems or medical needs;
- Listless, poor responsiveness (does not often smile, cry, laugh, play, relate to others) lacks interest and curiosity
- Consistently dirty;
- Chronic hunger;
- Inadequate dress for weather;
- Left alone or with inadequate caretaker
- Unsafe housing / living arrangements
- Abandoned

Everyone, including DBHRT members, are mandated reporters of suspected abuse and neglect and are afforded the following protection in the reporting process:

- Anyone in good faith making a report is immune from any liability, civil or criminal. (RSA 169-C: 31.
- The identity of the reporter and the content of the report are considered to be confidential. (Disclosure may occur if DCYF is court ordered to do so)
- You can request to be anonymous.
- You may be asked to follow up your verbal report with a written report. (Within 48 hrs)

Frequently Asked Questions (FAQ's)

Can I file a report anonymously?

Even as a professional reporter, you have the right to make an anonymous report of suspected abuse or neglect. Those who provide DCYF with their identity can request confidentiality. Federal, as well as state law prohibits divulging the name of the reporter if the reporter does not wish to be identified to the family. However if the court orders disclosure, DCYF must comply with that order.

When do I talk to the Parent/Caretaker and do I inform them about the fact that I have to report suspected abuse and neglect?

Families are often able to figure out who has made the report based upon the details of the material that is discussed with them and sometimes guess the name of the reporter. DCYF is clear with the family that they can neither confirm nor deny the reporter's name when a confidential report is made, but a considerable amount of time and energy is spent around this issue when the assessment begins. As a professional, it generally is recommended that you let the family know that a report has to be made, as then you are able to try to explain the process to them and help support them through the assessment.

The exception to this would be for reports of child sexual abuse and/or severe abuse, as many times a family's reaction to this disclosure will cause the child to shut down and not talk about what may have occurred If the person alleged to have harmed the child is a family member, there may be overt efforts to get the child to recant or not talk about what has happened because of concerns about the repercussions of the disclosure. Another situation where informing the family of the report might not be indicated is if the child reports a real fear of the parent or reports that other reports have been made and a parent encouraged the child to deny the abuse.

Many times families report feeling betrayed that a report has been made to DCYF and express to Child Protective Service Worker's (CPSW) that they wish the staff person had told them. This is not to say that there aren't some families who won't discontinue services, but the alliance can be strengthened if you are with them through the process. If you are unsure if you should advise the family of the report, consult with DCYF intake.

DCYF has up to 60 days to complete the assessment, however, in most cases the family and children are interviewed within the first week of the report being made. DCYF policy requires that the child victim be interviewed within 72 hours or less depending upon the safety issues identified. Within 24 hours of interviewing the child, a safety review must be completed to insure that the child is safe in the home. In some cases, a medical or mental health examination is required to assist the CPSW in determining if abuse or neglect has occurred.

Practitioners should be reminded that 98-99% of sexual abuse cases have no physical evidence, so this is only one piece of the assessment process.

Will I Have to Go to Court?

In the majority of DCYF cases court action is NOT taken, however, it is possible that your testimony may be needed to uphold the petition so that the child receives the services needed to stay safe. There are many reasons why your presence may not be needed, so court appearances are not always a given. If you will be required to testify in court, it will be important to meet with the DCYF attorney before the hearing so that you are aware of the information you will be asked. You may be asked to provide the DCYF attorney with a copy of your resume and outline your education and professional experience with children to the court, as well as to clarify your relationship with the child or family.

When I file a report with DCYF Intake, will I be told what will happen with that report?

Yes, you will be told at the time you make the report or by a follow-up call from Intake if the report will be sent on for an investigation or not.

If the report is investigated will I be told about the results of the investigation?

Confidentiality prevents DCYF from disclosing the outcome of the investigation, but you will be told, as a professional reporter, whether DCYF will continue to remain involved with the family or not.

What if I have information about a child that resides in another state that may be abused or neglected in that state?

You are welcome to call the DCYF Intake Unit and discuss the concerns you have. You may be given the telephone number to report your concerns to the other state or DCYF may make that call as well.

DBHRT Member Protocol: Mandated Reporting - Child

If a DBHRT member has reason to suspect abuse or neglect of a child, the following steps should be taken*:*

1. As soon as possible, contact the DBHRT Team Leader at the scene. Inform him/her about the circumstances causing you concern. If the Team Leader is not readily available, contact the Disaster Behavioral Health Liaison. If neither the team leader nor the Disaster Behavioral Health Liaison is reachable, contact the Disaster Behavioral Health Coordinator.

2. If you believe the child is at imminent risk, the team leader should contact the Disaster Behavioral Health Liaison, who will consult with the Disaster Behavioral Health Coordinator. If the DBH Liaison is unreachable, the team leader should make direct contact with the DBH Coordinator. ***(Note: if it is decided that the child is at imminent risk, the DBHRT member and/or team leader should call the local police immediately. Safety of the child must always be the primary concern)***

3. The DBHRT team member and any of the following- Team Leader, Disaster Behavioral Health Liaison and Disaster Behavioral Health Coordinator will:
   - Discuss the circumstances involved in the possible mandated reporting event.
   - Review the New Hampshire law (RSA 169-C: 29) contained in this document.
   - Address the following questions:
     Do the circumstances mandate reporting to DCYF?
     Should the individual's caregiver be informed about the reporting?
     Is there imminent risk?

4. It is recommended that the family be informed about the need to report prior to the actual reporting, ***whenever possible***. By engaging the family in the reporting process, a benefit can be found through their relationship with the DBHRT member, DCYF and the investigative process in general. Absent any information to the contrary, we can generally assume that parents want what is best for their children. Many parents rely on others to help in caring for their children (e.g. babysitters, family, friends, etc.) and they may be unaware of an injury to their child. By including parents, they become more likely to cooperate and less likely to feel 'blamed'. Furthermore, the family may have information valuable to DCYF in their investigation.

5. The family should be invited to be present for the call, and offered the opportunity to help make the report. It is recommended that the DBHRT team leader or another DBHRT team member is present during the call if possible.

6. ***There are times when the family will not be informed*** about the report and therefore not involved in the phone call to DCYF. Examples of exceptions to informing the family can be found in the 'background' section of this document.

7. Reports are to be made to **DCYF's Central Intake Unit** at **1-800-894-5533** or **603-271-6556**. The DBHRT team member who raises the concern about mandated reporting will make the report to DCYF. When the report is made, an intake worker will take the call Monday through Friday 8:00a.m. to 4:30p.m. During non-business hours and on weekends, the local law enforcement agency or State Police should be contacted if the immediate welfare of the child is considered ***to be at imminent risk***. A decision whether or not to delay the report regular business hours should be made jointly by the DBHRT member, team leader and DBH Liaison.

8. While it is expected that the DBHRT member will include the team leader, Liaison and Coordinator in the process, there will be no interference with a DBHRT team member who chooses to file a report that they believe is mandated. It is recommended however, that the protocol outlined in steps 1-6 is followed.

9. Once an oral report has been filed with DCYF, the DBHRT member will complete a summary report (see attached) of the incident and will send it to the Disaster Behavioral Health Coordinator (DBHC) within 48 hours of the event either by fax (223-3609) or by E-mail Paul.Deignan@hsem.nh.gov. THIS REPORT SHOULD NOT CONTAIN ANY IDENTIFYING INFORMATION ABOUT THE FAMILY BEING REPORTED. If you wish to send the report electronically, you will need to contact the Coordinator and request an electronic version of the reporting form. Hard copies of the Reporting forms will be available at all events in which DBHRT has been activated. A reporting team member may complete the form by hand and mail or fax it to the DBHC.
At a minimum, the report should include:

a. The name of the person who filed the report
b. A description of the reason and circumstances for filing a report
c. The date and time that the report was filed
d. Any additional important information
e. NO IDENTIFYING INFORMATION ABOUT THE FAMILY.

DBHRT Leadership Contact Information:

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33 Hazen Dr. Concord, NH 03305		**FAX: (603) 223-3609**
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