

Child Abuse and Neglect Reporting Guide



Prevent Child Abuse

Rhode Island

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Table of Contents

SECTION #	PAGE #
1. What is Child Abuse and Neglect?	3
2. Definitions of Child Abuse and Neglect	4
3. Indicators of Child Abuse and Neglect	6
<i>a. Physical Abuse</i>	6
<i>b. Physical Neglect</i>	7
<i>c. Sexual Abuse</i>	8
<i>d. Emotional Abuse</i>	9
4. The Connection Between Domestic Violence and Child Abuse	10
<i>a. RI Domestic Violence Resources</i>	11
5. The Rhode Island Department of Children, Youth and Families	12
<i>a. DCYF Contact Information</i>	13
6. Rhode Island Child Abuse and Neglect laws	14
7. How is Preventing Child Abuse and Neglect Your Responsibility?	18
<i>a. Helpful Suggestion for When a Child Discloses Abuse</i>	19
8. Parents and Caretakers need support	20
9. Child Abuse and Neglect statistics in Rhode Island	21
10. Child Maltreatment reading recommendations	23



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What is Child Abuse and Neglect?

One difficulty in recognizing abuse and neglect is that many of the signs are ambiguous. A child may have gotten a bruise from being beaten by an adult or by having run into a soccer goal. Moreover, children respond to maltreatment in different ways – some show no signs of abuse, while others have dramatic changes in behavior.

Familiarity with the child helps in interpreting any of the signs you observe. A sudden change in behavior, sustained over a period of time, suggests that the child needs assistance. The reasons may or may not have to do with abuse.

General childhood stress can sometimes be an indicator of abuse; however, childhood stress can also be caused by the death of a family member or pet, a divorce, school pressures, or boyfriend/girlfriend problems. It is important when assessing a child to be familiar with what is happening in the child's life. When you observe a child exhibiting signs of stress for more than a few days, you might appropriately ask the child if there is a problem. It may also be appropriate to call the parents' attention to the behavior changes and talk to them about your observations.

Some children are especially susceptible to becoming targets of abuse. Children with disabilities or other conditions that require a caregiver to exert effort to meet their special needs are especially vulnerable. Some caregivers reject these children, leading to neglect, emotional abuse and in some cases physical and sexual abuse. Other caregivers may resent having to make the extra effort and pass that resentment on to the child.

Children who are slow to become potty trained are more vulnerable to abuse. Such children are subjected to abusive ridicule, and often physical abuse such as binding the penis to prevent urination, or being severely burned by water that is too hot when being bathed by a caregiver after an untimely bowel movement.

Children who resemble a spouse or other relative who excites strong negative feelings on the part of the caregiver are more likely to be abused. These children are often recipients of caregiver hostility that was transferred from the individuals with whom the child shares an unfortunate likeness.

This information was adapted from "Child Abuse Prevention Primer for Your Organization".

Definitions of Child Abuse and Neglect

As defined by § 40-11-2:

1. **"Abused and/or neglected child"** means a child whose physical or mental health or welfare is harmed or threatened with harm when his or her parent or other person responsible for his or her welfare:
 - a. Inflicts or allows to be inflicted upon the child physical or mental injury, including excessive corporal punishment; or
 - b. Creates or allows to be created a substantial risk of physical or mental injury to the child, including excessive corporal punishment; or
 - c. Commits or allows to be committed, against the child, an act of sexual abuse; or
 - d. Fails to supply the child with adequate food, clothing, shelter, or medical care, though financially able to do so or offered financial or other reasonable means to do so; or
 - e. Fails to provide the child with a minimum degree of care or proper supervision or guardianship because of his or her unwillingness or inability to do so by situations or conditions such as, but not limited to, social problems, mental incompetence, or the use of a drug, drugs, or alcohol to the extent that the parent or other person responsible for the child's welfare loses his or her ability or is unwilling to properly care for the child; or
 - f. Abandons or deserts the child; or
 - g. Sexually exploits the child in that the person allows, permits or encourages the child to engage in prostitution as defined by the provisions in § 11-34-1 et seq., entitled "Prostitution and Lewdness"; or
 - h. Sexually exploits the child in that the person allows, permits, encourages or engages in the obscene or pornographic photographing, filming or depiction of the child in a setting which taken as a whole suggests to the average person that the child is about to engage in or has engaged in, any sexual act, or which depicts any such child under eighteen (18) years of age, performing sodomy, oral copulation, sexual intercourse, masturbation, or bestiality; or
 - i. Commits or allows to be committed any sexual offense against the child as such sexual offenses are defined by the provisions of chapter 37 of title 11, entitled "Sexual Assault", as amended; or
 - j. Commits or allows to be committed against any child an act involving sexual penetration or sexual contact if the child is under fifteen (15) years of age; or if the child is fifteen (15) years or older, and (1) force or coercion is used by the perpetrator, or (2) the perpetrator knows or has reason to know that the victim is a severely impaired person as defined by the provisions of § 11-5-11, or physically helpless as defined by the provisions of § 11-37-6.
2. **"Child"** means a person under the age of eighteen (18).
3. **"Institutional child abuse and neglect"** means situations of known or suspected child abuse or neglect where the person allegedly responsible for the abuse or neglect is a foster parent or the employee of a public or private residential child care institution or agency; or any staff person providing out-of-home care or situations where the suspected abuse or neglect occurs as a result of the institution's practices, policies, or conditions.
4. **"Mental injury"** includes a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to, such factors as: failure to thrive; ability to think or reason; control of aggressive or self-destructive impulses; acting-out or misbehavior, including incorrigibility, ungovernability, or habitual truancy; provided, however, that the injury must be clearly attributable to the unwillingness or inability of the parent or other person responsible for the child's welfare to exercise a minimum degree of care toward the child.
5. **"Shaken baby syndrome"** means a form of abusive head trauma, characterized by a constellation of symptoms caused by other than accidental traumatic injury resulting from the violent shaking of and/or impact upon an infant or young child's head.

The definition of **Child Abuse** is categorized in four areas.

They are:

- **Physical Abuse:**
 - Any **non-accidental injury**, which is inconsistent with explanations given for it, suffered by a child as the result of **an act or omission by the person responsible for the care of the child**.
 - Physical abuse often occurs in the name of **discipline or punishment**.
- **Sexual Abuse:**
 - The commission of a sexual offense with or to a child through the acts of omission of the person responsible for the care of the child.
 - Child sexual abuse can involve one or more different kinds of **physical or non-physical sexual contact**.
- **Emotional Abuse:**
 - Verbal and emotional assault
 - Close confinement
 - Inadequate nurturance / affection
 - Public ridicule
 - Sibling comparison
- **Medical Abuse:**
 - Munchausen's by Proxy

The definition of **Neglect** is categorized in four areas.

They are:

- **Physical Neglect:**
 - The failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing or supervision necessary for the child's health and welfare.
- **Emotional Neglect:**
 - The failure on the part of a person responsible for the care of a child to provide medical care.
- **Medical Neglect:**
 - The failure on the part of a person responsible for the care of a child to provide medical care.
- **Educational Neglect:**
 - Truancy
 - No enrollment in school

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Indicators of Child Abuse and Neglect

Physical Abuse:

Physical abuse occurs when a parent or other person legally responsible for the child's care inflicts or allows to be inflicted upon the child non-accidental physical injury, which causes or creates substantial risk or impairment of physical well-being. This may include beating, burns, biting, strangulation and scalding with resulting bruises, welts, broken bones, scars or serious internal injuries. (NCPA, 1982)

Physical Indicators

- Unexplained bruises and welts on face, mouth, torso, back, buttocks or thighs.
- Irregular or clustered bruises of rectangular or other unusual shapes.
- Bruising on several different areas in various stages of healing.
- Unexplained burns, especially on soles of feet, palms, back or buttocks.
- Patterned burns.
- Rope burns on arms, legs, neck or torso.
- Unexplained fractures/dislocations to skull, face or limbs.
- Multiple fractures in various stages of healing.
- Lacerations or abrasions to mouth, lips, eyes and external genitalia in various stages of healing.
- Head injuries that cause subdural hematomas, retinal hemorrhages or detachment and jaw or nasal fractures.
- Injuries that are inconsistent with explanations, medical history or developmental abilities of the child to injure itself.

Behavioral/Emotional Indicators

- Excessive school absenteeism
- Fearful of parents, adults or caregivers
- Attempts at avoiding abusive situations such as, running away from home and arriving early for school and leaving late.
- Extreme aggression, oppositional behavior, rage, defiance of authority.
- Overly compliant, passive, withdrawn or immature/infantile.
- Academic or behavioral difficulties at school.
- Cognitive and intellectual impairment
- Deficits in speech and language
- Hyperactivity, impulsively, low frustration tolerance
- Lack of basic trust in others
- Depressions and suicidal tendencies
- Low-self esteem and destructive behavior
- Inappropriate clothing relative to weather (long-sleeved shirts in hot summer weather)
- Regularly missing Physical Education or complaining that physical activity causes pain or discomfort

Physical Neglect:

A neglected child is one who's physical, mental, or emotional development is impaired as a result of the failure of the child's parent, legal guardian, or caretaker to provide the child with adequate food, clothing, shelter, education or medical care. Failure to provide proper supervision, which puts the child at risk, is also neglect.

Physical Indicators

- Underweight or poor-growth patterns
- Poor hygiene and/or inappropriate dress
- Consistent lack of supervision, especially in dangerous situations or for long periods of time
- Unattended physical problems or medical needs
- Consistent hunger, abdominal distension or wasting of the subcutaneous tissue.
- Bald patches on the scalp

Behavioral/Emotional Indicators

- Serious health and weight abnormalities
- Failure to thrive, developmental delays, apathetic, depressed, non-responsive and fatigued
- Frequent and excessive absence from school
- Reports of being left alone, unsupervised or abandoned
- Anti-social tendencies, delinquency, alcohol or drug abuse, streetwise
- Chronically dirty and inappropriately dressed for the weather conditions
- Consistently brings only candy, sweets, chips, soda for lunch

Sexual Abuse:

Sexual abuse is any sexual behavior with a child or the use of a child for the sexual gratification of someone else. Sexual abuse usually occurs with someone known to the child and begins gradually with the offender “testing the limits” the child will accept. The sexual abuse progresses through stages and may include exhibitionism, fondling, oral sex, attempts to enter, or actual penetration of the vagina or anus. The majority of cases involving sexually abused children will not have physical indicators of sexual abuse. An important part is that documented behavioral/psychological manifestations of abuse may be just as important as the physical evidence during a medical exam.

Physical Indicators

- Pain on urination or difficulty walking
- Swollen, painful, itching vulva, perineum or anal area
- Bruising or bleeding of the vagina, external genitals or anal area
- Poor sphincter control
- Torn or bloody undergarments
- Venereal disease or pregnancy
- Frequent yeast infections
- Regular complaints of stomach and headaches

Behavioral/Emotional Indicators

- Inappropriate knowledge of sexual matters inconsistent with developmental level
- Seductive behavior towards adults or other children
- Lack of trust and social withdrawal
- Depression and suicidal tendencies
- Anger, aggression and acting out
- Non-participation at school or in social activities
- Sudden drop in academic performance or disinterest in normal activities
- Arriving early to and leaving late from school
- Overly compliant, infantile behavior or regression
- Eating disorders and dissociative behavior

Emotional Abuse:

Emotional abuse is maltreatment that results in impaired psychological growth and development. It involves words, actions, and indifference. Emotional and/or verbal abuse is based on power and control. It is considered a pattern of behavior that can seriously interfere with a child's positive development. Emotional abuse is probably the least understood of all child abuse, yet it is the most prevalent, and can be the cruelest and most destructive of all types of abuse.

- Developmental delays, physical and intellectual
- Speech disorders
- Alcohol or substance abuse
- Ulcers, asthma, anxiety disorders
- Sallow, empty facial expression

- Anti-social and poor relationships with peers
- Anxiety, unrealistic fears and paranoia
- Behavioral extremes, such as, aggression, passivity, obsessive, rage, compliance
- Depressed, withdrawn, aloof or indifferent
- Habit disorders, such as, head banging, rocking, nail biting, continued thumb sucking, hair twisting, excessive picking
- Nightmares and sleep disorders

The Connection Between Domestic Violence and Child Abuse

Research has shown that there is a strong link between domestic violence and child abuse incidents. Child abuse is experienced by 30-60% of all children who live in households where domestic violence occurs. Women who are victims of domestic violence are twice as likely to commit child abuse.

The reasons for domestic violence are many; however, this type of violence can occur in any family regardless of race, social status, or religious association. Many perpetrators of domestic violence were abused as children or witnessed abuse in their household. Perpetrators of domestic violence may abuse the children to intimidate or gain control over the child's parent.

Mothers themselves will abuse their own children in domestic violence situations. Over-discipline in fear of the reaction of their abuser to the child's behavior can lead to abuse on the part of the mother. Mothers will abuse their children out of the stress, frustration and anger associated with being the victim of abuse. Often times the child will be neglected due to depression, drug/alcohol abuse, or by trying to please the abusive partner.

Children exposed to domestic violence experience a variety of abuse situations. They may be injured by trying to intervene and protect a parent, unintentional physical contact meant for the parent, or by intentional physical/emotional abuse as a result of a violent episode.

Regardless of whether a child suffers direct abuse, domestic violence takes a heavy toll on these young victims. Children of violent households are more likely to; develop violent tendencies, become withdrawn/depressed/suicidal, and become abusers themselves in adulthood. Girls subjected to domestic violence are at greater risk of revictimization in adulthood.

According to the 2006 Rhode Island Kids Count Fact Book, "exposure to violence in the home can affect brain development and impairs cognitive, academic and social functioning. These effects will last long into adulthood and even for a lifetime. The age, severity and frequency of the abuse, the child's temperament and the involvement of adults for emotional support are all factors in the response of each child."

Rhode Island Domestic Violence Resources

Rhode Island Coalition Against Domestic Violence

422 Post Road, Suite 202
Warwick, RI 02888-1524
24-Hour Hotline - 800. 494.8100
Phone - 401.467.9940
401.467.9943
www.ricadv.org

RI Department of the Attorney General

Sexual Assault and Domestic Violence Unit
150 South Main Street
Providence, RI 02903
401-274-4400

Department of Elderly Affairs

(for victims 60 years and older)
Reporting line for elder abuse: 401-462-0555
Main office: 401-462-3000
www.dea.state.ri.us

Women's Resource Center of South County

61 Main Street
Wakefield, RI 02879
24-Hour Hotline - (401) 782-3990
Court Office - (401) 782-4174
Outreach and Education Office - (401) 792-3692
Administrative - (401) 782-3995
www.wrcsc.org

Women's Resource Center of Newport & Bristol Counties

(confidential advocacy and crisis support for domestic violence)
M-F; 9:00 a.m. to 5:00 p.m.
24 Hour Hotline - (401) 847-2533
Bristol office - (401) 247-2070

Sexual Assault and Trauma Center

(401) 421-4100 (call collect)

Rhode Island Legal Services

800-662-5034
401-274-2652 (Providence)
401-846-2264 (Newport)

Elizabeth Buffum Chace House

401-738-1700

Restraining Order Office

McGrath Courthouse
800-662-5034
401-274-2652

Federal Hill House Association

(victim's assistance and social services)
9 Courtland Street
Providence, Rhode Island 02909
Telephone: (401) 421-4722

Next Step

(educational program for women who have moved beyond initial stages of crisis intervention)
P.O. Box 5646
Wakefield, Rhode Island 02880
Phone: (401) 792-3344
www.rijustice.state.ri.us/voca/VOCA/next.htm

Courthouse Resource Center

4800 Kingstown Rd.
McGrath Judicial Complex
South Kingston, RI 02879
(401) 782-4174

Sojourner House

Northern RI area
(401) 861-6191
(401) 765-3232
(401) 658-4334

Department of Children, Youth and Families

. (Taken from the DCYF website - www.dcyf.state.ri.us)

The Department was established by the state legislature in 1980 by merging children's programs previously administered by 4 different state agencies. The Director of DCYF is also a member of the RI Children's Cabinet, which addresses cross-departmental issues relating to children's needs and services. We are one of a small group of states that integrate the 3 major public responsibilities for troubled children, youth and families in one agency: Child Welfare, Children's Behavioral Health, and Juvenile Corrections

Child Welfare within the Department of Children, Youth and Families consists of several major areas, including:

- Child Protective Services
- Family Services
- Adoption Services Unit
- Interstate Compact on the Placement of Children (ICPC)

The goal of Child Welfare is to promote, safeguard and protect the overall well-being of children and families, to intervene on behalf of children who have been abused or neglected, and to work with children and families to assure that every child has a permanent, safe, and nurturing environment in which to achieve their maximum potential.

Child Protective Services

The Division of Child Protective Services is comprised of Child Protective Investigations and Screening/Intake. Child Protection Investigations consists of twelve (12) units of Child Protective Investigators who specialize in the investigation of child abuse and neglect cases. This program operates 24 hours a-day, 7 days-a-week and responds to allegations of child abuse or neglect state-wide. During the course of an investigation, Child Protective Investigators determine if there is a preponderance of evidence that a child has been abused or neglected and if so, what actions are necessary to protect the child from further harm. If, upon completion of the investigation, a preponderance of evidence indicates that a child has been abused/neglected, then the case is "Indicated" (substantiated). If a child is deemed to be in imminent risk of harm, s/he can be removed from the home and placed in the care of the State by the Child Protective Investigator (CPI) for a period of forty-eight (48) hours. This "hold" allows the investigator the opportunity to investigate further and meet with the Department's legal counsel to prepare the necessary petitions for presentation to the Rhode Island Family Court. Screening/Intake consists of five (5) casework units which handle the intake of all other non-child abuse/neglect cases to the Department as well as reviewing all indicated Child Protective Services (CPS) investigations.

If you know or suspect that a child is being abused or neglected, report it immediately to DCYF. As a matter of fact, the law requires that you do so within 24 hours. The Child Abuse Hotline, (1-800-742-4453), is staffed 24 hours a day, seven days a week by professional Child Protective Investigators.

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Department of Children, Youth and Families

Hotline: 1-800-RICHILD (1-800-742-4453)

General Information: 401-528-3500

Business Office:

101 Friendship Street Providence, RI 02903

Fax: 401-528-3502

www.dcyf.state.ri.us

Director

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CANTS Administrator

Stephanie Terry

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Stephanie.Terry@dcyf.ri.gov

Day Care Liscensing

Brenda Almeida

Phone: 401-528-3605

Brenda.Almeida@dcyf.ri.gov

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Rhode Island Child Abuse and Neglect Laws

Chapter 40-11 Abused and Neglected Children

§ 40-11-1 Policy. – The public policy of this state is: to protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes to require the mandatory reporting of known or suspected child abuse and neglect, investigation of those reports by a social agency, and provision of services, where needed, to the child and family. SECTION 40-11-2

§ 40-11-2 Definitions. – When used in this chapter and unless the specific context indicates otherwise:

(1) "Abused and/or neglected child" means a child whose physical or mental health or welfare is harmed or threatened with harm when his or her parent or other person responsible for his or her welfare:

(i) Inflicts, or allows to be inflicted upon the child physical or mental injury, including excessive corporal punishment; or

(ii) Creates or allows to be created a substantial risk of physical or mental injury to the child, including excessive corporal punishment; or

(iii) Commits or allows to be committed, against the child, an act of sexual abuse; or

(iv) Fails to supply the child with adequate food, clothing, shelter, or medical care, though financially able to do so or offered financial or other reasonable means to do so; or

(v) Fails to provide the child with a minimum degree of care or proper supervision or guardianship because of his or her unwillingness or inability to do so by situations or conditions such as, but not limited to, social problems, mental incompetence, or the use of a drug, drugs, or alcohol to the extent that the parent or other person responsible for the child's welfare loses his or her ability or is unwilling to properly care for the child; or

(vi) Abandons or deserts the child; or

(vii) Sexually exploits the child in that the person allows, permits or encourages the child to engage in prostitution as defined by the provisions of chapter 34 of title 11, entitled "Prostitution and Lewdness"; or

(viii) Sexually exploits the child in that the person allows, permits, encourages or engages in the obscene or pornographic photographing, filming or depiction of the child in a setting which taken as a whole suggests to the average person that the child is about to engage in or has engaged in, any sexual act, or which depicts any such child under eighteen (18) years of age, performing sodomy, oral copulation, sexual intercourse, masturbation, or bestiality; or

(ix) Commits or allows to be committed any sexual offense against the child as such sexual offenses are defined by the provisions of chapter 37 of title 11 entitled "Sexual Assault", as amended; or

(x) Commits or allows to be committed against any child an act involving sexual penetration or sexual contact if the child is under fifteen (15) years of age; or if the child is fifteen (15) years or older, and (1) force or coercion is used by the perpetrator, or (2) the perpetrator knows or has reason to know that the victim is a severely impaired person as defined by the provisions of § 11-5-11, or physically helpless as defined by the provisions of § 11-37-6.

(2) "Child" means a person under the age of eighteen (18).

(3) "Child protective investigator" means an employee of the department charged with responsibility for investigating complaints and/or referrals of child abuse and/or neglect and institutional child abuse and/or neglect.

(4) "Department" means department of children, youth, and families.

(5) "Institution" means any private or public hospital or other facility providing medical and/or psychiatric diagnosis, treatment, and care.

(6) "Institutional child abuse and neglect" means situations of known or suspected child abuse or neglect where the person allegedly responsible for the abuse or neglect is a foster parent or the employee of a public or private residential child care institution or agency; or any staff person providing out-of-home care or situations where the suspected abuse or neglect occurs as a result of the institution's practices, policies, or conditions.

(7) "Law enforcement agency" means the police department in any city or town and/or the state police.

(8) "Mental injury" includes a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to, such factors as: failure to thrive; ability to think or reason; control of aggressive or self-destructive impulses; acting-out or misbehavior, including incorrigibility, ungovernability, or habitual truancy; provided, however, that the injury must be clearly attributable to the unwillingness or inability of the parent or other person responsible for the child's welfare to exercise a minimum degree of care toward the child.

(9) "Person responsible for child's welfare" means the child's parent, guardian, foster parent, an employee of a public or private residential home or facility, or any staff person providing out-of-home care (out-of-home care means child day care to include family day care, group day care, and center-based day care).

(10) "Physician" means any licensed doctor of medicine, licensed osteopathic physician, and any physician, intern, or resident of an institution as defined in subdivision (5).

(11) "Probable cause" means facts and circumstances based upon as accurate and reliable information as possible that would justify a reasonable person to suspect that a child is abused or neglected. The facts and circumstances may include evidence of an injury or injuries, and the statements of a person worthy of belief, even if there is no present evidence of injury.

SECTION 40-11-3

§ 40-11-3 Duty to report – Deprivation of nutrition or medical treatment. – (a) Any person who has reasonable cause to know or suspect that any child has been abused or neglected as defined in § 40-11-2 or has been a victim of sexual abuse by another child shall, within twenty-four (24) hours, transfer that information to the department for children and their families or its agent who shall cause the report to be investigated immediately. As a result of those reports and referrals, protective social services shall be made available to those children in an effort to safeguard and enhance the welfare of those children and to provide a means to prevent further abuse or neglect. The department shall establish and implement a single, statewide, toll-free telephone to operate twenty-four (24) hours per day, seven (7) days per week for the receipt of reports concerning child abuse and neglect, which reports shall be electronically recorded and placed in the central registry established by § 42-72-7. The electronically recorded records, properly indexed by date and other essential identifying data, shall be maintained for a minimum of three (3) years; provided, however, any person who has been reported for child abuse and/or neglect and who has been determined not to have neglected and/or abused a child, shall have his or her record expunged as to that incident three (3) years after that determination. The department shall establish rules and regulations requiring hospitals, health care centers, emergency rooms and other appropriate health facilities to report on a quarterly basis the number of cases reported by these institutions as suspected child abuse.

(b) The reporting shall include immediate notification of the department of any instance where parents of an infant have requested deprivation of nutrition that is necessary to sustain life and/or who have requested deprivation of medical or surgical intervention that is necessary to remedy or ameliorate a life threatening medical condition, if the nutrition or medical or surgical intervention is generally provided to similar nutritional, medical, or surgical conditioned infants, whether disabled or not.

(c) Nothing in this section shall be interpreted to prevent a child's parents and physician from discontinuing the use of life-support systems or nonpalliative treatment for a child who is terminally ill where, in the opinion of the child's physician exercising competent medical judgment, the child has no reasonable chance of recovery from the terminal illness despite every appropriate medical treatment to correct the condition.

SECTION 40-11-3.1

§ 40-11-3.1 Duty to report death of child due to child abuse or neglect. – Any person required to report under the provisions of this title, who has reasonable cause to know or suspect that a child has died as a result of child abuse or neglect shall immediately transfer that information to the department or its agent who shall cause the report to be investigated immediately. Upon receipt of the report the department or its agent shall immediately transfer such information to the local law enforcement agency or the state police as well as to the office of the medical examiner. The office of the medical examiner shall investigate the report and communicate its preliminary findings, orally within seventy-two (72) hours, and in writing within seven (7) working days to the appropriate law enforcement agency, to the department and if the person who made the report is an employee or a member of the staff of a hospital, to the hospital. Office of the medical examiner shall also communicate its final findings and conclusions, with the basis therefore, to the same parties within sixty (60) days.

SECTION 40-11-3.2

§ 40-11-3.2 False reporting of child abuse and neglect. – Any person who knowingly and willfully makes or causes to be made to the department a false report of child abuse or neglect shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars (\$1,000) or imprisoned not more than one year or both

SECTION 40-11-4

§ 40-11-4 Immunity from liability. – Any person participating in good faith in making a report pursuant to this chapter shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. Any participant shall have the same immunity with respect to participation in any judicial proceeding resulting from the report.

SECTION 40-11-6

§ 40-11-6 Report by physicians of abuse or neglect. – (a) When any physician or duly certified registered nurse practitioner has cause to suspect that a child brought to him or her or coming to him or her for examination, care, or treatment, is an abused or neglected child as defined in this chapter, or when he or she determines that a child under the age of twelve (12) years is suffering from any sexually transmitted disease, he or she shall report the incident or cause a report thereof to be made to the department as provided in subsection (b).

(b) An immediate oral report shall be made by telephone or otherwise, to both the department and law enforcement agency and shall be followed by a report in writing to the department and law enforcement agency explaining the extent and nature of the abuse or neglect the child is alleged to have suffered.

(c) The department, upon receipt of such a report by a person other than a physician or duly certified registered nurse practitioner alleging that a child has been physically abused, shall investigate the report, and if the investigation reveals evidence of physical or sexual abuse, the department shall have the child examined by a licensed physician or duly certified registered nurse practitioner. Any child protective investigator shall, with or without the consent of the parent or other person responsible for the child's welfare, have the right to remove the child from the place where the child may be to secure the examination required by this subsection. Upon completion of the examination, it shall be mandatory for the physician or duly certified registered nurse practitioner to make a written report of his or her findings to the department.

SECTION 40-11-6.1

§ 40-11-6.1 Penalty for failure to report or perform required act. – Any person, official, physician, or institution required by this chapter to report known or suspected child abuse or neglect or to perform any other act who knowingly fails to do so or who knowingly prevents any person acting reasonably from doing so shall be guilty of a misdemeanor and upon conviction thereof shall be subject to a fine of not more than five hundred dollars (\$500) or imprisonment for not more than one year or both. In addition, any person, official, physician, or institution who knowingly fails to perform any act required by this chapter or who knowingly prevents another person from performing a required act shall be civilly liable for the damages proximately caused by that failure.

How is Preventing Child Abuse and Neglect Your Responsibility?

There are personal, professional and legal reasons why professionals and caring citizens should become involved in preventing and reporting child abuse and neglect. Early childhood caregivers, educators, administrators, coaches, clergy, and neighbors, friends and family members have strong personal commitments to the children and families that they know and serve.

How to Report:

What To Do If You Suspect Child Abuse or Neglect?

If you have any reason to suspect a child is being abused or neglected, and that the abuse is by a parent or caretaker, call the **Department of Children, Youth and Family at 1-800 RICHILD (1-800-742-4453)**. If you suspect the abuse is by someone other than the parent or other caretaker, call your local police or sheriff.

Information Needed for Report

if known, provide:

- Name, address, age, sex of child and other family members
- Name, address and phone number of child's parent or caretaker
- Parent/guardian's place of employment
- Current condition of child
- Nature, extent and cause of child's injuries or endangered condition including any previously known or suspected abuse to the child or to the child's siblings
- Account of how this child came to the reporter's attention
- Any explanation of the cause of the child's injury or condition offered by the child, caretaker or any other person
- Any other information which the reporter believes might be important

Remember:

1. Your report is a request for an investigation, not an accusation.
2. Your report must be factual and not opinionated.
3. The information you share is confidential.
4. You should report EACH incident of suspected abuse or neglect.

What happens to the report?

A child protection worker from the Department of Children, Youth and Family investigates the reported abuse or neglect. The investigation will result in one of the following conclusions:

- Abuse or neglect is unsubstantiated
- Abuse or neglect substantiated

In confirmed cases, a service plan is developed to prevent the recurrence of abuse to the child. When appropriate, findings are reported to the District Attorney for possible legal action.

Remember: A report of suspected child abuse is a responsible attempt to protect a child. You are the first line of defense for the protection of a child. Don't ever give up.

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Helpful Suggestions

When Children Confide Child Maltreatment

(adapted from Abuse and Neglect: The Educator's guide to the Identification and Prevention of Child Maltreatment by Barbara Lowenthal)

The following are suggested as a guide to handling a situation when a child confides child maltreatment to you:

- Assure the child that you trust him or her.
- Provide privacy for the child when he or she is confiding in you. Find a space away from others.
- You should sit beside, not across from the child.
- Use developmentally appropriate and easily understood language.
- If you do not understand what the child is telling you, ask them to clarify...be careful not to “put words into their mouths”.
- Reassure the child that if a question has to be repeated, it is not because he or she gave a wrong answer, but that you wanted to be sure you understand what they are telling you.
- It is very important that you inform the child of any actions you are planning to take related to the disclosure.
- It is important to give the child permission to not answer questions that are too difficult.
- Open-ended questions are better for obtaining information.
- Keep careful records and document what was said when the child disclosed information about maltreatment.

DO NOT

- Do not criticize or make fun of the language used by the child when he or she talks about his or her abuse or neglect.
- Do not ask leading question that suggest answers.
- If the child appears uncomfortable or reluctant to talk, do not probe further.
- Do not threaten or coerce the child in order to obtain further information.
- During the talk, there should not be multiple people asking questions or even being present (maybe just one other person) because multiple people and multiple questions from others may make the child afraid to talk.
- Do not pressure the child to remove any clothing to show you evidence of the abuse or sexual abuse.

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Parent and Caretaker Support

Most cases of child abuse come about because of parent or caregiver frustration. When caregivers become over-stressed due to a crying baby, tired / cranky children, sibling rivalry, or boundary testing they may lash out at the child physically or emotionally. Recognizing stressful triggers and having the skills to manage stress are effective ways in which parents and caregivers can keep children safe.

Children act out for a variety of reasons; understanding these reasons will aid caregivers in taking the appropriate steps to address the child's negative behavior. Children often become uncooperative when they are tired or cranky, sense caregivers stress, to get attention, and to test limits.

Parents and caregivers need to learn to set clear limits and boundaries for children. Children respond well to structure and consistency; establishing and maintaining appropriate rules and boundaries makes children feel more secure. When children misbehave respond with clear expectations and boundaries, encouraging words, removing the child from the situation, redirecting the child to another activity, removing privileges for a short time, ignoring the behavior or rational consequences.

When parents and caregivers reach a point of stress it is important for them to take a time out, resolve the situation before it escalates or call a friend or family member to help with the situation.

Rhode Island Resources for Parents:

Rhode Island Parent Information Network

175 Main Street Pawtucket, RI 02860

401-727-4144 www.ripin.org

Child and Family Services of Newport County

24 School Street Newport, RI 02840

401-845-8933 www.cfsnewport.org

United Way 2-1-1-Rhode Island

211 or www.211ri.org

Parent Link RI

www.parentlinkri.org

Child Abuse and Neglect Statistics In Rhode Island

On Average:

- DCYF receives 37 abuse and neglect calls daily.
- There are 20 child abuse/neglect complaints investigated daily

From September 1, 2005 – February 28, 2006:

- There were 9 cases of Shaken Baby Syndrome diagnosed where 2 babies died.

From 1998 – 2007:

- There were 26 children who died as a result of injuries due to abuse/neglect.
- The yearly average of indicated cases of child abuse/neglect was 2,353.
- 6 communities account for nearly 2/3's of indicated cases of child abuse and neglect: Cranston, Pawtucket, Providence, Warwick, West Warwick and Woonsocket.

In 2007:

- 3,271 children were victims of abuse and neglect.

BY AGE	BY TYPE OF ABUSE	BY RELATIONSHIP
<ul style="list-style-type: none"> • 11% Under age 1 • 31% Age 1 to 5 • 30% Ages 6 to 11 • 19% Ages 12 to 15 • 9% Ages 16 and older • <1% Unknown 	<ul style="list-style-type: none"> • 79% Neglect • 9% Physical Abuse • 6% Sexual Abuse • 1% Medical Neglect • <1% Emotional Abuse • 4% Other 	<ul style="list-style-type: none"> • 90% Parents • 4% Relatives • 2% Child Care Providers • 1% Foster Parents • 1% Residential Facility Staff • 2% Other / Unknown

CHILD NEGLECT, BY NATURE OF NEGLECT

- 36% Lack of Supervision
- 3% Medical Neglect
- 2% Inadequate Food, Clothing or Shelter
- 2% Neglect Resulting in Physical Injury
- 1% Specific other small categories
- 54% Unspeciified “other”

CHILD SEXUAL ABUSE, BY GENDER AND AGE OF VICTIM

GIRLS	BOYS
<ul style="list-style-type: none"> • 16% Age 5 and Under • 34% Ages 6 to 11 • 41% Ages 12 to 15 • 9% Ages 16 and Older 	<ul style="list-style-type: none"> • 26% Ages 5 and Under • 48% Ages 6 to 11 • 21% Ages 12 to 15 • 5% Ages 16 and Older

NUMBER OF INDICATED CASES OF CHILD ABUSE/NEGLECT PER COMMUNITY IN 2007

633 – Providence	39 - Johnston	13 – Charlestown
244 – Woonsocket	30 – Cumberland	10 – North Smithfield
211 – Pawtucket	33 – Burrillville	8 - Glocester
141 – Warwick	33 – Warren	8 – Richmond
117 – Cranston	26 – Bristol	6 – Scituate
112 – West Warwick	26 – Lincoln	6 – Exeter
94 – Central Falls	26 – Tiverton	5 – Barrington
92 – East Providence	20 – South Kingston	4 – East Greenwich
67 - North Providence	19 – Middletown	4 – Foster
65 – Coventry	15 – Narragansett	3 – Little Compton
63 – Westerly	15 – Portsmouth	2 – West Greenwich
56 – North Kingston	14 – Smithfield	2 – Jamestown
55 – Newport	14 – Hopkinton	1 – New Shoreham

This statistical data was provided by the 2008 Rhode Island Kids Count Factbook.

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Child Maltreatment Reading Recommendations

A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice

by Jill Goldman, Marsha K. Salus, Deborah Wolcott, & Kristie Kennedy, Dept. of Health and Human Services

Stopping Family Violence – Research Priorities for the Coming Decade:

by David Finkelhor, Gerald T. Hotaling, & Kersti Yllo, Sage Publications (1988)

Abuse and Neglect-The educator’s guide to the prevention of child maltreatment by Barbara Lowenthal

Child Protection – A Guidebook for Child Care Providers by National Center for Missing and Exploited Children (NCMEC) (1991)

The APSAC Handbook on Child Maltreatment by Sage Publications (2002)

Recognizing Child Abuse – A guide for the concerned by Douglas J. Besharov, The Free Press (1990)

Recognition of Child Abuse for the Mandated Reporter by Angelo P. Giardino, M.D., Ph.D. & Eileen R. Giardino, Ph.D., R.N., C.R.N.P., G.W. Medical Publishing, Inc. (2002)

A Guide to References and Resources in Child Abuse and Neglect by Jerry G. Gones, M.D., Editor; Carolyn J. Levitt, M.D., Co-Editor American Academy of Pediatrics, Second Ed., (1998)

The Future of Children- Protecting Children From Abuse and Neglect

Volume 8 – Number 1, Spring 1998. The David and Lucille Packard Foundation

Understanding Child Sexual Maltreatment by Kathleen Coulborn Faller, Sage Publications (1990)

Child Sexual Abuse – The Initial Effects by Beverly Gomes-Schwartz, Jonathan M. Horowitz & Albert P. Cardarelli, Sage Publications (1990)

The Shaken Baby Syndrome – A multidisciplinary Approach by Stephen Lazoritz, MD & Vincent J. Palusci, MD (editors), The Haworth Maltreatment & Trauma Press (2001)

Family Violence Across the Lifespan by Ola W. Barnett, Cindy L. Miller-Perrin, Robin D. Perrin, Sage Publications (1997)

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